

Federal Fiscal Years 2010 – 2014









Georgia Department of Human Resources Division of Family and Children Services June 30, 2009



Table of Contents

			<u>Page</u>
I.	Gener	al Provisions	4
	A.	Scope of the Plan	4
	B.	Eligibility for Funds	4
	C.	Assurances	4
	D.	The Planning Process in Georgia	5
		1. Visioning	5 5 5
		2. Assessments	5
		3. Consultation/Coordination	11
		4. Joint Planning and Technical Assistance	13
	E.	State Agency Administering the Programs	14
II.	Child	& Family Services Plan Basic Elements	18
	A.	Vision/Guiding Principles	18
	B.	Goals, Objectives, Strategies and Measures of Progress	19
		 Safety Goals, Measures and Strategies 	22
		2. Permanency Goals, Measures and Strategies	24
		3. Well-Being Goals, Measures and Strategies	27
		4. Systemic Factors	29
III	.Georg	ia's Child and Family Services Continuum	31
	A.	Overview	31
		Family-Centered Practice	31
	C.	The Prevention Continuum	34
		1. Entering Prevention Continuum	35
		2. Primary Prevention/Family Support Programs and	36
		Services	
		3. Secondary Prevention/Family Preservation Programs	38
		and Services	
		4. Tertiary Prevention/Foster Care/Permanency Programs	39
		and Services	
	D.	Geographic Coverage and Service Gaps	49
	E.	Program Support	51
		1. Service Coordination	51
		2. Promoting Safe and Stable Families	53
		3. Staff Training and Development	60
		4. Technical Assistance	71
		5. Monitoring and Evaluation	72
		6. Quality Assurance	75
		7. Disaster Planning	76
	F.	Plan Distribution	76

IV. Appendices

- A. Child Abuse Prevention and Treatment Act (CAPTA) Plan
- B. Chafee Foster Care Independence Program (CACIP) and Education and Training Voucher Program Plan
- C. CFS-101, Parts I, II and III, Annual Budget Request, Annual Summary of Child and Family Services
- D. Assurance Forms
- E. DFCS Case Flow Chart
- F. Health Care Services Plan
- G. Technical Assistance Coordination Matrix
- H. Disaster Plan
- I. Training Checklists

I. GENERAL PROVISIONS

This document represents Georgia's combined application for funds for child welfare services under Title IV-B, 1 of the Social Security Act, and for family preservation and support services under Title IV-B, 2 of the Act. This application addresses the requirements of the program instructions (ACYF-CB-PI-09-06, issued June 3, 2009).

A. SCOPE OF PLAN

The combined child and family services plan describes the State of Georgia's achievements in developing an integrated system of care that is family-centered and represents a continuum of child welfare services. This document contains the following:

- Georgia's five-year Child and Family Services Plan (CFSP) for Child Welfare Services, incorporating Promoting Safe and Stable Families for 2009-2014 (Title IV-B, subparts 1 and 2)
- Required information on the Child Abuse and Neglect State Grant Program (known as the State Basic Grant) under the Child and Abuse Prevention and Treatment Act (CAPTA, 42.U.S.C. 5101 et. seq.) (Appendix A)
- Georgia's application for the Chafee Foster Care Independence Program, and Education and Training Vouchers Program Title IV-E Section 477) (Appendix B)
- CFS-101, Parts I, II and III, Annual Budget Request, Annual Estimated Expenditures Summary and Actual Expenditures Summary FFY 2007 (Appendix C)

The five-year plan incorporates the Georgia Child and Family Services Program Improvement Plan (CFSR PIP) effective September 2008 and its Every Child, Every Month (ECEM) Program Improvement Plan. Any additional program improvement plans developed and approved after this plan is submitted will be addressed in Annual Progress and Services Reports (APSRs).

B. ELIGIBILITY FOR FUNDS

Georgia meets the requirements for eligibility for funds.

C. ASSURANCES

Georgia has attached signed assurance forms required for Title IV-B Child and Family Services Plan, Chafee Foster Care Independence Program, Education and Training Voucher Program and the Child Abuse and Neglect State Plan in Appendix D.

The assurances for the Child and Family Services Plan are listed in 45 CFR 1357.15(c) and Title IV-B sections 422(b)(10), 422(b)(12), 422(b)(14) and section 432(a)(4), 432(a)(7), and 432(a)(9). These assurances remain in effect during the period of the five-year Child and Family Services Plan.

D. THE PLANNING PROCESS IN GEORGIA

Georgia's CFSP planning process has included the following elements:

- 1. *Visioning:* State leadership and stakeholder meetings to define vision, values and guiding principles
- 2. Assessments: Analysis of external and internal assessments conducted over the past few years; ongoing performance review and strategic planning process through monthly statewide meetings with program and region leadership and other staff as well as invited external stakeholders based on the agenda
- 3. *Consultation/Coordination*: Work groups comprised of external and internal stakeholders targeting specific areas of practice
- 4. *Joint Planning and Technical Assistance*: Meetings with ACF regional staff and technical assistance

In this section are (a) highlights of the assessments, including Child and Family Services Review (CFSR) results, with identified strengths and challenges; and (b) a description of the planning process in Georgia, both of which included consultation, coordination and joint planning.

1. Visioning

In November 2008 a new Assistant Commissioner/DFCS Director was appointed to DHR. A special "Visioning" meeting with top leadership, including the Assistant Commissioner and three Deputy Directors, was facilitated by the National Resource Center for Organizational Improvement on December 4, 2008. At that meeting, the DHR Commissioner and Assistant Commissioner presented their vision/direction for the agency, and agency leadership worked on the development of vision and mission statements.

A follow-up meeting on January 21, 2009, included external stakeholders as well as additional internal stakeholders to provide further input regarding the child welfare mission and vision statements. External stakeholders included representatives from the Court Improvement Project, Prevent Child Abuse Georgia, Hillside (treatment provider), the Governor's Office for Children and Families, the Foster and Adoptive Parent Association, and members of the CAPTA Citizen Review Panel.

Simultaneously, other state leaders were developing consensus around the state's child welfare mission and vision statements, including those who created the state's Family-Centered Practice Model and those involved in the G-Force meeting process (described later in this document).

The vision, values and guiding principles in this CFSP reflect the synthesis of these visioning efforts as expressed by the DHR Assistant Commissioner.

2. Assessments – External and Internal

In its strategic planning processes, both for the CFSP and the CFSR/PIP, Georgia has reviewed the findings of its self-assessment and the federal child and family services review to inform child welfare planning and improvements.

a. Summary of Georgia's Self-Assessment for the Child & Family Services Review

In 2006, Georgia conducted a comprehensive self-assessment in preparation for the 2007 Child and Family Services Review (CFSR). Findings from this process were used to develop this CFSP. This self-assessment included:

- Regional and Statewide Community Forums
- Parent and Caregiver Survey
- Stakeholder Survey
- Regional Self-Assessments

Numerous stakeholders were involved in each of these efforts. The community forums averaged 30 stakeholders over 13 forums, and the statewide forum attracted 82 stakeholders, each with a diverse cross-section of professions and organizations represented.

Additional stakeholder input was obtained from a mail survey sent to parents and caregivers (foster, adoptive and relative) and an online survey for interested stakeholders statewide. More than 5,000 responded to the caregiver survey; 88 percent were foster, relative or adoptive caregivers and 12 percent were parents. Nearly 3,000 responded to the stakeholder survey; 59 percent were internal stakeholders and 41 percent were external stakeholders.

Following are key themes from these assessments.

Community Forums

Participants were positive regarding the forums as a means of communication and improving participants' understanding of the DFCS values, challenges and strategies. Key discussion themes included improved, proactive, regular communication at the community level regarding DFCS mission, goals, policies and practices; consistency and flexibility in policy administration; working with community resources to maximize effectiveness and efficiency of funding expenditures; and addressing resources/supports needed for children, families and foster families

Stakeholder Survey

Stakeholders (external and internal) identified substance abuse, poverty, availability of resources/services for families, family structure/functioning, and education of community, parents and children as the primary issues affecting family and child well-being in Georgia. Key themes included improving communication, collaboration and case management; addressing staff retention and qualifications; reducing caseloads; improving the risk assessment tool; and providing additional resources and funding for services for families, especially for parenting skills, child care, substance abuse treatment, mental health services and wrap-around services. Internal stakeholders were more positive in their ratings of agency performance than were external stakeholders.

Caregiver Survey

On average caregivers were positive about case managers and how they were treated, although some caregivers reported problems with responsiveness with contact, information and/or paperwork. While they indicated case managers helped them to find

resources/services, many commented on the lack of resources, services and/or financial support, especially for children with disabilities or special needs.

Self-Assessment

The state's self-assessment, based in part on regional assessments, addressed each CFSR outcome measure in detail, discussing practices, strengths, challenges/issues and promising developments. Key strengths identified included:

- Teamwork among case managers and supervisors
- Significant reduction in caseloads since 2004
- Differential response (Diversion, now known as Family Support Services)
- Georgia Crisis Access Line (800# point-of-entry for state-supported substance abuse and mental health providers; in April 2009 Harvard University named this access line one of the top 50 government innovations in the U.S.)
- Increases in reunification associated with Community Partnerships for Protecting Children (CPPC) programs
- Family Team Meetings (FTMs)
- Availability of relative care and guardianship subsidies and post-adoption services
- SHINES data system
- Independent living services for children age 14 or older who are in care

The state's assessment of challenges/issues included the following areas for consideration:

- Supervisory practice
- Risk Assessment tool and process
- Staff issues, such as the need for additional bilingual staff, turnover, and supervisor inexperience
- Caseworker visitation
- Case documentation
- Availability of services/supports in more rural areas; proximity of services/supports; transportation
- Comprehensive Child and Family Assessment (CCFA) findings and timeliness
- Medicaid eligibility for undocumented population
- Mental health providers/assessments
- More effective communication among families, the Division of Family and Children Services (DFCS), other service providers
- Timeliness and family and youth participation in FTMs
- Placement/adoptive resources for children with special needs, teens, sibling groups; overutilization of more intensive/restrictive treatment settings
- Filing of paperwork for termination of parental rights (TPR)/reviews/permanency hearings; court continuances
- Concurrent case planning and policy
- Diligent search; lack of follow-through with identified relatives
- Interstate Compact on Placement of Children (ICPC) process

Findings from all of the above sources were utilized in developing the state's self-assessment and the state's Program Improvement Plan (PIP) following the federal review. These findings have been considered in the state's ongoing monitoring and improvement efforts as well.

b. Findings of the 2007 Child and Family Services Review

In its review of child welfare services in Georgia, the federal Children's Bureau of the Administration for Children and Families (ACF) noted broad areas of strengths and concerns. The strengths included:

- Low rates of foster care re-entries
- Timely reunifications for children
- Securing foster homes in close proximity to a child's family and community
- Placement stability
- Pre-service training and mentoring for staff

They also noted positive performance in caseworker visits with children and placing children in foster care with their siblings as well as improvements in data systems and quality assurance.

Nevertheless, Georgia was not in substantial conformity with any of the seven CFSR outcomes (Safety 1 and 2, Permanency 1 and 2, Well-Being 1, 2 and 3) or with three systemic factors – case review system, service array, and foster and adoptive parent recruitment and retention. Specific concerns included:

- Lack of consistency in assessing needs of children and families
- Identifying appropriate services to meet those needs and ensuring services meet intended goals
 - Lack of parent engagement (especially fathers) in case planning and caseworker contact with parents
 - o Lack of substance abuse and mental health services
 - o Lack of therapeutic foster homes
 - Lack of transportation
 - o Fewer services in more rural areas
 - o Insufficient independent living services
- Difficulty with timely permanency for children in foster care
 - o Permanency goal identification not timely and/or appropriate
- Difficulty with timely adoptions
 - o Lack of adoptive resources
 - o High staff turnover contributing to continuances
 - o Backlog of Termination of Parental Rights (TPR) filings
 - Lack of staff and judicial training on use of "compelling reasons" per Adoptions and Safe Families Act (ASFA)
- Inconsistencies in facilitating visitation for children with parents and siblings, especially fathers

c. Ongoing Performance Monitoring and Strategic Planning

G-Force Process

Georgia has pioneered a performance management approach – G-Force – that shapes practice according to DHR goals and values, and utilizes system data in charts and graphs to reveal practice patterns and key trends. It consists of regular meetings that include an indepth presentation of data related to specific areas of practice along with discussions about the implications of the data. Hypotheses are developed regarding probable causes for the outcomes, and practices and strategies are examined to determine whether the "right work

the right way" can be identified. The findings are also beneficial for strategic planning and goal setting.

The G-Force process is utilized at the state, regional and county levels on a monthly basis. For example, G-2 meetings bring together leadership in Fulton and DeKalb counties to address practice and results, especially as they relate to the Kenny A consent decree under which they operate. In addition to continuous improvement, these meetings foster a shared sense of mission and responsibility among leadership at all levels.

Instrumental in influencing significant improvements in outcomes, G-Force also hones staff thinking and stimulates creativity. It was started in 2004 with the nine counties in Georgia that represented 70 percent of the child welfare caseload (G-9). At that time four issues were placing unprecedented pressures on Georgia's child welfare system.

- Significant increase in Child Protective Services cases (investigations), causing increased strain on caseworkers and resources
- Untimely completion of investigations
- High staff turnover (over 40 percent annually)
- High caseloads, limiting the amount of time caseworkers could devote to families in need

Results

- Between July 2003 and June 2004, the number of families being investigated for child abuse and neglect rose more than 40 percent. Through the G-Force process, the state focused resources on helping families when they are first introduced to the child welfare system. As a result, the number of families being investigated for child abuse and neglect has dropped significantly.
- In July of 2004, more than 4,000 investigations each month were exceeding 90 days to complete. Increased staff training and resources have resulted in increased timeliness, with only rare instances of investigations exceeding 90 days.
- In 2004, DHR experienced annualized turnover rates up to 42 percent. Currently, turnover is about 29 percent, much closer to the national average of 22 percent.
- In 2004, the average caseload per caseworker was about 26. In 2008, average caseloads were down to 15.

As a result of reducing these pressures on the system, Georgia has improved practice and turned the tide on key indicators, resulting in:

- More help for at-risk families who come to the attention of DFCS
- Fewer children in foster care
- More children living with relatives
- Progress on federal outcome measures
- Continued reduction of recurrence of substantiated maltreatment

One of the practice initiatives introduced as a result of the G-Force process is a differentiated response, sometimes referred to as diversion (now called Family Support Services). The initiative involves informed and experienced case managers and supervisors

Rev 11/30/09

¹ As the result of a child advocacy group petition, Fulton and DeKalb counties were bound to a consent decree by the court, known as the Kenny A consent decree.

who review the facts of the case reported, identify family needs, assess child safety, and refer families to resources and services when a full investigation is not considered warranted.

Since 2004 more than 33,000 families statewide have been referred to other services and programs. Of those, only 11 percent have been referred back for a full investigation, and of those receiving a full investigation, only 5 percent have been substantiated. In July 2004, foster care (child placement) caseloads in Georgia declined for the first time in five years and have continued to decline since then.

Key Trends and Outcomes

The number of active Child Protective Services (CPS) cases, including Investigation and Family Preservation, decreased by 61 percent from SFY 2004 to SFY 2008. During this same period, the recurrence of substantiated maltreatment rate decreased from nine percent to three percent.

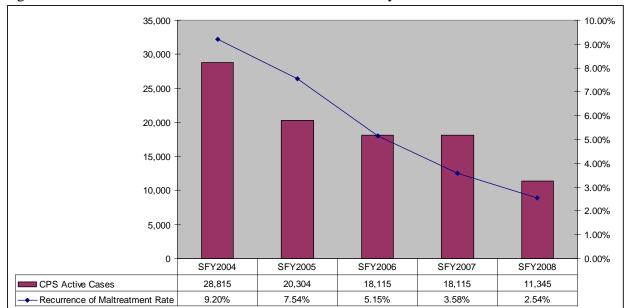


Figure 1. Recurrence of Substantiated Maltreatment Rates by State Fiscal Year

Source: DFCS Evaluation and Reporting Unit

Since SFY 2004, the number of children entering care has decreased by 42 percent; each year since SFY 2005, there have been more children leaving than entering care.

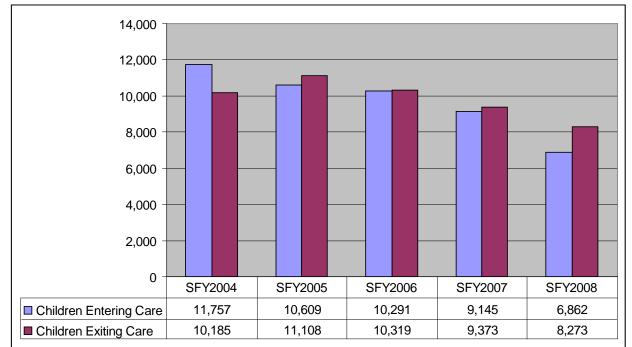


Figure 2. Children Entering and Exiting Care by State Fiscal Year

Source: DFCS Evaluation and Reporting Unit

In addition to its G-Force process, Georgia regularly reviews data and trends from regional and county case reviews conducted by its Program Evaluation and Analysis Section (PEAS). For a full description of this process, refer to Quality Assurance, section IV.E.6.

3. Consultation/Coordination

Georgia included external and internal stakeholders in improvement planning and planning for the CFSP. In addition to the visioning process described above and the joint planning described in the next section (#4), Georgia sought input from external and internal stakeholders in ongoing work groups as well as its CAPTA Citizen Review Panels.

Ongoing Work Groups

In developing the PIP, Georgia began work with the "end in mind." Ultimately the state wanted to develop and implement a Family-Centered Practice model that engages the agency, community and families in the assessment, planning, and coordination of quality services in the area of safety, permanency and well-being. Five work groups were established to focus on the core deficiencies identified in the self-assessment and the federal review in the following focal areas: courts, data/quality case review, assessment, family engagement, and family team meetings/case planning.

During the process, more than 100 external and internal stakeholders were involved. These workgroups provided recommendations for improvement, many of which were

subsequently incorporated into the state's PIP. There were also several recommendations implemented prior to PIP approval that had positive impacts on the outcomes for families. Once the PIP was adopted, the work groups were reconfigured and are continuing to work on recommendations, many in conjunction with National Resource Centers providing technical assistance. Ongoing work groups include:

- Family-Centered Practice Model
- Policy and Practice to Ensure Safety of Children (screening and intake; risk assessment)
- Permanency Outcomes for Children (judicial collaboration; permanency and concurrent planning)
- Service Array and Foster Parent Recruitment/Retention (assessments, individualized services, enterprise meetings with other provider agencies, local inter-agency planning teams; statewide foster parent recruitment)

CAPTA Citizen Review Panels

As required by CAPTA, Georgia has three citizen review panels. These panels, comprised of external stakeholders, identify specific areas of child welfare for review and recommendations.

Following are the key CAPTA components that citizen review panel members identified and ranked as priorities at a retreat in October 2008 to be included in their annual report for 2008:

- 1. Improving the intake, assessment, screening and investigation of reports of child abuse and neglect
- 2. Developing and facilitating protocols for training individuals mandated to report child abuse and neglect and developing
- 3. Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers
- 4. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

The panels also provided recommendations to be considered in the development of the state's CFSP and CAPTA plans:

- Development and implementation of statewide policy on differential response, including development of a statewide protocol and collection of data for quality assurance and evaluation of its effectiveness
- Development of a statewide child abuse prevention plan/matrix, including assessment of prevention assets and development of common prevention language
- Identification/establishment of a governing body/agency as an authority which acts as a clearinghouse for child abuse prevention activities
- Investigate centralized intake system as a means to improve consistency in the screening of reports (to include child-on-child sexual abuse)
- Enhance intake training to improve access and screening of reports
- Improve disclosure of maltreatment related child deaths and serious injury
- Expand/enhance mandated reported training, including evaluation

Tribal consultation

While there are currently no federally recognized tribes in Georgia, the Georgia Tribe of Eastern Cherokee's application for federal recognition is pending. Georgia has made contact with the tribal chairman and has begun to develop a relationship and shared expectations regarding future collaboration in the development and monitoring of the Child and Family Services Plan. DFCS will also work collaboratively with the Georgia Council of American Indian Concerns, which is the state agency designed to address the needs and concerns of Georgia's native American population. The state of Georgia recognizes four tribes:

- The Georgia Tribe of Eastern Cherokee;
- The Lower Muscogee Creek Tribe;
- The Cherokee of Georgia Tribal Council; and
- The Georgia Kokenseshv Natchez Nation

The population served by DFCS that is self-identified as Native American is quite small – in 2008, 10 children and youth were identified as Native American only, and 32 were identified as Native American in combination with another race(s), for a total of 42 children. Revisions to policy and training are proposed to improve agency responsiveness to children of Native American descent.

The Georgia DFCS policy manual outlines the policy requirements for compliance with the Indian Child Welfare Act (ICWA). In FFY 2009 the Program, Planning and Policy Development Unit (PPPDU) will update the policy manual to include procedural steps and practice guidance to support best practice in implementing ICWA. The manual update will integrate ICWA requirements throughout the life of the case and allow staff to fully integrate the ICWA requirements, such as notification of proceedings involving Indian children, into the scope of their daily work.

Technical assistance will be provided to local offices who request ICWA assistance or to counties whose PEAS reviews indicate the need for assistance. Georgia will collaborate with the above-mentioned groups to develop supervisory training or webinars to support staff in their implementation of ICWA requirements. If necessary, additional technical assistance will be requested from the Administration for Children and Families.

4. Joint Planning and Technical Assistance

Throughout the development process for the CFSP, Georgia has included external and internal stakeholders as well as federal technical assistance. Joint planning meetings with Children's Bureau staff and federal technical assistance consultants were held October 27-28, 2009.

Other meetings included:

- CFSP Planning Meeting 11/7/08 (CFSP planning staff and consultants)
- CFSP Visioning Meeting 12/4/08 (leadership, including the DHR Commissioner, Assistant Commissioner, three Deputy Directors, and CFSP planning staff and consultants; facilitated by National Resource Center for Organizational Improvement (NRCOI))

- Visioning/Steering Committee Meeting 1/21/09 (CFSP planning staff, other DFCS unit directors, and stakeholders, including court, child advocacy, Family Connection, youth and others; facilitated by NRCOI)
- CFSP/CFSR Network Conference Call 3/10/09 (facilitated by NRCOI and NRC for Child Welfare Data and Technology)

E. STATE AGENCY ADMINISTERING THE PROGRAMS

Georgia's human services agency, created in 1972, is the Department of Human Resources (DHR). It is headed by an appointed commissioner and is currently composed of four program divisions:

- Division of Family and Children Services (DFCS)
- Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD)
- Division of Public Health
- Division of Aging Services

The role of DHR is to provide state program development, supervision and policy direction through legislation, policy interpretation and analysis. The plan to reorganize DHR was approved in April 2009 and will become effective July 1, 2009. In the reorganization the Department of Human Resources will be split into three departments – Behavioral Health and Developmental Disabilities (includes mental health and addictive diseases), Human Services (includes DFCS, aging and child support), and Community Health (includes public health and planning and regulation).

DFCS will continue to have primary responsibility for child welfare programs, which are supervised at the state and regional levels and administered at the county level. This division is responsible for the development and implementation of the Child and Family Services Plan (CFSP).

Children and families receive direct services through 159 county DFCS departments grouped into 17 regions under Field Operations, which has overall responsibility for the administration and management of the State's public child welfare programs in the counties.

DFCS is divided into two primary functional sections: Social Services and Family Independence. Social Services addresses the continuum of child welfare services, and Family Independence addresses financial and related assistance for families, such as TANF, Food Stamps and Medicaid.

Recognizing the need to align the State Office with the practice in the field, the Social Services Section (SS) is undergoing a redesign. The redesign is planned to eliminate duplication of work effort in our existing configuration, to align the Social Services Section around CFSR outcomes, Family Centered Practice, and existing needs of our field staff as well as provide support, direction, and renewed energy to all staff; social services, state office and field.

The redesign creates six new units within the Social Services Section. The following is listing of these units and correlating functions/programs:

Family and Child Safety Unit

• Family Support (Diversion)

- Child Protective Services
- Family Violence
- CPS in Foster Homes, Facilities and Child Placing Agencies (CPA's)
- Child Death and Serious Injury Reports
- Child Abuse Protocols

Family and Child Well-Being Unit

- Educational Needs
- Physical Health Care
- Behavioral Health Care
- Independent Living Program (ILP)
- Immigration Issues
- Maternal and Child Health Care Program

Permanency Unit

- All Adoptions and Safe Families Act-approved permanency plans (reunification, adoption, live with willing relative, guardianship, and APPLA)
- Development of supportive programming
- Staffing cases
- Matching children/families
- Resource Development
- Every Child, Every Month
- Every Parent, Every Month

Practice and Policy Unit

- All child welfare policies
- Tips to the field
- SHINES
- Legislative Implementation
- Family-Centered Practice Model
- Practice repository
- Field Program Specialist meetings

Social Services Administrative Unit

- Adoption Assistance
- Guardianship Waivers
- Portal of entry for SS waivers
- Administration of Universal Accounting System 323 funds
- ICPC
- Adam Walsh checks
- CPS checks for Child Placing Agencies
- Adoption Records management
- Rate setting for Room, Board and Watchful Oversight and DFCS special rates (Carl Vincent Institute)
- Private Home Studies Foster Care

Strategic Planning Unit

• Grant applications

- Work with contract deliverables and RFPs for private community-based service providers
- All state plans (CFSP, APSR, CAPTA, IV-E & CJA)
- All PIPs (CFSR,CAPTA & ECEM)
- Recruitment Plans for Foster/Adoptive Resources
- DHR and state audit findings for corrective actions

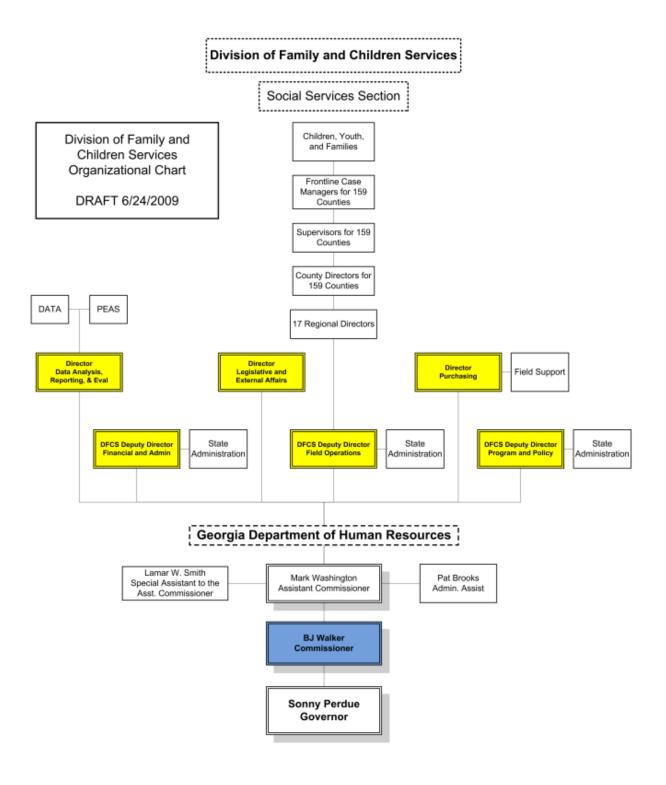
In addition, the Office of Provider Utilization and Outcomes Management will administer the following programs:

- Promoting Safe and Stable Families (PSSF)
- Parent Aide
- Comprehensive Child and Family Assessment (CCFA)
- Prevention of Unnecessary Placement (PUP)
- Room, Board and Watchful Oversight/Provider Relations
- Homestead

This office will be responsible for:

- Network development
- Performance-based contracting and monitoring
- Provider technical assistance
- Home-based services

Following is the current DFCS organization chart.



II. CHILD & FAMILY SERVICES BASIC PLAN ELEMENTS

The Georgia Child and Family Services Plan (CFSP) has been developed through an extensive strategic planning process. This planning process included development of a vision, core values and guiding principles as well as goals/objectives and strategies to meet them.

A. Vision/Guiding Principles

DFCS Vision for Child Welfare

Georgia children, youth and families have the support they need to be safe and secure, and to achieve their greatest potential.

This vision is in keeping with DHR's overall mission as well as the values of the division:

DHR Mission

To strengthen Georgia families - supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

DFCS Core Values

- Children need and deserve to grow up safe, free, and protected from abuse and neglect.
- Children do best when they have strong families, preferably their own, and when that is not possible a stable relative, foster or adoptive family.
- All children deserve to live in a family that is safe and permanent.
- All individual families and communities have strengths; we can enhance a family's ability to care for their children.
- Placement moves are inherently traumatic. A move should occur only after all parties to the case meet to discuss the issues and to consider services or other supports that could help preserve the placement.
- Race, gender, ethnic background, economic or social status should not play a role in determining the child's experience in the foster care or protective services system.
- Children need to have a connection to an adult in their life that provides unconditional love and acceptance. These types of bonds are best formed in families.
- All children have connections to caregivers, siblings, and community. These connections are important to the child's development and identity and should be preserved.
- Families and children need to be given "ownership" over the decisions that impact their lives. These decisions will not be made without their input.
- Targeted prevention strategies used at all points in the child welfare continuum will improve outcomes relating to safety, permanency and well-being.
- Prerequisites to success are accountability, evidence-based decision-making, self-evaluation and continuous quality improvement.

DFCS Principles

- Advocate on behalf of children and their families with other all related state departments and community organizations in assuring appropriate utilization of public and private resources
- In making determinations about plans and services, we consider the child's safety and health paramount.

- We must provide relevant services with respect for and understanding of children's needs and children's and families' culture.
- No child or family will be denied a needed service or placement because of race, ethnicity, sexual orientation, physical or emotional handicap, religion, or special language needs.
- Where appropriate, families will be provided with the services they need in order to keep their children safe and at home in order to avoid the trauma of removal.
- Understanding the disproportionate representation of children and families of color among those supervised by DFCS, we will continually assess our tools, services and strategies to prevent racial and ethnic bias.
- Foster care will be as temporary an arrangement as possible.
- If at all possible, children in out-of-home placements will be safely reunified with their families within 12 months. Families will be provided with the services they need to allow for safe reunification whenever possible.
- If a child cannot be safely reunified within timeframes established under federal and state law, DFCS will find a permanent home for the child, using child-specific recruitment plans when necessary, preferably guardianship or adoption with an appropriate relative or an adoptive family.
- We must work to ensure children in out-of-home placement have:
 - Stable placements that promote the continuity of critical relationships, including with their parents, siblings and capable relatives, to achieve a sustainable permanent family setting.
 - o Placements in settings that are the least restrictive and meet their individual needs.
 - O Decision-making that is informed by a long-term view of the child's needs, informed by the family team, and is consistent with federal and state timelines about achieving an exit from care to a sustainable, safe permanent home.

B. Goals, Objectives, Strategies and Measures of Progress

Following multiple assessment processes, consultation/coordination activities and visioning, Georgia has developed the following goals, strategies and measures for its 2009-2014 Child and Family Services Plan. The plan reflects both a continuation of endeavors already in progress and new initiatives directed toward achieving improved outcomes.

The state's overall goals are safety, permanency and well-being for children, youth and families. In support of these goals, division leadership has identified five priorities that will drive the work of the agency for the next five years:

- 1. Development of a well-established, performance-based structure for all purchased services
- 2. Creation of an innovative and state-of-the-art Child Welfare/Human Services Training Consortium
- 3. Development of a measured, effective, and comprehensive prevention and early intervention system
- 4. Significant reduction in the length of stay in foster care; expedient, positive moves to permanency
- 5. Expansion of community and stakeholder engagement

Overarching strategies to accomplish improvements – reflected in the safety, permanency and well-being plans – include, but are not limited to the following:

- Full and measurable implementation of Family-Centered Practice Model, to include development of specific protocol and performance expectations governing family team meetings.
- Identification of the current array of behavioral and medical services for children in state custody to result in full access to services
- Development of performance-based reporting and contracting.
- Expansion of CPPC practice model to eight additional counties with particular focus on prevention of child abuse and neglect, integration into systems of care practice and sustainability.
- Development of regional "scorecard" and evaluation performance targets for counties and regions focusing on permanency, safety and well-being.
- Systemic reinforcement of innovative practices within the regions and state office in an effort to identify, reward and replicate creative and effective practices statewide.
- Maximize funding utilization by increasing IV-E penetration rate.
- Implement comprehensive assessment format for utilization by DFCS and partners.
- Develop and implement youth and parent advocacy models in four pilot counties.

The following tables represent a framework for integrating and coordinating performance goals and objectives across the board to benefit children and families in Georgia – including the Child and Family Services Plan, the federal Child and Family Service Review and Georgia's ongoing PIP plans. These goals, strategies and measures will serve as a baseline for evaluating progress and a framework for tracking quality improvement during the term of the plan.

Georgia Child Welfare Goals, Measures and Strategies

In the following section there are two tables each for safety, permanency and well-being. The first chart in each section identifies the specific, measureable goals and objectives; the second chart in each section identifies the specific strategies and actions that will be used to accomplish the goals and objectives listed in the first chart. The final chart addresses the state's systemic factors.

Table 1: Safety Goals and Measures

Table 1A: Strategies, Activities and Timelines for Achieving Safety Goals and Objectives

Table 2: Permanency Goals and Measures

Table 2A: Strategies, Activities and Timelines for Achieving Permanency Goals and Objectives

Table 3: Well-Being Goals and Measures

Table 3A: Strategies, Activities and Timelines for Achieving Well-Being Goals and Objectives

Table 4: Systemic Factors

1. Safety Goals, Measures and Strategies

Table 1: Safety Goals and Measures

Performance Goals and Objectives		Standard	CFSR Finding 2007	12-Month Performance as of March 31, 2009	Target (P=PIP goal)	Target Date	Method of Measurement
Safety 1	Children are first and foremost protected from abuse and neglect	95%	72%	76.99%	79.30% 81.67% 84.13% 86.52%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
S1.1	Timeliness of initiating investigations of reports of child maltreatment	90%	76%	79.04%	81.00% P 83.43% 85.93% 88.51%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
S1.2	Repeat maltreatment	90%	91%	95.87%	Maintain performance	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
Georgia	Investigations do not exceed 45 days from date of referral			99%	Maintain performance	9/30/2011 9/30/2012 9/30/2013 9/30/2014	SHINES data
Safety 2	Children are safely maintained in their homes whenever possible and appropriate	95%	68%	71.93%	74.08% 76.31% 78.59% 80.96%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
S2.3	Services to families to protect children in home and prevent removal	90%	74%	78.96%	78.90% P 81.27% 83.71% 86.22%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
S2.4	Risk of harm to child	90%	68%	72.72%	73.5% P 75.71% 77.98% 80.32%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews

Table 1A: Strategies, Activities and Timelines for Achieving Safety Goals and Objectives

Strategies	Activities	Timeline	Correlated Systems, Goals and Objectives
Family-Centered Practice Model	Implement Family-Centered Practice Model (FCPM) in six innovation zones	PIP Quarter 6	PIP Strategy I Goal A
	Breakthrough Collaborative Series, including "Learning Sessions" with state and national experts	June 2009 – June 2010	PIP Strategy I Goal A
	Implement FCPM statewide	PIP Quarter 8	PIP Strategy I Goal A.14
	Use results of a targeted case reviews of the 1,000 children with the longest stays in foster care and evidence-based practices to develop casework processes targeting permanency in innovation sites	PIP Quarter 5	PIP Strategy I Goal A.9
	Share identified best practices and lessons learned from FCPM innovation sites statewide	PIP Quarters 5-8	PIP Strategy I Goal A.11
Family Team Meetings	Implement intensive Family Team Meeting (FTM) process statewide	Ongoing	PIP Strategy I Goal B.1
	Offer FTM training quarterly for veteran staff, facilitators and approved community partners	Ongoing	PIP Strategy I Goal B.7
Quality Screening and Intake	Implement uniform set of questions to be used by intake staff for referrals of suspected child abuse or neglect	Ongoing	PIP Strategy II Goal A.1
Risk and Safety Assessment	Implement revised risk assessment tool/process in six innovation zones	Ongoing	PIP Strategy II Goal B.1
	Develop statewide implementation plan for revised risk assessment tool/process	PIP Quarter 8	PIP Strategy II Goal B
	Finalize revised risk assessment policies and practice	PIP Quarter 8	PIP Strategy II Goal B
	Update curricula and provide training on revised risk assessment policies and practice statewide	February 2011	

2. Permanency Goals, Measures and Strategies

Table 2: Permanency Goals and Measures

Performance Goals and Objectives		Standard	CFSR Finding 2007	12-Month Performance as of March	Target (P=PIP goal)	Target Date	Method of Measurement
Permanency 1	Children have permanency and stability in their living situations	95%	43%	31, 2009 31.84%	32.80% 33.78% 34.79% 35.84%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P1.5	Foster care re- entry	90%	100%	95.95%	Maintain performance	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P1.6	Stability of foster care placement	90%	83%	89.58%	92.27% 95.04% Maintain performance	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P1.7	Permanency goal for the child	90%	60%	46.45%	48.77% 51.21% 53.77% 56.46%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P1.8	Reunification, guardianship or permanent placement with a relative	90%	72%	47.06%	48.47% 49.93% 51.42% 52.97%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P1.9	Adoptions	90%	36%	29.41%	30.29% 31.20% 32.14% 33.10%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P1.10	Permanency goal of other planned permanent living arrangement	90%	43%	77.55%	79.95% P 80.98% 83.41% 85.91%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
Permanency 2	The continuity of family relationship and connections is preserved for children	95%	44%	73.91%	76.12% 78.41% 80.76% 83.19%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P2.11	Proximity of placement	90%	100%	100%	Maintain performance	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P2.12	Placement with siblings	90%	81%	93.90%	Maintain performance	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews
P2.13	Visiting with parents and sibling in foster care	90%	47%	66.74%	69.40% 72.19% 75.80% 79.59%	9/30/2011 9/30/2012 9/30/2013 9/30/2014	PEAS reviews

P2.14	Preserving	90%	65%	77.79%	80.12%	9/30/2011	PEAS reviews
	connections				82.53%	9/30/2012	
					85.00%	9/30/2013	
					87.55%	9/30/2014	
P2.15	Relative	90%	57%	75.05%	77.30%	9/30/2011	PEAS reviews
	Placement				79.62%	9/30/2012	
					82.00%	9/30/2013	
					84.47%	9/30/2014	
P2.16	Relationship of	90%	36%	45.77%	47.14%	9/30/2011	PEAS reviews
	child in care with				48.56%	9/30/2012	
	parents				50.01%	9/30/2013	
					51.51%	9/30/2014	

Table 2A: Strategies, Activities and Timelines for Achieving Permanency Goals and Objectives

Strategies	Activities	Timeline	Correlated Systems, Goals and Objectives
Caseworker Visitation ("Every Child Every Month")	Provide ECEM training for supervisory and specialist staff in all regions (currently scheduled for July - October 2008)	Ongoing	PIP Strategy I Goal C.3
	Continuous tracking of ECEM through G- Force meetings, cadence calls, SHINES reporting and other leadership forums	Ongoing	
Support Georgia's Court Improvement Project (CIP)	Provide requested data to CIP on child welfare outcomes (safety, permanency, well-being) as requested	Ongoing, as requested	PIP Strategy III Goal A.1
	Assist CIP with summit presentations on model practices in permanency planning as requested	Ongoing, as requested	PIP Strategy III Goal A.2
	Support CIP court reviews related to child abuse and neglect cases to address permanency by providing permanency data to CIP and collaborating in selection of counties for review (based on CIP selection process) as requested	Ongoing, as requested	PIP Strategy III Goal B.1
	Support CIP annual survey of GA foster parents to identify areas where notice to foster parents is or is not occurring	Annually	PIP Strategy III Goal C.1
	Support CIP training for foster parents on right to be heard at annual conference of the Adoptive and Foster Parent Association of Georgia	Annually	PIP Strategy III Goal C.2
	Based on survey results and feedback from annual conference, identify needs and communicate with local entities (DFCS county office, foster parent associations and any foster care-related contractors) to address identified issues related to notice and right to be heard through presentations and other communications	Annually	PIP Strategy III Goal C.3
Collaborate with Courts	Work with Attorney General's office to improve Special Assistant Attorneys General performance in achieving permanency for children	Ongoing	PIP Strategy III Goal D
Permanency and Concurrent Planning	Implement revised permanency and concurrent planning policies and practices in innovation zones.	PIP Quarter 6	PIP Strategy III Goal G
	Implement revised permanency policies and practices statewide	By 2011	

3. Well-Being Goals, Measures and Strategies

Table 3: Well-Being Goals and Measures

Performance Goals and Objectives		Finding as 2007 31		Performance as of March 31, 2009	Target (P=PIP goal)	Target Date	Method of Measure- ment
Well-Being 1	Families will have	95%	35%	49.82%	52.31%	9/30/2011	PEAS
· ·	enhanced capacity				54.40%	9/30/2012	reviews
	to provide for their				56.58%	9/30/2013	
	children's needs				58.84%	9/30/2014	
W1.1	Needs and services	90%	40%	59.38%	58.94% P	9/30/2011	PEAS
	of child, parents				61.16%	9/30/2012	reviews
	and foster parents				63.00%	9/30/2013	
					64.89%	9/30/2014	
W1.2	Child and family	90%	27%	50.65%	54.20%	9/30/2011	PEAS
	involvement in				57.99%	9/30/2012	reviews
	case planning				62.05%	9/30/2013	
					66.39%	9/30/2014	
W1.3	Worker visits with	90%	80%	63.04%	72.50%	9/30/2011	PEAS
	child				77.57%	9/30/2012	reviews
					83.01%	9/30/2013	
					90.00%	9/30/2014	
W1.4	Worker visits with	90%	30%	20.63%	24.76%	9/30/2011	PEAS
	parents				29.71%	9/30/2012	reviews
					35.65%	9/30/2013	
					42.78%	9/30/2014	
W1.5	ECEM Visits				90.00%	9/30/2011	SHINES
					Maintain	9/30/2012	data
					performance	9/30/2013	
						9/30/2014	
Well-Being 2	Children receive	95%	78%	88.14%	90.78%	9/30/2011	PEAS
o o	appropriate				93.51%	9/30/2012	reviews
	services to meet						-
	their educational				95.00%	9/30/2013	
	needs				Maintain	9/30/2014	
					performance		
W2.1	Educational needs	90%	78%	88.14%	90.78%	9/30/2011	PEAS
	of the child				93.51%	9/30/2012	reviews
					95.00%	9/30/2013	<u> </u>
					Maintain	9/30/2014	
	~		10		performance	0.00.00.00	
Well-Being 3	Children receive	95%	68%	71.16%	73.29%	9/30/2011	PEAS
	adequate services				75.49%	9/30/2012	reviews
	to meet their health				77.76%	9/30/2013	<u> </u>
W/O 1	needs	000/	0201	77.050	80.09%	9/30/2014	DE LC
W3.1	Physical health of	90%	82%	77.05%	79.36%	9/30/2011	PEAS
	the child	1			81.74%	9/30/2012	reviews
					84.19%	9/30/2013	
****	36 . 11 . 11 . 0	000/	5001	01.400	86.72%	9/30/2014	DE LC
W3.2	Mental health of	90%	58%	81.48%	83.92%	9/30/2011	PEAS
	the child				86.44%	9/30/2012	reviews
		1			89.03%	9/30/2013	
			1	1	90.00%	9/30/2014	

Table 3A: Strategies, Activities and Timelines for Achieving Well-Being Goals and Objectives

Strategies	Activities	Timeline	Correlated Systems, Goals and Objectives
Individualized Services for Family Members	Individualize services for families based on needs identified in the risk assessment through Family Team Meetings	Ongoing	Safety Table 1A
	Involve family and youth in case planning	Ongoing	CFSR Item 18
Availability and Accessibility of Services for Families and Children	Collaboration with Family Connections, the Governor's Office of Family and Children and the Office of the Child Advocate to assess service array	January 2009 – December 2011	PIP Strategy IV Goal B
	Regional directors to report on barriers and service array improvements at regularly scheduled Regional Leadership Lens Meetings	Ongoing	PIP Strategy IV Goal B.3
	Collaborate at state level through DHR Enterprise Meetings at least quarterly with mental health and/or public health and/or child support agencies to identify opportunities for service array enhancement; DFCS leadership to present service array issues to be addressed	Ongoing	PIP Strategy IV Goal B.4
	Participate in training of Local Interagency Planning Teams (LIPT: multi-agency teams that coordinate case planning for children in multiple systems with serious emotional disorders and substance abuse disorders)	Ongoing	PIP Strategy IV Goal B.5
	Match children and families with intensive resources to meet their assessed needs through LIPTs	Ongoing	PIP Strategy IV Goal B.10
Individualized Services for Youth	Obtain technical assistance from the NRC on Independent Living to develop policy and training curricula on the provision of independent living services for youth to meet their specific needs related to education, employment, housing, supportive relationships and health	PIP Quarter 6	PIP Strategy IV Goal C.1
	Implement revised policies and practices based on NRC recommendations	Ongoing	
	Implement Ansell-Casey Life Skills Assessment for children in foster care ages 14, 16 and 17	PIP Quarter 4	PIP Strategy IV Goal C.3
Permanency Roundtables	Statewide utilization of permanency roundtable process	Ongoing	
Rapid Process Improvement (RPI)	Assessing practice to increase efficiencies and reduce waste	Ongoing	
Every Parent Every Month	Caseworker monthly visitation with parents to improve outcomes	Ongoing	
Strategic Planning for APPLA	Increase positive permanency outcomes for youth prior to emancipation	Ongoing	

4. Systemic Factors

This final chart describes what aspects of its systems it will work to improve and the supports/activities that it will use to improve its systems to further safety, permanency and well-being for children and families.

Table 4: Systemic Factors

Syste	mic Factors	Description of Systemic Supports/Activities
1.0 S	tatewide Information System	
1.1	Improve case documentation	Provide training for supervisors and front line staff for all regions on documentation and case records Incorporate documentation training into new worker and new supervisor training
1.2	Improve SHINES utilization	Field operations is implementing initiatives focused on enhacing field usage of the SHINES data system
2.0 C	Case Review System	
2.1	Continue regional case reviews	Continue to conduct regional reviews utilizing the CFSR review format, which includes interviews with stakeholders (parents, children, foster parents, providers)
3.0 Q	Quality Assurance System	
3.1	WIGS	Identification of "Wildly Important Goals" of each program/unit and the development of related action plans and measurements for tracking improvement.
3.2	Client surveys	Continue to conduct client satisfaction and stakeholder surveys
4.0 S	taff and Provider Training	
4.1	Implement IV-B training plan for staff	
4.2	Train contracted providers	Train contracted placement and services providers on Family Team Meetings
4.3	Provide technical assistance to providers	Develop and provide training and technical assistance to contracted providers to improve performance-based outcome measures and DFSR standards for child safety, permanency and well-being
5.0 S	ervice Array Resource Devel	ppment
5.1	Service array assessment and planning	See Well-Being Table 3A regarding service array assessment and planning activities
5.2	Work with consultants hired to conduct targeted system assessment	
5.3	Microenterprise meetings	Continue joint meetings with mental health division; expand to include joint meetings with public health agency
5.4	Collaborate with Mental Health, Medical and Dental Providers	Utilizing the G-Force process and leadership forums, develop action plans for increasing positive outcomes for families and youth related to medical and dental care
5.5	Collaborate with Education Officials	Collaborate with Department of Education to develop MOU or protocols related to timely provision of services for children within DFCS custody requiring identified educational services (e.g., IEPs, SED, BED, etc.)
5.6	Network development	Conduct market research and geo-mapping to determine service gaps throughout the state
5.7	Prevent child abuse and neglect	Develop RFPs and contracts to ensure the necessary array of services across Georgia Provide new supports to help children and families who are at increased risk of entering the child welfare system Expand uses of IV-B2/PSSF Family Support and Diversion Support funding
5.8	Prevention of unnecessary removal of children from their homes	Expand opportunities for children to receive post permanency services that maintain their safety at home, with relatives or with adoptive families to prevent entry or return to foster care. Provide intensive services to families in crisis so children are not unnecessarily

		removed from their homes;
		Expand uses and increase funding for IV-B2/PSSF Family Preservation and Post
		Permanency Services
		Provide a broad range of services to children who have been abused and neglected to
		ensure stability and safety after they leave foster care or other residential settings and
		are reunited with their families, or permanently placed with relatives, or adopted.
		Continue expanded funding for PSSF Residential After-care Services
5.9	Permanency and post-	Provide services to children in foster care and their families that promote
3.7	permanency services	reunification or, if safe reunification is not an option another planned permanent
	expansion	arrangement
	Cxpansion	Provide services that ensure that once children are returned home from foster care or
		when children are adopted, that children and their families receive the support
		necessary to ensure a child's safety and permanency
		Expand the use of Title IV-B/PSSF funding (Preservation, Reunification and Post-
		Adoption Services) for post-permanency services
60 40	ency Responsiveness to the (
6.1	Collaborative meetings	Continue joint meetings with the CIP and the Office of the Child Advocate (OCA)
6.3	Self-assessments	Continue to include internal and external stakeholders in self-assessments
6.3	Policy-to-Practice review	Continue to utilize P-to-P group to review policies; group includes foster parents,
	group	birth parents, providers, the CIP, and other external stakeholders as well as internal
<i>c</i> 1	DID C 1 1	stakeholders
6.4	PIP focal workgroups	Continue external stakeholder involvement
6.5	Stakeholder panels and	Continue to engage CAPTA citizen review panels, parents and private providers in
= 0 =	workgroups	program review and evaluation
	oster and Adoptive Home Ap	
7.1	Establish internal foster	Update and/or develop policies and/or practice protocols related to foster home
	care recruitment program	recruitment (PIP Strategy IV Goal F.1)
		Update foster home recruitment policies and/or practice protocols in ODIS (web-
		based policy manual) as adopted (PIP Strategy IV Goal F.2)
		Send email blast notification(s) to Family Services staff regarding updated foster
		home recruitment policies and/or protocols and posting (PIP Strategy IV Goal F.2)
		Implement revised recruitment policy/practice statewide (PIP Strategy IV Goal F.3)
		Develop at least one recruitment plan in each region to meet needs of foster care
		population in region, including measures, baselines(s) and improvement goal(s) (PIP
		Strategy IV Goal F.4)
		Implement recruitment plans and provide quarterly reports on progress (PIP Strategy
		IV Goal F.5)
7.2	Provide training on	Provide training for resource development supervisors and front line staff for all
	recruitment policies and	regions on updated foster care recruitment policies and practices (PIP Strategy IV
	practices	Goal F.6)
		Track orientation attendance, IMPACT training attendance and foster home approvals
		(PIP Strategy IV Goal F.7)
7.3	Recruit specialized homes	Specifically recruit shared parenting, concurrent permanency homes and resource

III. GEORGIA'S CHILD AND FAMILY SERVICES CONTINUUM

A. Overview

Like any state, Georgia has a continuum of public and private children and family services representing a wide range of agencies, funding sources and philosophies. This continuum includes government-operated and funded agencies created and/or administered by the state's Department of Human Resources (DHR) as well as traditional grassroots faith-based and non-profit organizations that may or may not receive any public funds; the state works with these other organizations, regardless of their funding sources. For the purposes of this plan, Georgia is able to identify and provide descriptions of those child and family services that fall under the purview of DHR, either as state agencies or as other organizations receiving state/federal funds.

B. Family-Centered Practice

Georgia's Family-Centered Case Practice Model (FCPM) provides an overarching framework intended to define the ways in which DFCS supports and works with families to achieve its primary goals of safety, permanency and well-being. The model defines guiding principles and expectations for direct practice as depicted in the following case practice chart.

CASE PRACTICE: WORKING WITH CHILDREN, YOUTH, AND FAMILIES

No family who needs and wants help to keep their children safe will be left without the help it will be left to struggle alone with abuse or No child in our care will leave us TOOLS FOR TOOLS FOR IMPLEMENTATION IMPLEMENTATION **CORE FUNCTIONS** DILIGENT SEARCH QUALITY **MEETINGS** SCREENING **ENGAGE** SAFE AND YOUTH & SUPERVISORY SUSTAINED PARENT / CHILD **FAMILIES** CONFERENCES SAFETY FROM DFCS without a caring, committed, NDIVIDUALIZED CASE DIVIDUALIZED CHILD PERMANENCY & FAMILY ASSESSMENTS PLANS Child we come into contact with WORK CONTINUOUS WELL - BEING WITH REVIEW AND TEAMS DELIVERY **CPPC** INDIVIDUALIZED DEVELOP QUALITY ASSESSMENTS permanent SERVICES **VALUES**

Every child we come into contact with will get the help (s)he needs to be healthy and achieve his/her full educational and developmental potential.

Note: "Parent/child visits" refers to caseworker visits with parents and caseworker visits with children.

The Family-Centered Practice Model (FCPM) is intended to define the expected outcomes of DFCS services as well as the guiding principles and expectations for direct practice and program and organizational capacity. A

clearly defined set of outcomes ensures that case practice is results-driven; clear values and principles emphasize that case practice is more than a regimented set of functions designed to simply move a child and family "through the system." A focus on outcomes helps establish an organizational culture that not only directs how children and families will be treated but also how they and their natural support networks will be engaged in the decisions affecting their safety and well-being. The FCPM was developed to define, guide, and support a strengths-based and family-centered model of practice at all levels of DFCS.

Implementation of the FCPM will begin with a Breakthrough Series Collaborative (BSC). The model will be implemented in six counties, called "Innovation Zones" (Brantley, Catoosa, Fulton, Muscogee, Richmond, and Walton) by December 1, 2009, and then expand statewide. The FCPM requires a unique implementation plan because of the type and complexity of the change. Successful implementation means values-based shifts in day-to-day practice across all service areas, in addition to behavioral and programmatic changes. It requires an implementation process that will 1) garner acceptance of the new philosophy, 2) provide consistent adherence in day-to-day practice, and 3) create a sustainability plan.

Although there is published literature on its efficacy, family-centered practice is still an emerging *practice* in child welfare; there are few implementation guidelines. However, there are a few implementation assumptions:

- The process must include all stakeholder interests families, staff, foster parents, judicial and community partners.
- Adoption and application of family-centered principles must address all child welfare programs and services.
- A learning-based, individualized approach is needed. One size fits all (counties) will not work.

Considering the complexity of the entire organization making a values-based paradigm shift and the implementation assumptions, the BSC approach was selected as the vehicle for this change. The BSC is a nationally-recognized quality improvement methodology developed for the healthcare industry in the mid-90's. Through the BSC, improvements are gained through collective learning experiences. Multiple teams in different locations work on improving work processes or, in this case, identifying best practices for implementation. The teams plan and implement small tests of change and then check to see if their ideas produced the desired results – all of which are measured against the larger change or implementation goal. Key tools to be used in the FCPM include Family Team Meetings and caseworkers visits with children and parents.

a. Family Team Meetings

A key tool for engaging families is building the family team through Family Team Meetings (FTMs). Family teams include parents, other family members, and children who are able to participate, as well as agency staff, friends, neighbors and representatives from those whose services and supports are needed, such as treatment service providers, schools, and foster parents.

FTMs, to be successful, should occur frequently throughout the life of the case, particularly when assessing case plan progress, addressing newly identified risk factors, or there is crisis or a significant change. FTMs are most successful when facilitated by a trained facilitator, attended by maternal and paternal family members, age-appropriate children and youth participate, and providers, caregivers and other significant stakeholders are engaged.

The state's FTM policy has been updated and sent to the field; next, a revised intensive FTM competency training includes mentoring, practice observation and certification enhancements, and the state's data management system has been enhanced to support the FTM process.

b. Every Child, Every Month

Another key tool is the "Every Child, Every Month" (ECEM) caseworker visitation practice. Since the last annual report was submitted, Georgia has taken a comprehensive approach to improving caseworker practice with regard to case manager visits with children in care. The State has provided ECEM training and technical assistance to placement case managers and supervisors and field program specialists statewide. The curriculum "Promoting Placement Stability through Caseworker/Child Visits" was developed in coordination with the National Resource Center (NRC) for Family-Centered Practice and helps participants understand and value the practice of conducting regular and purposeful case manager visits to ensure the safety, permanency and well-being of children in care. Case managers learned about current DFCS policy on case manager visits and are introduced to a four-step visitation cycle that promotes quality interaction between children and case managers. The training has been incorporated into the State's new working training course.

To ensure visitation requirements are met, each of the contacts made by staff is captured and tracked in the state's Statewide Automated Child Welfare Information System (SACWIS), SHINES. Data on these visits are shared in continuous forums such as weekly cadence meetings and monthly G-Force sessions. ECEM reports, targets and strategies are discussed as well as progress made to have consistent, purposeful visits with children in care and properly assess their safety, permanency and well-being. As federally required, the State annually reports the frequency of visits to children and the frequency with which those visits occur in the child's home.

To motivate staff and heighten awareness of the significance of the correlation between consistent visits and the likelihood of achieving permanency for children, the state has incorporated a workforce plan called "Going the Extra Mile." Core components of the plan are training, technical assistance and access to technology. The state has purchased new computer tablets and scanners for local offices, recognized "practice champions," improved frontline staff ability to track visits locally, enhanced training, and revise policy to include clear and specific requirements for case managers to visit with children in care.

c. Every Parent, Every Month

Statistics have indicated that frequent purposeful contacts with parents leads to achieving timely permanency for children. Recognizing parental contact to be a significant deficiency in our practice, Field Operations has developed an intense focus on parental contact. Working in concert with policy and training, Field Operations is providing clarity on policy and practice as it relates to working with fathers. To provide the field with a performance lens, SHINES is developing reports that emulate the "every child every month initiative" to measure the quantity of parental contacts monthly for children. The State Program Evaluation and Analysis Section provides qualitative assessment of regional performance in meeting contact with parents in both foster care (permanency) and family preservation cases. County completed Field Operations Review Guide (FORG) reviews provide a regional perspective on the agency's contact with parents broken out by maternal and paternal perspectives.

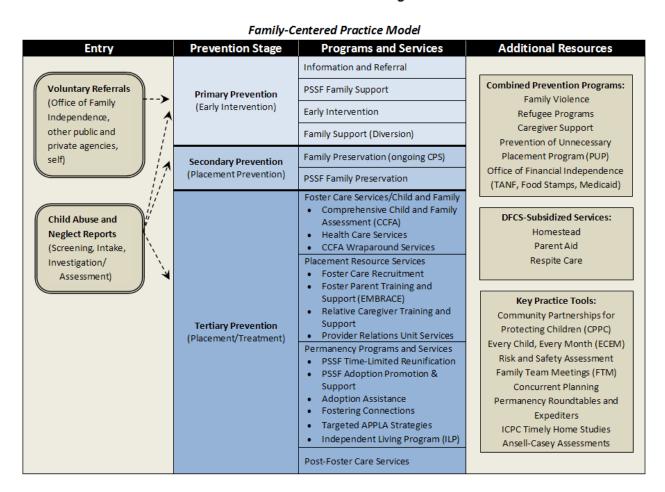
C. The Prevention Continuum

The state is undergoing a targeted system assessment of services related to its continuum of prevention services. Specific areas to be targeted include prevention services, behavioral health services, healthcare services and performance-based contracting/independent living services. This process is expected to be ongoing.

When referring to a continuum of services in the context of child welfare, terminology can present a barrier to understanding. For the purposes of this plan, the term primary prevention will be used to define activities relating to families and children with no DFCS interface or families and children receiving a differential response (non-investigation) and referred for Family Support services. Secondary prevention will be used to describe early intervention activities, Family Preservation services, targeting families who have had some interface with DFCS but whose children have not entered foster care. Tertiary prevention will be used to describe activities designed to serve families and children where one or more children has entered care; this includes such services as reunification and adoption.

The following chart identifies Georgia's current child welfare services along this prevention continuum.

DHR DFCS Continuum of Prevention Programs and Services



The following description of Georgia Child and Family Services is presented in the context of this prevention continuum.

1. Entering the Prevention Continuum

As shown in the preceding chart, families and children come into Georgia's prevention continuum via voluntary referrals or reports of child abuse and neglect (CAN). For families and children entering via a CAN report, there are specific services designed to assess and ensure child safety. These Child Protective Services (CPS) include Screening, Intake, Investigation and Assessments.

a. Screening and Intake

Reports of maltreatment are made to the county DFCS office. Each county office has a plan for 24-hour availability, either through direct line staff or by an agreement with law enforcement, to provide immediate response when the office is closed. Protective services response is initiated upon receiving a report that alleges maltreatment, or suspicion of maltreatment, to a child under the age of 18.

Strengthening the entry process for reports of child maltreatment is considered essential in child welfare. Georgia's Intake has been enhanced with the addition of a quality screening tool that incorporates a list of questions that assist in obtaining pertinent information in order to better determine response urgency and an updated Intake training curriculum as it relates to policy and practice and utilization of SHINES.

Child safety assessment begins at Intake, where an immediate evaluation of an allegation is made to determine the urgency of the response. This includes a check for both CPS and criminal history through available online public registries and databases. An Investigation/Assessment response time of 24 hours or five days is assigned at intake. For those reports that do not meet child maltreatment guidelines, but indicate that a family may be in need of services, counties may respond to the report with referrals for early intervention services or family support services (formerly known as diversion response).

b. Investigation/Assessment

A full assessment requires contact with all alleged victims within a specific timeframe. It includes face-to-face contact with each at-risk child and each caretaker involved in the family; interviews with children, parents, other household members; observations; collateral contacts; and other steps to gather evidence to support or refute the report. Decisions about the child's current safety, the level of risk for future maltreatment and the need for continued CPS involvement to ensure protection of children are required. This assessment is completed within 45 calendar days.

All accepted reports are assessed for risk of further maltreatment and are assigned a classification of one of the following: very little, somewhat, considerable, or extreme risk. Unsubstantiated cases with no identified risk are closed or referred for early intervention services. Cases where risk factors are identified but controlled, or that have "very little" or "somewhat" risk, may be referred and/or evaluated for preventive or early intervention services. All considerable and extreme cases are referred for Family Preservation Services or Foster Care/Permanency. Depending on the assessed need for DFCS involvement, cases with "somewhat" risk may also be opened for Family Preservation Services.

c. Risk and Safety Assessment

Georgia's risk assessment process (risk assessment tool and practice) is being re-evaluated and its risk assessment tool will be modified to better capture information needed to adequately and consistently assess risk. A committee has been identified and meetings are currently taking place. The National Resource Center (NRC) for Child Protection Services is assisting the state in the development of a revised risk assessment. Once the revised risk assessment has been piloted in the state's six "Innovation Zones," the process will be evaluated for statewide implementation. Upon approval, the updated risk assessment will be uploaded onto the state's online policy manual (ODIS) and submitted electronically to state, regional and county staff.

Once the risk assessment has been revised, policy and/or practice will be developed related to services planning. The goal is to have individualized services for family members to meet their specific needs as identified in the revised risk assessment. Policies and/or practice will be updated and uploaded into ODIS. Additionally the information will be sent to state, regional and county staff electronically. For all new and revised policies, an e-mail blast notification will be sent to Social Services staff regarding updated policies and/or practice.

For a comprehensive overview of the Georgia DFCS case flow processes, please see Appendix E.

2. Primary Prevention/Family Support Programs & Services

a. Information and Referral Services

When a referral is received on a family where there are no risk indicators requiring agency intervention, a family may be referred on a voluntary basis to community-based services such as mental health, public health, individual counseling and other community service providers. Families referred through this process do not have an open case.

b. PSSF Family Support Services

PSFF Family Support contractors serve families who are at risk and may or may not have come into contact with DFCS. Families are families are referred by DFCS or by local community organizations, including schools, health care providers, etc. Family Support services may include such services as home-based education, parent education classes, connecting families to community resources, school outreach and life-skills training that increase parental confidence and enhance the strength of families. Special outreach and services to relative caregivers, such as grandparents, is also provided.

c. Early Intervention Services

DFCS Early Intervention Contracted Services

Families, regardless of the age of the child, typically receive state-funded support services as the result of (1) a voluntary referral from a local entity that interfaces with the family (school, local organization or agency, or even self), or (2) a referral following a report of child abuse and neglect that is screened out or does not rise to the level of an investigation and receives the differential response of referral for Family Support Services.

Early Intervention Services are provided through public/private partnerships funded through DFCS to provide non-traditional and less intrusive voluntary service responses. A community service provider can provide up to ten in-home visits.

Babies Can't Wait

In substantiated cases of neglect or abuse, the Child Abuse and Prevention and Treatment Act (CAPTA) requires that states make provisions and procedures for the referral of children under the age of three to early intervention. In Georgia, early intervention services are administered by the Division of Public Health, Babies Can't Wait Program (BCW). This program provides services to children 0-3 who have disabilities or delays in their development. As per federal mandate, when abuse or neglect has been substantiated, children under the age of three are referred to the Division of Public Health Children's 1st coordinator, who is the single point of entry for all children. The Children's 1st coordinator will refer the child to BCW. The BCW services coordinator will work with the birth and/or foster family in assessing the child. Services that meet the need of the child and family may be provided in the home or in a place that is agreed upon by everyone. For example, a child may be eligible for speech or physical therapy. Currently the state is developing a program improvement plan to ensure full compliance with CAPTA requirements.

d. Family Support Services (diversion, or differential response)

Family Support Services emphasize the utilization of a strengths-based, prevention-driven community response to vulnerable children and families. First initiated in large population counties, Family Support Services began growing into a statewide practice throughout the state in FY 2006. The new practice has reduced the number of CPS cases that require assessment/investigation and intervention. Family Support response is currently used statewide for supports that are not screened out but do not rise to the level of investigation.

Although every county has its own Family Support Services protocol for assessing family needs, the state continues to move forward in establishing a uniform protocol for the family support approach. The state Family Support services protocol will focus on proper assessment of cases at intake; enhancing front-line staff skills and clarifying which factors constitute a CPS assessment and which factors may be handled by a less intrusive response.

Family Support Services (diversion) responses are reports on situations in which there are needs that, if addressed, could stabilize the family and enable the parents to better care for their children. The primary goal of family support services response is to help identify and address family issues and problems before a more formalized intervention is required. Through improved screening, assessment and service coordination, families needing targeted support in order to meet the challenges of parenthood are identified early and linked to supportive services. Many agencies provide both early intervention and more intensive services to diverted cases.

Family Support Services have been very successful in providing families the support and services needed while preventing the need for additional agency intervention. Since 2004 more than 33,000 families statewide have been referred to other services and programs. Of those, only 11 percent have been referred back for a full investigation, and of those receiving a full investigation, only 5 percent have been substantiated.

e. Community Partnership for Protecting Children (CPPC)

CPPC continues to be used as a strategy for community-based child abuse prevention and intervention. It is a model for how child welfare agencies can engage community members to blend the work and expertise of both professionals and residents to bolster supports for vulnerable families and children. It is a partnership of public and private agencies, systems, community

members and professionals who work together to develop targeted abuse/neglect prevention strategies that focus on the specific types of maltreatment that are most prevalent locally. Those implementing CPPC design ways to respond quickly and effectively when abuse/neglect occurs.

There are now four component areas of the CPPC model in Georgia:

- Developing Individualized Action Plans with families that recognize the families' unique strengths and challenges (primarily through FTMs with both DFCS-involved and non-DFCS-involved families);
- Developing a local network of supports and services with a focus on identifying local service
 gaps that families need to be successful and developing more "informal" and communitycentered services;
- Utilizing stakeholder input to inform DFCS/child welfare practice, policy and culture change; and
- Shared decision-making, defined as building capacity in parents, target area residents, extended families, and community organizations to be active parts of the child abuse prevention and intervention spectrum of supports to families.

CPPC is now being implemented in the following 17 counties: Brantley, Catoosa, Cobb, DeKalb, Fannin, Fulton, Gordon, Hart, Jeff Davis, Jenkins, Lumpkin, Muscogee, Peach, Seminole, Tift, Toombs, and White.

f. Family Violence Unit Services

The Family Violence Unit provides oversight, financial support and technical assistance to 46 state approved domestic violence shelters and 25 sexual assault agencies throughout Georgia. Assistance provided include the development and preparation of contracts and contract amendments, contract monitoring of programmatic services provided to victims and their families, budgetary development and management, ongoing training and technical assistance and support through Advisory Board participation.

The goals and objectives for the Family Violence Unit is to improve outcomes for children and families within family violence is an identified risk to the family. The Unit strives to encourage and provide technical assistance on best practices within family violence agencies serving families which are identified as being victims of domestic violence and/or sexual assault. The Unit has also implemented new standards and expectations for providers as well as created domestic violence/child welfare guidelines for Georgia's DFCS staff.

3. Secondary Prevention/Family Preservation Programs & Services

a. Family Preservation Services (ongoing Child Protective Services)

Statewide implementation of the newly enhanced child protection services - Family Preservation Services (FPS) - occurred July 2007. The goal of FPS is to provide more intense services in the home, to families, for the duration of the child protective services case, while involving community partners and extended families. The secondary goal is to shorten the length of time families are involved with DFCS.

Cases are identified by a DFCS investigator and transferred to an internal Family Preservation case manager once it is determined that additional services will be needed. The Family Preservation case manager meets with the family and community resource specialists to coordinate Family Team Meetings (FTM) involving everyone who is a support for the family. The Family Plan is developed Rev 11/30/09

(during the FTM) based on the needs identified by the family, also based on the identified needs of their formal and informal support systems. Families may also need additional services provided by the Division; Temporary Assistance to Needy Families (TANF) or Food Stamps, in addition to community resources.

The family plan is continuously assessed to determine progress of the family on an ongoing basis. Once the goals for the family are accomplished, the team meets again to ensure the appropriate supports have been identified and implemented to assist the family to continue without further involvement from Child Protective Services.

Family Preservation helps ensure a child's protection and safety. Services can be used on a continuum or together as part of a family's safety and/or family plan to manage and reduce risk factors contributing to child maltreatment. Services may be purchased through community-based organizations, vendors and service providers. These provisions target individuals throughout the continuum including those families with open CPS or Placement cases by providing services where maltreatment is substantiated, children are at risk of foster care placement or a family is ready for reunification. Family Preservation services include:

- Parent Aide Services paraprofessional staff provide parenting education, training and support to families through in-home visits. Services are available to any family with an open CPS case.
- Prevention of Unnecessary Placement (PUP) provides emergency housing and financial assistance, temporary child care, counseling, drug screens, substance abuse assessment, medical/dental services, psychological evaluation and transportation services. PUP services are usually part of the safety or case plan in an open CPS or Placement case.
- Homestead Services provides short term, intensive, crisis-oriented, in-home counseling to help stabilize families. Services meet the immediate needs of families but also address the root causes of family dysfunction.
- Early Intervention Services services for families to voluntarily participate in or access community resources that can meet their needs. A community service provider can provide up to ten in-home visits.

b. PSSF Family Preservation

Families with open DFCS Family Preservation Services cases may be referred to PSSF community contractors for family preservation services. These services help solve problems that led to family instability by offering child, individual or family therapy; in-home counseling; and behavior management. For those who are in residential aftercare, special support is provided to transition them back home and strengthen family relationships. Relative caregivers are also eligible to receive services to assist in maintaining the children in their home.

4. Tertiary Prevention/Foster Care/Permanency Programs & Services

In Georgia, tertiary prevention programs and services may be divided into the following categories:

- Foster Care Services comprehensive assessments, fostering connections, time-limited reunification, permanency planning and permanency expediters, and APPLA strategies
- Placement Resources foster care recruitment, training and support; relative caregiver training and support; and provider relations (child caring institutions and child placing agencies)

- Adoptions adoption promotion and support and adoption assistance
- Independent Living Program Ansell-Casey assessments, independent living services, postfoster care services

a. Foster Care Services

The purpose of foster care is to provide temporary substitute homes for children whose families cannot provide a safe and nurturing environment for them. The related services focus on strengthening and rebuilding families to bring about the child's safe and timely return. By law, a permanency plan must be determined within 12 months after a child comes into care. Options may include reunification, placement with other relatives or guardian, adoption or another planned permanent living arrangement (APPLA).

Comprehensive Child and Family Assessment (CCFA)

Assessments are completed on children entering out of home care by approved private providers. Comprehensive assessments include infant/toddler screening and/or developmental assessment, psychological, medical, educational and family assessment evaluations. The recommendations from the assessment are incorporated into placement decision-making, case and permanency planning, and service provision for children and families.

Health Care Services

The state will develop statewide plans and provide technical assistance to the local offices in the identification and delivery of services to address the needs of children receiving any child welfare service, regarding education, physical health, behavioral health, mental health, independent living, immigration issues and maternal and child health care programs. DFCS has contracted with pediatricians and psychological consultants to assist in the evaluation of Georgia's child welfare system and recommend areas of improvement in evaluating and delivering well-being services to children in foster care. DFCS has combined information obtained from various consultants, representatives from the Medicaid Office and representatives from the Community Health Department in the development of its Health Care Services Plan (included as Appendix F).

CCFA Wrap-around Services

CCFA Wrap-around Services provide critical support in placement cases with the intent of promoting safe and stable families and early reunification. The individual wrap-around services may be used in combination or as separate service components. Unless otherwise specified, the duration of service provision may not exceed eight months. On court-ordered after-care services, wrap-around services may be extended up to an additional six months without a waiver. The need for CCFA Wrap-around Services should be determined in the CCFA, as children enter care. If the child does not have a CCFA, or if the need for wrap-around services does not arise until after an assessment has been completed, then the service needs of the family are documented on the *Wrap-around Services Authorization* in SHINES.

b. Placement Resource Services

Foster Care Recruitment

As part of its CFSR/PIP, Georgia is in the process of revising its statewide recruitment plan and its IMPACT (required initial foster parent training curriculum).

The state continues to utilize a statewide foster care and adoption inquiry line, 1-877-210-KIDS to provide a shorter response time and more efficient management of calls into the system. Calls related to child specific recruitment, such as Wednesday's Child, AdoptUSKids, and the Heart Gallery campaigns, and any event-based recruitment efforts, utilize this number, allowing for statewide coordination of recruitment. This also provides a method to track inquiry data to assist in the monitoring and planning for future campaigns and recruitment efforts.

As a method of monitoring recruitment efforts, each county department is required to submit an annual plan and a quarterly report to indicate progress on their annual plan. This report is based on historical placement needs, current county placement needs and demographics of children in care. These reports are also used to note any trends in retention of homes and denote the reasons for closure.

Foster Parent Training and Support

Foster parent training and support is handled at the county level by a county or a regional resource development team. The state has engaged in non-profit partnership with EMBRACE through the oversight of Family Connection Partnership. EMBRACE is a pilot in two of the DFCS Regions (15 and 17) to recruit, prepare and support foster families in an effort to increase the number of foster families and ensure they are well supported in local communities. Within each region, EMBRACE has workgroups comprised of agency staff, foster parents and community stakeholders. These workgroups review data specific to their region and develop action plans designed to support foster parents and the children they serve.

Relative Caregiver Training and Support

The Adoption and Safe Families Act (ASFA) recognizes that a fit and willing relative caretaker may be able to provide the best permanent living arrangement for a child. Such options honors and preserves the child's right to maintain ties with his/her family provided that the safety and wellbeing of the child is not jeopardized. Georgia has established policy and practice to support child well-being and permanency by focusing on relative care placements. Georgia's policy further supports this value, by ensuring that preference is given to adult relatives when determining a child's placement provided that they meet all relevant state child protection standards.

Georgia's Relative Care Programs provide services to relatives throughout the foster care continuum. Relative Care Programs provide financial assistance and additional support services, including those services that are afforded to non-relative foster parents - to Department of Family and Children Services (DFCS) approved relative placement resources for current and former children in the State's custody. When an out-of-home placement for a child is required, the Department may present relative care subsidy options to a potential relative placement resource. This may occur as DFCS provides reunification services to the parents or makes permanency-planning decisions. DFCS may approve the payment subsidy immediately prior to the relative obtaining custody.

Georgia's relative care programs provide a safe and permanent family for children during a foster care episode and/or post discharge from foster care. These relative care programs enable children to maintain continuity with existing family ties, protect the children's standing in the family, and constitute the least disruption in the children's lives. Georgia promotes placing children with relatives as quickly as possible when appropriate and

Provider Relations Unit Services

The DFCS Provider Relations Unit (formerly Treatment Services Unit) is responsible for overseeing the contracted provisioning of lodging, food, and attentive and responsible oversight to children. Providers are responsible for acquiring the services that ensure that each child's physical, social, emotional, educational/vocational, nutritional, spiritual, cultural and permanency needs are met.

As the liaison to private providers, Provider Relations (PRU):

- Holds providers accountable for a high quality of care for DFCS children via Monitoring & Inspection
- Approve/Suspend placements for DFCS contracted private Out of Home Care Agencies
- Forecast child program needs/solicit program resources
- Develop, measure and enforce contract deliverables
- Mediate provider concerns
- Translate policy changes and develop related training
- Monitor contracts and provide oversight for intensive community support providers (formerly LOC Wraparound)

The PRU internal support role entails:

- Assistance in placements to private facilities
- Assistance with transitioning children into and out of Psychiatric Residential Treatment Facilities (PRTFs) in partnership with Mental Health
- Oversight of DFCS Specialized Foster Care Per Diems
- System Support to SACWIS for private placement resource maintenance
- Maintenance of the Kid Service Tracking and Reporting System (KIDSTAR) to be inclusive of child and provider programmatic and service quality data
- Liaison to DHR and other State and community organizations for provider and child placement initiatives and concerns (i.e. DJJ, Mental Health, Office of Regulatory Services, Office of Investigative Services, etc.).

c. Permanency Programs and Services

PSSF Time-Limited Reunification Services

Addressing the problems of families whose children have been placed in foster care is of paramount urgency. The goal is to have reunification occur in a safe, timely and appropriate manner. Reunification services from PSSF network agencies are delivered through the provision of professional interventions and supports, supervised family visitation, and post-substance abuse treatment and support services and child and family advocacy services.

These services address the problems of families whose children have been placed in foster care so that the children can be returned to the home in a timely manner or alternate positive permanent living arrangements. With appropriate services and supports many families can provide a safe, stable home environment.

Adoption Services

The purpose of the Adoption Services program is to insure the safe, timely and appropriate placement of foster children, who cannot return to their families of origin, in permanent adoptive

homes. The mission of the Adoption Unit crafted in FFY 2007 reads: 'Recognizing that children deserve safe, loving and nurturing relationships with permanent families, DFCS and its partners will provide a continuum of available, accessible, and effective services that enable and support the placement of children in adoptive families'.

Adoption related services include the following:

- o General Recruitment of foster and adoptive parents
- o Child Specific Recruitment services for waiting children
- o Matching services for waiting children and families
- Home Studies
- o Monthly Maintenance Assistance to assist in meeting the special needs of the adopted child.
- o Special Services Adoption Assistance to cover a time limited or one-time special service not covered by Medicaid, monthly assistance or community resources.
- o 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.
- o Medicaid which is available to any child who is eligible for Adoption Assistance benefits
- State funded Post Finalization Reunion Registry Services
- O Adoption Promotion and Post Adoption Support Services funded by Title IV-B, Subpart 2 which cover a wide range of services such as teen support groups, crisis intervention services to families and camps for children in finalized adoptions.

The State Adoption Unit is also in the process of revising adoption policy to strengthen its position on placing siblings together for adoption in accordance with the Fostering Connections legislation.

Adoption Incentive Payments

The State of Georgia was the recipient of federal Adoption Incentive Funds in the amount of \$92,000 during Federal Fiscal Year 2007. This award was based on the number of adoptions finalized in the prior year. This small award was used to purchase Life Book kits for children in care. A special version of the Life Book kit was purchased for older youth in care. The remainder of the funds will support this summer's statewide Matching and Training meeting. This meeting will have a special focus on finding permanent homes for teens and in preparing this population for recruitment and possible adoptive placement.

The State of Georgia plans to utilize their recent adoption incentive funds to assist in paying for adoptive family support services (USA Code 512):

Child Care: All adoptive families can apply every year for these funds to assist in paying child care costs. Types of child care covered include full time, before/after school or part time. Eligibility is based on income guidelines, full time employment by parent(s), lack of family or community resources and documented need.

Respite: All adoptive families can apply every year for these funds to assist in providing respite for the parent and child(ren). Respite services are intended to provide adoptive parents with time away from the daily care of children with significant special needs. Each family can be approved up to 20 hours a month.

Special Services: All adoptive parents can apply every year for these funds to assist in paying for services/treatment which is not paid for by Medicaid or private insurance. The categories include dental, medical, psychological services and any equipment required to meet a child's specific need as documented by a licensed provider.

These support services ensure our adoptive families have access to vital resources that assist them in achieving stability and permanency for the child(ren). One more benefit of these services is that Georgia has maintained a **3.5% adoption disruption/dissolution rate**, while the national rate is 8%.

PSSF Adoption Promotion and Support

The purpose of Adoption Services is to ensure the safe, timely and appropriate placement of foster children who cannot return to their families of origin in permanent adoptive homes. Title IV-B, Subpart 2, funds are used to encourage more adoptions out of the foster care system. Adoption Promotion and Support services are designed to support children transitioning out of foster care into adoptive homes and to support families, post-adoption, to prevent placement disruptions. Services include recruitment, home studies, certain types of financial assistance, legal services assistance and Medicaid.

Services designed to encourage more adoptions of children in foster care, and provide ongoing support to the families before, during and after the adoption. These services also support the growing number of older youth who will not be adopted, but will need help in transitioning out of the foster care system to become productive adults.

In addition, there are adoption teams that are geared toward the prevention of adoption disruptions.

Adoption Assistance

The State Adoption Unit is in the process of finalizing the revisions of the Adoption Assistance policy to bring it into compliance with federal regulations and other state changes pertaining to the program. In addition, the state office began setting rates for the Adoption Assistance program based on the special needs of the child in August of 2008.

Inter-Country Post-Adoption Services

The State of Georgia provides the following post-adoption services to children adopted from other countries:

<u>Non-Recurring Adoption Assistance</u> – Inter-country adopted children who meet the State of Georgia's definition of special needs are eligible to receive these services.

<u>Crisis Intervention Services</u> – These are services provided to adoptive families who are in need of professional help to improve overall family functioning, preserve the family unit, and provide links to community resources.

<u>Adopted Teen Empowerment and Mentoring Program (ATEAM)</u> – This program is designed for adopted teens in 6^{th} – 12^{th} grades. It provides participants with an opportunity for mutual support and self expression through group interactions with other adopted teens.

<u>Georgia Center for Resources and Support</u> – This resource is available to assist adopted families in locating resources; developing support groups, providing a "buddy" who has an adopted child with similar special needs; lending library of books and publications relating to adoption; and hosting a web page that provides current information on resources and training events. In addition, each region of the state has a Resource Advisor who will respond to calls and assist families in locating community resources.

Since the agency began tracking international adoptions in spring 2007, there have been 15 children with a history of international adoption who had a child protective services investigation (three between October 2007 and June 2008). Four of the 15 cases were not substantiated; six children were placed in foster care.

Fostering Connections

Georgia is in the beginning stages of implementing the Fostering Connections to Success Act, which amends parts B and E of title IV of the Social Security Act to assist children in foster care in developing or maintaining connections to family, community, support, health care, and school. A workgroup consisting of DFCS staff and leadership, youth, and stakeholders from the Office of the Child Advocate, Georgia CASA, the Barton Law Clinic, JUST Georgia Coalition, and private Child Placing Agencies has been formed. The initial step of the workgroup is to develop a shared understanding of the requirements, options and opportunities of the Act. Additional partners, particularly the Georgia Department of Education, will also be included in the work group effort.

Targeted APPLA Strategies

Recognizing that Georgia has a significant number of older youth with a goal of Another Permanent Planned Living Arrangement (APPLA) or older youth (17+) who have adoption as a permanency goal but do not have an identified resource, Field Operations has developed a strategic plan focused on children in care for a long period of time without positive permanency options. The emphasis for these children will include safety, education, employability, health and permanent connections. Strategies include:

- The addition of Independent Living Coordinators as secondary workers
- Development of SHINES data to reflect performance of these youth in Independent Living Services Programs
- Tracking and identification of permanent adult connections for these youth
- Provide to Regional and County Leadership a listing of all children with APPLA as a designated permanency plan for their validation
- Provide to Regional and County Leadership a copy of all children who do not have a
 designated permanency plan for their review and correct coding of permanency plan
- Develop a Field Operations intranet page where updates can be posted each time a county achieves permanency for a child in the target population
- Identify current permanency services that are being utilized
- Research and develop tool for measuring effectiveness of service as it relates to permanency determine cost/savings of successful permanency services delivered.

Permanency Roundtables

Georgia has initiated a significant permanency planning process in the past year. With the support of Casey Family Programs, Georgia developed and implemented a series of "Permanency Roundtables" designed to move children who had been in foster care for long periods of time to permanency, primarily children in Fulton and DeKalb counties under the "Kenny A" consent

Rev 11/30/09

decree. The joint Permanency Roundtable Project included Casey technical assistance and training and case consultations with Casey permanency experts and DFCS master practitioners. Other roundtable participants included case managers, supervisors, administrators, and other key staff/resources, such as regional adoption coordinators, state office staff, private providers, other state agency staff and other relevant participants. The effort was designed to move the children to permanency as well as develop staff capabilities in the area of permanency planning. The project roundtables were completed and an evaluation will be completed by the end of the calendar year. In the meantime, with favorable feedback from project participants, the state is doing intensive follow-up on the project roundtables and is implementing the process in all regions statewide.

Permanency Expediters

Georgia has also incorporated Permanency Expediters (PE) in every region, believing that permanency can be best influenced by having *the right people in the right place*. Specialized permanency case managers were identified in each region and targeted for further training and development as permanency experts with skills and expertise in expediting permanency in lieu of training all permanency staff. Regional permanency teams may also be formed such as Permanency Plus in Region 10. The PE will act as an educator, advocate, mentor, and role model in multiple areas, including:

- How to navigate the residential treatment system
- Training, including engagement and permanency
- Engaging physical, developmental and mental health partners in developing a procedure/mechanism to review questions/concerns regarding DX and TX (review team or referral process)
- Identifying permanency barriers and developing strategies to overcome them

Interstate Compact on the Placement of Children (ICPC): Timely Home Studies Reporting
The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home
studies. A home study is considered timely if within 60 days after the state receives from another
state a request to conduct a study for the purpose of assessing the safety and suitability of placing a
child in the home.

Georgia's Interstate Compact office utilizes the ICPC Automated Reporting and Tracking System, which has been modified to capture and track data to address compliance with the 2006 Act. The system generates a due date for the home study to be completed and returned within 60 days. Georgia also utilizes Live Scan to provide results of criminal background checks, which has eliminated the state's need for the extended 75-day period. Criminal background checks were the major barriers creating delays in completing home studies in a timely manner.

The Georgia Interstate Compact on the Placement of Children office has implemented critical process and procedural changes. These changes were designed for improving customer service, engagement with field operations and most importantly, improving permanency outcomes for children in care. Process improvements regarding ICPC cases include:

- All regional and county directors receive an electronic listing of all ICPC cases assigned to their respective counties.
- County directors receive a report by the 5th of each month outlining the ICPC cases that have been assigned to their county office during the previous month.
- Upon receipt of all new ICPC cases, an email alert is sent to the applicable county director and/or designees. The alert includes the transmittal notice (ICPC Packet Request) as well as

the state ICPC staff assigned to the case. (Confirmation is also provided to the sending state compact office via email.)

• County directors and/or designees are required to provide the ICPC office with confirmation (via email) that the ICPC case has been received and assigned for assessment within 3 days of the county's receipt of the hard copy packet. If a confirmation is not received within 3 days, ICPC staff must follow up with the applicable county director.

Timely Home Studies Reporting Data

An interstate home environment study to assess the safety and suitability of a placement resource is only considered timely if it is conducted and completed within 60 days of request by another state. The Safe and Timely Interstate Placement of Foster Children Act of 2006 includes provisions which allow for an extension of up to 75 days if the state fails to meet this timeliness standard due to factors outside of the control of the State, such as failure by a Federal agency to provide the results of a background check.

Georgia received 1,476 home study requests from other states during the period January 1, 2008 through December 31, 2008. Eighty two percent (82%) or 1,212 of those requests were completed within the required 60 day time frame. The ICPC Automated Reporting and Tracking System which was modified in 2007 (in compliance with Adam Walsh) currently tracks study data and generates due dates for the completion of studies. Capacity does not currently exist to track how many of the 264 untimely home studies required an additional 15 day extension. The State is in the process of incorporating changes to the ICPC tracking in SHINES and will be identifying tracking mechanisms for identifying cases which have waivers or are completed untimely through the SHINES system.

The timeliness of receiving criminal background check information continues to cause some delay as do current training requirements for potential placement resources. The state's use of the Live Scan system has improved efficiency and eliminated much of the delay created by criminal background checks.

Juvenile Justice Transfers

The State's legacy Information Data System (IDS) is unable to capture the number of children who are transferred to the state Department of Juvenile Justice (DJJ). While the number of children who were "transferred to another agency" is reported, it is not known which percentage of these transfers can be attributed to DJJ. The number and percent of transfers to an outside agency for state fiscal years 2004 through 2008 are listed below:

2004 141 (1.38%) 2005 334 (3.01%) 2006 334 (3.24%) 2007 255 (2.72%) 2008 57 (.81%)

Georgia achieved statewide implementation of its new statewide automated child welfare information system, SHINES, 06/30/09. SHINES utilizes the legal services page to track case dispositions. Included in the case dispositions is the discharge data for children exiting care. As of the June 2009 SHINES implementation date, the agency will be able to collect and report out on specific transfers to DJJ. The following codes table shows the discharges tracked in SHINES,

inclusive of children committed solely to DJJ from DFCS, DJJ aftercare cases and children who are in joint custody (permanent or temporary).

Field Label	Legal Status	
Codes Table Name (If applicable)	CLEGSTAT	
Code	Decode	In DFCS custody?
AFS	Aftercare/Supervision	N
CTD	Committed To DJJ	N
ILP	ILP Aftercare	N
NAF	Not In DFCS Custody – Adoption Finalized	N
NCT	Not In DFCS Custody – Child Turned 18 (No ILP)	N
NCD	Not In DFCS Custody – Child Death	N
NCO	Not In DFCS Custody – Custody To Other	N
NTT	Not In DFCS Custody – Custody Transferred To Tribe	N
NCE	Not In DFCS Custody – Emancipated	N
NGP	Not In DFCS Custody – Guardianship	N
NPC	Not In DFCS Custody – Parental Custody	N
NPR	Not In DFCS Custody - Custody To Relative	N
PCT	Permanent Court	Y
PVL	Permanent Voluntary	Y
STE	Short Term Emergency Care	N
TCT	Temporary Court	Y
TVL	Temporary Voluntary	Y
NCS	Not In DFCS Custody - Custody With Other State	N
NDJ	No Longer Committed to DJJ	N
DJA	DJJ Aftercare	N
JCP	Joint Commitment With DJJ - Permanent Court	Y
JCT	Joint Commitment With DJJ - Temporary Court	Y

Independent Living Program

Georgia is receiving technical assistance from Chafee and the NRC to review policies and make changes to strengthen the Independent Living Program. The state has begun to use the Ansell Casey Assessment for youth and will be completing assessments on all youth already involved in the program within the first year of this CFSP, with plans to provide these assessments for all youth who enter the program.

The Georgia Department of Human Resources (DHR,) Division of Family and Children Services (DFCS,) Program Planning and Policy Development Unit, will administer the programs carried out under the Chafee Foster Care Independence Program (CFCIP) most commonly referred to as *Georgia's Independent Living Program* (ILP.) Historically, the federal Chafee Foster Care Independence Program (CFCIP) and the Education and Training Voucher Program, known collectively as the Independent Living Program (ILP) in Georgia, has sought to provide eligible youth with the skills and experience needed to achieve self-sufficiency. While the ILP has achieved some successes, the state if Georgia continues to seek and implement program improvement for the overall success for the youth we serve. For additional detail, please see CFCIP plan, Appendix B.

Each of Georgia's 17 regions is assigned one (1) ILP Coordinator (ILC) with the exception of Fulton and DeKalb who have an additional county funded ILC each bring the state to a total of 19 ILCs. Georgia has one (1) State ILP Coordinator and one (1) Program Specialist Position (fiscal management) available to provide services and fiscal management to approximately 6,000 young adults ages 14-25, in various stages of transition. The regional ILCs collaborate with county and regional staff, case managers, foster parents, youth and public and private organizations to assess the daily skills and needs of eligible youth, assist in the development and monitoring of Written Transitional Living Plan (WTLP), identify and coordinate appropriate services with youth, and report both quarterly and annually on financial and programmatic progress in their respective regions.

The state ILP Manager provides technical assistance through the development and interpretation of policy, coordinates quarterly ILP meetings and on- going training for the program, monitors and manage federal and state funds that support program activities including all state level contracts, represents the agency on committees and boards whose function impacts youth in transition, compiles and evaluates financial and programmatic reports, assists in the preparation of the State's *Child and Family Services Annual Service and Progress Report* (ASPR) and meets other federal and state reporting requirements.

Ansell-Casey Assessments

To ensure youth are equipped with the knowledge and tools necessary to achieve and maintain self-reliance, the Independent Living Program has implemented the usage of the Ansell Casey Life Skills Assessment (ACLSA) to provide individualized and program-specific life skills services to youth. The state will be focused on providing services that align with the nine ACLSA life skills domains, which are career planning, communication, daily living, home life, housing and money management, self care, social relationships, work life, and work and study skills. The Independent Living program continues to provide workshops, conferences and training sessions intended to develop and strengthen daily living skills, as well as financial literacy, career exploration, work readiness/preparation, job placement, and post-secondary planning.

d. Post-Foster Care Services

Post-Foster Care Services

Foster care youth in the independent living program reaching age 18, whether they emancipate or sign back into foster care, may be eligible for an array of services, such as housing allocations, education vouchers, employment, health and other services to help them transition into adult independent living.

D. Geographic Coverage and Service Gaps

Georgia provides, through state and federal funding sources, services that are designed to ensure children are safely and appropriately maintained in or returned to their families. The state's ability to provide these services is affected by a variety of factors. These include the availability of trained, experienced county DFCS staff; local foster and relative caregiver resources within the community; inpatient and outpatient substance abuse treatment resources; community-based

therapeutic, medical and educational resources; and community-based relative and state/private providers of foster care services. Often all of these resources are not available. When possible, DFCS uses wrap- around funds or family preservation grants to contract with private providers to develop and implement the necessary service(s) for the family.

Geographical variances throughout the state have a significant impact on families' access to services as well as the timeliness of service delivery. Therapeutic placements are generally clustered around metropolitan areas, so the children in greatest need of mental health services are generally boarded at a distance from their families and support sources, reducing the ability of family members to engage in therapeutic treatment. Access to therapeutic foster care resources is determined at the state level, resulting in children being placed in resources with available bed space rather than those in closest proximity to the family. Relative resource placements are generally explored prior to the child's entry into foster care, but issues with substance abuse, poverty and the lack of kinship resources within close proximity to the family reduces the effectiveness of this strategy.

Many communities partner with their Family Connection agency to develop strategic community plans for developing services within the community. DFCS has continued to expand the Community Partnerships in the Protection of Children (CPPC) but has not implemented this program statewide. The CPPC model works within communities to build hubs of resources for the prevention and mitigation of risk factors related to CAN and to educate the community on sustaining these resources. Resources are tailored to the specific factors affecting the community, be it substance abuse, poverty, domestic violence, etc. In addition to the Family Connection agency, there are also private contractors who provide family support services, family preservation services, reunification services and adoption promotion and support services.

Regional self-assessments unanimously reflect that drug abuse is a significant factor in the length of stay for children in foster care and the reduction of the number of children achieving reunification with their parents or other timely permanency. For families receiving foster care services and/or family preservation services, the manufacturing and abuse of methamphetamine has significantly affected the length of time to case resolution. The availability of affordable inpatient and outpatient substance abuse programs, especially for males, falls far short of meeting the regional demand. Likewise, the rise in the number of children with mental health and addiction issues that are coming to the attention of DFCS is increasing, with extremely limited public mental health capacity to address this need.

Through such programs as Babies Can't Wait, Children First and EPSDT, children are finding greater access to basic physical and dental healthcare. Georgia's Right from the Start Medicaid program provides access to most children and youth in the state that are not covered by private insurance programs. While services are being accessed, a lack of focus on the importance of child well-being has resulted in case record documentation not always addressing the health needs identified and remedies provided in addressing this need. With the advent of Family Support Services (differential response/diversion) and the refocusing of supervisory review on well-being issues, this deficiency is being corrected. In keeping safety and well being first the agency provides diligent services through CPS On-Going to maintain children in their homes while continuing to address safety and risk. When available, Homestead and PUP funds are used to provide preventive services to families.

The State provides Parent Aide Services, Home Stead Services and PUP (Prevention of Unnecessary Placement) to purchase services not readily available in the community. These funds are delegated regionally and managed within the counties. Allocation of funds are usually not sufficient enough to serve all the families and/or meet the multiple needs of families, this sometimes present on-going issues for the counties in their efforts to service families. The agency often has to rely on limited community resources to assist with the provision of services to its families.

In an effort to support adoptive families Georgia provides for post adoption services as well as funds to assist in the cost for adoption finalization, and pre adoption preparation. State funded Adoption Assistance is utilized for adopted children who have special needs but are not entitled to IV-E funding. Relative Care Subsidy and Enhanced Relative Care Subsidy are available to relatives who receive permanent legal custody. The agency also provides Subsidized Guardianship and Enhanced Subsidized Guardianship payments for relatives who receive legal guardianship. The availability of these funds has increased the number of relatives willing to assume permanent legal custody and guardianship of the children in their care. Currently there are provisions to provide Subsidized Guardianship payments to caregivers not related by AFDC relatedness but who have a pre-existing "fictive kin" relationship.

E. Program Support

Georgia's child and family services continuum is facilitated by several over-arching supports and programs, including:

- 1. Service Coordination
- 2. Promoting Safe and Stable Families (PSSF)
- 3. IV-B/IV-E Training Plan (Staff Training and Development)
- 4. Technical Assistance
- 5. Monitoring and Evaluation
- 6. Quality Assurance
- 7. Disaster Plan

1. Service Coordination

Since Georgia's child welfare system is a state-supervised, county-administered system, most of the client service coordination takes place at the county level. Coordination of services in the local community is the result of cooperative working relationships that develop among local service providers, as well as relationships resulting from formal "wraparound" delivery systems. Some counties are partners in family service collaboratives. Statewide, the agencies contracted with and funded by Promoting Safe and Stable Families operate in partnership with county DFCS departments, providing services for families and children in the communities in which they operate.

Georgia will continue partnerships and collaboration with identified resources to ensure that appropriate services are available to children and families. As various review processes identify gaps and disconnects in service delivery policy will be enhanced to reduce and eventually eliminate the deficiencies in service provision.

Family Violence

The state collaborates extensively with the Georgia Coalition against Domestic Violence, The Georgia Network to End Sexual Assault and both Sexual Assault and Domestic Violence Advisory Committee's on establishing and working towards goals and objectives.

Service Array Assessment

The Governor's Office of Children and families is conducting an unmet needs survey which will identify services needed within the communities. Historically there has been low participation by collaborative partners in completion of this survey. DFCS has agreed to conduct follow-up contacts with non-responsive collaborations to encourage participation. Family Connections has agreed to assess the data and provide breakdowns by regional and county groupings. In addition, Family Connections has a local group in most of the 159 counties and at least 1 in all 17 regions. Each of these local Family Connections partnerships conducts a local assessment which analyzes local gaps in services. The state also has identified service array issues within their self-assessment for the 2007 CFSR as well as each region prior to their annual PEAS review. The state plans to review these documents collectively and allow regional teams to develop regional priorities and action plans.

Linkages

The following describe the specific linkages used to ensure children and families receive the services they need.

Medical/Dental Services – DFCS works with the DPH and medical and dental care providers at the state and local levels. Currently an independent consultant is conducting an assessment of health services for children in foster care. For the state's health care services plan, please see Appendix F.

Babies Can't Wait – The Child Abuse and Prevention Treatment Act (CAPTA) requires that in substantiated cases of neglect or abuse, states make provisions and procedures for the referral of children, under the age of three, to early intervention. In Georgia, early intervention services are administered by the Division of Public Health's Babies Can't Wait Program (BCW), which provides screening for and services to children 0-3 with disabilities or developmental delays. (For additional information, please see the health care services plan in Appendix F.)

Mental Health – MHDDAD and DFCS are both part of DHR. In an effort to improve the availability of mental health services to children in the child welfare system, the state has initiated G-2, or Microenterprise, meetings between state and regional leadership of both divisions. Initial work included the development of crisis intervention plans in each of the state's five mental health regions.

Education – The agency and the Department of Education have entered into Memorandums of understanding in order to ensure that children coming into foster care receive appropriate and timely educational services. The agency refers children 3 years and older to the educational services when developmental delays are identified. The agency partners with local educators to build teams to support families when educational needs are identified as a risk factor for any of the family members.

2. Promoting Safe and Stable Families

Program Overview

Georgia's Promoting Safe and Stable Families Program (PSSF) provides federal child welfare funding, training and technical assistance to help build state and community capacity to meet the needs of families at risk of child welfare intervention and families in crisis. PSSF targets four types of families touched by the child welfare system: families at-risk and in need of support, families in crisis where efforts are being made to preserve the family through intensive services, families where a child has been placed in foster care and the best interest of the child is to be reunified, and families in need of adoption or post permanency services.

Title IV-B, Subpart 2, (PSSF) resources have been strategically invested to enhance the state capacity of DFCS to identify and meet the needs of families at the community level and to expand state-funded child protection and placement service programs. Federal allocations are leveraged with the support of matching funds contributed at the local level. Following are the planned allocation percentages:

Family Preservation Services - 20%
Family Support Services - 25%
Time-Limited Family Reunification Services - 23%
Adoption Promotion and Support Services - 20%
Other Service Related Activities - 7%
Administration - 5%

A greater percentage of PSSF funds are allocated in the Family Support category to support the full range of prevention and early intervention services needed to serve families at-risk of intervention as well as those referred by DFCS CPS.

PSSF RFP Review and Award Process

The majority of Title IV-B, Subpart 2 funds is disbursed through third party contracts. A statewide request for proposals (RFP) is issued on an annual basis which details the following eligibility criteria. Who may apply: State government agencies and other public and private non-profit entities are eligible to apply. Non-profit agencies must provide proof of incorporation, recognition as a tax-exempt organization, and a copy of their last audit. Applicants must include certification of non-profit status by attaching a copy of their 501(C)-3. If a copy is not included, the application will not be considered for funding. Use of government agency letterhead is sufficient to document eligibility for city/county/state entities and educational institutions. City/county/state entities do not have to provide a copy of the last audit unless specifically requested.

The Division received 280 proposals for FFY09 PSSF funding in response to the following request for proposals: http://pssfnet.com/docs/FFY2009PSSFRFP_i.pdf. Each proposal receives a two-part Proposal Review that consists of:

Compliance Review

Proposals are reviewed to see if all proposal requirements are met (i.e., timely submission, format, components, match certification, etc.). Proposals which do not meet minimum requirements are excluded from further consideration.

Qualitative Review

For FFY 2009, a review committee, composed of 27 individuals from diverse public and private entities, read and evaluated each application for funding approval. The proposal review period was Sept 3-12 and was conducted from 8 am to 8 pm each day.

Each proposal is read and rated on a 100 point scale by a minimum of two reviewers.

The qualitative review and evaluation includes an assessment of whether -

- The need for the proposed services has been adequately established
- The proposed service plan effectively addresses the identified child and/or family need
- The agency has the organizational and staff capacity to carry out the proposed services
- The expected service objectives and outcomes are consistent with CFSP/CFSR objectives

Each proposal that has a 20-point or more variance in reviewer scores receives a third read.

Current Contractor Review

Current contractors applying for continuation funding receive a Third Review and are also evaluated for compliance with current contractual and reporting requirements, service delivery and participant outcomes, fiscal management and audit compliance.

Award Recommendations are made for Divisional approval by the Program Director based on the availability of funds and results of the Compliance, Qualitative and Current Contractor review, if applicable. A number of other factors are considered in the recommendation process including proposal responsiveness to CFSR findings, resource availability in rural counties, letters of support or recommendation from county or regional directors, services provided to under-served populations, etc.

PSSF Program Services

PSSF Program Services are delivered through three distinct vehicles: (1) a coordinated, community-based network of faith and family service agencies (PSSF Network), (2) Community Partnerships for Protecting Children (CPPC), and (3) Regional PSSF Grant-In-Aid allocations to 159 County Departments of Family and Children Services to support statewide direct service delivery.

Program goals and objectives set for 2005-2009 have been realized through a statewide program of communication and information campaigns, targeted funding, training and technical assistance. PSSF program accomplishments include:

- Increased public awareness of the needs of at-risk families and families served along the full child welfare continuum
- Shared responsibility at the community level for protecting children and supporting families
- Program and Service expansion in underserved communities
- Expanded array and statewide accessibility to supportive family services

PSSF also provides federal funding, training and technical assistance to support increased frequency and quality of caseworker visits to children in foster care.

PSSF Program Goals and Objectives FFY 2010 – 2014

Goal: To achieve better outcomes for children and families who encounter the child welfare system by recruiting, training and retaining a coordinated network of community-based,

family-centered, outcomes-driven organizations, whose mission is to support and stabilize children, youth and families.

PSSF program objectives are to:

- Prevent abuse and neglect through supportive family services
- Prevent the unnecessary separation of children from their families through intensive preservation services
- Minimize the length of time children remain in foster care through safe and expedient reunification
- Promote permanent placements and support life-long family connections for children and youth through adoption promotion and post permanency support services

These program goals and objectives reflect an ongoing commitment to ensuring that families, communities and organizations have access to the highest quality services and resources needed to help children and youth grow into healthy, contributing members of our society.

PSSF Services

Service Coordination

Families at risk, and those served by the child protection system, often have complex and interrelated problems such as poverty, unemployment, domestic violence, substance abuse and mental health issues which impair family functioning and put children at risk of maltreatment. As such, all providers of PSSF services are required to coordinate service provision with other agencies and community based service providers including mental health, substance abuse, education, child care and employment services to ensure that families receive a full continuum of supports, interventions and follow-up services responsive to their individual needs. Proposals for PSSF funding require a full description of the agency's marketing plan for families and referring agencies as well as a description of services coordinated with and linked to meet family needs.

Referrals for PSSF Network services are received from DFCS CPS, Placement Services, TANF, Health Departments and Hospitals, Juvenile and Family Court, Law Enforcement, Mental Health, Schools, Shelters and other community agencies.

Geographic Accessibility

PSSF Resources are accessible in 159 counties to support the purchase of direct services for children and families served by CPS, FC and Adoptions.

PSSF Home and Community-Based (Network) Services are accessible to families in the following regions:

Family Support: 16 out of 17 regions
Family Preservation: 16 out of 17 regions
Time Limited Reunification: 15 out of 17 regions
Adoption Promotion: 6 out of 17 regions*

*Additional Post Adopt Services are available statewide

Following are the 2009 PSSF service types by region:

Region	FS	FP	TLR	AP
1	X	X	X	
2	X X	X	X X	
3	X	X	X	X
4	X	X	X	
5	X	X	X X X	
6	X	X	X	X
7	X	X	X	X
8	X	X	X X	
9	X	X	X	
10	X	X	X	
11	X	X		
12	X X X	X	X	X
13	X	X	X	X X X
14	X	X	X	X
15		X	X X X X	
16	X		X	
17	X	X		

Preventing Abuse and Neglect

A network of community-based, family-centered agencies provide PSSF Family Support services by identifying families whose social conditions are likely to place children at risk for maltreatment and engaging them in a variety of programs and services to help develop needed skills and access supportive resources. The PSSF Network of Family Support providers delivers a range of supportive services and education, as well as the critical concrete services and resources families need to effectively meet the safety, permanency and well-being needs of their children. This network shifts the primary responsibility for protecting children and supporting at-risk families from DFCS to the community and engages both formal and informal resources to help strengthen families and reduce the risk of abuse and neglect. Services include:

PSSF Prevention and Early Intervention Services offer <u>voluntary</u> short-term center- and home-based support services to a variety of at-risk families to prevent family crisis from escalating to the point of required Child Protective Service (CPS) intervention.

Families served include, but are not limited to: families with children 0-5, pregnant and parenting teens, victims of domestic violence, relative caregivers, children with incarcerated parents, non-custodial fathers, economically disadvantaged and homeless families, families with low literacy and limited English proficiency, and families served by DFCS Office of Financial Independence (i.e. Food Stamps, TANF, Child Care).

Preventing Unnecessary Separation of Children from Their Homes

PSSF Family Preservation and Support Services are offered to families involved with the child welfare system who are in crises or at risk of having a child removed from their home. Referrals are made by DFCS CPS, Placement Services, Family and Juvenile Court and are designed to

Rev 11/30/09

56

provide necessary supports and resources to help stabilize crisis, improve family functioning and keep the family intact.

PSSF Diversion Support Services (DSS) offer voluntary, short-term center- and home-based support services, resource coordination and follow-up services to help vulnerable parents meet the challenges of parenthood without CPS intervention.

All families referred for PSSF Diversion Support services must be screened and referred by DFCS CPS.

PSSF Placement Prevention Services (PSS) offer short-term center- and/or home-based services to children and families with an open DFCS CPS case where children are still residing in the home. These services are provided as part of a family's safety and/or case plan and are designed to safely maintain children in their homes and prevent unnecessary placement into foster care where agency identified risk factors which resulted in child maltreatment can be safely and effectively addressed. Service duration should not exceed 6-9 months.

Families must have an open or on-going CPS (Family Preservation) case and/or be referred by Juvenile or Family Court.

PSSF Crisis Intervention Services (CIS) provide intensive individual or family therapy, counseling, behavior management and crisis intervention to biological, foster and adoptive families to help remove barriers to family stability and help restore family functioning.

PSSF Residential After-Care Services (RAC) support children and families returning home from temporary shelters, residential treatment or therapeutic foster home settings. After-care services are available to families 2-3 months pre-discharge and 6-9 months post discharge, and are designed to sustain treatment outcomes and prevent placement disruption. Services include comprehensive discharge planning, coordination of community supports and resources, in-home therapeutic counseling, behavior management and crisis intervention.

Time-Limited Reunification Services are time-limited, intensive support services provided to a child with a plan of safe, appropriate, and timely reunification 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.

PSSF Family and Child Advocacy (FCA) services provide supports and services to ensure that the needs of children are identified and met, families receive supports necessary to avert foster care placements whenever possible, and that children who must be removed from the home maintain connections to their families and communities to achieve permanency as quickly as possible.

Family And Child Advocacy services are provided to children and families referred by DFCS Placement Services, Family or Juvenile Court with a concurrent plan of reunification.

PSSF Supervised Family Visitation (SFV) centers provide increased opportunities for children in foster care to visit with their families in less restrictive, non-threatening environments. Services are designed to establish or sustain parent-child and sibling relationships and facilitate the achievement of reunification case plan goals.

Supervised Family Visitation can be provided to families with an open placement case and a concurrent plan for family reunification, siblings who have been placed in separate foster homes, or parents referred by Child Support Enforcement for family access visits.

PSSF Substance Abuse Treatment and Transitional Support (SAT) services provide substance abuse treatment and support services to court-mandated parents with a child custody or deprivation case where substance abuse treatment and random substance abuse drug screenings and sustained abstinence are conditions for child reunification. Service providers must work in partnership with DFCS case managers to emphasize the magnitude of the court requirements, and the limited time available to obtain treatment and demonstrate the ability to remain alcohol- or drug-free for a minimum of six months.

Adoption Promotion and Post-Permanency Services are designed to encourage and support adoptions out of the foster care system, when adoption is in the best interest of the child, and prepare and support youth who may not achieve permanency through adoption before foster care emancipation.

PSSF Adoption Promotion and Permanency Support (APS) services are designed to assist children and families prior to, during and after adoptive placement. Services may be delivered to both birth, foster and adoptive families and are designed to help facilitate and expedite the adoption process, support birth/foster/adoptive families throughout the adoption process and provide post adoption support services to help prevent disruption.

PSSF Transition and Emancipation Support (TES) services are designed to help foster care youth ages 16-24 years of age prepare for legal emancipation from the foster care system and to equip them with the life skills, educational and career planning supports necessary to support successful transition to independent adult living.

The following are PSSF strategies for the next five years:

Safety Strategy:

Prevent Child Abuse and Neglect

PSSF Activities:

- Provide new supports to help children and families who are at increased risk of entering the child welfare system.
 - o Expand uses of IV-B2/PSSF Family Support and Diversion Support funding.

Permanency Strategies:

Prevent the Unnecessary Removal of Children from their Homes

PSSF Activities:

• Expand opportunities for children to receive post permanency services that maintain their safety at home, with relatives or with adoptive families to prevent entry or return to foster care.

- Provide intensive services to families in crisis so children are not unnecessarily removed from their homes.
 - Expand uses and increase funding for IV-B2/PSSF Family Preservation and Post Permanency Services
- Provide a broad range of services to children who have been abused and neglected to ensure stability and safety after they leave foster care or other residential settings and are reunited with their families, or permanently placed with relatives, or adopted.
 - o Continue expanded funding for PSSF Residential After-care Services.

Sustain Permanent Placements

PSSF Activities:

- Provide services to children in foster care and their families that promote reunification or, if safe reunification is not an option another planned permanent arrangement
- Provide services that ensure that once children are returned home from foster care or when children are adopted, that children and their families receive the support necessary to ensure a child's safety and permanency
- Expand the use of Title IV-B/PSSF funding (Preservation, Reunification and Post-Adoption Services) for post-permanency services

3. IV-B/IV-E Training Plan (Staff Training and Development)

The following section details the IV-B, Subpart 1 and 2 staff development and training plan to support the goals and objectives of the Child and Family Services Plan. This training plan will be combined with the Title IV-E training plan, as required by 45 CFR 1356.60 (b) (2). The training activities described in this section are on-going activities and include current content from various knowledge bases and disciplines relevant to child and family services policies, programs and practices.

IV-B, 1: Child Welfare Services

Pre-Service Training, Certification and Follow-Up (Overview)

Over the next five years, Education and Training will continue to provide innovative methods of training to merge knowledge-based learning with technology, policy and best practice. Curriculums will continue to be enhanced to include more skill development on interventions linked to outcomes of *safety*, *permanency and well-being*, including engaging families through the Family Team Meeting (FTM) process, the Every Child, Every Month (ECEM) initiative, Meaningful and Purposeful Visitation with parents and children, enhanced focus on the assessment of safety and risk, concurrent planning and quality screening and intake process.

Georgia SHINES (SACWIS) will continue to be an instrumental part of the curriculums by creating tutorials, reference materials and desk reference tools. Updates on enhancement to the Georgia SHINES system will be an ongoing part of all curriculums.

Program Administrators will meet with counties that are successful in meeting the requirements of the CFSR/PIP and develop tools to direct other counties toward success in meeting the outcomes. Existing assessments will continue to be monitored for success and new assessments will be developed and provided as necessary. Curriculums have and will continue to be developed collaboratively with input from the field and policy and subject matter experts, and are constantly updated to reflect current policy and practice.

Elements of Pre-certification Training Series

All Georgia Family Services case managers and supervisors must be certified. The current certification is based on completion of the training series (outlined below), a case record review and approval by the County Director or their Designee. Once initially certified, staff is required to complete identified courses during the 6-12 months, 13-18 months and 19-24 months of employment to remain certified. Upon completion of the required courses (post 2 years) all staff are required to take an additional 20 hours of work-related training each year. Waivers for the Keys to Child Welfare Practice course are provided for those persons who are part of the IV-E BSW/MSW program. The certification process will continue to evolve to meet the ongoing changes in policy and best practice.

Pre-certification training is currently comprised of three elements: field practice/online training, classroom training and assessment. The direction of the current training will be monitored and changed as policy and practice evolves. The basis for the next 5 years is the training series released in February 2009:

• Keys to Child Welfare (foundational course) (Includes the 30-day Making Connections Field Practice element)

- Strengthening Families to Mitigate Safety and Risk Factors Course (CPS Track) (Includes a one-week Field Practice element)
- Promoting Permanency through Foster Care Services Course (FC Track) (Includes a two-week Field Practice element)
- Adoption Training for Case Managers Course

Elements of New Case Manager Series; Field Practice/Online

During 2009, field practice was revamped to include a 30-day period in the local county office prior to attending classroom instruction. The revamp was a direct result of the identified need for case managers to make connections within their office and build partnerships with resources in the county. The concept was also developed as a component of case manager retention.

As part of Making Connections, new case managers complete a series of online courses and use this information to complete worksheets and connections within the community and county offices. The online portion is monitored by an online instructor who analyzes student performance and makes suggestions for student remediation and review. Based on the information collected from individual case managers, the instructors will develop individualized materials for students as needs are identified. Case Managers participate in a discussion board which requires them to respond to specific questions concerning the Making Connections element. Online training surrounding policy is also provided as part of the field practice. This online training will continuously be updated as policy is changes through legal mandates and best practice outcomes.

Classroom Instruction

Trainers will take on additional responsibility for connecting with the case managers attending classroom training. By making early contact during the "Making Connections" period and working with the case managers to complete and understand the training, trainers will build strong relationships with the attendees.

The classroom training will continue to be reviewed for additions/subtractions based on policy and best practice. Trainers will continue to guide the trainee in a process of learning and growth that will provide foundational knowledge of social work practice. Trainers will continue to increase their skills on the GA SHINES (SACWIS) system. The GA SHINES portion will continue to grow and evolve as the system is revised.

Working in partnership with the counties, trainers will continue to complete the Classroom Trainer Feedback forms on each case manager who attends pre-service classroom training. This form supplies information to the case manager's direct supervisor surrounding behavior, attendance, attitude and concerns.

Classroom Assessments will remain an integral part of the training series. A new assessment which will demonstrate a level of competency in GA SHINES will be developed and revised as needed. In addition, assessment elements will be added to all continuing curriculum. Currently a passing score of 70% is required. This standard is being reviewed and will be increased to a higher level. Tools will be developed to assist those case managers who do not pass the test. Final hiring/termination will remain under the discretion of the County Director.

New Administrator/Supervisor Training

Overview and Strategies

During the next five-year reporting period the Education and Training Services (ETS) Section's Field Leadership Learning and Development Unit will develop its New Supervisor curriculum based on knowledge management practices. Mini courses will provide supervisors and administrators with the tools to empower their staff to complete quality work to meet CFSR PIP outcomes and measures and Kenny A requirements. Courses will include Family Team Meetings, Family Centered Practice, Concurrent Planning, Permanency, Every Child Every Month, Every Parent Every Month, Service Planning, Documentation, Critical Thinking, Intake and Screening Tools, and Risk Assessment.

All training will be developed around usage of Georgia's Statewide Automated Child Welfare System – GA SHINES. An assessment for supervisors and administrators will be developed to test SHINES knowledge. A course that instructs on how to complete the Field Operations Review Guide (FORG) – a guide used by field staff to complete quality case reviews – to assist with achieving superior Quality Assurance reviews will be developed.

Retention and recruitment

Training is a key feature in recruitment and retention. The most successful intervention for reducing the work-related stress of supervisors and other administrators is to build competencies. As competencies are built so is confidence to do the work; as confidence increases, stress decreases, with the added feature that better decisions are made by supervisors/administrators.

In the New Supervisor course, the stages of transition from Competent-Case-Manager to Needing-to-become-Competent-New-Supervisor are discussed. Training for new supervisors focuses on easing the transition to new responsibilities and expectations, so that supervisors feel comfortable in their new positions and turnover is reduced. Other major reasons staff leaves DFCS, such as burnout, secondary traumatic stress and post-traumatic stress, are also addressed, together with techniques to overcome them. The result is supervisors who are able to work efficiently and competently for many years.

DFCS in Ohio estimates that up to 80% of what is learned in a classroom never becomes practice when there are no efforts at "transfer of learning." Georgia uses mentoring and field practice to bridge the gap between "hearing" in class and "doing" at work. New Supervisors who can't DO what they have HEARD are left frustrated not confident, which can lead to turnover.

As an incentive for recruiting supervisors with an MSW, Georgia DFCS will continue to work with Valdosta State University to provide clinical supervision to a group of LMSWs seeking their clinical license. The purpose of this project is to provide clinical supervision skills and to provide tools for supervisors to use in supervision of their own case managers. A minimum of 120 hours by a certified LCSW is required in order to sit for the LCSW exam.

The Field Leadership and Learning Unit believe these activities provide support that encourages staff to accept the challenge of promotion and builds the resiliency required for longer tenure.

Professional Excellence (PE)

During the 2010-14 reporting period, the PE program will continue to strive to provide advanced skills-based training that staff can immediately apply to their work with families. With this in mind, at each training staff are provided best practice information on the training topic and then are required to apply it during training and think about how they will apply it to their cases. A follow-up evaluation is sent to the case manager and their supervisor to determine whether the training is being applied to case practice. Follow-up training will provide an opportunity for staff to bring practice problems they have encountered related to specific training areas and get additional training and support.

The Professional Excellence Program will remain flexible in the training it provides to target specific training needs that staff may need. The Professional Excellence Program is able to utilize community and educational resources to meet the specialized training requests. Planned development of new courses and revisions of existing courses include: PIP initiatives and goals, CFSR outcomes (all trainings are tied to specific outcomes), the need for reinforcement of documentation in SHINES, PEAS Reviews, and trend reports available through G meetings and other sources. Intensive training is available in specific practice areas related to the PIP (e.g., concurrent planning) for agency master practitioners, field program specialists, and Licensed Clinical Social Workers (LCSWs) in direct practice/supervision positions. This retention and recruitment strategy will help to develop agency-wide expertise and internal training capacity.

During 2010-14 development of and support for supervisory communities of practice exist will continue to be utilized. These groups, organized geographically, will serve as support for supervisors and be a mechanism for sharing organizational knowledge. Another strategy that will be used for retention during the 2010-14 time period is regional programs of training and support for secondary trauma. Research has shown that child welfare staff are at high risk for experiencing secondary traumatic stress. This can affect the quality of services provided to families and is a significant contributing factor to staff turnover. A program of education and support can help staff to address these negative effects and remain productive in their work.

Video and e-newsletters are also used to reinforce trainings, with practical tips on reinforcing specific learning objectives and applying them to daily practice.

Recruitment and Retention

During 2010-14 the Education and Project Management Unit will continue to make employment recruitment and retention a priority. In 1980, the Adoption Assistance and Child Welfare Reform Act of 1980 (Public Law 96-272) was passed. This Act created Title IV-E training which allows for state child welfare agencies to provide funds to universities for training child welfare workers. The Act encouraged state/university partnerships to educate and elevate the professional skills of case workers and those interested in working in public child welfare. The funds are provided at a 75% federal match with the other 25% coming from the schools of social work.

The Title IV-E Child Welfare Education Program (IV-E Program) is an educational program for individuals who are interested in a career in public child welfare with the Georgia Division of Family and Children Services (DFCS) or for current DFCS staff who wish to elevate their professional skills and training. The IV-E Program is a partnership between the Georgia Division of Family and Children Services and the participating schools of social work in Georgia. The program pays for tuition, fees, books and mileage for those individuals enrolled in a bachelor of social work

or master of social work degree program in a participating school of social work in Georgia. In return, graduates of the program agree to work in DFCS in child welfare for the amount of time they attended school and participated in the program. The Title IV-E Program is one of several tools utilized to professionalize the child welfare workforce in Georgia.

Other Training Activities

Every Child, Every Month Caseworker Visitation

The PE program has delivered this training to all regions within the state. This training information has also been incorporated into the new worker training and new supervisor training. SHINES screen shots have been added to this training to help staff understand how to document their monthly contact with a child in foster care.

Permanency Overview Training

The Professional Excellence Program has partnered with the National Center on Family Centered Practice and Permanency Planning to address permanency issues and concurrent planning. From the technical assistance received from the NRC, DFCS has determined several areas that will be targeted to improve permanency outcomes. These areas include upgrading the SHINES systems to capture concurrent data correctly, target training with community partners that include the Juvenile court system, CASA, SAAGS, the Court Improvement Project, the Foster Parent Association, Birth Parents, Child Placement Agencies, and other community partners that provide services to the families that DFCS provides services to throughout the state.

Risk Assessment

In response to Strategy II-B of the Georgia PIP, Georgia plans to adopt an enhanced safety and risk practice. Initially, eight innovation sites have been selected to pilot such practices because of demonstrated capacity to embrace new approaches to case practice. This practice will be rolled out to the entire state and incorporated into existing training curriculums.

In order to reinforce the new practice, Georgia DFCS wants to provide supervisors with support on a regular basis during the early months of the new practice. The consulting agency, ACTION for Child Protection, has been requested to prepare a proposal to provide that support. Also, use of internal staff will be identified to provide such support and reinforce the new practice as it moves across the state.

Family Team Meetings

By December 2009, ETS will have completed the initial round of regional "FTM for Facilitators" training and established approved mentors in every region of the state. There is also a series of "Train-the-Trainer" for Private Providers involved in FTM facilitation. Beginning in 2010 and ongoing, database and trend reports will help determine where to offer additional new FTM facilitator classes.

FTM for Case Managers is currently in development; the curriculum will be offered regionally beginning in 2009 and continue through 2010. The curriculum will focus on how case managers can engage families and their informal support system to prepare them for working with the FTM process; how to develop family plans within the context of the family team meeting setting; documentation of the FTM in SHINES; and following through with providing services and

continued work with thee family to complete plans. After the first round of regional training is completed, future training location will be determined based on need as reflected by trend data.

The audience for Quarterly Advanced Training for FTM Facilitators includes DFCS staff and private providers involved in facilitating FTMs or those who coordinate or supervise staff in those roles. Agenda and curricula for this series of advanced trainings are determined within the months prior to the course so as to be responsive to the current issues and needs of the group. Standard agenda items include recognition and presentation of certificates to newly approved facilitators and mentors, sharing of regional activity and best practices, policy issues, and an advanced training relevant to current issues. By providing a forum for facilitators to share ideas, the statewide group serves as a community of practice and, in turn, supports the regional FTM facilitator groups.

ETS will be developing curricula for Supervisors, Administrators and Directors, exploring their respective roles in the transfer of learning for their staff and in the support of the Family Team Meeting process within the county offices and in the larger community.

G-Force Meetings

Much learning about best practice has occurred through meetings with the state office staff and regional directors held regularly for the purpose of sharing information, reviewing data, making hypothesis and changing practice according to what works best. These meetings are attended by ETS staff, who will continue to use this information to guide enhancements to existing curriculums or identify areas where new curriculums need to be developed in order to support the movement of the division. The Professional Excellence Program has participated in G meetings regarding the implementation of concurrent planning, and will make administrative staff aware of upcoming training and practice changes that will be occurring in the field as well as soliciting input from the administrators in effectively implementing these changes.

The Fostering Connections Act of 2007

The FCA allows for Georgia to offer training to Guardians ad litem, court personnel, CASA, and others for IV-E reimbursement. Georgia is currently exploring the possibility of offering training to these collaborative partners. A plan for training them will be developed with input from ETS, Policy, Program Evaluation and Assessment, and other partners during FY2009-2010.

Technical Assistance

The Technology and Systems Management Unit (TSMU) within ETS is responsible for many activities that support the operations and practice of a high performing and innovative training program. During 2010-14, TSMU will continue to provide data management through its registrar system which tracks training participants' grades and attendance; logistical support through interfacing with partnered institutions of higher education to obtain training locations and technological support for classroom engagement and knowledge management; trainer support through the reproduction of training materials; and linkages to DFCS's field operations. TSMU is also in the planning stages of system improvements and expansion of unit tasks, as well as further development of relationships with other training partners and stakeholders.

Education and Training, along with the Professional Excellence Unit, has worked with the National Resource Center on Family Centered Practice and Permanency Planning since August 2008. The NRC will continue to provide technical assistance in the implementation of concurrent planning, the development of the training plan, as well as follow-up to determine if concurrent planning and

other permanency issues are successful during implementation. The NRC will continue to assist the Risk Assessment workgroup with improving current practice as it relates to risk assessment policy and practice, particularly in the new innovation zones.

Evaluation

Education and Training Services (ETS) Section will continue to move forward and expand the course evaluation process that was begun in 2005-06. The primary purpose of course evaluation is to determine how the ETS training program can be enhanced for the purpose of maintaining a stable, competent, and professional workforce.

Feedback from evaluations is used to:

- Identify areas for course improvement
- Use feedback to make improvements to the ETS training program
- Demonstrate a continuous cycle of improvement in our training program

This cycle of improvement includes the continuous assessment and improvement of student learning, classroom environment, curricula, and delivery of content.

Chart 1 displays the delivery and evaluation methods that occur as part of the ETS SS New Worker training series, the new supervisor training program, and Professional Excellence. Since some training is delivered via three different modalities (online instruction, field practice, and classroom instruction), all three modalities are separately evaluated using Kirkpatrick's Model of Evaluation.

Chart 1: Status Report on Education and Training Services (ETS) Course Evaluation for Social Services, Field Leadership, and Professional Excellence

Delivery Method: Classroom Training

Course Name	Level 1 Level 2 Learning		Level 3 Transfer	Notes
	Reaction			
Social Services (SS) New				
Worker:	Web based	Online Test	Online follow-up	
	Survey		evaluations	
Keys to CW Practice			completed by cm &	
			supervisors	
SS Track:				
	Web based	Online Test	Case record review	
Child Protective Services	Survey		Field based	
(CPS)			observation	
Foster Care (FC)			Online follow-up	
			evaluations	
			completed by cm &	
			supervisors	
SS Track:			Online follow-up	
	Paper &	Test	evaluations	
Adoption	pencil		completed by cm &	
			supervisors	
SS Post Certification				
.	*** 1	N. T.		
Documentation	Web	No Test		
	survey			

Course Name	Level 1 Reaction	Level 2 Learning	Level 3 Transfer	Notes
Substance Abuse	Web survey beginning 6/09	Online Test		
Legal 1 IV-E IMPACT Adoption Assistance Family Violence	Paper & pencil	No Test		
Administrative Supervisor Tools of the Trade	Web Based Survey	Test	Field Based Observation 2 nd level record review	
Professional Excellence				
Impact of Maternal Substance Abuse Interviewing Skills Development and Practice Legal Issues 2 Human Trafficking Observing & Assessing Families Engaging and Working w/ Teens Culturally Competent Practice with Latino Families Interviewing Children and Adolescents Skills and Strategies for working with Fathers FISH Philosophy Working with Military Families Secondary Trauma training for Supervisors Working with Immigrant Families ECEM	Paper and Pencil Survey administer ed for all courses except online Human Traffickin g course	Pre/Post Test administered before and after training for the following trainings: • Engaging and Working with Teens • Legal Issues II • Interviewing Skill Development and Practice • Skills and Strategies for Working with Fathers • Working with Immigrant Families • ECEM • Observing & Assessing Families Human Trafficking has an online quiz	An online follow-up survey is administered six weeks post training. One survey to the worker and one to the supervisor of the worker. (All courses, except Human Trafficking)	Quarterly reports which include results from data collected from paper/pencil surveys Detailed annual evaluation
 FTM Facilitators Training, Part 1; Overview" (OCP 312) FTM Facilitator's Training, Part 2: 	Paper & Pencil survey	Pre/Post Test administered before and after training for the following trainings:	An online follow-up survey is administered six weeks post training. One survey to the	Quarterly reports which include results from data collected

Level 1	Level 2 Learning	Level 3 Transfer	Notes
Reaction			
	OCP 312 FTM OCP 313 FTM II	case manager and one to the supervisor of the case manager.	from paper/pencil surveys Detailed annual evaluation
		OCP 312 FTM	eaction case manager and one to the supervisor of

Delivery Method: Online Instruction

Course Name	Level 1 Reaction	Level 2 Learning	Level 3 Transfer	Notes
Intro to Child Welfare CPS Intake CPS Investigations Family Preservation Services	Web-based survey	Quizzes	Online follow-up evaluations completed by cm & supervisors	
Foster Care Intake Foster Care Case Management Adoption	Web-based survey	Quizzes	Online follow-up evaluations completed by cm & supervisors	
SS Supervisor Training Food Stamps SOP Understanding SS from an OFI Perspective FS for Supervisors	Web-based survey	Quizzes		
SS IV-E Overview	Web-based survey			
IMPACT	Web-based survey			
OFI and SS Orientation to DFCS	No survey.	Exercise		
Child Care CAPS for SS	Web-based survey)	Quiz		

Delivery Method: Field Practice

	Level 1	Level 2	Level 3 Transfer	Notes
Course Name	Reaction	Learning		
Making Connections:		Worksheets	Case Record Review	
Keys to CW	Web-based	and	Field based	
	survey	Activities	observation	
			online follow-up evals are completed by cm & sup	
	Web-based			
CPS	survey	Worksheets	Case record review	
FC		and	Field based	
		Activities	observation	
			online follow-up evals are completed by cm & sup	
Adoption	Web-based	Worksheets		
	survey	and	online follow-up	
		Activities	evals are completed	
			by cm & sup	
SS Supervisor		Activities	Field based	
Tools of the Trade E-	Web-based		observation	
mentoring	survey		2 nd level record	
			review	

Periodic comprehensive evaluation reports are produced for all ETS training programs (SS new worker, field leadership, OFI, and Professional Excellence). The reports contain data and trends ranging from a 3 to 9 month time period. The evaluation data is shared with DFCS leadership.

IV-B, 2: Promoting Safe and Stable Families Program

During the past two plan cycles, major strides have been made at the state and local level to enhance the delivery of child welfare services. Over the same period, many difficult social and economic problems have complicated the implementation of child welfare improvements. The continued spread of drugs (cocaine and methamphetamine), limited mental health services and staff turn offer continue to impact the effectiveness of child welfare interventions. Families often enter service systems with complex and interrelated problems, such as poverty, unemployment, poor education and housing, substance abuse, domestic violence and mental illness. State and community systems must use limited resources to train staff and assist families to the best of their abilities.

Long term improvement in child safety, family functioning and stability will depend ultimately on the ability of DFCS staff and service providers to thoroughly assess and respond, through coordinated service delivery, to the underlying family issues which create safety concerns for children. Core training tracks for Title IV-B, 2 programs and service delivery are designed to improve staff and provider capacity to engage, facilitate and maintain positive change for at-risk children and families in crisis.

With the support of Title IV-B subpart 2 funding, more than three thousand two hundred fifty six (3256) front-line staff, service supervisors, private providers and program administrators have been

trained simultaneously on child focused family centered practice skills to improve the quality and effectiveness of service interventions for children and families.

Feedback from all regional and statewide training evaluations indicate a desire for longer, more advance and joining professional training opportunities for private child and family services providers, CPS and Placement Supervisory staff and front line case managers.

Adequate support structures to assure a stable and well-trained child welfare work force Real fundamental and prolonged change in children and families cannot be realized unless actions are taken to support the systems responsible for implementing these changes. As we refine our direction and adjust expectations, we recognize the need to support systems, programs and services by providing the management assistance, training and technical assistance essential to the realization of improved performance expectations.

Statewide Contractor's Meeting

The Division hosts a PSSF Contractors Meeting each October to provide technical assistance to funded agencies and county departments. This statewide meeting is attended by well over 200 external stakeholders and provides an opportunity to share train on current child abuse and neglect data, plans for program improvement, new legislative or program requirements, as well as review all contracting and programmatic requirements for IV-B, 2 sub-grantee recipients.

Safe Families Symposium

The PSSF Program hosts an annual statewide training and technical assistance conference for community based service providers as well as DFCS state, regional and county department staff. Average attendance is 300 at the one and one half day statewide symposium. Up to eight hours of continuing education (CEU) credits are awarded to qualified participants at no charge.

Training is offered in the key family centered practice areas of:

Engagement – keys to sustaining family interest and commitment to positive change; **Assessment** – how to gather and analyze information for service delivery and coordination aimed at specific problem resolution;

Family Case Planning – how to develop in partnership with families, an individualized action and service plan responsive to family priorities and assessment identified needs; **Service Delivery and Coordination** – how to deliver and connect families with the information and service resources necessary to reduce the risk of child abuse and neglect and improve overall family functioning.

Monitoring and Evaluation – how to evaluate and document family progress and revise case plans or service strategies to achieve improved family and CFSR outcomes.

The 2008 Safe Families Symposium offered a wide variety of workshops on topics, including:

- Guiding and Motivating Families through Change
- Complex Trauma, Attachment Disorders and PSTD
- Family Team Meetings A Roadmap to Engagement
- Integrated Family Support
- Home Visitor Safety

- Methamphetamine and Child Welfare
- Autism Breaking the Silence
- Mandated Reporting Opportunity to Prevent

A five-part Supervised Family Visitation track facilitated by Rose Wentz of the NRC on Family Centered Practice and Permanency Planning was also offered for the full length of the 2008 Symposium to pre-registered participants. This training track provided participants with new skills to improve permanency outcomes for children through quality and purposeful Parent/Child visits.

Every Child, Every Month Caseworker Visit Training

To improve safety, permanency and well-being outcomes for children in foster care and support implementation of the new Caseworker Visit (data collection, reporting and practice) requirements as set forth in section 424(1) of the Social Security Act, the Division's PSSF unit in collaboration with the Education and Training Unit delivers curriculum based training to state, regional and county department staff. CWV training goals are to improve the supervisory and front line visiting skills through improved understanding of attachment, strengths based practice (engagement) child development and interview techniques.

See Appendix I for Training Checklists.

4. Technical Assistance

Adequate support structures assure a stable and well-trained child welfare work force. Real fundamental and prolonged change in children and families cannot be realized unless actions are taken to support the systems responsible for implementing these changes. As the state refines its direction and adjusts expectations, the state recognizes the need to support systems, programs and services by providing the management assistance, training and technical assistance essential to the realization of improved performance expectations.

Technical Assistance DFCS Provides

Georgia continues to provide technical assistance to staff and providers to support improved outcomes for children and families.

The Georgia SHINES team provides technical assistance in partnership with Education and Training Services (ETS) Unit. As Georgia SHINES training needs are identified statewide, the Georgia SHINES provides training support (development and facilitation). Training is offered to case managers, supervisors, county and regional leadership.

Technical Assistance Received

The state will continue to seek technical assistance both from the National Resource Centers and other sources, such as Casey Family Programs. Federal technical assistance has been an integral component of the state's improvement efforts – to the extent that routine telephone conferences among the state's program leads and the various technical assistance providers serve to ensure that all of this technical assistance is coordinated. This technical assistance includes/has included adoptions, permanency and concurrent planning, court/legal, family preservation, caseworker

visitation, family-centered practice, independent living, risk assessment, and quality assurance. See appendices for matrix of technical assistance for Georgia.

Based on the state's quality case review trends (October-2008 thru March-2009), documentation is an area where the agency continues to need additional training and technical assistance.

In addition, Georgia SHINES will seek technical assistance as needed from the Administration for Children and Families to continue to develop and enhance a system that meets federal SACWIS standards.

5. Monitoring and Evaluation

Monitoring includes monthly programmatic reporting, quarterly fiscal reporting, an annual assessment of current contract compliance and performance as well as an on-site visit to observe program activities and services.

Data Analysis, Accountability, Research and Evaluation (DAARE)

DFCS' Data Analysis, Accountability, Research and Evaluation (DAARE) section is primarily responsible for the reporting and analysis of data collected for all programs within the agency. DAARE is comprised of two sections: (1) Data Analysis and Reporting, and (2) Program Evaluation and Analysis Section.

Data Analysis and Reporting

The Data Analysis and Reporting Section support the field by monitoring trends and providing feedback on performance indicators and outcomes. The State collects information and submits required state and federal child welfare reports such as Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). In addition, reports are provided to other divisions within DFCS such as Budget and Human Resources for use in staffing decisions. The section also provides data and reports to non-profit agencies as well as Universities and other groups involved in child welfare work. The section is also engaged in conducting research to determine best practices in child welfare service delivery.

Program Evaluation and Analysis Section

The Program Evaluation and Analysis Section (PEAS) conducts case reviews for child welfare and quality assurance for the Food Stamp program. The Section conducts qualitative reviews on a random sample of cases each month and provides written summaries to staff regarding findings. They are also responsible for meeting with staff to discuss case findings and provide recommendations for improving performance. This section is also responsible for submitting monthly federal reports.

The PEAS qualitative case review (QCR) guide is designed to measures the same outcomes measured in the Federal Child and Family Services Reviews (CFSR), and its process mirrors that of the CFSR. The process involves record review as well case-specific interviews. In addition, stakeholder input is also obtained as an evaluation of the regional's systemic factors. Focus groups are held with Social Services supervisors and teens involved in the Independent Living Program. Surveys are sent to case managers as well as foster parents to obtain input regarding the region's performance as it relates to safety, permanency and well being for families. A regional self-assessment is completed by regional and county management in order to address permanency and

risk and safety outcomes and allows regions to evaluate and comment on their own strengths and weaknesses. Stakeholder surveys are another method used to obtain information regarding a region's overall performance. In addition to CFSR review items, a sample of foster homes and family supports/diversion cases are reviewed.

In October 2008, a data assurance process was initiated as part of the regional review process. The purpose of this review is to measure the consistency and integrity of data entered in the Georgia State Automated Child Welfare Information System (SACWIS) known as SHINES. In addition, the review measures regions' degree of system utilization. SHINES encompasses the Adoption Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) information for Georgia. Records reviewed for data assurance are a sub-sample of the cases reviewed by the Quality Assurance Review Team. Findings are shared with regional staff in the exit conference and final report.

Outcomes, trends and other findings are used in statewide management, training and policy updates and changes. Outcomes will also be used for the statewide PIP. The most current trend data, for the period October 2008 – March 2009, are included in the Safety, Permanency and Well-Being Goals and Measures Tables 1, 2 and 3 of this plan.

Upon receipt of the review results, the Regional Director has 30 days to develop a regional quality improvement plan (QIP) and submit it to the Deputy Director of Field Operations for approval. Once the QIP has been approved, the Deputy Director regularly meets with the Regional Director to discuss progress in implementing the goals and strategies.

Under the direction of the Deputy for Field Operations, a Continuous Quality Improvement (CQI) specialist not only monitors plan implementation but also:

- Assists regions in structuring their PIPs.
- Assists regions in gaining a real understanding of their limiters and options for improvement.
- Assists in evaluating and giving a practitioner's feedback to the regions about their PIP.
- Serves as a consultant to Field Operations and perhaps even to PEAS.
- Participates in meetings with RDs and CDs during the PIP development phase.
- Adds more "robustness" to the PIP process.

Components of QIP Development include:

- Leadership including organizational/human resource issues; communication plan; inclusion of staff and community partners in the QIP development and commitment phases; specific understanding of region trends, individual county needs, units within counties (looking at the big picture and drilling all the way down to individual case managers); identifying and addressing needed culture shifts, top to bottom; identifying regional and state office support and advocacy needed
- Education culture/vision, practice, data integrity and policy knowledge and approaches/values of supervisors, case managers, administrators, county directors, judges, SAAGs, mental health and community partners; how to integrate QIP into day-to-day work; how to assure what is taught is applied and supported
- Monitoring how, who, frequency, methods, data integrity, specific outcomes desired identify key targets and timeframes (short and longer term); create incremental targets to achieve outcome goals; review goals quarterly and revise if not working; identify

competing outcomes and family-centered practice and determine the best way to measure and understand root causes

• Strength-building – identify strength areas and build on them for continuing progress; continue growth where foundation already established

Each regional activity plan should include clear, reasonable expectations and must be clearly communicated to all levels of the organization. Each QIP should be fairly simple and achievable so that everyone understands the reasons for focusing on these activities and the desired outcomes. Each plan should include:

- Plan for specific improvement activity
- Communication plan
- Specific outcomes, targets and timeframes
- Support required
- List of all parties responsible for implementation
- How and when targets are to be monitored

Development of QIPs may begin before the regional review team arrives, as regions complete their own self-assessment in preparing for reviews. The QIP timetable:

- Submit final QIP within 30 days of receiving written report from PEAS
- Approval of the plan within 45 days
- Report QIP progress, including revisions, quarterly

SHINES

The SHINES Unit is responsible for the development and implementation of Georgia SHINES, the state's SACWIS. After several attempts in previous years, Georgia SHINES was fully deployed statewide in June 2008. As a result, paperwork has been reduced through the availability of online case records. Case records are available statewide to authorized system users. Workers from multiple counties can now effectively collaborate through automation to best serve the most vulnerable members of society. SHINES provides case managers with remote access to case files, reducing the need to complete tasks in the office. Through Georgia SHINES, case managers can complete major functional areas of their work, including intakes, investigations, placements, foster case eligibility determinations, reunifications, adoptions, financial management, resource management, and reporting. SHINES also improves integration across related Social Services programs through automated interfaces with the courts, Medicaid eligibility, financial processes and child support.

Now that the system is in production, the unit's focus is:

- Ongoing maintenance
- Facilitating improvements in data quality to help the agency manage to improve outcomes
- Providing technical support to the field by providing system enhancements to meet the business need
- Ensuring that federal requirements for the application are met and working toward achieving system compliance

The current underutilization of SHINES capabilities by case management staff led to the implementation of multiple strategies to increase field usage of SHINES and data accuracy. These strategies include:

• Data Integrity Specialists are assigned to each region.

- Prioritization of data cleaning
- SHINES proficiency training and testing
- Technical assistance related to NCANDS and AFCARS fields
- SHINES documentation training
- Performance tracking in SHINES for CFSR outcomes by state, region, county and unit.

6. Quality Assurance

Georgia's quality assurance includes several components:

- PEAS Quality Case Reviews see description under Monitoring and Evaluation (#5, above)
- Field Operations Reviews using the Field Operations Review Guide (FORG) described below
- Rapid Process Improvement described below
- Kenny A Two counties, Fulton and DeKalb, fall under a consent decree that includes specific quality assurance and outcome measures for children in the custody of the state.
- DAR (G Process) see description (location)
- SHINES see description under Monitoring and Evaluation (#5, above)
- Child Fatality Review
- Citizen Review Panels see description under Consultation and Coordination, section II.D.3.

Field Operations Reviews (FORG)

Field Operations, in concert with the Program Evaluation and Analysis Section (PEAS) developed the Field Operations Review Guide (FORG). This tool reviews each of the 23 CFSR items in Safety, Permanency and Well-being. In addition, under each of the items there are practice questions that allow counties to assess their individual trends and components of work that may impact their ability to achieve positive outcomes for families.

Historically, each Social Services program had an individual review guide to assess compliance rather than quality. The FORG tool is a case file review patterned after the state PEAS review and federal Child and Family Services Review instruments. County Directors are required to review five cases each month and supervisors are required to review one case per worker per program area each month using the FORG tool. All cases are randomly selected by SHINES data sampling. The FORG results are compared to the regional PEAS results and discussed regularly at Leadership Lens or G meetings.

Rapid Process Improvement

Rapid Process Improvement (RPI) has been adopted by DHR/DFCS as a tool to assist in our efforts to streamline our service delivery systems by replacing traditional methods with lean processes whenever possible. Rapid Process Improvement is the name of the Lean Management concepts packaged and adopted for utilization by Georgia State Government agencies. The systematic elimination of waste be it personnel, time, resources or fiscal from all aspects of an organization's operations, where waste is any use or loss of resources that does not lead directly to creating the product / service customer wants when they want it. To date several Social Services processes have undergone an RPI even inclusive of entry to first TPR, first TPR to finalization, and foster home approvals.

7. Disaster Planning

For the state's disaster plan, please see Appendix H.

F. Plan Distribution

The CFSP will be distributed to stakeholders for review as follows:

- Posting on the Georgia CFSR/PIP website and/or the DHR/DFCS website
- Mail or email notice to the following groups:
 - o Policy-to-Practice review group
 - o Provider Relations Board
 - o Policy & Programs Section list of foster parents
 - o Citizen Review Panels
 - o CFSR Self-Assessment Team
 - o DFCS Regional Directors and program directors/coordinators

IV. APPENDICES

- A. Child Abuse Prevention and Treatment Act (CAPTA) Plan
- B. Chafee Foster Care Independence Program (CACIP) and Education and Training Voucher Program Plan
- C. CFS-101, Parts I, II and III, Annual Budget Request, Annual Summary of Child and Family Services
- **D.** Assurance Forms
- E. DFCS Case Flow Chart
- F. Health Care Services Plan
- **G.** Technical Assistance Coordination Matrix
- H. Disaster Plan
- I. Training Checklists