State of Georgia
2019 Annual Progress and Services Report

Submitted by the
Georgia Division of Family and Children Services
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Table of Contents

APPENDICES

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

A.   Background/Executive Summary

A1. Background

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

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

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

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

The organizational changes were intended to:

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

An organizational chart is appended to this report.

In 2014, Governor Nathan Deal created the Georgia Child Welfare Reform Council to review child welfare practice and offer recommendations around improvements for the agency. The Council, which began meeting in May 2014, was modeled after the successful Criminal Justice Reform Council, and it completed a comprehensive review of Georgia's child welfare system. The Council's recommendations were incorporated in SB138, which became effective July 2015. Below is a list of the recommendations from the council's report and the state's progress on each.

1) Local Boards:

The state was directed to clarify the purpose, powers, and duties of existing county-level DFCS boards in the statute and provide a list of the kinds of people who should be named to these county DFCS

boards. As of September 2015, the state has 159 active boards, and training regarding this governance has been completed for regional and county directors. The Local Board Handbook and training materials have been updated.

2) District Advisory Boards:

It was advised that district-level DFCS advisory boards be created to bring information from the county-level DFCS boards to DFCS district directors to improve communication, service delivery, and application of policy in each district. It is required that these advisory boards meet quarterly with DFCS district directors. Members for these boards have been identified and meet regularly.

3) DFCS State Advisory Board:

Creation of a state-level DFCS advisory board was recommended. This board includes:

- One governor-appointed representative from each of the 14 DFCS regions, and
- Five governor-appointed representatives from the legislature and/or the fields of:
    o Child welfare experts
    o Former foster youth
    o Public health
    o Mental health and developmental disabilities
    o Juvenile justice

4) DFCS Director:

The provision that the DFCS director be appointed directly by the governor, serve at the pleasure of the governor, and be answerable to the governor took effect with the passage of Senate Bill 138. Gov. Nathan Deal appointed Virginia Pryor as the DFCS director, effective March 16, 2018. Pryor had been serving as the interim director since November 2017.

5) DFCS-DHS Relationship:

DFCS has adhered to the provision that DHS maintain authority over DFCS with respect to:

- DFCS budgeting and appropriation of funds, which DHS should oversee (with input from the DFCS director)
- Rules and regulations for the operation and management of DFCS, which the DHS board should ultimately approve

6) Data-Sharing Between Agencies:

DFCS was encouraged to have the legislature review state agencies' ability to share data and to increase their ability to share data within the confines of federal and state law (including HIPAA). The aim is to allow agencies to ascertain a full picture of the services each child is receiving from various state agencies to know how to better serve each child. Bidirectional data-sharing was considered for:

- Department of Family and Children Services (DFCS)
- Department of Early Care and Learning (DECAL)
- Department of Community Health (DCH)
- Department of Public Health (DPH)

- Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Department of Juvenile Justice (DJJ)
- Department of Education (DOE)
- Georgia Crime Information Center (GCIC)

The Georgia Department of Public Health (DPH), Georgia Bureau of Investigation (GBI) and the Division are in the process of finalizing a formal agreement that will aid the Child Fatality Review Panel by providing the Division with death certificate and certified birth certificate data. However, the DPH has indicated they will send 2015 data soon. A formal agreement to share data has been put in place with the Department of Juvenile Justice (DJJ), Department of Education (DOE), Department of Community Health (DCH) and Department of Behavioral Health and Developmental Disabilities (DBHDD) regarding Children in Need of Services (CHINS).

7) Custodial Records:

The council suggested the state review the extent to which statutes, rules, or regulations allow DFCS to share children's mental and physical health and conduct records with care providers when those providers need that information to care for the children in their custody. Additionally, they recommended the promulgation of legislation to allow care providers appropriate access to the records relating to children in their care. Policy 2.6 Confidentiality and Safeguarding of Records was updated to include this recommendation. This policy incorporates mandated requirements to allow foster parents access to the medical and educational records of foster children in their care. Authority already exists for child care providers OCGA Section 49-5-41(c) (4).

8) Child Abuse Registry:

The final recommendation required the state to conduct research to determine the best statutory scheme to create a child abuse registry within a state agency to maintain the names of those convicted of child abuse and neglect. It called for the state to create a child abuse registry for Georgia to keep children safe while also complying with constitutional requirements of due process. The Division enters the names of all alleged mal-treaters with a substantiated case of child abuse - July 1, 2016 or thereafter - into the Child Protective Services Information System (CPSIS).

The Division worked with a collaborative that included the CAPTA Panels, DJJ, SAAGs, Adoption and Foster Parent Association of Georgia and Navient Health Partners to educate the community of the purpose and procedures related to the registry. State-level staff have worked with staff in the field to educate them on how to write justification statements – statements that explain how/why one should be listed in the registry - which has in effect increased the accuracy of statements.

The registry helps to ensure that persons with a substantiated case of child abuse may not be eligible for certain jobs providing care to children or approved to foster or adopt. There is a formal procedure to request to be informed whether a person's name is on the registry or to petition to remove a name from the registry. Policy regarding notification and the appeal process for children and youth in foster care ages 13-17 has been updated. The public may access information about the registry at https://gacar.dhs.ga.gov.

A2. DFCS Vision/Mission/Values

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

- Social services practice model
- Robust workforce
- Constituent engagement

The current director, Virginia Pryor, maintains a commitment to remain focused on executing this Blueprint for Change as the state journeys to become a State of Hope. A State of Hope is a collaborative approach in which people from all walks of life share a vision of safety and success for every child, family and individual who lives in their community. It is a place where public and private organizations – nonprofits, philanthropies, government, businesses and communities – collaborate closely to help achieve that vision. As a result, children are safer, families are stronger, and communities are more supportive places for all members to thrive.

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

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

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

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

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

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

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

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

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

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

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

Vision

Safe Children. Strengthened Families. Stronger Georgia.

Mission

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

Guiding Principles/Values

As the Division of Family and Children Services we…

1. Demonstrate our commitment to the safety of our children in the decisions we make and the actions we take.
2. Empower, strengthen and support families on their path toward independence.
3. Serve with compassion.
4. Provide caring, responsive and effective service.
5. Engage, listen and respond to our participants, communities and each other.
6. Collaborate with our communities to create systems of support.
7. Develop a competent, professional and efficient workforce that never stops learning and growing.

A3. Legislation/Policy Updates

I. Legislation

2018 State Legislation

The following bills were passed by the state legislature during the 2018 legislative session. Policy and practice are in the process of being developed and will be released based on the effective date of the law.

House Bill 159:

A bill to be entitled an Act to amend Article 1 of Chapter 8 of Title 19 of the O.C.G.A., relating to general provisions for adoption, so as to substantially revise the general provisions applicable to adoptions; to change the requirements for adopting children; to provide for a nonresident to allow an adoption of his or her child; to provide for adoption of foreign-born children; to provide for a waiver to revoke a surrender of parental rights; to change the age for individuals to access the Adoption Reunion Registry; to revise and provide for forms; to provide for the annulment of an adoption under certain circumstances; to amend Code Section 15-11-320 of the O.C.G.A., relating to termination of parental rights, so as to correct a cross-reference; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill changes the requirements for adopting children, changes the timeframe for revoking a surrender of parental rights, and allows a parent to delegate caregiving authority of their child via a power of attorney.

House Bill 732:

A bill to amend Code Section 16-5-46 of the Official Code of Georgia Annotated, relating to trafficking of persons for labor or sexual servitude, so as to expand the offense of trafficking an individual for sexual servitude; to change the punishment for a certain type of trafficking an individual for sexual servitude; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill amends the definition of sex trafficking.

House Bill 790:
A bill to amend Chapter 13 of Title 50 of the Official Code of Georgia Annotated, relating to administrative procedure, so as to implement recommendations of the Court Reform Council to improve efficiencies and achieve best practices for the administration of justice; to revise a defined term; to provide administrative law judges with authority to issue final decisions; to provide for exceptions; to

require agencies to forward a request for a hearing to the Office of State Administrative Hearings; to provide administrative law judges with the power to enforce subpoenas and sanction parties; to correct cross-references; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

This bill expands the authority of the Office of State Administrative Hearings, and results in changes to the process of granting individuals Fair Hearings.

House Bill 906:
A bill to amend Chapter 11 of Title 15 and Code Section 49-5-8 of the Official Code of Georgia Annotated, relating to the Juvenile Code and powers and duties of the Department of Human Services, respectively, so as to allow the Division of Family and Children Services of the Department of Human Services to offer extended care youth services to youths between 18 and 21 years of age under certain circumstances; to change a definition; to clarify juvenile court jurisdiction and the termination of dependency orders; to provide for voluntary agreements for services and court oversight; to change provisions relating to the Department of Human Services' powers and duties; to amend Part 1 of Article 3 of Chapter 11 of Title 15 of the Official Code of Georgia Annotated, relating to general provisions relative to dependency proceedings, so as to require certain information be provided to a caregiver, foster parent, pre-adoptive parent, or relative by DFCS upon placement of a child; to amend Article 4 of Chapter 18 of Title 50 of the Official Code of Georgia Annotated, relating to inspection of public records, so as to repeal certain provisions in order to clarify the law regarding the legislative branch of government; to exclude public disclosure of personal information of certain foster parents or former foster parents; to provide for related matters; to provide for effective dates; to repeal conflicting laws; and for other purposes.

This bill prohibits public disclosure of foster parent information, requires certain information to be provided to the caregiver upon placement of a child, terminates dependency orders when a child reaches age 18, and describes extended care youth services for a child between 18 and 21 years of age. This law goes into effect on July 1, 2018, however, the portions of the law relating to extended care youth services go into effect in July 2020.

House Bill 920:
A bill to amend Article 1 of Chapter 8 of Title 19 of the Official Code of Georgia Annotated, relating to general provisions for adoption, so as to allow for the use of the department's information concerning the parties to an adoption under certain circumstances; to provide for definitions; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill allows for the provision of sealed records concerning an adopted child to the Office of the Child Advocate upon certain circumstances.

Senate Bill 131:
A bill to amend Chapter 11 of Title 15 of the Official Code of Georgia Annotated, relating to the Juvenile Code, so as to provide that adoption proceedings be stayed while an appeal of an order to terminate parental rights is pending; to clarify the court's duties to a case while an appeal is pending; to clarify the statutory grounds for terminating parental rights and provide other considerations when terminating such rights; to clarify provisions relating to the waiver of the right to counsel; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill requires a stay of adoption proceedings pending an appeal of an order to terminate parental rights.

2017-2018 Federal Regulations

HR 1892: Bipartisan Budget Act of 2018 – Family First Prevention Services Act

The purpose of this subtitle is to enable States to use federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

The Family First Act is aimed at amending the IV-E entitlement to provide more federal resources to help families in crisis stay together, and limit federal funds for putting foster youth into congregate care placements, including group homes.

IM-17-05

The Fostering Connections Act of 2008 phased-in "applicable child" eligibility criteria beginning in FFY 2010 and phased out eligibility criteria for a child who is not applicable as of FFY 2018 (October 1, 2017). On or after October 1, 2017, each title IV-E agency must determine eligibility of a child according to the "applicable child" eligibility criteria.

PI-15-07 and PL 113-183: Preventing Sex Trafficking and Strengthening Families Act

The Policy and Regulations Unit updated all policies to address provisions in this PI. Ongoing efforts to adhere to all provisions are being led by the Federal Liaison and the Project Management Team.

II. Policy Updates

The Child Welfare Services Manual Transmittal (CWSMT) provides notification of changes in child welfare policy to DFCS staff via email and are published on Online Directives Information System (ODIS). The following CWSMTs were released during the reporting period.

CWSMT 2017-04   *Released 3/20/2017*

Policy chapters 3 (Intake) and 5 (Investigations) were updated. There were significant changes to the categories of child abuse with the implementation of the Child Protective Services Information System/Child Abuse Registry on July 1, 2016. These changes required modification to the categories of child abuse used by DFCS when receiving intake reports and making an investigation determination.

CWSMT 2017-05   *Released 3/20/2017*

Policy chapters 5 (Investigations) and 7 (Family Support Services) were updated to incorporate the Initial Safety Assessment (ISA) process for counties that have not yet implemented Georgia's new Practice Model.

CWSMT 2017-06   *Released 6/19/2017*

Policy chapters 10 (Foster Care) and 14 (Resource Development) were updated to improve the quality of care being provided to children in foster care and ensure that supports are available to provide for the needs of children in foster care and those who achieve permanency.

CWSMT 2017-07   ***Released 7/3/2017***

Policy chapter 4 (Conducting the Initial Safety Assessment) was updated to enhance assignments for track assignment decisions in ISA and incorporate state and federal legislative changes.

CWSMT 2017-08   ***Released 7/24/2017***

Policy chapter 19 (Case Management) was updated to ensure that appropriate screenings are being utilized at different stages of a case to ensure child safety.

CWSMT 2017-09   ***Released 7/25/2017***

Policy chapters 3 (Intake) and 19 (Case Management) were updated to incorporate provisions resulting from the Comprehensive Addiction and Recovery Act of 2016 (CARA).

CWSMT 2017-10   ***Released 8/22/2017***

Policy chapters 10 (Foster Care), 12 (Adoption Assistance), and 16 (Room, Board, Watchful Oversight) were updated to align with practice changes and facilitate improvements.

CWSMT 2017-11   ***Released 9/6/2017***

Policy chapters that address child welfare program areas were updated to include revisions to efforts to locate a parent, family, or youth with an active DFCS case.

CWSMT 2017-12   ***Released 10/16/2017***

Policy chapters 3 (Intake) and 5 (Investigations) were updated to reflect recent changes in state legislation regarding Safe Place for Newborns, Georgia's "safe haven" law.

CWSMT 2017-13   ***Released 10/27/2017***

Policy chapters 10 (Foster Care), 17 (Legal), and 19 (Case Management) were updated to reflect recent changes in state legislation regarding dependency found to be resulting from caregiver substance abuse.

CWSMT 2017-14   ***Released 12/11/2017***

Policy chapters 14 (Resource Development) and 19 (Case Management) were updated to reflect recent changes in state legislation regarding criminal records checks for substitute caregivers providing routine care for children in DFCS custody.

CWSMT 2017-15   ***Released 12/11/2017***

Policy chapter 10 (Foster Care) was updated to reflect revisions in placement of a child, preferred placements for children subject to the Indian Child Welfare Act (ICWA), trial home visits, and the Enhanced Relative Rate application.

CWSMT 2017-16   ***Released 12/21/2017***

Policy chapters 2 (Information Management) and 20 (Child Protective Services Information System/CPSIS) were updated to reflect recent changes in state legislation regarding access to child abuse records and the child abuse registry.

CWSMT 2018-01   ***Released 2/12/2018***

Policy chapter 1 (Administration) was updated to incorporate provisions resulting from the 2016 ICWA Final Rule. The Child Welfare Services Memorandum (Memo) disseminates notice of a change in policy or documentation.

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

CWSMT 2018-02   **Released 4/2/2018**

Chapter 19 (Case Management) was updated to include a new policy section to support staff when using drug screens in case assessment and case planning.

CWSMT 2018-03   **Released 4/6/2018**

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

CWSMT 2018-04   **Released 6/1/2018**

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

CWSMT 2018-05   **Released 6/1/2018**

Policy chapter 10 (Foster Care) was updated to provide greater flexibility in selecting guardianship as a permanency plan.

CWSCL 2017-01   ***Released 4/21/2017***

To announce the timeframe for completion of special investigations has been increased from 30 to 45 days.

CWSCL 2017-02   ***Released***
7/17/2017

To announce policy changes resulting from the transfer of the CAPS program to the Department of Early Care and Learning.

CWSCL 2017-03   ***Released***
7/25/2017

To announce policy updates resulting from changes in recent state legislation.

A4. Program Instructions

Following is a listing of significant information memoranda, program instructions and federal guidance related to child welfare that was issued during the report period. This list is not necessarily all inclusive.

State   **Released 10/25/2017**

To announce that the pre-implementation policy manual has been discontinued and is no longer available on ODIS.

Federal

Program Instructions

PI 18-01, released 3/5/2018
This PI summarizes the actions required in completion and submission of (1) the fourth APSR update to the 2015-2019 CFSP, (2) the CAPTA Update, and (3) the CFS-101, Parts I, II, and III.

PI 18-02, released 3/5/2018
To provide guidance to Indian tribes, tribal organizations, and tribal consortia on actions they are required to take in order to receive their allotments for Fiscal Year 2019. This PI does not apply to DFCS.

PI 18-03, released 3/6/2018
To provide guidance on the 2018 Children's Justice Act Grants to States Under the Child Abuse Prevention and Treatment Act (CAPTA).

PI 18-04, released 3/6/2018
To set forth the requirements for recipients of and provide guidance and instructions for the preparation and submission of the Community-Based Grants for the Prevention of Child Abuse and Neglect application for FFY 2018.

PI 18-05, released 5/4/2018
To provide guidance to state, territorial and tribal title IV-E agencies on the actions required to apply for one-time funding to support the development, enhancement or evaluation of kinship navigator programs.

PI 18-06, released 5/31/18
To provide guidance to states, territories, and insular areas administering titles IV-B and IV-E of the Act and the Child Abuse Prevention and Treatment Act (CAPTA) and to Indian Tribes, Indian Tribal Organizations, or Indian Tribal Consortia administering titles IV-B and IV-E of the Act of changes in law and funding affecting the information that must be submitted with the Annual Progress and Services Report.

Federal Guidance/Information Memoranda

PI-15-07 and PL 113-183: Preventing Sex Trafficking and Strengthening Families Act
The Policy and Regulations Unit updated all policies to address provisions in this PI. Ongoing efforts to adhere to all provisions are being led by the Federal Liaison and the Project Management Team.

IM-17-05, released 9/28/2017

The Fostering Connections Act of 2008 phased-in "applicable child" eligibility criteria beginning in FFY 2010 and phased out eligibility criteria for a child who is not applicable as of FFY 2018 (October 1, 2017). On or after October 1, 2017, each title IV-E agency must determine eligibility of a child according to the "applicable child" eligibility criteria.

Due to the passage of the Family First Prevention Services Act, effective 1/1/18, the full implementation of the title IV-E adoption assistance de-link provisions is delayed until 6/30/2024.

IM 18-02 , released 4/12/2018
To inform States and Tribes of the enactment of the *Family First Prevention Services Act* and provide basic information on the new law. Policies and programs are being reviewed to identify areas affected by the new law, and workgroups are being developed to plan strategies for implementation.

A5. Key Accomplishments

Regions of Hope

The passage of the Federal Family First Prevention Services Act demonstrates national recognition that there is a growing need to bolster community engagement around the work of child abuse and neglect prevention. Georgia's sojourn to becoming a State of Hope began in 2014 and progressively focused on making improvements to develop the workforce, implement a comprehensive practice model and engage constituents. Numerous stakeholder meetings and roadshows later, the state is now seeking to further energize those who have come to understand that child welfare is a collective work and get them to actively help build Regions of Hope. The mission is to encourage nonprofits, philanthropies, government, businesses and communities to collaborate closely to build local safety nets that will prevent conditions that attribute to disparities in education, threaten a family's self-sufficiency and lead to child abuse and neglect. The ultimate vision is having 14 Regions of Hope across Georgia whether that is one or multiple sites/projects in each region.

This report period, a tremendous amount of work and manpower has gone into the manifestation of the vision. As noted earlier, the core partners of this endeavor, Georgia State University's Child Welfare Training Collaborative and Georgia Family Connection Partnership along with other "hope maximizers," have determined that the four areas of opportunity will be education, trauma, quality caregiving and economic self-sufficiency.

The launch event for the campaign was held May 2017, and an application process will launch June 2018 in Augusta for potential members – innovators – of the inclusive network. Selection of at least three sites/projects will occur in late summer 2018 and a youth engagement component is scheduled to be added in fall 2018. Additional Destination Hope events will be held in regions with selected State of Hope sites from September-November 2018. There will be a reflection event at the end of 2018. And the next application cycle will commence winter 2019.

Training

In the last report period, the state began implementing one of the components of a new practice model, Solution Based Casework (SBC). SBC is an evidence-based practice that targets family and individual behavior change to prevent maltreatment from reoccurring. The statewide roll-out of SBC was completed in October 2017. Frontline case managers and supervisors were required to complete the 2.5-day OCP 765 - *Solution Based Casework for Staff* training. Supervisors were also required to complete the two-day OCP 766 - *Solution Based Casework for Supervisors* training to support certification. Education and Training has 15 practice model coaches to provide coaching and over-the-shoulder support to assist staff through the certification process and implementation of the practice model. Ninety-one OCP 765 classes and 29 OCP 766 classes were conducted during that time frame. Regions 4, 6, 8, 9, 11, 10 and 12 were trained as part of the scheduled rollout during the period and all regions are now in the implementation and certification stages. The number of participants for OCP 765 classes was 1,673 and 394 for OCP 766 classes.

The Georgia Child Welfare Training Academy for new child welfare case managers was piloted from June 2017 through September 2017. The curriculum for the academy was written to support a competency-based training system that includes SBC and other components of Georgia's Comprehensive Practice Model. Enhancements were made based on feedback from participants,

supervisors and leadership as well as an evaluation conducted by the Professional Excellence program at Georgia State University. The first academy classes began in April 2018 with improved curriculum in the areas of substance abuse, CSEC, domestic violence, interviewing, documentation, the assessment of safety, Georgia SHINES and a live case simulation. One major change with implementation of the academy is that staff are not allowed to have any cases while they are in training. Staff will also be cross-trained in CPS and foster care.

The Supervisor Mentor Program was established because of a recommendation made by the Governor's Child Welfare Reform Council. It is charged with providing intense, one-on-one mentoring to new supervisors as well as those veteran supervisors who may need such support. The goal of mentoring is to enhance the capabilities of supervisory staff so that they can perform their duties effectively. The Supervisor Mentor Program was successfully piloted in December 2015. Because of advocacy by DFCS leadership for additional funding to expand the supervisor mentoring program, $2.5 million dollars were approved in the Governor's 2018 FY budget to further expand the supervisor mentoring program. During the period under review, the program was expanded with the hiring of three unit managers and 19 supervisor mentors. Plans are to add two additional supervisor mentors for a total of 23 mentors (21 new and two pilot). Mentoring has been provided in each of the three districts, and 25 supervisors have completed mentoring since February 1, 2018. With the expansion of the Supervisor Mentoring Program, new supervisors are now being mentored within a few months of their promotion dates, thereby creating a process that supports them as they begin their supervisor roles.

Policy and Regulations

The state's Policy and Regulations Unit further enhanced the Federal Regulations workgroup, which was created in FFY 2017 to review, disseminate, and monitor implementation of federal rules and regulations, to include state legislation and plans. The Policy and Regulations Unit provides copies of federal laws or guidance for attendees to review and discuss implementation plans. There is representation from state office sections and field operations as information is shared and discussed with section and unit leadership. An online repository was created to archive and make accessible for review state and federal issuances. Meetings are scheduled quarterly to address the coordinated implementation processes and identify solutions for any challenges. This process ensures that all state and federal regulations are thoroughly disseminated and reviewed with the appropriate work units and that desired outcomes of policy and practice coordination are achieved timely.

The unit also initiated a process to provide information on the Title IV-E State Plan. A meeting was held in April 2018 to provide a general overview of IV-E requirements, and follow-up meetings are scheduled throughout the year with state office sections and field operations to have more in-depth discussions and review required activities. As the Title IV-E pre-print, and subsequently the IV-E State Plan, will be revised to reflect new federal guidance related to the Family First Prevention Act, the unit will update the state plan and continue to engage with staff regularly to ensure that new information is shared, that all units are familiar with the guidance, and that agency activities are coordinated to ensure IV-E compliance.

The unit also created the Policy Advisory Committee (PAC), comprised of both internal and external stakeholders, to review proposed policy changes and make recommendations to develop new policy. The PAC meets as needed, when proposals are received, or when regulations are released that will impact policy. Requests for policy changes are submitted on a standardized request form, and the PAC members can make a recommendation to approve the request if the proposed policy may lead to improvements in the delivery of child welfare services and is consistent with federal and state laws. The PAC also reviews policy development and dissemination procedures and monitors effectiveness. It

ensures engagement at each step in the process by including stakeholder review and recommendation of draft policies.

Prevention

The state takes precautions to protect children and families so that they will not need to come to the attention of DFCS, and it has been working diligently over the years to improve the timeliness and quality of agency responses once the child welfare agency has been notified of an allegation of abuse or neglect. To be proactive, it is important for the state to be aware of the most frequent or likely types of maltreatment and harm that a child in Georgia may face and to identify and address risk factors.

According to the Center for Disease Control, one in four children have experienced abuse or neglect at some point in their lives (https://www.cdc.gov/features/healthychildren/index.html). "Exposure to child abuse and neglect and other adverse childhood experiences (ACEs) cause toxic stress that can disrupt early brain development and harm the nervous and immune systems. Exposure to childhood adversity can increase a person's risk for future violence, unhealthy behaviors, poor health and wellness, and limit life opportunities. This impact can be long-lasting and may continue across future generations." Through funding, Georgia's Prevention and Community Support Section (PCSS) aided the Georgia Department of Public Health (DPH) in incorporating 11 new ACE-related questions into the Georgia 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey. The collected data were analyzed, and DPH was then able to supply the first-ever Georgia-specific ACEs data fact sheet.

Despite the frequent occurrence of childhood abuse and neglect, these debilitating experiences are preventable. In April 2017, the PCSS led several activities in support and recognition of National Child Abuse Prevention month, including a proclamation signing at the capitol with the Governor. Extensive efforts were made to distribute informational material, increase awareness and use popular media to increase exposure. A Prevention Resource Guide was distributed to all 159 Family Connection Collaboratives, the Strengthening Families Georgia Partnership, all University System Cooperative Extension Agents and all Prevent Child Abuse (PCA) Georgia local child abuse councils to distribute to their networks. The guide was also distributed to all local DFCS offices and at Georgia's annual Home Visiting Institute, DFCS Supervisor and Leadership Summits, the Georgia Conference for Children and Families, and a Prevention Day event at the DFCS state office. Other publications shared with stakeholders were the National Child Welfare Gateway Resource Guide and a Child Sexual Abuse and Exploitation Prevention Resource Guide developed by the Statewide Human Trafficking Task Force. This guide is purposed for educators, legislators, funders and other providers who make decisions regarding sexual abuse/sexual exploitation prevention education. The exploitation guide and other fact sheets were posted on the PCA Georgia website at http://abuse.publichealth.gsu.edu/targ/. Social media sites such as Facebook and Twitter were used to feature daily updates, share resources and bring attention to the urgency of the cause.

The state continues its campaign to prevent deaths due to poor sleeping practices such as co-sleeping or putting babies to sleep on their stomach or on an unsafe surface that may place the child at risk of asphyxiation (e.g., soft bedding). The number of these unfortunate events remained consistent with the previous year; however, fewer were specifically due to co-sleeping. In FFY 2016, 57 children with CPS history died due to sleep-related circumstances, with 37 of those due to co-sleeping. In calendar year 2017, of 117 known child sleep-related deaths, 59 children had CPS history. In 33 of those instances, the death was related to co-sleeping. The Safe to Sleep Campaign has remained a key CFSP strategy for the state, and several state partners, such as Georgia CASA, Georgia Prevent Child Abuse and the Georgia Bureau of Investigations, assist with the messaging, training and distribution of materials.

Families often receive support from one of the Promoting Safe and Stable Families (PSSF) contracted providers to help support high-risk families and vulnerable populations. In FFY 2017, there were 11,049 intakes of families, with 19,044 dependents, by the PSSF Network across all PSSF program areas: Family Preservation, Family Support, Time-Limited Reunification and Adoption Promotion and Permanency. Of these families, 36.6% did not have any CPS involvement at the time of intake. At the time of exit, 38.1% did not have any current CPS involvement. At the time of intake, 18.5% had an open CPS case; at the time of exit, 8.5% had an open CPS case. While participating in services, only 8.3% of families had an incident of violence in the home reported, and only 8.6 % had a report of alcohol or prescription drug abuse or illegal substance use in the home. Twelve percent of families or caretakers were referred to DFCS. Of those referred (791), 94% were the subject of a maltreatment report or investigation. The state has been able to report these data because of upgrades made to the PSSF data collection process over the past fiscal year. A more detailed breakdown is presented in section C4 of this report. Technological enhancements to the grant program's website and provider portal now allow for more secure reporting and the featuring of training opportunities and success stories.

Safety

Following the state's CFSR in 2015, the state was not in substantial conformity with Safety Outcome 1 or 2. The state had achieved a rating of 66% for Safety Item 1 and set a PIP target of 73% by 2019. The target was met by 2017, and the state continued to excel in timeliness of initiating investigations of reports of child maltreatment. The agency's Quality Assurance (QA) review assessed the state at 86% in March 2018. In May 2017, the goal of achieving the PIP target of 68% for Item 2 seemed nearly unattainable as the state's rating had fallen all the way to 28%. However, within 10 months, the state had achieved 50%, a significant improvement.

Several key PIP activities have been put into place to address the need for services to families, and safety panel facilitators have enhanced services provided to the field to support the safety of high-risk children. Safety panel facilitators, along with state leadership and regional directors, are given a list of high-risk cases weekly to review. A service directory that identifies active service providers statewide (location, contact information and list of service types) is now accessible to case managers and other users through a link on Georgia SHINES, the state's child welfare information system. More analysis regarding the steps taken by the state to make significant strides in outcome achievement is outlined in section C3 (Plan for Improvement and Progress Made) of this report.

Extensive training and support has been provided during this report period related to behaviors and practices that safeguard children. Plan of Safe Care champions provide training to internal staff, and Georgia provides training opportunities to mandated reporters in the community. The state's safety director presents identified court issues and barriers to the court improvement project. Through collaborative action by the Department of Public Health (DPH), DFCS Office of Prevention and Family Support, Georgia Child Fatality Review Panel and others, materials that support safe sleep messaging are developed and distributed throughout the community.

Enhancements were made to the state's 24-hour web-based portal to help expedite processing of initial child abuse and neglect reports. Via NexxPhase Telephony Information System, reports are instantly routed to an available case manager, even reports that are emailed or faxed to CPSintake@dhs.ga.gov. Updated CPS report forms were widely distributed to school districts, hospitals, police departments and other mandated reporters. The interactive voice CPS hotline was upgraded to allow for routing of calls, by zip code, to an appropriate county office. A caller may select an automated option to activate the transfer of a call to a local DFCS office if the call is not to report child abuse but for other reasons such as accessing services such as TANF, SNAP or Medicaid. This

added feature has decreased call volume directly to the state's call center (CICC), freeing up staff to focus more on CPS and child safety-related issues. The state is dedicated to high quality customer service and allows callers to rate their call experience on the phone. The survey responses may be accessed by all supervisors. Recordings of the hotline calls may be reviewed by quality assurance staff historically or in real time. Scorecards and evaluations are produced based upon this information to help assess capacity and training needs, and drive performance.

Those who suspect someone is being sold for sex or made to work for little or no pay may call the National Human Trafficking Resource Center at 1-888-373-7888 or the Statewide Georgia Hotline for Domestic Minor Trafficking at 1-844-842-3678 for help. The state has gone beyond what is minimally required for federal compliance to ensure the specialized needs of youth in this population are met and operates in a truly collaborative manner to ensure a proactive approach to addressing the issue of trafficking in the state. DFCS hired a commercial and sexual exploitation of children (CSEC) program coordinator in 2017. This is a full-time position devoted to four focus areas: tracking, training, treatment/resources and collaboration. Each of the 14 regions also has an identified CSEC field program specialist that is responsible for overseeing the regional CSEC protocol, tracking monthly referrals, ensuring regional staff is trained and ensuring appropriate service linkage for identified youth. Regional specialists are expected to participate in multi-disciplinary team (MDT) meetings. The state coordinator participates in the statewide CSEC MDT and collaborates with Georgia Cares, Amerigroup, Youth Sparks, Wellspring Living, Children's Healthcare of Atlanta and others who are involved in service provision and advocacy work for children who are victims of trafficking. She represents the agency on the Georgia Statewide Human Trafficking Task Force and is teaming up with the Department of Juvenile Justice (DJJ) and Criminal Justice Coordinating Council (CJCC) to establish a CSEC receiving center for the state.

There was about a 15% increase of children under the age of 1 entering foster care, nationwide, from 2012 to 2015, and it is believed that the increase is attributable to the opioid epidemic (GAO-18-196)[1]. As per Child Abuse Prevention and Treatment Act (CAPTA) requirements, Georgia's governor submitted assurances that the state has laws, policies and practices in place to address the needs of infants affected by prenatal substance use. The state now has regional Plan of Safe Care champions in all 14 regions to promote awareness of the needs of substance affected infants and their families and to provide technical assistance to case managers. DFCS policy 19.27, which became effective July 30, 2017, describes the requirements and procedures for developing a Plan of Safe Care; referring the infant, mother and other caregivers in the home for services; assessing the family members for ability to meet the needs of the affected infant; monitoring the Plan of Safe Care; and ensuring follow-up is conducted to ensure the safety of the infant. The National Center on Substance Abuse and Child Welfare (NCSACW) reviewed Georgia's draft Plan of Safe Care policy and its recommendations were incorporated into the state's policy.

An additional measure taken by the state to ensure the safety of children is the tracking of perpetrators of substantiated cases of abuse. A Child Protective Services Information System (CPSIS), also known as the state's child abuse registry, was activated in July 2016. The registry, which stores and provides limited access to information on substantiated child abuse and neglect, has provided a more efficient

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[1] Substance-Affected Infants: Additional Guidance Would Help States Better Implement Protections for Children, January 2018. Highlights of U.S. Government Accountability Office-18-196, a report to the Ranking Member, Subcommittee on Children and Families, Committee on Health, Education, Labor, and Pensions, U.S. Senate

method of sharing child abuse information with other states as required by law. Since the activation and training of staff on the system, the state has provided subsequent training on the drafting of justification statements, which has resulted in improved accuracy.

Permanency

When children are unable to remain safely at home with their parents or guardians, the state must assist in placing the children where they can thrive. Over the last five years or more, the state has seen a significant increase in the number of children who have come to the agency's attention and need such a placement. This increase in demand has resulted in a shortage of foster homes. Former DFCS Director Cagle proposed a charge to the agency in January 2016 to prioritize kinship care placements and to strive to have most children who are in the state's care in family-based foster care by 2018. National research confirms that children do best in kinship foster care and that family connections are critical to healthy child development and a sense of belonging. Kinship care also helps to preserve children's cultural identity and relationship to their communities. The rate of kinship placement at the child's first out-of-home care placement has not yet reached that pinnacle, but these placement types are steadily rising. Whereas 12% of foster youth were in kinship placements in 2012, 27% were in such placements in 2016. The agency's Kinship Navigator program served 2,924 kinship families in 2017. Today, 32% of Georgia's children removed from their homes are being placed with kin initially.

For this kinship care effort to be successful, children should only be placed in kinship settings when it can be done safely, and, therefore, quality safety assessments are imperative. Secondly, the state needs to be able to provide financial and other supports for the relatives. This kind of groundwork takes significant preparation, planning and training. In partnership with the Annie E. Casey Foundation, Child Welfare Strategy Group, Georgia has been working to build quality caregiving as a Kin First organization and working to have 50% of children placed with kin by July 2019. In FFY17 state-level leadership launched a Kinship Design Team to begin the first phase of development and implementation.

Not only is the state focused on placing children with the best possible caretaker, it endeavors to keep children as close to their home communities as possible. A "Bring Them Home" Campaign was initiated November 2017 to support timely reunification as well as bring children back to their home communities. DFCS officials build relationships and collaborate with judges and courts to be more intentional about where a child is placed initially. Resource development teams have been instrumental in finding ways to overcome barriers and achieve positive results. February 2018, the state had a 38% success rate in returning children to their communities. Some regions also attributed their improvement in CFSR outcome item 9 (preserving connections) to their active participation in this campaign. Region 2, a strong advocate of the campaign, was at 14% on item 9 in November 2016. By May 2017, they had reached 44%. The state was at 39% after the CFSR Round 3; as of March 2018, it had increased to 57%.

Individuals wishing to foster a child may call the state's Foster Georgia Inquiry Line. Since April 2017, the state's Caregiver Recruitment and Retention Unit (CRRU) has been working to transition the work of executing, staffing, monitoring, and maintaining the line from an outside contractor back to the agency, which occurred in June 2017. While there is a "warm line" option for potential foster, adoptive, and relative foster caregivers, a second "warm line" option is available for currently approved caregivers to seek brief mentoring and guidance from a peer foster parent. In conjunction with this support, the state has caregiver support techs who serve as liaisons between caregivers and social services case managers, identify and link caregivers to community services/programs, and keep families engaged during the initial onboarding process. Data tools have been integrated into Georgia SHINES to aid in

tracking the progression of prospective caregivers through the onboarding process, home compliance and utilization, and home approvals. A Resource Development (RD) Track training curriculum for DFCS and child placing agency staff was piloted in February, April and June 2017. The training is now being used to increase the skill and competencies of staff directly responsible for the recruitment, training, and vetting of prospective caregivers. The Education and Training Unit plans to host a Train-the-Trainer with designated Office of Provider Management (OPM) staff.

OPM added a policy violations assessment (PVA) training for providers to assist them with accurately and fully completing PVAs to ensure the safety of youth in foster care. Additionally, OPM has partnered with Amerigroup to offer trainings to assist case management staff with accessing appropriate and timely wellbeing services for youth in care. It also joined forces with DFCS Revenue Maximization unit to provide trainings for providers as part of Georgia's ongoing improvement plans for the title IV-E foster care eligibility process. A workgroup was convened with CPA providers to discuss the sharing of foster home assessments and references. This resulted in a plan to address concerns related to the circulation of foster parent assessments and references and will be included in the FY19 Minimum Standards directive for providers. More formalized corrective measures to address provider deficiencies, concerns and issues has led to a decrease in the number of suspended providers compared to previous fiscal years. After completion of four 100% audits of RBWO providers, OPM has been able to determine that provider compliance has increased from 39% in the prior year to 99% currently.

The state's Placement Resource Operations team streamlined the state's GA+SCORE provider database and shortened the time it takes to get notifications on referral submissions. The innovative technology update includes an online status submission tracker and offers easy access to RBWO Program Designation memorandums for private providers and field staff. Once a determination is made, there is an option to pre-populate a child's demographics and information in Georgia SHINES onto the Universal Referral Application, which increases the likelihood of a more accurate placement search through the implementation of a detailed Standard Operating Procedure. Collaboration with the field allows PRO to triage high-level cases based on identified factors, such as the child's current location and needs.

Other technology enhancements include a Georgia SHINES upgrade to the child placement referral form known now as the universal application. The system generates an updated letter notification. Upgrades to GA+SCORE included an improved ability to track data and create data reports and adjustments to review timeframes and automated notifications between the field and PRO.

Kenny A Consent Decree

In the metro regions where Fulton and DeKalb counties are operating in accordance with the Kenny A. Consent Decree, there has been notable progress in efforts to ensure young children are not placed in congregate care placements unless necessary for the child's welfare. The consent decree has several restrictions related to the use of group care, including limiting the use of congregate care for young children.

According to state reports for these two counties,[2] no children under the age of 12 entering foster care or already in care during the reporting period were placed in group homes or child caring institutions except as allowed under the Modified Exit Plan.[3] During Period 24 (July-December 2017), of youth in care or who entered foster care in the period, 19 youth were placed in hospitals, seven were in psychiatric residential treatment facilities (PRTFs), and seven children were hospitalized for mental health issues. Additionally, three children were placed with their mothers in a group care setting designed for teen mothers. All documentation and waivers were reviewed by the Monitoring and Technical Assistance Team (MTAT).

The Modified Consent Decree also states:

a. No child shall be placed in a temporary facility or any other foster home or group facility beds used on any temporary basis, for more than 30 days, and,
b. Children shall not be placed in more than one temporary facility within one episode of foster care (meaning the period of time that a child is in foster care from the date of removal from the home until the child is discharged from DFCS custody, except that a runaway does not trigger a new episode of foster care).

As a result, children are not remaining in temporary facilities longer than 30 days, and far fewer are placed in more than one temporary facility while in foster care. During Period 24, out of the 1,991 children who were in foster care at the beginning of the period or entered during the period, there was no child placed in a temporary facility or any other foster home or group facility beds used on any temporary basis for more than 30 days. Additionally, for calendar year 2017, only 33 of 919 children (3.6%) were placed in two or more temporary facilities within one episode of foster care. This is a major reduction from CY 2015, when 162 out of 1,403 children (11.5%) were placed in two or more temporary facilities.

Other major findings identified in the Period 24 Monitoring Report completed by the Accountability Agent and MTAT also relate to child placement time frames and locations. One of the major areas of concern identified by the parties as they transitioned to the Modified Exit Plan was the state's continued and persistent reliance on commercial motels and hotels as placements for children in foster care. Over the past two years, the state has cited a need to diversify, to increase its array of foster care placements, and to enhance diligent search efforts to locate and support relatives and fictive kin as temporary placements for children and youth. The parties agreed to cut hotel usage in half by December 2016 and to end all usage by June 30, 2017.

The state met with providers and strengthened the enforcement of contractual requirements for private providers to give a 14-day notice before disrupting placements. The state also continued its partnership with the Multi-Alliance Alliance for Children (MAAC) to reserve ten emergency placement beds for youth in Fulton and DeKalb counties. Additionally, the state discussed with providers the need for targeted recruitment of placements for teenagers who may present behavioral challenges. The use of hotels steadily declined, leading up to the agreed-upon deadline. During Period 23, 26 children were placed in hotels. Since the deadline of June 30, 2017, there have been only two instances of children

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[2] The reported information is for all children under the age of 12 in care between July and December 2017 - not for a sample of the entire foster care population.
[3] The Kenny A. Consent Decree was renegotiated in Dec. 2016 and is now referenced as the Modified Consent Decree and Exit Plan

being placed in hotels; one in September 2017 (P24), and one in March 2018 (P25). The state has virtually eliminated the practice of housing children in hotels in the metro regions.

Additionally, the state has limited the amount of time a child spends in a DFCS office, especially during overnight hours. The Modified Consent Decree states, "no child shall spend more than 23 hours in a county DFCS office. Any child who spends time in a county DFCS office between the hours of 8:00 p.m. and 8:00 a.m. shall be reported to the MTAT. The intent of this provision is to prevent the use of DFCS offices as an overnight placement for children - as children with urgent placement needs require a safe bed in a home-like environment." This is the second reporting period for which MTAT has tracked the amount of time children spend in a DFCS office awaiting placement.

During the 24th period, there was no time where a child spent more than 23 hours in the office; there was a time, however, when a child had spent a little over 17 hours, which was the longest period. The state also reduced the number of cases in which a child spent time in an office overnight from 83 cases in Period 23 to 53 cases in Period 24. The average number of hours a child spent in an office overnight decreased as well, from 6.7 hours to 4.8 hours.

Well-Being

Education, Afterschool and Employment

The Division has worked diligently to increase its capacity to provide education support services to school age youth in foster care. The number of youth referred to Educational Programming, Assessment and Consultation (EPAC) has increased from 45% in February 2017 to 81% in August 2017. As of March 2018, the referral rate has remained above 70%. By incorporating a new education service delivery model, the state has been able to institute several program enhancements including the creation of an advisory group and practice group developed in concert with Multi-Agency Alliance for Children (MAAC), a long-standing partner of the Division that is now the lead education agency for Fulton and DeKalb counties. As the lead, MAAC provides education support, such as tutorial services, extracurricular activity tracking, educational assessments and specialized services as needed to youth in grades 7-12.

Internal programmatic structure has been enhanced in that the North, Metro and South districts have each been assigned an education manager who provides support, guidance and supervision to the Division's Education Support Monitor (ESM) team. The education managers serve as EPAC program representatives and subject matter experts who may be contacted to address immediate and critical educational concerns or provide advisement at regional and state meetings.

The state launched an EPAC web portal, which was developed in collaboration the Department of Human Services Office of Information Technology (OIT). On this site, users can access resources, information and the online Education Support Services Referral System to refer youth ages 5 – 17 in foster care to EPAC. Specialized trainings known as Education Academies are hosted throughout the year and aid staff in better understanding how to access and use the portal. In 2017, these academy trainings began to be offered virtually so staff can access them via WebEx. Two sessions of *Educational Stability Support for Foster Youth: A Model for Success* were hosted using this platform in December 2017. Two sessions of *Work, Their Rights: Supporting Youth Through the Student Disciplinary Process* were held in March 2018. Onsite academies were held:

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

The Well-Being and Education and Training units are working together to create module-based training that can be accessed by staff at all levels on the agency's learning management web portal. Topics being considered for inclusion are: *Supporting Youth through the Disciplinary Process; Providing Support to the Special Student;* and *Understanding My Role as a Mentor.*

As research has demonstrated, afterschool programs can "boost academic performance, reduce risky behaviors, promote physical health, and provide a safe, structured environment for the children of working parents" (youth.gov; Naftzger et. al., 2007). Afterschool programming improves classroom behavior (Huang, Leon, La Torre, Mostafavi, 2008), has been associated with reduced drug use (UCLA National Center for Research on Evaluation, Standards and Student Testing, 2007), positive health outcomes and reduced obesity (Mahoney, J., Lord, H., & Carryl, 2005). Georgia's Afterschool Care program funded 41 nonprofit organizations with more than 200 program sites serving youth before and/or after school, between sessions and during summer sessions. As youth get older, employment becomes another option for out-of-school time. The state provided four employment-related trainings to youth selected for internships. There were 306 youth participants in these four trainings. Nineteen adults participated in the community training that was hosted for youth who reside in group homes and low- to moderate-income communities. Youth Supporter trainings were also offered to adult foster parents, caregivers and group home providers of youth who participate in the Georgia TeenWork Internship Program.

Early Education

For years, parents and caretakers had to complete three different applications to get a child considered for a spot in an early education program in Georgia. While they may have preferred one program over another, they couldn't be sure they would get their first choice, so they applied for the other two programs as a backup plan. While there is still a shortage of spaces for the Head Start/Early Head Start program, caretakers can now use one application to be considered for that program while simultaneously being considered for the other two: Georgia Pre-K and the Childcare and Parent Services (CAPS) subsidized care program. The number of applications has increased and are expected to rise even more once the process becomes automated in spring 2018. The result of this streamlining has been an increase in children who are enrolled in Head Start and quality rated childcare programs. A pilot process is being put in place that will assist DFCS in retrieving data regarding program space usage and availability statewide.

An early childhood collaboration manager was hired in October 2016, and he has visited several counties to address adoptive and foster parent associations. The Early Childhood Education Unit updated agency policies and procedures related to identifying and enrolling children 0 to 5 into quality educational programs. Workgroups of related partners (e.g., DECAL, CAPS, Georgia Head Start Association) convened to outline steps for a smooth transition of the CAPS program back to DECAL in December of 2017.

Health and Wellness

In March 2018, the state Wellness Programming, Assessment and Consultation Unit (WPAC) began providing trainings jointly with the Educational Academies to establish a more efficient process for staff in the regions to obtain both sets of trainings. After a new director was hired in October 2017, the unit began to issue a monthly trend report to regions that identifies their strengths and areas for improvement. The report also provides counsel on resources and strategies that can be implemented to improve practice.

Along with the Placement Resource Operation (PRO) Unit, a protocol was developed for staff to use in cases where there is a need for escalated consent for a youth to be prescribed psychotropic medication. The protocol helps to ensure timely approval or denial of these medicines for youth newly admitted to acute behavioral health facilities and crisis stabilization units.

As the state continues to implement the Health Care Oversight and Coordination Plan, WPAC worked with each region individually to make sure they had adopted their own regional wellness plans. WPAC specialists made sure the regions had steps in place to track and monitor overdue medical, dental, and trauma/development assessments and to ensure medical appointments are scheduled for youth in care and that their health needs are met. DFCS also initiated an inpatient medication consent protocol, which includes a provision that the management of medication requests, including time-sensitive approvals and responses from DFCS regional directors for children receiving emergency care and stabilization within the state's inpatient facilities, be executed at the state office by the PRO unit in collaboration with WPAC.

Workforce Development

One of the pillars of the Georgia Blueprint for Change, and, consequently, a strategic plan goal for the state, is to build a workforce that is competent, professional and efficient. The state's efforts to stabilize its workforce and increase its capacity to do quality work include pay increases, a rekindled work incentive program, new resources, increased professional development, and advancement opportunities. Skills training, however, has been the primary means for strengthening the workforce. "According to the U.S. Department of Health and Human Services Child Welfare Information Gateway, those working in the social work field often stress the opportunity for professional development as being important for ongoing retention within an organization. Greater work satisfaction and better client outcomes are generally linked to the higher retention levels." A survey was taken by 2,200+ DFCS staff in 2017. Of the 2,143 useable responses, 71% agreed that they had employee satisfaction, which was an increase from the 66% rating in 2015. Surveys were also conducted in 2015 and 2017 to attain a sense of the work culture in the Georgia Department Human Services. Although employees from four agencies were surveyed, 64% of the respondents were DFCS staff. The results demonstrated significant positive growth as indicated by the following synopsis of results.

Congratulations!

The results of the 2017 Culture Survey are in, and the State has experienced excellent growth during the last two years!

In 2015, the State distributed a survey designed to assess the organization's current culture (using metrics such as Commitment, Inclusion, Collective Focus, and External Orientation) across four State agencies. In September 2017 a similar survey was completed and shows cultural growth in the core areas.

Using the results from both the 2015 and 2017 surveys, a comparative analysis was performed. The results of this analysis were overwhelmingly positive, with the State experiencing excellent growth during the last two years! Thank you to everyone who participated in the 2017 CulturePath survey, and to those of you who have made developing the State's culture a priority – whether strategically at the leadership level, or through your individual day to day effort in field offices throughout Georgia.

The State plans to continue progressing the organization toward its desired future-state culture. Leadership has already met to discuss how to transform the results into actionable recommendations. A Culture Strategy has been developed to help prioritize and implement proposed results.

Thank you again for your continued support!

Culture Survey Highlights

2,435 employees responded to the CulturePath survey across 4 different State departments

The organization's culture has improved in many ways from the time of the 2015 survey to 2017

INCLUSION — 67% FAVORABLE

The degree to which an organization promotes diversity, uniqueness, and bringing one's authentic self to the workplace.

SHARED BELIEFS — 91% FAVORABLE

The degree to which employees demonstrate commitment to organization specific core values / beliefs.

The organization reports a very high level commitment to Shared Beliefs, but has room to improve Inclusion

Three key themes for future culture growth were identified through the Culture 2017 efforts

Culture Themes

Employee Engagement and Productivity

Staff are aligned on the mission and vision of the organization, continue to place value in teamwork and collaboration. Growth areas include: continue recognition programs and empower staff to make decisions.

Diverse Workforce, Inclusive Workplace

Although Inclusion has grown within the Georgia Gateway organization tremendously from prior survey, respondents still feel that the organization should have a foundation and strategy to support an inclusive work environment.

Career-Long Development and Growth

The ambition and drive for ongoing learning opportunities is strong! Growth area includes a transparent career path and additional resources to support the development of new knowledge, skills, and/or abilities.

Training staff on Georgia's new practice model, including SBC and (Initial Safety Assessment) ISA, is a key strategy within the state's Performance Improvement Plan (PIP). Georgia is on schedule to begin a new Child Welfare Training Academy on April 1, 2018 that all new case management staff will be required to attend. The SBC curricula has been woven into this academy. As noted above, Georgia has provided various trainings to enhance the skills of DFCS and child placing agency (CPA) resource development staff, thereby increasing their job knowledge and their partnering efforts in diligent recruitment. The resource development track training rolled out September 2017. There was a total of 13 participants for the first session; as of April 2018, a total of 74 DFCS staff had been trained in the curriculum.

Stakeholder Engagement

The third pillar of the Blueprint for Change (fifth CFSP goal) is to have the Division and its stakeholders fully engaged and responsive. The seriousness with which this goal is regarded is evident by the primary role Division leadership has taken to set the tone and move this forward. As part of the ongoing QA review process, case specific interviews and/or surveys were conducted with case managers, supervisors, community partners, including foster parents, service providers, court personnel, attorneys, and school personnel. During the October 2017 through March 2018 review cycle, 77% of 301 respondents rated the agency's effectiveness of partnership with their agency or organization as excellent or good. Despite the slight decline from last year, this is an area where the agency has seen tremendous growth. In reports collected from stakeholders at the APSR Joint collaboration meeting, it appeared that there was consensus that there was better engagement with stakeholders at the leadership level, but there is still some work to do at the local levels. Each region has now devoted at least one meeting a quarter that is specifically designed to include external stakeholders as active partners in resolving concerns around service array. See the C3: Stakeholder Engagement section of this report and the Regions of Hope narrative in this section for additional details on the myriad of ways in which the agency is working with the community.

A6. PIP Updates

I. CFSR-PIP

Georgia's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) was approved effective June 6, 2017 and as negotiated with the Children's Bureau, the PIP implementation period commenced on April 1, 2017. The goals and strategies in the PIP directly correlate with the goals of the CFSP and are intended to impact CFSR Items 1-6 and Items 12-15. Georgia's CFSR PIP includes the following five goals:
- Goal I: Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.
- Goal II: Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.
- Goal III: In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.
- Goal IV: Establish a robust workforce.
- Goal V: Increase and strengthen foster and adoptive resources.

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

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

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

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

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

- Publishing hard copies and distributing them to the tribes, community partners, stakeholders, service providers, etc.
- Posting the plan on the Division's website and on the Georgia Child Welfare Strategic Planning websites:
  - https://dfcs.georgia.gov/child-and-family-services-review-cfsr
  - www.gacwplanning.org
- Regional staff having stakeholder forums
- Emailing copies to all DHS/DFCS Social Services staff
- Regional C3s coordinate training to case managers, supervisors, county management staff and regional staff on the content and implementation

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

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

The following approaches are being utilized to communicate PIP implementation updates and foster a continuous feedback loop to include internal and external stakeholders.

- CFSR outcomes and reports are shared with all regions for reference of "bright spots strategies"
- 30-minute slot for PIP discussion at Macon leadership meeting (monthly)
- Weekly regional and statewide leadership development calls
- Condensed version of the PIP Quarterly Progress Report widely disseminated
- PIP/APSR/CFSP/CFSR/CQI (PACCC) meetings (monthly)
  - PIP leads share PIP implementation updates regarding key activities, expected outcomes and key people responsible for completion

- C3 coordinators share information from meetings via blasts, newsletters, video clips, visual displays, stakeholder meetings (internal and external)
- State Office CQI Team
  - Track and monitor strategies and related data to determine whether PIP key activities have been achieved
  - Information reported to the state office CQI team by SO section representatives and regional C3 coordinators provide monthly updates related to progress and/or problems with implementing and completing all PIP strategies and key activities

To support and obtain optimal implementation, it is critical that regular updates on PIP implementation and execution are communicated through a central point of contact. To accomplish this, the following table outlines the persons responsible for implementation of the communication protocol.

Table 1: PIP Communication Protocol Responsibilities

	Audience	Method	Medium	Frequency	Persons Responsible
PIP Document	DFCS Field Operations	Dissemination of PIP document	Email Distribution List	Quarterly	Regional & State Leadership
			Posting on websites: https://dfcs.georgia.gov/child-and-family-services-review-cfsr www.gacwplanning.org	Quarterly	State Office (SO) Core Team
		Introduction of PIP goals/strategies	Cadence Calls (regional/statewide)	Weekly	Regional & State Leadership
			Trainings and Summits	Quarterly	C3 Coordinator
	External Stakeholders (tribes, community partners, service providers)	Dissemination of PIP document	Email/Deliver hard copies of document	Quarterly	C3 Coordinator
			Posting on websites: Division website GA CW SP	Quarterly	SO Core Team
		Introduction of PIP goals/strategies	Regional stakeholder forums	Next Quarterly meeting after PIP approval	C3 Coordinator
	DFCS State Office	Dissemination of PIP document	Email/Deliver copies of document	Quarterly	State Office Section Director/Unit Manager
			Posting on websites: Division website GA CW SP	Quarterly	SO Core Team
		Introduction of PIP goals/strategies	Leadership Development Calls (regional & statewide)	Monthly	SO Core Team & PIP Program Leads

Feedback Loop	DFCS Field Operations and State Office	PACCC Meeting	Information distributed via Email blasts, newsletters, video clips, visual displays	Monthly	CQI Manager, PIP Program Leads, C3 Coordinators
			Regional Summits	Monthly	Regional C3 Coordinators CQI Specialists
			Random sampling (survey, focus group, phone call, interview)	Quarterly	PIP Execution Strategy Workgroup Members
		PIC Meetings		Monthly after completion of CWQA Review	CWQA & CQI
		Regional/State CQI Meetings		Monthly	Regional C3 Coordinators CQI Specialists
	External Stakeholders	Regional C3 Stakeholder Meetings		Quarterly	Regional C3 Coordinators CQI Specialists
Data (Progress towards meeting PIP outcomes; issues and concerns)	DFCS Field Operations	CFSR Outcomes & Reports	Trend Report and Comparison Chart Six-month trend report	Monthly Semi-annual	CWQA CWQA
		PIP Update at Macon Leadership Meetings		Monthly	SO Core Team & PIP Program Leads
		Regional and State Cadences		Weekly	Regional Leadership
		PIP Progress Report (condensed version)	Email Distribution	Quarterly	Quality Management Director
		Regional/District Leadership Conference Calls		Quarterly	PIP Program Leads
	External Stakeholders	Regional Stakeholder Meetings		Quarterly/Annual	Regional C3 Coordinator, Regional Director
	DFCS State Office	Inclusion of PIP updates	Program specific Newsletters	Quarterly	Section Managers

Georgia's third quarter progress report was submitted to the Children's Bureau on February 23, 2018. Then Children's Bureau staff made site visits from March 27th to March 29th to determine Georgia's overall progress in both the CFSR review and PIP implementation. Though Georgia has met four of the ten quality review items, CFSR review data shows a decrease in items 2, 3, 5, 12, 14 and 15 since the 2015 baseline (This statement is based on rolling trend comparison data from all zones/regions during November 2017 – May 2018). Based on the Children's Bureau assessment and Georgia's current performance, a PIP renegotiation draft proposal has been submitted to the Children's Bureau in Washington, D.C. for review. The draft proposal recommends transferring several PIP activities to the APSR for ongoing monitoring, and it includes recommendations for amending several PIP activities to provide additional attention and enhancements to more effectively impact outcomes. In June, Georgia received additional feedback, from the Children's Bureau, on the draft PIP proposal. This feedback will be incorporated into a final PIP proposal for review and approval by Children's Bureau officials in Washington, D.C.

II. IV-E PIP

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

OPM conducted 5 webinars on February 22 and March 1, 2017 with providers to discuss the quality assurance plan and the requirements for uploading all safety screenings for staff. OPM & Rev Max conducted cross training of on the two programs on April 20, 2017 and followed that up with a training to RBWO providers on the IV-E requirements and safety screenings on May 16, 2017. During this meeting, OPM provided data to the providers explaining the number of providers that were out of compliance, the reasons for being out of compliance and data on the number of providers that were placed on suspension, and unable to accept additional placement. The providers had to submit corrective action plans that are monitored by the Office of Provider Management during quarterly safety check desk reviews.

As of December 2017, all IV-E PIP goals have been achieved, most of them ahead of schedule. Since April 1, 2017, the Office of Provider Management completed 675 audits on private provider staff to ensure their compliance with the IV-E requirement. These 100% audits have proven effective in keeping providers engaged and holding them accountable. By January 1, 2018, 99% of providers were found to be in compliance with the IV-E requirement. This is a significant increase from the 39% that complied in July 2017. March 31, 2018, OPM only had one RBWO provider on suspension due to non-compliance with the IV-E safety check requirement. This is notable given that a year ago, 87 providers were on suspension due to non-compliance with the IV-E safety check requirement.

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

B.   C3 Integration

The Child and Family Services Plan (CFSP) is a five-year strategic plan that comprehensively integrates programs that serve children and families and serves as a roadmap for performance. The plan is reviewed annually to assess progress toward goals, strategies and objectives. Every five to seven years, the state and the federal Administration for Children and Families review the state's performance regarding national standards and desired outcomes. The state uses this Child and Family Services Review (CFSR) examination to identify gaps in the work and subsequently develops an action plan to address areas of deficiency. This Program Improvement Plan (PIP) outlines strategies to intervene in the areas needing improvement. Principles of the Continuous Quality Improvement (CQI) process are used to get to the root cause of problems and support improvements in practices and procedures. In past years, the coordination and development of these plans and processes were done in silos. Over the past three years, the state has cultivated a more integrated operation.

While there are managers who are separately responsible for the CFSP, CFSR and CQI work, the three units work closely together to ensure there is symmetry in how agency priorities are adopted and how the strategic planning work flows throughout the service continuum. There is also a dedicated, full-time C3 coordinator in each region that ensures this symmetry is as intrinsic at the field level as it is at the state level. This concept, branded as the C3 Connection, provides a foundation of stability, focus and effective communication, and it ensures courses of action that support plan objectives.

The state hosts a monthly CQI meeting called a "PACCC,"[4] where program area leads provide updates on their areas of responsibility for strategy action steps and activities. C3 coordinators provide updates on their respective region's progress in implementing CFSP and PIP strategies, challenges that are being faced, trends that are surfacing and innovative practices being used to address barriers or ramp up positive outcomes. The Quality Assurance Review Team director presents data to confirm the status of the state's achievement of objectives and targets. The PIP manager reports updates on the PIP's action plan and the CFSP manager provides updates related to the CFSP goals and APSR highlights. Once the meeting participants have a grasp of the scope of progress being made or not made, there is deliberation regarding needed corrective action, assignments of responsibility, and information or ideas that should be shared with staff in the field and others not present.

The CQI manager facilitates the PACCC meeting and uses it to target child welfare practices or processes that need closer examination, applying CQI principles to pinpoint root causes and solutions. C3 coordinators participate in bi-weekly conference calls facilitated by the CFSP manager and submit written monthly reports to the state office so that there isn't a disconnection between state-level staff

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[4] PIP, APSR, CFSP, CFSR, CQI

perceptions and regional-level reality. The reports help to monitor progress, but they also allow issues to surface and be addressed timely and effectively.

At the regional level, C3 coordinators work to ensure staff understand the role they play in assuring the state meets plan objectives, national standards, and ultimately the best outcomes for children and families. Many of them have built a team in their regions and either work closely with their CQI facilitators or serve as the CQI representative. The CQI Unit has been informing regional teams of CFSR findings, preparing them to meet PIP requirements, and aligning Quality Improvement Plan (QIP) goals and interventions to achieve performance outcomes. The state CQI Unit works to improve the stability and functional capacity of regional CQI teams through monthly CQI meetings, quarterly statewide CQI facilitator meetings, monthly PACCC meetings and CQI trainings. As of June 2018, there are three CQI specialists who serve the 14 regions and the state's intake call center, two vacancies are anticipated to be filled soon.

Trainings were provided to field program specialists, data integrity specialists, state CQI team members, stakeholders and others to ensure they are well versed in the performance improvement process. CQI specialists additionally received training on the fundamentals of SBC, alignment of staff, effective teams and effective collaboration, rapid process improvement and data analysis.

Each of the regions are assigned a QA reviewer to work in conjunction with the CQI specialist and team in each region. The QA reviewer provides additional consultation and training as needed around the CFSR outcomes and measures to improve case practice performance and the quality of services provided to meet the needs of families. Once a quality assurance review is completed for a region, state CQI specialists, regional CQI facilitators, C3 coordinators and the QA reviewers meet to examine the outcomes and identify performance practices and changes needed to positively impact the work within the region. Subsequently, a Performance Improvement Collaboration (PIC) meeting is conducted within that region with state and regional leaders, CQI team members, the C3 coordinator and community stakeholders. Participants are encouraged to provide feedback and input related to current practice and changes needed for improving overall performance. The regional CQI team take the input and uses it to apply the CQI and performance improvement process for identifying problems and implementing QIP goals and interventions for improving overall performance and meeting PIP requirements.

Since the federal program instruction released March 2014 (ACYF-CB-PI-14-03), the state has worked diligently to integrate the CFSP with the CFSR and CFSR PIP process. The incorporation of the work of the QA reviewers, CQI staff and C3 coordinators has been integral to the state's ability to do this skillfully.

C. Requirements

C1. Collaboration

As the state works to achieve the anticipated pillars, Director Pryor contends that it must be done in a spirit of partnership. "It is through partnering with others that we find honesty and ownership in co-developed plans and initiatives… When we operate with this partnership lens, interactions with children and families are no longer compliance based but are opportunities to maintain and strengthen these individual relationships and celebrate successes. This same partnership dynamic is true when applied to interactions with our staff and stakeholders."

I. Stakeholder involvement with assessment of agency strengths and areas needing improvement

The Division seeks stakeholder input and involvement in the assessment of agency strengths and areas needing improvement. This stakeholder involvement occurs in the quality assurance (QA) and continuous quality improvement (QI) process as well as ongoing practices.

Stakeholder interviews are conducted as a routine part of the quality assurance case review process and their input is included in the QA trend reports. These interviews are to determine the role and effectiveness of interventions for families and to ensure collaboration between county agencies and external partners. Stakeholders interviewed include case managers, supervisors, community partners, foster parents, service providers, court personnel, attorneys and school personnel. Among the areas the stakeholders are asked to rate are effectiveness of partnership, ability to identify risk, quality and timeliness of services and training provided.

QA review results and trends are routinely shared and discussed with stakeholders in collaborative meetings such as the CAPTA citizen review panel steering committee meetings with leadership, annual stakeholder joint planning collaboration meetings, regional road shows and town hall meetings with regional and/or state leadership, and continuous quality improvement meetings (regional and state-level).

The state does an annual analysis of results and data, compiling the status of the state's achievements regarding pre-established goals and objectives. Data are presented to stakeholders at the annual APSR collaboration meeting conducted in partnership with the Children's Bureau. Participants include non-DFCS stakeholders representing several areas of expertise and practice, including presidents and executive directors of private, faith-based and community groups, such as CASAs, attorneys and other judicial and court representatives, educators, health professionals, CAPTA panel members as well as DFCS regional directors, county directors, C3 coordinators, CQI specialists and foster families/youth. DFCS program managers and directors jointly serve with community stakeholders on panels to discuss areas of concern in the state that warrant examination and directed discourse.

The Division maintains strong relationships with Georgia's three CAPTA panels, their individual members and the organizations they represent. Co-chairs from each CAPTA panel serve on a joint steering committee that meets several times a year to promote inter-panel collaboration, coordination of Panel activities, and joint planning with DFCS. Georgia is now holding quarterly meetings with the Panel Steering Committee and DFCS leadership. These meetings provide opportunities for conversation on topics of interest/concern to the panels and opportunities for the panels/members to provide input on agency strengths and areas needing improvement. CAPTA panel members have been instrumental in the development of the CFSR PIP, serving on the state's policy advisory committee and the statewide CQI group and participating in development of the state's new CAPTA plan.

Georgia CASA has been an active participant in state-level collaborative meetings with the Division. On a regional level, local CASA leaders have been engaged and included in local stakeholder meetings, road shows, and CQI teams. Additionally, Georgia CASA provided input on SBC policy updates, continued to partner with the Child Welfare Training Collaborative on its statewide training opportunities, presented at regional and state level trainings, and supported community engagement efforts.

The Multiagency Alliance for Children (MAAC) is a collaboration of nine agencies that work together to provide placement and wrap-around support to children with higher service needs with a scope of

services ranging from assessments to intensive psychiatric care, adoptions to residential group homes, therapeutic foster care to maternity care and more. MAAC attends CQI meetings, provides input and coordinates youth involvement on child welfare policies and in stakeholder meetings. MAAC's EmpowerMEnt program staff and advocates were involved in discussions regarding the PIP. Additionally, MAAC's director of Program Improvement and Evaluation sits on the State CQI Team and provided agency feedback throughout the development, implementation, and monitoring of the PIP.

Stakeholder input on policy and practice occurs routinely. Some examples:
- Call center administration conducts frequent roadshows throughout the state and takes notes when maltreatment reporters provide feedback. Based on Mandated reporters requesting additional CPS reporting options due to lengthy hotline call wait times, CICC created the CPS online reporting portal and improved the fax, email, and CPS hotline reporting options.
- The Office of the Child Advocate (OCA) works closely with the Division on developing plans for enhancement of services. OCA provides written recommendations for practice, reviews case activity and provides reports. OCA is actively involved with child fatality and serious injury cases and conducts formal reviews independently and in collaboration with the Division's internal child death and serious injury review unit. OCA has also provided training for staff, from frontline case managers to senior leadership
- Policy and Regulations Unit staff have attended Kinship meetings with internal and external internal stakeholders, including Casey Family Programs, to discuss and identity ways to improve the number of children placed with relatives, supports, and permanency.
- The Division participates in the Psychiatric Residential Treatment Facility (PRTF) and Crisis Stabilization Units (CSU) Quality Council Consortium, a collaboration of Amerigroup, Department of Behavioral Health and Developmental Disabilities (DBHDD), private PRTF and crisis stabilization providers, Amerigroup, the Department of Juvenile Justice (DJJ), and the Georgia Crisis and Access Line (GCAL). The collaboration is an effort to improve policies and practice, provide training; monitor trends, address questions and concerns, and brainstorm solutions.
- Wellness Programming, Assessment and Consultation Unit (WPAC) works in collaboration with the Department of Community Health (DCH), Amerigroup, Department of Public Health (DPH) and Children 1st to develop strategies to decrease the number of overdue initial and ongoing medical/dental/trauma assessments.
- The Department of Community Health (DCH), Amerigroup, WPAC, and RevMax (internal partner) have worked together on multiple occasions to resolve issues around lapses in Medicaid as well as third-party insurance billing for youth in care.
- In May 2017, input was solicited from private agency partners for the revision of caregiver onboarding forms, particularly the revised application and questionnaires. (The unit also convened a workgroup with regional staff and foster parents to review the forms in December 2016.) Stakeholder input informed the final form revisions.
- The Caregiver Recruitment and Retention Unit (CRRU) went to 13 of the 14 regions to facilitate Think Tank sessions. These sessions helped the CRRU understand the systemic factors and programmatic processes that impeded each regional team's capacity to onboard new caregivers, retain existing caregivers, and recruitment efforts. During the session a discussion of current policies also ensued, which resulted in multiple policy revisions.

II.   Review of goals, objectives, and interventions

The Division has several collaborative mechanisms for seeking review of input on goals, objectives and interventions.

During the APSR Kick-Off Joint Collaboration meeting held March 2018, stakeholders were given descriptive copies of the state's child welfare goals, objectives and interventions. Panel presentations and subsequent discussion groups explored specific areas of related practice. During roadshows, state leadership routinely seeks feedback from frontline staff, private providers, local agencies, educators, judicial and legislative personnel and other meeting attendees. Leadership provides an overview of the agency's priorities with respect to the Blueprint pillars, explaining why these are areas of focus.

During annual regional stakeholder meetings (there is at least one held in every region, but some regions host several), appropriate state and regional leaders such as the CFSR PIP manager, CFSP/APSR manager, Quality Assurance Review Team director and regional director make presentations to help local stakeholders understand their roles in the overall child welfare system – the CFSP and PIP goals and the strategies that have been adopted to impact the goals are described. Data is presented to demonstrate how the region compares to the state overall, and then stakeholders are given an opportunity to discuss the goals and objectives and make suggestions regarding interventions or practices that can be employed to improve areas of priority. A significant amount of brainstorming occurs at the meetings and the effort put into planning these meetings has proven to be time well spent.

These stakeholder meetings have proven to not only be one of the most effective ways for the agency to deliberate goals and objectives, but also to generate ideas for making greater progress in achieving them. They have been chiefly influential in impacting the state's goal to improve constituent engagement and increase stakeholder participation in other meetings, such as local and state CQI meetings and PIP planning, implementation, training, and advisory meetings.

University of Chicago - Chapin Hall Assessment of Georgia DFCS Placement Operations

This assessment includes a review of the current network options, assessment of the processes that govern how system partners make decisions to access the continuum of care and locate children to placements, and assessment of outcomes associated with those decisions given the structure and context for making placements with a goal of developing recommendations for optimization.

The draft report has been received and discussions are ongoing to clarify several points. However, the report recommendations are broad in scope with significant fiscal and systemic impacts. The Division does not anticipate being able to execute the recommendations quickly, as they likely require significant funding as well as broad systemic change involving multiple internal and external stakeholders. Additionally, the current structure of the placement process will require a redesign.

III.   Monitoring of progress

One of the three pillars of the Division's Blueprint for Change is constituent engagement, and CAPTA panels represent significant constituent engagement in assessing and monitoring child welfare practices and progress.

Georgia's Citizen Review Panels are:

The Child Protective Services Advisory Committee (CPSAC) includes members from a broad range of service providers and community organizations including volunteers and professionals with expertise in kinship care, pregnant and parenting youth, domestic violence, medically fragile children, foster parents, and visitation. The CPSAC spent much of the last year focused on the training of foster parents and support for relative caregivers. The CPSAC completed a review of the DFCS process for training foster parents and has provided concrete recommendations to the Division about that training.

The Division has spoken with CPSAC about this topic and will continue the discussion to ensure concerns about training content and delivery are addressed. The CPSAC is encouraged by the Division's efforts to promote a kin-first culture and has also provided recommendations for ensuring relative placements are appropriate and the needs of children and caregivers are met. The Division will continue to engage the CPSAC for feedback as it designs its new kinship policy and programming. The CPSAC is currently shifting its focus to worker safety and CPS investigations involving placements. The Division is actively providing information on these topics as the reviews are underway.

The Children's Justice Act Task Force (CJATF) includes members from law enforcement and the courts (police, prosecutors, juvenile court judge), the non-profit community (CASA, Barton Center, Child Advocacy Centers, CHOA, PCA GA, CHRIS Kids), other state agencies (juvenile justice, education, DBHDD), and relevant community members (adoptive parent, parent of a special needs child, foster parent). The CJATF is always assessing Division strengths and areas needing improvement with special attention on the results of the Task Force's 2015 three-year assessment which focused on concerns related to the reporting and handling of reports of incidents of abuse. The CJATF and the Division worked closely together to identify key goals, objectives, and interventions in this area. With the encouragement and support of the Division, the Task Force completed a project addressing inconsistencies in terminology, definitions, policies, practice and training across agencies and in different sections of the Georgia Code, relevant DFCS policy, and the state's child abuse protocol. A multi-agency work group worked to remedy some of the identified inconsistencies and create standard maltreatment definitions. A legislative proposal did not pass in the 2018 session but will be proposed again next session. In addition to its continued work around mandated reporters and investigations of child fatalities, the CJATF is completing another three-year assessment in 2018 focusing on the training provided to individuals who respond to and investigate cases of child maltreatment. The Division commits to collaboration with the Task Force and other agencies around these areas.

The Child Fatality Review Panel (CFRP) is co-chaired by a superior court judge and a juvenile court judge. The membership includes state legislators, representatives from many state agencies (including OCA, DBHDD, DPH, DHS Board, DECAL, GBI, and Education), and subject area specialists (including a coroner, forensic pathologist, and child abuse prevention specialist). The CFRP made a considerable effort to enhance their examination and reporting on maltreatment-related child fatalities and they have provide feedback to the Division on areas where they see a need for improvement. The CFRP Maltreatment Committee is working to develop criteria for identifying and reviewing a select group of fatality cases where abuse and/or neglect has been identified as the cause of the fatality and other elevated risk factors were identified. They are also exploring opportunities for collaboration with other groups who collect and analyze data on child fatalities.

The child fatality review team works with both internal and external stakeholders to monitor child fatalities reported to the Division. Internal stakeholders include the Policy Unit, Program Planning and Guidance, Field Operations and their regional offices, the Data Unit, and the division director's office. External partners include Children's Healthcare of Atlanta (CHOA), Georgia Bureau of Investigation (GBI), medical examiners and coroners statewide, the Department of Public Health (DPH), the Office of the Child Advocate (OCA), and local law enforcement. The Child Fatality review team analyses and tracks available information with a focus on fatalities with prior agency history. Some fatalities warrant a joint staffing with external partners and internal DFCS staff to examine the circumstances around the death more closely. These reviews focus on facts and a review of prior agency involvement. These reviews are a collaborative effort to ensure the safety of surviving siblings and related data-gathering. Findings and trends are used to identify policy concerns, training needs, practice deficiencies and opportunities for improvement. This team's work has also supported the effort to reduce sleep-related

deaths across the state, a strategic goal of the Division, and helped to inform the state's Safe Sleep Campaign.

Consent decree work, by its nature, relies heavily upon the accountability agent (AA) assigned by the court. The AA has a team that provides valuable assistance in understanding data, quality improvement, analysis of the current processes, and efforts to achieve meaningful, long-term improvement. KA primarily relies upon semi-annual case and programmatic reviews conducted by the KA Review Team. Additionally, other measurements are produced by the Data Unit based on queries that are run to respond to specific outcomes. The information produced is used in reports to measure overall progress. Though the goals and outcomes contained in the KA Consent Decree are mostly based on CFSR requirements, the work does not fully align with the CFSP. Because the KA Consent Decree was agreed to in 2005, the CFSP is not a primary driver in meeting its outcomes. Nevertheless, the KA work supports the overall goals of the Division, and KA attempts to meet many of the CFSR goals.

The Division's Independent Living Program (ILP) works closely with the J.W. Fanning Institute for Leadership Development at the University of Georgia. This cooperative work has been the impetus for various initiatives in the past, such as the Education and Training Voucher (ETV) program, Embark Conferences, College Bound, and Leadership Academy. During this reporting period, the Institute provided the Division with a series of analytics, including academic outputs and outcomes of ETV recipients. Based on these analytics, ILP has begun to tailor efforts around enrollment and retention through increased knowledge about the ETV program through webinars, in-person training sessions and college connections workshops. In partnership with ILP, the Institute hosts information sessions for caregivers, providers and secondary education institutions. ILP and MAAC host statewide workshops specifically for youth who need post-secondary education support.

IV.   Ongoing involvement

The Division anticipates the continued rollout of the State of Hope campaign will be successful in part due to the state's strong, decades-long partnerships with community stakeholders. While intentional focus on constituents and engagement with the media and advisory boards in recent years have fostered new bonds, the efforts have also strengthened long-lasting relationships, igniting new ways in which the agency interacts with "old friends." The agency has renewed its commitment to hosting roadshows and will increase the minimum number of regional C3 stakeholder meetings from one to four a year. The following collaborative work will also be continued in the coming year.

Interagency Directors Team (IDT)

As part of a cooperative agreement among high-level agencies, an Interagency Directors Team (IDT) meeting is held monthly with representatives from Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Human Services (DHS), Department of Juvenile Justice (DJJ), Department of Community Health (DCH), Department of Public Health (DPH), Department of Education (DOE), Department of Early Care and Learning (DECAL), and Georgia Vocational Rehabilitation Agency (GVRA) to promote increased cooperation, coordination, and integration at the administrative and service delivery levels between the parties for the benefit of children and adolescents in need of or in receipt of behavioral health services, and their families;

Prevention Collaborations

The Division's major partners that provide substantial, ongoing and meaningful collaboration with PCS to address issues related to child abuse prevention are Prevent Child Abuse (PCA) Georgia and

Strengthening Families Georgia. PCS is on the advisory board for both groups, each of which meets quarterly. This provides an important feedback loop from other members of the advisory boards that provide child abuse prevention services across the state.

Strengthening Families additionally had a formal evaluation conducted by consultants to determine the effectiveness of the Strengthening Families Initiative. This evaluation helped PCS access strengths and needs and the Strengthening Families Georgia Strategic Plan. The major impact of PCS work with Strengthening Families Georgia for the past fiscal year was that this partnership was instrumental in getting the Five Protective Factors integrated in the work of state and private agencies involved in the field of child welfare across the state, not only through the distribution of materials but also through trainings conducted by Strengthening Families Georgia (SFG).

Prevent Child Abuse (PCA) Georgia is instrumental every year in leading National Child Abuse Prevention Month efforts across the state. PCA Georgia is also instrumental in the provision of several trainings, including Mandated Reporter, Bullying Prevention, Child Home Safety, Engaging Fathers, Stewards of Children and Childhood Trauma trainings. Additionally, this year, the Division also partnered with PCA Georgia to begin the planning of a statewide Child Abuse Prevention Campaign. The campaign will be launched later this year, and the Division plans to capture/track any measurable the impact and outcomes resulting from the campaign.

Another important partnership with PCA Georgia was the development of a resource map for the state that includes PSSF services and services available through PCA Georgia's resource hotline number. A link to this map was added to the Georgia SHINES system so that case managers can access it and determine the location of services in their area.

Safety Collaborations

Quarterly Meetings with Adoptive and Foster Parent Association of Georgia (AFPAG)
The Caregiver Recruitment and Retention Unit and Adoptions Unit (CCRU) directors meet quarterly with AFPAG leadership to discuss issues and concerns raised by caregivers for whom they provide mentoring, advocacy, and support. AFPAG leadership provides an update on trending issues that lead to caregiver complaints and grievances, interventions implemented to mitigate concerns, training and support provided to local associations, and resources needed. This information is shared with Division executive leadership for consideration and interventions.

Substance-Exposed Newborns
The Division continues to work with Georgia PROUD to engage multi-disciplinary partners to support implementation of Comprehensive Addiction and Recovery Act (CARA) amendments.

Additionally, DFCS Practice and Program Guidance is in communication with DBHDD and DPH regarding best practices of working with shared populations and is creating a small inter-agency work group to ensure resources are leveraged in a way that maximizes services and promotes the best possible outcomes for infants and families.

Foster Care and Permanency Collaborations

The Permanency Section continues has developed ongoing collaboration with internal and external parties. Ongoing collaborative meetings with private providers and state office and regional leadership occur monthly. There is an established judges' meeting that is facilitated by the permanency and safety directors. Provider stakeholders participate in discussions around proposed practice shifts and in

workgroups that could potentially impact their practice. The permanency section vets all proposed practice shifts to the field prior to any rollout. Additionally, C3 coordinators are responsible for retrieving trend information and reporting at the monthly state PACC meeting.

Placement Resource Engagement Meetings
The Caregiver Recruitment and Retention Unit (CRRU) works closely with the Office of Provider Management (OPM) to establish and maintain partnerships with private agency providers, both child placing agencies and child caring institutions. In November 2016, the CRRU launched the Placement Resource Engagement Meeting initiative to encourage the local development of partnerships between regional RD teams and their private agency partners in their area. These partnerships mirror those already established in Region 3 and Region 5 between the Division and private agency stakeholders. The Regional RD teams are encouraged to reach out to their private agency stakeholders to support their efforts in recruiting, onboarding, and maintaining their caregiver resources. Since the inception of the Placement Resource Engagement Meeting initiative, each of the 14 DFCS regions has hosted a meeting with local stakeholders to plan and execute recruitment activities.

Provider Leadership Meetings
Foster Family-based Treatment Association (FFTA), GA Alliance of Therapeutic Services (GATS), Together Georgia, RBWO providers, EmpowerMEnt, Residential Child Care Licensing and DFCS leadership participate in a monthly provider leadership collaboration meeting. This meeting is co-led by an RBWO Provider (a representative is selected quarterly) and DFCS leadership. In this meeting, providers can discuss any systematic needs and/or ask questions. DFCS leadership uses this opportunity to discuss any changes within DFCS, pending policies changes, legislation changes, and provide information on upcoming meetings/trainings as well as other collaboration opportunities.

Private Provider-Resource Developer Bi-Annual Meetings
The CCRU and OPM aid in the coordination and hosting of a bi-annual meeting between private agency stakeholders/RBWO providers and regional resource development teams. Two meetings were held to discuss programmatic practices relative to the execution of the Diligent Recruitment Plan. Information is presented and shared by private agency stakeholders and Division staff. Roundtable discussions are encouraged, and feedback is obtained during the meetings relative to discussed topics. The meetings were held on April 13, 2017 and December 12, 2017.

MAAC Crisis Continuum
This collaboration developed in partnership with the State Placement Resource Office is designed to divert youth coming into foster care or who are otherwise hard to place from having to stay in hotels while awaiting placement. A dedicated MAAC staff member works with youth who are placed in designated crisis homes for 30 days while an appropriate long-term plan is developed. MAAC implements an intervention model that is informed by high-fidelity wraparound practice and trauma-responsive principles. The process relies heavily on youth voice, developing a culture of support, securing sustainable resources and helping young people achieve and maintain permanence. MAAC utilizes a System of Care perspective, believing that individuals, agencies and child serving systems all play a role in positive outcomes for youth. The team will continue to engage in strategic planning and active recruitment efforts to expand the capacity of the Crisis Continuum program.

Children's Freedom Initiative
The Children's Freedom Initiative (CFI) is a collaborative effort supported by the Georgia Developmental Disabilities Network, The Georgia Council on Developmental Disabilities (GCDD), the Institute on Human Development and Disability at the University of Georgia (IHDD), The Georgia

Advocacy Office (GAO), and the Center for Leadership in Disability at Georgia State University (CLD). The collaboration provides an opportunity to educate families about resources available for children so that they can remain at home and advocate for youth to transition from facilities into homes within the community

Together Georgia Retreat, Conference and Meetings
Together Georgia has an annual executive retreat in which Together Georgia member executives, senior leaders and DFCS leaders participate. Together Georgia has approximately four specialized monthly meetings with Together Georgia member providers including CCI, CPA, family preservation, behavioral health and faith-based providers. Members from DFCS State Office participate in these meetings quarterly to address any needs/concerns being expressed by RBWO providers.

Additionally, Together Georgia sponsors a Georgia Conference on Children and Families, which is the largest annual interdisciplinary event in Georgia designed to bring together the community that serves children and families. The conference features specialized tracks, plenary sessions and networking opportunities with the goal of improving outcomes for the children and families served. This conference includes a full spectrum of disciplines and organizations, including child advocacy, juvenile justice, social services, education, legal counsel and the faith-based community. The conference provides a forum to improve competencies, learn from experts in the field and network with other professionals who have a wealth of experience.

The Office of Provider Management, Department of Juvenile Justice, Residential Child Care Licensing and Together Georgia conduct a quarterly New Provider Orientation that provides introductory information each year to approximately 700 participants interested in becoming RBWO providers.

Another collaboration event with Together Georgia is "Practice Matters," quarterly meetings with DFCS and RBWO providers to discuss what's going well, address needs and develop strategies to address the identified needs.

Adoption Collaborations

The State has the following vendor/partners for both pre- and post-adoption services:

Table 2: Adoption Collaborations		
Vendor/Partner	**Program**	**Service Provision**
All God's Children	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.
Bethany Christian Services	Child Life History	To complete the child history; which is used for full disclosure to an adoptive family prior to adoptive placement.
Bethany Christian Services	ADOPTS Program	To provide trauma-informed family therapy specific to adoptive families and their adopted children who have experienced abuse, neglect, or other complex traumas.
Bethany Christian Services	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.
The Dave Thomas Foundations	Wendy's Wonderful Kids Program	To provide diligent child specific recruitment activities for children in care without an identified adoption resource; children referred to this program are generally youth with significant needs or are members of very large sibling groups.
Families First	Georgia Center for Resources & Support	To maintain operation of the Georgia Center for Foster and Adoption Resources by developing and delivering a comprehensive program for accessing and developing post-placement services for foster and adoptive families. Services are available on a statewide basis in the 17 DHS Service Delivery Areas to all foster and adoptive families who continue to reside within the state of Georgia (prior to and after the legalization of the adoption) until the child reaches the age of 18.
Families First	Reunion Registry	To enhance and maintain operation of Georgia's Adoption Reunion Registry, as required by state law, to offer services to birth parents, adopted persons, adoptive parents, and siblings who are affected by adoptions finalized in Georgia. The complete content of the law can be found in the Official Code of Georgia, Annotated, as Amended (19-8-23f).
Families First	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.

Family Matters	ATEAM	To provide adopted teens in grades 6-12 opportunities for mutual support and self-awareness/development through group interactions with other adopted teens in 12 ATEAM sites across the state. Parent support meetings also provided.
Image Freeway	Record Retention	To prepare, microfilm, index, and purge State and county adoption records for permanent retention as mandated by law (O.C.G.A. 19-8-23).
Lisa Lumpe	Photo listing	To provide the services required by federal law to feature children with no identified adoption resource on a local, regional and nationwide photo listing website.
Lisa Lumpe	Statewide Adoption Match Meeting	To provide staff with training, networking and matching opportunities through an annual conference.
Lutheran Services of Georgia	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.
Georgia Mentor	Crisis Intervention	To provide crisis intervention to families with a potential for disruption or dissolution of an adoptive placement. A statewide team of skilled individuals works with families to asses and connect them to needed resources.
Georgia State University	Training Adoption Competency	A partnership with GSU to provide clinicians providing therapeutic services to adoptive families the competencies needed to better services the families with a goal of reducing adoption disruptions, displacements and dissolutions.

Well-Being Collaborations

Several external stakeholders and partners engage in substantial collaboration with the agency to address educational, health and wellness needs of children in foster care. Some of the more customary partners in this work include:
- Georgia Department of Education (GA DOE)
- Georgia Department of Juvenile Justice (DJJ)
- Georgia Department of Public Health (DPH)
- Georgia Court Appointed Special Advocates (GA CASA)
- Georgia Statewide Afterschool Network (SAN)
- United Way of Greater Atlanta (UWGA)

Children in Need of Services (CHINS)
The Policy and Regulations Unit initiated a CHINS (Children in Need of Services) Collaborative, which includes DFCS, judges, Department of Juvenile Justice (DJJ) and DBHDD, to look at creating a statewide policy on addressing the CHINS population. The second meeting scheduled for March 2018 was planned to identify statewide issues that need to be addressed, expectations and possible duties of a statewide CHINS coordinator, strengths and challenges, vision and challenges in developing and implementing CHINS policies across state agencies.

Wellness
WPAC, DCH and Amerigroup meet monthly face-to-face and bi-weekly via conference call to discuss ongoing barriers around services provided to each region, communication between Amerigroup and DFCS, coordination of services, areas of improvement, and positive outcomes. WPAC meets quarterly face-to-face with DPH to share data, discuss barriers, and opportunities to improve practice. WPAC coordinates trainings with Amerigroup and DPH in various regions as needed.

WPAC, the Department of Community Health (DCH) and Amerigroup joint efforts in facilitating Mobile Assessment Unit events, Fulton County Court Clinic, and other clinical opportunities to provide medical, dental, and trauma assessments for youth in care have highlighted the need for better planning in each region around scheduling, tracking, monitoring, and follow-up when addressing the medical and mental health needs of youth in care. Identified barriers to addressing overdue mental/dental/trauma assessments are discussed in multiple meetings with WPAC, DCH and Amerigroup throughout the month. The barriers are identified and supported by data collected at these events and in Georgia SHINES. When these barriers in practice are identified, DCH and Amerigroup offer support by facilitating clinic days and WPAC assists the regions in getting organized for these clinic days. Amerigroup and WPAC provide training and over-the-shoulder support to these regions.

Unfortunately, high staff turnover contributes to the increase in overdue mental/dental/trauma assessments. WPAC and Amerigroup have limited numbers of staff available to provide support, so they are not always able to provide additional one-on-one support to a region that may be short-staffed. However, the data that DCH and Amerigroup collect (as well as SHINES data) are very helpful in identifying trends and monitoring progress toward ensuring youth receive timely mental/dental/trauma assessments. Additionally, the data collected by DPH regarding referrals made to DPH/Children 1st assisted in overall monitoring of Children 1st referrals for children under the age of 5 in care. This type of feedback provides guidance around training and the need to improve practice around timely referrals. One ongoing barrier to timely referrals statewide is the court orders that state the child is in custody of DFCS. DPH and WPAC jointly address the issue of timely court orders and are planning to engage juvenile courts on the importance of timely court orders.

The Department of Public Health (DPH) provides data on the number of referrals received by Children 1st within the quarter (by county, age, sex), additional referrals that were made to other resources, referrals that were declined and why, and reasons for deactivations of services. This data provides WPAC and DPH an idea of which areas have a higher number of youth with children under the age of 5, which resources are being referred out, types of services being provided, and if referrals are being submitted.

Education
The Early Childhood Collaboration Manager meets with education partners several times a month to evaluate the effectiveness of services provided and make any necessary changes to practice and guidance. The Division's Education Advisory Committee is designed to provide recommendations to agency executive leadership and expertise around key areas such as policy, practice, and data. The committee will also review recommendations and insights from other stakeholders and partners that may inform, advise or aid the Division's leadership in establishing priorities related to education service delivery, practice, workforce development and interagency collaboration.

The Division's Education Practice Workgroup plans to engage a cross-section of agencies and professional disciplines to research, evaluate, test, design, and establish practices and protocols that support:

- Division best practices related to educational well-being and collaboration with state and local education agencies
- Identification of early intervention and early childhood education services for young children in foster care.
- Refinement/development of processes and protocols that minimize the delays in school enrollment when children enter foster care or change placements
- Development of sustainable practices for external partners to provide wrap-around services and family supports to children in foster care and kinship care.
- Development of training and professional development opportunities focused on trauma-informed practices
- Development of protocols for exchanging information with:
  - Comprehensive Child Welfare Information System (CCWIS)
  - Cross-Agency Child Data System (CACDS)
  - Statewide Longitude Data System (SLDS)

CSEC: Project Intersect
Children's Healthcare of Atlanta and Georgia Center for Child Advocacy: Project Intersect is a collaboration with the Georgia Center for Child Advocacy that seeks to improve the well-being of commercially sexually exploited children through the provision of high-quality, trauma-focused, evidence-based treatment to exploited children and their families and the training of professionals across child-serving systems to better recognize and respond to the needs of exploited children. The primary goal of this partnership is to ensure trauma-informed systemic change will be implemented over the course of several years in a variety of child and family-serving systems engaged with this population, including juvenile justice, foster care, and homeless/runaway youth services.

CSEC Multidisciplinary Team Meeting
The Division collaborates with Georgia Cares, Children's Healthcare of Atlanta (CHOA) and the Georgia Child Advocacy Center to co-chair Georgia's statewide Domestic Minor Sex Trafficking Multi-Disciplinary Team Meeting (DMST-MDT). This meeting is held monthly and is attended by DFCS, DJJ, DMST residential service providers, law enforcement, Georgia Bureau of Investigation, Federal Bureau of Investigation, therapists, local district attorney offices, and other parties with direct involvement in working with victims of DMST. The purpose of this meeting is to ensure routine consultation on DMST cases with a diverse group of service providers and allow opportunities for trainings and staff development. Georgia Cares provides trainings at the MDT regarding the efforts to increase awareness of the correlation between child welfare and DMST and uses the meeting for collaboration on the efforts to establish DMST Standards of Care for the state.

In addition to the CSEC MDT, the agency maintains a strong relationship with Georgia Cares, Amerigroup, Youth Sparks, Wellspring Living, Children's Healthcare of Atlanta and others who are involved in service provision and advocacy work for children who are victims of trafficking. The statewide CSEC coordinator also represents the agency on the Georgia Statewide Human Trafficking Task Force and is collaborating with DJJ and CJCC to establish a CSEC receiving center for the state. The work of the agency continues to go beyond what is required for compliance and reflects a truly collaborative effort to ensure the specialized needs of youth in this population are met and that the issue of trafficking is addressed in a proactive manner.

MAAC - Youth Town Hall Series
Georgia has a long-standing partnership with the Multi-Agency Alliance for Children (MAAC) to include: facilitating ILP workshops, facilitating IDA workshops, monitoring and tracking youth participation, and managing the Education Service Delivery Model. During 2017, DFCS and MAAC sponsored a series of

youth town hall meetings statewide. The series was a success in that it allowed the Division to engage and encourage youth involvement in the decision-making process. Youth town hall meetings provide updates and suggestions related to systemic concerns of youth in foster care. More than 200 youth participated in MAAC-sponsored workshops throughout 2017 that covered topics such as education, permanency, housing, normalcy, mental and physical health, employment, and staff experience and engagement. DFCS staff from the Well-Being Unit meet bi-monthly with MAAC to assess the effectiveness of workshops being provided to youth. Because of these evaluation sessions with Division leadership, the consensus is that the town hall meetings are productive because they allow collaboration between youth and Division leadership. However, it has also been determined that more work can be done to increase communication with DFCS staff and foster connections with family members and adult supporters.

Collaboration with Courts

The Division has actively engaged the judicial system in its efforts to create systemic improvements. The Division director and senior leadership consistently interact with the Council of Juvenile Court Judges (CJCJ), including participation at all conferences. A designated judicial liaison from DFCS participates in Court Improvement Project meetings, attends CJCJ conferences, serves on relevant committees with juvenile court judges, and generally provides an efficient way for judges to communicate with DFCS. The Placement and Permanency director also participates in the CJCJ Permanency Planning committee and is a member of their subcommittee to increase placement of children in their home communities.

CAPTA Support
One of the CAPTA program focal areas is improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect and provisions for the appointment of an individual to represent a child in judicial proceedings. Similarly, CJA funds have been used to support training of guardians ad litem though Georgia's CASA program.

In addition to CAPTA funding, the Children's Justice Act Grant has allocated significant funds to projects that foster ongoing and meaningful collaboration with courts. These projects include funding for a variety of trainings, including a conference run by the Division's Legal Unit focused on training SAAGs – the attorneys representing the Division in court – and multiple trainings and court observations by CASA for juvenile court guardians ad litem. CJA funds also support the Emory Summer Child Advocacy Program, which supports the placement of future child welfare lawyers in Georgia's juvenile courts and in stakeholder organizations to support development of a pipeline of high-quality child welfare court personnel.

Policy Development
When policies are being developed, the Policy and Regulations Unit invites juvenile court judges to review policy and provide feedback. The unit continues to enhance and solidify engagement of internal and external stakeholders to facilitate communication and adherence to federal and state regulations. Policy drafts are sent out via Survey Monkey, and reviewers are asked to provide specific feedback on the language, content, and anticipated impact of the policy on programs and practice.

Court Improvement Project
The Court Improvement Project works with the Division to assist with the removal of barriers to court cases regarding practices related to safety resource placements and to provide insight, feedback, and recommendations regarding agency policy and practices. The CIP has allowed the Division to present

information in a joint question-and-answer session with judges. There is an established monthly CIP collaboration meeting at the county and state levels. The Permanency director meets with judges on a quarterly basis to discuss problematic practice and judicial concerns.

PSSF Network of Community-Based Providers
Locally, PSSF-funded providers are very responsive to the courts in providing services for families with court involvement. This is especially true of the PSSF-funded CASA programs, which are often relied upon for assistance with diligent search and home evaluation, not as the sole source, but as support and additional resources. Also, supervised visitation centers have responded by expanding their services outside regular hours, offering more frequent and longer visits and visits with extended family members and siblings - all beyond the typical parent-child visit.

Collaboration with Tribes

A designated member of the Policy and Regulations Unit serves as the DFCS State Office liaison to ICWA and the Georgia Tribes. The liaison regularly meets with the leadership of the state-recognized Georgia Tribes during the monthly meetings of the Governor's Council on American Indian Concerns to present relevant policy or practice and engage the tribes. Through these council meetings, the liaison has engaged with individuals from each Georgia tribe (including the Lower Muscogee Creek, the Cherokee of Georgia Tribal Council, and the Georgia Tribe of Eastern Cherokee) to discuss specific concerns and agency policies and practices. Each tribe was also given several opportunities to review the development of the ICWA policy revision and offer comments, as the policy was enhanced to incorporate the provisions of the ICWA Final Rule. Frances Crews of the Cherokee of Georgia Tribal Council advised that many of her tribe's children live across the southern state line in Florida, and so the ICWA policy would not have a significant impact on her tribe.

Tribal leaders, including Vonnie McCormick of the Lower Muscogee Creek, and Johnny Chattin and JB Jones of the Eastern Cherokee, have expressed interest in protecting their tribal sovereignty while partnering with DFCS when needed to protect tribal children. State recognition and state rights were discussed in several meetings. Opportunities for cooperation were identified, and the agency was advised that to extend state tribe protections to several families who were receiving DFCS services and identified as members of the emerging Tsigamogi tribe, the Tsigamogi families would henceforth be recognized as part of the Georgia Tribe of Eastern Cherokee.

The liaison has also reached out to ICWA specialists in other tribes for guidance on policy development and application and engaged the National Indian Child Welfare Association (NICWA) when needed. Federally recognized Tribes, including the Cherokee, Sault Saint-Marie, and White Earth Chippewa, were contacted for assistance in recruiting their members who live in Georgia to serve as ICWA preferred placements when needed. These tribes were identified from Georgia SHINES data of Native American children who were receiving foster care services and confirmed as tribal members. Several tribal responses were received, and the liaison will continue to reach out with additional recruitment efforts that will be coordinated with the CRRU as needed.

Local staff continue to seek opportunities to engage with tribal members. Tribal resources are identified, when available, for support services. Tribal families are encouraged to partner with agency staff to provide supports for children. Regional FPS monitor child welfare cases that involve tribal children to ensure ICWA protocols are being followed consistently and accurately. Ongoing efforts are being made to recruit tribal families as part of generalized recruitment efforts for ICWA foster and adoption placements, and to participate in DFCS Advisory Boards, when available.

The members of the Georgia Council on American Indian Concerns were informed of the annual APSR meeting in March 2018 and encouraged to attend. Tribal leaders were invited to review the CFSP and the previous APSR online and to bring suggestions for improved collaboration and coordination with the agency.

Upcoming Plans:

- The Council meeting schedule will be reduced from monthly to bi-monthly, and the liaison is coordinating efforts to include a DFCS program staff member in the council meetings to briefly present an overview of the agency's programs and services, including Well-Being, ILP, and caregiver recruitment.
- In partnership with the Program and Practice Guidance Unit, the Policy and Regulations Unit has developed a training plan that continues efforts to educate staff on the provisions of ICWA. Ongoing opportunities have been identified with internal stakeholders such as SAAGs, Resource Development, Education and Training, and external partners such as the Court Improvement Project. This collaborative effort will ensure information is disseminated to partners in the child welfare system regarding ICWA.
- Continue to engage the Georgia Tribes in reviewing policies, developing state protocols to improve practice in tribal-related child welfare matters, and providing case support to the field on federal and Georgia Tribe interactions.
- Continue to provide case specific consultation to DFCS staff as needed.
- Seek out opportunities to engage with the Court Improvement Project on ICWA training for Courts.

Workforce Development Collaborations

Beginning August 2015, the IV-E Child Welfare Education Program was restarted after it was discontinued in 2011. DFCS partners with Georgia State University, which is the administrator for the IV-E contract and manages the school's contract and funding. Fort Valley State University was added to the program and began awarding stipends in January 2018. This brings the total number of participating universities to eight. This program is a recruitment and retention tool for DFCS staff, with 52 participants expected to graduate in May 2018.

ETS continued to partner with Public Consultant Group (PCG), Georgia State University and the Title IV-E Consortium as a part of Georgia's Title IV-E Child Welfare Education Program. The Consortium now consists of fiscal and academic staff from Savannah State University, Albany State University, Fort Valley State University, Georgia State University, University of Georgia, Kennesaw State University, Augusta University and Valdosta State University. PCG has been instrumental in assisting the Division in ensuring that policies and procedures are aligned with federal Title IV-E Child Welfare Education Program requirements. In addition to monthly meetings, PCG has assisted in conducting financial and curriculum reviews with all participating universities. Additionally, the Title IV-E Consortium group meets each quarter. The purpose of the meetings is to develop and review programmatic goals, policies, and procedures. Sub-committees are established to provide input on policy, curriculum, internship requirements, evaluation.

Training collaboration has supported the agency's work in implementing its case practice model and solution-based casework (SBC). Dr. Dana Christensen has continued to provide consultation and support to ensure that the practice model coaches, training staff, and managers incorporated SBC principles into training and implementation for case managers, supervisors, management, leadership and stakeholders.

An ETS staff member continues to serve on the Commercial Sexually Exploited Children (CSEC) Task Force Workgroup, which addresses issues from law enforcement to training, collaborates on developing an advanced CSEC training webinar, and engages in ongoing conversations regarding how DFCS might better work collaboratively with all CSEC partners.

Several collaborations support the ongoing workforce development and training efforts of the Education and Training Section (ETS). This includes the following collaborations:

- Georgia State University's Professional Excellence Program providing training on secondary traumatic stress for case managers and supervisors; feedback has been extremely positive from these trainings.
- Care Solutions, Inc. providing online training for Medical Mandated Reporter Training; the firm provides monthly reports on the numbers completing this training.
- Georgia Child Advocacy Center, with ETS, providing training on Critical Skills for Gathering Information from Children, an intensive two-training on interviewing and engaging children; pre- and post-test scores as well as the post-training evaluations have shown increases in knowledge and case managers believe this training has helped them gain new skills in interviewing and engaging children.
- Georgia Bureau of Investigation, with DFCS, providing Drug Safety and Trends webinar highlighting trends, dangerous drugs and safety recommendations for staff.

Online Training and Instructional Services (IOTIS) at Athens Tech manages the learning management system (LMS) used to schedule and track training hours and certifications and host online training. This system allows DFCS staff, foster parents and private providers to access training resources. ETS is working with IOTIS for delivery of a new LMS that will be more user-friendly, provide a wider array of reports, and better track foster parents and private provider training hours. The target date for the new LMS rollout in July 2018 for community partners and January 2019 for DFCS.

The Georgia Schools of Technology, DHS Regional Training Center and the Methodist Home to provide regional training hubs for staff and enable staff to attend training closer to home.

The DFCS/GSU/Children's Healthcare of Atlanta (CHOA) Education Collaborative continued to meet quarterly with the various departments at CHOA that provide training to DFCS staff. The collaborative worked to identify training needs, to ensure training needs of DFCS staff were being met, and to prevent duplication of training materials. Using trends and data gathered from the different partners, this group will be able to target identified needs.

Promoting Safe and Stable Families

Georgia's Promoting Safe and Stable Families Program (PSSF) which provides federal child welfare funding, training and technical assistance to support at-risk children and families collaborates with 151 community-based agencies to provide services throughout the state. Community-based services in Georgia are designed to reinforce ongoing service and population priorities, support the state's five-year Child & Family Services Plan (CFSP), and address service array needs as identified by the CFSR and addressed in the CFSP. and other input from staff and stakeholders as solicited through:
- Consultation with DFCS leadership, unit and program managers
- An online statewide survey for DFCS regional directors and county directors, supervisors, and case managers
- An online statewide survey of all PSSF service providers

- Three regional meetings held Statewide with all PSSF providers and representatives from local and regional DFCS staff
- Focus groups with service providers that included representation by all PSSF program areas and service models.
- Consultation with community partner (substance abuse treatment provider), to expand focus of service model to be more family-focused
- Consultation with Georgia CASA
- Consultation with agency leadership and Georgia State University (training and technical assistance) to incorporate evidence-based SafeCare home visiting model into Family Preservation Placement Prevention services model.
- Feedback from site visits to two Family Support/Service for Homeless Youth providers on challenges and successes.

These efforts were incorporated into the Statement of Need to solicit services statewide. Due to the continued collaborative work,

> The FFY2019 PSSF Statement of Need to solicit proposals for community-based services was updated to reinforce ongoing service, population and geographic priorities, support the state's five-year Child & Family Services Plan for FFY 2015-2019 (CFSP), and incorporate input from staff and community stakeholders through:
> • Consultation with DFCS leadership, unit and program managers
> • An online statewide survey for DFCS regional directors and county directors
> • C3 quarterly stakeholder meetings
> • Consultation with community stakeholders, including homeless youth, relative caregivers, caregivers in recovery, CASA programs and child advocacy centers

Feedback on service, population and geographic priorities from all these sources was incorporated into the PSSF FFY2019 Statement of Need.   PSSF conducts this assessment annually to update the Statement of Need.

C2. Assessment of Performance

To assess the state's level of achievement toward meeting goals, objectives and outcomes for children and families, the state reviewed and analyzed the data profile and results from the Round 3 Child and Family Services Reviews (CFSR). Quality Assurance Trend Reports and reports from program area leads, C3 coordinators and external stakeholders are also used to assist in the analysis regarding achievement in CFSP and PIP goals and strategies.

Due to data syntax errors found after the 2015 CFSR reports were issued, the Children's Bureau (CB) suspended the use of the state's performance on the national standards for the seven statewide data indicators in conformity decisions. As a result, the CB re-issued the report in April 2017, but it did not contain any changes to the results in the prior version of the Georgia Final Report. However, in the aftermath, Georgia was required to add CFSR Items 4, 5 and 6 to its PIP. The CB removed references to "conformity" based on the national data, and now refers to the national standards as "national performance." This performance represents the performance of the nation on the statewide data indicators for an earlier point in time.

Below are the most recent federal CFSR, state Quality Assurance review and PIP target findings, followed by section C3, which uses these findings to highlight the state's achievement toward the newly

aligned CFSP and provide an overall assessment of the state's work to improve performance in CFSR outcome areas.

I. CFSR Findings

Safety

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

Permanency

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

Well-Being

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

Systemic Factors

The state was in substantial conformity on two of seven systemic factors, Quality Assurance and Agency Responsiveness to the Community, with strength ratings on Items 25, 31 and 32. Additionally, the state received strength ratings on the following individual items, although the two systemic factors were not in substantial conformity overall:
- Case Review System: Items 21 (periodic review) and 22 (permanency hearing)
- Foster and Adoptive Parent Licensing, Recruitment and Retention: Item 34 (requirements for criminal background checks

The other three systemic factors not in substantial conformity, with most or all items rated as areas needing improvement, included:
- Statewide Information System
- Staff and Provider Training
- Service Array and Resource Development

II. Quality Assurance Review Findings

The last APSR-published Quality Assurance (QA) Review Team findings identified the state's performance on review items up through December 2016. At that time, Georgia did not meet the FFY 2016 federal definition of substantial conformity for any of the seven overall outcomes (a rating of 95%) or for any of the 18 items reviewed (a rating of 90%). The highest performance was found for the following items: Item 1 - Timeliness of initiating investigations of reports of child maltreatment, which had a 71% strength rating; and Item 7 - Placement with siblings, which had a 77% strength rating. The state's lowest performance was for the following items: Item 12 - Needs and services of child, parents and foster parents (25%); Item 15 - Caseworker visits with parent(s) (28%); and Item 18 - Mental/Behavioral Health of the Child (20%).

In comparison to December 2016, within the first six months of FFY 2018, the state improved in nine areas: Items 1, 4, 6, 7, 12, 13, 16, 17 and 18 and performance was rated highest at 86% for Item 1: Timeliness of initiating investigations of reports of child maltreatment. However, the greatest positive change was an increase in case managers involving children and families in case planning (from 42% to 58%) which is likely a consequence of the state's integration of solution-based case practice which places an emphasis on this comportment. Significant growth was also accomplished regarding initiating investigations of reports of child maltreatment timely (from 71% to 86%). Because of positive work performance, the state achieved four of the 10 PIP target measures.

The following comparison charts present CFSR baseline data, data reported in the 2018 APSR (December 2016), and the first six months of federal fiscal year 2018.

Based on the chart below, Georgia has shown minimal improvement in most of the CFSR items, with several items continuing to score below the CFSR baseline of 2015. The items with the most progress since the CFSR baseline included:

- Item 1- Timeliness of initiating investigations of reports of child maltreatment, improving from 66% in 2015 to 86% in March of 2018,
- Item 4- Stability of foster care placement, improving from 68% in 2015 to 74% in March 2018,
- Item 6- Achieving reunification, guardianship, adoption or OPPLA, increasing from 27% to 32%,
- Item 9- Preserving connections, increasing from 39% to 57%
- Item 13- Child and Family involvement in case planning, improving from 42% to 58%.

Georgia continues to struggle with ongoing quality and purposeful contacts with family, assessment of risk and safety, and implementing and monitoring appropriate services to meet the child and family's identified needs.

Table 3: Rolling Trend Comparison			
Safety	Statewide Federal CFSR Review 2015 (150 cases) *	Statewide as of December 2016 (150 cases) **	Statewide October 2017- March 2018 (150 cases) **
Outcome S1: Children are, first and foremost, protected from abuse and neglect.	66%	71%	86%
Item 1: Timeliness of initiating investigations of reports of child maltreatment (70 of 81 cases)	66%	71%	86%
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.	43%	32%	29%
Item 2: Services to family to protect children in home and prevent removal or re-entry into foster care (26 of 52 cases)	59%	58%	50%
Item 3: Risk assessment and safety management (44 of 150 cases)	43%	32%	29%
Permanency			
Outcome P1: Children have permanency and stability in their living situations.	14%	14%	19%
Item 4: Stability of foster care placement (67 of 90 cases)	68%	67%	74%
Item 5: Permanency goal for child (37 of 90 cases)	42%	43%	41%
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement (29 of 90 cases)	27%	30%	32%
Outcome P2: The continuity of family relationships and connections is preserved for children	32%	52%	48%
Item 7: Placement with siblings (50 of 64 cases)	77%	77%	78%
Item 8: Visiting with parents and siblings in foster care (36 of 72 cases)	45%	54%	50%
Item 9: Preserving connections (51 of 90 cases)	39%	62%	57%
Item 10: Relative placement (52 of 90 cases)	46%	62%	58%
Item 11: Relationship of child in care with parents (29 of 66 cases)	34%	58%	44%
Well Being			
Outcome WB1: Families have enhanced capacity to provide for their children's needs. (Item 12 must be a strength for the Overall Rating to be Substantially Achieved)	26%	23%	20%
Item 12: Needs and services of child, parents, foster parents (39 of 146 cases)	25%	25%	27%

Item 13:	Child and family involvement in case planning (80 of 139 cases)	42%	42%	58%
Item 14:	Caseworker visits with child (82 of 150 cases)	59%	57%	55%
Item 15:	Caseworker visits with parent(s) (31 of 132 cases)	31%	28%	24%
Outcome WB2: Children receive appropriate services to meet their educational needs		54%	58%	59%
Item 16:	Educational needs of the child (58 of 98 cases)	54%	58%	59%
Outcome WB3: Children receive adequate services to meet their physical and mental health needs		25%	25%	30%
Item 17:	Physical health of the child (55 of 108 cases)	49%	47%	51%
Item 18:	Mental/Behavioral health of the child (19 of 81 cases)	29%	20%	24%

Source: Knowledge Management/Quality Management/Quality Assurance, Georgia Comparison Charts
*Child and Family Services Review (CFSR) Round 3
**Data based on 90 Foster Care/30 Family Preservation/30 Family Support Cases. The December 2016 QA results were published in the 2018 APSR; the most recent statewide data at the time.

III. Program Improvement Plan Goals

Based on these CFSR results, the state was required to develop a two-year Program Improvement Plan (PIP). The following table presents current outcome targets. Following the federal reissue of the state's data profile, the state was required to add PIP targets related to Permanency Items 4, 5 and 6. The state uses a six-month rolling report of quality outcomes which allows a PIP goal to be considered met once it occurs at any point within the review cycle. As of October 2016, the state met the PIP target for Safety Outcome Item 1: Timeliness of initiating investigations. As of May 2018, the state has also met PIP targets for Permanency Items 4 (stability of foster care placement), 6 (achieving reunification, guardianship, adoption, or other planned permanent living arrangement) and 13 (child and family involvement in case planning).

Table 4. Program Improvement Plan Targets				
Outcome	CFSR Baseline	PIP Target	State Performance as of May 2017*	State Performance as of May 2018**
Safety Item 1	66%	73%	Achieved	Achieved
Safety Item 2	59%	68%	28%	45%
Safety Item 3	43%	49%	77%	29%
Permanency Item 4	68%	74%	77%	Achieved
Permanency Item 5	42%	49%	28%	40%
Permanency Item 6	27%	33%	37%	Achieved

Permanency Item 12	25%	29%	17%	19%
Permanency Item 13	42%	47%	49%	Achieved
Permanency Item 14	59%	65%	58%	53%
Permanency Item 15	31%	36%	38%	26%

Source: Child and Family Services Review (CFSR) Round 3
Knowledge Management/Quality Management/Quality Assurance
Georgia Program Improvement Plan (PIP) Goals Comparison
*Data based on April to May 2017 reviews for zone EE, AA (Regions 1, 2, 9, 11, 12 and Cobb Co.)
**Data based on December 2017 to May 2018 All Zones/All Regions

C3. Plan for Improvement and Progress Made to Improve Outcomes

I. Child and Family Services Plan (Rev. 2017)

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

By 2016, the state was in a better position to state clearer strategies and to structure them so that they would be more aligned with the state's overarching themes and priorities. A team of state-level staff refined agency strategies to conform to the overall work of child welfare while assuring that the strategies would adequately reflect the desired outcomes based upon research and discovery. The refined plan was then submitted as part of the annual state child welfare plan submitted to the governor.

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

- Better correlations between key activities and desired outcomes
- More consistent tracking of activities
- More simplified plan for staff and constituents to understand and support

The state added one new key strategy to better ensure safety requirements are satisfactorily met for caregiver staff of child caring institutions, and to address concerns noted in the state's IV-E PIP. The plan encompasses strategies that have been frequently discussed with staff and stakeholders, and for which preparations and activities are underway. Several of the strategies and key activities mirror the state's CFSR Program Improvement Plan (PIP). Benchmarks and measures and action steps for key activities are identified in the narrative sections below the CFSP table; in a few instances, key activities and actions steps are still in the process of being added or adjusted. In the newly realigned plan, the goals and key strategies are as indicated in the following chart. Unless otherwise stated, the objective measure targets are being reported for December 31, 2016, September 30, 2017 (or FFY 2017) and the first six months of FFY 2018.[5] December 2016 was the most recent data the state had available at the time of the last APSR that included all regions (all zones) statewide.

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

Table 5. CFSP Goals and Strategies Overview	
Goals	**Key Strategies**
1. **Safety:** Families and individuals are free from abuse and neglect	• Implement Solution Based Casework • Improve child and family assessments throughout the child welfare continuum • Implement Safe to Sleep Campaign in partnership with community partners and providers • Implement monitoring activities to ensure the appropriate use of safety resources • Implement a robust quality assurance process for provider agencies
2. **Permanency:** Families and individuals are healthy and stable	• Implement Solution Based Casework • Increase and strengthen foster and adoptive resources • Strengthen the public and private agency placement operations system which includes the recruitment, retention and use of foster and group homes
3. **Well-Being:** Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs	• Implement Solution Based Casework • Implement Connected by 21 • Provide Educational Academies to train staff, caregivers, and partners on the Division's educational policies, procedures and entitlements to promote successful educational outcomes • Streamline the educational assessment process to minimize the case management work process • Meet the assessment and individualized needs of children, youth, families through an enhanced and broadened array of physical and mental health services
4. **Workforce:** The Division's workforce is competent, professional and efficient	• Provide staff with skills to effectively engage, partner and plan with families, as well as track and celebrate their successes • Improve staff critical thinking and decision-making skills to ensure appropriate safe disposition of cases • Implement the Employee Selection Protocol to ensure the selection of the most appropriate Child Welfare employment candidates for the Division
5. **Stakeholder Engagement:** The Division and its stakeholders are fully engaged and responsive	• Provide education and training on Georgia's Comprehensive Practice Model to the Division's key stakeholder groups to ensure statewide support and engagement as implementation occurs • Utilize the statewide Child Welfare Training Collaborative – a partnership between the Division and Georgia State University – to provide stakeholders with opportunities for consistent and ongoing training • Partner with stakeholders to create opportunities for DFCS case managers and supervisors to receive additional training, information and resources that will assist them in providing direct academic support to foster youth

II. Progress and Plans for Improvement

SOLUTION BASED CASEWORK

Table 6. CFSP Goals 1, 2 and 3

Safety: Families and individuals are free from abuse and neglect.
Permanency: Families and individuals are healthy and stable
Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs

Objectives By September 2019	Key Strategies	Key Activities	Action Steps
CFSR Safety Outcome 1 Increase the percent of children who are, first and foremost, protected from abuse and neglect from 66% to 76% **CFSR Permanency Outcome 1** Increase the percent of children who have permanency and stability in their living situations from 14% to 17% **CFSR Well-Being Outcome 1** Increase the percent of families who have enhanced capacity to provide for their children's needs from 26% to 31%	Implement Solution Based Casework, a component of Georgia's Comprehensive Practice Model, to provide a trauma-informed framework for safety decision making, to ensure quality visits and engagement with parents and children, to ensure timely initial assessment of family and individual needs, as well as connections to relevant supports to meet identified needs inclusive of a trauma-informed approach, throughout the State.	Complete rollout statewide December 2017: • Complete rollout in Regions 1, 3, 13 and 14 *December 2016* • Complete rollout in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12. *December 2017* Provide Solution Based Casework training and certification to all child welfare case management and supervisory staff as part of the statewide implementation of Georgia's Comprehensive Practice Model to ensure child welfare staff have the necessary skills to effectively engage, partner and plan with families. *July 2019*	Complete roll out in Regions 1, 3, 13 and 14. *December 2016* Fidelity reviews completed in Regions 1, 3, 13 and 14 to assess effectiveness of implementation. *December 2017* Complete roll out in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12. *December 2017* Fidelity reviews completed in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 to assess effectiveness of implementation. *December 2018* The Training unit and C3 Coordinator or staff members will report progress and/or barriers at the monthly State CQI meetings. *Starting July 2017 (ongoing)* The Fidelity Team will report progress and/or barriers at the monthly State CQI meetings

			Starting July 2017 (ongoing)

Safety: Families and individuals are free from abuse and neglect.

Permanency: Families and individuals are healthy and stable

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

Key Strategy: Implement Solution Based Casework (SBC)

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

Table 7: Objective Measures* CFSP Goals 1, 2 and 3	FFY 2015	Dec 2016	Sept 2017	March 2018	March 2019	Sept 2019
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Safety Outcome 1	66 %	71 %	78%	86%		76%
Permanency Outcome 1	14 %	14 %	21%	19%		17%
Well-Being Outcome 1	26 %	23 %	19%	20%		31%

Data Source – State Quality Assurance Trend Chart; FFY 15: CFSR Baseline data
December 2016: Data reported in last APSR. It was the most recent data the state had that included all regions (all zones) statewide
September 2017: The last six months of FFY 17 (April 2017 – September 2017). 94 foster care cases/32 family preservation cases/30 family support cases
March 2018: The first six months of FFY 2018 (October 2017 – March 2018). 90 foster care cases/30 family preservation cases/30 family support

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

CFSP Action Steps
- The Training unit and C3 Coordinator or staff members will report progress and/or barriers at the monthly State CQI meetings. Starting July 2017 (ongoing)

- The Fidelity Team will report progress and/or barriers at the monthly State CQI meetings starting July 2017 (ongoing)

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

Implement Solution Based Casework Practice Model Statewide

A. Revisions to Goals, Objectives and Interventions
No revisions to goals, objectives or interventions

B. Implementation Supports
To support certification, Education and Training has 15 Practice Model Coaches to provide coaching and over the shoulder support to assist staff through certification process and implementation of the practice model.

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

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

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

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

Certification Phase

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

Roll-out of SBC was completed in Regions 1, 3, 13, and 14 in November 2016 and the regions remain in the certification and implementation phase. Roll-out of SBC was completed in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 in October 2017 with the final roll-outs in regions 10 and 12. Staff was trained, and the regions are now in the certification and implementation phase. Fidelity reviews of work of SBC certified staff were completed in Regions 1, 3, 13, and 14 from January 1, 2017 through December 31, 2017. Fidelity reviews are to be completed in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 to assess effectiveness of implementation.

Frontline case managers and supervisors are required to complete the 2.5-day OCP765- Solution Based Casework for Staff training. Supervisors are required to complete the 2-day OCP766- Solution Based Casework for Supervisors training. Once staff complete the initial training, there is a 6-month certification process for assessment, ongoing and foster care staff. Ten SSCM's and 3 SSS's have been certified in the South District. Education and Training Unit provided 91 OCP765 classes and 29 OCP766 classes.

During the review period, 1,673 staff completed OCP765 and 394 staff completed OCP 766.

CFSP Action Step
The Training unit and C3 Coordinator or staff members will report progress and/or barriers at the monthly State CQI meetings. Starting July 2017 (ongoing)
The state completed training as scheduled and remains in the implementation phase. One sufficient gap in progress has been in the certification phase. The state significantly underestimated the length of time and required effort in getting staff certified. Upon reviewing data, time between training and certification was significantly behind schedule. The goal was to have 100% of staff certified by June 2018. As of March 31, 2017, the state was only at 15% of staff certified. To address this issue the state conducted a series of road shows across the state to meet with county and regional leadership to discuss successes and barriers to implementation.

As of March 2018, CFSR results and fidelity reviews reflect the agency's slow progress in integrating SBC into day-to-day practice. While each region is assigned a practice model coach, in hindsight, early

effort should have been placed in developing "champions" in each county office. This could have provided additional support to counties during implementation and certification.

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

   D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services
Education and Training is working with Online Training and Instructional Systems (IOTIS) for delivery of a new learning management system (LMS) that will be more user friendly, provide a wider array of reports, better track foster parents and private provider training hours. The target date for the new LMS for system that roll out for community partners is July 2018 and January 2019 for DFCS.

Foster Care Essentials and CPS Essentials courses are being revised with an anticipated completion date of June 2018 for Foster Care and October 2018 for CPS Essentials. Revisions to Resource Development Training will be completed in September 2018. Putting the Pieces Together Supervisor Training revisions have begun and are to be completed by June 2019. IMPACT Training will be re-written beginning in Summer 2018 and to be completed by June 2019.

Further Implementation of the Supervisor Mentor Program is planned. The enhanced Supervisor Mentoring Program began in February 1, 2018. This will provide much needed support and help new supervisors perform effectively in their roles. A formalized evaluation process will be developed to monitor success and the need for modification.

The Employee Selection Protocol is currently being revised and will be implemented in 2019 (see the workforce development section of the C3 section of this report for more details). Education and training will continue to provide support to staff during the SBC implementation and certification phase as well as training as needed. Practice model concepts and framework is being interwoven into the New Worker Academy curriculum and the training will be offered the last three working days of each month to new staff. Supervisor Seminars are offered each month by the practice model coaches to assist frontline supervisors with the skill development needed to drive the practice.

   E. Feedback Loops
The agency continues conducting roadshows with stakeholders to gather feedback about the agency and implementation of SBC. Some jurisdictions are helping to hold staff accountable for changes with SBC. While there are some who have expressed they do not see any change in practice and have expressed confusion, many regions are working hard to educate and encourage staff. In addition to PACC meetings, each district has weekly SBC implementation calls to discuss success and barriers. In the north district, the calls have become intensely popular. Every Wednesday they begin an "all invited" conference call that wakes up the staff like an early morning radio show beginning at 7:30 am for the Starting Line-Up, which rolls into the 8:00 am Coaches Corner and then 8:30 am Primetime. The Starting Line-Up is led by a leader in the agency who provides insight to help staff grow, learn and

develop leadership skills. During the Coaches Corner, practice model coaches engage in a question and answer session discussing the required elements of certification, SBC practice and implementation. Foster parents and other caregivers, case managers, supervisors, and youth share their experiences during the Primetime hour. This is often an opportunity for SBC successes to be celebrated. The north district director said that they are "seeing staff certifications, unit certifications, positive family outcomes and community partnerships because of the common thread among the people who join these calls and that is compassion for others!"

SAFETY (A)

Table 8. CFSP Goal 1a			
CFSP Goal 1a Safety: Families and individuals are free from abuse and neglect.			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 1 - Increase the timeliness of initiating investigations from 66% to 76% (PIP goal of 72.4 % met) • S1b – Investigations do not exceed 30 days (special investigations) and 45 days for investigations: Increase the percent of investigations that do not exceed the required number of days to complete from 36% to 80% • S1c – Family Support cases do not exceed 60 days: Increase the percent of family support cases that do not exceed 60 days from 53% to 85% • S1d – Present Danger assessments completed timely in investigations (timeliness of initiating investigations): Increase the percent of present danger	Improve the timeliness, quality and utilization of child and family assessments throughout the child welfare continuum	Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support. *April 2018*	Develop and implement training to support the ISA process: • Develop a one-day classroom training • Develop Live Case Learning • Instruction on what/how to document (where and by whom) with an emphasis on the person detail page and reminding staff to merge and relate • Assess participants' knowledge of Maltreatment Codes • Develop test items based on common errors such as using "lack of supervision" as a catch all when applying maltreatment codes • Create a checklist for supervisors • Create a checklist for case managers • Utilize various training delivery methods, such as classroom, WebEx, and/or a combination of methods

assessments that are completed timely in investigations from 17% to 40% • S1e – Recurrence of maltreatment: Reduce recurrence of maltreatment from 8% to 5% • S1f – Re-entry into Foster Care: Reduce reentries into Foster Care from 7.5% to 5% • S1g – Maltreatment in Foster Care: Reduce maltreatment of children in Foster Care from 1.084 victimizations (per 10,000 days in care) to no more than .75 victimizations (per 10,000 days in care)			• Create Transfer of Learning (TOL) activities *March 2018* Develop and implement an ISA fidelity monitoring and review process. *March 2018*

Safety: Families and individuals are free from abuse and neglect

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

Objective Measures:
- Item 1 - Increase the timeliness of initiating investigations from 66% to 76%
- S1b – Investigations do not exceed 30 days (special investigations) and 45 days for investigations: Increase the percent of investigations that do not exceed the required number of days to complete from 36% to 80%
  (As of April 21, 2017, the policy is 45 days for all investigations)
- S1c – Family Support cases do not exceed 60 days: Increase the percent of family support cases that do not exceed 60 days from 53% to 85%
- S1d – Present Danger assessments completed timely in investigations (timeliness of initiating investigations): Increase the percent of present danger assessments that are completed timely in investigations from 17% to 40%
- S1e – Recurrence of maltreatment: Reduce recurrence of maltreatment from 8% to 5%
- S1f – Re-entry into Foster Care: Reduce reentries into foster care from 7.5% to 5%

- S1g – Maltreatment in Foster Care: Reduce maltreatment of children in foster care from 1.084 victimizations (per 10,000 days in care) to no more than .75 victimizations (per 10,000 days in care)

Table 9: Objective Measures, CFSP Goal 1a						
	FFY 2015 (Items 1-1d) FFY 2017 (Items 1e-1g)	**Dec 2016**	**Sept 2017**	**March 2018**	**March 2019**	**Sept 2019**
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 1	66 %	71%	78%	86%	72.4% met	76 %
S1b. Investigations	36 %	85.5%	72.73%	64.13		80 %
S1c. Family Support	53 %	76.4 %	87.29%	88.09%		85 %
S1d. Present Danger	17 %		5.99%	4.22%		40 %
S1e. Recurrence of Maltreatment	8 %		5.28%*	3.57**		5 %
S1f. Foster Care Re-entry	7.5 %		8.67%*	5.30%***		5 %
S1g. Maltreatment in Care Victimizations	1.084 per 10,000 days in care		0.6684	0.4724		.75 per 10,000 days in care

*NOTE: Georgia is no longer tracking the original CFSP 1a measure: Timeliness of **initiating** family support cases.*
FFY 16 percentages for 1e, 1f and 1g were not yet available as NCANDS for FFY 16 was not yet published.
**FFY 2017*
***First incident October 2016 – March 2017*
****First removal between October 2015 – March 2016*
Data Sources: Quality Assurance trend reports, SHINES data

Response Time Data

Family Support response times

(Cases with intake in FFY 2017, including those tracked to Family Support prior to ISA implementation): 87% timely. A total of 84,633 Family Support cases were closed in FFY 2017.

Table 10. Percent timely response for intakes assigned to Initial Safety Assessment (ISA) *(State began doing ISAs August 6, 2016)*			
Required response time	**FFY 2016 August and September 2016**	**FFY 2017**	**FFY 2018**

		October 2016 – September 2017	October 2017 – March 2018
Immediate	86.0 %	91.45%	95.1%
24-hour	78.0 %	86.41%	92.5%
72-hour	77.0 %	86.34%	93.4%
All required response times	78.7 %	87.0 %	93.2%
Total number assigned to ISA	15,459	84,633	45,370

Data Source: SHINES reports

Investigations with an intake in FFY 2017: 58.46 % timely (34,567 investigations)

Table 11. Investigation times for investigations with an intake in FFY 2017*					
	Regular Investigations	Special Investigations		All Special Investigations	All Investigations
		30 Days**	45 Days***		
Less than 30 days	61.77%	17.02%	60.95		
30 days		82.98%			
31 to 44 days					
45 days					
More than 45 days	38.23%		39.05%		
Percent timely	61.77%	17.02%	60.95%	36.14%	58.46%
Total number of investigations	30,106	2,520	1,941	4,461	34,567

Time it took to complete the investigation
**Required response time between October 2016 and April 21, 2017 was 30 days*
***Required response time after April 21, 2017 is 45 days. This percentage is for response times between April 22 – September 2017.*
Data Source: SHINES data

Additional Safety Data

Table 12. Time to close for Family Support cases				
	FFY 2016	FFY 2017 October 2016 – March 2017	FFY 2018* October 2016 – September 2017	FFY 2018* October 2017 – March 2018
0 to 30 days	21.3 %	19.1 %	21.46%	22.99%
31 to 60 days	55.0 %	64.3 %	66.68%	65.71%
61 days or more	23.6 %	16.6 %	11.85%	11.30%
Percent timely	76.4 %	83.5 %	88.15%	88.79%
Total number	34,219	32,058	55,272	26,733

Data reflect timeliness for family support stages that started during the report period.

Data Source: SHINES data

CFSP Key Activity
Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support.
April 2018

CFSP Action Steps
- Develop and implement training to support the ISA process:
- Develop a one-day classroom training
- Develop Live Case Learning
- Instruction on what/how to document (where and by whom) with an emphasis on the person detail page and reminding staff to merge and relate
- Assess participants' knowledge of Maltreatment Codes
- Develop test items based on common errors such as using "lack of supervision" as a catch all when applying maltreatment codes
- Create a checklist for supervisors
- Create a checklist for case managers
- Utilize various training delivery methods, such as classroom, WebEx, and/or a combination of methods
- Create Transfer of Learning (TOL) activities
- Develop and implement an ISA fidelity monitoring and review process.
  March 2018

Related PIP Goal
Goal I: Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.
PIP Goal I, Strategy I: Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support.

A. Revisions to Goals, Objectives and Interventions
Although there have not been any changes to the implementation of ISA for staff thus far, the state recognizes that this strategy does not get to the root of some other concerning issues. Therefore, the PIP goal regarding fidelity monitoring and the review process has been adjusted. The new process will include a monthly review of assigned intakes (family support services and investigations), foster care, and family preservation cases from all counties conducted by the regional staff. Additionally, the state has requested that PIP Goal I, Strategy 1 be renegotiated.

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

B. Implementation Supports

There have been sufficient supports during implementation of ISA including training, coaching, and policy development.

C. Progress Benchmarks and Plans for Improvement

Georgia completed the implementation of Initial Safety Assessment practice and commensurate fidelity reviews during PIP quarter one. In 2017, the following chapters of the Child Welfare Policy Manual were updated to improve the quality, utilization and timeliness of child and family assessments in alignment with Georgia's Practice Model:

Chapter 4: Initial Safety Assessment was updated to resolve ambiguity in conducting a comprehensive assessment of child safety and assigning cases to investigation when a child has injuries.

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

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

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

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

As Georgia recognizes that the new ISA and fidelity review process is not producing the appropriate safety assessments sought to ensure the safety of children served, it is enhancing the review and tracking process, assessments with families, and safety practices overall. Thorough case reviews by safety field program specialists who focus on the initial work with a family but also equally upon subsequent monthly contacts and assessments, will lead to better outcomes. Therefore, teams of staff at varying levels are working together examining trends identified in the state's gap analysis.

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

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

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

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

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

SAFETY (B)

Table 13. CFSP Goal 1b			
Safety: Families and individuals are free from abuse and neglect.			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 2 - Ensure services to protect children in home and prevent removal or re-entry in 71% of cases PIP = 68% by April 2019 S1h – Sleep-Related Deaths: Reduce the number of sleep-related deaths for children who are currently receiving or previously received services from DFCS to less than 56	Implement a comprehensive, research-based Safe to Sleep Campaign in partnership with community partners and providers	Provide consistent messaging, training and resources to families to prevent infant sleep-related deaths. *September 2019 (ongoing)*	Develop a collaborative partnership between DFCS and other child-serving agencies including the Department of Public Health (DPH), Office of Prevention and Family Support and the Georgia Child Fatality Review Panel to drive outreach activities and distribute Safe to Sleep campaign resources. *September 2017* Produce and distribute material resources that support safe sleep

			messaging as part of community outreach such as kits, play yards, flyers, and displays to families and partner agencies. *June 2017 (ongoing)*

Safety: Families and individuals are free from abuse and neglect.

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

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

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

Data sources: Quality Assurance trend reports,

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

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

No Related PIP Goal
  A. Revisions to Goals, Objectives and Interventions
There have been no revisions to this goal.

  B. Implementation Supports

There have been sufficient supports during implementation of this goal.

C. Progress Benchmarks and Plans for Improvement

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

In FFY 2017 and FFY 2018, the Safe-to-Sleep displays were placed in DFCS county offices and community agencies lobbies or visiting areas, located in high risk localities, as a visual model of a safe infant sleep environment for caretakers. Prevention and Community Support has developed concrete strategies to connect to safety, permanency and well-being through intentional efforts to support training and educational opportunities for child welfare staff which include efforts for the safe sleep campaign. Regional champions were created to help ensure staff are actively and developing plans of safe care for appropriate families. A Frequently Asked Questions document was also developed to further facilitate staff understanding of needed actions. In the Fall of FFY18, 75 pack-n-play cribs were distributed to the two counties with the highest rates of sleep related deaths for use in their Districts and an additional 50 pack-n-play cribs to the North District of the State. An instructional sheet was developed, along with help from DPH's Safe Sleep Coordinator, to be completed with families when they distribute the pack-n-plays. Safe-to-sleep materials were also provided to the two identified counties and any other county that requested it.

See Section D (CAPTA) of this report for more information on how the state is addressing the needs of infants and families affected by substance abuse and opioids. Staff attended the Opioid Treatment Providers of Georgia Conference in November 2017 and other conferences (GCCF; Georgia PROUD) that provided workshops related to this topic and other subjects related to child safety. Child Abuse Registry trainings were also offered to staff in FFY 18.

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

Throughout the remainder of this CFSP period, there will be ongoing collaboration between the Division, the Department of Public Health and the Georgia Child Fatality Review Panel to increase training, resources and educational information for staff members, providers and community-based organizations supported by each agency. Community outreach will be led by community educators who provide education on safe to sleep strategies within counties at a greater risk of sleep related deaths as identified by the Division. The State will work to increase resources related to safe to sleep for caretakers with infants age 0 to 5 by increasing partnership involvement to develop additional safe to sleep efforts statewide. Pack-n-play cribs will continue to be distributed statewide, along with safe to sleep materials. DPH provides many supports to help prevent sleep related deaths throughout the state, therefore DFCS has begun very intentional conversations on how to supplement their current efforts, for example focusing some of our future efforts on the Georgia Pediatric Association.

E. Feedback Loops

There are regular monthly meetings between DFCS and the partner agencies that have led the push to educate communities about the importance of safe sleeping. Collaborative interactions among the partners within the Child Health Injury Prevention including DPH, DFCS Prevention and Community

Support and the Georgia Child Fatality Review are frequent and productive. The Safe Sleep Coalition has dissolved; however, DFCS is working with DPH and GBI to resume that coalition and its meetings.

SAFETY (C)

Table 15. CFSP Goal 1c			
Safety: Families and individuals are free from abuse and neglect			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 3 - Ensure risk assessment and safety management of 51% of cases PIP 48.5% by April 2019	Implement monitoring activities to ensure the appropriate use of safety resources	Conduct monthly cadences of cases with children in Safety Resources over 45 days (ongoing). Review cases prior to cadences to ensure Safety Resources meet the approval standards outlined in agency policy (ongoing). Report court-related barriers to regional CQI teams to address with court partners as needed and to the Court Improvement Project (CIP) for review and determination of their involvement in removing the barriers (ongoing). *Starting June 2017 (ongoing)*	Update the Georgia SHINES Safety Resource Report to include the option of pulling by supervisor and include the assigned worker. Supervisors and county directors will use the report to monitor, identify and remove barriers, and to reduce the number of cases over 45 days. Develop a Safety Resource Approval Checklist for supervisors to be used to ensure all elements are included in the Safety Resource Assessment for approval. Identify and remove barriers to the Relative Care Assessment (RCA) and Safety Resource assessment and approval process. Update Georgia SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements.

			Supervisors and county directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment. *December 2017*

Families and individuals are free from abuse and neglect

Key Strategy:
Implement monitoring activities to ensure the appropriate use of safety resources

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

Table 16. Objective Measures, CFSP Goal 1c

CFSR Safety 2	FFY 2015	Dec 2016	Sept 2017	March 2018	March 2019	Sept 2019
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 3 Ensure risk assessment and safety management	43%	47%	33%	29%	48.5%	51%

Data source: Quality Assurance trend reports

Table 17. Time in a Safety Resource (Percent of Children)

	FFY 2016	October 2016 – September 2017	October 2017 – March 2018
1 to 14 days	17.1%	21.29%	26.42%
15 to 30 days	17.1%	16.06%	16.86%
31 to 45 days	25.5%	19.26%	17.31%
More than 45 days	40.3%	43.39%	39.41%
Total number of children	2,792	3,593	1,548

Note: The FFY 2017 data include children whose placement in a safety resource began in FFY 2017. The FFY 2018 data reflect five months instead of six because to get an accurate count, only cases that **could** have gone over 45 days can be included. It is not yet known whether cases opened in March 2018 will eventually go more than 45 days. *Data source: SHINES data*

Table 18. Objective Measures, CFSP Goal 1c

CFSR Safety 2	FFY 2015	FFY 2016			FFY 2019
	Baseline	Target	Actual		Target
			Jan-Jun 2016	Jul-Dec 2016	
Item 3 Ensure risk assessment and safety management	43%	45%	45%	47%	51%

Data source: Quality Assurance trend reports

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

CFSP Action Steps
- Update the Georgia SHINES Safety Resource Report to include the option of pulling by supervisor and include the assigned worker. Supervisors and county directors will use the report to monitor, identify and remove barriers, and to reduce the number of cases over 45 days.

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

Related PIP Goal
PIP Goal I: Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.
Goal I: Strategy II: Safety Outcome 2
Implement monitoring activities to ensure the appropriate use of safety resources.

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

Additionally, Georgia has requested an extension for the completion of a new relative care assessment from Quarter 3 to Quarter 6 and that the following PIP activities be combined as they are reflective of the same work and therefore redundant.
- Goal I, Strategy II, Outcome 4: Identify and remove barriers to the Relative Care Assessment (RCA) and Safety Resource assessment and approval process
- Goal I, Strategy II, Outcome 5: Update GA SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements. Supervisors and County Directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment

B. Implementation Supports
Part of the delay in the implementation is the time needed for conversion and modifications to existing reports in SHINES. A new LENSES report is on track to be implemented by August 2018. There have been sufficient supports for implementation of ISA with training, coaching, and policies.

C. Progress Benchmarks and Plans for Improvement
Georgia has made some progress in safety management, and a resource directory has been created and uploaded into the SHINES portal to assist with the provision of safety services. Georgia has seen a reduction in the number of safety resources over 45 days, however, some course correction is in order. Cadences and reviews of just the cases that are over 45 days will not provide for a timely review to determine if the safety resource was initiated appropriately. The current review process does not capture the appropriateness of services and family engagement. There also needs to be additional scrutiny of court-related barriers that may be precluding timely dispositioning. A more detailed case review process that focuses on the appropriateness of the initial removal, identified barriers, proper

assessments, and family engagement will help lead the state to better outcomes. Timely identification of court barriers will allow for timelier interventions and resolution.

Georgia SHINES competed the following tasks to improve tracking/monitoring of safety resources: updated the SHINES Safety Resource report and added new value for External Documentation. A new LENSES dashboard is underway specifically to support tracking safety resources from initial contact to completion of assessment. Additionally, the dashboard will contain metrics on contacts and timeliness to closure of safety resource. The dashboard is on schedule for deployment in July.

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

Georgia is working to adopt specific steps for making referrals to the Court Improvement Initiative which strengthen the Agency's partnership with the courts but also provide for consistency throughout the judicial process**.** Georgia will send statewide notification of how to access the new resource directory, and a maintenance plan will be created to make sure information on the directory is accurate and up to date so that families can obtain timely, appropriate services. The state CQI team will work with regional staff and state Safety Services Section as needed to document and ensure court barriers are addressed timely.

E. Feedback Loops

Court related barriers, as they arise or are uncovered, will be sent to the Safety Services Section who will then review the information with legal services and notify the Court Improvement Project CIP) as applicable. Responses from the CIP will be shared with C3 coordinators for discussion in their respective region. Barriers will be monitored for trends and resolutions that may be shared throughout the state. Regarding the service directory, information is shared through agency leadership meetings, regional summits and county trainings. C3 coordinators help to promote the use of the directory among their constituents. See the Feedback Loop section of this report for a more detailed description of how information and communication flows through the agency and to external stakeholders.

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SAFETY (D)

Table 19. CFSP Goal 1d			
Safety: Families and individuals are free from abuse and neglect.			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 3 – Ensure risk assessment and safety management of 51% of cases (PIP 48.5% by April 2019) • S1i - Increase the number of CCI sites that have a quality	Improve the quality assurance process regarding the implementation of safety policies and IV-E requirements for provider agencies	Office of Provider Management (OPM) will develop and require a quality assurance plan for all child caring institutions Enhance the state's SHINES system so that it generates automatic alerts regarding the	Upload quality assurance plans to GA+SCORE OPM *December 2017* Review data from comprehensive reviews to determine safety requirement compliance, safety

| assurance plan from 56% to 100%

(IV-E PIP goal of 25% per quarter; 100% by year end)

• S1j - Increase the percent of CCIs in compliance with staff safety screenings and criminal records checks via desk reviews from 94% to 100%.

(IV-E PIP goal of 25% per quarter; 100% by year end) | | change in status in the license or reimbursement eligibility of a foster/adoptive home. | screenings and criminal records checks *December 2017*

Develop a function and design component in SHINES to establish an alert system that will auto-generate once a status has been changed to a foster/adoption home *November 2017*

Ensure the auto-generated alert/task notice indicates completion of safety checks and whether home approval standards are present *November 2017* |
|---|---|---|---|

Safety: Families and individuals are free from abuse and neglect.

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

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

Table 20. Objective Measures, CFSP Goal 1d						
CFSR Safety 2	**FFY 2015 (Item 3) FFY 2017 (S1i and S1j)**	**Dec 2016**	**Sept 2017**	**March 2018**	**March 2019**	**Sept 2019**
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 3 Ensure risk assessment and safety management	43%	47%	33%	29%	48.5%	51%

S1i - Increase the number of CCI sites that have a quality assurance plan	56%		84.1%	86.5%		100%
S1j - Increase the percent of CCIs in compliance with staff safety screenings and criminal records checks via desk reviews	94%		13.2%	64%		100%

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

CFSP Key Activity 1
Office of Provider Management (OPM) will develop and require a quality assurance plan for all child caring institutions

CFSP Key Activity 2
Enhance the state's SHINES system so that it generates automatic alerts regarding the change in status in the license or reimbursement eligibility of a foster/adoptive home.

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

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

A. Revisions to Goals, Objectives and Interventions
There have been no revisions to the goals, objectives and interventions

B. Implementation Supports
Updating of GA SCORE to more accurately capture data and create reports is needed to help continue supporting the IV-E PIP. Additional funding is needed to finance the additional system updates.

C. Progress Benchmarks and Plans for Improvement

One of the revelations of the state IV-E audit was that safety requirements were not satisfactorily met by the state licensing agency for caregiver staff of child caring institutions (CCI) in which children are placed. The following policy violations were found: (1) no evidence of a criminal records (background) check (CRC) for all staff of the facility, (2) CRCs not completed prior to the child's placement, (3) initial CRCs accepted that were greater than 12 months old, and (4) the required five-year CRC re-check was not completed timely, if at all. Of the eleven error cases, nine had violations in one or more of the listed safety requirements related to criminal record checks. The IV-E PIP strategies have been effective motivators for the State to ensure provider compliance with the IV-E staff safety check requirement. By December 21, 2017, OPM had successfully achieved all IV-E PIP goals; for most items, ahead of schedule.

By January 1, 2018, 99% of providers were found to be in compliance with the IV-E requirements. This is a significant increase from the 39% that were complying as of July 1, 2017. As of March 31, 2018, OPM only had one RBWO provider on suspension due to non-compliance with the IV-E safety check requirement. This is notable given that a year ago, 87 providers were on suspension due to non-compliance with the IV-E safety check requirement.

Of the 222 providers (159 CCI, 10 TLP, and 53 ILP), 84% had a quality assurance plan uploaded into the database system in September 2017. That percentage increased to 86.5% in March 2018. The percent of providers who were found to be safety compliant as per the desk reviews increased from 13% to 64% over that same period. The transitional living providers had 100% of their plans uploaded by March 2018.

Table 21. All Desk Reviews completed by 3/31/2018					
Providers	Program Count	Any safety review	Percent	Any compliant safety review	Percent
All	222	205	92.3%	142	64.0%
CCI	159	151	95.0%	94	59.1%
TLP	10	9	90.0%	8	80.0%
ILP	53	45	84.9%	40	75.5%

Source: Georgia SCORE

Table 22. Quality Assurance Plans uploaded by 3/31/2018			
Providers	Program Count	Uploaded QA Plan	Percent
All	222	192	86.5%
CCI	159	139	87.4%
TLP	10	10	100.0%
ILP	53	43	81.1%

Source: Georgia SCORE

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

Since April 1, 2017, the Office of Provider Management completed 675 audits on private provider staff to ensure their compliance with the IV-E requirement. Because these 100% audits have proven effective in keeping providers engaged and accountable, the state will continue with this process

indefinitely. OPM will continue to monitor the corrective action plans submitted by providers and do quarterly safety check desk reviews.

E. Feedback Loops

OPM conducted five webinars on February 22 and March 1, 2017 with providers to discuss the quality assurance plan and the requirements for uploading all safety screenings for staff. OPM & Rev Max conducted cross training on April 20, 2017 and conducted a training for RBWO providers on the IV-E requirements and safety screenings on May 16, 2017. During this meeting, OPM presented data to the providers highlighting the number of providers that were out of compliance, the number placed on suspension and therefore unable to accept additional placement. OPM leaders explained compliance mandates and consequences for lack of compliance; and they responded to questions from the attendees.

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

PERMANENCY (A)

Table 23. CFSP Goal 2a			
Permanency: Families and individuals are healthy and stable			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 4 – Stability of foster care placement: Increase percent of cases where there was stability in the foster care placement from 68% to 76% PIP = 74.1% by April 2019 **Item 5** – Permanency goal for the child: Increase percent of cases where appropriate permanency goals were established timely from 36% to 80% PIP = 48.7% by April 2019 **Item 6** - Achieving reunification, guardianship, adoption or other planned permanent living arrangement: Increase the percent of cases where the state has made	Increase and strengthen foster and adoptive resources	Implement a statewide Foster Care Recruitment campaign to provide information about Foster Care to prospective foster parents and build awareness about the need. *September 2019*	Distribute the State Diligent Recruitment Plan to DFCS and CPA resource development supervisors and case managers *March 30, 2017* Facilitate at least two joint meetings annually for DFCS and CPA resource development supervisors and case managers for reviewing, planning and strategizing the execution of the state Diligent Recruitment Plan *July 30, 2017.*

concerted efforts to achieve appropriate living arrangement for the child from 27% to 43% PIP = 32.6% by April 2019 • P1a. Increase the stability of placement for youth in Foster Care by reducing the rate of placement moves from 5.84 moves (per 1,000 days in care) to no more than 4.12 moves (per 1,000 days in care) • P1b. Increase the percentage of children in Foster Care with adoptions that finalize (within 24 months of entering care) from 28% to 52% • P1c. Increase the total number of approved Foster Caregiver resources (foster and relative) from 4,544 to 5,112 • P1d. Increase the percentage of children in Foster Care who achieve permanency within the first 12 months of entering care from 47% to 60%			Office of Providers Management section will report progress and/or barriers at the monthly State CQI meetings. *Start by October 2017 (ongoing).*
		Implement the Partnership Parenting Model to provide support to both resource and birth Parents. *By May 2017*	Update and publish the Partnership Parenting Model *May 2017*

Permanency: Families and individuals are healthy and stable

Key Strategy: Increase and strengthen foster and adoptive resources

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

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

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

- P1a. Increase the stability of placement for youth in Foster Care by reducing the rate of placement moves   from 5.84 moves (per 1,000 days in care) to no more than 4.12 moves (per 1,000 days in care)
- P1b. Increase the percentage of children in Foster Care with adoptions that finalize (within 24 months of   entering care) from 28% to 52%
- P1c. Increase the total number of approved Foster Caregiver resources (foster and relative) from 4,544 to 5,112
- P1d. Increase the percentage of children in Foster Care who achieve permanency within the first 12 months   of entering care from 47% to 60%

Table 24. Objective Measures, CFSP Goal 2a						
CFSR Permanency 1	**FFY 2015 (4, 5, 6)**	**Dec 2016**	**Sept 2017**	**March 2018**	**March 2019**	**FFY 2019**
	Baseline %	Actual	Actual	Actual	PIP Target	CFSP Target
Item 4 Stability of Foster Care	68 %	67%	85%	74%	74.1%	76 %
Item 5 Permanency goal for the child	42 %	43 %	38%	41%	48.7%	51 %
Item 6 Reunification, guardianship, adoption or other planned permanent living arrangement	27 %	30 %	37%	32%	32.6% met	43 %
	FFY 2017 (P1a – 1d)	**Dec 2016**	**Sept 2017**	**March 2018**	**March 2019**	**Sept 2019**
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
P1a. Placement moves	5.84		5.67	6.93		4.12
P1b. Timely adoptions	28 %					52 %
P1c. Approved foster care resources	4,544					5,112
P1d. Permanency within 12 months	47 %					60 %

Mar-Sep 2017: 7.51
Data sources: Quality Assurance trend reports, SHINES data

CFSP Key Activity 1
Implement a statewide foster care recruitment campaign to provide information about foster care to prospective foster parents and build awareness about the need
September 2019

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

CFSP Key Activity 2:
Implement the Partnership Parenting Model to provide support to both resource and birth parents
May 2017

CFSP Action Steps:
Update and publish the Partnership Parenting Model
May 2017

Related PIP Goals
PIP Goal III: In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.
Goal III: Strategy I: Permanency Outcome 2:
Build and execute a robust, sustainable system for the achievement of timely permanency. The strategy includes practice model case consultation methods, mentoring of field staff, ongoing tracking of outcomes and full Permanency Roundtables for cases without viable permanency options.

PIP Goal V: Increase and strengthen foster and adoptive resources.
Goal V: Strategy I: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention
Enhance the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

A. Revisions to Goals, Objectives and Interventions
The objective measures, strategies, deadlines, or PIP quarters have not changed since the last APSR.

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

C. Progress Benchmarks

Timeliness of placements

Table 25. Initial Placement Entry Timeliness (from Removal to Entry of Initial Placement) FFY 2018 (Oct to May)	
Within a Day	13.36%
1+ to 2 Days	8.07%
2+ to 5 Days	19.14%
5+ to 15 Days	35.88%
15+ to 30 Days	11.91%
Over 30 Days	11.63%
Legal Status Entry Timeliness (includes new and changes in legal status) FFY 2018 Oct to May	
Up to 72 Hours	43.95%
4 days to 1 week	16.72%
1 to 2 weeks	9.18%
15 to 30 days	8.89%
Over 30 days	21.13%
Error-Entry before Status Date	0.13%

It is one thing to find a child a place to call home, it is another thing to do it in a timely fashion. Supervisors in the regions conduct consultations at various stages of a case to acquire timely permanency, but all regions are required to have a high-level staff person (above supervisor rank) do consultations on cases where the child has been in care 12 months. One region calls these consultations SWOTs. PIP Goal III, Strategy I: Permanency Outcome 2 requires the state to build and execute a robust, sustainable system for the achievement of timely permanency. The strategy includes practice model case consultation methods, mentoring of field staff, ongoing tracking of outcomes and full permanency roundtables for cases without viable permanency options. Georgia elected to use the SBC case consultation action plan template for its consultations and completed development of the template August 2017. A list of children who have a case consultation due is sent to the field monthly. Field program specialists track the information and trends stemming from the consults and share this information with the C3 coordinators for reporting.

In addition to the case consultations and tracking methods, other tools have been developed and provided to the field to ensure clarity and transparency regarding the time frame in which a case is worked when children cannot remain safely within their families and as a result must enter foster care. A permanency timeline and a practice guide on how to use the timeline have been provided to staff for use with families who have a reunification case plan. The purpose of the permanency timeline is to assist families in understanding and knowing important court dates and other critical points in their cases. The sharing of this information in this manner is a supportive and collaborative process with families that helps to facilitate a safe and timely reunification. The permanency timeline is also a way for the agency to be transparent with families regarding the federal requirements of the Adoption and Safe Families Act (ASFA) for filing termination of parental rights for children. In FFY 2017, Georgia finalized 1,233 adoptions of children from foster care, compared to 1,036 in 2016 and 848 adoptions in FFY 2015.

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

Table 26. Family Team Meetings

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

Table 27. Roundtables FFY 2017 (October 2016 – June 2017)

Region	Roundtables	Children	Percent
01	3	2101	0.14%
02	5	1259	0.40%
03	207	1536	13.48%
04	38	1617	2.35%
05	5	1666	0.30%
06	44	1061	4.15%
07	16	754	2.12%
08	21	982	2.14%
09	2	786	0.25%
10	93	987	9.42%
11	6	1611	0.37%
12	58	1230	4.72%
13	2	2265	0.09%

| 14 | 19 | 2323 | 0.82% |
| State | 519 | 20178 | 2.57% |

Table 28. Roundtables FFY 2018 (October 2017 – June 2018)			
Region	Roundtables	Children	Percent
01	3	2014	0.15%
02	7	1273	0.55%
03	0	1299	0.00%
04	6	1559	0.38%
05	2	1552	0.13%
06	0	991	0.00%
07	1	907	0.11%
08	0	931	0.00%
09	2	729	0.27%
10	6	959	0.63%
11	0	1537	0.00%
12	0	1302	0.00%
13	1	1997	0.05%
14	1	2157	0.05%
State	29	19207	0.15%

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

As of March 2018, there were 4,953 caregivers in the state. The state has strengthened partnerships with CPAs and CCIs to support recruitment efforts and monitor the progress of the Regional Placement Resource Engagement meetings. There has been continued partnership with the Adoptive and Foster Parent Association, and support of their annual education conference. Georgia supported nearly 960 caregivers and staff to attend this year's conference through scholarships. Scholarships were also provided to 50 private agency caregivers as well. The conference was held February 23 – 25, 2018. The conference provides caregivers with training and educational opportunities to increase their capacity to protect. It also provides them with opportunities to fellowship and engage with peer caregivers, as well as Division leadership.

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

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

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

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

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

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

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

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

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

It is the anticipated expectation that having this structure in place will allow the agency to achieve the following outcomes:
- Reduction in placement moves for children in foster care (Placement Stability increases)
- Improved quality of service and reduced attrition
- Retention of current caregivers through satisfaction of services
- Increase in referrals from current foster caregivers
- Caregivers needs will be identified and addressed more readily and consistently

Permanency leads will facilitate and/or participate in ICPC Roadshows for field staff from December 2018 through March 2019. The roadshow outlines the incoming and outgoing processing of adoptions, licensed or approved foster homes, parents and relatives (when the parent or relative does not have legal authority to place the child), and group homes/residential placements. The anticipated audience includes all permanency staff in the state of Georgia. The face-to-face interaction at roadshows enables relationship building between state office and field staff, clarifies expectations, and allows state office staff to hear the needs in the field first-hand. Data trends following the roadshows are positive. In one month there was a demonstrated decrease in overdue incoming ICPC cases (from 215 to 156) and an increase in request submissions (from 70 to 118).

An instrumental recruitment strategy that the Division has sustained for several years is the Homes for Georgia's Kids (HGK) foster and adoptive parent inquiry line (877-210-KIDS). It is the first point of contact to obtain information about becoming a foster or adoptive parent. Georgia currently outsources the inquiry line with Bethany Christian Services for continued management of the toll-free line until state acquisition is secured. A Request for Proposal (RFP) was submitted to the Office of Procurement and Contracts (OPC) for the solicitation of potential vendors for the development of the Hosted Contact Center which would support the inbounding calls platform for the inquiry line. The RFP was submitted to OPC on March 27, 2016 and was published on April 14, 2016. A review of the proposals was conducted and a vendor (Platform 28) was selected in August 2016. The contract was developed by OPC in December 2016 and was fully executed in March 2017. The kickoff meeting for the development of the scope of work for the project was held with the vendor April 12, 2017. A total of 499

inquiries were processed by Bethany Christian Services from April to June 2017 during the transition period. The Foster Georgia Inquiry Line was successfully launched on June 27, 2017. Inquiries are also accepted and processed via the Foster Georgia website www.fostergeorgia.com. During the period under review, Georgia received and processed a total of 4,508 via the Foster Georgia Inquiry Line and Foster Georgia website. Total inquiries received via all three mediums was 5,007.

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

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

E. Feedback Loops

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

PERMANENCY (B)

Table 29. CFSP Goal 2b			
Permanency: Families and individuals are healthy and stable			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 7 – Placement with siblings: Increase the percent or cases where the state has made concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to	Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster	Execute a contract with Chapin Hall to conduct the placement operations study of the state's	Establish contact with Chapin Hall. *June 30, 2017* Receive final report from Chapin Hall. *September 30, 2017*

meet the needs of one of the siblings, from 77% to 85% **Item 8** – Visiting with parents and siblings in foster care: Increase the percent of cases where visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these family members, from 45% to 53% **Item 9** – Preserving connections: Increase the percent of cases where concerted efforts were made to preserve the child's connections to his/her neighborhood, community, faith, extended family, Tribe, school and friends from 39% to 47% **Item 10** – Relative placement: Increase the percent of cases where there were concerted efforts to place the child with relatives (where appropriate) from 46% to 54% **Item 11** – Relationship of child in care with parents: Increase the percent of cases were concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed (via activities other than visitation) from 34% to 41% • P2a. Increase the percentage of monthly	and group homes and utilization of those resources. *March 2019*	public and private agency system *September 2017* Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children. *March 2019*	Determine acceptable recommendation *December 31, 2017* Based on acceptance of recommendations, initiate implementation of recommendations. *September 30, 2018* Utilize the Practice Matters, Provider Leadership, State CQI meeting and other partnership meeting venues to share information and discuss study results. *December 31, 2018*
		Enhance the skills of DFCS and child placing agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment. *March 2019*	Develop a resource development curriculum and certification process for DFCS and CPA case managers. *March 2019* Education and Training (E&T) Unit write the new worker curriculum and certification process for DFCS and CPA case managers with the assistance of the Office of Providers Management (OPM) section. *March 31, 2017* Send draft curriculum to the C[3] Coordinators, Field Program Specialist, CQI Specialists, CQI Facilitators, State CQI team and/or other direct service child welfare staff to review for feedback. *April 30, 2017*

parent visits in Child Protective Services and Foster Care from 87% to 95% for birth mothers and 80 % to 95 % for birth fathers • P2b. Increase the percentage of relative placement for children in Foster Care from 25.6% to 50%			Share draft curriculum with ACF/Children's Bureau (CB) for review and feedback. *May 30, 2017* Once the curriculum is finalized, the E & T unit and the OPM section will begin implementation. *Start by June 2017 (ongoing)* The E & T unit and the Office of Providers Management section will report progress and/or barriers at the monthly State CQI meetings. Start by July 2017 (ongoing).
		Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process *December 2018*	Redesign the approval paperwork packet and eliminate redundancies in forms to be completed. *December 2018* The Caregiver Recruitment and Retention Unit will establish a committee that includes the policy and training, GA SHINES units, regional and county staff to redesign the approval paperwork packet for resource development, including PDF fillable options and eliminate redundancies in forms to be completed. *December 2016* The draft paperwork packet will be sent to the C^3 Coordinators, Field Program Specialist, the CQI Specialists, CQI Facilitators, State CQI

			team, Resource Development Teams, Office of Provider Management, and CPAs to review for feedback. *March 2017* The draft paperwork packet will be shared with ACF/CB for review and feedback. *May 2017* Once final draft is completed, Caregiver Recruitment and Retention Unit will train Regional Resource Development Team. *July 2017* Regional Resource Development Team will train the Regional staff, County Directors, supervisors and case managers to begin county implementation. *September 2017* The Caregiver Recruitment and Retention Unit and the C3 Coordinators will report monthly the status of the region and counties improvement of services and implementation of the protocol. *Starting October 2017 (ongoing)*

Permanency: Families and individuals are healthy and stable

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

Objective Measures:

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

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

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

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

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

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

Table 30. Objective Measures, CFSP Goal 2b						
CFSR Permanency 2	FFY 2015 (Items 7- 9) FFY 2017 (P2a) FFY 2016 (P2b)	Dec 2016	Sept 2017	March 2018	March 2019	FFY 2019
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 7 Placement with siblings	77 %	77 %	87%	78%		85 %
Item 8 Visiting with parents and siblings	45 %	54 %	45%	59%		53 %
Item 9 Preserving connections	39 %	62%	62%	57%		47 %
Item 10 Relative placement	46 %	62 %	61%	58%		54 %
Item 11 Relationship of child in care with parents	34 %	58 %	38%	44%		41 %

P2a. Mothers	87 %				87.5 %
P2a. Fathers	80 %				95 %
P2b. Relative placement	25.6 %				50 %

Data sources: Quality Assurance trend reports, SHINES data

CFSP Key Activity 1:
Execute a contract with Chapin Hall to conduct the placement operations study of the state's public and private agency system
September 2017

CFSP Key Activity 2:
Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children.
March 2019

CFSP Action Steps
- Establish contact with Chapin Hall.
  June 30, 2017
- Receive final report from Chapin Hall.
  September 30, 2017
- Determine acceptable recommendation
  December 31, 2017
- Based on acceptance of recommendations, initiate implementation of recommendations.
  September 30, 2018
- Utilize the Practice Matters, Provider Leadership, State CQI meeting and other partnership meeting venues to share information and discuss study results.
  December 31, 2018

Related PIP Goals
Goal V: Increase and strengthen foster and adoptive resources.
Strategy III Permanency Outcome 1

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

Strategy IV: Permanency Outcome 1

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

A. Revisions to Goals, Objectives and Interventions

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

C. Progress Benchmarks

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

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

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

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

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

E. Feedback Loops

CFSP Key Activity 3:

Enhance the skills of DFCS and child placing agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.
March 2019

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

Related PIP Goal

Goal V: Increase and strengthen foster and adoptive resources.
Strategy I: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

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

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

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

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

The Resource Development Track training which is scheduled, coordinated, and facilitated by the Education and Training Section, rolled out September 14, 2017. There was a total of 13 participants for the first session. All participants were current members of the DFCS regional resource development teams. Modules covered were "Recruit" and "Retain." The two-week training was held in Macon, Georgia at the Methodist Home for Children campus. Due to a limited number of staff being trained, Georgia cannot determine whether the implementation of the activity has had the intended affect overall. However, based on feedback provided as a result of the pilot and completed training sessions, staff indicated that the core competencies of the courses are beneficial, and could improve their overall performance.

The Caregiver Recruitment and Retention Unit began to implement statewide-targeted recruitment campaigns February 2017. These targeted recruitment efforts are intended to engage specific factions of the community, utilizing data and visual aids to engage an identified audience. The initiative is to garner interest from specific populations of the community in becoming foster, adoptive, or relative caregivers for children in foster care. A campaign tool kit is developed and provided to the regional teams with instructions and guidance on use and implementation. The toolkit consists of:
- Digital flyer for use on social media and other Web-based platforms
- A printable flyer with campaign visual messaging and elements
- Public service announcements template
- Sample letter for the intended audience
- Data Request Form to aid in the accuracy of statistical and numerical data provided at recruitment events
- PowerPoint presentation for intended audience

D. Planned Activities and Activities to Expand Strengthen the Range of Existing Services
In May 2018, Georgia will offer The Ties That Bind, a training seminar for adoptive families. This training seminar hosts approximately 450-500 participants including adoptive children and adoptive parents.

The 2015-2019 Diligent Recruitment and Retention Plan was officially implemented January 2015. The state's goal was to increase foster and adoptive resources by 20% in 2016. The state achieved a

246.7% increase in the number of approved relative foster homes, and an 11.51% increase in the number of non-relative foster home resources. In FFY 2017, the state increased approved relative foster homes by _____% and non-relative foster homes by _____%. The state continues to use 14 regional resource development teams to operationalize local recruitment efforts. The teams are comprised of at least one team lead and an average of 13 members. Quarterly meetings will be held with the teams to assess progress towards the goals of the diligent recruitment plan, barriers impeding success, and strategies to improve practice. These quarterly meetings will also be used to provide training opportunities to line staff to improve skill, increase knowledge base, and build awareness of state and local resources.

E. Feedback Loops

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

CFSP Key Activity 4:

Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process
December 2018

CFSP Action Steps:

- Redesign the approval paperwork packet and eliminate redundancies in forms to be completed.
  December 2018
- The Caregiver Recruitment and Retention Unit will establish a committee that includes the policy and training, GA SHINES units, regional and county staff to redesign the approval paperwork packet for resource development, including PDF fillable options and eliminate redundancies in forms to be completed.
  December 2016
- The draft paperwork packet will be sent to the C3 Coordinators, Field Program Specialist, the CQI Specialists, CQI Facilitators, State CQI team, Resource Development Teams, Office of Provider Management, and CPAs to review for feedback.
  March 2017
- The draft paperwork packet will be shared with ACF/CB for review and feedback.
  May 2017
- Once final draft is completed, Caregiver Recruitment and Retention Unit will train Regional Resource Development Team.
  July 2017
- Regional Resource Development Team will train the Regional staff, County Directors, supervisors and case managers to begin county implementation.
  September 2017
- The Caregiver Recruitment and Retention Unit and the C3 Coordinators will report monthly the status of the region and counties improvement of services and implementation of the protocol.
  Starting October 2017 (ongoing)

Related PIP Goals

Goal V: Increase and strengthen foster and adoptive resources.
Strategy I: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

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

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

Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process.
Strategy III: Permanency Outcome 1

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

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

B. Implementation Supports

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

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

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

D. Planned Activities and Activities to Expand Strengthen the Range of Existing Services
Georgia is working to implement the SAFE Home Study Model which will also eliminate the inconvenience of excessive paperwork and extensive questionnaires. Georgia is scheduled to roll out the SAFE training in 2018. The SAFE Home Study will be piloted in collaboration with Education and

Training, Policy Section, and the Office of Provider Management is being held to complete final review of remaining forms.

E. Feedback Loops

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

WELL-BEING (A)

Table 31. CFSP Goal 3a			
Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 12 - needs and services of child, parents and foster parents: Increase the needs and services of child, parents and foster parents from 26% to 30% PIP = 29.3% by April 2019 **Item 13** – Child and family involvement in case planning: Increase child and family involvement from 42% to 49% PIP = 47% by April 2019	Implement the Connected by 21 (CB21) initiative, the extension of Foster Care for youth ages 18-21, to ensure that those youth in transition are supported and self-sufficient.	Develop and publish a CB 21 five-year project plan. July 2016 Commence implementation of the CB plan. January 2017 Achieve at least 20% of the objective measures of the plan by September 2019.	Draft a project plan delineating objectives, outcomes and target measures for strategies that address employment, housing, education and health concerns for older youth. July 2016 CB plan team select priority objectives to achieve within the first two years of implementation. September 2017
Item 14 – Worker visits with child: Increase frequency and quality of visits to children in care from 59% to 67%		Implement a communications campaign directed at youth, caregivers and staff informing them of the foster care program	

PIP = 64.5% by April 2019		18 to 21. *September 2018*	
Item 15 – Caseworker visits with parents: Increase the frequency and quality of visits with parents from 31% to 38% PIP = 36.2 % by April 2019 Increase the number of Independent Living and Transitional Living Programs beds and other and non-traditional transitional living arrangement by 25% Increase percentage of the number of youth opting in to CB21 services at 18 years of age who do not have an immediately executable safe and stable living arrangement to at least 85% Increase the number of youth opting in to CB21 services at 18 years of age who do not have an immediately executable safe and stable living arrangement to at least 70% annually		Develop a process whereby youth ages 17 years and older in foster care and particularly those who are emancipating will have in their possession official identification documents (birth certificate, SS card and state identification card or driver's license) under counter indicated based on disability or other issue. *December 2017*	

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

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

Objective Measures:

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

Item 13 – Child and family involvement in case planning:

Increase child and family involvement from 42% to 49%

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

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

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

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

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

Table 32. Objective Measures, CFSP Goal 3a						
CFSR Well-Being 1	FFY 2015	Dec 2016	Sept 2017	March 2018	March 2019	Sept 2019
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 12 - Needs and services of child, parents and foster parents	26 %	25%	19%	27%	29.3%	30 %
Item 13 - Child and family involvement in case planning	42 %	42 %	46%	58%	47%	49 %
Item 14 - Worker visits with child	59 %	57 %	58%	55%	64.5%	67 %
Item 15 - Caseworker visits with parents	31 %	28 %	29%	24%	36.2%	36.2 %

Data source: Quality Assurance trend reports

CFSP Key Activity 1
Develop and publish a CB 21 five-year projec*t* pla*n.*
July 2016
Commence implementation of the CB plan
January 2017

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

CFSP Key Activity 2

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

CFSP Key Activity 3
Develop a process whereby youth ages 17 years and older in foster care and particularly those who are emancipating will have in their possession official identification documents (birth certificate, SS card and state identification card or driver's license) under counter indicated based on disability or other issue. December 2017

CFSP Action Steps:
Draft a project plan delineating objectives, outcomes and target measures for strategies that address employment, housing, education and health concerns for older youth.
July 2016

CB plan team select priority objectives to achieve within the first two years of implementation.
September 2017

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

B. Implementation Supports

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

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

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

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

E. Feedback Loops

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

WELL-BEING (B)

Table 33. CFSP Goal 3b			
Well-Being: Children receive appropriate services to meet their educational needs			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
Item 16 – Educational needs of the child: Increase the percent of children who have their educational needs met from 54% to 62% • WB2a. Increase the percentage of youth in Foster Care who successfully graduate from high school from 8% to 75% • WB2b. Increase the percentage of Educational Programming and Assessment Consultation (EPAC) referrals for youth in Foster Care from 46% to 90% • WB2c. Support the development of executive functioning for children in Foster Care by increasing the percentage of these children (ages 0-5) who are referred to Head Start, Early Head Start and Georgia's Quality Rated Childcare	Provide continuous Educational Academies to train DFCS staff, caregivers, and partners on the Division's educational policies, procedures and entitlements to promote successful educational outcomes for youth in Foster Care.	Educational Programming, Assessment and Consultation (EPAC) team will conduct quarterly Education Academies that provide information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies will provide information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload. *March 2019*	The Well-Being section will develop and/or revise webinar designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care. *July 2017* The EPAC unit will work with the E & T unit to establish an on-line registration process. *August 2017* The EPAC unit work with the C³ Coordinators, other direct service child welfare staff and the Office of Communications to inform staff of the required training. *Starting September 2017 (ongoing)* The EPAC unit will provide the required web-based Education Academy quarterly.

Programs (baseline TBD).			Starting October 2017 (ongoing)
	Streamline the educational assessment process to minimize the case management work process.	EPAC Education Specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to monitor educational assessment recommendations (within five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation need to support youth who are in need of additional credit recovery. *Starting May 2018 (ongoing)*	The EPAC Education Specialists will partner with the school age children's case managers and the C3 Coordinators to establish a list of all children. *January 2018* The EPAC Education Specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to establish the process that will be completed within their region to monitor educational assessment recommendations of youth in care being completed within five business days of identifying the need. *March 2018* The EPAC unit will share the regional monitor process at the State Office CQI team meeting for feedback. *April 2018* Once review process is cleared by State CQI team, the monitoring will begin. *May 2018*
		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	The EPAC unit will work with the C3 Coordinators to establish a list of children/youth with an IEP and ensure that the educational section of GA SHINES is

| | | 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. | current/up-to-date, including reflecting the actual supports and services needed. *July 2017*

The EPAC unit will develop a review instrument. *July 2017*

The EPAC unit will send the review instrument to the C[3] Coordinators, Field Program Specialist, CQI Specialists, CQI Facilitators, State CQI team and/or other direct service child welfare staff to review for feedback *September 2017*

The draft review instrument will be shared with ACF/CB for review and feedback. *October 2017*

Update review instrument based ACF/CB feedback. *November 2017*

EPAC Education Specialists (contractors) will be trained on review instrument. *December 2017*

EPAC Education Specialists (contractors) will conduct quarterly sample reviews. *Starting January 2018 (ongoing)* |
| --- | --- | --- | --- |

			The EPAC unit will share the results of each review with the C^3 Coordinators for corrections as needed, as well as inform the State CQI team. *Starting February 2017 (ongoing)* The EPAC unit and/or C^3 Coordinator will share the results and correction actions at the State Office CQI team monthly. *Starting March 2018 (ongoing)*

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

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

Objective Measures:
- Item 16 – Educational needs of the child: Increase the percent of children who have their educational needs met from 54% to 62%
- WB2a. Increase the percentage of youth in Foster Care who successfully graduate from high school from 8% to 75%
- WB2b. Increase the percentage of Educational Programming and Assessment Consultation (EPAC) referrals for youth in Foster Care from 46% to 90%
- WB2c. Support the development of executive functioning for children in Foster Care by increasing the percentage of these children (ages 0-5) who are referred to Head Start, Early Head Start and Georgia's Quality Rated Childcare Programs (baseline TBD)

Table 34. Objective Measures, CFSP Goal 3b						
CFSR Well-Being 2	**FFY 2015 (Item 16) FFY 2016 (WB2a) FFY 2017 (WB2b, 2c)**	**Dec 2016**	**Sept 2017**	**March 2018**	**March 2019**	**Sept 2019**
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 16	54 %	58%	64%	59%		62 %

WB2a. HS Graduation	8 %					75 %
WB2b. EPAC referrals	46 %					90 %
WB2c. HS/QR referrals	TBD					TBD

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

CFSP Key Activity
Educational Programming, Assessment and Consultation (EPAC) team will conduct quarterly Education Academies that provide information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies will provide information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.
March 2019

CFSP Action Steps
- The Well-Being section will develop and/or revise webinar designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care.
  July 2017
- The EPAC unit will work with the E & T unit to establish an on-line registration process.
  August 2017
- The EPAC unit work with the C3 Coordinators, other direct service child welfare staff and the Office of Communications to inform staff of the required training.
  Starting September 2017 (ongoing)
- The EPAC unit will provide the required web-based Education Academy quarterly.
  Starting October 2017 (ongoing)

Related PIP Goals
Goal II: Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.
Strategy II: Well-Being Outcome 2

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

    A. Revisions to Goals, Objectives and Interventions
The state has requested approval from the Children's Bureau to move this goal from the PIP exclusively to the CFSP.

    B. Implementation Supports
No additional supports needed at this time.

    C. Progress Benchmarks

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

The Educational Programming, Assessment and Consultation (EPAC) team continues to host Education Academies and have conducted some web-based and onsite trainings that provided information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies have begun providing information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.

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

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

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

Table 35. Live WebEx Education Academies			
Date	Time	Number of Participants	Participant Types
12/1/2017	10:00 am	74	DFCS Case Managers and Field Program Specialists
12/1/2017	4:00 pm	27	DFCS Case Managers and Field Program Specialists
3/2/2018	10:00 am	82	DFCS Case Managers, Supervisors, Field Program Specialists; Group Home and Congregate Care Providers
3/2/2018	2:00 pm	44	DFCS Case Managers, Supervisors, Field Program Specialists; Group Home and Congregate Care Providers

Along with the live online WebEx Education Academies, EPAC also provided (and continues to provide) in-person Education Academies. Education Academy training calendar is below:
- Wednesday, February 21, 2018 – Albany, Georgia
- Thursday, March 2, 2018 – Columbus, Georgia
- Tuesday, March 20, 2018 – Athens, Georgia

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

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

CFSP Key Activity
EPAC Education Specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to monitor educational assessment recommendations (within five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation need to support youth who need additional credit recovery.
Starting May 2018 (ongoing)

CFSP Action Steps
- The EPAC Education Specialists will partner with the school age children's case managers and the C3 Coordinators to establish a list of all children.
  January 2018
- The EPAC Education Specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to establish the process that will be completed within their region to monitor educational assessment recommendations of youth in care being completed within five business days of identifying the need.
  March 2018
- The EPAC unit will share the regional monitor process at the State Office CQI team meeting for feedback.
  April 2018
- Once review process is cleared by State CQI team, the monitoring will begin. *May 2018*

Related PIP Goal
Goal II: Strategy III: Well-Being Outcome 2
Monitor the Individualized Education Plans (IEP) for children/youth who have been referred to EPAC and ensure the IEPs are current and are monitored through a coordinated team that includes the EPAC Education Specialists (contractors), DFCS Case Manager, Education Support Monitor (ESM), appropriate school system personnel and other key student support team members.

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

A. Revisions to Goals, Objectives and Interventions
The Agency has asked that this item be removed from the PIP as CASA does not have the capacity to complete this activity at this time.

B. Implementation Supports

No additional supports needed at this time.

C. Progress Benchmarks

Table 36. Special Education Events		
Event	Number	% of Foster Children in DOE 2016-17 SY
IEP Annual Review	2,912	25.2%
Initial Eligibility Determination	455	3.9%
Initial Evaluation	336	2.9%
Initial IEP Meeting	480	4.2%
Initial IEP Placement/Transition Service Begin	502	4.3%
Parent Consent to Evaluation	355	3.1%
Parent Refused Initial Placement	1	0.0%
Parent Revoked Consent	13	0.1%
Re-Eligibility Determination	1,244	10.8%
Special Education Exit	57	0.5%
Student Not Eligible for Initial Placement	40	0.3%
Unique Children w IEP Annual Review or Initial Placement	3,242	28.1%
Unique Children w Special Edu Event	3,386	29.3%
Unique Foster Children in DOE file	11,552	100.0%

WELL-BEING (C)

Table 37. CFSP Goal 3c			
Well-Being: Children receive adequate services to meet their physical and mental health needs			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
Item 17 – Physical health of the child: Increase the percent of children who have their physical health needs met from 49% to 57% • WB3a. Increase the percentage of current and former foster care youth receiving Medicaid or health	Meet the assessment and individualized needs of children, youth, families through an enhanced and broadened array of physical and mental health services	Develop and implement innovative strategies with the Department of Community Health (DCH), Amerigroup and other stakeholders to facilitate youth access to medical, physical and behavioral health services.	The WPAC unit will work with Amerigroup (CMO) and the Policy unit to establish a definition for "significant" health condition to be used to identify the children. *July 2017* The WPAC unit will work with Amerigroup

insurance within six months of their 18th birthday, from 45% to 85% **Item 18** – Mental health of the child: Increase the percent of children who get their mental health needs met from 29% to 33% • WB3b Increase the percentage of initial wellness screenings for youth in Foster Care from 16.9% to 75%		*July 2019*	(CMO) and the policy and GA SHINES unit, regional and county staff to develop monthly report of children and youth in foster care of children with "significant" health conditions. *September 2017*
		Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring. *March 2019*	The C3 Coordinators work with county staff to ensure that all children in care have their health information current in GA SHINES. *September 2017* The WPAC unit will distribute the "significant health condition report" for staffing by the 5th of each month. *Starting September 2017 (ongoing)* Regional directors, county directors, supervisors and C3 coordinators will ensure that the staffing to assure appropriate services are accessible for children and youth are completed monthly. *Starting November 2017 (ongoing)* The WPAC unit will work with Amerigroup (CMO) and the policy and GA SHINES unit, regional and county staff to develop monthly report of children and youth in

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

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

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

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

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

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

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

Table 38. Objective Measures, CFSP Goal 3c						
CFSR Well-Being 3	**FFY 2015**	**Dec 2016**	**Sept 2017**	**March 2018**	**March 2019**	**Sept 2019**

	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 17 Physical health of the child	49 %	47%	50%	51%		57 %
Item 18 Mental health of the child	29 %	20 %	27%	24%		33 %
WB3a. Medicaid/insurance	45 %					85 %
WB3b. Wellness screenings	16.9 %					75 %

Data Sources: Quality Assurance trend reports, SHINES data

CFSP Key Activity
Develop and implement innovative strategies with the Department of Community Health (DCH), Amerigroup and other stakeholders to facilitate youth access to medical, physical and behavioral health services.
July 2019

CFSP Action Steps
The WPAC unit will work with Amerigroup (CMO) and the Policy unit to establish a definition for "significant" health condition to be used to identify the children.
July 2018 (formerly July 2017)

The WPAC unit will work with Amerigroup (CMO) and the policy and GA SHINES unit, regional and county staff to develop monthly report of children and youth in foster care of children with "significant" health conditions.
September 2018 (formerly September 2017)

A. Revisions to Goals, Objectives and Interventions

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

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

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

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

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

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

CFSP Key Activity
Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.
March 2019

CFSP Action Steps
C3 Coordinators work with county staff to ensure that all children in care have their health information current in GA SHINES.
September 2017

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

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

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

A. Revisions to Goals, Objectives and Interventions
Several of the action steps have already been taken, but work is set to officially begin on this activity in PIP Quarter 6

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

C. Progress Benchmarks
Information for the Significant Health Condition report is extracted from SHINES. The system has been updated to allow a user to collect the following report parameters: name, date-of-birth, SHINES Person ID, and diagnosis (physical and mental health) in a single report. The first report went out June 11,

2018, subsequent reports will be distributed every other month by the 10th of the month. The percent of children who received an EPSDT/Ga Health Check within 10 days of entering care between October 2017 and May 2018 is 24% and dental is 14%.

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

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

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

E. Feedback Loops

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

CFSP Key Activity

Provide education and support to caregivers regarding the importance of health and wellness screenings for children in care to promote access to the appropriate medical, physical and behavioral health services for children and youth served by the Division.
July 2019

CFSP Action Steps

Newly Added:
WPAC will participate in the AFPAG (Adoptive and Foster Parent Association of Georgia) conference.
February 2018

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

WPAC and EPAC will conduct joint educational academies for DFCS staff and caregivers
March 2018.

Related PIP Goal
Goal II: Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.
Strategy IV: Well-Being Outcome 3: Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.

A. Revisions to Goals, Objectives and Interventions
The action steps were added in FFY 2017

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

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

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

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

WORKFORCE DEVELOPMENT

Table 39. CFSP Goal 4			
Systemic Factor - Workforce: The Division's workforce is competent, professional and efficient			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps

WF1. Decrease child welfare case management staff annualized turnover rates from 36% to 18% WF2. Increase the percentage of employee satisfaction from 66% to 90%	Provide Child Welfare staff with skills to effectively engage, partner and plan with families, as well as track and celebrate their successes. Improve staff critical thinking and decision-making skills to ensure appropriate safe disposition of cases	Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes. *March 2019* Provide training to staff at all levels regarding the identification and management of secondary trauma. *July 2019*	Redesign the new worker training curriculum and certification process *January 2016* Once the curriculum is finalized, the training unit will begin implementation. *Starting February 2017 (ongoing)* The E & T unit will report progress and/or barriers at the monthly State CQI meetings. *Starting March 2017 (ongoing)* The E & T unit, C³ Coordinators or designated regional staff and the Office of Provider Management will report progress and/or barriers at the monthly State CQI meetings. *Starting March 2017 (ongoing)* Include secondary trauma trainings in new worker trainings. *Starting March 2017 (ongoing)* Collaborate with the GSU Collaborative to offer brain and trauma trainings to staff and stakeholders. *Starting March 2017 (ongoing)*
		Implement the provision of a regular employee satisfaction survey for all Division	Collaborate with Georgia State University (or other partner agency) to

		staff to guide development and implementation of strategies intended to continuously strengthen the Division's workforce. *July 2019*	develop an employee satisfaction survey. March 2017 Administer the survey to all active DFCS staff May 2017, and another by July 2019 (or earlier). Compile and calculate responses by October 2017 for May survey, and by September 2019 for June 2019 survey.
	Implement the Employee Selection Protocol to ensure the selection of the most appropriate Child Welfare employment candidates for the Division. *By July 2019*	Conduct an evaluation regarding the effectiveness of and fidelity to the Employee Selection Protocol and utilize the results to determine its widespread use across the Division. *July 2019*	Draft design of surveys and focus group interview guides. March 31, 2016 Conduct advisory group meeting December 2016 Conduct second advisory group meeting January 26, 2017 Develop/Edit final surveys March 2017 Collect survey data April 2017 Analyze survey data Starting April 20 (ongoing) Develop semi-structured Interview Guide March 2017 Collect and analyze focus group/phone interview data May 2017

			Write draft of final project report June 9, 2017 Send draft report to advisory group for feedback June 19, 2017 Meet with DFCS key personnel to discuss ESP evaluation findings June 30, 2017 Submit final project report to DFCS: June 30, 2017

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

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

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

Table 40. Objective Measures, CFSP Goal 4				
Workforce	**FFY 2015**	**FFY 2016**	**FFY 2017**	**FFY 2019**
	Baseline	Actual	Actual	Target
WF1. Turnover Rates	36 %	27%	22%	18 %
WF2. Employee Satisfaction	66 %		71%	90 %

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

CFSP Key Activities

Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.
March 2019

Provide training to staff at all levels regarding the identification and management of secondary trauma.
July 2019

Action Steps
- Redesign the new worker training curriculum and certification process
  January 2016
- Once the curriculum is finalized, the training unit will begin implementation.
  Starting February 2017 (ongoing)
- The E & T unit will report progress and/or barriers at the monthly State CQI meetings.
  Starting March 2017 (ongoing)
- The E & T unit, C3 Coordinators or designated regional staff and the Office of Provider Management will report progress and/or barriers at the monthly State CQI meetings.
  Starting March 2017 (ongoing)
- Include secondary trauma trainings in new worker trainings.
  Starting March 2017 (ongoing)
- Collaborate with the GSU Collaborative to offer brain and trauma trainings to staff and stakeholders.
  Starting March 2017 (ongoing)

Related PIP Goal

PIP Goal IV: Establish a robust workforce
Key Strategy I: Systemic Factor – Staff and Provider Training

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

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

A. Revisions to Goals, Objectives and Interventions
No revisions have been made, nor are any changes being requested.

B. Implementation Supports
Sufficient supports are in place.

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

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

Each region monitors privatized staff to ensure completion of new worker training and certification within 120 days and the Office of Provider Management monitors to ensure private staff completion of new worker training and certification within six months of employees' hire date. However, Georgia continues to struggle to refrain from assigning staff caseloads prior to being fully certified. Most of those who are enrolled complete the classroom training timely. However, timely completion of field activities continues to be a barrier to timely certification. This barrier should dissipate with the implementation of the Training Academy which prevents staff from being assigned caseloads prior to certification. One area of marked improvement is that of getting staff enrolled timely into Keys and Track training.

More effort is needed in following up while staff are in the training process and there are some needed revisions to the training curriculum. Education and Training Unit continues to market trainings available to staff via flyers and email communications. Ongoing training hour requirements for staff are posted to IOTIS which is a central location for viewing transcripts, available training, and reports; registering for training; and accessing online training and webinars as well as accessing the case manager field practice guide. The case manager field practice guide outlines the post certification training requirements and informs supervisors about additional trainings case managers need to complete.

Georgia State University facilitates the classroom training and the field identifies staff who need training. C3 coordinators assigned to each region and are designated to track the completion of ongoing annual training hour requirements through IOTIS. Prior to establishing this strategy in the PIP, there was a lack of knowledge regarding the 20-hour annual training requirement. Now, the Education and Training Unit receives emails almost daily with request to add, update or dispute information on the transcripts of staff. Since the implementation of Solution Based Casework, Secondary Trauma and Child Sexual Abuse and Exploitation trainings and other agency initiatives, staff are more readily able to achieve their required hours.

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

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

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

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

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

E. Feedback Loops

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

CFSP Key Activities

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

Action Steps

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

A. Revisions to Goals, Objectives and Interventions
No revisions have been made to this key activity.

B. Implementation Supports
Implementation supports have been sufficient.

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

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services
As a result of the survey, the state intends to focus on improving credibility and respect and fairness. There will also be attention paid to:
- Rapid Process Improvement
- Manager training
- Communication content, testing and control
- Input and Feedback loops
- Employee Recognition
- Performance Metrics

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

E. Feedback Loops
See statement in part D. above.

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

Action Steps
- Draft design of surveys and focus group interview guides.
  March 31, 2016
- Conduct advisory group meeting

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

A. Revisions to Goals, Objectives and Intervention
No revisions have been made or are anticipated to goals, objectives and interventions.

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

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

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

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

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

- Self-assessment
- Agency overview and job description
- Phone screening form
- In-basket tasks

- Onsite writing sample
- Onsite interview questions

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

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

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

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

E. Feedback Loops

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

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

STAKEHOLDER ENGAGEMENT

Table 41. CFSP Goal 5			
Systemic Factor – Stakeholder Engagement: The Division and its stakeholders are fully engaged and responsive			
Objectives By September 2019	**Key Strategies**	**Key Activities**	**Action Steps**
SH1 Train or educate the Division's key stakeholder groups on Georgia's Comprehensive Practice Model: • Internal Stakeholders from 33% to 100% • External Stakeholders from 33% to 100% SH2 Increase the percentage of stakeholders who rate DFCS effectiveness of partnership with their agency/organization as good or excellent from 83% to 89%	Provide education and training on Georgia's Comprehensive Practice Model to the Division's key stakeholder groups to ensure statewide support and engagement as implementation occurs.	Implement regular community "Road Shows" at the regional, district and state levels in order to provide consistent and ongoing stakeholder engagement throughout the State. *July 2019*	Conduct at least 6 state-level roadshows per year. Conduct at least four regional stakeholder meetings per year. Conduct at least one state-level stakeholder meeting per year in collaboration with federal partners and stakeholders. July 2019
	Provide opportunities for stakeholders to be actively engaged in the monitoring, implementation and achievement of strategic goals and strategies for children and families.	Create state-level team(s) of stakeholders internal and external to the agency to focus on shared values and goals to advance the agency mission: Safe Children. Strengthened Families. Stronger Georgia.	Create a Blueprint for Partnership team that will work to outline common vision and goals for safe children. July 2017 Convene Blueprint for Partnership team two or more times to establish team focus and norms for ongoing work. June 2018 (ongoing)
	Use the statewide Child Welfare Training Collaborative – a partnership between the Division and Georgia State University – in order to provide stakeholders with regular opportunities for		C3 coordinators collaborate with the GSU Collaborative to offer brain and trauma trainings to staff and stakeholders in their regions. *Starting March 2017 (ongoing)*

	consistent and ongoing training.		
	In partnership with other stakeholders, create opportunities for DFCS case managers and supervisors to receive additional training, information and resources that will assist them in providing direct academic support to foster youth.		

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

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

CFSP Objective Measures
SH1 Train or educate the Division's key stakeholder groups on Georgia's Comprehensive Practice Model:
- Internal Stakeholders from 0% to 95%
- External Stakeholders from 0% to 95%

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

Table 42. Objective Measures, CFSP Goal 5				
Stakeholders	**FFY 2016**	**FFY 2017**	**FFY 2018**	**FFY 2019**
	Baseline	Actual		CFSP Target
SH1 - Train/Educate Internal	0 %			95 %
SH1 - Train/Educate External	0 %			95 %
SH2 - Engagement	83%	50%		89%

Data sources: TBD, Education and Training Unit data

CFSP Key Activities
Implement regular community "Road Shows" at the regional, district and state levels in order to provide consistent and ongoing stakeholder engagement throughout the State.
July 2019

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

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

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

CFSP Action Step
C3 coordinators collaborate with the GSU Collaborative to offer brain and trauma trainings to staff and stakeholders in their regions.
Starting March 2017 (ongoing)

Related PIP Goal
PIP Goal II: Meet the assessment and individualized needs of children, youth and families through an enhanced and broadened array of services
Strategy I: Systemic Factor – Service Array
Implement targeted communication and collaboration activities to improve access to, and utilization of, the state's service array.

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

B. Implementation Supports
No additional supports needed at this time.

C. Progress Benchmarks
One of the areas in which the state grew over this CFSP period was stakeholder engagement. Not only has the state increased the frequency with which stakeholders are brought to the table, but it has been more intentional in how it reaches out to partners and works with them. There is executive leadership participation in stakeholder meetings at both the regional level and the state level. Targets set to ensure ongoing and consistent engagement have been met. The agency partnered with GSU and provided joint trainings of PE 519-Recognizing Secondary Traumatic Stress for Supervisors and PE552 –

Recognizing Secondary Traumatic Stress for Case Managers. These trainings were taken by 399 supervisors and 868 case managers during the period under review. Additionally, DFCS staff and Georgia providers took trauma-focused trainings facilitated by the GSU Collaborative. The following trainings were held between April 2017 and March 2018:

Table 43. Trauma-Focused Trainings		
Type of Training	Trainings Provided	Participants
Trauma 101	98	1100
Brain 101	101	984
Trauma and Brain 201	63	564
Trauma 101 for School Professionals	32	632
Trauma 101 Workshop for Schools	5	---
Trauma 101 Workshop	5	---

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

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

The formal stakeholder meetings not only opened a dialogue with constituents regarding the state's progress in achieving child welfare objectives, they helped the state better understand the concerns of the community. They also provided an opportunity for the community to get a view of the innerworkings of the agency, thereby eliminating misunderstandings and opening the door for collective brainstorming.

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

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

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

The priorities that were identified most frequently in the stakeholder reports were consistent with the onsite and online survey responses: mental health and services. Other issues brought to the forefront

included, addressing poverty and improving assessments. One agency put it this way, "ensuring all children touched by DFCS undergo a comprehensive assessment to uncover all victimizations connecting them with the appropriate services to aid healing, shorten recovery, and enhance their likelihood of reaching their full potential." CASAs pointed to the need for:

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

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

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

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

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

E. Feedback Loops

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

reports capture progress regarding the service array goals as well as other CFSP and PIP goals, and then the reports are distributed to program area leads and directors.

III. Systemic Factors

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

Service Array

Related PIP Goal

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

Strategy I: Systemic Factor – Service Array

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

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

- Establish quarterly meetings in each Region with Agency Staff (County and Regional), pertinent stakeholders and service providers, to address service needs and availability of services to include: identifying needed services, determining and implementing method to develop or access identified services, monitoring to ensure that implemented services are effective.
- Develop and distribute a statewide service directory that provides a listing of available contracted providers and identifies what behavioral-specific changes they target (including any safety threats they directly mitigate via service delivery).
- Partner with Courts and Substance Abuse Providers to develop a protocol for working effectively with caregivers with substance abuse issues who are involved with DFCS to increase parental capacity and improve safety outcomes.

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

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

At each of the quarterly stakeholder meetings data is used to drive discussion about trends in quality of services provided. C3 coordinators have been using Franklin Covey Four Disciplines of Execution principles to help organize their activities. They have also participated in a webinar sponsored by the Capacity Building Center for States in June 2018 (Part 2 - Look Before You Leap: Using Data to Avoid

Common Missteps When Asking, "Why?") to strengthen their knowledge around data analysis. The lag measures that are being sought by regions vary according the region's service needs. Areas of focus include referrals and services to better engage fathers; ensuring the quality of referrals; ensuring follow-up is done once a family has accessed services; increasing the awareness of available providers in the area; decreasing the number of days children stay in hotels; decreasing overdue health logs; making sure providers are at family team meetings and multi-disciplinary team meetings; and improving communication between the agency and providers.

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

Information Systems

Related PIP Goal

PIP Goal III: In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.
Strategy II: Systemic Factor – Information System
Implement monitoring processes to improve the documentation of child/youth information in GA SHINES.

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

- Data Integrity Specialists (DIS) case review quarterly trend reports will be shared and reviewed by the following staff to ensure improvements in data quality:
  - C3 Coordinators;
  - Field Program Specialists;
  - Regional Directors
- The trend reports will include identified areas needing improvement as it relates to data reviews.
  - Demonstrate improvement (by end of year 1 and year 2 of PIP) in timely and accurate documentation of data in the areas of:
    - Demographic;
    - Person Characteristics;
    - Legal Status;
    - Placements

Progress Update

Data integrity specialists (DIS) continue to train and have Data Days in the regions to increase awareness of each of the data elements. A DIS conducts a minimum of 10 data reviews a month, per region. Training is conducted to show staff how and when to document elements and Data Days are held to work on reports with the four data elements and other SHINES data points. DISs also schedule appointments with case managers to review findings and make corrections. When case managers fail to respond to the DIS, the DIS sends an email to the C3 coordinator and copies the county directors and region directors. A spreadsheet is also emailed which identifies the corrections that were completed and those that were not. The DIS will reach out to the regional director to develop a Regional Improvement Plan for the data elements that fall below 90%. The plans were submitted March 15, 2018.

For January 2018 – March 2018, the DIS unit reported the following percent of timely and accurate data: 74%-demographics; 67%-Person Characteristics; 86%-Legal Status and 84%-Placements entered.

Legal Status and Placements remain over 80%. Legal status had a slight decrease from 87% to 86%. While Placements had a slight increase from 83% to 84%. Demographics had a slight increase of 3% going from 71% to 74%. Placements increased slightly from 83% to 84%.

AFCARS/CCWIS

> AFCARS Final Rule became effective December 2016. Implementation is scheduled for October 2019 (file A submission in May 2020). It includes 153 new data elements, requires modifications to SHINES functionality and development of new AFCARS extract. States received notice of proposed delay in implementation for two years

> CCWIS Final Rule became effective August 2016. The transitional period for states was August 1, 2016 – August 1, 2018. Georgia submitted its notice of intent to transition from SACWIS to CCWIS in February 2018.

SHINES

Georgia SHINES engages both internal and external partners in the identification of system enhancements. Internally, Georgia SHINES engages many state office sections (e.g., Policy Unit, Data Unit, Office of Provider Management, Well-Being Unit, Permanency Unit, data integrity specialists, Fiscal Services, and others) and field staff when implementing solutions to support policy, practice, and state/federal mandates. All system enhancements are end-user centered and focused on improving usability and case documentation.

Externally, Georgia SHINES meets monthly with Court Improvement Project staff to address challenges with data quality that impact the interface between Georgia SHINES and the Case Plan Reporting System. Monthly meetings afford the team the opportunity to discuss upcoming system enhancements that may potentially impact data exchange and plan the approach for implementation, including requirements and testing.

Georgia SHINES also has other interface partners that require regular engagement. These include DHS-Child Support; DFCS-Office of Family Independence; Department of Early Care and Learning (DECAL); Department of Education (DOE); Department of Community Health (DCH) -Truven; System and Methods, Inc. (SMI); and Department of Public Health (DPH) - Women Infant and Children (WIC).

Feedback loops

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

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

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

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

Staff Provider Training

Related PIP Goal
PIP Goal IV: Develop a robust workforce
Strategy I: Systemic Factor - Staff and Provider Training
Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.

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

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

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

Foster/Adoptive Parent Licensing, Recruitment and Retention

Related PIP Goal

PIP Goal V: Increase and strengthen foster and adoptive resources.
Strategy I: Systemic Factor - Foster/Adoptive Parent Licensing, Recruitment and Retention
Enhance the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

Strategy II: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention
Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process.

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

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

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

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

See Section C3 – Permanency B section of this report for an update on this area.

C4. Service Descriptions

C4a. Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

Population and Geographic Areas Served

Georgia Division of Family and Children Services provides services to children and families statewide. The estimated number of individuals to receive social services in FFY 2019 (see attached form CFS 101):

Table 44. Estimated Numbers to be Served in FFY 2019	
Child Protection Services	107,377
Family Preservation	72,642

Family Support Services	29,793
Family Reunification	160,737
Adoption Promotion and Support Services	9,931
Foster Family and Relative Foster Care	14,135
Group/Institution Care	2,502
Independent Living Program	351
Education and Training Vouchers	2175
Adoption Subsidy	145, 428
Guardianship Assistance	0

I. Prevention

The Prevention and Community Support Section (PCS, formerly the Office of Prevention and Family Support) within the Georgia Division of Family and Children Services promotes the health, safety and wellness of Georgia's children and families.

Georgia PCS funding is used to create a network of community-based, family-centered agencies that provide an array of services to the state's most vulnerable children and families in hopes of reducing abuse and neglect and improving family functioning to create safe, stable and nurturing relationships and environments for children and families. PCS currently collaborates with more than 100 community-based agencies to provide primary and secondary prevention services statewide.

PCS funds several different types of evidence-based prevention programs for the following populations:
- Programs to reach parents at the time of birth
- Home-based parenting programs
- Group-based parent training/coaching programs
- School-based parenting programs
- Programs for teen parents and programs for families with children with special needs
- Programs that teach children life skills for prevention

Total number of children served: 49,562
Total number of families served: 86,038

Population served with CBCAP funds*:
- Number of children with disabilities: 849
- Number of parents with disabilities: Unknown
- Total number children who received preventative direct services: 14,482
- Total number of parents/caregivers who received preventative direct services: 9,201
- Total number families who received preventative direct services: 9,201

*During the report period, the focus was on capacity building, training, infrastructure support and evaluation on behalf of Better Brains for Babies initiatives, Navigation Team support, Strengthening Families Georgia, Care Solutions, Inc., Prevent Child Abuse Georgia, Second Step, and Parent to Parent of Georgia.

Population served with other state appropriations, TANF:
- Number of children served: 16,018
- Number of families served: 65,785

PCS trained 80,645 individuals, with 96% rating the training as above average and 93% reporting an increase in knowledge due to the training.

An estimated 50,000 children, youth or families are expected to be served in FFY 2019. Additionally, an estimated 40,000 individuals are expected to receive training through PCS. All Georgia counties are reached through at least one prevention practice/strategy.

Services to be provided in FFY 2019

Primary Prevention Strategies/Program Models:
- First Steps Georgia
- Second Step
- Stewards of Children Training
- Safe Sleep Campaign
- Abstinence Education
- Immunization Cards
- Educational Materials
- Prevent Child Abuse Georgia – Helpline
- Reach Out and Read
- Kids on the Block
- On-Line Training Courses
- Statewide Initiatives including Strengthening Families Georgia, Better Brains for Babies Initiative, Parent to Parent Navigator Teams, and Prevent Child Abuse Georgia (all family engagement initiatives)

Secondary Prevention Strategies/Program Models:
- Healthy Families Georgia
- Parents as Teachers
- Nurse Family Partnership
- Early Head Start – Home Based Option

Tertiary Prevention Strategies and Initiatives:
- Child Advocacy Centers of Georgia

Through PCS' Statement of Need(s), the special populations at risk of maltreatment that PCS is/will continue to target include:
- Grandparents raising grandchildren
- Children birth to five and their families
- Prenatal families
- Children with special needs and their families
- Children deaf and hard of hearing and their families
- Children and families served through Georgia Children's Advocacy Centers
- Other leadership-identified populations

In April 2017, the Prevention and Community Support Section led several activities in support and recognition of National Child Abuse Prevention Month. These activities included the following:

1. Child Abuse Prevention Month Proclamation with the governor at the state capitol on April 27, 2017
   a. Press Release for state and local media outlets
   b. Photo-op with Governor Nathan Deal
   c. Proclamation signed by Governor Deal

2. Distribution of National Child Welfare Gateway Resource Guide
   a. The Prevention Resource Guide was distributed to all 159 Family Connection Collaboratives, the Strengthening Families Georgia Partnership, all University System Cooperative Extension Agents and all PCA Georgia local child abuse councils in March 2017 to distribute to all their networks
   b. The Prevention Resource Guide was also distributed to all local DFCS offices, GA's annual Home Visiting Institute, DFCS Supervisor Summit and Leadership Summit, the Georgia Conference for Children and Families, and Prevention Day at the state office
   c. Availability of the packet was promoted in the Strengthening Families Georgia (SFG) Newsletter for Professionals and distributed through the SFG partnership to families
   d. OPFS promoted the resource guide through its network of contractors and its website. Anecdotally, many agencies throughout the state use the guide, especially the April calendar of activities that is part of the packet.

3. Social Media Campaign
   a. Child Abuse Prevention updates daily on DFCS Agency Facebook and Twitter pages and PCS Section Facebook and Twitter pages
   b. Posts were of child abuse resources, Division News, Grantee News, etc.
   c. Child Abuse Prevention Fact Sheets/Resources posted on webpage

II.   CPS Intake Communications Center

Georgia has a CPS Intake Communications Center (CICC or call center) that is operational 24 hours a day, 365 days a year to receive and assign intake referrals statewide. CICC is managed in Field Operations and provides statewide intake coverage to report abuse and neglect using three methods:

- A toll-free phone number: 1-855-GA-CHILD (1-855-422-4453).
- Email: Mandated reporters may email reports to a centralized email box at cpsintake@dhs.ga.gov.
- Web: A web-based reporting system activated this year allows mandated reporters to send in reports 24/7 via the CICC website http://dfcs.dhs.georgia.gov/child-abuse-neglect.

Using either of the above electronic systems will generate an automated reply stating DFCS has received the report and will contact reporters if further information is required. Website reports are instantly routed to an available case manager. The CPS hotline interactive voice response now includes zip code routing. Reporters can now call the CPS Hotline, press option #3 and be directly routed to someone in the county office. This option is used when CPS reports are not being alleged and the caller just wants general information from the County. This improvement has lowered the CPS call volume and allows the CICC case manager to spend most of their time answering CPS and child safety related issues. Additionally, updated CPS forms were distributed during roadshows or emailed to school districts, hospitals, police departments, and other mandated reporters

CICC currently operates virtually statewide, with one call center site at the Macon-Bibb DFCS office. CICC has approximately 274 staff (CICC/Bibb Call Center/SIU), including multiple retiree positions that provide mentoring and/or onboarding to call center staff, multiple weekend part-time positions, two administrative assistants, call center phone agents, certified social services case managers, leads (case managers and supervisors), social services supervisors, one lead administrator, one lead field program specialist, a quality assurance specialist, a data integrity specialist, special investigators, district managers, program directors and one special operations director.

CICC began supervision of the Emergency Management/Business Operations in 2018. All staff are responsible for the daily operations of CICC/SIU and work to answer calls, assess/staff reports, notify counties of intake assignments and process and input intakes. Supervisory and administrative staff are responsible for oversight of daily production and attend to any related customer service, constituent or human resources-related issues.

CICC is working to expand virtually and at the Bibb call center to address customer service and call volume needs and is in the development stages of creating an SST (Social Services Technicians) Team of 21 staff to answer calls during peak call times and take expedited calls. Staff at the Bibb call center will switch performance roles and begin to complete data entry of information and referral calls, courtesy interview requests and re-keys as well as serve as "Panic Button" monitors. The goal of this change is to enhance the skills of the technicians answering calls to collect better information (better quality intakes) and provide better customer service. These changes will be made in tandem with the launch of CICC's Safety-Focused Assessment, Intake Decision Guide, and "Before We Knock Campaign."

The telephone system allows callers to respond to a survey regarding their reporting experience, rating the case manager on customer service and the caller's experience. Results of these surveys can be used to build capacity, training and performance evaluations. All hotline calls are recorded and can be reviewed for quality assurance.

In FY 2017, centralized intake continued to monitor weekly notification logs to evaluate time frames for notification. The team has conducted focus groups, completed surveys, and developed tracking logs, etc. for monitoring and/or understanding barriers and challenges for timely notification. The CICC unit developed data entry systems for streamlining intake procedures to ensure timeliness, and notification logs/ time frames are now in accordance to ISA requirements. The team was reviewing information-gathering around the six areas of the Family Function Assessment at the point of intake. CICC was also evaluated by the Casey group on its intake process.

Table 45. Call Center Data						
	FFY 2016		**FFY 2017**		**October 2017 – March 2018**	
	Number/ Percent	Source	Number/ Percent	Source	Number/ Percent	Source
Child welfare referral/report calls received	120,445 60,742 35,474 ___ 216,661 Total	Hotline Website Email/Fax	115,634 66,127 28,549 ___ 210,310 Total	Hotline Website Email/Fax	38,553 18,500 10,890 ___ 67,943 Total	Hotline Website Email/Fax
Average call wait time	39 seconds average call wait time (CICC answered 98.97% of the calls within 39 seconds		41 seconds/ (CICC answered 97.43% of the calls within 41 seconds)		1 minute 1 second/ (CICC answered 96.35% of the calls within 1 minute 1 second)	
Reports screened out	20,900		23,187		7,568	
Reports referred to other community resources	3,253		5,410		1,898	
Reports referred for Initial Family Assessment	12,556		73,516		24,106	
Breakdown for Initial Family Assessment Assigned	6,352 – 24 Hour Responses 4,477 – 72 Hour Responses 1,727 – Immediate Responses		36,926 – 24 Hour Responses 28,920 – 72 Hour Responses 9344 – Immediate Responses		11,230 – 24 Hour Responses 8394 – 72 Hour Responses 2808 – Immediate Responses	
ISA tracked to Investigation (ISA	42,282		5,976		1,413	

implemented August 2016						
ISA tracked to Family Support	27,321		24		11	

III.   Child Protective Services

Child Protective Services (CPS) services are provided statewide and include Investigations, Family Support, Family Preservation, and information and referral services for families and children in need.

The Division is continually assessing ways to enhance assessments and services provided to the children and families served. Georgia is currently working on its PIP and enhancing monitoring, assessments, and family engagement within the CPS programs.

A Service Directory has been developed that lists available providers and their services. The directory is assessed through Georgia SHINES with a link that is easily assessable to all case managers.

Investigations

A case is assigned to the investigation track when an allegation of child maltreatment has been made and information gathered from the Initial Safety Assessment (ISA) indicates a possible threat to child safety. In these cases, the Division investigates to assess family functioning, decide regarding child safety, and determine whether an incident of maltreatment occurred.

Any safety concerns are addressed immediately, prior to the case manager leaving the home, by use of an in-home safety plan or an out-of-home safety plan. During the investigation, DFCS provides the following services to the family: assessment; safety interventions; and linkages to formal and informal supports, including referrals for services. An in-home safety plan is used whenever possible, recognizing that out-of-home placements can be traumatic for children.

The number of families served is based on the number of CICC intakes, cases opened, services provided, and children entering foster care.

The state continues to work on its PIP and the completion of timely appropriate assessments with proper collaterals and family engagement.

Special Investigations

A dedicated Special Investigations Unit investigates child deaths; serious injuries; and maltreatment in care, facilities, and school/daycare settings in all regions except Regions 1 and 4. This unit has developed a working relationship with the GBI and received scene reenactment dolls for use in assessments.

Family Support Services

Family Support Services (FSS) are provided statewide and continue to emphasize a strength-based, prevention-driven community response for children and families. Once an initial safety assessment is completed and no safety issues have been identified, a family's continued participation in FSS is voluntary.

FSS provides services for families identified through proper assessments and family engagement. FSS services include but are not limited to parent Aide Services, Prevention of Unnecessary Placement Services, Homestead Services, Wrap-Around Services, Promoting Safe and Stable Families Services, and individual community services.

Family Support Services case management uses a variety of programs and funding sources to support and help families before they reach the point of needing CPS intervention, including:

- Parent Aide Services: These services are available to any family with an open and active Family Preservation, Permanency or Adoption child welfare case. The services are designed to stabilize and help families in need of intervention by providing in-home and group parenting education and referring these families to community-based resources. The parent aide works as a team member with casework staff with the goal of improving parenting competency. The objective is to strengthen the parent-child bond, reduce social isolation, build trust, and help parents identify their children's needs and ways to respond to those needs. Other services include emergency respite care, food and nutrition education, and budgeting assistance.

- Prevention of Unnecessary Placement (PUP) Services: For a family to receive these services, there must be an open Investigation, Family Support, Family Preservation, Permanency or Adoption child welfare case. The case manager must document one of the following two conditions: "Risk of Imminent Placement" and/or "Immediate Reunification." PUP services are designed to reduce risk factors contributing to child maltreatment to ensure the protection and safety of children. PUP services include emergency housing/financial assistance, temporary child care services, counseling, emergency transportation needs, emergency medical/dental needs, psychiatric/psychological testing, drug screens, and substance abuse assessments.

- Homestead Services: These services are available to families in high-risk cases that have an open/active Family Preservation, Family Support, Permanency or Adoption child welfare case and/or are at risk of Imminent Placement/Immediate Reunification. The goal of homestead services is to stabilize and help families in need of intensive therapeutic intervention to ensure a safe and healthy environment for the family. These short-term, intensive and crisis-oriented services include comprehensive assessment, family support, counseling and crisis intervention to manage the risk factors contributing to child abuse and neglect.

- Wrap-Around Services: These services support (1) children placed in DFCS foster homes; (2) children reunited with birth families; (3) children placed with relatives who are receiving subsidy payments from programs such as Children in Need of Emergency Placement or Families Needing Crisis Intervention to Prevent Placement Disruption; (4) children in need of behavioral management; and (5) children involved in open and active Family Support cases. These services stabilize and manage the behavior of a child. In-home case management services are provided in conjunction with wraparound services to assist families in completing the defined goals and steps contained within their case plan. Wraparound services can be used to provide immediate crisis intervention and stabilize the behavior of a child. Wraparound services can also be used to provide therapeutic and/or clinical services to a family either in preparation of the safe return of a child or to maintain and stabilize the child's current placement.

- Promoting Safe and Stable Families (PSSF) Services: PSSF family support services aid in providing family support through prevention and early intervention. PSSF services are voluntary, short-term, in-home or center-based family support services, which are offered to

help families identify and address problematic family issues before CPS intervention is required.

- Home Visitation Services: These services are voluntary, in-home support and educational services designed to enhance parental capacity to care for children, strengthen parent/child relationships and help families identify and access community resources. Home visitation programs offer a variety of family-focused services to expectant parents and families with new babies and young children. Home visitation programs address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. Home visitation services use an evidence-based home visitation practice model to support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, ensure safe home environments, and prevent child abuse and neglect.

The number of families served is based on the number of CICC intakes, cases opened, services provided, and children entering foster care.

Family Preservation Services

Family Preservation Services (FPS) include in-home protective and treatment services provided for children and families when the safety of the child can be assured without the need for removal. Services are aligned with solution-based casework (SBC) case plan goals, thereby ensuring that the child remains safely in the home. Services include assessment, safety interventions, and linkages to formal and informal supports, including referrals for services. The number of families who had a family preservation case open at any time between April 01, 2016 and March 31, 2017 was 8,321.

Family Preservation case management services include:

- Development and implementation of the case plan
- Service delivery, including needed referrals to community resources
- Scheduled reviews of case progress and continuous assessment of present and impending danger
- Completion of revised case plans, as needed

CPS Screening Unit

The CPS Screening Unit is responsible for locating and reviewing accurate case, person, or resource information regarding Child Placement Agency (CPA) and Child Caring Institutions (CCI) family foster homes that are brought to the attention of the State Office with questionable CPS history. In FY 2016, the state added the Child Protective Services Information System (CPSIS) to the screening unit to enhance statewide screening practices.

Population and geographic area served: enhanced CPS screenings/checks are completed for the entire state for the following:
- Current foster parents
- Prospective foster parents
- CPS investigations
- Adam Walsh request
- Individual self-check
- Georgia Licensed Entities Interacting/Providing Care for Children - Employee Screenings
- Georgia Licensed Entities Interacting/Providing Care for Children - Approval for Licensing

The following entities are served nationwide:
- Out-of-State Licensed Entities Interacting/Providing Care for Children - Employee Screenings
- Out-of-State Licensed Entities Interacting/Providing Care for Children - Approval for Licensing

The state anticipates the approximate same number of screenings and checks requested from April 2016 – March 2017 will be requested by individuals, families and agencies during April 2017-March 2018.
- Foster and Adoptive home applicants and household members (6,100)
- Adam Walsh requests from Georgia (700)
- Adam Walsh requests from other states (3,700)
- Georgia Licensed Entities Interacting/Providing Care for Children - Approval for Licensing (6,620)

The state anticipates the same level of data screens/requests received between July 1, 2016 and September 20, 2017 will be requested July 2017 – September 2018.
- Individual self-check request (317)
- Georgia Licensed Entities Interacting/Providing Care for Children - Employee Screenings (6,668)
- Out-of-State Licensed Entities Interacting/Providing Care for Children - Employee Screenings (858)
- Out-of-State Licensed Entities Interacting/Providing Care for Children - Approval for Licensing (227)

The CPS Screening Unit collaborates with the Office of Provider Management (OPM) and the Caregiver Recruitment and Retention Unit regarding homes with parental capacity concerns. Some foster/adoptive home resources were denied approval based on prior history and/or parental capacity concerns related to physical abuse and inadequate supervision. In some instances, counties may have purged the case record, and, as a result, there's no documentation to review to make a definitive decision. Prospective foster/adoptive resources can submit a narrative outlining their account of prior CPS incidents. Staff from both safety services and the permanency section meet to review documentation and make a final decision.

The CPS Screening Unit also participates in OPM quarterly trainings for new CPAs and CCIs. These private providers receive training three times a year regarding the CPS screening process. The CPS screening application was updated to simplify the information required from the current/prospective foster parents. CPAs and CCIs are notified of any recommendation to not approve an individual or family prior to the sending of the final letter to obtain additional information before a final decision is made.

Practice Challenges: The CPS requests received from other states do not have the required and/or pertinent information to complete a thorough CPS screening. In FFY 2017, to ensure Adam Walsh requests are submitted and completed within a reasonable time frame, the unit implemented time frames for when the CPA/CCI is required to return documents. The screening unit has also established a relationship with many of the receiving states to ensure results are provided in a timely manner.

Upcoming Approaches. The process for Adam Walsh requests will be streamlined by a return to using the CPS application for prospective foster/adoptive applicants to ensure that all pertinent information is received at the time of submission. This will allow for completion of an accurate and thorough screening prior to approving an individual or family. Screening staff will participate in cross-training in the Georgia SHINES CPSIS, IDS, ACCURINT and Success systems to reduce backlogs in screening requests in

the event of a staffing challenge. The state will continue statewide child abuse registry readiness activities to guide the field's focus on track assignments, documentation, understanding maltreatment as defined in policy, understanding substantiation/preponderance of evidence and investigating minors.

Child Abuse Registry

The state-mandated Child Abuse Registry (CAR) of substantiated cases of child abuse was developed to ensure the safety and protection of children. The Division has responsibility for establishing and maintaining the Child Protective Services Information System (CPSIS), which includes the following functions:
- Receive notice regarding substantiated cases occurring on and after July 1, 2016
- Operate in such a manner as to enable abuse investigators to immediately identify and locate substantiated cases
- Maintain and produce aggregate statistical data of substantiated cases
- Allow access or provide information to specified individuals or entities named in state statute (see below)

Access to the information in CPSIS is available statewide:
- To a CPS investigator who has investigated or is investigating a case of possible child abuse who can only obtain information relating to that case for purposes of using that information in that investigation
- For the purposes of employment or licensing of a specific individual, state or other government agencies of this state or any other state which license entities or are licensed entities that have interactions with children, or are responsible for providing care for children
- To the Georgia Department of Early Care and Learning (DECAL) prior to issuance of a child care license
- To a court-appointed special advocate (CASA) program solely for screening and selecting an individual to serve as a CASA, employees and volunteers for the CASA program
- To an individual who wants to check the registry to see whether his/her name is listed
- To other entities as provided for in state statute (O.C.G.A. §49-5-181)

Extensive policy has been developed around the CPSIS and is contained in Chapter 20: Child Protective Services Information Systems (Child Abuse Registry).

The registry serves the families of Georgia by allowing for the proper screening of individuals in a child care role who are on the Child Abuse Registry (CAR).

The CAR team has provided ongoing training throughout the state to enhance the justification statements on substantiated cases. The Division continues to work with DECAL to improve the screening process and to work with OSAH on the appeal hearing process to remove barriers to timely hearings located in the appropriate jurisdiction.

IV. Foster Care and Permanency

Foster care and permanency services include out-of-home care placements and monitoring, well-being services for children in foster care, independent living services, and services to facilitate positive permanency and reduce time in foster care. These services are provided through the agency's Foster Care Services Section, which currently includes the Interstate Compact on the Placement of Children (ICPC), Independent Living Program (ILP), Office of Provider Management (OPM), and the Permanency Unit (PU).

The Permanency Section is responsible for technical assistance, support, and administration of all matters concerning the planning and achievement of permanency; the recruitment, development, support and retention of DFCS Foster and Adoptive Homes; the monitoring and oversight of DFCS-contracted Child Placement Agencies and Child Caring Institutions; placement matching; and services as necessary to meet federal requirements for the ICPC and ILP Programs.

The ICPC program is responsible for effectively managing the interstate transition of foster and adoptive children to and from Georgia within the requirements of the Interstate Compact. The ILP is responsible for administering Chafee, Education and Training Voucher (ETV), state, and other funds to support the development of independent living skills and successful transitions to adulthood for youth in care. OPM is responsible for monitoring the performance of contracted child caring institutions (CCIs) and child placing agencies (CPAs), assisting with placement matching of high-end children and youth, and addressing risk and safety issues within private provider settings. PU is responsible for technical assistance, support, and administration of all matters concerning permanency goals, with a primary focus on adoptions and the Relative Care Program. The Permanency Unit is responsible for technical assistance, support, and administration of all matters concerning permanency plan goals; resource development; and oversight of DFCS foster homes.

Table 46. Number of Children in Care		
Region	**FFY 2017**	**FFY 2018** **October 2017 – June 2018**
1	2101	2014
2	1259	1273
3	1536	1299
4	1617	1559
5	1666	1552
6	1061	991
7	754	907
8	982	931
9	786	729
11	987	959
12	1611	1537
13	1230	1302
14	2265	1997
State	2323	2157

Kinship Navigator Program

Kinship care refers to a temporary or permanent arrangement in which a relative or any non-relative adult who has a long-standing relationship or bond with the child and/or family has taken over the full-time, substitute care of a child whose parents are unable or unwilling to do so. Kinship care includes those relationships established through an informal arrangement, legal custody, guardianship order, a relative foster care placement or kinship adoption.

According to the Grandfamilies.org 2017 Georgia kinship snapshot, 288,297 (11.6%) children under 18 live in homes where householders are grandparents or other relatives, 218,708 (8.8%) of these children

live with grandparents and 69,589 (2.8%) of these children live with other relatives. Most of these kin caregivers are under 60 years of age and are in the workforce.

The Kinship Unit creates awareness about the needs of kin caregivers because there are limited or not known resources/supports in Georgia specific to this population. As the use of kinship increases, the Division continues to promote the agency's kin portal and kinship navigators as assess point for information and support.

Each region has a designated navigator to assist relative or kinship families in navigating DFCS services as well as linking them to additional community-based resources. One of the primary roles of a kinship navigator is to develop strong collaborative working relationships with local groups and agencies that work with grandparents and kinship caregivers. These partnerships ensure caregivers have access to local resources, especially in less populated areas of the state.

The goals of the Kinship Navigator program are to:
- Provide information and assistance to caregivers so they can access relevant federal and state benefits
- Pro-actively mediate with state agency staff and/or service providers and, when necessary, assist in establishing relationships between kinship caregivers and relevant state and federal program staff, including Area Agencies on Aging and the Department of Education
- Accompany grandparents to court and help them navigate the legal system
- Assist with access to state funds that provide short-term financial support for such items as a crib or school
- supplies
- Provide supportive listening to kinship caregivers of all ages who are raising children or planning to do so
- Engage kinship families in their service area, identifying those not involved in support group networks and/or in need of additional services

Table 47. Kinship (October 1, 2017 – June 22, 2018)	
Region	**% of Children with Relative Placement**
1	31%
2	24%
3	21%
4	38%
5	33%
6	19%
7	51%
8	39%
9	35%
10	33%
11	45%
12	30%
13	21%
14	29%
State	31%

In FFY 2018 the kinship navigator role will expand to include specialized navigators to support and monitor kin caregivers identified in CPS cases, and those caring for children in state's custody. The goal is to include kin in decision-making and to ensure that they understand what is expected of them and what they should expect of the Division. The specialized navigators will review safety resource, permanency, legal, and subsidy options with kin. Prior to statewide implementation Regions 5 and 6 will serve as pilots for testing specialized roles and additional new kinship policy and/or practice change.

The Kinship Navigator program served 2,924 kinship families in FFY 2017. Between October 1, 2017 and June 22, 2018, 31% of children had at least one relative placement in the year. The overall number of families served decreased from the previous year due to staffing transitions; however, the program continues to receive an increase in kinship referrals involving children living with relatives due to CPS involvement. See table at right.

More than 45% of the relatives seeking information and supports had an open CPS case plan with the primary caregiver. These caregivers routinely requested assistance with housing, child care, and educational/mental health services. Based on their needs and gaps in services for kin caregivers, the unit partnered with the Division of Aging to apply to the Brookdale Foundation for funding to hold Kinship Stakeholder meetings in 2018. The forum-style meetings will allow public and private mental health providers to engage kinship caregivers regarding barriers to assessing services for children.

The Division's goal to improve supports and services to kin has increased the visibility of the kinship navigator program and the role of the navigators. The state anticipates a 30% increase in referrals to the program as new kinship policies and practice changes are implemented in the field. State-level leaders will have to consider funding additional positions and increasing the programs budget to support staff training and development as the program expands its capacity to serve kin caregivers across the kinship continuum.

Over the last few years the agency saw a 44% increase in children placed out of home, straining traditional foster care resources as indicated in the following chart. As the Division continues to strengthen interventions to preserve and reunify families, improving the state's kinship efforts will help to maintain family and community connections as well as reduce trauma. Federal legislation, public law 115-123, the Family First Prevention Services Act of 2018, directs states to build kinship practice requirements that include a navigator program that is evidence-based and monitored with measurable outcomes. In FFY 2018, the Kinship Unit and Safety Services will collaborate with the agency's Data Unit to track the percentage of children placed with kin in a safety resource who receives navigator services and does not enter foster care during the 12-month period. Georgia will also explore evidence-based navigator programs to support effective training and service delivery. Additionally, the unit's 2018 priorities, listed below, will drive the implementation of Georgia's kinship continuum.

FFY 2018 Kinship Priorities:
- Communication – develop a clear message regarding building quality caregiving through a kinship focus and how it supports DFCS values and practice model
- Supports – promote education and awareness for kin and staff through the kin portal website
- Assessment - develop a kinship assessment tool that explores caregiver capacities and relationship to the child and parents
- Approving kinship foster homes – begin the conversation with staff regarding a shift in how kin are supported through the approval process and what more can be done to help them become approved

- Full disclosure - transparency regarding the options available to kin (safety resource, fostering, guardianship, and adoption)
- Kinship training – explore current policy to identify language regarding training requirements of kin
- Data collection - develop tracking and measurement of children placed with kin, fiscal impacts related to kin and permanency outcomes

Foster Care

Children and youth requiring foster care placement must be placed in the least restrictive and most appropriate placement. As of March 31, 2017, there were over 13,000 children Georgia's legal custody. Although Georgia allows children to remain in care until age 21, the State has not opted into the federal foster care until 21 program. See the Independent Living section, Connected by 21. As of March 31, 2017, 42.3% of children in care were 0-5 and 57.7% were 6-17. The percent of children who are African-American and were in custody at that time is 40.4%, which is an over representation since Georgia's overall African American population is only 30.5%. The percent of Caucasian children in care was 46.6 %. The percent who were female was 47.7% and the percent male was 52.3%. The number one reason for removal is neglect, followed by substance abuse, inadequate housing, incarceration and lastly abandonment.

The children in the Division's legal custody receiving foster care services, to include case planning/reviews and permanency hearings, range in ages of birth to 18. Foster care placement options include relatives, relative foster parents, DFCS foster parents, Child Placing Agency foster parents, and group or congregate care (Child Caring Institutions). Group or congregate care settings are the most restrictive placement type, whereas family foster homes – whether relative or not – are the least restrictive. Relative placements are the preferred placement type. (Relatives who choose to complete the standard foster parent approval process are called Relative Foster Parents.)

The child welfare system can either help mitigate the impact of children's trauma history or inadvertently add new traumatic experiences. Trauma-informed principles will be infused in the placement matching and stability objectives of this project to ensure that trauma is minimized.

Placement Types of Children (ages 0 to 17):
- Adoptive Home
- Child Care Institution
- CPA Family Foster Home
- DFCS Family Foster Home
- Emergency Shelter
- Hospital
- ICPC Relative
- Non-Relative Paid
- Other Person
- Other Resource
- Parent
- Relative Foster Home
- Relative Paid
- Relative Unpaid
- Runaway

- RYDC/YDC
- Specialized Foster Home

The Permanency Roundtable (PRT) is one of the tools utilized by DFCS to facilitate timely reunification and adoption promotion. A PRT brings together child welfare and other concerned professionals who generate and execute action plans intended to expedite movement of children from the foster care system to safe and stable families. The aim of the six-phased teaming process is to reduce the number of days children spend in foster care and thereby minimize the traumatic effects associated with removal from the child's family. The roundtable is an in-depth case review process that enables the agency to ensure that well-being needs of children and caregivers are identified and addressed, potential permanency resources are explored, and existing safety factors are mitigated. Additionally, the PRT provides a supportive environment for systemic improvement as frontline supervisors and case managers increase their capacity through engagement with master practitioners and other professional partners.

Transition roundtables (TRT) are used to facilitate permanency for older youth. Partners in the process include youth, foster care alumni, Independent Living coordinators (ILCs), regional adoption coordinators (RACs); education support monitors (ESMs), caregivers, and court-appointed special advocates (CASAs). The TRT is not only a youth-centered tool but also a youth-driven planning process that targets adolescents in custody turning 17. The primary goal of TRT is to expedite permanency and permanent connections for youth while addressing their well-being needs. During the TRT, participants develop transition action plans with the youth. These transition action plans are formally reviewed when the child turns 17 and six months and again 90 days prior to the youth's foster care exit.

Caregiver Recruitment and Retention

A Caregiver Recruitment and Retention Unit (CRRU) was established in 2016 to support the recruitment, training and retention of foster parents. The population served is foster, adoptive, and relative caregivers statewide, which may include non-relative recruited caregivers, recruited relative caregivers, and caregivers engaged through the ICPC process. The total number of caregivers as of March 2018 is 4,953.

The unit has a resource development team in each region. Staff work closely with the private placement providers and caregivers. Caregiver navigators (foster parents) provide peer-to-peer support while a designated foster parent ombudsman troubleshoot foster parent concerns. CRRU also expects to provide initial contact and warm line support to approximately 6,600 prospective caregivers during FFY 2018.

The CRRU expects to provide service and support to at least 3,024 Division approved foster, adoptive, and relative foster caregivers statewide. This includes foster/adoptive families approved via ICPC requests. CRRU also expects to provide information, training opportunities, and support to approximately 2,959 private agency foster/adoptive caregivers. The Division receives an average of 550 inquiries from prospective caregivers each month via the Foster Georgia Inquiry Line.

There was no federal or state legislation that impacted the recruitment, onboarding, monitoring and maintenance of foster and adoptive caregivers during FFY 2017. However, there were several state policies put into practice that affected programmatic operations.

- Foster Care Policy 10.16 Childcare and Early Education (February 2017) – in relation to foster/adoptive caregivers this policy required the enrollment of children ages birth to five years

in a Quality Rated early care and education program licensed by the Department of Early Care and Learning. This policy required that case managers inform caregivers of the need for child care and the benefits of early learning opportunities to improve brain and language development and improve well-being outcomes for children. The policy also required that childcare services be discussed and assessed during the foster/adoptive home re-evaluation process. This policy also provided guidance on the use of informal caregivers used by foster/adoptive parents, and the requirements for their assessment, approval, and monitoring.

- Foster Care Policy 10.13 Education Needs (February 2017) – allows for the homeschooling of children in foster care with the approval of the Education Programming, Assessment and Consultation (EPAC) Section. This policy allowed for foster parents to home school children in care when appropriate and pre-approved by the EPAC Section. The home schooling services must be in accordance with the Georgia Home School statutes.
- Resource Development Policy 14.12 Family Evaluation for Relative Adoptions (July 2017) – this policy allows for the completion of an abbreviated evaluation for adoption in relative placements when certain conditions exist. The policy also allowed for the waiver of certain home approval requirements, such as the waiver of participation in pre-service training, when the child has been in the home for at least six (6) consecutive months and an approved relative care assessment has been completed. This abbreviated assessment is only applicable for relative placements that meet a certain degree of relationship.
- Resource Development Policy 14.13 Family Re-Evaluation (July 2017) – updated the screening requirements for family foster homes. This policy refers to screening requirements outlined in Policy Section 19.8.
- Resource Development Policy 14.14 Family Re-Evaluation Addendum (July 2017) – provides guidance for the processing of a foster/adoptive caregivers home composition and/or circumstances, how and when the information should be entered into the SACWIS system. It also provides guidance for consideration as to when these circumstances may warrant a re-evaluation of the home. The policy also indicates the addendum must be completed within 30 days of the Division's awareness of the changes.
- Resource Development Policy 14.15 Household Approval Status (July 2017) – updated the approval status definitions. The approval status of a placement provider affects placement and permanency decisions regarding children in DFCS custody. It also affects the state's ability to receive financial reimbursement from the federal government for the cost of providing services to IV-E eligible children. In addition, changes in a caregiver's approval status can affect the caregiver's ability to serve as an adoptive resource for a child.
- Resource Development Policy 14.19 Home Safety (July 2017) – included the completion of a water safety assessment in foster/adoptive homes that have an above or in-ground pool, is located on a waterfront property, in a subdivision or apartment complex with access to a community pool. The policy also provides guidance on safety measures for homes wherein such conditions exist.

Georgia plans to increase web-based training opportunities to caregivers through a partnership with the Foster Parent College. The goal is to provide access for all approved foster/adoptive caregivers to the training platform at no cost. The platform will also allow for customizable training activities and plans that can be tailored to the caregiver's needs relative to the children for whom they are, or will, provide care.

Georgia also plans to continue exploring the use of the Structured Analysis Family Evaluation (SAFE) Home Study model in the assessment of prospective caregivers. The anticipated outcomes for the implementation of the SAFE Home Study model are:

- Reduction of predictable risks to the health, safety, and well-being of children in out-of-home care.
- Improved initial and ongoing assessments of caregivers that provides a truthful view of a family's strengths and issues of concern
- Succinct identification of the children that caregivers can provide care for successfully.
- Improved placement stability by matching children with resources who have been properly assessed and demonstrate the aptitude to be the most suitable to meet their unique needs.
- Improvement in timeliness of reunification due to placement stability and improved placement proximity with quality caregivers
- Reduced incidents of maltreatment in care by using an assessment that highlights areas of potential stress for families, and requires the implementation of mitigating supports that are necessary to increase their capacity to protect

Please see Section F and Section C3 of this 2019 APSR for additional information.

Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) governs the process for placing children across state lines to ensure children receive the same protection and services that would be provided if they remained in their home state. ICPC applies when a placement for a child is identified in another state and pertains to adoptions, licensed or approved foster homes, parents and relatives when the parent or relative does not have legal authority to place the child, and group homes/residential placements.

The Georgia ICPC Unit processes all incoming and outgoing ICPC requests for Georgia. On March 14, 2017, the Georgia ICPC Unit went Live on the National Electronic Interstate Compact Enterprise (NEICE), a national electronic database for ICPC cases which facilitates quicker processing of ICPC requests. Participating in this cloud-based electronic system allows the exchange of data and documents necessary to place children across state lines, with a shortened timeframe for placement, reduced costs associated with mailing and copying documents, and an improved method of tracking ICPC requests.

The ICPC team will conduct training for all permanency field staff from December 2018 through March 2019. The onsite training will be inclusive of the processing of requests as the sending and receiving state. Specifically, a drill-down on current policy and practice challenges and county strengths will be reviewed with field staff. Barriers preventing children from being placed with relatives or parents via ICPC will be an ongoing discussion with field staff to ensure timely feedback is received from the ICPC, which affects timely placement. The outcome of the trainings will include relationship-building between state office and field staff with face-to-face interaction, field staff understanding expectations, and state office staff hearing firsthand the field's needs.

V. Adoptions

Pre-Adoption Services

Statewide pre-adoption services are provided to all children in the permanent custody of the Division with an adoption successfully reunified with their parents or their birth or adoptive families. On any given day in Georgia there are approximately 1,400 children in the Division's permanent custody with an adoption goal. Of the 1,400 almost 80% are adopted by their foster parents or relatives. The

remaining 20% of this population require specialized recruitment services due to being older, members of large sibling groups or having a diagnosed physical, emotional or behavioral disability.

The Division also provides pre-adoption services through its Caregiver Recruitment and Retention Units (CRRU). CRRU Units statewide are charged with the recruitment, development, supervision and support of adoptive families through the adoption process and to finalization. They also assist with the matching of Georgia's waiting children with approved adopted families. Lastly, Georgia continues to offer the same services through contractual agreements with four Child Placement Agencies. In 2017, the Division also expanded pre- adoption services to RBWO contracted CPAs to increase the pool of adoptive families for Georgia's children not able to return to their parents or their parent's families.

Pre-adoption services were provided by Bethany Christian Services.
- 1,723 Child life histories were completed between April 2017 and March 2018
- 103 referrals
- 51 children served in ADOPTS family therapy
- 63 families served in parent coaching

Adoption Services

The purpose of the statewide Adoption Services program is to focus efforts on assuring the safe, timely, and appropriate placement of foster children who cannot return to their families into permanent adoptive homes. Adoption assistance services are provided to adopted children who meet specific Title IV-E criteria, and to children in DFCS custody who have special needs. Post-adoption services are available for adopted children and adoptive families, including some services to children who have been adopted internationally. DFCS' Adoption Services program is invested in providing families who adopt Georgia children with adequate supports to ensure successful adoptions. Recognizing that children deserve safe, loving, and nurturing relationships with permanent families, DFCS and its partners work to provide a continuum of available, accessible, and effective services that enable and support the placement of children in adoptive families.

The state has consistently increased the number of adoptions over the past four years. In FFY 2017, Georgia finalized 1,233 adoptions of children from foster care, compared to 1,036 in 2016 and 848 FFY 2015.

The adoption program continues to be managed in two separate units under the supervision of the Permanency and Placement Services project manager in the Permanency and Placement Services Section. The Social Services Administration Unit continues to manage adoption assistance, post-adoption services, and administrative duties for all adoption contracts and programmatic responsibilities for post adoption contracts. All pre-adoption work and contract programmatic duties are managed in the Adoption Unit. The Adoption Unit consists of the Adoption Exchange Unit and regional adoption coordinators. The Adoption Exchange Unit manages child registration, family registration, and matching services for children with no identified adoptive family. The regional adoption coordinators provide hands-on guidance and support on adoption cases to the field through a minimum of quarterly county visits. Both units also work closely with the policy unit regarding the modification and implementation of adoption policy.

Georgia provides a continuum of adoption-related services, including:
- General recruitment of foster and adoptive parents
- Child-specific recruitment services for waiting children as mandated by federal law
- Matching services for waiting children and families

- Home studies
- Child preparation services
- Adoption placement supervision
- Monthly maintenance assistance to help meet the special needs of the adopted child
- Legal services assistance to pay for attorney fees, court costs, and other one-time expenses directly related to the legal adoption of a child with special needs
- Medicaid, which is available to any child eligible for adoption assistance benefits
- State-funded post-finalization reunion registry services

Adoption promotion and post-adoption support services funded by Title IV-B, Subpart 2, which covers a wide range of services, to include development of adoptive families, recruitment events for children without adoptive resources, placement, supervision, support for adoptive placements, teen support groups, crisis intervention services, a resource center for adoptive parents, training, and an annual statewide training/retreat for adoptive families and staff.

2017 Statewide Adoption and Match Meeting:
- Children featured: 381
- Staff attendees: 282
- Family attendees on family night: 67

It's My Turn Now Georgia (IMTNG) Photo Listing and Adoption Parties
- Children registered: 116
- Updates to registered children: 38
- Inquiries: 2,629
- Total number of children featured: 172

Adoption Parties
- Parties: 2
- Child attendees: 87
- Family attendees: 101

Georgia State University - Teaching Adoption Competency
- Case consultation participants: 5
- In-classroom training and case consultation: 11
- Classroom training participants: 14

Wednesday's Child Program – FOX 5
- Children aired: 39
- Inquiries: 260
- Children placed: 3
- Finalizations: 1

Post-Adoption Services

Georgia provided post-adoption services to more than 12,000 adopted children throughout Georgia. To date Georgia has served approximately 3,000 children and their families through five different post-adoption programs. Based on current trends, this number is not expected to decrease. This number is expected to grow given the increased number of children in foster care.

The post-adoption program in Georgia serves special needs children. These are children who have been deemed difficult to place due to the length of time in care, diagnosed emotional or physical disability. Georgia provides adoption services on a statewide basis through all 159 county DFCS offices across the state. Additionally, some of Georgia's post-adoption services are available to families who adopted privately or internationally.

Post-Adoption Services / Numbers served in FFY 2017:

Georgia Adoption Reunion Registry: The Reunion Registry served:

October 1, 2016 through September 30, 2017:
- Searches: 234
- Non-Identifying Information Summaries: 226
- Consultations: 32
- Registrations: 591
- Outreach (client): 163
- Support Group: 58
- Information Packets: 2,112
- Conference (professional/client): 41
- Social Media Contact: Facebook 1,318 friends and 631 groups
- Website Client Contact (total number of page views from website): 41,783

Total: 47,189

Family Matters Consulting Inc: (operates two post-adopt programs)

A-Team Program and Ties That Bind Training Seminar served:
- 498 teens
- 247 families

The Georgia Center for Resources & Support

Table 48. Georgia Center for Resources & Support Activities	
Activity	FFY 16/17 Oct-Sep
Families Served (Includes: parent follow-up & direct intakes; persons attending trainings; & parent Library check-outs)	5,294
Adoptive Families Served	1,235
Persons Trained	3,949
Trainings	136
Statewide Resource Seminar in Celebration of National Adoption Month (November 2016)	1
Resource Center Operations (Trainings conducted by Program Manager & Exhibits)	4
Resource Center Material Distribution (These numbers include Promotional Materials distributed at Trainings and Exhibits)	8,220
Website Hits	106,534
Brochures distributed	4,420
Support Groups (Posted in each region on GACRS website)	108

Client Satisfaction Surveys:	
Sent	392
Received	53

Georgia Mentor - Crisis Intervention

For FFY 2017, the Georgia Mentor Crisis Intervention program served 144 adoptive families across the state.

Placement Resource Operations Unit (PRO)

Under the guidance of the Placement and Permanency Services director, the Placement Resource Operations Unit (PRO) works to ensure the proper continuum of services is coupled with the identification of the most appropriate and least restrictive placement for "high-end" children in foster care. Children considered in this population are identified as having severe medical, emotional, behavioral, psychiatric and developmental disorders.

The PRO Unit consists of a director, supervisor, project manager, human trafficking program coordinator, program administrator and nine PRO Unit specialists. These professionals have a diverse array of clinical expertise and child welfare backgrounds, which allows them the ability to provide intensive practice guidance and consultation to Division field staff, inpatient treatment facilities and RBWO contracted providers on cases that require a meticulous level of insight to navigate the complexities within state systems, policies and regulations.

The PRO Unit supports Division field staff statewide. PRO Specialists are stationed throughout Georgia, covering the North, Metro and South Districts. As a State office entity that was uniquely constructed upon its inception in 2015, PRO operates on a 24/7 schedule with specialists rotating weekly on an after-hour, on-call schedule (5pm-9am) weekdays, weekends and holidays.

Specific functions of the PRO Unit include:

- Placement guidance
- Emergency response and assistance
- RBWO program designation assessments
- Technical assistance, training and development
- Data tracking and trend analysis
- Care coordination and service consultation (healthcare services, medical interventions, clinical treatment)
- Monitoring of entries into and exits from inpatient behavioral/physical health facilities for children in state custody

- Stakeholder engagement

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Placement Assistance

- Appropriate placement matching
- Disruption intervention assistance
- Monitor and managed provider census vs. denials
- Training and consultation to field, provider network and caregivers

</td><td>

Clinical Program Services

- Clinical support
- Navigation of DD process, Medicaid waivers and long-term planning
- Medication oversight
- Well-being management
- PRTF/CSU monitoring
- Training and Consultation

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RBWO Program Designation and Placement Referrals Jan.2017 - Oct. 2017
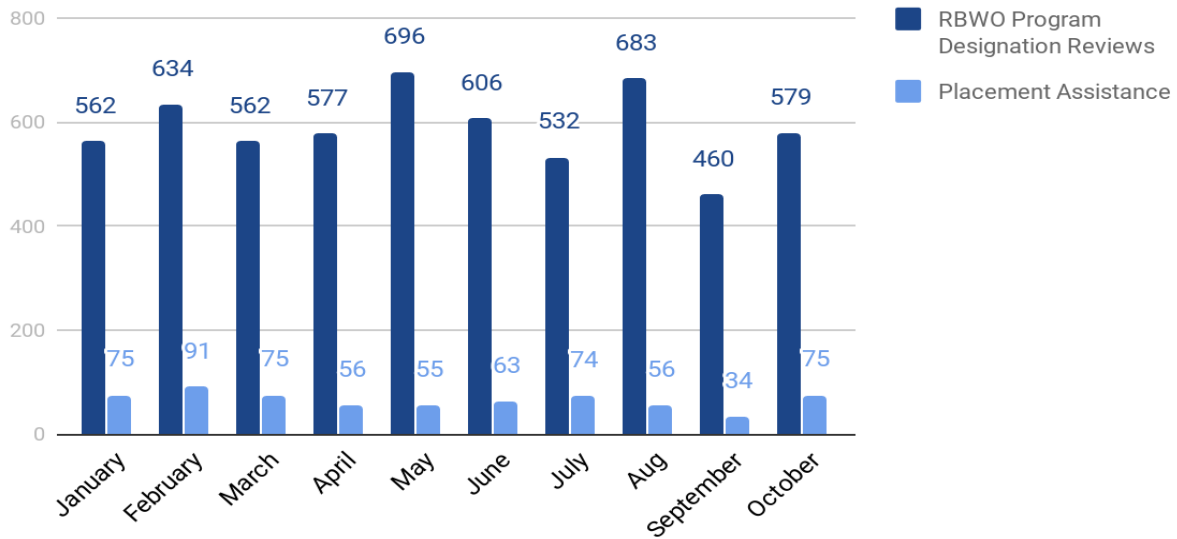
The assignment of specialists to the districts has helped maintain a balance and improved relationship among field staff. In addition, a standard operation procedure and protocol was developed with regional treatment field program specialists. PRO specialists can focus on "true" high end referrals that need significant help in locating long-term placement.
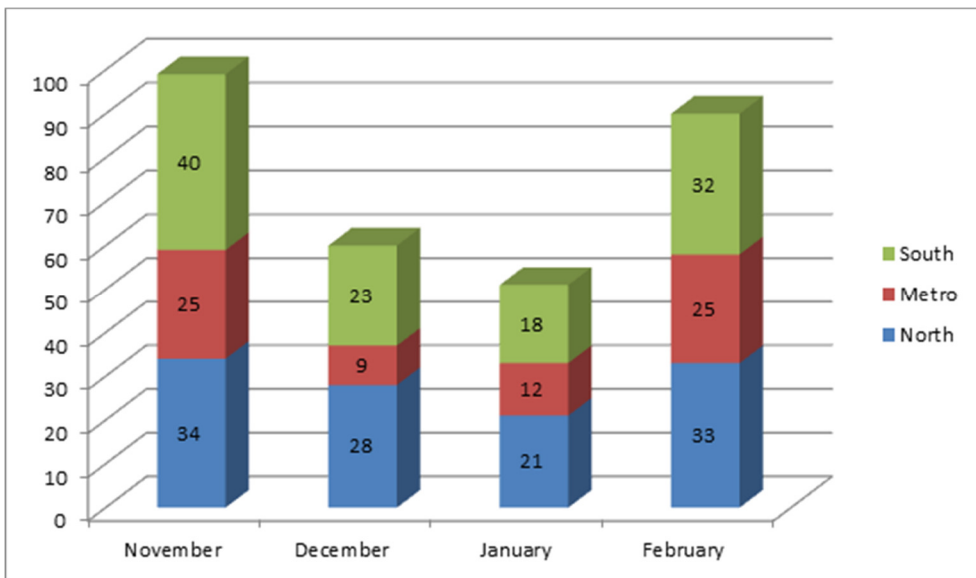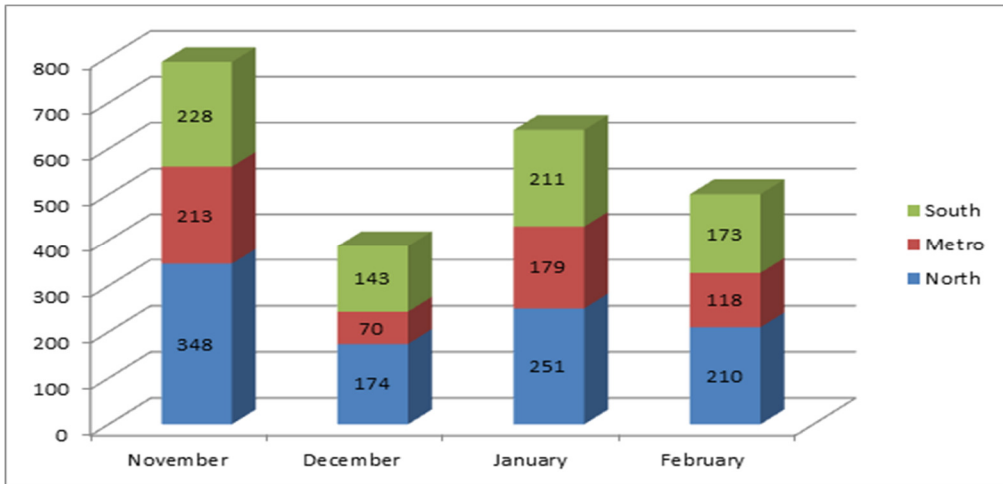
RBWO Placement Assistance Referrals November 17' - February 18'

Placement Referral Types & Dispositions (closed GA+SCORE referrals only) Jan 2017 - Feb 2018

Table 49. Referral Types/Dispositions Outcomes	
Type	**Number**
Acute Bed	1
Adoption	1
CSU	15
DFCS FH	83
DJJ Placement Resource	3
Hospital	2
Jail	5

NC RBWO Provider	140
Out of State (ICPC)	1
PRTF AMG Funded	14
PRTF State Waiver	54
RBWO Provider	412
Relative	46
Runaway	22
RYDC	3
Withdrawn	185
Total	**987**

MAAC Crisis Continuum - DFCS/MAAC collaboration: 25-bed statewide contract with various private providers under the oversight of MAAC was designed to divert new youth into foster care or who are otherwise hard to place from having to await placement. A dedicated MAAC staff member works with youth who are placed in designated crisis homes for 30 days while an appropriate long-term plan is developed.

MAAC Youth Referred Jan. 2017 - Dec. 2017
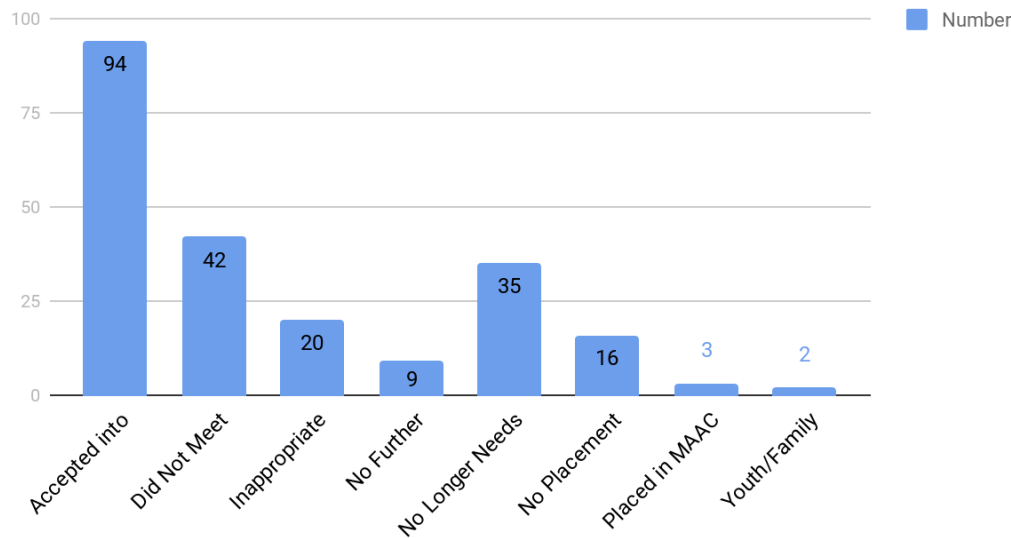
In 2017, 221 youth were referred into the MAAC Crisis Continuum, and 94 were accepted into the program; 42 youth did not meet the program's criteria for referral.

Exclusionary criteria include: Low IQ (<70), children in a current mental crisis, autism spectrum, extreme physical aggression and medically fragile. The following table below shows the number of children excluded based on these criteria.

Table 50. Children Excluded Based on Criteria	
Exclusionary Criteria	**Number of children excluded**

Low IQ	20
Physically/Sexually Aggressive	16
MH Crisis	19
Increased Risk of AWOL/CSEC	4
18+	1
Autism Spectrum	1
Medical Fragile	1

These numbers indicate a continuing need to recruit and train specialized foster parents equipped to accept these children in foster care, and the additional focus on expanding services/resources across the state, especially in rural areas, for foster care and in-home prevention services.

Referrals by County
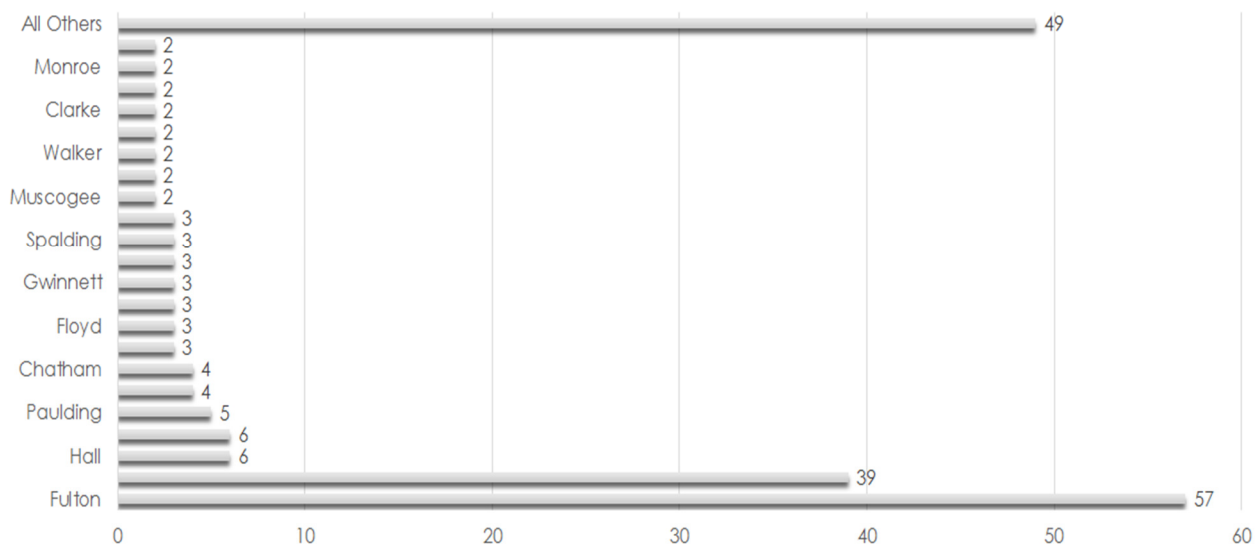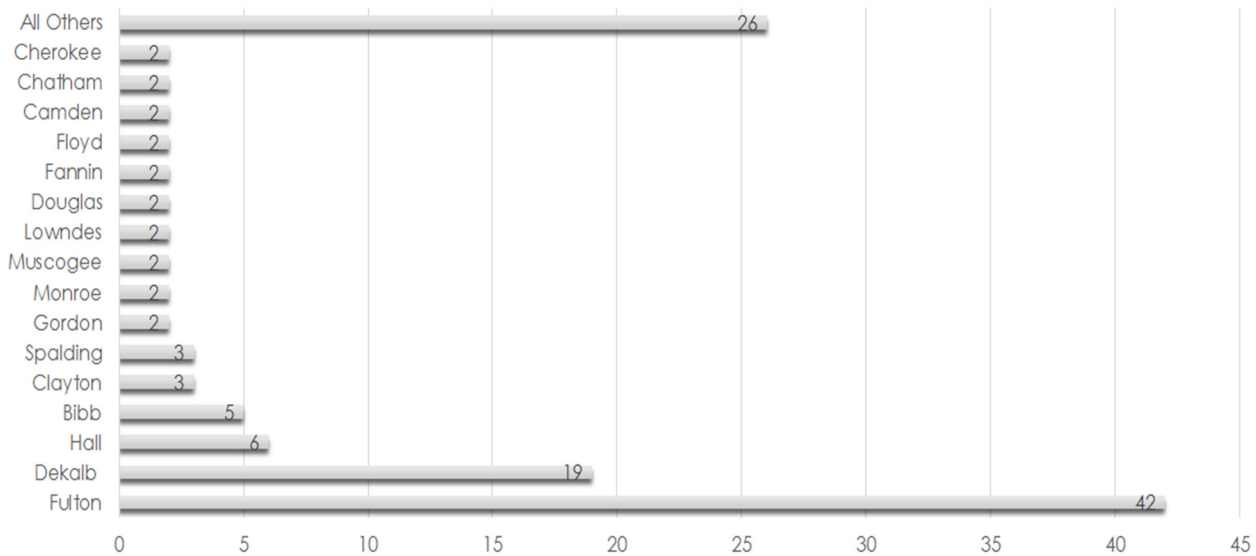
County	Referrals
All Others	49
Monroe	2
	2
Clarke	2
	2
Walker	2
	2
Muscogee	2
	3
Spalding	3
	3
Gwinnett	3
	3
Floyd	3
	3
Chatham	4
	4
Paulding	5
	6
Hall	6
Fulton	39
	57

Youth Served by County

County	Value
All Others	26
Cherokee	2
Chatham	2
Camden	2
Floyd	2
Fannin	2
Douglas	2
Lowndes	2
Muscogee	2
Monroe	2
Gordon	2
Spalding	3
Clayton	3
Bibb	5
Hall	6
Dekalb	19
Fulton	42

The team will continue to engage in strategic planning and active recruitment efforts to expand the capacity of the Crisis Continuum program.

VI.   Office of Provider Management (OPM)

OPM Monitoring

OPM serves out-of-home care providers for children in state custody. OPM is charged with the contracting, administration and oversight of programs that provide Room, Board and Watchful Oversight (RBWO) services to children in foster care approved for placement in child caring institutions (CCIs) and child placing agencies (CPAs) and their associated foster homes statewide. OPM also assists DFCS case managers in locating suitable placements for children and youth in care within the network of RBWO providers. OPM monitors private out-of-home care providers, assists with placement matching of high-end children and youth, and addresses risk and safety issues within private provider settings.

Office of Provider Management (OPM) continues to refine its business practices to support performance-based placement. Accomplishments in this period include increasing provider compliance with IV-E requirements, monitoring tools enhanced and implemented by OPM; continued focus on risk management; and continuing work on a performance-based structure for purchase of services that assesses providers on services related to safety, permanency, and well-being.

OPM utilizes various data, onsite reviews, records reviews, and collateral report mechanisms to monitor providers' adherence to RBWO Minimum Standards and contractual obligations, all of which direct provider performance expectations. OPM uses data analysis, technical assistance visits, safety-related inspections/investigations, and departmental/provider collaboration to help ensure the safety and well-being of children in state custody placed in contracted out-of-home care.

Monitoring Tools

Accurate and timely data collection from OPM staff as well as from RBWO providers is essential to effective provider management. OPM continues to enhance its comprehensive monitoring tool, the safety review tools, and performance-based placement verification tools (used to verify provider self-reported data) as well as foster home evaluation/reevaluation tools. Each tool was designed based upon the RBWO Minimum Standards, DFCS Policy, IV-E requirements and RBWO contractual deliverables. During comprehensive and safety reviews, based on randomly selected records, providers are expected to achieve at least 70% compliance with program standards in both the overall sections and supporting categories. Failure to achieve at least 70% requires the provider to develop applicable program improvement plans, which are then monitored by OPM.

By utilizing these tools, OPM has been able to establish a heightened presence in the provider community and address issues that might otherwise have gone undetected or affected outcomes for children and families. OPM has been able to provide ongoing technical assistance and training to the provider community-based on review results as well as expressed needs.

Over the last year, OPM completed 82 comprehensive reviews, 254 performance-based placement verification reviews, 631 safety reviews and 675 safety check desk reviews.

OPM has successfully completed four 100% audits of all RBWO providers. These efforts have helped to ensure provider compliance with the staff safety check requirement. Over the course of a year, provider compliance has increased from 39% to 99%.

OPM Risk Management

The OPM Risk Management team's primary assignment is addressing safety and risk management issues. The Risk Management section facilitates monthly meetings and ongoing tracking and identification of patterns and trends as it pertains to risk and safety issues. The Risk Management Manager position is responsible for identifying and analyzing areas of risk regarding the safety and well-being of children placed in CCIs and CPAs. This person also documents and ensures communication of risks, produces reports and plans, and coordinates crisis response activities.

The Risk Management team monitors, tracks and identifies patterns and trends with regards to risk and safety for OPM's contracted providers utilizing the following methods: reporting of significant child-related incidents to CPS when there are concerns regarding possible abuse and/or neglect; monitoring the accuracy of reporting significant events as well as monitoring and assessing any patterns and trends with regards to reported significant events; the assignment and tracking of the completion of Policy Violation Assessments (PVAs) concerning CPS involvement; identifying any patterns or trends concerning the number of PVAs that a provider receives as well as the number of policy violations received; identifying providers with associated safety or risk concerns and collaborating with the monitoring teams in providing technical assistance and/or making recommendations of whether further progressive action is needed; monitoring and tracking corrective action plan completion; tracking the number of providers that are suspended and providing notification of suspended agencies to county offices, stakeholder agencies and other third parties; participation in 48-hour staffings pertaining to CPS involvement with providers; and providing feedback and training recommendations based on identified safety and risk concerns.

The Risk Management team also hosts Risk Management Roundtable meetings with stakeholder agencies and other third parties regarding providers with identified safety and risk concerns. As a part of this meeting, OPM partners with the Department of Juvenile Justice and Residential Child Care Licensing in discussing and scheduling coordinated site visits to be completed jointly in monitoring all providers to ensure ongoing compliance with policies and procedures. Risk Management receives

notification of any CPS involvement by monitoring, reviewing and tracking information received from Georgia SHINES, GA+SCORE, county notifications, and through RCCL reports.

The following chart presents the total number of significant events and corresponding category types for all significant events reported from April 2017 - March 2018.

Table 51. Significant Events	
Category	Total
Automobile Accident	49
Child on Child - Sexual Acting Out	95
Child to Child - Physical Confrontation	503
CPS Investigation Initiated/CPS Involvement	556
Death	9
Emergency Safety Intervention (ESI) (10+) - in one Month All Children	315
ESI (3+) in one Month for Same Child	186
ESI (Injury) - Any ESI Resulting in Injury	4
Physical Plant	3
ER, Hospitalization, More than First Aid	6
Fire Department Involvement	13
Good News (e.g., school awards, completing assessment, securing a job)	437
Impact from Natural Disaster, Fire, Flood	21
Inappropriate Discipline/Corporal Punishment	29
Media Coverage	1
Medical Care, Emergency - Hospitalization, ER Visit, Injury	1,408
Medical Care, Emergency - Medication Administration Error	16
Medical Care, Planned Hospitalization, Outpatient	77
Medication Refusal	152
Neglect	4
ORCC Investigation Initiated	11
Other	672
Police Intervention – Assault	71
Police Intervention - Community or School	86
Police Intervention – Drugs	16
Police Intervention – Other	361
Police Intervention – Runaway	614
Police Intervention – Theft	35
Psychiatric Emergency 1013	408
Staff to Child - Other Confrontation	21
Staff to Child - Physical Confrontation	33
Suicide/Homicide - Attempt	46
Suicide/Homicide – Threat	156
Total	**6,414**

OPM received notification of 1,275 CPS cases for CCIs and CPAs from April 2017 to March 2018. Of those, 579 were screened out, 431 were progressed to the level of an investigation, and 265 are still pending. Of the 431 CPS investigations, 397 of the cases were unsubstantiated and 34 of the cases were substantiated.

OPM Training

Training: RBWO Foundations

The DFCS Office of Provider Management (OPM) is responsible for facilitating, managing and tracking in-service and ongoing training for Room, Board and Watchful Oversight (RBWO) case management staff. OPM provides Child Placing Agencies (CPA) and Child Caring Institutions (CCI) staff in the roles of case support worker (CSW), case support supervisor (CSS) and human services professionals (HSP) a 160-hour new hire training experience that consists of classroom instruction, e-learning, field practice and competency evaluations.

RBWO: Foundations is the course title for the 160-hour RBWO new hire training. It was adapted from the DFCS New Worker Training guidelines to specifically support the development of knowledge and skills of RBWO staff who serve in case support and supervisory positions within their RBWO agencies. *Foundations* addresses child welfare career preparatory areas that build general knowledge regarding child welfare practices and policy in DFCS, RBWO standards, and working in partnership with DFCS case managers. The overall objective of *Foundations* is to provide these RBWO staff with information to help them be successful in their RBWO roles, which includes working within the DFCS practice model, understanding DFCS policies, RBWO standards and working in partnership with DFCS case managers to accomplish positive outcomes for children and families. The *Foundations* course is not designed to be an all-inclusive "new worker" preparation replacing the RBWO agency's existing training plan for CSS, CSW or HSP staff. *Foundations* does not "certify" RBWO staff as DFCS case managers in any area. *Foundations is* a supportive component to the RBWO agency's existing preparation of its work force. *Foundations,* therefore, is integrated into the RBWO agency's existing new staff training plan.

To assist with implementation of the *Foundations* course into the RBWO provider's existing training plan, the OPM Training Department has developed RBWO *Foundations: Policy Violation Training (PVAs).* This overview includes key components for assisting directors, CSS, CSW and HSP staff successfully complete the Policy Violation Assessment. Information such as what is reportable, why is it reportable, and how to write specifics goals are incorporating in this training. The *Policy Violation Assessment* training will be offered quarterly or as needed. The course has been offered twice during this review period yielding 35 RBWO Agencies' staff in attendance.

The *Foundations* plan also meets Kenny A. consent decree requirement Item 10 (B) 3, which states that certain RBWO staff, whose work activities mirror those of DFCS case managers or supervisors, must complete a training curriculum comparable to DFCS' new worker training. Foundations meets the requirement that states the training must consist of at least 160 hours of classroom, Internet and/or supervised field instruction approved by DHS/DFCS to ensure the general content areas are appropriate to the work being performed.

The classroom component of *Foundations* culminates with a knowledge-based competency test based on the materials covered during the five-day classroom experience. The test must be passed with a score of at least 80% to earn credit for the classroom component. Participants who fail to score at least 80% on the first attempt will be given one additional opportunity to pass the test on a separate date. Participants who on the second opportunity fail to make at least the minimum score will be required to

re-take the entire classroom component. Although there is no set time for retaking the test, the timeframe for completing the entire *Foundations* course must still be met.

The classroom instruction component is comprised of topics such as the history of child welfare services, applicable federal and state laws, DFCS values and culture, family-centered practice, trauma-informed child welfare practices, child maltreatment, IMPACT overview, Independent Living, RBWO Individual Service Plan and Discharge Plan, ECEM/EPEM, the DFCS Case Plan and working in partnership. Classes are offered monthly at central locations statewide. OPM Training has offered 12 classes during the reporting period, yielding a total of 223 RBWO staff receiving the classroom component. Classroom training was offered in Macon, Kennesaw, Atlanta, Columbus, Valdosta, Conyers, Douglasville, Alpharetta, and Union City during this period. Based on the surveys completed upon completion of the classroom component, there is an 88% successful completion rate, and 87% were extremely satisfied with their classroom experience**.**

The online component of *Foundations* does not have a knowledge-based test. However, module completion verification activities are required. The e-learning/field practice component includes DFCS policy, RBWO Minimum Standards, confidentiality, Performance-Based Contracts goals and other pertinent topics. Topics are presented as webinars, self-study and other assignments that are conducted at the RBWO agency or in the local community. The e-learning/field practice component consists of three defined blocks of self-paced e-learning and practical experiences. Each block provides 40 hours of credit for a total of 120 hours of self-paced e-learning and practical experiences. Each topic within the blocks is a standalone learning experience. The three blocks are not sequential learning experiences. Therefore, the learner may choose to complete the lessons in the suggested sequence outlined in the participant manual (which is provided to registrants) or as best suits their personal learning style. However, once the participant registers for the e-learning/field practice course, the entire three blocks (120 hours) must be completed within 90 calendar days, including submission of the Block Supervision Forms (instructions are provided to registrants). To date, 362 participants have completed the e-learning component.

To date, OPM Training has provided 243 waivers of exemption for the RBWO Foundations Training. Waivers are granted if an individual was previously certified in foster care or CPS by the Division. Waivers are also granted if an individual has a master's degree and work experience or a bachelor's degree with five years of consecutive work experience.

During the reporting period, OPM offered the following additional training opportunities for RBWO case management staff:
- Responsible and Prudent Parenting Standards
- Life Coach
- Incident Reporting
- Every Child Every Month/Every Parent Every Month
- Casey Life Skills Assessment
- Understanding Provider Management
- Individualized Service Plans
- Program Designation/ Waivers Training
- Navigating GA+SCORE
- Director's Overview
- Policy Violations (PVAs)

OPM Resource Development

OPM has a sub-unit of resource developers (RDs) whose sole responsibility is to ensure compliance and adherence to child welfare resource development policy and RBWO Minimum Standards in child placing agencies (CPAs) statewide. RDs review CPA foster home studies for red flags and safety indicators based on the family history presented. They are responsible for conducting quality assurance reviews of CPA foster home initial evaluations and re-evaluations to ensure that all safety and quality standards have utilized and properly applied. This is achieved by the following:

OPM RDs conduct quality assessment reviews of the CPA foster home study narratives and provide feedback to the CPA on changes needed as appropriate. Additionally, RDs serve as the final approval authority for CPA foster homes that will be used for DFCS placements.

Following are the specific RD responsibilities:
- Reviews and determines the approval and/ or rejection private agency foster homes initial and re-evaluation studies.
- Serves as a subject matter expert on foster home development policy; provides technical assistance to CPA's on foster home policy. Serves as a subject matter expert in documentation in GA+SCORE and Georgia SHINES for foster homes and group homes records.
- Reviews and approves changes to CPA foster homes during the approval periods by reviewing and approving addendum requests and/ or providing feedback to CPA's on changes needed, as appropriate.
- Provides trouble shooting and technical assistance to DFCS case workers, data integrity specialist and accounting regarding the status of CPA foster homes.
- Ensures the accurate and timely documentation of CPA foster homes in Georgia SHINES; maintains data records for Child Placing Agencies and Child Caring Institutions in Georgia SHINES. Reviews and uploads the documentation into Georgia SHINES. Assures accurate interpretation, compilation, and entering data in the computer systems.
- Responsible for changing/ uploading foster home approval status in GA+ SCORE and Georgia SHINES for CPA's. Change updates status information on CCI agencies as needed.
- Ensures that accurate searches and sound critical decisions are made regarding assignment of Resource Identification numbers in Georgia SHINES for potential foster parents.
- Monitors CPA compliance with all relevant federal rules and regulations, state policies and RBWO minimum standards.

Each Resource Developer has approximately 25-30 assigned providers for which they are responsible for ensuring compliance. With an increase in staffing, RDs will conduct quality reviews, provide one-on-one technical assistance, and provide additional training opportunities for CPA staff to ensure compliance and adherence to the standards. The following represents foster home data, April 2017 – March 2018:
- Homes open at least one day   3,607
- Initial approvals submitted   947
- Homes with initial approval dates   939
- Reevaluations submitted   2,087

There were 2,656 foster homes open on April 1, 2017. Of those, 2,005 were still open on March 31, for a retention rate of 75.5%.

OPM Performance-Based Placement

As of Q2 of FY 2018, 90% of all RBWO providers received a satisfactory PBP score (A-C), 7% received a grade of D or F, and 3% were not scored for various reasons, including being a new provider and/or not having any active placements during the quarter review.

Regarding the staff training/safety check measures, providers were required to have the five safety check screenings completed and uploaded for the entire quarter. The average for all provider compliance increased from 58% for Q4 FY 2017 to 86% by the end of Q2 FY 2018 (ending December 31, 2017).

FY 2018 PBP Measures Snapshot

Each contracted provider receives a quarterly scorecard (GA+SCORECARD) according to their provider type (CCI, CPA, or IL/TLP) detailing scores earned for the quarter with an overall score and grade. Effective FY 2018 Q2, the CCI and CPA FY 2018 measures are:

Table 52. FY 2018 PBP Measures		
	CCIs	**CPAs**
	Weight	**Weight**
OPM Monitoring Reviews		
Comprehensive Review	25%	25%
Safety Reviews	15%	15%
Safety Measures		
Incidence of Maltreatment	10%	10%
Staff Training and Foundations	5%	5%
Staff Safety Checks	5%	5%
Permanency Measures		
Placement Stability	15%	15%
Well-Being Measures		
EPSDT Medical Visits	4%	4 %
EPSDT Dental Visits	4%	4 %
Academic Supports	3%	3 %
Provider Every Child Every Month Visit	7%	7 %
Provider General Contact	7%	7 %
Placements with Siblings	N/A	N/A
Placements Within Legal County	N/A	N/A
		Total = 100%

The following incentive credits apply to CCI and CPA providers:

Table 55. Incentive Credits		
	CCIs	**CPAs**
Early EPSDT Medical Visits	Up to 2%	Up to 2%

Early EPSDT Dental Visits	Up to 2%	Up to 2%
Permanency Contacts	Up to 5 %	Up to 5 %
Additional Academic Supports	Up to 2%	Up to 2%
Foster Home Retention Rate	------------	Up to 2 Points
Foster Home Recruitment	------------	Up to 2 Points
Active Agency Accreditation	Up to 2 points per accreditation up to 4 points total	Up to 2 points per accreditation up to 4 points total
Staff Clinical Licensure	Up to ½ point per person up to 5 points total	Up to ½ point per person up to 5 points total
Behavior Management (Use of ESI)	Add up to 4 Points	--------
Maximum Total Combined Incentive Credit Allowed is 10 Points*		

Effective FY2018 Q2, the FY 2018 measures for Independent Living and Transitional Living Specialty Programs are as follows:

Table 53. Independent Living and Transitional Living Program Measures	
	Weight
OPM Monitoring Reviews	
Comprehensive Review	15%
Safety Reviews	5%
General Safety Measures	
Incidence of Maltreatment	3%
Staff Training and Foundations	5%
Staff Safety Checks	5%
General Permanency Measures	
Placement Stability	3%
General Well-Being Measures	
Academic Supports	2%
EPSDT Medical	4%
EPSDT Dental	4%
Provider Every Child Every Month Visit	4%
Placements with Siblings	N/A
Placements Within Legal County	N/A
IL/TLP Specialty Measures	
Academic/Career Development	10%
Independent Living Skills Provision	15%
Financial Independence	5%
Community Connections	5%

WTLP /Life Coach	15%
Total = 100%	

The following incentive credits apply to IL and TLP providers:

Table 54. Incentive Credits for IL and TLP Programs	
No DJJ or DOC Involvement	Up to 5%
Extended Foster Care Services	Up to 5%
Positive Permanency Connections	Up to 5%
High School Graduation or College Participation	Up to 20%
At Least Part-Time Employment with Medical Benefits	Up to 20%
Living Arrangements at Discharge	Up to 20%
Additional Academic Supports	Up to 2%
Additional Independent Living Skills Provision	Up to 5 %
Active Agency Accreditation	Up to 2 points per accreditation up to 4 points total
Staff Clinical Licensure	Up to ½ point per person up to 5 points total
Total Maximum Combined Incentive Credit Allowed is 10 Points*	

Below are the data for the reporting period:

Table 55. Data on Private Providers	
Provider Type	**April 2017 – March 2018**[6]
CCIs	237 open at least one day 217 open with 3,089 bed spaces on 3/31/2018
CPAs	106 open at least one day 106 open on 3/31/2018
CPA foster homes	3,607 open at least one day 2,890 open with 7,421 bed spaces on 3/31/2018
Total of bed space	10,510 bed spaces on 3/31/2018
Placement Count	**April 1, 2017 – March 31, 2018**[7]
All CPAs	7,620 open at least one day (5,916 distinct youth) 3,647 open on 3/31/2018 (3,622 distinct youth)
All CCIs	4,828 open at least one day (3,361 distinct youth) 1,684 open on 3/31/2018 (1,659 distinct youth)
State total	12,448 open at least one day (8,847 distinct youth)

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[6] Count of CPA bed spaces is based on providers' reported bed spaces and does not factor in DFCS policy limiting placements based on children's age, gender, and behaviors. Actual capacity for CPA placements is lower than the theoretical total given here. All open foster homes are included, regardless of compliance.

[7] Providers self-report placement data to GA+SCORE, and multiple providers may have an open placement for the same youth on the same day. Counts of distinct youth remove those duplicates.

	5,331 open on 3/31/2018 (5,271 distinct youth)	
CPA FH Placement Program Designation Count	**April 1, 2017 – March 31, 2018**	
Traditional	2,036 homes with 5,232 bed spaces on 3/31/18	
Base	2,338 homes with 5,998 bed spaces on 3/31/18	
MWO	2,458 homes with 6,338 bed spaces on 3/31/18	
SBWO	1,439 homes with 3,846 bed spaces on 3/31/18	
SMWO	1,499 homes with 3,992 bed spaces on 3/31/18	
SMFWO	1,040 homes with 2,771 bed spaces on 3/31/18	
State total	2,890 homes with 7,421 bed spaces on 3/31/18	
CCI	**#Providers**	**Capacity[8]**
Base	82	1,319
AWO	53	793
MWO	88	1,275
Maternity[9]	7	119
TLP	11	729
ILP	53	127
Teen Development	2	14
State total	**217**	**3,089**

VII. Well-Being Services

The Well-Being Services Section through its coordinated collaborations and partnerships, supports the strategic alignment of the agency's mission, values and best practices through its engagement with children, families, and communities. The section partners with others to develop and implement programs, policies, and services that support and address child, youth and family well-being in communities. Focus areas include:

- Self Sufficiency
- Education
- Positive Youth Development
- Early Childhood Coordination
- Youth Career Preparation
- Physical Behavioral Health Services
- Community-based Programs

[8] CCI beds may be approved for more than one program designation. The state total reflects the sum of physical beds, which is less than the sum of beds approved for each program designation.
[9] GA+SCORE collects five separate program designations related to pregnant/parenting teens: Maternity, 2nd Chance - Mom (1st Baby), 2nd Chance - Mom (2nd Baby), 2nd Chance - 1st Baby, and 2nd Chance - 2nd Baby. The Provider count is the count of distinct providers offering any of these PDs (no duplicates). Capacity is the sum of beds approved for any of these PDs (may contain duplicates).

- Child Welfare Support Services
- Independent Living Services
- Transitional Services

The Well-Being Services Section is comprised of the following units and programs:

Community Programs Unit (CPU)

Community Programs Unit provides resources and supports to youth through coordinated community partnerships that promote positive youth development, academic achievement, self-sufficiency and a healthy transition into young adulthood. The vision of the CPU is for every youth to have access to and participate in positive youth development services that support their well-being. The following programs are within the Community Programs Unit: Afterschool Care Program (ACP), Educational Programming, Assessment and Consultation (EPAC) and Georgia TeenWork Internship Program (TeenWork).

Afterschool Care Program supports youth (ages 5-17) and families through out-of-school time services and initiatives. To support DFCS' goal of being a resource to families by promoting self-sufficiency and independence, the ACP provides federal funding to non-profit organizations and public agencies who serve youth and families during the out-of-school time. By funding positive youth development programs and services that are provided during before school, after school, intercession and summer hours, the mission of the Afterschool Care Program is to provide resources to youth-serving organizations within the state of Georgia who serve families within low-to-moderate income communities and the foster care system. The vision of the Afterschool Care Program is to ensure every child and youth has access to high quality positive youth development programming within their community. The goals of the DFCS Afterschool Care Program are to:

- Strengthen youth-serving organizations and institutions by providing funding that increases their capacity to design, implement, and sustain quality youth development programs and services
- Provide opportunities for youth to establish positive relationships with their peers and caring adults during traditional non-school day hours
- Provide technical assistance to organizations and agencies as they implement services and activities that support their youth's overall well-being as they prepare for and transition into young adulthood

Youth served in funded programs must be within low-to-moderate income families, the foster care system or congregate care settings within the state of Georgia. Funded out-of-school time programs and services must engage participants in the areas of Science, Technology, Engineering, the Arts and/or Math (STEAM) programming/curriculum; health and well-being activities; and additional enrichment programs and services. Through the partnership and funding, the Afterschool Care Program funded 41 non-profit organizations that includes over 200 program sites who serve youth during the before, after school, intercession and summer services time.

Educational Programming, Assessment and Consultation provides diagnostic educational assessments, tutorial services and community-based educational support to youth in foster care (ages 5-17). The Division has worked diligently to increase its capacity to provide education support services to school age youth in foster. The Division's capacity has expanded through its implementation of a new education service delivery model. Within this new education service delivery model several program enhancements for EPAC were instituted, the Division created a new path of partnership with one of its long-standing partners, implemented an advisory and practice group teams and there was an increase in services and outcomes for youth. The number of youth referred to EPAC increased from 45% to 81% between February 2017 and August 2017. Through March 2018 the referral rate ranges between 70% and 80% (dependent upon the number of youth who enter care at the time data is identified.

The Division has worked diligently to increase its capacity to provide education support services to school age youth in foster care. In doing so, it has implemented a new education service delivery model

and program enhancements. The Division created a new path of partnership with one of its long-standing partners, implemented an advisory and practice group teams and there was an increase in services and outcomes for youth. As part of Every Student Succeeds Act, the state requires that every youth in foster care, ages 5 – 17, have an educational stability plan in their case file. The youth does not have to be referred to EPAC to have a completed education stability plan (ESP) on file. case managers are to complete an ESP and ensure the plan document is uploaded into the youth's file in Georgia SHINES as an attachment.

Georgia SHINES is Georgia's state child welfare agency information system that maintains the records of the children and youth who receive services and support through the child welfare system. The *Education Detail Page* within SHINES for all youth in foster care (birth to the date of exiting care) must be completed and up-to-date. Federal reporting and service provision is provided based on the important foundation that is created through consistent and accurate completion of internal records. The Education Detail Page is key in ensuring youth are engaged in education programs and are attending school, safe placement decisions are made, and accurate state and federal reporting is provided.

While not a part of this reporting period, the SHINES team has begun an initiative to implement a solution to improve timely notification to Education Support Monitors when children between the ages of 5 and 18 enter care. This initiative also includes creating a new page to support the development and documentation of Education Stability Plans. This initiative is scheduled to be delivered in August 2018.

EPAC has implemented a program organizational structure that includes three district education managers. These managers will oversee the three Division Districts – North, Metro, South. In their roles, the district education managers provide support, guidance and supervision to the Division's education support monitor (ESM) team and serve as the regional and district contacts and liaisons for all education matters that are of immediate and critical urgency. Along with theses duties, they also serve as the EPAC program representatives and experts within regional and district child welfare meetings.

EPAC has enhanced its online presence with the creation and statewide launch of the EPAC Web Portal. The web portal is a website created in partnership with the Department of Human Services Office of Information Technology (OIT). On this site, visitors will find resources, information and the online Education Support Services Referral for youth in foster care. Case managers are instructed to utilize the online referral system for all EPAC referrals for school age youth, ages 5 – 17 years old.

To increase case manager and supervisor knowledge and ability to support youth on their caseload who need education support, EPAC increased the frequency of training to field staff and the subject matter covered. The trainings were conducted using varying methods of training; in-person and online/virtual WebEx.

The EPAC team conducted two online, live education academies entitled Educational Stability Support for Foster Youth: A Model for Success via the WebEx platform in December 2017 All regions were invited to participate. There were 74 case managers and field program specialists at the 10:00 am class and 27 at the 4:00 pm session. Two other online, live academies: Our Work, Their Rights: Supporting Youth Through the Student Disciplinary Process, were held March 2, 2018. There were 82 case managers, supervisors, field program specialists, group home and congregate care providers at the 10:00 am academy and 44 at the 2:00 pm academy. On site academies were held February 21 (Albany), March 2 (Columbus) and March 20, 2018 (Athens). In partnership with the Division's Knowledge Management section, a module-based training is being created for Division staff (including case managers) on the Agency's Learning Management System (OLMS) portal. This will allow trainings

to delve into more specific topical areas such as Supporting Youth through the Disciplinary Process, Providing Support to the Special Student, and Understanding my Role as a Mentor.

To increase the Division's reach and services to youth who need more focused and streamlined education and enrichment support services in most highly populated area of the state, the Division has partnered with the Multi-Agency Alliance for Children (MAAC) who now serves as the Lead Education Agency (LEA) for Fulton and DeKalb counties.

As the lead, MAAC provides education support services to school age youth who are in grades 7 – 12. These services include:
- Tutorial services provided by certified teachers (when those services are not available or have been exhausted in the LEAs for children and youth in foster care)
- Process, track and monitor extracurricular and enrichment services for youth ages
- Conduct educational assessments
- Create Education Action Plans
- Recruiting and assigning parent surrogates
- Create service provision and support plans for youth:
    o Who have been identified as special needs
    o Have Individualized Education Plans
    o Have 504 Plans
    o Who are in GNETS or at-risk of being placed in GNETS programs
    o Talented and Gifted

The Division's Education Advisory Committee is designed to provide recommendations to the Agency's executive leadership and contribute influence and expertise around key areas such as (1) Policy, (2) Practice and (3) Data. The committee will also review recommendations and insights from other stakeholders and partners in this work that may inform, advise or aide the Division's leadership in establishing priorities related to education service delivery, practice, workforce development and interagency collaboration. The Division's Education Practice Workgroup will engage a cross-section of agencies and professional disciplines to research, evaluate, test, design, and establish practices and protocols that support:
- Division best practices related to educational well-being and collaboration with state and local education agencies.
- Identification of early intervention and early childhood education services for young children in foster care.
- Refinement/development of processes and protocols that minimize the delays in school enrollment when children enter foster care or change placements.
- Development of sustainable practices for external partners to provide wrap-around services and family supports to children in foster care and kinship care.
- Development of training and professional development opportunities focused on trauma informed practices.
- Development of protocols for exchanging information with:
    o Comprehensive Child Welfare Information System (CCWIS)
    o Cross Agency Child Data System (CACDS)
    o Statewide Longitude Data System (SLDS)

Georgia TeenWork Internship Program supports youth (ages 16-17) by providing career preparation skills and valuable work experience to support foster youth as they prepare to transition from foster care to adulthood and into independence. The TeenWork Internship Program provides job readiness

training and youth employment opportunities across the state of Georgia to older youth in care. It is administered through the DFCS and is designed to ensure that Georgia's foster youth are equipped with the skills and opportunities necessary to enable them to mature into well-balanced and self-sufficient members of society. To ensure a comprehensive model of support for participating youth, Georgia TeenWork implements three core areas of service: career preparation, job placement, and youth employment resource connections.

Career preparation and employment opportunities are critical in assisting youth with the transition to adulthood. Georgia TeenWork is an opportunity for Georgia's youth in foster care ages 15 - 17 years of age, to participate in valuable career preparatory opportunities within their communities. The program provides valuable training and job placement opportunities through partnerships with local businesses, non-profit organizations and public agencies.

Georgia TeenWork Program Goals

- Provide youth in foster care with career preparatory training.
- Provide youth in foster care with meaningful workplace skills and internship opportunities.
- Engage Georgia's business communities, non-profit organizations and govern mental agencies in a mutually beneficial collaborative partnerships and coordinated collaboration with internal and external partners that establishes valuable and safe work environments for GTIP participants.

When selected to participate in TeenWork, each youth must complete a career assessment. The youth's career assessment provides insight and information on the various employment options that may be available for the youth and it assists the youth's assigned youth career coach in identifying the most valuable employment experience during their employment cycle. Upon completion of the career assessment and additional training, youth are then connected to employers that represent their short-term and/or long-term career interests. Each youth selected to participate in TeenWork must participate in employment skills training. This training not only prepares the youth for their TeenWork employment cycle but is also provides real world experience on obtaining and maintaining a job and provides additional support for youth through the engagement and support of employer partners. Employment training topics include, but are not limited to: resume writing, dressing for success, customer service skill building and office etiquette.

The Georgia TeenWork Internship Program is a resource established to help promote positive youth development. Through statewide collaborations, the program promotes the future success of Georgia's foster youth by providing a resource guide that connects youth to other services they may need. During 2017, the following programs were created:
- 2017 Job Readiness Training – Training provided to Georgia TeenWork youth (foster youth) who were selected to participate in identified youth employment internships during the June – July 2017 employment cycle.
- 2018 Spring Training - Training provided to Georgia TeenWork youth (foster youth) who were selected to participate in identified youth employment internships.
- 2018 Community Training – Training provided to youth who reside in group homes and low to moderate income communities.
- 2018 – Job Readiness Training – Training provided to Georgia TeenWork youth (foster youth) who will participate in identified youth employment internships during the June – July 2018 employment cycle.

- 2017 and 2018 Youth Supporter (Adult Training Workshops) – Training was also provided to foster parents, caregivers and group home providers of youth who participate and will participate in the Georgia TeenWork Internship Program.

Table 56. Youth and Adult Training		
Event	Youth	Adult
2017 Job Readiness Training	100	~
2018 Spring Training	126	0
2018 Community Training	43	19
2018 Job Readiness Training	37	0
Total	306	19

The Community Programs Unit developed a set of values that affirm safety and well-being of children must always be the priority focus of decisions; teamwork is essential to the work, and each member of the Community Programs Unit team is an asset to the Unit, Division and communities. The following are the goals and objectives of the program:

Support the DFCS Blueprint for Change by going greater and deeper in program efficiency, service enhancement and data dissemination on behalf of children and families served through the Community Programs Unit.

1. Continue to support the DFCS field staff by providing resources and more streamlined referral processes that connect children and families to community-based services and resources that support their safety and well-being.
2. Increase the Community Programs Unit's capacity to provide streamlined and timely services to all stakeholders, clients and contracting partners.
3. Increase the transparency of information and data shared to internal and external services that reflect the education and youth development services provided by the Community Programs Unit.

The Early Childhood Collaboration

The Early Childhood Collaboration (ECC) serves all children in foster ages 0-5, in all 159 counties statewide and serves approximately 4,845 children. These partnerships and networks develop and establish resources for children in foster care between the ages of birth to five years old. Through strategic and intentional teaming with the federal and local Offices of Head Start (OHS), the Division connects children to available Head Start and Early Head Start education programs within their communities. Additionally, the ECC, with pre-k programs across the state and Quality Rated Child Care programs ensure children have access to the most appropriate mental, social, and emotional developmental supports. The collaboration affords children in foster care the opportunity to:

- Access programming that support early brain development
- Promote school readiness
- Increase the child's capacity to relate positively to family members and strengthen the family's ability to relate positively to the child
- Help improve the overall social, emotional, and physical well-being of the child

The state's new Early Childhood Collaboration manager began work October 2016. He has been building and supporting collaborative work that support the executive functioning of children in foster care in the areas of early education and childcare. A pilot is being conducted with DFCS and the GA Head Start Collaboration Office housed at DECAL that will help increase enrollment in HS/EHS programs by providing DFCS with monthly data regarding program availability in all HS/EHS programs statewide. This will also help us gauge access and utilization of early childhood services in Georgia. To increase the number of children enrolled in early childhood education services in a timely manner, an update to Georgia SHINES (Spring 2018) will allow for referrals to be sent to CAPS automatically once the necessary fields are completed. This will eliminate the high number of referrals that are sent back to the Division due to human error by case managers. It will also reduce the number of foster placements lost due to childcare not being in place in a timely manner.

DFCS has strengthened the relationship between local DFCS offices and local Head Start/ Early Head Start programs. This has allowed for better communication between the entities resulting in increased enrollment. New processes jointly created by DFCS and DECAL has supported practices that ensure compliance with DFCS Policy 10.16 Childcare and Early Education.

The unit provides support to case managers by helping identify the Head Start/Early Head Start programs nearest to the child's boarding zip code. Support is also offered in identifying the most appropriate early education setting based on child/family circumstances. The Early Childhood collaboration manager has presented in several counties throughout the state at the request of adoptive and foster parent associations. The unit also fields requests and concerns from foster parents, parents involved in CPS cases, childcare providers and external partners and provides resolutions regarding early education and childcare.

CAPS support is a part of the Early Childhood Collaboration service array. Since the transition of the CAPS program to DECAL, ECC has reprioritized its work to provide support to all case managers, child care providers, foster parents, and partners to remain effective. Plans are to automate childcare referrals and make subsequent updates to policy.

Wellness Programming, Assessment, and Consultation (WPAC)

The WPAC Unit through its regionally assigned wellness specialists partner with county leadership and direct service child welfare staff to provide practice support, consultation, tracking and quality monitoring of the "lite" to moderate physical and behavioral health needs of children and youth in foster care and family preservation. Specific functions of intensive support and monitoring include:

- Provide training, consultation, assessment and programmatic recommendations
- Data tracking, trend analysis, and performance monitoring
- Strategic Coordination with community partners (Amerigroup, Department of Community Health (DCH), Department of Public Health (DPH)

The Well-Being director regularly participates in an Interdepartmental Director's Team (IDT) meeting with a conglomerate of state-level officials within the public health sector to discuss systems of care. The group makes recommendations that, if accepted, all agencies at the table will be bound. The IDT consist of:
- DBHDD = Department of Behavioral Health and Developmental Disabilities
- DPH = Department of Public Health
- DCH = Department of Community Health
- DHS/DFCS = Department of Human Services / Division of Family and Children Services

- DECAL = Department of Early Care and Learning
- DJJ = Department of Juvenile Justice
- GVRA = Georgia Vocation Rehabilitation Agency
- CMO's = Care Management Organization
- DOE = Department of Educator

The Support Services unit is responsible for ensuring quality programmatic oversight for in-home services in the following areas: Parent-Aide, Prevention of Out-of-Home Placement (PUP), Homestead, DNA Paternity Testing, Alcohol/Drug Screenings, Early Intervention, Comprehensive Child and Family Assessment (CCFA), and WRAP Around Services. These programs and models within these services assist in assuring safety, supporting placement stability, and improving child and family well-being outcomes.

Independent Living Program (ILP) / Georgia Resilient. Youth-Centered. Stable. Empowered (R.Y.S.E.)

The Independent Living Program (ILP), also known as Georgia RYSE, is responsible for supporting youth ages 14 to 26 with various needs to develop independent living skills critical to their transition from foster care. ILP provides access to educational opportunities, employment, housing, financial literacy, and overall well-being services.

The population served includes current and former foster care youth ages 18-25 who are eligible for Independent Living Program (ILP) services. Eligible youth who were enrolled in school on the date they reached age 21 and continue to make reasonable progress toward their diploma/degree may continue to receive funds beyond the age 21.

Services are available for youth attending post-secondary institutions and vocational schools in Georgia and surrounding states. There are approximately 4,000 youth who are eligible for ILP services. The following data identifies youth served.

Table 57. 2017 GARYSE/ILP Programs and Youth Served	
Orange Duffle Bag	50
ETV	331
Youth Townhall	221
Opportunity Passport	481
ILP Workshops	5184
Families First COACHES	1125

Please note that individuals served may be duplicated between programs. Also, GARYSE/ILP serves approximately 50 former foster care youth annually. Due to the increasing rate of youth in care and the implementation of Connected by 21, it is anticipated that the number of youth served will also increase (approximately 4,800).

C4b. Promoting Safe & Stable Families

Promoting Safe & Stable Families (PSSF) is a federally funded program to support the provision of services in four program areas: Family Support, Family Preservation, Time-Limited Reunification and Adoption Promotion and Permanency. The passage of the Family First Prevention Services Act changed the definition of "family support" and changed the name and definition of "time-limited reunification." Effective February 9, 2018, family support services includes community-based services "to support and retain foster families so they can provide quality family-based setting for children in foster care. Effective October 1, 2018, time-limited reunification services will simply be known as family reunification services and will PSSF funded-services in this category to be provided up to 15 months once the child is returned home. The state does not have any plans to make changes to the way it will use these funds in light of these legislative updates.

Annually, potential providers respond to a Statement of Need (SoN) that is updated to reflect changing child welfare needs and priorities. Proposals undergo a rigorous review by an independent team. A required component of the submission is an up-to-date contractor report that provides the review team with performance information on the current year's program. The applicant must provide justification for continued funding or changes in services or service delivery, and document successes they are building upon or challenges to overcome. Actual performance in the current year is taken into consideration; if an applicant is not currently meeting its deliverables, it impacts the status of their proposal and potential for subsequent funding. By the same token, providers who are having outstanding success are encouraged to expand or enhance the services they are offering to the extent that they have the capacity, and there is sufficient need to do so.

Once providers are contracted, PSSF updates its website to provide a current view of contracted providers and a copy of the Family Services Resource Guide which can be used to find services and service providers throughout the state. All PSSF contracts are monitored monthly. If a contractor is not performing as stated in their contract, a site visit may be made to determine the issue. The provider may have to develop a corrective action plan, or as a last resort, the contract may be amended or terminated.

Performance is monitored and assessed monthly, primarily during the monthly reporting period but can occur at any time during the month. Approved deliverables are based on successful proposals submitted in response to the SoN and subsequent negotiations as the result of most recent performance including services, service delivery, service area, target population, outcomes, etc., prior to the commencement of a new contract year. These deliverables are reviewed quarterly and annually.

PSSF provides ongoing technical assistance related to identified barriers and challenges to minimize negative impact and to help providers identify successes and opportunities to model and build upon for the remainder of the contract. The SoN is structured to gather input on how providers responded to these issues and how they impacted the latest proposal. The technical assistance team dialogues with providers throughout the year, but providers are also encouraged to network informally with their peers. Seasoned providers of like service models are consulted when less experienced providers face obstacles.

Programmatic services help support Georgia Child and Family Services Plan (CFSP) goals to ensure families and individuals have enhanced capacity to meet their physical, cognitive and educational needs, and related PIP goals:

- PIP Goal I: Improve the quality, utilization and timeliness of child and family assessments throughout the child welfare continuum
- PIP Goal II: Meet the assessed and individualized needs of children, youth, and families through an enhanced and broadened array of services
- PIP Goal III: In Support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement and community connections

To assist in enhancing the quality of assessments, PSSF strengthened emphasis on comprehensive initial child and family assessments at or before the commencement of services. Georgia requires that an assessment be conducted at intake to gather, analyze, and synthesize information to determine strengths and needs of the family, parent or child and is used to identify appropriate services and to develop an individual family service plan to reduce risk of child abuse and neglect and promote safety, permanency, and well-being of a child. Based on the results of an assessment completed at intake, or results of an assessment conducted by referring agency, a service plan is developed by the contractor that outlines desired goals for the family and defines in detail how those goals are to be achieved and measured. Goals should reflect identified priorities and must be realistic with attainable and measurable outcomes and timeframes for completion.

Assessments MUST utilize a recognized assessment instrument designed to address the unique circumstances of the target population being served. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives.

All service models include an information & referral component to link families to formal and informal community-based services for long-term supports. An important element of Georgia's child welfare program improvements is the development of a strengths-based, prevention-driven community response to vulnerable children and families. Families at greatest risk of entering Georgia's child protection system often have complex and interrelated problems such as poverty, unemployment, domestic violence, substance abuse and teen pregnancy which increase family stressors, impair family functioning and place children in situations where they may be unsafe. Children have the greatest chance for a safe and stable home environment when their parents and caregivers are knowledgeable of and have access to essential supports and services in their own communities. All PSSF services MUST utilize evidence-based practices, strategies or program models with a medium to high relevance to child welfare effective in addressing the needs of the target population and achieving desired outcomes.

Needs assessment component of annual proposals encourages and supports changes in proposed services and service delivery to increase responsiveness to changes in both family and community needs. In addition to required services for each service model, programs are encouraged to include additional services that are responsive to individual family needs, address unique characteristics of the target population, and remove barriers that may impede effective engagement in service plans, such as transportation and childcare. The strength of PSSF in Georgia is that providers are community-based and acutely aware of the challenges, needs, and strengths of their families.

Each year, the SoN identifies areas where specific service needs have been requested (i.e. supervised family visitation). In 2016, no providers identified sex trafficked victims as their target population, but a new service model was introduced for FFY 2017. The new FSS/SHY (Service for Homeless Youth) model identified sex trafficked victims as a target population in the SoN. One of the FFY 2017 providers did target them, and although they made some progress it has been a challenging year for them. The

TA team has worked with the provider to tweak their plan and align it more closely with population needs. In response to the FFY 2018 SoN, six new service providers submitted proposals.

In 2016, 45% of the children in the families served were under age 5. The FSS/HVS model specifically addresses the 0 to 5 population, and there were 14 providers of this type in both 2016 and 2017. Seventeen proposals have been received for this category for 2018. There are six FSS/PEI model programs in 2017 for teen parents who have children ages 0-5. The FPS/PPS SafeCare model programs likely serve this younger population as well. In 2016, the state contracted with a family drug court program and a residential program for mothers and their children whereas it is also likely that the families served included substance-exposed newborns.

Funding

Georgia is committed to the development of a coordinated network of community-based supports and services for children and families. PSSF will work in partnership with community-based agencies to assure that families will receive the services needed. A Statement of Need (SoN) is issued annually by the Georgia Department of Human Services, Division of Family and Children Services to solicit proposals from state government agencies, non-profit agencies and other public entities to provide coordinated community-based services for vulnerable children and families. In FFY 2017, funding allocations for the four programs were based on annual community needs assessments from community-based providers and Departmental priorities. The grant allotment was divided into the following proportions:

- Family Support: 26%
- Family Preservation: 20%
- Time-limited Reunification: 24%
- Adoption Promotion: 24%

I. PSSF Family Support Services

Family Support Services (FSS) help to prevent child abuse and neglect among at-risk families; they are community-based prevention and early intervention services designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family. All services are designed to build on existing family strengths, increase the stability of families, increase parental confidence and competence in their parenting abilities, and enhance overall family functioning to prevent initial or repeat child abuse and neglect.

Target Populations:
PSSF Family Support services are provided to families in Georgia who are at risk for CPS involvement to reduce risk and prevent child maltreatment. This includes families:

- Not known to the child welfare agency
- Who have been the subject of a report of suspected child abuse or neglect who:
    - Were assigned to Family Support
    - Were screened out or were the subject of an unsubstantiated investigation
- Have prior CPS history (closed but referred for follow-up supports/services)
- Family support services will be available throughout the State of Georgia.

It is estimated that 3,200 families and 5,200 children will be served in FFY2018, amounting to approximately 25% of the total PSSF budget. The rationale for 25% is based on annual community needs assessments and Division priorities.

Services to be provided in FFY 2018
Prevention & Early Intervention:
Voluntary, in-home or center-based supports and services to help families identify and address family issues that threaten child safety, strengthen family protective capacity, reducing the risk of CPS intervention.
Home Visiting:
Voluntary, in-home services to support positive parent-child relationships, child health and development, parental self-sufficiency, and safe home environments to prevent child abuse and neglect.
Healthy Relationship & Co-Parenting:
Services are designed to build and maintain healthy partnerships, identify and manage stress that threatens relationships, and promote and support life-long parental or co-parenting relationships.
Supports & Services for Homeless Youth:
Services to help unaccompanied homeless youth or victims of sexual exploitation transition to independent living and become self-sufficient through community involvement and relationships, education, employment, health and safety.

II.   PSSF Family Preservation Services

Family Preservation Services (FPS) are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict so that families at risk or in crisis can be preserved and children safely maintained in their homes when families receive intensive support and therapeutic services to improve family functioning and stability, as an alternative to placement in out of home care. Examples: intensive family preservation services, case management, counseling, homemaker services, services designed to increase parenting skills.

Target Populations:

PSSF Family Preservation services are provided to families to prevent removal of children from their homes, stabilize placement and/ or to prevent re-entry into foster care. This includes:
   • Families who have or have had a substantiated investigation and/or a family preservation case to prevent repeat maltreatment and help these families maintain children in their homes safely
   • Relative caregivers who are caring for children when their parents are unable to do so to support the safety, permanency and well-being of these children
   • Foster parents and/or children in foster care to stabilize the placement and prevent disruption
   • Families for whom reunification is the goal, to prepare for and sustain reunification
   • Families whose children have returned home from foster care to prevent repeat maltreatment and sustain permanency.
   • Children from families who have or have had a substantiated investigation and/or a family preservation case or are returning from foster care to improve educational outcomes.

Family Preservation Services will be available throughout the State of Georgia.

It is estimated that 3,600 families and 8,000 children will be served in FFY 2018 amounting to approximately 20% of the total PSSF budget. The rational for 20% is based on annual community needs assessments and Departmental priorities.

Services to be provided in FFY2018
Placement Prevention:

Short-term services and supports to address caregiver characteristics or child behavior to ensure child safety and reduce the risk of child removal from the home and placement in foster care.
Crisis Intervention:
Short-term, in-home services (therapeutic and non-therapeutic) available 24/7 to support families in crisis where children are at risk for removal or placement disruption or are transitioning to a new placement after a disruption.
Relative Caregiver/Kinship Family:
Services for grandparents and relative caregivers who are primary caregivers of children other than their own to address caregiver capacity, family functioning, child well-being and placement stability.
Residential/Post-Placement Aftercare:
Therapeutic services to support the reintegration of children into their homes and communities and/or to sustain treatment outcomes to prevent placement disruption. Available 2-3 months pre-discharge and 6-9 months post-discharge.
Substance Abuse Treatment & Recovery Support:
Services to prevent abandonment, maltreatment or child removal due to caregiver substance abuse, and/or to support reunification and prevent relapse. For FFY2018, the substance abuse recovery model is more family-focused.

III.   PSSF Time-Limited Reunification Services

Time-Limited Reunification Services (TLRS) may be obtained once a youth or child has been removed from the care of their parents; in this instance, a safe and timely family reunification is the preferred permanency option. It is the most common goal for children and youth in out-of-home care as well as the most common outcome. While reunification is generally thought of as reuniting the children and youth in foster care with their families and reinstating custody to their parents or guardians, a broader definition that includes living with other relatives is sometimes used. The physical return of the child or youth to parents or caretakers may occur before the return of legal custody, as when the child welfare agency continues to supervise the family for some period of time. Reunification is considered achieved when both care and custody are returned to parents or guardians, and the child or youth is discharged from the child welfare system. The challenge for child welfare agencies is to achieve reunifications that are both timely and do not result in re-entry. PSSF Time-Limited Reunification services are time-limited, intensive support services provided to a child with a plan of safe, appropriate, and timely reunification or other permanency option and to the parents or primary caregiver of the child. These services may be provided to families while the child is in foster care to facilitate reunification and after the child returns from foster care to sustain permanency. example: individual, group and family counseling, substance abuse, peer-to-peer mentoring, mental health services, domestic violence services, visitation services.

Target Populations: PSSF Time-Limited Reunification services are provided to families whose children have a plan of reunification or an alternative concurrent permanency option. This includes:
- Families with children in foster care
- Families with court-ordered relative placement

It is estimated that 4,200 families and 7,200 children will be served in FFY 2018 amounting to approximately 25% of the total PSSF budget. The rational for 25% is based on annual community needs assessments and Departmental priorities.
Time-limited Reunification services will be available throughout the State of Georgia.

Services to be provided in FFY2018
Supervised Family Visitation:

Services to increase the frequency, quality and consistency of the interactions of children in foster care with their parents, their siblings in different placements, or to visit with extended family members or other significant adults in less restrictive but secure, non-threatening environments.
Child and Family Advocacy:
Services and supports for children involved in dependency proceedings to advocate for timely permanency decisions that are in the best interest of the child. Services ensure that the needs of children are met, and families receive needed supports so that children who must be removed from their home maintain connections to their families and communities.

IV. PSSF Adoption Promotion and Permanency Support Services

Adoption Promotion and Permanency Support (APPS) services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child, or guardianship. Services may also be provided to support families after adoption to prevent disruption, and to provide additional support to youth who may not achieve permanency, pre- and post-emancipation. Example; pre-post adoptive services, activities to expedite adoption process, activities to support adoptive families. The above services are available in all counties and in all jurisdictions.

Target Populations PSSF Adoption Promotion & Permanency Support services

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

It is estimated that 200 families and 212 children will be served within the PSSF network and another 2,400 families and 650 children with State contracts in FFY 2018 amounting to approximately 25% of the total PSSF budget. The rational for 25% is based on annual community needs assessments and Departmental priorities.
Adoption Promotion and Permanency Support services will be available throughout the State of Georgia.

Services to be provided in FFY 2018
Adoption Promotion:
Services to encourage and support adoption or relative guardianship and/or to prevent disruption/dissolution of adoptions.
Transition & Emancipation:
Services to help youth transitioning, or who have transitioned, out of foster care develop skills for independent living and establish meaningful adult connections.

Program Support

The PSSF Unit provided technical assistance and trainings to caseworkers, supervisors, providers, potential contractors and community partners to raise awareness of the needs of Georgia families, educate stakeholders and provide information on the bidding and contracting process. Trainings and presentations were held at county caseworker training, contractor's meeting, regional meetings, supervisor and leadership summits, CQI meetings, community partner meetings and regional and county leadership meetings.

Each year Promoting Safe and Stable Families of Georgia conducts a bidders meeting with all agencies throughout the state wishing to provide services to children and families through PSSF funding. The purpose of this bidders meeting is to provide technical assistance to agencies regarding the PSSF

Statement of Need. It allows agencies to secure an understanding of the process, the requirements, and to ask questions prior to submission of their proposal. The following topics were covered during the 2017 bidders meeting:

- PSSF Proposal Review
- PSSF Award Decisions
- DHS/PSSF Contract Requirements
- DHS/PSSF Contract Execution
- Preparing & Submitting a Proposal
- Service Models
- Proposal Requirements
- Proposal Documentation
- Proposal Submission

V.   Outcomes

The PSSF grantees provided intake services for 11,049 families and 19, 044 dependents. There was a total of 6,649 exits from services (82 did not have exit information as the 'non-returning program' did not close out those cases and report the case status at the end of the fiscal year). The following tables provide data on services rendered, family status, and outcomes, presented as column percentages unless otherwise specified. For example, in the first table, 38.4% of the families served in Family Preservation and 76.1% of the families served in Family Support had no current CPS involvement at the time of intake.

Table 58. Family Status at Intake by Program Area

Family Status at Intake	Program Area				Total
	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency	
No current CPS involvement	38.4%	76.1%	1.2%	30.0%	36.6%
Open CPS case	38.5%	13.8%	9.4%	2.3%	18.5%
Relative or foster care	16.3%	6.9%	87.4%	53.9%	41.1%
0000Closed CPS case	5.5%	2.6%	0.5%	0.9%	2.5%
Youth in ILP	0.8%	0.4%	1.1%	12.9%	1.0%
Adoptive placement	0.5%	0.2%	0.3%		0.3%
Total	2,944	3,668	4,218	217	11,047

(Family status at intake was not reported for two intakes.)

Table 59. Family Status at Exit by Program Area

Family Status at Exit	Program Area				Total
	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency	

No current CPS involvement	35.8%	75.6%	1.7%	42.1%	38.1%
Open CPS case	16.1%	9.5%	2.0%	0.8%	8.5%
Relative or foster care	15.5%	7.8%	65.2%	24.8%	30.5%
Closed CPS case	31.1%	6.4%	24.1%	3.3%	19.3%
Youth in ILP	1.0%	0.4%	1.2%	27.3%	1.4%
Adoptive placement	0.5%	0.2%	5.7%	1.7%	2.3%
Total	1,769	2,351	2,326	121	6,567

Table 60. Safety Outcomes at Exit by Program Area

Safety Outcome	Program Area				Total
	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency	
Family or caregiver referred to DFCS	18.3%	3.8%	16.2%	1.7%	12.0%
Incident of violence in the home reported	6.4%	10.2%	8.3%	0.0%	8.3%
Alcohol, prescription drug abuse, or illegal substance use in the home reported	2.7%	2.6%	19.6%	0.8%	8.6%
Total	1,769	2,351	2,326	121	6,567
Of 791 referred to DFCS:					
Family was subject of maltreatment report or investigation	91%	89%	98%	100%	94%
Total	324	89	376	2	791
Family was subject of a substantiated allegation of child abuse or neglect	55%	49%	93%	0%	73%
Total	296	80	372	2	750
Percentages of total exits:					
Family was subject of maltreatment report or investigation	16.6%	3.4%	15.8%	1.7%	11.3%
Family was subject of a substantiated allegation of child abuse or neglect	9.2%	1.7%	14.8%	0.0%	8.3%
Total	1,769	2,351	2,326	121	6,567

Technological enhancements not only allowed for the above data to be collected, augmentations to the PSSF Website and provider portal opened the door for the state to gather more anecdotal history of client stories and feedback. Appreciation of services was frequently captured on client satisfaction questionnaires. Here is a sample of those statements:

- I thank you all for not looking down on me when so many people do. It does my heart good knowing good people are still here.
- "Jane" is the nicest lady ever. She went above and beyond to get things that were needed, and she made me feel important.
- Because of "Mary", I gained strength through her support. I have gained self-confidence, accomplished many goals, and have grown in many different ways.
- Everyone is respectful and caring for each woman and child here. Exceptional support and consideration for all. Thank you!

Table 61. Well-Being Outcomes by Program Area

Well-Being Outcome	Program Area				Total
	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency	
Family or caregiver:					
Was better able to meet developmental and educational needs of the child(ren)/youth	90%	93%	77%	98%	86%
Was better able to meet the physical health needs of the child(ren)/youth	91%	93%	76%	98%	86%
Was better able to meet the social/emotional/mental/behavioral health needs of the child(ren)/youth	86%	92%	75%	98%	84%
Child(ren)/youth:					
Maintained regular contact and relationships with non-custodial parent(s)	77%	77%	74%	58%	76%
Maintained regular contact and relationships with siblings or other relatives	95%	97%	87%	72%	92%
Continued their formal education	96%	96%	96%	99%	96%
Participated in extracurricular activity at school or in community	78%	75%	78%	89%	77%
Were not truant or delinquent	93%	98%	96%	98%	96%
Did not abuse alcohol or prescription drugs or use illegal substances	97%	99%	99%	98%	98%
Did not become pregnant	99%	99%	100%	100%	99%

C4c. Populations at Greatest Risk of Maltreatment

Georgia has identified children ages 0-5 as the population at greatest risk of maltreatment. In CY 2012, there were 19,303 unique children who were victims of substantiated maltreatment. Almost half (46%) were under the age of 6. Children 12 months and younger were most at risk of physical abuse, serious injuries and child fatalities.

Criteria for prioritizing cases were developed based on an analysis of that data, and the initial criteria for children most at risk for maltreatment included the following:
- Children under the age of 6
- Children 12 months and younger (most at risk of physical abuse, serious injuries, and child fatalities)
- African-American boys (at highest risk of severe physical abuse/child fatalities)
- Children with no father involvement
- Children with mothers under age 35, especially mothers ages 18-25 (highest in child fatalities)
- Children in households with an unrelated individual in the home (generally mother's boyfriend)
- Children in more chaotic households (households with several other individuals)

It is also notable that of those 97 maltreatment-related deaths, 49 were African-American, 42 were white, and six others were mixed race (3), Asian (1) or listed as other (2). African-American males are disproportionately at greater risk of death compared to the general population, and white males are at significantly greater risk of death than are white females. However, females are at greater risk of substantiated maltreatment.

This population continues to be the most vulnerable. In CY 2017, there were approximately 196 fatalities of children in Georgia who had prior history with the agency. Of these children,141 were under age 5, and 99 were under age 1. Sixty-six of the 196 fatalities had a substantiated finding of maltreatment in their death. Also, in CY 2017, there were 11,231 incidents of substantiated maltreatment. Nineteen percent of the child victims were under age 0. There is a significant break in the data between children under age 1 and children of other ages, but 50% of the entire population of children who were maltreated are between ages 0 and 5. (The disparity is evident in the table and bar charts below.) Therefore, children ages 0-5 are targeted throughout the child welfare continuum, and the DFCS Safety Services section uses Safety Panel Reviews and the Safe to Sleep Initiative to focus intensely on this population.

In addition to the Safety Panel Reviews, the Division looks closely at maltreatment-related fatalities when evaluating populations at greatest risk for maltreatment. The data unit, county child fatality review committees as well as state and local DFCS staff review maltreatment-related fatalities and study the unique circumstances leading up to the death. Collaboration with the State Child Fatality Review Team, the Georgia Bureau of Investigations and the Office of the Child Advocate are routinely involved in this review process to ensure all available data and information is considered.

Table 62. Incidents of Substantiated Maltreatment Calendar Year 2017				
Age at Incident or Report	Children	Cumulative Count	Percent	Cumulative Percent
0	2,140	2,140	19.05%	19.05%
1	764	2,904	6.80%	25.86%

2	727	3,631	6.47%	32.33%
3	637	4,268	5.67%	38.00%
4	666	4,934	5.93%	43.93%
5	685	5,619	6.10%	50.03%
6	642	6,261	5.72%	55.75%
7	641	6,902	5.71%	61.45%
8	636	7,538	5.66%	67.12%
9	535	8,073	4.76%	71.88%
10	505	8,578	4.50%	76.38%
11	479	9,057	4.26%	80.64%
12	423	9,480	3.77%	84.41%
13	436	9,916	3.88%	88.29%
14	436	10,352	3.88%	92.17%
15	365	10,717	3.25%	95.42%
16	326	11,043	2.90%	98.33%
17	188	11,231	1.67%	100.00%
Total	**11,231**		**100.00%**	

Data Source: Georgia SHINES and NCANDS
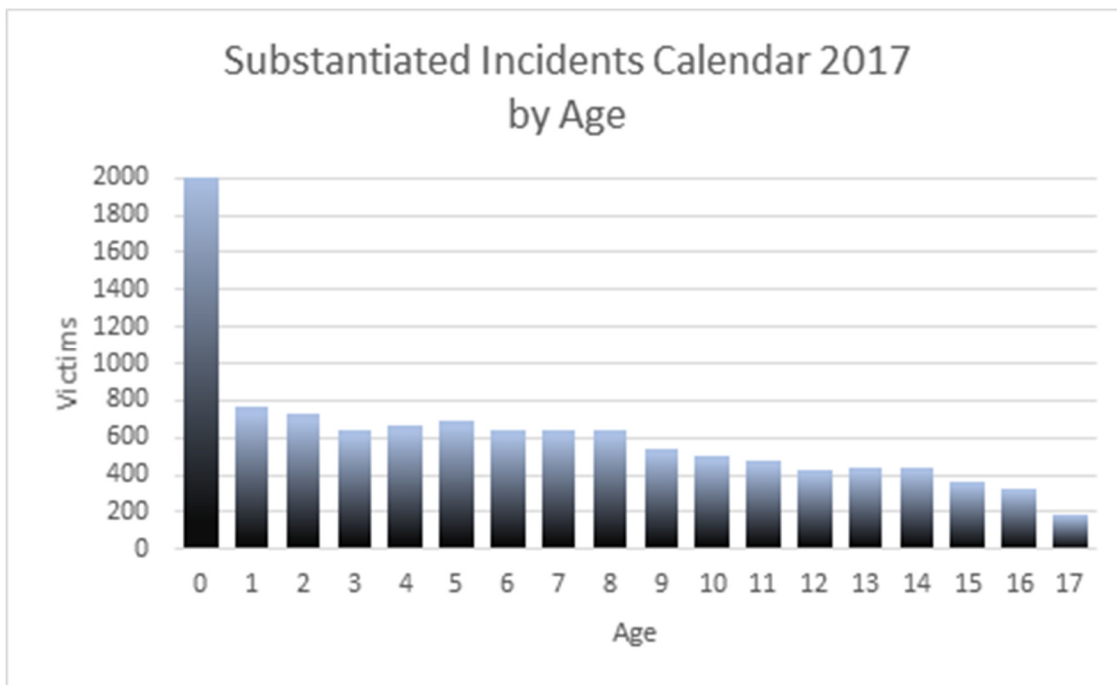
Data Source: Georgia SHINES and NCANDS. The above bar chart is based on data in Table 65 above.

The Safety Panel Review is a statewide collaborative approach taken by DFCS Field Operations to review cases of children most at risk for maltreatment (high-priority cases) and to develop a plan to provide services to ensure that safety concerns and the needs of the entire family are addressed. The panels provide learning, support, and mentoring to field staff to identify maltreatment and safety threats and to achieve positive outcomes via positive supports to the family. In FFY 2017, the agency added the safety field program specialist position to provide ongoing monitoring of high-risk cases.

If a child is determined to be unsafe as the result of a panel review, it is the responsibility of the safety panel facilitator to follow up and ensure all required safety actions have been completed immediately. The reviews often result in teachable moments for county staff, who learn and retain good case management practices needed to address child safety.

The state will continue to assess data to ensure accurate and adequate identification of high-risk populations, perhaps even advancing toward the use of predictive analytics. OPFS' Statement of Need(s) will continue to target the following special populations:
- Children birth to five and their families
- Grandparents raising grandchildren
- Prenatal families
- Children with special needs and their families
- Children deaf and hard of hearing and their families
- Children and families served through Children's Advocacy Centers across GA
- Other identified populations from DFCS leadership

Services to these families will include:
- Intimate Partner Violence Assessments/Counseling
- Substance Abuse Assessments/Counseling
- Babies Can't Wait Assessments
- Parenting Fitness Assessments
- Parenting Classes
- Psychological Assessments
- Parent Aide Services
- Mental Health Counseling
- Child Care Services
- Plans of Safe Care
- Safe Sleep Awareness Services

C4d. Services for Children Under the Age of Five

I. Permanency and Placement Services for Children Under the Age of Five

The state continues to recognize that expediting permanency for children ages 5 and under will have a positive impact on their overall well-being and works to reduce the length of time that young children under age five are in foster care without a permanent family. Several of the state's strategic plan goals and strategies are expected to have a positive impact on their welfare as well.

As of March 2017, Georgia SHINES data indicated 42.3% of children in foster care were 5 and under and 57.6% of children in care were 6 and over, essentially the same proportions as in 2016 (42.4% were 5 and under). Overall, Georgia's entries continue to outpace exits for all children, despite a noticeable change in the trend for a few months in FFY 2017. The length of time for the 0-5 population to exit care is less than that for the 6-18 population. For the past three years, children ages 0-5 have consistently exited to reunification, guardianship and adoptions in less time than children in the 6-18 population. However, SHINES data showed decrease from FFY 2017 to midway through FFY 2018 in the length of time it takes to a child with a primary goal of adoption to move from TPR to adoption. It

took 13.9 months in FFY 2017 and is now taking about 12.7 months. As required by the Juvenile Code, permanency hearings continue to be held at 9 months for children 0-7 years of age and siblings of children 0-7 years of age. Requirements for the frequency of parent-child visitation for young children (birth to five years of age) when reunification is the permanency plan are increased in order to facilitate bonding and child well-being. Unless the court specifies another visitation arrangement, below is the minimum frequency for parent-child visitation involving younger children (birth to five years of age) with a permanency plan of reunification:

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

Table 63. Permanency Services		
	FFY2017	**FFY2018**
Number of children with a primary goal of adoption	4,620	4,212
Number of children with a primary goal of adoption who were adopted, length of time from TPR to adoption	1,071; 13.9 months	729; 12.7 months
Permanency roundtables	519; 2.6%	29; 0.15%
Family team meetings	4,023; 19.9%	2,718; 14.2%
Number with a permanency goal of either reunification or adoption at 13 months (13th month was during that period)	5,387	3,419
How many had TPR hearings within 6 months of their 13th month	839	375
How many had a change in their permanency goal after the 13th month	453	279
How many had compelling reasons	565	539
	2,377; other plans	1,729; other plans

II. Expediting Permanency for Children 0-5 Years of Age

Since January 2014, and in accordance with the Social Security Act, which requires states to summarize the activities and the results of activities undertaken to reduce the length of time that children under age five are in foster care without a permanent family (section 422(b)(18), Georgia has expedited permanency hearings for children under age 7. As per the state's Juvenile Code (House Bill 242-January 2014), a permanency plan is filed for a child under age 7 no later than nine months of coming into care and no later than 12 months for a child age 7 or older. A permanency plan hearing is held every six months while the child continues in custody, or more frequently if deemed necessary by the court, until the court determines that the child's permanency plan and goal have been achieved. Additionally, permanency plan review hearings are held within nine months for siblings who enter care at the same time as the child who is under 7. The Juvenile Code also requires that permanency planning hearings are held no later than 30 days after DFCS has submitted a non-reunification case plan.

The appropriate placement of children ages 0-5 is also an important factor in expediting their permanency. The state requires that children of this age range be placed in the least restrictive and the most appropriate placement environment; with a relative or recruited family. There are very few instances where group home placements are appropriate. Current policy requires a waiver from the state office to place a child in this age group in a group home.

In FFY 2017, data regarding permanency for the 0-5 population were shared and the urgency to achieve permanency was messaged and strategized in leadership cadence calls. Mandatory webinars were scheduled for June to further address the exigency for permanency to all permanency/foster care staff. Additionally, reference guides were developed and are regularly distributed to staff to guide conversations with birth parents and foster parents during Every Child Every Month (ECEM) and Every Parent Every Month (EPEM) visits. Lastly, the Division launched a training initiative to educate caregivers on the early identification of developmental delays and disabilities in children 0-5 years.

The Division offered 10 train-the-trainer events in the following cities: Cummings, Rome, Lawrenceville, Savannah, Macon, Columbus, Albany, Valdosta, Carrolton and College Park. This training opportunity was established in partnership with the Department of Public Health. Participants in train-the-trainer sessions learned how to present the established curriculum and use related tools and materials such as video, Milestone Moments booklets, tracker and participant resource guides. Participants also received a training kit with session materials to replicate the training for families. The goal of the project is to have a training curriculum that will improve overall service provision for children in this age group. The training was offered to lead or designated resource development (RD) staff and CPA partners. The classes were limited to 20 participants per session with two spaces reserved for each RD team and two for each CPA.

III. Implementation Strategies for Expediting Permanency for Children 0-5 Years of Age

In the CFSP, the state identifies plans to improve its permanency planning process without directly linking the plan to expedited permanency for children ages 0-5. However, research in states that provide expedited services for young children provided resounding evidence that the implementation of concurrent planning positively impacts expedition of permanency. Key to Georgia's permanency planning improvement plan (as noted in the CFSP) is the implementation of concurrent planning by the end of September 2019.

Additionally, Georgia is committed to fully implementing its Partnership Parenting Model (PPM), which is an innovative shift in practice with birth and foster families. The PPM is about creating co-parenting relationships between the foster and birth parents. The PPM establishes "a clear definition and understanding of each person's parenting role, an appreciation and respect for each role, a clear agreement as to the responsibilities of each role and a method for shared decision-parenting between the birth and foster care parents." The PPM in no way shifts safety responsibilities from DFCS or foster parents but rather recognizes the temporary nature of most out-of-home foster care services and keeps birth parents in parenting mode, respecting that their children will return to them once parental protective capacities have increased to the level needed to mitigate safety concerns.

The state therefore proposes to expand its strategic goal of implementing concurrent planning to include an Expedited Permanency Planning (EPP) process for children ages 0-5. EPP incorporates the three goals already documented in the CFSP (improved permanency planning, concurrent planning and partnership parenting) as well as the support of the court system in enforcing the expedited hearing requirements of the Juvenile Code. The specific components of EPP are:
- Concurrent Planning
- Partnership Parenting
- Appropriate placement matching and ensuring congregate care placements are not utilized.
- Expedited permanency hearings
- Increased visitation requirements
- Increased contacts with birth parents

- Required use of permanency roundtables at specified intervals.

In accordance with the CFSP, by the conclusion of 2019, the state will fully implement concurrent planning and partnership parenting, which will then be added to the EPP.

IV. Services for Children Ages 0 to 5 Years

As children under five are considered a vulnerable population the state seeks to promote and provide services that will address their developmental needs. Effective February 9, as per the Family First Prevention Services Act (FFPSA), states may consider not only children who are in foster care as part of this population but also children in, in-home and community-based settings; essentially all vulnerable children under age five are comprised. Webinars were held in June 2018 to focus staff attention on this population including the services to be obtained and the permanency planning needed. Information specific to the special permanency and well-being needs of young children have been infused into new staff training.

Babies Can't Wait screenings are mandatory for all applicable young children in care. Children age three and under are referred to Children First for a developmental screening as required by the Child Abuse Prevention and Treatment Act (CAPTA)., The assigned DFCS case manager completes a Children First (DPH) referral form in SHINES and emails or faxes it to the Children First district coordinator based on the county in which the child resides. Children First screens all referred children within 45 days of receiving the referral. If developmental concerns are identified, children are then referred to the Babies Can't Wait (BCW) program for additional assessments and determination of eligibility for services. Children not meeting the criteria for services who have identified concerns are referred to other community resources. Additionally, children age three and over are referred to the Department of Education (DOE) for screening and determination of eligibility for services if developmental concerns are suspected.

As of March 2014, DFCS case managers are responsible for informing Amerigroup of all Children First/BCW referrals through an E-Form. Amerigroup is responsible for ensuring that referred children are assessed and that any recommended services are provided. If dental/vision/hearing/developmental screening results yield concerns, it is the primary responsibility of the Amerigroup CCT to address those concerns and work with DFCS case managers and WPAC Wellness Specialists, and placement provider/caregiver to schedule any follow-up needed. For services not covered by Medicaid, it is the responsibility of the DFCS case manager, in consultation with DFCS county leadership, to submit a waiver request for unusual medical and dental to the social services director (DFCS Policy Manual, Foster Care Services, Section 1016). DFCS case managers, in consultation with supervisors and family members are encouraged to seek a second opinion if it is in the best interest of the child. Medicaid incorporates provisions for obtaining second opinions by other medical or behavioral health providers

The State additionally, provides evidence-based home visiting with eligibility for expectant parents or parents of children birth to three, and provides parenting education programs such as Triple P and Strengthening Families. Parent support for children with special needs is delivered through Parent to Parent of Georgia. These programs are not relegated to just children who are in care; they benefit eligible children irrespective of their placement status. Second Step Social Emotional Learning curricula is made available to children in many Pre-K and Head Start programs throughout Georgia. Although the state's PSSF services may not specifically target children 0 to 5, those in that cohort are eligible for those services including home visiting, center-based parenting programs, supervised visitation and CASA.

Children in Georgia have access to early education services and subsidized childcare including Early Head Start, Head Start and Pre-K. The State CAPS program transitioned from DFCS to DECAL in July 2017. The referrals to the program continue to climb, there were approximately 1,400 referrals received by DECAL from DFCS in September 2017 that need follow-up and resolution. DECAL leadership recommended the that the Agency identify high-level liaisons to help support best practices related to CAPS referrals, forms, and case changes. In response, the Early Childhood Collaborations Unit staff is providing guidance and is operating as the Division's internal point of contact for DFCS foster care and CPS case managers and external point of contact for all escalated cases. A data sharing agreement between DFCS and DECAL allows for additional data collection and analysis through Georgia's Cross Agency Child Data System (CACDS). Strategic ongoing and future plans include the ongoing management of early childhood priorities which support Division level plans.

Targeted efforts to provide additional resources and support for children identified as needing special education services by the Local Education Agencies or Babies Can't Wait (in partnership with the WPAC Unit) is a primary goal of the proposed unit. Healthy brain development for children in this special population is directly correlated to high quality early childhood care, education, and special services. These are arguably DFCS' most vulnerable children and require increased efforts to ensure educational stability at an early age.

As children ages 0-5 enter foster care, they receive an array of services, including the following.

Comprehensive Child and Family Assessment
A Comprehensive Child and Family Assessment (CCFA) is completed on all children entering foster care. Services are provided based on the needs identified in the CCFA.

Parent-Child Visitation
When children are placed in care, visits with parents are established to support the permanency plan. Currently, policy requires that children birth to 2 years of age receive visits three times a week and children 2 to 5 receive two visits a week. Children 6 years of age and older receive weekly visits with their parents. The increased frequency of visits assists children 0-5 in maintaining a strong bond with their parents, yielding a higher probability of reunification.

Concurrent Planning
To further assure timely permanency, as of 2014, state policy requires that concurrent plans be established for children in care when appropriate. This practice will be incorporated into the state's new practice model.

Health and Developmental Screenings
Georgia's Medicaid EPSDT program currently follows the American Academy of Pediatrics (AAP) 2008 Bright Futures Periodicity Schedule and its list of elements to be completed at each periodic visit. These components include age-appropriate developmental, vision, hearing and dental screens. As part of the medical assessment, the CCFA includes a developmental screening for all children ages 0-4 entering the foster care system. This screening identifies any existing delays or factors that may contribute to future delays and provides appropriate planning and service delivery. Referrals are made to the Department of Public Health's Children 1st and Babies Can't Wait (BCW) programs. (Children 1st is the state's entry point into all public health services for children ages 0-5, and BCW is the state's early intervention program for children ages 0-3 under the Individuals with Disabilities Education Act (IDEA) Part C.) For eligible children receiving BCW services, DFCS case management staff are responsible for ongoing communication and collaboration with BCW coordinators. Their responsibilities include:

- Contacting BCW coordinators, therapists, and other professionals at least monthly regarding ongoing child-specific eligibility and service provision issues
- Submitting completed CCFA and recommendations to the BCW coordinator
- Reassessing vulnerabilities on an ongoing basis and re-referring to BCW any children ages 0-3 who may have initially been determined ineligible
- Inviting BCW/Children 1st representative to all case planning activities, such as FTMs, multidisciplinary teams (MDTs), and case conferences

The Department of Public Health's BCW program is responsible for:
- Notifying DFCS of the outcome of all referrals within three working days of receipt of referral
- Referring all children ineligible for BCW back to Children 1st for monitoring and follow-up

Following the initial assessment, periodic developmental screenings determine whether there are factors that may result in a developmental delay for a child or place the child at risk of delay. Developmental information is obtained and recorded in the child's record to the extent possible. If there are risk factors noted in the developmental screen, a referral for an assessment must be made within 30 days of the screen. The case manager works collaboratively with the child's birth parents and foster parents (or other placement provider) around meeting the child's developmental needs, including self-esteem, cultural identity, positive guidance/discipline, social relationships, and age-appropriate responsibilities.

V. Professional Development Regarding Young Children

In December 2016, a partnership was established with the Department of Public Health to provide a *Developmental Delays and Disabilities in Children Ages 0-5* train-the-trainer course for resource development staff from DFCS and private agencies. The purpose of this training is for the respective staff to, in turn, provide this training to foster, adoptive, and relative caregivers of children in this specific population. The training curriculum and course content was provided by the Department of Public Health (DPH), and the train-the-trainer course was taught by an independent contractor who aided DPH with the development of the training content and coordination. Each of the 14 DFCS regions could send two staff, and each of the 88 approved child placing agencies were allowed to send two representatives to the training, which began in February 2017.

ETS, in partnership with the Georgia State University Professional Excellence Program, is developing a course, "Child Development: Implications for Practice." This course explores the developmental consequences of child abuse and neglect for children from birth through adolescence. It provides a framework for the early recognition of developmental problems and stresses the importance of including developmental and remedial services in case plans. Case managers apply and practice strategies that promote healthy development of children who have been abused and neglected with children on their caseloads.

Additionally, training for foster and adoptive parents (Module 7 of IMPACT FCP) specifically addresses child development and the impact of trauma on child development. Foster and adoptive parents are introduced to the guidelines for child development. Through a series of activities and discussion, they learn how trauma impacts childhood development. Additionally, foster and adoptive parents learn ways to parent children dealing with issues of trauma. The learning objectives from this training module are that participants will be able to:
- Explain the stages, processes, and milestones of normal physical, cognitive, social, emotional, and moral development from birth through adolescence.

- Explain the negative effects of child abuse, neglect, and sexual abuse on development, and can identify indicators of developmental delays or problems.
- Describe the impact of trauma on child development.
- Explain the link between a child's behavior and the child's emotional state, and what the behavior represents, or accomplishes for the child.
- Describe developmentally appropriate interventions based on an understanding of the stages of child development.

C4e. Children Adopted from Other Countries

Georgia DFCS has supported families of children who have been adopted from other countries by providing non-recurring adoption assistance payments for children eligible for the program. Non-recurring adoption assistance is a one-time payment to reimburse legal fees associated with the finalization of the adoption of a child from another country and pre-placement costs, such as travel, lodging, and food during pre-placement visitation. The adoptive family may apply for the non-recurring adoption assistance at the local DFCS office in their county of residence prior to adoption finalization. The agency has provided information and training on this assistance to international adoption agencies.

Families who adopt children from other countries are also eligible for post-adoption services through the Georgia Center for Resources and Support. The Center, through a contract with DFCS, assists families in locating needed resources, developing support groups, finding books and adoption related publications related to adoption issues, and by providing a "buddy family" who has adopted or fosters a child with similar special needs. Current information about community resources and interactive training opportunities are provided on the Center's website. Regional resource advisors are also available throughout the state to assist adoptive families by providing advice, support, and training. Families adopting from other countries can also access the he Crisis Intervention Team, which provides services to adoptive families in need of professional help to improve overall family functioning, preserve the family unit, and provide links to community resources. The team assists adoptive families of special needs children who have been placed into adoptive homes.

Families adopting from other countries can also access the Crisis Intervention Team, which provides services to adoptive families in need of professional help to improve overall family functioning, preserve the family unit, and provide links to community resources. The team assists adoptive families of special needs children who have been placed into adoptive homes.

C5. Program Support

I. Training and Technical Assistance Provided

Prevention

Prevention and Community Support (PCS) provides training and technical assistance to all contractors by either internal staff or external partners through individualized training, webinars, online, site visits and face-to face group trainings/meetings and train-the-trainer opportunities. The types of trainings funded include home visiting, abstinence education, child abuse prevention, healthy relationships, brain development, special needs, early childhood, social services, grants administration, family engagement, trauma informed care and cultural competency.

The total number of individuals trained was 80,645.
- % of Participants Who Rated Training as Above Average: 96%
- % of Participants Who Reported Their Knowledge Level Increased Due to Training: 93%

Trainings Conducted for PCS by Prevent Child Abuse Georgia (PCA Georgia)

PCA Georgia held regional trainings and webinars throughout the reporting period. The total number of participants was 591. Examples of webinars include:
- Mandated Reporter Training
- Bullying Prevention
- Child Home Safety
- Engaging Fathers
- Stewards of Children Training
- Childhood Trauma

Three webinars were held this contract year on 10/24/16 (Mandated Reporter Training), 1/26/17 (Planning for Child Abuse Prevention Month), and 2/21/17 (Sex, Lies, and Betrayal: Gang Culture and Sex Trafficking).

The PCA Georgia Annual Conference was held September 7, 2017. It was attended by 350 professionals from child-serving organizations across the state. PCA Georgia partnered with the Stephanie V. Blank Center for Safe and Healthy Children for this event, which featured 18 different workshops. Dr. Donna Beegle delivered the keynote address on Understanding Poverty.

All PCA Georgia training events had an average overall rating of 4 out of 5 or higher.

Trainings Conducted for PCS by Better Brains for Babies

Better Brains for Babies (BBB) promotes public awareness of early brain development and its importance in achieving optimum child well-being through distribution of educational materials and by preparing trainers to conduct training with service providers, parents and community leaders.

A total of 107 people was trained in face-to-face workshops or webinars during the contract year. A total of 42 professionals attended one of four two-day community outreach educator training workshops and are now prepared to teach brain development to a wide variety of audiences. A total of 65 people attended the two BBB webinars offered during FFY 2017.
- BBB provided two one-hour webinars during the reporting year. One webinar focused on cognitive development in the context of adult-child interactions and the other focused on dyslexia. Recordings of both webinars are available on the BBB website.
- BBB provided one-hour update sessions to familiarize BBB educators with the updates to the Introduction and Chapters 1 – 3 of the Educator's Guide. Sixteen separate one-hour webinar sessions were held between January 12 and April 24, 2017, and 137 educators attended one of the sessions. Chapter 4 was also updated during this year.

All BBB training events had an average overall rating of 4 or higher. Ratings averaged 4.64 out of 5. There was a significant increase in knowledge from these trainings. The average pretest score was 30% correct; the average post-test score was 56% correct

Other efforts to educate adults about brain development included the following:
- Regular updating of the BBB website including new monthly Brain Tips
- Sharing brain development information via Facebook and YouTube

- Distributing 11,610 English and 4,410 Spanish brochures
- Updating a DVD developed by BBB, which PCS reviewed and approved in September 2017.
- Participated actively in the work of Brain Trust for Babies Education team, led by the Georgia Department of Public Health
- Participated in writing and editing of early brain development modules being produced by Atlanta Speech School and the Cox Campus

PCS Child Abuse and Neglect Prevention Provider Quarterly Trainings

FFY 2017
On 10/11/16, PCS held a training for all PCS contractors entitled: "Trauma STARs: Understanding Trauma and Trauma Informed Practice." This workshop provided participants a foundational learning experience to increase knowledge and understanding of trauma, and the lifetime effects of trauma. The training also reviewed the guiding principles of trauma informed practice and the importance of creating an environment that supports the healing of complex trauma.
- 55 total participants attended this event with an overall rating of 100%
- 100% of participants stated that their knowledge of the subject increased as a direct result of the training

On 2/27/17, PCS held a training for all PCS contractors entitled: "Georgia Center for Child Advocacy One-Day Training: Stewards of Children, Commercial Sexual Exploitation of Children, and Mandated Reporter Training." This three-part, one-day training included the Stewards of Children curriculum, a Commercial and Sexual Exploitation of Children module, and a Mandated Reporter training.
- 32 total participants attended this event with an overall rating of 100%
- 96% of participants stated that their knowledge of the subject increased as a direct result of the training

Online Trainings Conducted for PCS by ProSolutions Training, a division of Care Solutions, Inc.

ProSolutions Training (PST) continued to manage the DFCS-OPFS portal (www.prosolutionstraining.com/dfcs-opfs) and to host the following courses:
- Mandated Reporters: Critical Links in Protecting Children in Georgia
- Safe Sleep for Georgia Babies
- Brain Development: Amazing Brains, Amazing Babies
- Bullying Basics: Recognizing Bullying Behaviors and Risk Factors
- Best Practices in Confidentiality and Record-Keeping
- Reading to Young Children
- Health and Safety Orientation Training

PST provided technical support and assistance to course participants (phone and email) as well as online course evaluations.
- Provided more 68,000 individuals in Georgia 83,976 hours of training, with 36,225 students taking 43,861 hours of Child Abuse Training across three courses
- Total number participants trained for contract year: 68,226

Caregiver Recruitment and Retention

The Caregiver Recruitment and Retention Unit provided Crucial Conversations training to the regional resource development team leads during the annual resource development retreat in November 2017. Crucial Conversations is a training that focuses on empowering

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Kinship Care

The Permanency Section facilitated a kinship values training at the annual statewide supervisor summit. The goal of the training was to normalize kinship as a practice expectation, not just for placement upon removal but also as a support for the family. The values training was an interactive workshop centered on dispelling myths and personal biases. During the training the participants agreed that "if children cannot remain safely at home, relative or kin is the next best placement", but many highlighted barriers in policy and practice that could deter staff from working with kin. Participants received tools and resources to share with frontline staff and tasked to lead kinship conversations with their staff and local partners. The Kinship Navigators also received the values training and began incorporating the values dialog in their FFY 17 engagement with both internal and external partners. Feedback captured during the trainings helped to inform state leaders of key areas to improve service delivery and infrastructure.

Following the values training the Kinship Unit received increased request for training and county data related to kinship placements from staff and community partners. The training was delivered to judicial partners, case managers, and the DHS Commissioner's Kinship Task Force.

Placement Resource Operations

The Placement Resource Operations Unit (PRO) has coordinated and developed a variety of technical assistance and training opportunities to field staff and private provider network on various state processes, internal state agencies, external resources and services.

Placement Resource Operations and Office of Provider Management conducted statewide Technical Assistance meetings for providers in Atlanta, Savannah, Macon, Columbus, and Thomasville. The intent was to build stronger bridges with contractors in efforts to reinforce partnership and to work in collaboration with RBWO providers to ensure the delivery of superior foster care services in Georgia. Because of the success of these roadshows, the training was also tailored and delivered to DFCS field staff in Coweta, Spaulding, Bibb, Tift, Coffee, Clarke, and Muscogee counties. There were 176 total participants from private providers (Child Placing Agencies 93, Child Caring Institutions 62, Independent Living Programs 15, and Transitional Living Programs 6). Provider participants were in roles of case managers, directors, owner or CEO, trainers, recruiters, and quality improvement coordinators. DFCS participants were in roles of county director, administrator, supervisor, and case manager.

MWO Matters component seeks to bridge the gap amongst field and provider staff as it relates to RBWO program designation criteria, barriers to placement and in-depth discussion on the needs of children in foster care with high-end needs. The training includes open discussion about the specifics of MWO and the associated behaviors, medical necessity related to PRTF and crisis stabilization admissions, maintaining placements, and the Family First Act. It is intended to promote discussion, brainstorming, and real solutions related to placement. There will also be time for DFCS to staff difficult cases in real time with providers in attendance. A total of 453 people is currently registered for this training, which will be conducted in Atlanta, Macon, Columbus, and Savannah.

New County Director Training - Each quarter the Placement and Permanency Section participates in a New County Director Training aimed to provide insight to newly hired county directors throughout the various local offices on the many high-level functions of the State Office such as field operations, well-being and collaborative services, DHS Risk Management, Quality Management and Federal Regulations., services offered and functions of each unit.

Consultation and Coordination with Tribes

In response to Indian Child Welfare Act - 25 CFR 23, the Policy Unit and Education and Training Section, in collaboration with the Institute for Online Training and Instruction System (IOTIS), developed an online ICWA training, which was released for staff in November 2017. The comprehensive training webinar includes new content from the ICWA Final Rule and the enhanced ICWA policy. This training is required annually for all DFCS staff.

Independent Living Program

In partnership with J.W. Fanning Institute for Leadership Development at the University of Georgia (Fanning), ILP co-facilitated trainings to Division staff, caregivers, private providers and post-secondary institutions on the Education and Training Voucher program (ETV). The training allowed for the target audience to gain knowledge around services available to youth as well as to guidelines and procedures to initiate and maintain service delivery.

GARYSE provided credit reporting training to field staff, caregivers, and adult supporters on the Child and Family Services Improvement and Innovation Act which requires annual credit report checks for foster youth. During the trainings, the audience learned the process of initiating annual credit checks for youth and identifying ways they can support youth ages 14 to 21 by mitigating obstacles caused by credit inaccuracies. The program has identified some areas in which to strengthen practice around this work. These strategies include increased training for staff and young people, work with DFCS legal department around releases and information-sharing and establishing collaborations with subject matter experts.

Workshops are facilitated twice a month statewide in partnership with MAAC to provide awareness around technology, financial literacy and other life skills to youth ages 14-21. These workshops help current foster youth to develop skills needed to transition into adulthood.

Opportunity Passport training sessions are held on a quarterly basis statewide to provide financial literacy and credit training to youth ages 14-21. These trainings serve as a benchmark requirement for enrollment in the Opportunity Passport/Individual Development Account Program (IDA).

Office of Provider Management

OPM partnered with RevMax during this review period to ensure that all RBWO Providers were trained in the IV-E requirements for youth in foster care. In continuing the effort to partner with stakeholders to offer ongoing relevant trainings for RBWO providers, OPM has partnered with Amerigroup to offer trainings to assist RBWO providers with resources afforded to youth in foster care. OPM also partnered with Resource Development -SME unit to provide a training on the enhancement and new components of the SHNES system to 296 RBWO providers.

The Office of Provider Management conducted four Performance-Based Placement meetings with RBWO providers to increase performance, ensure safety, and gain permanency for youth in foster care. Understanding that the safety and well-being of children is of paramount importance; therefore, collaboration with RBWO providers is critical in the effort to ensure the delivery of superior foster care services in Georgia. These meetings were conducted in Metro Atlanta and Macon. Overall, this support was well received by providers and all feedback received was positive.

Safety

The Safety Services Unit provided training on Plan of Safe Care. (Regional Plan of Safe Care champions were developed throughout the state to provide additional support for frontline case managers and county staff.) The Unit also provided training on Safety Resources, Child Abuse Registry, and Domestic Violence.

Well-Being – Community Programs

The Community Programs Unit hosted County Youth Development Series sessions across the state. The purpose of the Youth Development Series sessions was to provide information and resources to internal staff (case managers, supervisors, field program specialists, county directors, etc.) and local community partners (non-profit organizations, school systems, faith-based organizations, etc.) about the programs and services provided through the Community Programs Unit. The sessions were held during the lunch hour for DFC staff and in the evening for community partners. During the sessions, attendees had the opportunity to learn about various programs that provide youth development and youth-focused programming and services. These programs included the:
  • DFCS Afterschool Care Program
  • Educational Programming, Assessment and Consultation (EPAC)
  • Georgia TeenWork Internship Program

County Lunch and Learn sessions (lunch at county offices, open to DFCS staff) and Community Informational Events (evening at community location; open to community partners (business owners, educators, schools/boards of education, faith-based entities, non-profit youth-serving organizations) were held in the following counties:
  • Region 1 - Whitfield County – Thursday, February 1, 2018
  • Region 10 – Thomas County – Tuesday, February 6, 2018
  • Region 11 - Coffee County – Wednesday, February 7, 2018
  • Region 4- Coweta County – Tuesday, February 13, 2018

Community informational events were held in the following counties:
  • Region 13- Clayton County – Thursday, February 15, 2018
  • Region 14- DeKalb County – Thursday, March 1, 2018

Well-Being – Educational Programming, Assessment and Consulting (EPAC)

The EPAC team conducted two live online Education Academies via the WebEx platform in December 2017. The title of the Sessions was "Educational Stability Support for Foster Youth: A Model for Success." All regions were invited to participate in the training.

Well-Being – Early Education

- DFCS, jointly with the CAPS director, conducted a webinar and an onsite training at the Gwinnett County DFCS office to field program specialists statewide. Approximately 75 case managers and field program specialists were briefed on changes in CAPS policies and procedures.
- All social services case managers are required to view the webinar on the CAPS application process and how to get it completed timely.
- DFCS presented to the GA Head Start Executive Board on strengthening DFCS/Head Start collaboration.
- Well-being services secured DECAL to present to foster and adoptive parents at the annual AFPAG conference on CAPS.

Well-Being – WPAC

Well-Being staff, WPAC included, co-trained with foster parents at an AFPAG workshop. Skills taught included how to the prepare for medical appointments, timeliness of all medical assessments, and who to contact if questions arise.

WPAC works with small groups of staff and provides over-the-shoulder coaching on appropriate health documentation. Upon request, WPAC will provide orientation sessions with new workers.

The Well-Being Unit provided WPAC consultations to field program specialists, particularly treatment FPSs, examining ways to navigate the health care system.

Workforce Development

In addition to training for staff identified in the agency's training plan, ETS provided training for new county directors that includes presentations from DFCS leadership about important programs, policies and initiatives. This training is designed to provide information and connections that will be helpful to new county directors in their new roles.

The agency provided a leadership summit in August 2017 and a supervisors' summit in October 2017 attended by more than 425 supervisors.

Supervisor mentors were provided in each of the three districts to help new and veteran workers develop the skills needed to succeed and support their staff. A total of 25 supervisors have completed mentoring since February 1, 2018. With the expansion of the Supervisor Mentoring Program, new supervisors are now being mentored within a few months of their promotion dates, creating a process that gives them support at as they begin their roles as supervisors.

Practice model coaches continued to work in their respective regions to prepare the field for the rollout of the new practice model that incorporates the SBC principles and to provide support in regions following the completion of the statewide rollout. This was accomplished through presentations on SBC and SBC-related skills. Training was provided to district, regional and county leadership. Post training and ongoing technical support and coaching was provided to leadership in the areas of grading work products, practice essentials, and how to navigate the SBC implementation website. Additionally, practice model coaches provided technical assistance to the Policy and Georgia SHINES Units.

Promoting Safe and Stable Families

Georgia Promoting Safe and Stable Families (PSSF) program staff participated in the following events to raise awareness and educate stakeholders about the program:

- County caseworker trainings regarding PSSF services and accessing those services.
- Contractors meeting
- Regional meetings (including PSSF providers and local DFCS staff)
- Supervisor and leadership summits
- CQI meetings
- Regional and count leadership and community partner meetings

Each year, PSSF conducts a bidders meeting with all agencies throughout the state interesting in providing services to children and families through PSSF funding. The purpose of this bidders meeting is to provide technical assistance to agencies regarding the PSSF statement of need. It allows agencies to secure an understanding of the process and requirements and to ask questions prior to proposal submission. The bidders meeting covers the following topics:

- PSSF Proposal Review
- PSSF Award Decisions
- DHS/PSSF Contract Requirements
- DHS/PSSF Contract Execution
- Preparing & Submitting a Proposal
- Service Models
- Proposal Requirements
- Proposal Documentation
- Proposal Submission

Continuous Quality Improvement

CQI provided consultation to PIP leads regarding their PIP Implementation Plans. Additionally, a CQI specialist is assigned to the SIU team to help them form a CQI team.

Education is provided during PACCC meetings to assist regions with understanding behaviorally specific practices that are needed to improve practice and meet the PIP/CFSP goals.

Quality Assurance (QA)

Each region is assigned a QA specialist from the CFSR review team to provide technical support around data collected as well as CFSR requirements. The QA specialist works closely with the CQI specialist and regional teams to identify gaps and areas needing improvement based on CFSR review findings and assist in strategizing interventions to support improvement in case practices.

During the past year there have been several trainings provided by the QA specialist both at regional and county levels. Trainings included: CFSR Overview, Engaging and Assessing Families, Purposeful Collateral Contacts, Purposeful Visitation and Completing Quality Case Reviews.

In April 2018, the QA unit began providing a CFSR live learning with regional staff and during supervisor summits. As prework to the training, the participants are required to read a case that was reviewed from their respective regions and apply the OSRI instrument. During the training, each outcome and item is discussed as to what is being evaluated for each item and the applicability of each

item. This is followed by a specific discussion about the assigned case and how and why items were rated the way they were rated. This live learning provides a greater understanding of the overall CFSR process and supports better outcomes for Georgia's families.

Georgia SHINES

The Georgia SHINES team provides Quick Tip communications to provide key information at a glance to help users better understand system functionality with an intent to improve case documentation. Additionally, the Georgia SHINES team:

- Conducts webinars pre/post deployment to support users understanding of system updates
- Conducts system overviews/trainings with specialized user groups, e. g. Office of Inspector General, field program specialists, data integrity specialists, etc.
- Develops job aids

These reflect the team's efforts to improve usability and increase knowledge transfer.

Education and Training

The Georgia Child Welfare Training Academy for new child welfare case managers was piloted from June 2017 through September 2017. The curriculum was written to support a competency-based training system and to include solution-based casework (SBC) and other components of Georgia's Comprehensive Practice Model within the new curriculum. Enhancements were made based on feedback from participants, supervisors and leadership as well as an evaluation conducted by the Professional Excellence program at Georgia State University. The first academy classes began in April 2018 with improved curriculum in the areas of substance abuse, CSEC, domestic violence, interviewing, documentation, the assessment of safety, Georgia SHINES and a live case simulation. One major change with implementation of the Academy is that staff are not allowed to have any cases while they are in training. Staff will also be cross-trained in CPS and foster care.

The statewide SBC rollout was completed in October 2017. Frontline case managers and supervisors were required to complete the 2.5-day OCP 765 - *Solution Based Casework for Staff* training. Supervisors were also required to complete the 2-day OCP 766 - *Solution Based Casework for Supervisors* training to support certification. Education and Training has 15 practice model coaches to provide coaching and over-the-shoulder support to assist staff through the certification process and implementation of the practice model. A total of 91 OCP 765 classes and 29 OCP 766 classes were conducted during that time frame. Regions 4, 6, 8, 9, 11, 10 and 12 were trained as part of the scheduled rollout during the period and all regions are now in the implementation and certification stages. The number of participants for OCP 765 classes was 1,673 and for OCP766 classes was 394.

Practice model coaches facilitated classroom training, county workshops, case consultations, reviews of work for purposes of certification and served as subject matter experts in the development of policy and SHINES updates. Counties/regions that have embraced the expertise of their coaches have seen tremendous success in progress towards certification and in fidelity reviews.

The Social Services registrar and Special Projects team has facilitated webinars and participated in meetings with C3 coordinators to provide training on how to collect and review reports to track annual training hour requirements.

Kenny A.

The Kenny A. unit provides annual training for new county directors on the Modified Consent Decree. The unit also provides special investigation training for field staff responsible for completing maltreatment in care investigations for Region 14 to ensure all mandatory Kenny A. requirements are met for these cases. This includes staff in Region 14, as well as the state Special Investigation Unit. The unit provides technical support by facilitating and participating in workgroups around program practice, workforce development, education and adoptions. It also meets regularly with assigned dedicated staff from each county to maintain emphasis and focus on timely adoptions and educational achievement. The unit works in partnership with the state data unit to provide the region with data needed to measure outcomes and provide reports for the accountability agent and the monitoring team.

II. Training and Technical Assistance Received

The agency has reached out to private agencies, local colleges, non-profits and government organizations to enhance practices and operations. Various newsletters, e-blasts and email notifications are distributed to staff with practice tips, policy descriptions and helpful guidance. The Practice and Program Guidance Section periodically distributes the PPG Guidepost, a newsletter which has highlighted topics such as the National Child Abuse Prevention Month Nurturing Communities Civic Dinners, services offered through the Office of Family Independence Program for kinship families, the National Association of Women Judges community service event held in Atlanta, and ICPC roadshows. The C3 Coordinators are regularly forwarded resources (information sheets, publications, practice tips, etc.) from the Capacity Building Center for States and have participated in a couple of the webinars they provide such as Part 2 - Look Before You Leap: Using Data to Avoid Common Missteps When Asking, "Why?" for continuous quality training consistency, the statewide CQI training is provided by Georgia State University, the state's training partner which provides the trainings quarterly throughout the state. C3

Prevention

Prevention and Community Support (PCS) received new state lead orientation training from the CBCAP technical assistance provider.

Placement Resource Operations

RFK National Resource Center for Juvenile Justice, Dual Status Committee - presentations by the Department of Family and Children Services (DFCS); the Department of Juvenile Justice (DJJ); and the Juvenile Court Probation Department regarding dually/joint custody youth and the services, barriers regarding placement, court/probation processes. (3 PRO specialists)

Georgia Cares - Training on use of the Ga Cares screening tool to identify these victims that will be published for all to use. (Human Trafficking Program coordinator and 9 PRO specialists).

Mental Health Day at the Capitol - The Behavioral Health Services Coalition hosts this annual consumer empowerment and advocacy training. (PRO director)

Department of Community Health - Georgia Families 360° Monitoring & Oversight Committee: Medicaid Autism Benefit Information. (PRO director)

Division of Family and Children Services - Review of Safety Measures for Children in Congregate Care - Federal regulations at 45 CFR 1356.30(f) require for title IV-E funding that title IV-E agencies maintain evidence that safety considerations with respect to the caregiver staff of childcare institutions have

been addressed. The documentation must verify the safety measures are satisfied in accordance with the mandates of the licensing agency where the child care institution is located. The webinar will discuss the federal requirements for safety checks of institutional staff and documentation of those requirements for a IV-E review. Accordingly, the webinar is intended to: increase participant knowledge of the federal requirements; share challenges and solutions in meeting the requirements; and promote effective communication of the requirements between IV-E agency staff and licensing agencies to better prepare for the IV-E review and ensure the safety of children placed in congregate care settings. (PRO Unit 11).

Foster Care Case Plan Redesign - Revision to the case plan and involves focusing the plan to SBC practices as well as adding additional state and federal requirements. Case Plan and Medicaid Referral - Georgia SHINES Enhancement to the Foster Care Case Plan Redesign and automation of the Medicaid Referral. (PRO director and 6 PRO specialists)

Department of Human Services (DHS) - Contracts Overview Training - overview of handling contracts that require proposals (PRO director and program administrator)

Amerigroup/Georgia Families 360° Community Training Program - Behavioral Health Overview, Georgia Families 360 Overview, Diabetes Overview, Substance Use Overview, Bipolar Disorder Overview, Asthma Overview and Psychotropic Medication Overview. (PRO Unit)

Department of Behavioral Health and Developmental Disabilities (DBHDD) - Psychiatric Hospitalization of children with Autism Spectrum Disorder (PRO director and 3 PRO specialists)

Child Abuse Registry

The CAR unit (5) received training from the Georgia SHINES and IT teams regarding enhancements to the system. Safety Panel Facilitators received training through conferences provided by stakeholders, Office of the Child Advocate, and Prevent Child Abuse. The Safety Services director attended training from the federal Children's Bureau as the State Liaison Officer. One CAR team member received additional training through the agency's Knowledge Management Section.

Well-Being – Community Programs

Professional Development

The Community Programs Unit staff received professional development training to increase their individual and collective capacity to continue to provide exceptional services within their respective programs. Training was provided to increase the staff's self-awareness in how they work and how they communicate with each other and their partners and customers (constituents). Approximately 25 staff members participated in the training.

Georgia SHINES Training

The staff within the EPAC Program have received SHIINES training and training from DHS Office of Information Technology. Approximately 20 staff participated in the training.

Youth Thrive

Approximately 15 Division and community partners participated in training facilitated by the Center for Social Study Policy for the Youth Thrive grant the Division received.

Well-Being – Early Education and Wellness

The state Early Childhood collaboration manager attended the Zero to 3 Conference in San Diego, California in October 2017. The manager participated in workshops that discussed innovative ways to expand early education services for children in foster care. The information he garnered from the conference has allowed him to better asses the needs of this population. The manager has created a workgroup inclusive of DFCS staff and partners to discuss ideas that will create better early childhood outcomes.

MAAC helped to train private providers on Youth Thrive Promotive and Protective Factors such as youth resilience and helped them to be aware of developmental stages and cognitive development.

Workforce Development

Education and Training continued to receive technical assistance and ongoing support from Dr. Dana Christensen on training and implementation of solution-based casework. This included both face-to-face and telephone training and consultation.

The University of Georgia Carl Vinson Institute provided "The Art of Coaching and Mentoring" training to supervisor mentors and unit managers. Participants explored techniques to enhance their skill in working with staff in analyzing individual professional development needs, conducting skills assessments, evaluating employee strengths and weaknesses and the development of professional improvement plans.

Athens Technical College provided support of the agency's LMS system as well as development of web-based and online training content.

Kay Casey with Public Consultant Group (PCG) provided technical assistance and support to Education and Training staff in the implementation of Georgia's Title IV-E Program.

III. Technical and Capacity-Building Assistance the State Anticipates Receiving

The CFSR QA team has three cases that are provided federal secondary oversight each month, and the feedback is used as a learning tool for all reviewers. The secondary oversight is rotated through all active reviewers to ensure everyone receives secondary oversight. The team alternates sending two Permanency cases and one In-Home case one month and sending two In-Home cases and one Permanency case the next month. This process will continue throughout the PIP monitoring period. The team also utilizes ACF for any specific questions as needed for more challenging cases. The Division is determining whether additional support/training is needed for regional leadership for the CQI teams to be successful. The Division deputy director is also assisting with identifying additional training needs.

The State's C3 coordinators will likely continue using the tools and resources offered online by the Capacity Building Center for States.

IV. Research, Evaluation, Management Information and Quality Assurance Systems

Quality Assurance

Quality Assurance case reviews and results on outcomes items inform the state's child welfare policy and practice. Additionally, review results were used to inform changes to the state's CFSR Program Improvement Plan (PIP).

Georgia SHINES

The Georgia SHINES team has received positive feedback regarding modifications to the provider portal. While there has been a learning curve for providers – adjusting to new functionality – overall, the feedback has been positive. The Georgia SHINES team has had an opportunity to participate in provider meetings (e. g. Together Georgia). This gave the team an opportunity to address provider questions and obtain feedback about the new functionality. Providers now have access to education and health data and the ability to upload documents. Additionally, providers have a dashboard that allows them to view tasks and performance metrics.

Kinship Assessment

The Division's FFY 2017 partnership with Annie E. Casey Foundation (AECF) to improve outcomes for children and families placed a focus on kinship care. AECF provided an assessment of the Division, and their findings and recommendations reinforced leadership's commitment to strengthen the state's kinship practices. A team of five consultants conducted a series of activities at both the state and regional level including in-depth interviews, business process mapping, focus groups and online surveys. In addition, a significant amount of qualitative and quantitative data was gathered and analyzed. The assessment helped to define the scope and began the Division's process of developing a kinship care continuum from informal kinship to formal.

Based on AECF's assessment the first priorities for the Division in FFY 2017 addressed culture change regarding inconsistent kinship values, identifying kinship champions and promoting kinship conversations throughout the agency. Georgia's practice model discusses family engagement but does not explicitly highlight the involvement of kinship care givers.

Selection Protocol Evaluation

At the request of the Division, an evaluation of Georgia's Employee Selection Protocol (ESP) was conducted by Dr. Alberta Ellett of the School of Social Work, University of Georgia. The evaluation was a cooperative effort between UGA and the Division designed to evaluate the implementation and use of the ESP by DFCS. Oversight of the evaluation was provided by the Division's Knowledge Management section, and ETS staff members served on the Statewide Advisory Committee that was developed to provide input and support the project. Findings and recommendations were provided, and the ESP is being updated to reflect the recommendations.

C6. Consultation and Coordination with Tribes

A designated member of the Policy and Regulations Unit serves as the DFCS State Office liaison for the tribes and the Indian Child Welfare Act (ICWA). The ICWA liaison regularly proffers to meet individually with Georgia tribes as needed to facilitate partnerships and provides case assistance when needed. Although Georgia has no federally recognized tribes, there are children living in Georgia who are members or eligible for membership in federally recognized Tribes, and all ICWA rights apply to them.

I.   Collection of Feedback

A designated member of the Policy and Regulations Unit serves as the DFCS State Office liaison to ICWA and the Georgia Tribes. The Liaison regularly meets with the leadership of the state recognized Georgia Tribes during the monthly meetings of the Governor's Council on American Indian Concerns to gather input. Following the Council meetings, the Liaison has met with individuals from each Georgia tribe (including the Lower Muscogee Creek, the Cherokee of Georgia Tribal Council, and the Georgia Tribe of Eastern Cherokee) to discuss specific concerns and agency policies and practices. Each tribe was also given several opportunities to review the development of the ICWA policy revision and offer comments, as the policy was enhanced to incorporate the provisions of the ICWA Final Rule. Frances Crews of the Cherokee of Georgia Tribal Council advised that many of her tribe's children live across the southern state line in Florida, and so the ICWA policy would not have a significant impact on her tribe.

Tribal leaders, including Vonnie McCormick of the Lower Muscogee Creek, and Johnny Chattin and JB Jones of the Eastern Cherokee, have expressed interest in protecting their tribal sovereignty while partnering with DFCS when needed to protect their tribe's children. State recognition and state rights were discussed in several meetings. Opportunities for cooperation were identified, and the agency was advised that to extend state tribe protections to several families who were receiving DFCS services and identified as members of the emerging Tsigamogi tribe, the Tsigamogi families would henceforth be recognized as part of the Georgia Tribe of Eastern Cherokee.

The liaison has also reached out to ICWA specialists in other tribes for guidance on policy development and application and engaged the National Indian Child Welfare Association (NICWA) when needed. Federally recognized Tribes, including the Cherokee, Sault Saint-Marie, and White Earth Chippewa,

were contacted for assistance in recruiting their members who live in Georgia to serve as ICWA preferred placements when needed. These tribes were identified from Georgia SHINES data of Native children who were receiving foster care services and were confirmed as tribal members. Several tribal responses were received, and the liaison will continue to reach out with additional recruitment efforts that will be coordinated with the CRRU as needed.

II.   Ongoing Coordination and Collaboration

Local staff continue to seek opportunities to engage with tribal members. Tribal resources are identified, when available, for support services. Tribal families are encouraged to partner with agency staff to provide supports for children. Regional FPS monitor child welfare cases that involve tribal children to ensure ICWA protocols are being followed consistently and accurately. Ongoing efforts are being made to recruit tribal families as part of generalized recruitment efforts for ICWA foster and adoption placements, and to participate in DFCS Advisory Boards, when available.

The council meeting schedule will be reduced from monthly to bi-monthly in 2018, and the liaison plans to bring a DFCS program staff member to several Council meetings to briefly present an overview of the agency's programs and services, including Well-Being, ILP, and caregiver recruitment. The state will continue to engage the Georgia Tribes in reviewing policies, developing state protocols to improve practice in tribal-related child welfare matters, and providing case support to the field on federal and Georgia Tribe interactions. The liaison and Policy Unit representatives will continue to provide case specific consultation to DFCS staff as needed and seek out opportunities to engage with the Court Improvement Project on ICWA training for Courts.

III.   Jurisdiction

Georgia Tribes do not provide child welfare services. DFCS is responsible for child welfare services for children in Georgia.

IV.   ICWA Compliance

The state enhanced the Indian Child Welfare Act (ICWA) policy and staff training course to reflect provisions of the ICWA Final Rule and these enhancements ensure that all programs and services are provided to tribal children in a consistent and coordinated manner. Child welfare cases that involved tribal families were reviewed upon request, and the staff collaborated on best practices for ensuring tribal engagement and child safety. Policies were reviewed directly with the tribes in a formal workgroup, the Governor's Council on American Indian Concerns, and the state's liaison facilitated regional reviews of DFCS policies with the tribes to improve practice in managing tribe-related child welfare matters.

The ICWA training was developed in collaboration with the Education and Training Section and was released for staff in November 2017. The comprehensive training webinar includes new content from the ICWA Final Rule and the enhanced ICWA policy.

Georgia monitors ICWA compliance by having a dedicated staff member located within the Policy and Regulations Unit to serve as the ICWA liaison, manage issues involving the implementation of ICWA, and provide related technical assistance. The ICWA liaison coordinates status reports from regional staff on their interactions with children and families from federally recognized and Georgia Tribes. Staff are instructed to report on the number of notifications to Indian families, the number of ICWA placements made, whether active efforts have been made to prevent the breakup of the Indian family, and if the tribe has been advised of the case and its right to intervene.

Data are regularly reviewed to observe documentation of ICWA activities. FY 2018 data show that tribal membership confirmation was requested for 162 children, tribal membership was confirmed for 33 children, and tribal transfers were requested in four cases.

The ICWA liaison will continue to work with local staff to monitor ICWA compliance, and provide case consultation, training and technical assistance when needed to improve awareness and understanding of ICWA activities. ICWA protocols will be developed in cooperation with local staff and tribes, to provide guidance in identifying Native placement preferences and resources to support active efforts. The Policy Unit will continue to review ICWA reports from the regions on their engagement with tribes and tribal families, and any challenges identified with ICWA compliance. This work is ongoing.

Recommendations for changes to state law to reflect guidance from the ICWA Final Rule, such as court requirements and voluntary placements will also be assessed and reviewed while the state liaison stays abreast of best practice and policy in other States, and relevant Court decisions that could impact Georgia. Additionally, the state will continue engagement with Georgia tribes and respond to any concerns that arise relating to child welfare and policy.

V. Tribal Input on CFSP/APSR

The members of the Georgia Council on American Indian Concerns were informed of the annual APSR meeting in March 2018 and encouraged to attend. Tribal leaders were invited to review the CFSP and the previous APSR online, and to bring suggestions for improved collaboration and coordination with the agency.

VI. Discussions regarding Chaffee Foster Care Independence Program

See 2019 APSR Report Section E.

VII. APSR Exchange

The ICWA Liaison provides access to the online reports, including the APSR and PIP, to tribes. Tribes are advised of the availability of the documents and encouraged to review them for discussion. Tribes are invited to the Joint Planning meeting and encouraged to attend, to provide feedback on agency services and to assist with development of goals. In 2018, tribes will have the opportunity to meet with state office program staff at the bi-monthly Council meetings and have robust discussion on specific areas of programs that impact Native children and families.

C7. Monthly Caseworker Visits (Every Child Every Month)

I. Use of the Monthly Caseworker Visit Grant Funds

The monthly caseworker visitation program is funded with a 75% federal Monthly Caseworker Visit (MCV) Grant Program fiscal allotment for Georgia and 25% in Georgia state matching funds. Federal funds are awarded under Caseworker Visitation of Title IV-B, Subpart 2 of the Social Security Act.

Per federal instruction ACYF-CB-IM-11-06 issued October 6, 2011 and instructions issued April 11, 2012, ACYF-CB-PI-12-05, the MCV grant was repurposed by law (P.L. 112-34) to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety,

permanency, and well-being of children in foster care and caseworker recruitment, retention and training (Section 436(b)(4)(B)(i) of the Act).

In response to federal legislation (P.L. 112-34) and funding directives (Section 436(b)(4)(B)(i) of the Act), special ECEM strategic planning work teams were formed in 2013 to ensure adherence to new data tracking and reporting methodologies and to set priorities that would improve the quality of visits and aid in retaining competent staff. The teams were made up of the Every Child, Every Month (ECEM) coordinator; field program specialists; business application specialists; data integrity specialists; and staff from the following units: Data Analysis, Accountability, Research and Evaluation (DAARE); Education and Training; Information Technology; Strategic Planning; and the Office of Human Resource Management and Development. Representation included staff at varying levels of responsibility, from caseworker to regional and state office staff. Because of the strategic planning team recommendations, the following six MCV goals were adopted and remain part of the state's aspirations:

- Improve caseworker recruitment, retention and training
- Improve quality supervision
- Improve quality documentation
- Improve quality visits to older youth
- Meet/exceed frequency and quality targets
- Improve data fidelity (collecting, tracking, reporting)

There were no substantive legislative or policy changes to the caseworker visitation program for FFY 2017. Since October 2014, the Georgia DFCS Office of Budget and Planning has had oversight of Monthly Caseworker Visit grant spending. Recent expenditures are listed below.

Table 64. ECEM Expenditures from October 1, 2015 to September 30, 2017				
		Federal	**State**	**Total**
Field Telecommunication Re-rate		643,615.00	214,538.50	858,153.50
Teens R for Me Conference		109,500.00	36,500.00	146,000.00
Total		**753,115.00**	**251,038.50**	**1,004,153.50**

As of September 30, 2017, the Division has expended $753,115 of the Caseworker Visitation FFY 2016 grant it was awarded.

II. Assessment of Performance

Visitation Frequency

The frequency objective is to ensure that, at a minimum, every child in the state's custody is seen each month they are in foster care. In Georgia, this is tracked and measured using state Every Child Every Month (ECEM) LENSES reports and Georgia SHINES reports; and the SHINES Case Watch Page, Case Contact Standards Page and Case Summary page. The ECEM report population includes all children 17 or younger who were in care for at least one full day, statewide.

State and federal frequency targets for FFY 2015 and thereafter are measured by:
- Total number of visits made by caseworkers monthly to children in foster care during each fiscal year is not less than 95% of the total visits that would occur if each child were visited once every month while in care.

- At least 50% of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year occur in the child's residence.

The state has achieved the required targets since inception of the state's plan to go from 51% to 90% by 2011, and the plan to improve, by 2015, from the previously required 90% to the 95% required since FFY 2014.

As reported in December 2017, the following chart presents the state's percentages over time.

Table 65. Monthly Caseworker Visitation Data – FFY 2017*		
The percentage of visits made monthly by caseworkers to children in care**		
FFY	Target	Actual
2012	90%	98.56%
2013	90%	97.91%
2014	90%	93.82%
2015	95%	97.09%
2016	95%	97.01%
2017	95%	97.88%

*FFY2017 results (October 1, 2016 – September 30, 2017) were determined by the State's Georgia SHINES, Office of Information Technology, Department of Human Services using the Every Child Every Month SHINES Report as of November 27, 2017

**Computation is determined by dividing the number of monthly visits made to children in the reporting population and dividing it by the number of such visits that would occur if each child were visited once per month while in care. The quotient is multiplied by 100.

Table 66. Monthly Caseworker Visitation Data – FFY 2017*		
The percentage of visits that occurred in the residence of the child**		
FFY	Target	Actual
2012	≥50%	91.03%
2013	≥50%	90.99%
2014	≥50%	90.83%
2015	≥50%	87.95%
2016	≥50%	84.29%
2017	>50%	83.17%

*FFY2017 results (October 1, 2016 – September 30, 2017) were determined by the State's Georgia SHINES, Office of Information Technology, Department of Human Services using the Every Child Every Month SHINES Report as of November 27, 2017

**Computation is determined by dividing the number of monthly visits made to children (in the report population) at their residence by the total number of monthly visits made to children in care. The quotient is multiplied by 100.

Visitation Quality

The visit quality objective is to ensure caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of youth; and to ensure that, while making visits, case managers are:

- Adequately assessing risk of harm to children
- Identifying needs and provision of services for children, parents, and foster parents
- Effectively involving children and parents in their case planning

Quality is tracked and measured via Quality Assurance case reviews completed by the Quality Management Section. The state "ECEM Quality" target is based on the national standard for CFSR Outcome 14 – Caseworker visits with child (formerly CFSR Outcome 19), and the state Every Parent Every Month (EPEM) quality objective is the national standard for CFSR Outcome 15 – Caseworker visits with parents. The purpose of EPEM is to ensure every parent or caregiver of a child in Georgia's care receives a quality visit every month the child is in foster care. Additionally, every case plan includes contact standards for the child, the parent/caregiver and siblings to ensure family connections are preserved.

Georgia is currently implementing a Performance Improvement Plan (PIP), and CFSR items 14 and 15 have PIP targets. However, in the March 2018 trend report for reviews conducted, the findings indicated a decrease in progress rather than improvement. The following chart presents the state's status on these two items:
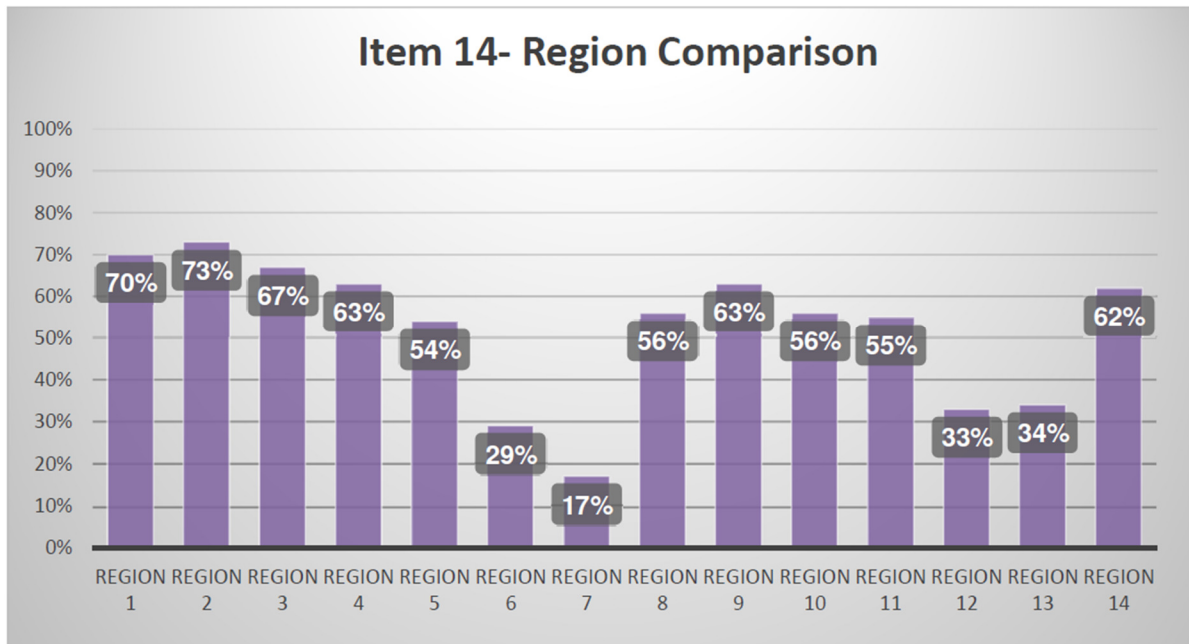
Table 67. Caseworker Visitation Items

CFSR Item	Description	PIP Baseline (CFSR findings)	State Performance as of March 31, 2018	PIP Goal
Item 14	Caseworker visits with child	59.3%	55%	64.5%
Item 15	Caseworker visits with parents	31.1%	24%	36.2%

Caseworker visit with child performance differs significantly between foster care and in-home cases, with results for foster care at 72% (exceeding the PIP target) compared to 23% for Family Support and 33% for Family Preservation cases. Regional results showed a range of 17% to 73% on Item 14 and zero to 44% on Item 15. These disparities notwithstanding, there is also some indication that having a neophyte workforce may have had some influence on achievement. The state has an overwhelming number of new hires (30% or more of case managers have less than two years of experience) most of which were never exposed to the aggressive child visit campaign and initiatives that were applied between 2009 and 2014.

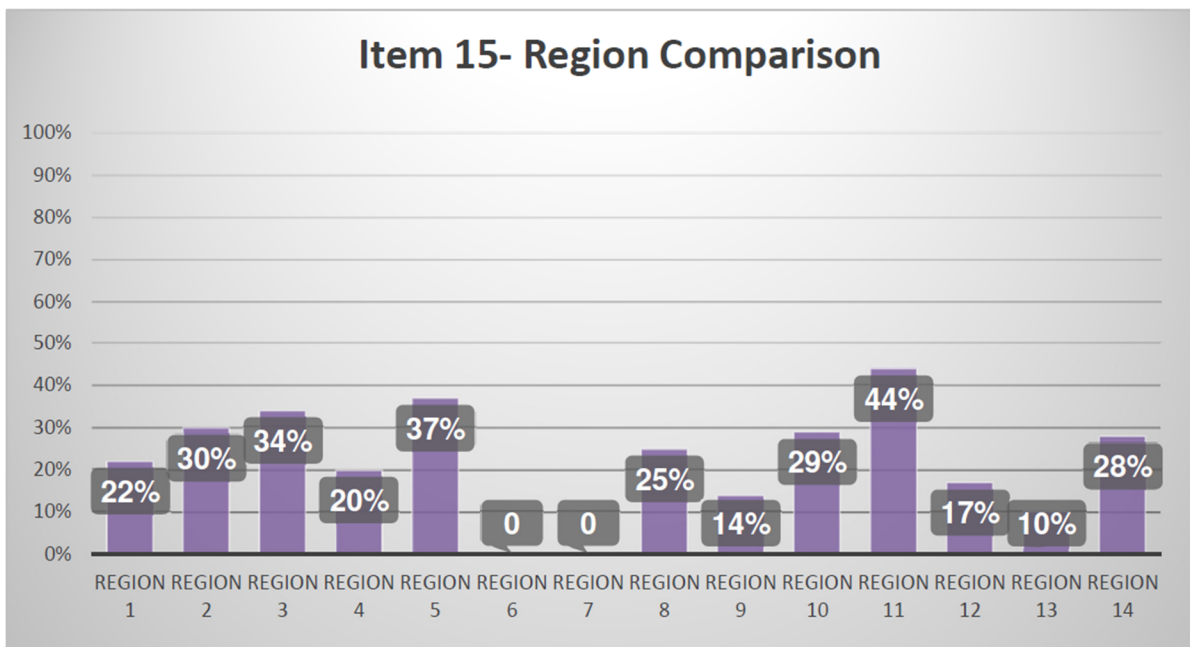The March 2018 trend report indicated that for cases rated as a strength, contacts with children included private conversations and interactions with children; discussions relevant to ongoing assessment, monitoring and case planning; and observations of the home environment, household members interactions with each other, and developmental levels/needs (particularly for younger children or children with developmental delays).

Missed contacts by DFCS case managers were the primary concern in cases rated as needing improvement. Unlike ECEM reports, QA reviews may consider a case to be out of conformity if a visit to a child is not made by a DFCS case manager when circumstances warrant a visit, regardless of whether the child had already been seen that month. In some cases, one visit in a month may be insufficient. Other concerns included:

- Purposeful and quality case manager contacts with children and parents (i.e., lack of home visits, lack of assessing other household members, and/or non-victim children, etc.)

- Lack of engaging families during case manager contacts (i.e., not focusing on reason for agency involvement, service provisions, behavioral changes observed in parents, etc.)

Item 14- Region Comparison

Region	Value
1	70%
2	73%
3	67%
4	63%
5	54%
6	29%
7	17%
8	56%
9	63%
10	56%
11	55%
12	33%
13	34%
14	62%

Source: October 2017-March 2018 Quality Assurance Trend Report

Item 15- Region Comparison

Region	Value
Region 1	22%
Region 2	30%
Region 3	34%
Region 4	20%
Region 5	37%
Region 6	0
Region 7	0
Region 8	25%
Region 9	14%
Region 10	29%
Region 11	44%
Region 12	17%
Region 13	10%
Region 14	28%

Source: October 2017-March 2018 Quality Assurance Trend Report

III.   Steps to Ensure Performance Standards Are Met - Plan for Improvement

Georgia tends to make sure children get seen by a case manager at least once in a month by a DFCS case manager or a contracted case manager, hence meeting the ECEM obligation. However, as the number of children entering care has risen every year over the last five years, so has the number of children who get visited every month declined. Several strategies have been executed over the past 12 to 18 months to keep pace with the incline. The most commonly used strategy is cadencing. Most of the regions that have reported that they do cadences – brief but frequent and consistent conference calls with staff to monitor progress - as often as weekly (Regions 1, 2, 8, 10 and 11) typically have the highest rates of visit frequency. These calls are often quick check-ins to see if staff are meeting their pacing goals and to determine if someone needs additional supports for the month. Regions 1 and 2 reported using the most strategies for success, and they consequently have the highest levels of achievement. One strategy that these two regions report doing, that the others did not, is reviewing for appropriateness of the contact standards established for parents and caregivers. As well, Region 1 enlisted their CQI team to create and pilot a performance model for parent engagement. Region 2 adds the following steps to their monitoring routine:

- Look at data on cases not captured in visitation compliance
- Have field program specialists pull records of cases with missing child contacts
- Send out reminder emails regarding documentation of visits

Region 14 does better than most other regions in this area, but they have a higher level of compliance to achieve due to the Kenny A. Consent Decree. They set weekly benchmarks like regions 1 and 2, but they review data and report progress daily, and schedule administrative meetings with case managers and supervisors when pacing requirements are not met. Region 8 began to see an improvement in their rankings after they requested counties to submit visitation plans.

Strategies deployed to improve the quality of visits have been more intense, as this is where the state has had deep struggles over the last year. (Interestingly, in 2016, the state did better with quality visits to parents and siblings than it did with making frequent visits to that population.) Region 2 will make a presentation at the state's June 2018 PACCC meeting to explain how their region has been intentional about ensuring not just making frequent visits but to also focus on quality. While the state has done a good job encouraging workers to not miss a month, some view the one visit as the standard rather than as the minimum. Some others are more consumed with quantity rather than frequency or quality. They may see the same child numerous times within a month but miss seeing another child on their case load altogether. Or, they may get all their "required" visits in within the allotted timeframe but have little to show for it; very little dialogue with the family; no real assessment of safety, no involvement of the child or parent in case planning and/or little documentation to describe their efforts.

In the past 12 to 18 months, regions have employed various strategies to ensure staff are making quality visits to parents and children in care. While a first glance at the actions taken listed below, one might think that the problem is that there are just too many strategies being tried. One region did in fact note that one of the barriers to achievement is competing priorities. They've been concentrating their efforts on improving in the well-being area where they have another significant deficiency. But upon closer look, it is the regions with the lowest scores that have reported the fewest intentional strategies. For example, one region noted that they are analyzing and identifying barriers. While that is important to do, that's not an active strategy to gain traction. While no region is excelling at quality, Regions 5 and 11 appear to be doing better than most of the others. What is unique about the strategies they are executing is that Region 5 is focused on both frequency and quality simultaneously rather than one more than the other. Region 11 stands out because of their focus on accountability, elevated standards and mentorship. They have established a regional policy of seeing children in the home environment above and beyond the more relaxed standard of seeing the child in the home the "majority of the time." They also have county directors and supervisors going into the field and doing visit observations of case managers, armed with observation tools that they use to provide practical and timely feedback.

Reported strategies being used to improve quality
- Prioritized documentation of contacts to focus on assessment and parent engagement (Region 1)
- Identified subject matter experts in each county responsible for informing case managers (Region 1)
- Focusing parent contacts on action plan progress and assessments of safe reunification (Region 1)
- Cadence calls (Region 2, 12)
- Case manager visit observations by supervisor or county director (with observation tool, feedback) (Regions 2, 10, 11, 12)
- Mentoring (Region 2)
- Implementing an SBC acceleration plan to address parent engagement/quality (Region 3)
- Quality Visit Campaign (Region 4)
- Quality visits training (Region 4)
- Required contacts other than face-to-face to be approved by the county director (Region 9)
- Diligent Effort Checklist (Region 9)
- Regional policy that children be seen in the home environment (Region 11)
- Case manager focus group to plan specific interventions e.g. peer coaching on preparation, documentation and assessment (Region 12)
- Weekly level-up case reviews (Region 13, 14)
- One-on-one transfer of learning sessions (Region 14)

- CQI involvement
  - Discussed at CQI meetings (Region 4)
  - CQI case reviews (Region 4)
  - Quality visit tool (Region 4)
  - Checklist (Region 10)
  - Live learnings on quality (Region 5)
  - Shared quality child and family documentation guides (Region 5)
  - Identifying and analyzing barriers (Region 6)

Strategies to address frequency and quality simultaneously
- Mentoring (Region 5)
- FPS created content for documentation training for new and current case managers (Region 5)
- Summit discussions (Regions 2, 5, 9)
- Case reviews (by FPS, data integrity specialist, etc.) or level-up reviews (by someone higher up in the hierarchy) (Regions 5, 7)
- Region-wide action plan regarding parent engagement (Region 6)
- CQI-provided training (Region 9)
- Monitoring monthly reports (Region 9)

C8. Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive funds are used to supplement funding for services in the adoption and guardianship programs. Georgia was awarded $394,068 in October 2015, and an additional $96,000 in October of 2016. Georgia received grants based on the achievement of finalized adoptions and permanent guardianships for children exiting DFCS care. The *Preventing Sex Trafficking and Strengthening Families Act*: P.L. 113-183 extends the length of time states have to spend earned incentive payments from 24 months to 36 months. The extended time frame will allow Georgia to strategically utilize any incentive funding as needs arise in future fiscal years.

Georgia has never experienced any challenges utilizing available adoption incentive funds. As noted above, a portion of funds were used during FFY 2017 to develop staff training. There are plans to utilize remaining funds to improve adoption outcomes. A percentage of the funds will be used for child-specific recruitment for children with no identified adoption resource, and a portion of the funds will be used to support post-adoption services by adding to the ADOPTS program. If future adoption incentive funds are earned, Georgia does not anticipate any challenges expending the funds within the extended time frame.

C9. Child Welfare Demonstration Activities

Georgia does not have a child welfare demonstration grant.

C10. Quality Assurance System

Case Review Instruments

CFSR Reviews

The CFSR reviews represent cases randomly selected from the Statewide population of active cases from the identified sample review period. A total of 25 cases are reviewed monthly, 15 permanency cases, 5 family support cases and 5 family preservation cases. All 14 regions are represented in the 150 cases reviewed each six-month review-cycle.

The CFSR review team completed two review cycles this year. The first was April 2017 to September 2017 and the second was October 2017 to March 2018. During each cycle, the review team reviews a total of 150 cases, (90-Permanency / 30 Family Preservation/30 Family Support). Each region is represented during each six-month review cycle. A total of 300 cases are reviewed annually.

There are no plans to increase or decrease the number of cases reviewed during the PIP monitoring process. See attached trend reports from October 2017 to March 2018 and April 2017 to September 2017 for QA results and data that have been used to update goals, objectives, interventions or use of funds. See also Section C3 of this report for additional QA data results.

The CFSR review team continued to model the national CFSR review process. Case specific interviews, and/or surveys were conducted in counties at the region level with community stakeholders, including but not limited to, children, parents, foster parents, social services supervisors, social services case managers, DFCS administrators, collaborating agency personnel, service providers, court personnel, school and public health personnel and attorneys.

During this review the team continued to utilize the current OSRI (Onsite Review Instrument), as well as the use of the OMS (online management system) which was used to enter the OSRI instrument and pull data reports. From the reviews the QA Team produced a trend report that covered the period of April 2017 to September 2017 as well as for the period of October 2017 to March 2018. These trend reports were shared with state and regional leadership, CQI specialists, regional CQI teams, etc., to assist in furthering practice improvement around the CFSR outcomes and items.

Regional findings are discussed and analyzed during regional CQI meetings and interventions and strategies are developed via the Quality Improvement Plan (QIP) and implemented in the regions. Because of the findings, all regions are currently targeting CFSR Items 2, 3, 12, 14 and 15. State findings are shared and discussed during state leadership meetings and monthly PACCC meetings.

Continuous Quality Improvement

There are 14 regional Quality Assurance review teams in addition a state office team, a team for the state's CPS Intake Communications Center (CICC) and a newly formed Special Investigations Unit (SIU) team. Each team has at least one facilitator and one co-facilitator; in most cases the facilitator is also the C3 coordinator. Meetings are held once a month. These teams are regionally owned and are charged with identifying their performance gap around CFSR outcomes and creating strategies to address these gaps. When there are statewide themes, the state office provides guidance as to which CFSR items should be the focus. Each team is assigned one of three CQI specialists. Two additional specialists will be hired soon.

In monthly meetings, the state PIP/APSR/CFSP/CFSR/CQI (PACCC) team, also known as the State Office CQI team, leads an exchange of information and reports progress on strategic and program improvement plans reports and activities while using Georgia's continuous quality Improvement (CQI) process to strengthen and improve agency practices. State and regional level leadership are represented at this monthly meeting where updates to the PIP key activities, APSR, CFSP and CFSR are provided. This meeting serves as an effective feedback loop on the PIP work between the field and state office.

Fidelity Reviews

Fidelity Reviews support the principles of the Georgia's Practice Model and are considered essential to gauge the learning and application of the model. While some schedule changes may be determined by executive leadership, each review is targeted to occur a minimum of once per quarter. The director of Quality Management notifies the Fidelity Review Team Unit Manager if there needs to be any review changes outside of the regular fidelity review schedule. The regular fidelity review schedule incorporates one review type each month. The review types are initial safety assessments (ISA), track assignment, SBC milestone 1 and milestone 2-4.

The Fidelity Review Team consists of 4 team members and the unit manager. When the unit manager attains a random data sample from the state office Data Unit (specific to each review type), the review team executes an evaluation of case manager and supervisor practice associated with the specific review. Case reviews are completed with the purpose of assessing for case manager SBC practice model accuracy

The Reviewers are assigned randomly selected statewide cases for review. An oversample of cases is always included in cases assigned. To align and sync the review lens, the reviewers convene for a minimum of two days at the start of the review, read the same cases, individually score the cases and then compare and discuss the details of the score results. During the review, regional directors and field program specialists are notified of any safety concerns identified during the review. The unit manager (and/or unit lead) conducts second-level reviews to assess reviewer accuracy. The quantity of second-level reviews varies depending on the number of cases reviewed, however the targeted average is 15 percent.

At the review conclusion, an evaluation of the margin-of-error among the reviewers is conducted to assess for reviewer alignment. Reviewers report practice strengths, trends and areas needing improvement identified during the review. Data findings are calculated, and the report of the findings are presented to the director of Quality Management. After the review, the assessed cases are provided to regional directors and lead field program specialists to share with the supervisor and case manager for transfer of learning, continued staff development and celebration.

Kenny A. Reviews

An accountability agreement between the state and plaintiff Children's Rights, Inc. to exit the State's 11-year Kenny A. consent decree was approved December 2016. The decree resulted from a civil rights class action brought on behalf of children in Fulton and DeKalb counties who are in the custody of the Division. The new agreement allows for a potentially quicker exit from the decree than from the original agreement. Instead of the 31 outcomes in the original consent decree, the current agreement has 21 outcomes that need to be met and sustained, including outcomes related to investigations of maltreatment in care; the search for relatives; timely and lasting exits to permanency; adoption and guardianship finalizations; sibling placements; caseworker continuity; visitation; graduation from high school or GED completion; as well as, meeting children's educational, mental health, dental and

medical needs. Additional oversight was added related to the use of offices, temporary placements and hotels as placements for children in foster care.

Current performance must be maintained for seven outcomes. Outcomes in the decree were also modified to more closely match federal CFSR outcomes and the priorities of the state's Blueprint for Change. Each of the state's 14 regions was assigned a QA reviewer to work in conjunction with the CQI specialist and team in each region. The QA reviewer provided additional consultation and training as needed around the CFSR outcomes and measures to improve case practice performance and the quality of services provided to meet the needs of families served.

The Kenny A. review is a review of cases in Region 14 for compliance with the Kenny A consent decree, policy, and practice. The Kenny A. Metro Team reviews cases every six months with the review periods of January 1 – June 30, and July 1 - December 31. The results of the reviews are used by the Kenny A. accountability monitor and the monitoring and technical assistance team (MTAT) team to report Region 14's progress to the plaintiffs and to inform the region on their strengths and areas needing improvement. The Permanency Review Team reviews cases at the 13th and 25th months on an on-going basis. The results of the reviews are immediately shared with county leadership to again inform them on their practice and compliance around the consent decree outcomes. With the approval of the Modified Consent Decree and Exit Plan and the new infrastructure standards, both reviews will undergo significant changes for period 25 reviews. The reviews will be modified to better capture practice standards instead of compliance outcomes and will easily conform to revised DFCS policies and procedures as needed. These changes were deemed necessary based on previous reviews and the fluidity of DFCS policy and procedures. There have not been any state changes to practice, policies, or processes due to the findings of these reviews.

Based on previous reviews and feedback provided by the Accountability Monitor/MTAT and the Regional Quality Assurance team, the Region has made notable practice improvements in the following areas: ensuring children are placed with relatives; decreasing placement instability; improving case manager continuity; and, meeting identified medical, mental health and educational/development needs of children in care.

Practices and System Improvements

Quality Assurance Review Team is responsible for conducting CFSR reviews to evaluate the quality of services provided to children and families. The goal is to improve overall safety, permanency, and wellbeing outcomes for families by improving the quality of case work provided throughout the state. Information is shared via trend reports, Regional Performance Improvement Collaboration, Regional CQI teams, state leadership meetings, cadence calls, State CQI meetings, etc. Georgia continues to utilize the current Federal Onsite Review Instrument for the QA reviews and there are no plans to discontinue its use. There is also a State CQI site on the Online Monitoring System (OMS) where the review guides are entered and maintained, and trend reports and data are pulled. There have been no changes to the review process and no policy changes resulting from the review process.

Additional information on how the state has used QA/CQI results and data to update goals, objectives and interventions may be found in Section C3 of this APSR report.

Training and Technical Assistance Anticipated

The CFSR Team has three cases that are provided secondary oversight each month, the feedback is used as a learning tool for all reviewers. The team alternates between two permanency cases and one in-home case one month and two in-home cases and one permanency case the next month. The

secondary oversight is rotated through all active reviewers to ensure everyone receives secondary oversight. This process will continue throughout the PIP monitoring period. The state will request assistance from ACF as needed, particularly for any specific questions on more challenging cases.

The state is determining if additional CQI support/training is needed for regional leadership for the CQI teams to be successful. The Division deputy director is assisting with identifying additional training needs. For the benefit of consistency, the statewide CQI training facilitation responsibility was returned to Georgia State University officials. They provide quarterly training throughout the state.

Georgia SHINES

Georgia SHINES provides statewide access to case information from intake through permanency, including post-foster care and post-adoption services. It standardizes the documentation of casework activities and tracks services delivered to children and families. This Internet-based case management application supports child welfare policy and practice as well as federal and state reporting needs. Additionally, data captured in Georgia SHINES is used to access trends and outcomes to support programmatic and systematic changes.

The application is used by all child welfare staff across the state. Additionally, external users support other aspects of the state's business, including the Office of the Child Advocate, Office of Inspector General, and Child Support Services.

For all children in foster care, the state's child welfare information system captures data pertaining to the following:
- Status of a child – Legal Status page
- Demographics/characteristics – Person Detail page/Person Characteristics page
- Placement information – Placement Information page
- Child and parent/caregiver goals – Foster Care Family Plan Detail page/Foster Care Child Plan Detail page

The data integrity specialists work in partnership with regional and county staff to improve data quality and to ensure all information pertaining to case documentation is timely and accurately recorded. This is achieved through monthly case reviews, data days, and system overviews/trainings.

Child welfare staff also have access to several reports in Georgia SHINES and LENSES to gauge performance. When needed, ad hoc reports can be requested through the state's Data Unit to focus on target issues to improve CFSR outcomes.

During FFY 2018, Georgia SHINES completed several system enhancements, including:
- **Resource Development:** Enhanced Georgia SHINES to align with policy updates and IVE requirements
- **Provider Portal Expansion:** Enhanced Portal to increase exchange of information between providers and DFCS and expand provider capacity for case documentation
- **Initial Safety Assessment (ISA):** Enhanced Georgia SHINES to ensure proper track assignment to Investigation if sexual abuse or sexual exploitation is identified
- **Business Intelligence Publisher (BIP) Reporting:** Enhanced Georgia SHINES reporting capabilities by implementing a new reporting solution

For the remaining months in FFY2018, Georgia SHINES team plans to complete the following enhancements:

- **CAPS Referral:** Automate referral to Georgia Gateway (state's eligibility system) for CAPS services for children receiving in-home care and out-of-home care/placement services; bi-directional interface, including update service
- **WIC Referral:** Automate referral to Georgia Gateway to initiate WIC services for children receiving placement services
- **Education Support Monitors (ESM) Notification:** Automate notification to ESMs when children between the ages of 5 and 18 enter foster care; initiative includes the development of a new Education Stability Plan page in Georgia SHINES
- **Permanency Staffing:** Implementation of the new Permanency Staffing form, currently being used by staff; creating a new Staffing tab and page; dynamic to program/stage
- **Department of Education (DOE) Interface:** Develop a new interface with DOE
- **Provider Portal Expansion:** There are two initiatives the Division is considering that requires expanding Provider Portal – Provider Resource Management and Provider Invoicing; neither have been prioritized at this time.

D. Child Abuse Prevention and Treatment Act

D1. CAPTA Plan

The Division submitted a new CATA Plan to the Children's Bureau in January 2018. It was revised based on guidance from Region IV ACF provided on March 14, 2018 and resubmitted in June 2018 for review. The Division is awaiting the production of assurances from ACF and is prepared to formally submit the plan when these are received and signed by the Governor. There were not any substantive changes to state law or regulations in FFY 2017 that relate to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).

A copy of the annual citizen review panel report is appended to this report (ATTACHMENT), as well as a copy of the agency's response to the panel's recommendations for improving the child protection system.

D2. CAPTA State Grand Funds

The Consolidated Appropriations Act of 2018 signed into law on March 23, 2018 added an increase of $60 million in the annual funding for the CAPTA State Grant in FY 2018. The committee report for the appropriations act agreement specified that the increase in funding is intended to help states improve their response to families and infants affected by substance use disorders. States are required to prioritize use of the funds for the development, implementation and monitoring of plans of safe care for substance-exposed infants, consistent with the requirement found at section 106(b)(2)(B)(iii) of CAPTA, as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA).

During this reporting period, CAPTA funds were used based on the identified priorities of the State's 2013 Amended CAPTA plan and supported the following three program areas:

- **Program Area 2:** Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate and intrastate protocols to enhance investigations; and improving legal preparation and representation, including:

    - Procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
    - Provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

- **Program Area 5:** Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange

- **Program Area 13:** Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs

    - to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response

- to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

Supported projects included a statewide Supervisor's Summit, conference fees for staff to attend the Child Protection Summit sponsored by the Office of the Child Advocate and Secondary Traumatic Stress training for case managers and supervisors.

As state grant fund allotments for the CAPTA program have increased due to the passage of the Family First Prevention Services Act, Georgia has identified several spending priorities to enhance practice regarding the development, implementation and monitoring of plans of safe care for substance-exposed infants and their families. The state's first priority is to create a position for a statewide subject-matter expert on substance use and child welfare who will coordinate the state's efforts in this practice area. This individual will work extensively in the regions to develop and improve relationships with partnering agencies and to provide training and technical assistance to Division staff. This person will also be responsible for coordinating the monitoring of compliance with plan of safe care policy and establishing and maintaining relationships with other state agencies, including the Departments of Public Health and Behavioral Health and Developmental Disabilities.

Georgia anticipates that this work will create opportunities for additional support. One goal is to create partnerships with other public and private agencies to create, implement and monitor plans of safe care in cases where no maltreatment is present and prolonged involvement from the Division is not necessary. The state will explore providing preventative services, such as home visiting, to families in these cases.

Another project identified is a statewide educational and awareness campaign about prenatal exposure, maternal substance use, and plans of safe care. Target audiences include Division staff, staff from other public agencies, pediatric medical providers, obstetricians, birthing hospitals, parents, courts, and private providers. The campaign will include printed and electronic resources, as well as in-person trainings as needed. A goal of the campaign is to create a consistent understanding of these issues throughout the state and promote increased service coordination and support for families.

The Division also intends to use funds to support the work being done by the Douglas County Juvenile Court as a demonstration site for the National Quality Improvement Center for Collaborative Community Teams (QIC-CCCT) grant. QIC-CCCT is a national initiative that works to address the needs of infants and families affected by substance use disorders and prenatal substance exposure. Funds will be used to support travel and other costs associated with Division involvement in the work, as well as to support a percentage of a salary for a plan of safe care expert.

D3. Prenatally Exposed Infants

Last year, the state adopted the procedures identified below to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. The state continues to support and address the needs of these infants regardless of whether maltreatment is alleged. Each of the 14 regions has identified a Plan of Safe Care Champion to promote awareness of the needs of substance affected infants and their families and to provide technical assistance to case managers. The Policy Unit and Practice and Program Guidance work with the regional Plan of Safe Care Champions and

have provided additional trainings on policy to staff in individual counties, at regional case manager summits and to agency leadership on cadence calls.

Although the following data is not specific to infants, it demonstrates a clear upward trajectory over the last four years of children who come into care in Georgia because of some level of drug or alcohol abuse. Of 3,708 removals in 2017, 43% were related to harmful substance use, up from 28% in 2012.

Percent of Foster Care Entries with Drug or Alcohol Abuse as a Reason
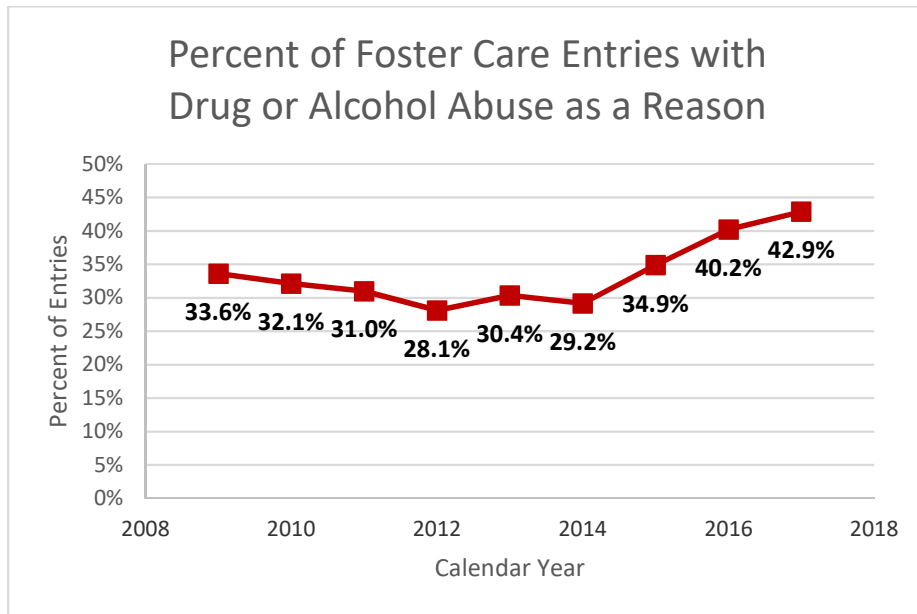
Calendar Year	Percent	Removal Events
2009	33.6%	1920
2010	32.1%	1827
2011	31.0%	2131
2012	28.1%	1831
2013	30.4%	1992
2014	29.2%	2388
2015	34.9%	3263
2016	40.2%	3455
2017	42.9%	3708

I. Policies and Procedures

DFCS policy 19.27 describes the requirements and procedures for developing a Plan of Safe Care (PSC), referring the mother and other caregivers in the home for services, identifying needs of the affected infant, monitoring the Plan of Safe Care, and conducting follow-up to ensure referrals are made and services are provided according to the plan. This policy became effective July 30, 2017. The National Center on Substance Abuse and Child Welfare (NCSACW) reviewed Georgia's draft Plan of Safe Care policy to provide recommendations regarding CARA and the Plan of Safe Care. Georgia incorporated those recommendations into the policy.

The Policy Unit has revised the substance abuse policy. This revision includes an updated definition of "affected" for infants prenatally exposed to substances to include a broader category of infants.

II. Multi-Disciplinary Outreach

The Division continues to work with Georgia PROUD to engage multi-disciplinary partners to support implementation of CARA amendments.

- On September 21, 2017, Georgia PROUD conducted a panel discussion on the Plan of Safe Care at the Georgia Perinatal Associations annual conference. The panelists included a

representative from DFCS, DBHDD, Opioid Treatment Providers of Georgia, and a judge from a Family Treatment Court.

- On October 25, 2017, DFCS and Women's Treatment and Recovery Services presented a joint presentation on Plan of Safe Care to the Georgia Conference on Children and Families. Attendees at the conference included disciplines and organizations serving Georgia's children and families, such as s child advocacy, juvenile justice, social service, education, legal counsel and the faith-based community.
- On November 6, 2017 DFCS and Women's Treatment and Recovery Services presented a joint presentation on Plan of Safe Care to the DFCS regional Plan of Safe Care Champions.
- The Opioid Treatment Providers of Georgia provided scholarships to DFCS staff to attend the OTPG annual conference November 16-17, 2017. One pre-conference hot topic round table was a facilitated discussion entitled: "Issues with Open DFCS cases relative to Medication Assisted Treatment". Also, DFCS provided a presentation and discussion on the Plan of Safe Care to the entire conference.
- DFCS presented Plan of Safe Care Training to Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a Department of Public Health partnership on November 28, 2017. Attendees included representatives from the Department of Public Health (young child wellness expert and coordinator), DBHDD (young child wellness partner), Georgia State University; Georgia Chapter of the American Academy of Pediatrics, Georgia Department of Education, Georgia Department of Early Care and Learning, Georgia Health Policy Center, GEEARS (Georgia Early Education Alliance for Ready Students), and Mental Health America of Georgia.
- The Department of Behavioral Health and Developmental Disabilities (DBHDD) hosted two statewide Opioid Learning Collaborative/Training Events on January 22-23, 2018 and February 8-9th, 2018 and provided 20 scholarships for DFCS staff at each conference.
- On February 22, 2018, training was provider to the Georgia Perinatal Educators at their meeting in Macon. A copy of the presentation was provided to them and they are now training their respective hospitals throughout Georgia. A follow up conference call was conducted with the point of contact for the association on March 7, 2018 to discuss policy clarifications and feedback from the hospitals.

Additionally, DFCS Practice and Program Guidance is in communication with DBHDD and DPH regarding best practices of working with shared populations and is creating a small inter-agency work group to ensure resources are leveraged in a way that maximizes services and promotes the best possible outcomes for infants and families.

III. Procedures to monitor plans of safe care

Cases requiring a Plan of Safe Care can be identified through Georgia SHINES. The state is exploring enhancements to SHINES that will allow it to automatically monitor referrals and services provided. Georgia identified enhancements to SHINES to monitor Plan of Safe Care as a potential spending area in its new CAPTA Plan.

DFCS case managers monitor the Plan of Safe Care for each family where maltreatment is alleged, and follow up with Children 1st for referrals, as well as medical or other providers regarding services for the infant and other children in the home. Additionally, monitoring and follow-up of the PSC continues when the Investigation case is transferred to Foster Care or Family Preservation Services. When no maltreatment is alleged, the DFCS case manager obtains agreement with the agency or agencies that will be responsible for providing referrals and services, and monitoring any services provided to the family.

Case managers are responsible for ensuring timely referrals and service delivery for substance-exposed infants and affected family members and the DFCS policy unit Practice and Program Guidance, and Plan of Safe Care Champions are working to train frontline staff and supervisors on the requirements specific to Plan of Safe Care cases. Regional Plan of Safe Care Champions have also been trained on a QA review tool that assesses whether a Plan of Safe Care was created according to policy and if referrals are made and services provided based on the plan. These monthly reviews will commence after the reporting period and the results will inform future training and TA for the field. The Safety Unit of the Practice and Program Guidance Section is coordinating and overseeing the monthly reviews and will perform QA reviews of additional cases monthly.

DFCS Practice and Program Guidance has worked with Knowledge Management to refine data points for a report of all cases that should require a Plan of Safe Care. This report is used by Practice and Program Guidance and the field to monitor the number of cases for which plans have been completed and to work with the field to ensure all cases requiring a plan have an appropriate, timely, plan for services for substance exposed infants and family members. The state has determined that no technical assistance is needed at this time to effective implementation of these provisions.

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E. Chafee Foster Care Independence Program

E1. Independent Living Program

The state's John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) commonly known as Independent Living Program (ILP) in Georgia is now also referred to as Georgia Resilient, Youth-Centered, Stable and Empowered (GARYSE). The program serves approximately 3,000 youth and young adults ages 14-25 who are in various stages of transition statewide. Chafee, including the Education and Training Voucher (ETV) program, provides supports and services to youth who are likely to age out of foster care and to young adults ages 18-21 who have opted to remain in care or have left foster care.

I. Key Accomplishments

Over the last federal fiscal year, the state's GARYSE/ILP program was able to strengthen partnerships, better prepare youth to advocate for their own health services and career readiness, and gain access to additional funding that will allow the agency to move forward with a long-awaited strategic plan to address the needs of youth on the brink of adulthood.

During the 2018 Georgia legislative session, House Bill 972 was passed and advanced for signature by the Governor. HB972 supports the extension of foster care services to youth beyond age 18 for those who opt to remain in care. The legislation is a major milestone of the state's Connect by 21 strategic plan for older youth. The change allows the Agency to access additional funds to provide employment, housing and physical and behavioral health resources.

GARYSE/ILP is partnering with Families First to provide young adults ages 15-21 aging out of foster care in Georgia with the knowledge and skills necessary to access healthcare services and prepare to live self-sufficiently. Among approximately 600 participants who enrolled in the COACHES program, over 35% completed job applications and 31% completed resumes and contacted their Amerigroup care coordinators. When comparing medical spending three months prior to COACHES enrollment to three months post enrollment, there was 59% less spending in medical care for 455 program participants who were enrolled for at least 90 days.

GARYSE/ILP also partnered with the 100k Opportunities Initiative to connect approximately 850 youth in care ages 16-21 with employers and resources for career readiness and preparation. This event allows youth to practice their interviewing skills with industry experts, discover options beyond secondary and post-secondary achievements, and connect with community resources to address legal and immigration matters. In partnership with the Office of Provider Management, GARYSE/ILP hosted life coaches training for caregivers and private providers statewide to provide insight on the following key areas: independent living skills, youth engagement, and NYTD outcomes. This training was provided to improve stability and outcomes for youth ages 14-18 and is planned to continue during 2019.

II.   Planned Activities for FFY 2019

During FY2019, the state will continue to partner with internal and external stakeholders to ensure services and opportunities for youth in care as well as to strengthen internal processes and staff competencies to better support youth in care. For example, the state will continue its work with the Orange Duffle Bag Initiative (ODBI) to provide three coaching classes for at-risk high school students in foster care. The program is designed to assist participants in developing a comprehensive life plan to achieve a high school diploma or GED, enroll in a postsecondary institution, and gain relevant employment. Upon graduation, youth are provided with a laptop to help them further their education, and youth are connected with an advocate who will continue to help them overcome barriers effectively.

Georgia Chafee representatives will attend C3 coordinator stakeholder meetings particularly those devoted to service array to do informational sessions with local staff and stakeholders. As requested by regional directors, Youth Development Series informational sessions related to community programs will be held statewide, for internal staff during the day and for foster parents and community partners in the evenings.

Four Summer Summit activities will be hosted June/July 2018 for youth in care. The goal is to serve approximately 500 youth and provide a collective gathering for youth engagement that includes workshops and age-appropriate youth activities.

Because the state has witnessed the benefits of the Teens R 4 Me Conference, which has grown exponentially from the first one held five years ago, DFCS will continue to use the medium as way to strengthen engagement with older youth in foster care. The tenets of the conference continue to ring true, youth need to be safe, healthy, educated, employable and connected as they transition out of care into independence. In addition to offering workshops, tools and supports to youth, the conference has helped supervisors and other staff identify and use best practices to support quality engagement with youth, develop transition plans, and provide them with guidance on policies and procedures that affect youth as they transition into adulthood.

Other activities that will be continued from previous years are the employment, training and career preparation opportunities through TeenWork. The state hopes to expand the quantity of opportunities available by recruiting more local businesses, non-profit organizations and government agencies as

participating entities. The Division has partnered with the 100K Opportunities Initiative, along with a host of external stakeholders, corporations, and non-profit agencies, to host the Atlanta Opportunity Fair. The job and resource fair will launch unprecedented efforts to bring jobs and career opportunities to young people ages 16 to 24.

In partnership with the Multi-Agency Alliance for Children (MAAC), the Division has developed the Education Service Delivery Model (ESDM) to coordinate educational needs for children in foster care so they can achieve academic success, to improve high school graduation rates and to decrease other negative indicators such as overrepresentation in disciplinary interventions and grade retention. ESDM was piloted in Fulton and DeKalb counties and targets youth enrolled in the 7th – 12th grades or pursuing a General Education Diploma (GED). Success of this model will be measured by the education progression and attainment of each youth. The Division plans to expand the implementation areas of the ESDM statewide in FY19.

Along with these ongoing activities, GARYSE also provides transitional or emergency support to youth who have aged out at 18 and may still require some financial support to transition into a residence or additional services.

III.   National Youth in Transition Database

GARYSE provides weekly county, regional and state updates to regional and state leadership on National Youth in Transition Database (NYTD) program and outcomes. This information is shared with informed partners and other stakeholders to assist in improving outcomes. The state has met required survey participation rates in 10 of 13 reporting periods from FFY 2011 – FFY 2018 (Period A). For 2018 (Period A, October 2017-March 2018) surveys of 21-year-olds in Cohort 2, the state had a survey participation rate of 92% for those in care, exceeding the 80% requirement, and 56% for those not in care, falling short of the 60% requirement.

NYTD data is used to inform practice and improve programmatic service delivery. Specifically, NYTD survey data is used to inform trainings for youth and their understanding of accessing healthcare and the different types of insurance (e.g., Chafee Medicaid, former Foster Care Medicaid, or private insurance) available to youth as they age out of care. Additionally, GARYSE has partnered with local community agencies and resources to support and prevent homelessness for youth ages 16 to 24. These efforts will continue through FFY19.

The GARYSE director meets with the data evaluation team weekly to discuss NYTD data and plans to improve outcomes. Additionally, meetings are held quarterly to evaluate and discuss opportunities to support the collection of NYTD data. Notifications are sent to the regions and independent living specialists (ILSs) weekly to ensure continuous support and awareness of progress. Statewide cadence calls are facilitated weekly, and monthly leadership meetings are used to discuss the progress or lack thereof for each region's NYTD outcomes.

Federal program instructions regarding the state's upcoming NYTD Review was received and shared with internal leadership and high leverage external partners alerting them that activities needed to begin in anticipation of the review. The State's date for the review has not yet been scheduled. As planning and preparation gets underway, consideration is being given o building review teams. Leadership and external partners will be engaged in the process and GARYSE staff will provide documents as requested.

IV. Collaboration with Youth and Other Programs

Youth Involvement

The Division actively engages and encourages youth involvement in the decision-making process by assisting with the development of their personal Written Transitional Living Plan (WTLP) that is details actionable and self-directed goals and steps to be completed to support independent living and self-sufficiency prior to their exit from foster care. Youth also participates in monthly regional youth conference calls. These calls include Regional and County leadership, Field Program specialists, Administrations, and the GARYSE staff. This opportunity is an open forum which allows for youth driven discussions on issues and concerns that are important to the youth.

Additionally, a youth advisory board has been established for the Teens R for Me conference. Through Georgia EmpowerMEnt (MAAC), youth town hall meetings occur statewide, providing updates and suggestions on issues related to systemic concerns of youth in foster care. Youth and young adults continue to be an integral support to the implementation of Connected by 21, the Youth Know Your Rights initiative and Independent Living Program (ILP) operations. They attend corresponding meetings year-round and have direct input regarding survey tool development and revisions to related policies.

Youth can also participate in the Youth Empowerment Series (YES) program. YES is an outreach program that seeks to develop a generation of young people who are engaged in the needs of their communities and are equipped to educate and recruit others to help DHS build Stronger Families for a Stronger Georgia. YES began in 2016 with a group of 51 high school students from around the state who participated in several "meetups." At each meetup, participants developed leadership skills through meaningful conversation with state and local leadership, examined critical issues that face Georgia youth, and participated in community service. This initiative is underway and will continue thorough FFY19.

GARYSE continues to work closely with Georgia EmpowerMEnt, a youth advocacy and leadership board of the Georgia Youth Opportunities Initiative (GYOI), to establish a subcommittee comprised of current foster care youth and young adults who were formerly in foster care. This collaboration is a productive way to obtain valuable insights and address the needs of adolescents, youth and young adults. Youth, by way of EmpowerMEnt, participate in all activities and decisions around ILP planning and procedures. They review existing policies and protocols and provide supportive feedback and critiques upon examination. For example, youth participated in the state's taskforce meeting regarding teen parenting and voiced their opinions based upon their past experiences on what should be the process for youth to engage and nurture their children. Currently, the program is awaiting revisions to existing policies to reflect the outcome of these meetings.

Because of these efforts and in concert with Division leadership, the consensus is that these opportunities allow collaboration between youth and Division leadership however, it has also been determined that more work can be done to increase communication with DFCS staff and fostering connections with adult supporters. To bridge the gap, GARYSE/ILP has established partnerships with Families First COACHES program for mentorship opportunities and are actively engaging with community resources to provide ongoing connections to youth in foster care. Additionally, youth driven cadence calls were development and held state-wide and the website www.garyse-ilp.org continues to serve as a hub for information exchange between staff and youth on the following topics:
- Credit Reporting
- Education
- Health Insurance

- Employment
- News and Events
- Youth Know your Rights
- Emergency Assistance
- Housing Support
- NYTD
- Life Skills Training

Public and Private Sector Involvement

A youth advisory board was established for the 2017 Teens R for Me conference. Through Georgia EmpowerMEnt (MAAC), youth town hall meetings occur statewide, providing updates and suggestions on issues related to systemic concerns of youth in foster care. Youth and young adults continue to be an integral support to the development and implementation of Connected by 21, the Youth Know Your Rights initiative and Independent Living Program (ILP) operations. They attend corresponding meetings year-round and have direct input regarding survey tool development and revisions to related policies. For example, youth participated in the state's task force meeting regarding driver's insurance and voiced their opinions, based on their own experience, on what should be the process for youth to become active and licensed drivers. Currently, the Division is awaiting confirmation of the Department of Driver Services to confirm the signature of parent could include a designee, which would allow more latitude for youth in foster care to obtain their state ID and driver's license.

Georgia's ILP continues to work closely with Georgia EmpowerMEnt, a youth advocacy and leadership board of the Georgia Youth Opportunities Initiative (GYOI), to establish a subcommittee comprised of current foster care youth and young adults who were formerly in foster care. This collaboration is a productive way to obtain valuable insights and address the needs of adolescents, youth and young adults. Youth, by way of EmpowerMEnt, participate in all activities and decisions around ILP planning and procedures. They review existing policies and protocols and provide supportive feedback and critiques upon examination. Additionally, youth have met with DFCS leadership and offered their perspectives through DFCS-sponsored town hall meetings. Because of the input from youth, the workshop offerings by ILP will be more diverse and there will be changes in the frequency with which they are offered. Surveys will be revised to ensure opportunities to make further recommendations about future workshops. Additionally, youth requested that more information be made available to them, as the flow of information has typically had gaps. To address this, the website www.garyse-ilp.org has been designated as a hub for information exchange, and dates for monthly regional youth ILP calls have been set.

Since the last APSR writing, youth have been engaged in ongoing planning for improving outcomes with ILP and the Division. This activity is primarily conducted via Youth Town Hall meetings. This is an ongoing activity that will occur through FFY 2018.

Federal and State Program Service Coordination

GARYSE has partnered with PREP, The Personal Responsibility Education Program, to provide evidence-based sex and health education to youth between the ages of 10-19 years old. Additionally, MAAC's Teen Parent Connection program serves pregnant and parenting teens with specialized training to address the myriad of challenges they often face and to provide support and guidance to promote self-sufficiency as adults and parents.

GARYSE/ILP has begun meeting with community agencies including Partners at Home/The Atlanta Continuum of Care program. This homelessness initiative is comprised of federal and state government, universities, and providers to address the ever-present homeless population and identify solutions. These efforts to support older youth will continue through FY19.

Safe Transition to Independence

In partnership with CSEC, GARYSE/ILP is ensuring its staff is trained on the awareness of and indicators of human trafficking. Additionally, the Human Trafficking Task Force released a technical assistance resource guide that provides information on the following: background on best practice, principles of prevention, identifying resources, developing a prevention, and age appropriate suggestions. This information will be utilized as a means of ensuring the ILP staff are informed on how to meet the needs of victimized youth.

Training

In partnership with MAAC, caregivers and adult supporters attended workshops that focus on youth engagement. Caregivers and adult supporters were provided tools that would help to advocate and overcome barriers and skills necessary to support youth development. Please see pages

V.   Consultation with Tribes

The Division has a designated liaison who participates in meetings with tribes through the Georgia Council on American Indian Concerns, which meets bi-monthly. Through this opportunity, the liaison engages with the Georgia tribes to review and receive input on policies and maintain open communication with DFCS. GARYSE has submitted information that outlines the comprehensive services provided through the DFCS Well-Being Services Section, including ILP, to Georgia's tribal partners. Services available to Native American children are the same as those for all children who enter foster care and meet the eligibility requirements. Georgia tribes are not federally recognized and consequently are not eligible to provide these services. On May 9, 2018, GARYSE presented to the council on ILP services available through DFCS and engaged with the tribal members on any concerns they may have regarding service provisions to tribal youth. GARYSE has not received any concerns from the Indian tribes. Council meetings are held bi-monthly and opportunities are made available to engage tribal leaders and receive feedback on ILP and other Well-Being services.

VI.   Education and Training Voucher Program

Education and Training Vouchers (ETVs) pay for postsecondary education and/or training. These funds are limited to the pursuit of an undergraduate degree, diploma, or certificate. This program supplements, rather than replaces, other types of financial assistance available to the youth. Funds may be available for pursuit of a graduate degree, but a waiver is required.

The population of youth who are served by the ETV program includes current and former foster care youth ages 18-25 who are eligible for Independent Living Program (ILP) services. Eligible youth who were enrolled in school on the date they reached age 21 and continue to make reasonable progress toward their diploma/degree may continue to receive funds beyond the age 21. Services are available for youth attending post-secondary institutions and vocational schools in Georgia and surrounding states.

During the last reporting period, 331 ETV recipients were served. This means that the student received at least one payment toward an approved expenditure category (e.g., tuition or stipend). As of April

2018, there were 845 young people ages 18 and over eligible for ILP services, with the vast majority being eligible to receive ETV funds. Approximately 42 % of the total ILP recipients eligible for ETV received ETV benefits. From July 1, 2016 through June 30, 2017, the UGA Fanning Institute (Fanning) supported 335 students with ETV funds and 377 students from July 1, 2017 – March 2018.

Education and Training Vouchers (ETV) pay for postsecondary education and/or training. These funds are administered through UGA J. W. Fanning (Fanning) by way of a succinct process which follows departmental guidelines (COSTAR) and include, but is not limited to, payment to post-secondary institutions, bookstores, and housing entities. Funds are limited to the pursuit of one degree, diploma, or certification. Rather than replace, this program supplements other types of financial assistance available to the youth. Funds may be available for pursuit of a graduate degree, but a waiver is required.

Fanning supported 331 students with ETV funds in its first year (2015 – 2016), processed 2,500 individual transactions and employed 10 faculty along with other staff and students to serve ETV recipients. Of the 331 students, 61.6% of them returned for the 2016-2017 school year. The average per-student ETV payment amount during this period was $3,908. Every payment made was confirmed with the recipient to ensure that student schedules were not negatively impacted.

Fanning's administration of ETV continues to integrate ETV into the network of strategies that support young people who have experienced foster care, such as the Embark Georgia Network and the Designated Points of Contact at each postsecondary campus across the state. ETV information is more widely available than ever before and training curricula content has been taught to young people via live training sessions facilitated by ILP. Training content has also been delivered to adult supporters in person at a variety of venues and by way of webinars. Information remains available on the Embark website and the most recent version of the training webinar is available for download from that site.

In the last year, several policies were identified as ambiguous or otherwise unclear. Fanning suggested changes to rectify these problem areas and those changes are being formally incorporated into policy. As a result of one of the changes, ILP specialists, who are charged with providing supports to young people in foster care, will be better able to do their job without the burden of managing ETV paperwork.

F. Updates to Targeted Plans

F1. Foster and Adoptive Parent Diligent Recruitment Plan

Resource development is the term used to describe all efforts to recruit, retain and use an appropriate array of placement resources to meet the needs of children and youth in foster care and the characteristics of those who historically have entered foster care. The state has strategically added "placement utilization" to its consideration in regard to the meaning of "resource development" (previously simply the recruitment and retention of resources). The state recognizes that how placement resources are utilized (placement matching) has a direct impact on retention as well as the safety and well-being of children.

Resource development is a shared responsibility between the state office and county/regional offices. County and regional resource development includes the recruitment, training and approval of foster and adoptive parents; ongoing training, supervision and annual re-approval of foster parents; and other activities involving retention and recruitment of caregivers. The state office responsibilities include

developing placement resources through CPAs and CCIs; development and monitoring of the statewide recruitment and retention plan; policy and practice development; and training, support and technical assistance provision to county and regional staff as well as CPAs and CCIs.

No changes have been made to the Foster and Adoptive Parent Diligent Recruitment Plan since last APSR submission.

Progress and Accomplishments on the 2015-2019 Plan

The following are the main goals for the 2015-2019 Diligent Recruitment and Retention Plan.
- **Goal 1:** Ensure that children and youth are placed in the least restrictive and most appropriate placement.
- **Goal 2**: Improve organizational effectiveness regarding placement resource development, retention and placement matching.
- **Goal 3:** Increase the retention of prospective caregivers during the approval process and once approved, retain caregivers for at least five years

The State's Diligent recruitment plan was officially effective January 2015 and has been shared repeatedly with DFCS and Child Placing Agency (CPA) resource development (RD) supervisors and case managers. The plan has been posted on the fostergeorgia.com website underneath the RD staff portal. All staff have been provided the login credentials to access the plans. These plans have also been shared on the gascore.com website for access by CPA providers.

The first joint meeting for 2017 was held on April 13, 2017 at Hephzibah Children's Home in Macon, GA. During the meeting, participants had table discussions to identify ways in which they could collaborate to execute components of the Diligent Recruitment Plan and how they could give additional support to birth families to support reunification. The teams discussed the establishment of a Memorandum of Understanding for their Regional Placement Resource Engagement Meetings and how this could provide structure to their partnership. A second joint meeting was held on December 12, 2017. Invitations were sent to both DFCS regional RD leads and to all private agency partners. A total of 178 attended the meeting, and 12 participants were representatives from the DFCS regional teams. Meetings for 2018 have been scheduled for April 18, 2018 and October 9, 2018.

The joint meetings are planned in collaboration with representatives who support and advocate for the provider networks, the Office of Provider Management, and internal stakeholders from the Office of Residential Child Care and Licensing. The joint meetings have improved the communication and collaboration between the local DFCS resource development teams and the providers who serve their local areas. Feedback from the meetings is shared with the Office of Provider Management staff and Division executive leadership during internal collaborative meetings.

The Caregiver Recruitment and Retention Unit (CRRU) is responsible for the programmatic practice guidance for the recruitment, onboarding, support, and management of foster, adoptive, and relative foster caregivers. During the period under review, CRRU achieved the following key accomplishments:
- Development, execution, staffing, monitoring, and maintenance of the Foster Georgia Inquiry Line. This portion of the work had been previously outsourced to contracted vendor. The project was initiated in April 14, 2017 and the line was officially launched on June 27, 2017. The Line also contains a "warm-line" support option for currently approved caregivers to seek brief mentoring and guidance from a peer foster parent.
- Development of the Caregiver Support Program to increase supports and services to foster/adoptive caregivers. The program was designed to use Caregiver Support Techs who will serve as a liaison between the caregiver and social services case managers, identify and link

caregivers to community services/programs, and keep families engaged during the initial onboarding process.

- Data tracking tools in the Georgia SHINES SACWIS system that aid in tracking the progression of prospective caregivers through the onboarding process, home compliance and utilization, and home approvals. These reporting tools can be drilled down to aid in performance management for supervisors and case managers.
- Development and implementation of resource development (RD) track training curriculum for DFCS and child placing agency staff. This training aimed at increasing the skill and competencies of staff directly responsible for the recruitment, training, and vetting of prospective caregivers. The RD track training was initially piloted with regional team staff and other internal stakeholders in February, April, and June of 2017.
- The resource development track training has now been executed, and future training dates have been posted on the Division's internal training site for staff registration. Education and Training will also host a train-the-trainer with designated Office of Provider Management (OPM) staff, who will support the provision of training for child placing agency staff. As the OPM staff are trained, they will provide additional training opportunities for required staff.

Table 68. Foster Home Turnover Rate from 2008 through 2015			
Start of Year	Homes with Full Approval at Start	Homes Closed in Year with No Further Approval	Turnover Rate
5-Oct-08	8244	1399	17%
5-Oct-09	7958	4456	56%
5-Oct-10	4131	1268	31%
5-Oct-11	3497	1116	32%
5-Oct-12	2975	786	26%
5-Oct-13	2671	722	27%
5-Oct-14	2422	681	28%
5-Oct-15	2339	683	29%
5-Oct-16	2532	676	27%
5-Oct-17	2826	617	22%
		Average Turnover Rate:	30%

Source: Georgia SHINES
The Oct 2017 totals may change because some homes have only temporarily closed because there were no available placements and there was no intent to keep the home permanently closed.

The average turnover rate of home closures over the last 10 years is 30%. However, over the last four years, within this CFSP cycle (2014 – 2017), the average turnover rate is 27% which indicates the state is making progress.

F2. Health Care Oversight and Coordination Plan

The state's health care oversight and coordination (HCOC) plan, revised August 2012, will be updated for the next CFSP cycle, FFY 2020 – 2024. In accordance with the Family First Prevention Services Act (section 422(b)(15)(A)(vii)), the state will add protocols and procedures to ensure that (1) children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities; and (2) children will not be placed in settings other than foster family homes due to inappropriate diagnoses.

The two primary steps the state is taking to ensure children have an appropriate diagnosis and are placed in the most appropriate setting for their circumstances is using SHINES to track and monitor significant health conditions and hosting quarterly collaborative meetings with top-level executives of relevant agencies and departments. More information regarding the significant health conditions report is included in section C3 of this report, and more information regarding the collaborative health meetings are in the Collaborations section and other areas of this report.

1. Newly implemented protocols/procedures/changes:
   - Implementation of WPAC (Wellness Program Assessment and Consultation) and PRO (Placement Resource Operations) Units. Including roles of each unit **(Known as SOC (System of Care Unit) in previous Health Care Oversight and Care Coordination Plan)**
   - Newly established positions within Wellbeing Section and Placement and Permanency Services Section. The new HCOC plan will include a description of the roles for the Wellness Medication/Behavioral Health Specialist (within WPAC) and the Care Coordination Specialist which will serve on a team within the Placement Permanency and Services Section.
   - Escalated psychotropic medication protocol (implemented January 2018)
   - Distribution of psychotropic medications report (see section C3 of this report for more details regarding how the report is distributed, the feedback loop to ensure two-way communication, the impact of the tracking process on practice improvement, and WPAC's role in analyzing the data)
   - Distribution of significant health conditions report (see section C3 of this report for more details regarding how the report is distributed, the feedback loop to ensure two-way communication, the impact of the tracking process on practice improvement, and WPAC's role in analyzing the data)
   - Quarterly meetings – quarterly meeting that will be held with DFCS leadership, Department of Community Health, Amerigroup, and Medical Director to review information collected from psychotropic medication reports and significant health conditions reports. Results from meeting will include recommendations to address global practice issues, support practice changes, and promote positive practice techniques/interventions
   - Practice Guidelines for DFCS Policy 10.12 - emergency clause updated that allows for treating physician to continue medication approved on outpatient without consent if physician determine that withholding medication would be detrimental to the child wellbeing (only in emergencies)

Additional steps that are being implemented and will be updated in the HCOC plan to be submitted June 2019.

2. Comprehensive assessment of needs
    • Medical Evaluation - required medical evaluation for children in care and the use of GHIN (Georgia Health Information Network)
    • Dental, Vision, Hearing, Developmental Screenings - required screenings for children in care
    • Comprehensive Trauma Assessments - required comprehensive trauma assessment for youth ages 5-17 years old
    • Child Traumatic Stress - addressing stress resulting from trauma experienced by children in care
    • Psychological Evaluation - requirements for psychological evaluation for children in care
    • Specialized Assessment: Substance Abuse and Mental Health - inpatient and outpatient substance abuse and mental health assessments of youth in care
    • Psychological and Mental Health Needs - psychological and mental health assessments for children in care
    • Medically Fragile Children and Youth - addressing needs of medically fragile children in care

3. HIV and antibody testing - addressing needs of children who have signs and/or symptoms of HIV as well as children with diagnoses of HIV
    • Sexual health needs - plan that addresses sexual health needs of youth in care
4. Medicaid service and eligibility - addresses Medicaid and service eligibility for youth in care
5. Continuity of health care services - addresses DFCS responsibility in ensuring appropriate and timely medical care for children/youth in care
6. Transition planning - addresses transitional planning for youth exiting care
7. Oversight of prescription medications - the plan for oversight of prescription medication, which will include current psychotropic medication report protocol

The Wellness Programming Assessment & Consultation (WPAC) Unit works closely with Amerigroup care coordinators to ensure physical and behavioral health care services are available by participating in staffings, roundtables, and tracking data to determine which children have overdue medical assessments.

The WPAC Unit meets quarterly with the Department of Public Health (DPH) to ensure children ages 4 and under are being referred for Children 1st assessments and to determine if Babies Can't Wait services are needed. The unit meets bi-weekly with Amerigroup and DCH to ensure there are no gaps in insurance and to ensure physical and behavioral health services are available to meet the identified needs of all eligible children in foster care. Service providers are recruited by Amerigroup to ensure children are covered for services statewide. There is a continuing need for more providers in rural areas.

Medical homes (site of primary care physician) and dental homes are established for children in foster care within five days of enrollment into the Georgia Families 360 Program. This depends on the case manager submitting the E-Form within 24 hours of a child/youth entering care.

A copy of the state's current plan is included in the appendices.

F3. Disaster Plan

Beginning in 2008 the Department of Human Services, Division of Family and Children Services (DHS/DFCS) published the Continuity of Operations Plans (COOP) and a statewide COOP template. This template and statewide disaster plan are reviewed and updated annually. Georgia is unique in that it has 159 counties and is a home rule state, meaning local government entities may self-govern and establish their own emergency management policies/plans. Each county office is required to complete and annually update a COOP which is similarly formatted to the state COOP. Each state agency COOP is a separate annex to the Georgia Emergency Management Agency/Office of Homeland Security, Emergency Operations Plan (GEOP).

The COOP is based on the authority of Official Code of Georgia, Title 38, Section 3, Articles 1 through 3, known as the Georgia Emergency Management Act of 1981, and is compliant with the National Incident Management System and supports the National Response Framework. It is promulgated by State Executive Order and supports the Georgia Emergency Operations Command.

The Plan establishes policy and guidance to ensure the execution of the Division's mission essential functions in various emergency situations, to include all hazards approach that covers man-made and natural disasters, accidents, technological emergencies, civil unrest and terrorist related incidents. The COOP integrates the various programs under the Division. Along with the integrated statewide COOP, the Office of Family Independence has a disaster preparedness plan to address child welfare specific activities throughout the state in such emergency situations.

The State's Disaster Plan PIP was completed and approved in FFY 2016, no changes were made in FFY 2017 to the plan.

I.   Emergency Response System Updates

Red Cross Shelter Training

The agency is required by law to maintain at least 20% of the field staff trained and certified to operate American Red Cross (ARC) shelters statewide. This task has been extremely difficult due to the high rate of local staff turnover. However, due to the success of the train-the-trainer training in 2016, which certified 14 DFCS staff to be able to teach the shelter fundamentals training, there were 1,036 DFCS staff trained (which is 21% of all staff) during FFY 2017. Forty-six different classes in each of the 14 regions were conducted. This is a significant increase in staff trained. Over the previous 3 years combined, the number of staff who were trained was 1,190. In all, since 2014, 2226 of DFCS staff have been trained in shelter fundamentals (which is 40% of all staff). Classes are continuing to be offered monthly around the state.

Major Weather Events

Hurricane Irma was the most impactful weather-related event in Georgia in FFY 2017. The agency opened and operated 33 ARC shelters statewide. Over 400 staff statewide participated in working inside a shelter during a 10-day period. Staff were deployed to the State Operations Center (SOC), County Emergency Operations Centers, and Disaster Recovery Centers. Staff also assisted in Chatham County during the mandatory evacuation and assisted in other post-hurricane relief tasks. Other weather-related events that affected DFCS staff included, Tropical Storms Nate, Lee and Maria. The COOP operational plans were activated for evacuations and office closures and foster families were able to maintain communication with minimal issues.

During Hurricane Maria, over 100 medically fragile Puerto Rican residents were flown to Atlanta to receive assistance. DFCS staff assisted in this process and were deployed to their location to offer and provide services. State emergency response managers participated in a conference call with ACF child welfare program specialist, Region IV, to share her experience and lessons learned after she assisted the disaster relief efforts in Puerto Rico.

Communication

During emergency events, foster families were able to maintain constant contact with the agency via the CPS Intake Communications Center Center (CICC) 1-800 phone numbers and via local case managers in non-affected counties. No foster family was without agency health and emergency services at any time during the evacuation and relocation of families. Actions taken followed the plan that was developed and designed by the County COOP.

Additionally, during Hurricane Irma, 123 foster families and caregivers called CICC to report their intended location while evacuating Coastal Georgia. A spreadsheet was maintained by CICC of up-to-date information and was distributed to DFCS leadership as well as to local case managers. County case managers, even during these events, were able to contact their children and families.

Although there were few communication concerns during events, the state continues to work to improve interagency communications, partnerships and training of staff. DFCS is in the final stages of developing a "panic-button" project whereby front-line staff will learn more about communicating with various state and local law enforcement and 911 operators. The Emergency Management Unit has been working closely with the Project Management Office to train and prepare DFCS staff to properly access and liaison with emergency systems officials like GEMA.

State Operations Activations

- Hurricane Irma: September 5-16, 2017 (details provided below)
- Tropical Storm Nate: October 7, 2017 (no ARC shelters were opened)
- Winter Storm #1: December 7, 2017 (no ARC shelters were opened)
- Winter Storm #2: January 16-18, 2018 (no ARC shelters were opened)

Hurricane Irma: There were significant power outages as it related to this storm. Damages from the storm ranged from DeKalb County in Metro Atlanta, to Glynn County on the coast as well as Dougherty County near the Alabama state line. Hurricane Irma also forced the evacuation of South, and parts of Central and Northern Florida, which impacted Georgia. Some of the residents inside of the shelters were Florida residents. Approximately 500,000 of Georgia's residents were also forced to leave their homes, and some of them sought out sheltering from the ARC.

Tropical Storm Nate: While there was an SOC activation, the state of Georgia was not impacted by the storm.

Winter Storm #1: While there was an SOC activation, the state of Georgia was not impacted by the storm.

Winter Storm #2: Widespread snow and ice were reported on the Georgia Coast as well as inland, mainly in South Georgia (including Lowndes and Thomas counties). Power outages were reported and several DFCS offices were closed for up to 3 days due to the weather. No major damages were reported.

Non-Activations

- Fires in the Okefenokee Swamp: SOC was not activated, but ARC shelters were opened to assist residents.
- Airport Incident: SOC was not activated and shelters were not opened, however preparations were being made to be able to open shelters for those stranded at the airport due to the power outage.
- I-85 Bridge Collapse: SOC was not activated and shelters were not opened, however preparations were being made to open shelters for those stranded on this highway due to the bridge collapse.

F4. Training Plan

Georgia does not use IV-E funds for training. Instead, the state uses random sample moments for cost reimbursement. Please see copy of training plan in the appendices. (There were no changes to the training plan for this report.)

G. Statistical and Supporting Information

G1. Child Protective Service Workforce

This section of the report provides data on the education, qualifications and training of child protective service personnel responsible for intake, screening, assessment and investigation of child abuse and neglect reports in the state. The following table presents demographic data on the State's Social Services case management staff hierarchy (e.g., associate, case manager, supervisor).

Table 69. Staff Characteristics as of May 2018*		Total	Percent
Gender	Female	2700	89.46%
	Male	318	10.54%
Race/Ethnicity	Am. Indian	5	0.17%%
	Asian	8	0.27%
	Black	1944	64.41%
	Hawaii/Pac	0	0.00%
	Hispanic	65	2.15%
	Multi-race	0	0.00%
	White	941	31.18%
	UNKNOWN	55	2.18%
Age Group	<26	605	20.05%
	26-30	450	14.91%
	31-35	450	14.91%
	36-40	375	12.43%
	41-45	304	10.07%
	46-50	228	7.55%
	51-55	140	4.64%
	56-60	73	2.42%
	61+	605	20.05%
Education Level			
A	Not Indicated	434	14.38%
B	Less Than HS Graduate	1	0.03%
C	HS Graduate or Equivalent	259	8.58%
D	Some College	23	0.76%
E	Technical School	4	0.13%
F	2-Year College Degree	26	0.86%

G	Bachelor's Level Degree	1741	57.69%
H	Some Graduate School	3	0.10%
I	Master's Level Degree	524	17.36%
J	Doctorate (Academic)	2	0.07%
K	Doctorate (Professional)	1	0.03%
Pay Grade	G	567	18.79%
	H	1440	47.71%
	I	269	8.91%
	J	491	16.27%
	L	201	6.66%
	M	50	1.66%
		3018	**100.0%**

Data Source: Georgia DFCS Data Unit and the DHS Office of Human Resources Management and Development.

*Data are for the following Social Services positions (with job class): supervisor (SSP073), administrator (SSM010), case manager & adv (SSP071), specialist (SSP072), program director (SSM011), case management associate (SSP070).

The following data represent staff who had at least one CPS case as of September 30, 2017, and whether they had achieved the required annual 20 hours of training by September 30, 2017. As of the same date, 29% of 191 CPS intake workers had a minimum of 20 hours of training.

Table 70. Completed Annual Training by Position		
Job Title	**Total Staff in Position**	**20 or More Hours**
Case Manager Adv	15	60.00%
Case Manager Associate	8	100.00%
County Director	9	22.22%
DFCS Community Resource Specialist	1	0.00%
Field Program Specialist	4	75.00%
Intake Worker	106	25.47%
Program Assistant	2	0.00%
Program Associate	1	100.00%
Program Director	2	50.00%
Project Administrator	6	33.33%
Social Services Administrator	13	84.62%
Social Services Case Manager	838	70.64%
Social Services Specialist	129	78.29%
Social Services Supervisor	167	85.63%
Social Services Technician	1	0.00%
Total	**1,302**	**69.12%**

Position Requirements and Salary Ranges

This section presents the position requirements (education, qualifications) and salary ranges for child welfare positions. Training requirements are included in the Training Plan.

Social Services Specialist Job Series

The minimum qualification of a child protection services worker for Georgia DFCS is at least a bachelor's degree. The preferred qualifications include a behavioral science degree and at least one year of experience or a bachelor's or master's degree in social work.

The employee's academic credentials determine their job title and pay level. For example, an employee with a bachelor's degree and no case management experience would be considered a Social Services Specialist 1.

Table 74. Social Services Job Qualification and Salary Ranges					
Job Code	**Official Job Title** - Working Title(s)	**PG**	**Salary Range**		**Entry Qualifications**
SSM014	**Dir, Social Svcs** - Regional Director - Section Director	P	Minimum	$6,821.60	Master's degree in a related area from an accredited college or university AND Three years of management of subordinate managers/supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Six years of experience, including Four years of management of subordinate managers/supervisors in a human service delivery program OR related certification AND Three years of management of subordinate managers/supervisors in a human service delivery program OR Five years of experience required at the lower level Sr Mgr, Social Svcs (SSM013) or position equivalent.
			Market Average	$95,459.43	
			Maximum	$116,937.80	
SSM013	**Sr Mgr, Social Svcs** - County Director 5	O	Minimum	$59,134.16	Master's degree in a related area from an accredited college or university AND Two years of management of subordinate managers/supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Five years of experience, including three years of management of subordinate managers/supervisors in a human service delivery program OR related certification AND Two years of management of subordinate managers/supervisors in a human service delivery program OR Three years of experience required at the lower level Mgr 3, Social Svcs (SSM012) or position equivalent.
			Market Average	$84,477.37	
			Maximum	$103,484.78	
SSM012	**Mgr 3, Social Svcs** - County Director 4	N	Minimum	$52,331.12	Master's degree in a related area from an accredited college or university AND Two years of management of subordinate managers/supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Five years of experience, including three years of management of subordinate managers/supervisors in a human service delivery program OR Related certification AND Two years of management of subordinate managers/supervisors in a human service delivery program OR Three years of experience at the lower level Mgr 2, Social Svcs (SSM011) or position equivalent.
			Market Average	$74,758.74	
			Maximum	$91,579.45	

SSM011	**Mgr 2, Social Svcs** - Social Svcs Program Director - County Director 3 - Deputy County Director 5	M	Minimum	$46,310.72	Master's degree in a related area from an accredited college or university AND One year of management of subordinate supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Two years of management of subordinate supervisors in a human service delivery program OR Related certification AND One year of management of subordinate supervisors in a human service delivery program OR Two years of experience at the lower level Mgr 1, Social Svcs (SSM010) or position equivalent.
			Market Average	$66,158.17	
			Maximum	$1,043.76	
SSM010	**Mgr, Social Svcs** - County Director 1 - County Director 2 - Deputy County Director 4 - Unit Manager - Social Services Administrator	L	Minimum	$40,982.94	Master's degree in a related area from an accredited college or university AND One year of supervisory experience in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Two years of supervisory experience in a human service delivery program OR Related certification AND One year of supervisory experience in a human service delivery program OR Two years of experience at the lower level Social Svcs Prgm Mgr Spv (SSP023) or position equivalent.
			Market Average	$58,547.06	
			Maximum	$71,720.15	
SSP042	**Social Svcs Prgm Consultant 3** - Field Program Specialist	K	Minimum	$36,268.09	Master's degree in a related field from an accredited college or university AND Two years of related experience, One year of which as a supervisor or lead worker OR Bachelor's degree in a related field from an accredited college or university AND Four years of related experience OR Two years of experience at the lower level Social Svcs Prgm Consultant 2 (SSP041) or position equivalent.
			Market Average	$51,811.56	
			Maximum	$63,469.15	
SSP073	**Social Svcs Spec Spv** - Social Services Supervisor	J	Minimum	$32,970.99	Master's degree in Social Work from an accredited college or university AND One year of experience in a lead/supervisory capacity OR Bachelor's degree in Social Work from an accredited college or university AND Two years of case management experience at the lower level Social Svcs Spec 3 (SSP072) or position equivalent. Note: For consideration in DFCS in Fulton and DeKalb Counties, the degree(s) must be in Social Work.
			Market Average	$47,101.41	
			Maximum	$57,699.23	
SSP072	**Social Svcs Spec 3** - Social Services Specialist (MSW)	I	Minimum	$29,973.63	Master's degree in Social Work from an accredited college or university OR Bachelor's degree in Social Work from an accredited college or university AND One year of experience at lower level Social Svcs Spec 2 (SSP071) or position equivalent AND/OR One year of law enforcement work in a related area.
			Market Average	$42,819.47	
			Maximum	$52,453.85	**DFCS Preferred/Requirement for this job code is a master's degree in Social Work**
SSP071	**Social Svcs Spec 2** - Social Services Case Mgr, Adv (BSW) - Social	H	Minimum	$27,248.75	Master's degree in any behavioral science from an accredited college or university OR Bachelor's degree in Social Work from an accredited college or university AND One year of experience at lower level Social Svcs Spec 1 (SSP070) or position equivalent.
			Market Average	$38,926.79	
			Maximum	$47,685.32	

	Services Case Mgr				
SSP070	**Social Svcs Spec 1** - Social Services Case Mgr, Associate	G	Minimum	$24,771.59	Bachelor's degree from an accredited college or university.
			Market Average	$35,387.99	
			Maximum	$43,350.29	

Table 71. Turnover Rates by Job Class			
Job Class 1	**Filled as of 07/01/2017**	**Turnover 7/01/2017-02/01/2018**	**Annualized Turnover Rate**
SSP073	491	31	10.82%
SSM010	201	6	5.12%
SSP071	1440	200	23.81%
SSP072	269	47	29.95%
SSM011	50	4	13.71%
SSP070	567	92	27.82%
Total	**3018**	**380**	**21.58%**
Table 72. Vacancy Rates by Job Class			
Job Class	**Vacant**	**Total Position Count**	**Vacancy Rate**
SSP073	491	31	10.82%
SSM010	201	6	5.12%
SSP071	1440	200	23.81%
SSP072	269	47	29.95%
SSM011	50	4	13.71%
SSP070	567	92	27.82%
Total	**3018**	**380**	**21.58%**

G2. Juvenile Justice Transfers

According to data on discharges from Georgia SHINES in FFY 2017, six youth who were under 18 on the date of transfer had a custody status change to "committed to DJJ," (transferred to the Department of Juvenile Justice). The children were identified by a simple query to the SHINES data system that extracted all changes in legal status from DFCS to DJJ during FFY 2017 where the child was under the age of 18 on the day of the transfer. There were six youth who transferred from temporary or permanent custody to joint custody in FFY 2017, but this is not the same as a transfer of custody to DJJ.

The term "joint custody" or "joint commitment" refers to when a child has both been committed to DJJ for committing a delinquent act and placed in the legal custody of DFCS because the child was also found dependent. Commitment to DJJ is one possible outcome for a youth found guilty of committing a delinquent act. The court may commit a child to DJJ if it is best suited to the child's treatment, rehabilitation and welfare. The child may also be placed in the custody of DFCS only if the child is found dependent.

The responsibilities of each agency in a "joint custody" case vary based on the court jurisdiction and/or the collaboration between the local DJJ office and the local DFCS office. Both agencies have case management responsibilities, to include contact standards, case planning (DFCS)/treatment planning (DJJ), etc. If a child is committed to restrictive custody in a youth detention center (YDC), then DJJ

would have physical placement of the child. If not, the agencies should work collaboratively to secure a placement for the child.

In FFY 2018, as of June 26, 2018, there have been four children transferred from DFCS to DJJ, and one child changed from DFCS to joint commitment with DJJ.

G3. Child Maltreatment Deaths

Child fatality cases are reviewed at the local and state level. Information on maltreatment-related deaths of Georgia children is gathered from several sources and is used to report data to NCANDS. Sources include medical examiners, Child Fatality Review committees (both state and local), Georgia Bureau of Investigations (GBI), local law enforcement agencies, Georgia SHINES data and internal reports from agency staff. Information may also be obtained from the Vital Statistics Department when a death is reported to a county office or when additional autopsy information is necessary.

The Division primarily depends upon the following resources for the identification of child deaths:
- Law enforcement (GBI, State, local, and on occasion federal)
- Hospitals
- Families
- OCA
- County child fatality review boards
- Medical staff
- Public health (comparison lists)
- Medical examiner and coroner offices

Child fatality data continue to support previously reported analysis that children ages 0 to 5 are vulnerable to maltreatment and specifically children under the age of one. Many of these fatalities are at the hands of secondary caretakers who often are not related to the child. Additionally, a large subset of these children died during a sleep related incident or with caretakers who were impaired. The Division continues to work collaboratively with the State Child Fatality Review Team, the Georgia Bureau of Investigations, Children's Healthcare of Atlanta and the Office of the Child Advocate, to learn all that can be determined about circumstances around the deaths of Georgia's children and specifically those reported to the Division. See Population at Greatest Risk of Maltreatment Section of this report for additional details.

G4. Education and Training Vouchers

Table 73. Annual Reporting of Education and Training Vouchers Awarded		
	Total ETVs Awarded	**Number of New ETVs**
Final Number: 2016-2017 School Year (July 1, 2016 to June 30, 2017)	1,325	127
2017-2018 School Year* (July 1, 2017 to June 30, 2018)	1,365	144

G5. Inter-Country Adoptions

There were no children who were adopted from other countries and who entered state custody in FY 2017 because of the disruption of a placement for adoption or the dissolution of an adoption.

G6. Monthly Caseworker Visits

The report on monthly caseworker visits will be submitted as required by December 17, 2018.

H.   Financial Information

H1. Payment Limitations – Title IV-B, Subpart 1

The amount of FY 2005 title IV-B, subpart 1, funds that the state expended for child care, foster care maintenance, and adoption assistance payments:
- FFY 2005 $1,486,000
- FFY 2017 $1,486,000
- FFY 2018 $1,486,000

The amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005:
- FFY 2005 $5,955,414
- FFY 2017 $2,915,882

The estimated expenditures for administrative costs, if any, are included on the CFS-101, Parts I and II.

H2. Payment Limitations – Title IV-B, Subpart 2

The estimated expenditures for PSSF service categories are included on the CFS-101, Parts I and II.

The estimated expenditures for administrative costs, if any, are included on the CFS-101, Parts I and II.

The FY 2013 state and local share expenditure amounts for the purposes of title IV-B, subpart 2, for comparison with the state's 1992 base year amount, as required to meet the non-supplanting requirements: Georgia's 1992 base year amount was $3,236,669. FY 2015 state and local share expenditure amounts for IV-B, subpart 2, was $4,017,643.

H3. FY 2016 Funding—Revised CFS-101 Budget Request

Not applicable: Copies of the Georgia CFS 101s for FFY 2017 are appended to this report.

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2019 APSR will be posted by November 1, 2018 for public view at https://dfcs.georgia.gov/federal-reviews-and-plans