

Child Placing Agency Advocacy Data Budget Cuts October 1, 2008

CONTENT:

- **Compilation of Questions and Answers**
- **GAHSC/FFTA Forum Presentation**
- **Case Support Job Descriptions**
 Georgia AGAPE
 Community Connections
- **LOC vs. RBWO rates & Proposed Cuts**
- **DHR Letter to Providers**

COMPILATION OF QUESTIONS AND ANSWERS:

What is the common job title for individuals providing case support for the CPAs?

The common job title is "Child Placement Case Manager". "Case management" is the term used for the work of social workers or social service workers who have a case load of foster children. With RBWO, DHR/DFCS wanted to re-label this term and not call the social workers of CPAs "case managers" so as not to appear to be duplicating this work. DHR/DFCS calls their social workers "case managers". However, everyone, both in DFCS and CPAs, are case managers.

For Community Connections, Inc. are case support staff are called Family Consultants.

What services are provided to foster families as part of case support?

This is a big question. Again, "case support" is case management. The way case support (case management) is provided is a function derived from several areas of responsibilities and requirements. One is in meeting what is called "minimum standards" which would come from complying with the requirements of ORS Rules and Regulations. Another comes from meeting the state contract requirements for CPAs. Another comes from what is considered in the realm of "best practice" standards. Most CPAs strive to meet all three standards. Many agencies now have national accreditation which has standards for case management services.

Each private agency is responsible for the recruitment, support and retention of their foster families. This comes in providing quality services and extra attention. Some families need more support than other families, such as new foster parents versus experienced and seasoned foster parents. Some families take on more challenging children and need more support than those with less challenging children.

See the attached sample job description outlining case management (case support) responsibilities at one of our CPAs (Georgia AGAPE, Inc.) Case managers at AGAPE are required to meet with foster parents once a month in their home with the child. However, their contact with foster families is much greater than this. They usually are in communication with foster families several times a week. They are available 24/7 and are often called upon after hours and during weekends. Foster parents establish a strong relationship with a case manager. Case managers usually take on a caseload of children based upon which foster home a child is placed so as to maintain this continuity. Having this strong relationship is the key in effectively supporting the foster family.

Case managers of CPAs are a bridge between DFCS and the foster family. They are a bridge between community resources (therapists, doctors, etc) and the foster family. Case managers help arrange for therapy, find the doctors and specialists that are needed, etc, and often help the foster family with the visits. Case managers ensure that each child as the appropriate medical, dental and other care that is needed.

The case manager attends school meetings, doctor appointments, mental health appointments, panel reviews, court hearings, consultations and initial interviews with social providers, WIC appointments. The case manager will take the child to appointments when the foster parents have to work or there is a scheduling conflict.

Case managers help a great deal with navigating the system for foster parents, especially newer foster families. This entails helping secure Medicaid and deal with Medicaid issues. (This is a very important issue).

It is widely understood among case managers in CPAs that they are very important to DFCS in the support they provide in case management. DFCS workers are often hard to make contact with and they appreciate the support CPA case managers provide to their work also. CPA case managers attend panel reviews, testify at court hearings, help prepare DFCS workers for their testimonies in court hearings, and ensure that DFCS case managers have the information they need. DFCS case managers greatly appreciate the support they receive from CPA case managers. It eases their stress and helps them stay in compliance with their responsibilities.

Individualized Service Plans for each child to ensure all their needs are met
High level of support to children and foster parents through increased home visits (average 2x's a month), weekly contacts, and coordination of services. Wrapping all needed services around children and families.

Stability in placements = fewer moves for children

Crisis intervention services = 24 hour on call professional support for foster parents

Respite services = for foster parents and children when needed to stabilize placement or to provide periods of relief for foster parent's serving children with higher needs

Family and child advocacy = foster and birth families working together, "shared parenting" philosophy; advocating for child at court, schools, all community services

Foster parent retention = high rates of retaining veteran foster parents that have experience to meet needs of children that require additional watchful oversight.

(See job descriptions below)

What is the average caseload ratio for the individuals providing case support?

Caseload sizes/ratios are based upon a several conditions: (1) to meet licensing regulations, (2) state contract requirements, (3) national accreditation standards and (4) general best practice standards.

Assuming an agency has full caseloads for its case managers, the average caseload ratio would be in the range of 1 case manager to 15 children. This assumes no other responsibilities except for actual case management.

Lower case loads:

FFTA: 1:8 for children receiving therapeutic services that includes Maximum WO

DHR RBWO staffing ratios 1:12 for mixed case load (this is what Community Connections uses)

Accreditation and national standards, as well as Kenny A. recommend a maximum of 1:15

Max WO children would be classified as "therapeutic children."

Council on Accreditation: - <i>Foster care and kinship care</i>	18	children at any given time
- <i>Foster care and kinship care</i>	8	therapeutic children at any given time
- <i>Residential Treatment</i>	12	clients per worker

What is the basis of the current caseload ratio (i.e., is this some recognized standard?)

This was briefly stated above in number 3, first paragraph. National accreditation standards are usually stricter than state standards.

Best practice standards, see above.

What impact would a 50% reduction for these services have on caseload ratios?

CPAs must do quality work and maintain their case management services without reducing the amount of support provided to foster families and fulfilling the requirements of ORS. The caseload ratios must remain steady. There cannot be a 50% reduction in these services.

CPAs must maintain their standards. There is not an option to reduce their standards or caseload ratios. What CPAs do in case management is necessary and vitally important to the services provided to foster parents and the children and families served.

Caseloads cannot be doubled and adequate services be provided. An agency will not keep foster families if quality work is not done. Service needs must meet the needs of children.

CPA's experienced significant rate reductions with transition from Level of Care to Room Board and Watchful Oversight in July 2007 (see attached rates) Many CPA's are currently functioning in the red and additional cuts will have a serious financial impact on private agencies, which may lead to closure of some agencies. Private agencies are held to best practice national standards through accreditation, and cannot increase case load ratios to offset reductions of agency case support rates, as this would compromise the care we provide to children.

What impact would that higher caseload ratio have on foster families?

This would have an unacceptable impact. CPAs could not maintain quality. Foster families would not receive the individualized attention they want and need. Disruptions of placements would increase. It would be harder to recruit families. One case manager recently stated, "There is no way I can help children get what they need if my caseload size would double." It would just be a situation of focusing on putting out fires, not meeting timelines, not meeting children's needs and not meeting the goals of each placement.

Currently, CPAs are being asked to care for children with higher levels of need and sibling groups. This requires more support to foster families and the children.

Lower ratios of case manager to child are required for higher intensities of care. High level of support to foster parents through weekly contact and close supervision of child's needs is required to provide quality case support services. This would be compromised with higher case loads and children would be at risk of not receiving needed services and support as outlined in their Individual Service Plans.

What is the average starting salary for individuals providing these services?

The starting salary for a Bachelor level is probably around \$34,000. The average starting salary for an MSW is \$36,000.

33,000 to 35,000 based on education and experience.

What are additional costs associated with these positions (e.g. mileage reimbursement rate, health and other benefits, etc)?

Case managers (case support workers) are full-time employees with full benefits. Cost reports will show a range of costs for salaries and benefits. These costs will be similar to DFCS' costs. One point of difference is that CPAs often have higher qualified individuals because of state requirements and accreditation requirements. For instance, many case managers have their MSW degrees with many years of experience. With this reality, CPA costs would likely be greater than DFCS' costs.

Monthly mileage reimbursement at federal rate of 58.5 cents per mile, parking costs, all employees are salaried employees with full medical, dental and retirement benefits, annual training costs to meet contract and ORS regulations. Cost reports completed each year for DHR by CPA's reflect average costs of these benefits.

What services are provided by CPAs outside the foster care per diem and case support?

- Cost of day care over what is provided by CAPS.
- Free foster parent trainings with child care provided or baby sitting paid for by CPA.
- Do foster-to-adopt conversions without receiving any payment from DFCS. This is where children do not meet the "special needs".
- Much more individualized attention and time given to foster parents and the children in care. This translates into many hours of support and help.
- Transportation of children to appointments by case managers.
- After care services. Continuing relationships with children and their families once children leave care.

Respite services, training costs, foster parent approval and 5 year updates costs related to drug screens, live scan fingerprinting, as required by DHR. Additional costs not covered by DHR for children, such as tutoring, child care for non-working foster parents, luggage for children departing program, pictures, Life Books. Medical equipment not covered by DFACS or Medicaid for medically fragile children, such as generators. General liability insurance coverage that covers foster parents. Annual events to appreciate foster parents service and dedication to children they serve, including summer bbq and holiday events.

Are children receiving their required health, mental health and dental exams and follow-up care.

The overall answer is yes and these services are tracked each month in the child's Individual Service Plan. I listed below, the standards that CPA's are held accountable to by ORS and DFACS Contract. Of course there are also some Kenny A. standards. CPA's follow the stricter standards when they have conflicting time lines.

ORS:

- A physical examination of the child shall be provided within 72 hours (excluding weekend and holidays) of placement. If the child is being moved from a previous placement by a licensed agency or state agency, results from an examination completed within one year are acceptable, if there is no obvious change in the child's health status.
- Immunizations appropriate to the child
- A general dental examination of a child over the age of 3 shall be provided for unless such an examination has been completed within 6 months prior to placement. Such examinations shall be done by either a dentist or a licensed dental hygienist.
- Correction/improvement of health and dental defects, including, annual physical exam and a semiannual dental examination.

DFACS Contract: Pg.13 # 40

- To cooperate with the department to facilitate and ensure that children's health related service needs are met. This includes initial health screenings and subsequent follow up treatments in accordance with the required EPSTD periodicity schedule and as documented in the child's most recent case plan. The contractor further agrees to ensure that children in the contractor's care have current physical, dental, and mental health checks as defined by Medicaid's EPSTD standards, including at a minimum, the components identified in the Georgia Health Check program and any related health services required by ORS rules and regulations.
- The contract goes into further detail of the EPSTD health screenings required by the child's age, including, but not limited to: All children age 3 and over shall receive at least one annual dental screening in compliance with EPSTD standards and shall receive any and all treatment as directed by the child's assessing dentist.

Are children receiving their required case worker visits?

Overall answer is yes and these are the standards by ORS:

- Home visits shall be conducted by the agency at least monthly in order to verify that the foster parents are delivering care and room, board and watchful oversight in a safe and healthy environment to children. Such visits shall include observation of the foster child with at least one of the foster parents.
- As we discussed, many CPA's go beyond the minimum ORS requirements to provide additional oversight of the child in placement. However, this varies per agency based on the type of children in their program. See below.

How many visits are children receiving per month at each level of care (i.e, Traditional, BaseWO, and MaxWO).

- Our agency requires monthly home visits for children with Traditional and Base Watchful Oversight needs. For children with Maximum Watchful Oversight needs, we require monthly visits in the home and another visit in the community with the child and a service provider, such as school, mental health, doctor, dentist, specialist or child care.
- Our agency Case Workers also maintain at least weekly phone contact with foster parents and are available by cell phone for crisis intervention or emergencies, 24 hours a day, seven days a week.
- I will solicit additional input from other agencies regarding number of visits and will forward to you. For example, I know that Creative Community Services requires weekly home visits for children with Maximum Watchful Oversight needs in their program, as many of these children are teens stepping down from residential treatment centers and require additional oversight.

Are children receiving their required parent and sibling visits. How often.

- Overall, yes. As we discussed, CPA's work in conjunction with DFACS to facilitate birth family visits, as DFACS maintains direct ongoing contact with the birth families. CPA's ensure that children attend family visits as scheduled by DFACS.
- With approval from DFACS, CPA's can facilitate additional birth family visits. For example, with approval from DFACS, we have several birth families that visit children within their foster homes weekly or twice a month due to the child's medically fragile needs. With approval from DFACS we can also facilitate visits of siblings and birth family members within the community, such as at a local restaurant.
- Visitation can be limited to DFACS offices or visitation centers at times, as many visits must be supervised until the court grants unsupervised visitation.
- Additionally, when reunification is the goal, our agency will invite birth families to attend medical appointments, school and mental health appointments.

How many children have been abused or neglected while in their foster homes.

- I will solicit input from CPA's for children served in 2007 and 2008 for substantiated abuse or neglect.
- DFACS may also have some of this data from GA Shines.
- Program outcomes for maltreatment in foster care can be affected by CPA's ORS reporting requirements that we also cc to DFACS and Provider Relations. In turn, CPS may investigate a report and many policy violations may be inadvertently reported as neglect, such as lack of supervision. Data reported on this outcome would have to be analyzed closely.
- ORS reporting requirements for CPA's are as follows:
- Detailed written summary reports shall be made to the Department of Human Resources, Office of Regulatory Services, Residential Child Care Unit via email or fax on the required incident intake information form (IIIF) within 24 hours. This report shall be made regarding serious occurrences involving children in care, including but not limited to:

(a) Accidents or injuries requiring medical treatment and/or hospitalization;

(b) Death;

(c) Suicide attempts;

(d) Closure of the living unit due to disaster or emergency situations such as fires or severe weather;

(e) Emergency safety interventions resulting in any injury; or

(f) Any incident which results in any federal, state or private legal action by or against the institution which affects any child or the conduct of the institution. However, legal action involving the juvenile justice system is not required to be reported.

(g) A detailed investigative report which includes steps taken by the facility to prevent further incidents of a similar nature from occurring shall follow in five work days if not provided initially.

(7) Child Abuse Reports. Whenever the child placing agency has reason to believe that a child in care has been subjected to child abuse it shall cause a report of such abuse to be made to the child welfare agency of the county of occurrence providing protective services as designated by the Department of Human Resources (Division of Family and Children Services) or in the absence of such an agency to an appropriate police authority or district attorney in accordance with the requirements of O.C.G.A. Sec. 19-7-5. A copy of such report shall also be filed with the Office of Regulatory Services.

How many placement changes have children had?

- I will solicit input from CPA's on the average number of placement changes for children served in 2007 & 2008, once they are placed into a CPA.
- DFACS may be able to track this data from GA Shines, if CPA's provide a list of children served in 2007 & 2008.
- This is a program outcome that I would expect CPA's make an impact, as the case support services provided to the child and foster parents from CPA's results in less placement disruptions and more placement stability for children.
- In addition, CPA's often serve children that have disrupted their DFACS foster home placement, so data on this outcome would have to begin from the date the child entered the CPA.

How many children are in unlicensed foster homes.

- CPA foster homes are not licensed in the state of Georgia. The CPA is licensed by ORS and CPA's approve foster homes in accordance with ORS rules and regulations.
- Our current DHR contract also states that CPA's "comply with DFACS uniform standards, and ORS rules and regulations for the approval and re-approval of foster homes" and "Compliance with Minimum Standards for Foster Homes and references website:"
http://www.odis.dhr.state.ga.us/3000_fam/3060_fostercare/MAN3060.doc

How many children have re-entered care after being reunified from one of their homes.

- This is a hard program outcome for CPA's to track because when a child re-enters care the child is not always referred back to the same CPA or the child may be placed into a DFACS foster home.
- DFACS may be able to track this data from GA Shines, if CPA's provide a list of children served in 2007 & 2008.

How many children have been in care for longer then 12 months and 18 months (only count those children whose initial placement was with a CPA).

- I will solicit input from CPA's on the average number of placement changes for children served in 2007 & 2008, once they are placed into a CPA.
- DFACS may also have some of this data from GA Shines.
- There are many variables that can affect this program outcome, most importantly the type of children being served by CPA's, as we typically serve children that have a higher level of need. In turn, lengths of stay in care will be indirectly affected. For example, teenagers with permanency plans of emancipation to independent living and medically fragile children with permanency plans of adoption will negatively skew the data.

- In addition, CPA's often serve children that have disrupted their DFACS foster home placement, so data on this outcome would have to begin from the date the child entered the CPA.

GAHSC/FFTA FORUM PRESENTATION 9/10/08 – Linda Coil

Working in partnership with FFTA in our advocacy efforts on behalf of CPA's in our continued opposition to the proposed DHR budget cuts.

- Family Foster Care emphasis on keeping children that require out of home care in safe and stable family environments within their communities. A philosophy that DHR supports after efforts to keep children at home with their families, or placement with relatives is not possible.
- This is the reason CPA's have increased capacity over the past 5 years...to respond to the demand for the least restrictive family environment when children require out of home care.
- CPA's have also responded to the demand for quality foster homes that can meet the higher level needs of children being referred by DFACS....medically fragile, emotional behaviorally challenges, teenagers and sibling groups.
- Case support services provided by CPA's are essential to ensure children's needs are met while in foster care.
- **What defines case support, Best practice standards, such as:**
 - Lower case loads:
FFTA: 1:8 for children receiving therapeutic services
DHR RBWO staffing ratios 1:12 for mixed case load
Accreditation and national standards, as well as Kenny A. recommend a maximum of 1:15
 - Individualized Service Plans for each child to ensure all their needs are met
 - High level of support to children and foster parents through increased home visits, contacts, and coordination of services. Wrapping all needed services around children and families.
 - Stability in placements = fewer moves for children
 - Crisis intervention services = 24 hour on call professional support for foster parents
 - Respite services = for foster parents and children when needed to stabilize placement or to provide periods of relief for foster parent's serving children with higher needs
 - Family and child advocacy = foster and birth families working together, "shared parenting" philosophy; advocating for child at court, schools, all community services
 - Foster parent retention = high rates of retaining veteran foster parents that have experience to meet needs of children that require additional watchful oversight.

DHR believes the following:

- There is a duplication of case support services
 - Many children and their families require a higher level of case support due to their special needs.
 - Case support services are not duplicated, but shared between CPA's CW's and DFACS CW's to serve the child and their birth families best interests.
- DFACS Case Managers will be able to provide the case support services children require, to make up for the cuts in case support rates to CPA's
What history tells us about DFACS' ability to do this:
 - High CW turnover = instability in case support and services to children and fp's
 - Case load ratios higher than CPA's = less time for quality case support and oversight of children and fp's and less attention to focus on assisting birth families and relatives in meeting case plan goals
 - Lack of after hours crisis intervention for emergencies and respite services = placement disruptions
 - Court demands = time constraints to provide high level of support

- Overburdening DFACS case workers increases the risk that a child slips through the cracks and does not get the needed services

Proposed cuts:

See DHR memo for reduction in rates for case support services for children in the Traditional, Base Watchful Oversight and Maximum Watchful Oversight categories.

Traditional: 16% decrease from 21.44 to 17.96

Base WO: 17% decrease from 29.02 to 24.05

Max WO: 18.6% decrease from 40.07 to 32.59

Note the higher the needs of children, which in turn require higher level of case support, the higher % of rate reduction.

Understanding Impact of agency rate cuts for children in BWO and MWO to agencies:

Rates history:

CPA's had their budget cuts back in July, 2007 with the unbundling of Medicaid services for child welfare and the subsequent transition from Level of Care (LOC) to Room Board & Watchful Oversight (RBWO).

LOC to RBWO & proposed cuts combined:

Children with Level 3 to **Base WO**, decrease of 29% or 11.98 from 41 to 29.02 and proposed decrease of another 17% or 4.97 from 29.02 to 24.05 = **total decrease of 46% or 16.95**

Children with Level 4 or **Max WO**, decrease of 35% or 21.73 from 61.80 to 40.07 and proposed decrease of another 18.6% or 7.48 from 40.07 to 32.59 = **total decrease of 53.06% or 29.21**

Several CPA's closed in Georgia with decrease in rates from LOC to RBWO and many CPA's are in the red and struggling to survive.

CPA's are non-profit agencies and additional rate cuts this fiscal year would be detrimental to CPA's fiscal stability and in turn thousands of children with special needs will suffer

- These budget cuts will have a detrimental impact on the children for whom we provide care.
- Cuts would jeopardize the support and service needs of children, especially for children in the Maximum Watchful oversight Categories.
- Reducing the resources available to private agencies will not only nullify the improvements that have been made regarding children's services over the past several years, it will also be economically ineffective in the long-run. Children who do not receive the care needed to make real improvements in their lives run an increased risk of being a burden on the state past childhood.
- Our children have been victimized enough and they deserve nothing but the best.
- Governor Perdue's intervention is needed to stop the proposed budget cuts for CPA's to ensure the most vulnerable children in GA receive the quality CPA services they need and deserve.

CASE SUPPORT JOB DESCRIPTIONS

Georgia AGAPE Employee Job Description

Title: Child Placement Case Manager

Overall Function:

The overall responsibilities of the Child Placement Case Manager will be to provide social work services in the adoption and foster care program of the agency. This includes the following: (1) providing casework services to foster children in care; (2) supervising foster care placements; (3) doing yearly re-certifying of foster parents; (4) working cooperatively with caseworkers from the various county Department of Family and Children Services; (5) providing foster and adoptive parent training and orientation and (6) doing foster and adoptive home studies.

Reports to: Supervisor**Primary Responsibilities:****1. Supervise foster care placements:**

- A. Maintain contact with foster child and foster parents based on RBWO and ORS requirements.
- B. Maintain ongoing communication with foster parents.
- C. Monitor placement – work toward goals and deal with needs.
- D. Ensure that proper services are provided on a timely basis as appropriate, including:
 - 1. Medical exam and treatment.
 - 2. Dental exam and treatment.
 - 3. School enrollment and monitoring of progress
 - 4. Psychological testing and treatment.
 - 5. Follow-up implementation of other treatment needs and therapies for child, ie. PT, OT, Speech, etc.
- E. Coordinate visitation with parents/family members according to visitation plan.
- F. Anticipate problems and intervene – consult with supervisor on progress.

2. Coordinate planning for each child on foster care caseload:

- A. For private placements, this involves providing total services to birth parents and child.
- B. Complete plan of service and review regularly to stay goal directed.
- C. Attend panel reviews.
- D. Work to accomplish goals for each child.
- E. Develop initial case plans if not done by another source.
- F. Do case plan reviews and new case plans as required by ORS and RBWO.

3. Maintenance of foster child files:

- A. Keep current written progress notes on each child. Document all significant contacts.
- B. Ensure each child's file complies with state licensing and RBWO rules, including:
 - 1. Necessary court documents.
 - 2. Current medical reports.
 - 3. Current dental exam.
 - 4. Current immunization record.
 - 5. Current school status.
 - 6. Initial case plans.
 - 7. Six month case plan reviews and new case plans as needed.
 - 8. Appropriate case notes.

4. Maintenance of foster parent files:

- A. Conduct regular review of training, if needed, and ensure compliance.
- B. Maintain compliance with licensing standards.
- C. Conduct annual re-certifications.
- D. Update foster home studies as required.

5. Help provide orientation, training and home studies of foster parents:

- A. Lead foster parent pre-certification trainings.
- B. Do foster parent home studies.

- C. Help with ongoing foster parent training programs.
- D. Facilitate foster-to-adopt conversions.

6. Assist with other foster care program activities:

- A. Foster Parent Trainings
- B. Foster Care Christmas Party
- C. Foster Care Picnic

8. General Responsibilities:

- A. Attend regular staff meetings
- B. Provide backup for other caseworkers, when necessary
- C. Avail self of supervision when appropriate
- D. Participate in extra activities of the agency (i.e., annual banquets, fund-raising activities, etc.)
- E. Do other tasks as assigned by the Executive Director or Director of Social Services.

Qualifications:

Education, Experience and Knowledge Required:

The person occupying this position shall possess one of the following: (1) a Master's Degree in Social Work from an accredited college or university and be licensed (or eligible for licensure) to practice social work in the state of Georgia or individuals with a Master's Degree in a related human service field; (2) a Bachelor's Degree in social work, psychology, special education, guidance counseling or other human service or behavioral science field plus two years of direct service experience with children and families.

The person occupying this position shall possess knowledge of:

- (1) Licensing rules promulgated by the Georgia Department of Human Resources;
- (2) AGAPE's program policies and procedures;
- (3) AGAPE's foster parent manual;
- (4) AGAPE's personnel manual; and
- (5) General casework standards for good social work practice in foster care and adoption services.

The caseworker occupying this position must continually strive to increase his/her knowledge and skills while on the job through reading books, professional journals, articles from a variety of sources and attend professional conferences and trainings relating to job functions, as appropriate and possible.

Community Connection

Family Consultant Job Description

- Shall have the minimum qualifications of a bachelor's degree from an accredited college or university in social work, psychology, sociology, education, counseling, or other human service or behavioral science field with two years of direct service experience with children and families, or a master's degree in one of the aforementioned areas and one year of direct service experience with children and families.
- Provide direct placement services and supervision following placements to monitor the implementation of quality services in Community Connections, Inc. foster and/or adoptive homes on a minimum of a monthly basis in the home;
 - Home visits may be required in the evening hours in order to accommodate working foster and adoptive parents and in cases of emergencies.
 - Flex time is encouraged to accommodate for evening appointments with prior approval from supervisor.

- Average case load sizes will vary, but each Family Consultant may manage an average number of eight foster or adoptive homes with an average of twelve total children in foster care or on adoptive status.
- Transport children to necessary appointments in the event the foster or adoptive parent is unable to transport;
- Maintain files on all youth, foster and adoptive parents in compliance with state regulations and Community Connections, Inc. policies;
- Provide and review necessary documentation on youth and/or foster and adoptive families for DFACS, Juvenile Court and other interested parties;
- Serve as a liaison between the child, foster and/or adoptive parents, DFACS Case Managers, mental health, medical and educational providers;
- Prepare individual service plans, monthly home supervision reports, progress reports, and departure summaries by established due dates;
- Coordinate and monitor contact between the child and birth family at the request of DFACS;
- Represent child's interests at Citizen Panel Reviews and other community agencies as needed;
- Provide on-call coverage and crisis intervention services to foster and/or adoptive parents;
 - Family Consultant is required to be on-call during the weekday evening hours for his or her assigned foster and adoptive families.
 - Weekend on-call is rotated among all Community Connections, Inc. staff.
- Have reliable vehicle with auto liability insurance of a minimum limit of \$100,000;
 - Mileage and parking expenses incurred while performing job duties are reimbursed on a monthly basis. The mileage rate is reimbursed at the current federal rate.
 - Meals and/or snacks for children during transport are also reimbursed on a monthly basis.
- Participate in the foster and adoptive parent recruitment and selection process, and coordinate foster and/or adoptive parent home studies, evaluations and ongoing licensure for Community Connections, Inc. foster and adoptive parents;
- Conduct and lead various in-service trainings;
- Perform other duties as assigned.

LOC vs. RBWO RATES & [PROPOSED CUTS:**LOC:** (average of 50/50 split for agency and FP)

Level 1= \$34 a day, 17 to agency, 17 to FP

Level 2 = \$41 a day, 20 to agency, 21 to FP

Level 3 = \$82 a day, 41 to agency, 41 to FP

Level 4 = \$125.80 a day, 61.80 to agency, 64 to FP

Level 5 = \$171.80 a day, 84.80 to agency, 87 to FP

Level 6 = \$198.80 a day, 98.80 to agency, 100 to FP

RBWO: (as of 7/1/07)

Traditional = \$21.44 a day to agency, 14.60, 16.50 or 18.80 to FP

Base WO = \$29.02 a day to agency, 35.98 to FP (by waiver)

Max WO = \$40.07 a day to agency, 50 to FP (by waiver)

SBWO = \$45 to agency, 45 to FP (by waiver)

SMWO= \$69 to agency, 55 to FP (by waiver)

SMFWO= \$81 to agency, 82 to FP (by waiver)

* Children with BWO, MWO and specialized needs, require additional case support to ensure children's needs are met and foster parent is supported

Difference in per diem to agency with transition from LOC to RBWO:

Levels 1 & 2 to Traditional

Level 1= increase of 4.44 or 26% (17 to 21.44)Level 2= increase of 1.44 or 7% (20 to 21.44)Level 3 to Base WO = decrease of 11.98 or 29% (41 to 29.02)

Level 4 to Max WO or SBWO:

Max WO=decrease of 21.73 or 35 % (61.80 to 40.07)SBWO = decrease of 16.80 or 27 % (61.80 to 45)Level 5 to SMWO = decrease of 15.80 or 19% (84.80 to 69)Level 6 to SMWFO= decrease of 17.80 or 18% (98.80 to 81)**Proposed cuts to Traditional, Base WO, Max WO:**Traditional: 21.44 to 17.96 = decrease of 3.48 or 16%Base WO: 29.02 to 24.05 = decrease of 4.97 or 17% + cuts from 7/07; 11.98 or 29% = total decrease of 16.95 or 46%Max WO: 40.07 to 32.59 = decrease of 7.48 or 18.6% + cuts from 7/07; 21.73 or 35% = total decrease of 29.21 or 53.6%



B. J. Walker, Commissioner

Georgia Department of Human Resources • Division of Family and Children Services • David Statton, Interim Director
Two Peachtree Street, Suite 19-490 • Atlanta, Georgia 30303-3142 • 404-657-1804 • 404-657-5105

August 29, 2008

TO: RBWO Child Placing Agency (CPA):

This letter is to advise your agency of rate reductions for CPA Traditional, Base, and Maximum Watchful Oversight programs effective October 1, 2008. As outlined in our current Out-Of-Home-Care contract, rates may be legally altered should the Department of Family and Children Services (DFCS) lose funding. In this regard, DHR has experienced an overall six (6) percent reduction in state funding, consequently necessitating a reduction in three (3) CPA per diem program rates. The rate changes affect the agency rates only, with payments to your foster parents remaining unchanged. For clarification, the rate reductions were determined by increasing the caseloads for "field" case support staff versus that which was used in constructing the current per diem rates.

Should your agency not accept the revised per diems as outlined below in conjunction with receipt of an amended contract, this serves as our formal notification that your contract will be terminated effective October 1, 2008. This termination will be governed by the Room, Board & Watchful Oversight contract terms as outlined under Paragraph 108.B (reduced funding clause). In the event you choose not to accept the contract revision, please contact both Yvonne Rodgers via e-mail ylrodgers@dhr.state.ga.us and Richard O'Neill raoneill@dhr.ga.gov at your earliest opportunity, advising same. Upon receipt of your declaration of no intent to sign the amended contract, we will work closely with your agency to complete transition plans for your current placements to ensure a smooth transition for affected placements.

	Revised Agency Rate	Current Agency Rate
Traditional	\$17.96	\$21.44
Base	\$24.05	\$29.02
Max WO	\$32.59	\$40.07

Sample Letters

- **Board Advocacy Letter**
- **Letters for the Governor**

Georgia Association of Homes and Services for Children



Board Advocacy Letter

September 3, 2008

Dear Board Members:

Now is the time for all good Board members to come to the aid of their Methodist Home.

I have enclosed several information sheets from GAHSC found at:
<http://www.gahsc.org/nm/2008/ccsindex.html> .

Georgia is facing \$1.5 to \$2 billion in deficits this year. The Governor has horrible "no win" decisions to make, yet, our major financial crisis came in a good economic 2007.

For us to have more and extreme cuts will:

1. Put our foster care program in jeopardy.
2. May result in closing residential units and/or regions with another cut of \$(amount of your cuts) in the Room, Board and Watchful Oversight rates.
3. Place a growing stress between program safety and even greater oversight by the state.
4. Continue the dismantling of the faith-based private sector which has provided Georgia with invaluable service and support for over 100 years.

In short, we need relief. Thank you for your support and my letter is attached.

Sincerely,

Sample Letter to Governor

Dear Governor Perdue:

I cannot imagine the burden you feel with the projected deficit Georgia faces. You are left with few if any positive choices.

At the (your agency name here), we are feeling the pressure from two sides. On the one hand, further cuts together with new financial penalties from DFCS leads us to believe that DFCS does not want nor need private providers in foster care and it's time to give up on an extremely successful program. A 25% cut is drastic. The possibility of a \$5,000 fine for foster parents missing training or their five-year TB shots is mind boggling, yet this is possible when an agency has four or more out-of-compliance foster homes in a year.

For the 2009-2010 budget, a 13% cut in Room, Board, and Watchful Oversight will result in another (the \$ amount of the decrease here) decrease and we must decide how we provide quality services safely or what programs we terminate. These cuts on top of the (the \$ amount of your loss here) loss we had in 2007-08 make it overwhelming in scope.

On the other hand, another problem is becoming overwhelming. Last year, we had 11 oversight bodies looking at our work. This year, we have 18. We must dedicate countless staff hours to some matters that are significant, but others that are very insignificant. It is literally "the many, watching the few, serve the many."

What is even more alarming is that many oversight functions are at cross purposes. It is impossible to satisfy all, so we end up satisfying no one... and **we are one of the best child caring agencies in the entire Southeast.**

Governor ... we need some relief, any relief... We pray God's strength as you work through these tumultuous times.

Sincerely,

[GAHSC Home Page](#) [Referral Central](#) [Index](#) [Contacting Us](#)

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Updated by Normer Adams on 11/25/08 04:58 PM -0500 dwpg cfc . **

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Governor ... we need some relief, any relief... We pray God's strength as you work through these tumultuous times.

Sincerely,

Dear Governor Perdue:

Child welfare in Georgia has made remarkable progress in serving its most vulnerable children and families in recent years. Because of family centered practice the number of children entering the child protective service system is down by more than 70% and the number of children in foster care has been reduced by more than 30%. Half as many children are reentering the system again once they are provided family centered practice. Length of stays in foster care has been reduced by more than 30%. This means that more children are safer and in more permanent environments than ever before and more children are reunited with their families and adopted. As a result of this, caseloads are down. Turnover is down. Those entrusted to protect, care and supervise their safety are beginning to have the resources needed to be effective. The combination of family centered practice, good case management, collaborative resource agencies and a viable and supportive private sector has made this happen.

In the area of children's mental health, the progress has been just as remarkable. For the first time in Georgia, we have a development of state wide access to basic behavioral and mental health services. Georgia has doubled the number of mental health service providers to children and their families. New utilization review processes assures that children with mental health needs are getting the services that they actually need. As a result, more children are getting what they need and more children are able to safely stay in the homes and communities. Fewer children are ending up in the juvenile justice system.

These successes have come as a result of your beginning investment in a system that truly works for children. The savings promised with proper practice and investment is being realized.

Your legacy, these successes and savings are now being threatened by proposed budget cuts in the Department of Human Resources and the Department of Juvenile Justice.

These cost cutting proposals would put on the table the following reductions of services to this year's budget and next year's budget. Cuts to services and private providers have consequences to children that must be realized.

- Foster Care Agencies rates would be cut by 15% to 18%. This means closing of agencies, poorer outcomes and fewer appropriate resources for children.
- Group Home Provider Rates reduced by 15% to 18%. This means poorer outcomes, closed facilities and fewer appropriate resources for children.
- 702 caseworker positions cut permanently equals less protection for children at risk.
- Elimination of the Mental Health Provider Medicaid rate increase would close agencies, decrease services and put children more at risk.
- 21% reduction in Core Mental Health Services to children is a reduction to services for children that are ill.
- Reduction by 33% of residential programs that serve children who are severely emotionally disturbed and children with no other option. These children will end up in jail and put a strain on our justice and education system.

I realize when times are difficult we need to tighten our belts, but we also have to be fair and responsible. The state budget cuts should not be on the backs of children who can not speak for themselves and do not vote.

I recommend keeping the course and leave the successful legacy you started.

Sincerely;

Key Legislators

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