

### ***RYDC (Regional Youth Detention Center)***

Provides temporary, secure care and supervision of youth who are charged with or have been convicted of an offense and are awaiting disposition of their cases by the court.

### ***Specialized Treatment Services***

Residential and non-residential programs that are purchased from private and public sector vendors to meet the emotional/behavioral/medical needs of youth.

### ***Therapeutic Foster Care (TFC)***

Individualized treatment and support services in a family setting. The child lives with a specially recruited, screened, and trained substitute family in the family's own home. Each therapeutic foster home serves a very limited number of special needs children—usually only one or two children based upon the individual needs of each child placed. Social workers, clinical staff, and the therapeutic foster parent work together as a treatment team to provide a therapeutic environment and support to help each child achieve increased emotional stability, and improved behavior and social interaction.

### ***Therapeutic Group Home (TGH)***

Twenty-four-hour residential treatment home for children and adolescents who are unable to live with their parents or primary care provider. Trained staff operate in a structured, therapeutic home environment to supervise the children, ensure their safety and guide them towards their treatment goals. Education services are provided through the public school system and staff provides community activities including recreation and leisure education. Individual, family and group therapy services are also provided.

### ***Wilderness Program***

Programs that are provided in an outdoor setting where physical, environmental, and other challenging activities are designed to improve the youth's social, emotional, and educational functioning; these programs utilize a wilderness and/or marine environment to set consequences for the youth's behavior.

### ***YDC (Youth Development Campus)***

A secure, residential institution providing academic, recreational, vocational, medical and behavioral health counseling for those youth committed to the Department of Juvenile Justice or ordered there by the courts for up to 90 days.

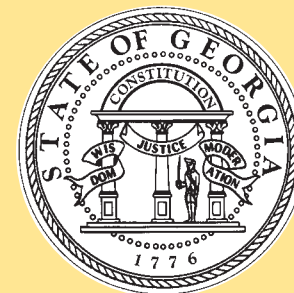


**Governor's Action Group  
For Safe Children**

***To find out more...***

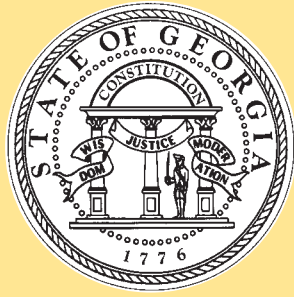
### **Governor's Action Group for Safe Children**

**Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)**



# Glossary of Terms and Acronyms





## ***Information Systems for Children in Out-of-Home Placement***

### **PERMES**

Performance Measurement & Evaluation System

### **BHIS**

Behavioral Healthcare Information System

### **MHMRIS**

Mental Health & Mental Retardation Information System

### **TRIGRS**

Treatment Request & Integrated Georgia Reporting Survey

### **IDS**

Internal Data System

### **CPRS**

Case Plan Reporting System

### **PSDS**

Protective Services Data System

# **GLOSSARY OF TERMS and ACRONYMS**

## ***Basic Foster Care***

Family-based care for children who are unable to live with their own parents. In basic family foster care no more than six children live with a substitute family in the family's own home. The foster parents provide guidance, supervision and care in a parental role. Appropriate services and treatment are arranged based on the needs of the child.

## ***Commitment***

A juvenile or superior court disposition that places a youth in the legal care and control of the Department of Juvenile Justice, subject to the limitations of the court order and the remaining rights and responsibilities of the parents or guardian.

## ***DFCS***

Division of Family and Children's Services (a division of the Department of Human Resources)

## ***DHR***

Department of Human Resources

## ***DJJ***

Department of Juvenile Justice

## ***Emergency Shelter***

A residential program that provides short-term care, not exceeding 90 days, for children in need of immediate placement and support services. An emergency shelter serves six or more children in a congregate living situation as described below for group homes. Children served in emergency shelters are typically children who come into care in emergency situations or children who experience emergency placement disruptions.

## ***GAHSC***

Georgia Association of Homes and Services for Children (A 150+ program member association dedicated to supporting those who care for children who are at risk of abuse and neglect. GAHSC carries out its mission through advocacy, lobbying, education, training, technical assistance and providing opportunities for networking.)

## ***Group Home***

A residential program that serves six or more children in a group living situation. Children live in small, neighborhood-based group homes or in campus-based facilities. The focus of care is on structure, supervision, counseling, educational support, help in the development of normalized social skills, and the maintenance of emotional and physical well-being.

## ***Intermediate Residential***

A structured program with 24-hour treatment and supervision. Programs and services are provided in a range of settings, such as neighborhood-based group homes or campus-based facilities. Children receive a mix of therapeutic and support services to meet their individual needs.

## ***Intensive Residential***

A highly structured program with 24-hour treatment, supervision, and medical care. Secure programming is available for evaluation and crisis stabilization as needed for children in acute condition of danger to themselves or others. The program includes formalized therapeutic interventions with a treatment plan for all aspects of the child's daily living. An on-campus school is available.

## ***Juvenile Court Order for Short-term Placement***

A juvenile court order for a youth to serve up to 90 days in a youth development center or other treatment program.

## ***MATCH***

Multi-Agency Team for Children; a program that purchases residential treatment services for children and adolescents who are severely emotionally disturbed. Services include therapeutic foster care, therapeutic residential wilderness camps, and intermediate and intensive residential services.

## ***MHDDAD***

Division of Mental Health, Developmental Disabilities, and Addictive Diseases (a division of Department of Human Resources)

## ***Psychiatric hospital***

Short-term stabilization services in a state-operated or community based hospital. Services of short duration (typically 7-14 days) provide treatment for an acute psychiatric or behavioral episode.

## ***Information Systems for Children in Out-of-Home Placement***

*(continued)*

### **MORE**

MATCH Outcomes Reporting Environment

### **COSTAR**

County Statistical Accounting Report

### **MMIS**

EDS Medicaid Management Information System

### **SHBP MEMS**

GTA State Health Benefit Plan Membership Enrollment Management System

### **JTS**

Juvenile Tracking System



**Governor's Action Group  
For Safe Children**

## Governor's Action Group for Safe Children: Facilitators and Resource Group

### ***Facilitators:***

**Ron Jackson**, Governor's Office of Planning & Budget

**Tim Mescon**, Kennesaw State University

**Diane Schlachter**, Georgia Merit System Training

**Julie Sharpe**, Family Connection Partnership

### ***Resource Group:***

**Elaine DeCostanzo**, Governor's Office of Planning and Budget, Co-Chair

**Beth Chadwick**, Devereux Georgia Treatment Network, Co-Chair

**Jennifer Antinozzi**, Child Policy Initiative, Georgia State University

**Tracy Atcheson**, Governor's Office of Planning & Budget

**Renay Blumenthal**, Governor's Office

**Judith Brown**, Governor's Office of Planning and Budget

**Pete Colbenson**, Children & Youth Coordinating Council

**Cheryl Dresser**, Department of Juvenile Justice

**Alan Essig**, Governor's Office

**Scott Frederking**, Governor's Office of Planning & Budget

**Marian M. Gamble**, Family Connection Partnership

**Eddie Gordon**, Department of Human Resources

**Judy Hadley**, Governor's Office of Planning and Budget

**Wilfred Hamm**, Division of Family and Children Services

**Priscilla Heffelfinger**, Child Policy Initiative, Georgia State University

**Monica Herk**, Child Policy Initiative, Georgia State University

**Maria Johnson**, Division of Family and Children Services

**Ken Jones**, Department of Human Resources/Budget Director

**Linda Layton**, Department of Juvenile Justice

**Amy McLarty**, Governor's Office of Planning & Budget

**Nancy Mier**, Governor's Office of Planning & Budget

**Dawne Morgan**, Department of Human Resources, Children and Adolescent Services

**Raelene Noles**, Governor's Office of Planning and Budget

**English Norman**, Child Policy Initiative, Georgia State University

**Dianne Sacks**, Department of Human Resources

**Karl Schwarzkopf**, Department of Human Resources/MHDDAD Director

**Gwen Skinner**, Department of Juvenile Justice

**Gaye Smith**, Family Connection Partnership

**Doris Walker**, Department of Human Resources

**Gary Weeks**, Annie E. Casey Foundation

**Megan Wyatt**, Governor's Office of Planning & Budget

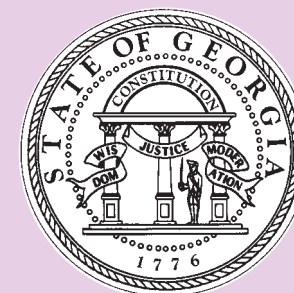


Governor's Action Group  
For Safe Children

### ***To find out more...***

## **Governor's Action Group for Safe Children**

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)



# Introduction

In January 2002, Governor Roy Barnes named the Governor's Action Group for Safe Children and charged it with developing a plan for safe placements for children in state custody. The 32 members of the Action Group were chosen from the public and private sectors for their capacity to effect positive change in Georgia's child placement system. The group included commissioners of three state agencies with child-serving missions, other representatives of state and local government, juvenile court judges, child advocates, service providers, foster parents, and other concerned citizens. The

Action Group received staff support from an even larger group of knowledgeable individuals within the relevant state agencies and from the Annie E. Casey Foundation.

The Action Group as a whole met twice in January and March 2002, before breaking into three work groups. From March through July each work group met as many as ten times to research and debate the issues and then develop its findings and recommendations. The entire Action Group reconvened in April to review interim progress and then





## ***The Action Group focused on three issues:***

### ***First Placement is the Right Placement***

- Inventory existing assessment instruments and methodologies for assessing children entering out-of-home care
- Recommend a comprehensive assessment methodology for all children who cannot remain at home
- Apply assessment results to future placement decisions

### ***Statewide Access to Safe and Appropriate Placements***

- Inventory existing placement options
- Use existing data and best practices to define gaps in the continuum of placement options

*(continued)*

came together again in June, July and August to reach consensus on the findings and recommendations developed by the three work groups.

Several notes are in order concerning this document itself.

First of all, the Governor charged the Action Group on Safe Children to focus on safe and appropriate child placements. Unless the text requires otherwise, the words “child” and “children” in this report refer to children in out-of-home placements or at risk of such placements.

Secondly, the Action Group struggled with how best to categorize the wide variety of placements for children. We settled ultimately on dividing placements into those that occur in a private family’s home, such as basic foster care, and placements in institutional settings, on the rationale that the means needed to attract and retain private families and institutional providers are different.

This division between family-based and non-family-based placements corresponds, for the most part, to the division between less intensive and more intensive (e.g., therapeutic) placements, but not completely. For example, children who do not need intensive services tend to be placed in “basic” foster homes with families. However, some of these children — particularly those who are older, in sibling groups, or are otherwise difficult to place — may live in group homes

run by institutional providers. Similarly, some of the children placed with families in private homes may be in therapeutic foster care, which is a more intensive service. In short, the equivalence of family-based with basic care and of non-family-based with more intensive care is not hard and fast, but it remains a good rule of thumb.

The recommendations in this report are the result of the deliberations of the Action Group, its work groups, and the hard work of a large group of dedicated and concerned individuals, both those on the Action Group and those supporting it. The process was by no means without conflict. Nor does every member of the Action Group necessarily agree with every detail of what is written here. However, these recommendations and findings do represent the consensus of the Action Group. Taken together we believe they constitute a road map for a child placement system for Georgia that improves outcomes for children and ensures the safety of some of Georgia’s most vulnerable citizens.



## **Governor’s Action Group for Safe Children Appointed Members**

**Chair, Jim Martin**, Commissioner, Department of Human Resources

**Normer Adams**, Executive Director, Georgia Association of Homes and Services for Children

**Mike Angstadt**, Executive Director, Twin Cedars Youth Services

**Michelle Barclay**, Child Placement Project Director, Supreme Court of Georgia

**Joy Berry**, State Board of Education

**Julia Bloodworth**, Executive Director, Augusta Child Advocates

**Juanita Blount-Clark**, Director, Division of Family and Children Services

**Amanda Camp**, Program Coordinator, Carroll County CASA

**Terry Catlett**, Director, Catoosa County Department of Family and Children Services

**Beth Chadwick**, Executive Director, Devereux Georgia Treatment Network

**Ann Cramer**, Director, IBM Corporate Community Relations

**Verdell Daniels**, President, Adoptive and Foster Parent Association of Georgia

**Lorr Elias**, District Director, Department of Juvenile Justice

**Scott Frederking**, Division Director, Governor’s Office of Planning and Budget

**Eddie Gordon**, Department of Human Resources

**Kristen Harrison**, Chair, Walton County Commission on Children and Youth

**Bill Hughey**, Executive Director, Rockdale Coalition on Children and Youth

**Beverly Jones**, Director, Fulton County Department of Family and Children Services

**Orlando Martinez**, Commissioner, Department of Juvenile Justice

**Eric Mason**, Reverend, Second Street John Baptist Church

**Robin Nash**, Judge, DeKalb County Juvenile Court

**Rosemary Norsworthy**, Program Coordinator, Rainbow House CASA

**Gary Redding**, Commissioner, Department of Community Health

**Sally Rosser**, Private Citizen

**Becky Rumer**, President, Columbus for Kids

**Karl Schwarzkopf**, Director, Division of Mental Health, Developmental Disabilities, Addictive Diseases

**Dee Simms**, Advocate, Office of Child Advocate

**Gwen Skinner**, Deputy Commissioner, Department of Juvenile Justice

**Gary Smith**, Director, Ben Hill County Department of Family and Children Services

**Gaye Smith**, Executive Director, Georgia Family Connection Partnership

**Sue Smith**, Executive Director, Georgia Parent Support Network

**Bill Tribble**, Judge, Dublin Circuit Juvenile Court

**Peggy Walker**, Judge, Douglas County Juvenile Court

*(continued from previous column)*

### ***Statewide Access to Safe and Appropriate Placements***

- Consider existing child profile data to prioritize highest system needs for placement options

### ***Seamless System of Placement Options***

- Develop strategies to recruit, train and retain providers along the continuum
- Develop a community partnership to create placement options
- Create a system of data and information-sharing among agencies, providers, advocacy groups and courts
- Develop innovative financing of a seamless system



**Governor’s Action Group  
For Safe Children**

## 84 CHILDREN

**Georgia is one of 34 states that do not specify a minimum age for involvement in its juvenile justice system.**

While the Action Group was meeting, Georgia legislators introduced Senate Bill 76, which would have prohibited the courts from committing children under the age of 13 to DJJ or detaining children under the age of 11. DJJ identified 84 children in these categories during calendar year 2001. In response to the proposed legislation, the Action Group asked the Child Policy Initiative at Georgia State University to investigate the records of these children in more detail to learn who they were and how they ended up in the juvenile justice system so young. Their findings are as follows:

**In 2001, the State of Georgia committed 58 children under the age of 13 and detained 26 children under the age of 10 in its juvenile justice system.** The two youngest children were seven. The children were disproportionately male and African-American. They found themselves in the juvenile justice system for a variety of offenses, such as battery and/or violation of probation. In some cases, despite their youth, they had had as many as 12 to 15 contacts with DJJ. In other cases they were committed for their first offense, but these were typically more serious offenses. Of those who were committed under the age of 13 and for their first offense in 2001, almost half were committed for a sex offense such as child molestation, aggravated child molestation, sexual battery, or sodomy.

The average IQ of the children studied was a standard deviation below the norm. Seventeen percent of the children for whom IQ scores were available were mentally retarded. A third of the children was in special education and/or had Individual Education Plans (IEPs).

More than half of the children's families had criminal histories. These families were also characterized by high rates of substance abuse, incarceration, and mental illness. One-third to one-fifth of the children had either witnessed or experienced various forms of abuse, neglect, or domestic violence. Of the 20% of these children who had a history of sex offenses or sexual acting out, over half were themselves known victims of sexual abuse.

**Given what these children had experienced or witnessed, it is no surprise that almost three quarters had a diagnosis of one or more mental illnesses.** Over half had a diagnosis of Attention Deficit Disorder, but diagnoses of Conduct Disorder and Oppositional Defiant Disorder were also common.

Three-quarters of these children had already interacted with DFCS, MHDDAD or both before entering the juvenile justice system. More than half had school discipline records. Forty percent had been psychiatrically hospitalized (recall that these are children ages 7-12), and two-thirds had received outpatient services in the community through the public mental health system. Nearly two-thirds had been through the state's child protective service system. There was evidence of state-funded psychological evaluations for approximately a quarter of the children. We do not know if those children received the recommended treatment.

**In short, the population of children under the age of 13 in Georgia's juvenile justice system consists of some of our most intellectually challenged, abused, neglected, and emotionally disturbed children.** They come disproportionately from some of our most troubled families, who may be limited in their ability to play a positive role in the child's life. In some ways these children look very similar to the most seriously troubled children in the DFCS and MHDDAD caseloads – with the key difference that, for whatever reason, at some point they committed an offense or series of offenses that landed them in the juvenile justice system.

Once in the juvenile justice system they will move among placements an average of five times. Eighty-three percent will spend time confined with much older youth in Regional Youth Detention Centers (RYDCs). While many of these children are "awaiting treatment", the average time spent in RYDCs by children committed to DJJ was 2.5 months. These are 7- to 12-year-old, emotionally disturbed and/or low IQ children confined in a detention center away from wherever they call home for months at a time.

**Georgia must enact a statutory age restriction on detention and commitment. At the same time the State must develop adequate treatment and secure placements for these youth.** With a statutory age restriction, adjudicated children would likely fall under the purview of DFCS, an agency not currently equipped for the higher level of placement and treatment these children require.

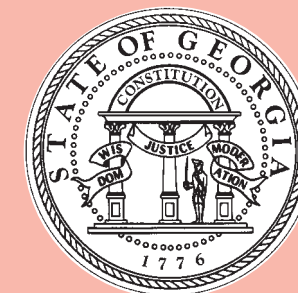


**Governor's Action Group  
For Safe Children**

*To find out more...*

### **Governor's Action Group for Safe Children**

**Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)**



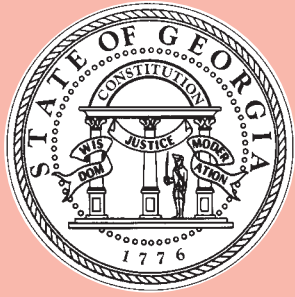
# The Faces Behind the Numbers

Who are the children in the state's custody? Children enter state custody through the juvenile courts. The largest group – approximately 12,000 children at any point in time – is in the state's custody because of abuse or neglect. In Fiscal Year 2002, Georgia received 21,674 substantiated reports of abuse or neglect.<sup>1</sup> Of these children, the State allowed some to return to their parents while also maintaining an open Child Protective Services case. In other cases, however, the Division of Family and Children Services (DFCS) determined that it was unsafe for the child to return home, and

the State assumed custody of the child.

As of June 30, 2002, there were 13,089 such children in state custody and living in out-of-home placements.<sup>2</sup> For these children, DFCS develops a case plan aimed at providing services to the child's family in hopes of reunification or, when reunification is not in the child's best interests, develops a plan to provide permanency for the child through other means such as adoption. Ideally the child achieves reunification or other permanency within a year.





The Annie E. Casey Foundation's  
Kids' Count

<http://www.kidscount.org>

Adoption and Foster Care Analysis and  
Reporting System (AFCARS): Current  
Estimates as of June 2001

[www.acf.dhhs.gov/programs/  
cb/publications/afcars/june2001.  
htm](http://www.acf.dhhs.gov/programs/cb/publications/afcars/june2001.htm)

Family Connection Partnership,  
Benchmark Data

[http://www.georgiafamily  
connection.org/index.html](http://www.georgiafamilyconnection.org/index.html)

Georgia Division of Family and  
Children Services 2001 Statistical  
Information

[http://www.dfcsdata.state.  
ga.us/](http://www.dfcsdata.state.ga.us/)

Visit the Governor's Action Group for  
Safe Children Website for a comprehen-  
sive overview of the project and the  
resources consulted throughout the  
project.

<http://www.georgia-kids.com>

The second group of children in the state's physical custody – approximately 4,500 children – comes into the State's care through the juvenile courts. These are children and youth ages 7 to 17 (or younger) who have been brought before the courts on status or delinquency charges. (Georgia is one of 34 states that do not specify a minimum age for detention in its juvenile justice system.) As of July 11, 2002 there were 1,026 youth detained in the state's juvenile justice system and 3,645 youth committed to the Department of Juvenile Justice (DJJ).<sup>3</sup>

A final group of children are not in the state's custody but do receive mental health treatment funded by the state. In FY 2002 a total of 35,199 children received services through the state's Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD).<sup>4</sup> However, the State does not track data in sufficient detail to identify which of those children are in out-of-home placements.

Although this thumbnail sketch appears to depict three separate groups of children, research indicates that in the absence of effective intervention many of these children are, in fact, the same children at different points on the same downhill trajectory leading from abuse and neglect to mental illness and ultimately to the juve-

nile justice system and adult prisons.

Any child who is a victim of abuse has suffered a serious trauma requiring therapeutic treatment. In the absence of appropriate treatment, some of these children become involved in the juvenile justice system. Involvement in the juvenile justice system, in turn, is a strong risk factor for later adult imprisonment.

## Where Do Children in State Custody Go?

Children in the state's care and custody reside in a wide variety of placements. Although the stereotype is that children in DFCS' foster care system reside exclusively in foster homes and that children and youth detained by DJJ are always in Regional Youth Detention Centers (RYDCs) or Youth Development Campuses (YDCs), the reality is much more complicated. Children in the foster care system reside in a variety of settings including "basic" foster care provided by families who have opened their homes to care for one to six children, "basic" group homes run by

private providers, therapeutic placements, and "independent living" group homes for older teenagers preparing to make the transition from foster care to emancipation at age 18. Perhaps more surprising to the average citizen, DJJ also places children and youth under its auspices in a variety of settings beyond just RYDCs and YDCs. These include therapeutic placements, foster homes, and even placement within the child's own home. Mental health placements used by MHDDAD include community residential treatment services, acute and long-term services in state hospitals, and outdoor therapeutic programs

So who are the state's children? They are the four-year-old taken from her home after the DFCS caseworker determines that the child is in danger – the four-year-old who despite her abuse or neglect does not want to leave her mother and does not understand why she is being taken to a strange home. They are the 13-year-old brought into the RYDC in the middle of the night for delinquency. They are the 16-year-old pregnant teenager without a place to stay because she's been thrown out of her house. They are the 17-year-old about to "age out" of the system who hasn't had a family to call his own since he was 12. These are the state's children and many, many more like them. The question they

## Who Are the Children Who Come into Georgia's Care?

- Infant whose mother is arrested for using drugs and is incarcerated, leaving no one to care for the baby
- Newborn testing positive for drugs born to a mother who disappears from the hospital after giving birth
- Severely emotionally disturbed child whose behaviors are so severe that her mentally disabled parent cannot keep the child safe
- Siblings whose mother leaves them alone for days at a time without food or supervision
- Youth who burglarizes a neighbor's home
- Teen who is depressed, failing his classes, and repeatedly skipping school, and whose parents are unable to enforce his attendance
- Youths who spray paint their school in an act of vandalism
- Adolescent girl whose father tried to molest her, but her mother is unwilling to keep him out of the home to protect her daughter
- 17 year old who has been in the system since age 10 and is aging out of the system with no resources in place to successfully support herself
- Pregnant teen whose stepfather beats her and throws her out of the house
- Teenager committed to DJJ for armed robbery
- 8-year-old who was molested by his mother's boyfriend and who offends against his younger sibling
- Siblings who set the house on fire while playing with lighter fluid
- Adolescent who is found with marijuana in his pocket at school
- Non-English-speaking Hispanic child whose parents have been deported

pose to us as policy makers and citizens of Georgia is: do we want the state's intervention in their lives to be a positive turning point or yet one more chapter in a tragic story?

1. Division of Family and Children Services, State of Georgia Department of Human Resources. *Child Protective Services Data System "PSDS": Annual Report 2001*. These 21, 674 substantiated cases represented 35% of the 62, 401 accepted reports of abuse and neglect.
2. Division of Family and Children Services, State of Georgia Department of Human Resources Internal Data System, 2002.
3. Gwen Skinner, Deputy Commissioner, DJJ. E-mail communications, 7/11/02. Children who are committed to DJJ are legally in the state's custody, though physically they may be in their parents' custody. Children who are detained have been detained by the courts prior to their adjudicatory hearing and are usually in DJJ's physical custody.
4. Dawne Morgan, Child and Adolescent Mental Health Program Chief, Division of Mental Health/ Developmental Disabilities and Addictive Diseases, DHR. Personal Communication, 10/03/02.

A California study found that children ages 9 - 12 involved with the child welfare system were 67 times more likely to be arrested than other children the same age.

— Child Welfare League of America. (1997). Sacramento County community intervention program: Findings from a comprehensive study by community partners in child welfare, law enforcement, juvenile justice, and the Child Welfare League of America. Washington, DC.



that many of our proposed recommendations – increasing available placements, reducing caseloads – carry significant price tags. We do not know how to square that circle. In fact, this tension between our public aspirations and the resources available to achieve those aspirations always faces policy-makers; the current budget situation simply paints it in starker relief. We leave those difficult decisions in the hands of the elected officials who have been entrusted with them. We simply put forward for consideration the Action Group's recommendations regarding the best course for improving Georgia's child placement system.

## Organization of the Recommendations

The sheer complexity of improving Georgia's child placement system led to 98 recommendations by the Action Group. Fortunately, as an aid to the reader's understanding, these recommendations naturally grouped themselves into 11 major categories:

- Staff/work force issues
- Assessment/screening of children
- Placements with families
- Placements outside of families
- Support services
- Coordinated case management
- Cross-agency collaboration, organizational structure, and evaluation
- Data systems and information sharing

- Community collaboration
- Legal issues
- Financing

The remainder of this report will take up the group's findings and recommendations in each of these areas in more detail.

One important note: The Governor

charged the Action Group on Safe Children to develop a state plan for safe and appropriate child placements. Unless the text requires otherwise, the words "child" and "children" in this report refer to children in out-of-home placements or at risk of such placements.

The Annie E. Casey Foundation

<http://www.aecf.org>

Casey Family Programs

<http://www.casey.org/>

Child Welfare Partnership

<http://www.cwp.pdx.edu/html/pgCohortProject.shtml>

Packard Foundation Center for the Future of Children

<http://www.futureofchildren.org>

Workforce Strategy Center

<http://www.aecf.org/publications/pdfs/promisingpractices2.pdf>

Center for Effective Collaboration and Practice

<http://cecp.air.org>

Promising Practices Network

<http://www.promisingpractices.net>

Child Welfare Research Institute

<http://www.childwelfare.com/index.htm>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.

<http://www.georgia-kids.com>

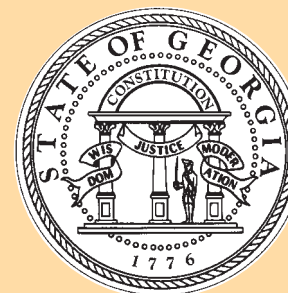


**Governor's Action Group  
For Safe Children**

*To find out more...*

**Governor's Action  
Group for Safe  
Children**

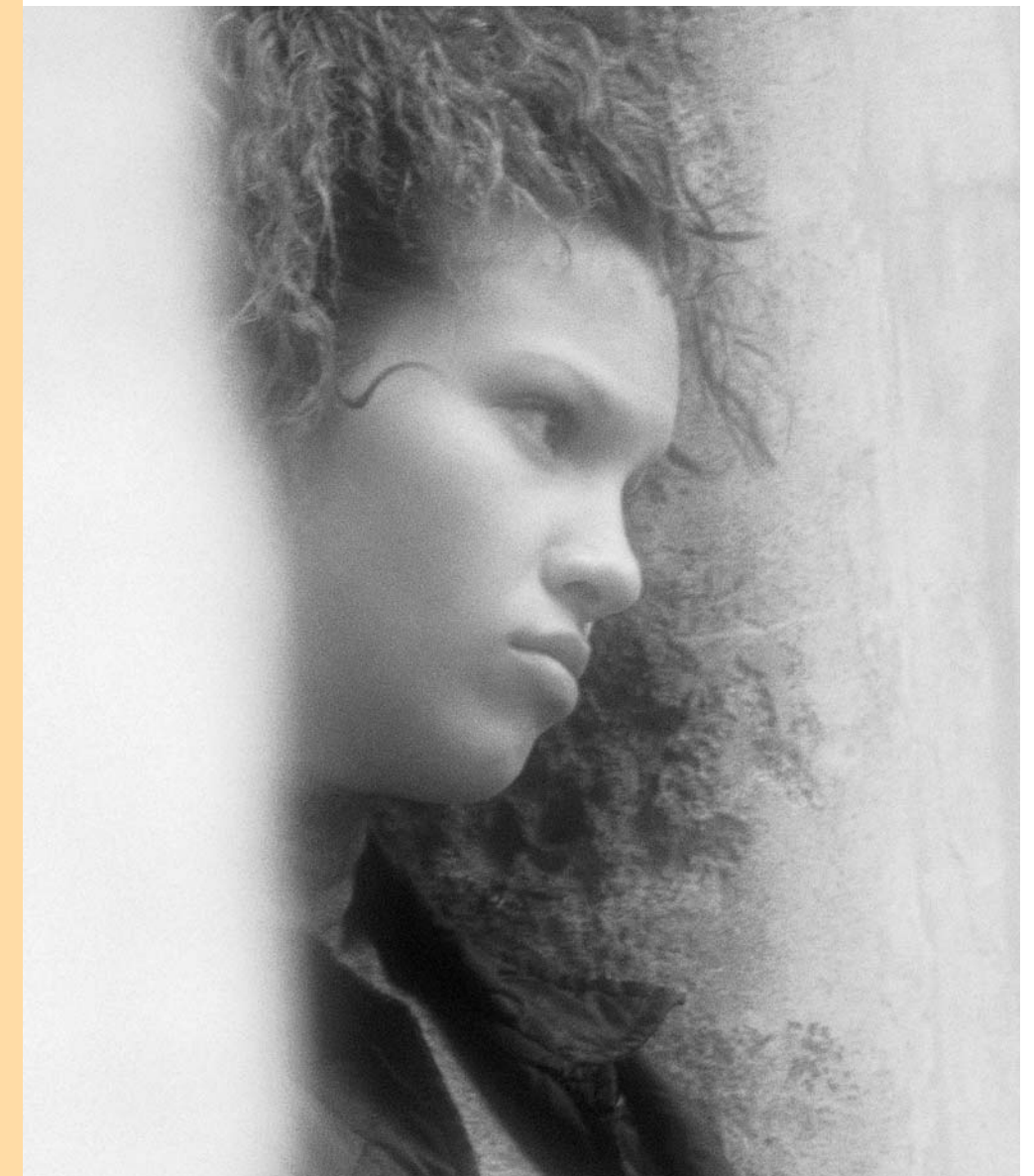
**Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)**

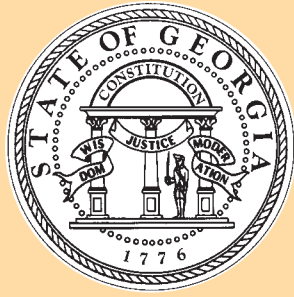


# Overarching Themes

Georgia's child placement system is extremely complex. It must serve children and youth ages birth through 18 who enter the system for a daunting variety of reasons ranging from delinquency to mental illness and who bring with them an equal-

ly varied array of resultant needs. The "system" spans two state agencies—the Department of Human Resources (DHR), the Department of Juvenile Justice (DJJ)—and interacts with two others, the Department of Community





**The Action Group recommendations are grouped into 11 major categories:**

1. Staff/work force issues
2. Assessment/screening of children
3. Placements with families
4. Placements outside of families
5. Support services
6. Coordinated case management
7. Cross-agency collaboration, organizational structure, and evaluation
8. Data systems and information sharing
9. Community collaboration
10. Legal issues
11. Financing



Health (DCH) and the Department of Education (DOE). As a result, any effort to improve the system is itself necessarily complex.

The sheer volume of discussion and recommendations coming out of the Action Group reflects the size of this challenge. From its six plenary meetings and countless smaller work group meetings, the group produced 98 recommendations and eight reports of findings supporting these recommendations. Several critical themes emerged from the group's findings and analysis.

The issue of **prevention** arose repeatedly and very early in the group's

discussions, despite the fact that the group was specifically charged with reforming the state's placement system, which comes into play only after a child has entered state custody. The Action Group acknowledged that, while prevention is an important component of the child protective system and should be further addressed; it was beyond the scope of this particular review.

Ultimately, the group recognized that prevention is integrally linked to improving placements, because many of the placement system's problems stem from the large number of children entering the system, overwhelming its

resources, and causing inappropriate use of some resources. (For example, some children must stay in "emergency" shelters for longer-term periods due to the unavailability of other placements.) If the State can reduce the flow of children entering the placement system, we can more effectively use the system's resources for those that remain. In many cases it is easier, more cost-effective, and definitely more humane to work with families to prevent an out-of-home placement than to intervene only when a crisis necessitates removing a child.

Similarly, **staff and work force issues** surfaced quickly in many of the work groups. Frontline workers and their supervisors very quickly emerged as key to any effective reform. The Action Group focused on training and policy changes that will make these personnel more effective and able to do what is necessary for the children and families in their care.

Another central issue was the need for strong **collaboration among the state and local agencies** serving these families, and in particular the need for **coordinated case management**. Most children in the state's custody have been touched by multiple government agencies and systems in their short lives, and yet too often these services and interventions have not been coordinated, leading both to duplication of some services and total neglect of others.

The Action Group was equally strong in its insistence that Georgia must build on **community**



**strengths and successful community initiatives** in improving its placement system. Children and families come from communities, and it is in communities that children needing out-of-home placements must be placed. Each community is different. The State must work alongside communities to identify each one's strengths and how it can best serve the unique placement needs of its children, rather than having the state impose a top-down, one-size-fits-all solution.

The question of **financing** arose in every phase of the Action Group's deliberations. The issue was a difficult one: The group recognized that system improvement required not only new resources, but also use of existing resources in ways that ensured positive outcomes for the children. The State needs to invest—not in the status quo—but in approaches designed to move the system along a new track.

The group's discussions about new resources were particularly challenging. On the one hand, reports of the state's revenue downturn became increasingly gloomy as we conducted our work over the spring and summer of 2002. Yet it also became clear



**Governor's Action Group  
For Safe Children**

## Eddie: A Success Story

I was three years old, living in Houston, Texas, and my parents were alcohol and drug abusers. Abuse was prevalent. My siblings and I were left alone with no caregiver, no money or food, in an abandoned house. Abuse was reported and I entered foster care.

When I was 8, my father returned and I relocated to Georgia with his new family. After three months, as physical and mental abuse was repeated, I re-entered foster care permanently. The Georgia Division of Family and Children Services (DFCS) developed a case plan for my father, but it was unsuccessful. I felt alone, ashamed, and abandoned.

I had a breakdown and was placed in the Georgia Mental Health Institution (GMHI). I asked my teacher, "Can a kid like me succeed?" The teacher replied, "Not only can you be successful but you can be better than the rest." Finally I had found someone who provided encouragement.

Subsequently, I encountered several different foster homes. At 15, my case manager wanted me removed; I pleaded to remain – I couldn't stand the thought of another move. I could take the emotional abuse; I was determined.

I finished high school at 19. I left the foster home with \$40, a 1978 Lincoln Continental and access to a college education, thanks to the Department of Human Resources/Division of Family and Children Services, and the Independent Living Program.

I worked hard, completed my undergraduate degree in 3-1/2 years, and received a master's degree in public administration in less than two years. Neither my biological mother nor father was present at my graduation ceremony – but my independent living coordinator, former case manager, and other mentors were present. These are the people I came to know as my family.

I currently work for the Department of Human Resources/Division of Family and Children Services. I want to help others and give back to, not only the system as a whole, but also the youth who are struggling with the same issues that I faced. I'm in the process of applying to law school with the goal of becoming a criminal attorney.

I can honestly say that it was an experience that I will never forget. Dedicated case managers, independent living coordinators, others who cared for my well-being, and the advice I received made me the person that I am. To put it simply, the system might seem broken but with hard work and dedication anyone can achieve his/her goals.

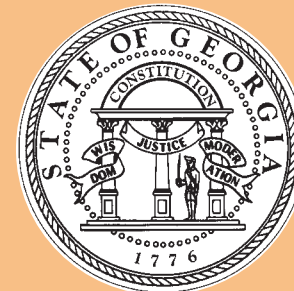


**Governor's Action Group  
For Safe Children**

*To find out more...*

**Governor's Action  
Group for Safe  
Children**

**Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)**



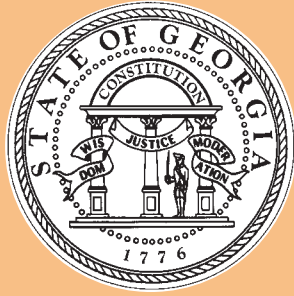
# Vision, Core Values & Guiding Principles

## Vision

The Action Group's vision of the child's involvement with the State includes compassion, collaboration, cooperation, common sense and communication to demonstrate that children are cherished. While we recognize that children suffer pain and tragedy daily that

burdens the hearts of all Georgians, we seek to design a system to provide appropriate, adequate care of children; to encourage retention, dedication and professionalism of those who serve our children; and to galvanize citizen action and support for the success of all children and families in Georgia.





The following core values, guiding principles and recommendations come from research on child welfare and from the Action Group's second plenary session on values and goals for the State of Georgia.

## Core Values

1. Georgia must recognize the trauma that children experience and develop a system that does not cause further harm to the child.
2. All children and families should be treated with respect.
3. Children receive services based upon assessed needs.
4. The system is responsive and knowledgeable of diverse cultures within the State of Georgia.

## Guiding Framework: Principles and Recommendations

1. Georgia must demonstrate that children are our future by providing fiscal support and a commitment to the well being of children and families.
2. Georgia must develop stable and flexible funding for the child.
3. Georgia must meet the needs of children and families for services prior to removal, during out of home placement and transitioning from placement.
4. Georgia must develop a child-

tered system with family support that includes core services supportive of placement and aftercare to achieve permanency and to assure all children's needs are met.

5. Services are high quality, timely and based on needs of the child and family. The entire family receives services.
6. Children shall receive services based upon assessed need. The services provided shall be as intensive as indicated through current assessment, but services shall not be more intensive than indicated through on going assessment.
7. Intensive services are those supports, services or structures necessary to create a safe and appropriate placement.
8. Georgia must develop a system of case management, services and placements that are strength and asset based.
9. Georgia must support a system within the community that uses strengths and assets of children and families to assist families with children at risk for out of home placement and provide appropriate assessments and services to prevent out of home removal when possible.
10. When out of home placements become necessary, Georgia must assess every child and family. The assessment must be thorough and timely. Assessment must be ongoing

throughout placement to meet the child's needs as the child receives services, and moves toward reunification or other permanent placement.

11. Comprehensive assessment shall include social, health (medical and dental), education, mental health, and behavioral/developmental needs of the child. Assessments shall also address the intent of the assessment including the reasons for removal.
12. Georgia must place caseworkers and provide all services in geographical proximity to the child and the family. Services to children and families are based upon assessed risks and needs.
13. Georgia must support economic public and private partnerships to promote economic development in communities at risk to build strong families and strong communities.
14. Georgia must develop a workforce for agencies serving children and families that is empowered, trained, accredited, supported and appropriately compensated to make critical decisions ensuring the welfare of the child with caseloads consistent with national standards. Success depends on critical skills that include the worker's ability to relate well to the child, family and community providers.
15. Georgia must develop a single case plan for management



across agencies with internal and external methodology for accountability. Case plans must have speedy implementation. The system must support the plan. The plan must address the reasons for removal. Case planning must include the traditional and nontraditional family members and the child.

16. Georgia must collect and analyze data to assure effective, quality outcomes and develop a service delivery system that is research and outcome based. Collection of the data must be in a form available to system partners who serve children.



Governor's Action Group  
For Safe Children

## Recommendations

**1.Reduce caseloads:** Continue the reduction of caseloads for all frontline workers with the long-term goal of meeting appropriate Child Welfare League of America standards.

**2.Knowledgeable case managers:** Define the education, training, experience, and pay for frontline workers that allow the development of effective personal relationships with families and children so that the case plan can be implemented. Make these requirements consistent across agencies.

**3.Culturally competent case managers:** Ensure that case managers are culturally competent and are customer/family friendly. Define the types and numbers of frontline workers required to respond to cultural differences and move toward fulfilling the need.

**4.Incentives to attract the right staff:** Create incentives for the most qualified staff members to become case management coordinators, such as lower caseloads (15-17 cases for DFCS; 15 cases for DJJ) and job rotation.

1. McCroskey, J., & Meezan, W. (1998). "Family-Centered Services: Approaches and Effectiveness." *The Future of Children*, 8(1).
2. Office of the Child Advocate for the Protection of Children. *Annual Report, 2001*, Macon, GA.
3. Child Protective Services Task Force. *Report to the Commissioner of the Department of Human Resources*. Atlanta, Georgia. April 20, 2000.
4. Doueck, H.J., English, D.J. (1993). "Decision-making in child protective services: A comparison of selected risk-assessment systems." *Child Welfare* 72(5).
5. Child Welfare League of America. *CWLA Standards of Excellence for Services for Abused or Neglected Children and Their Families* (Revised Ed 1999).
6. U.S. Department of Health and Human Services, Administration for Children and Families, Region IV. *Child and Family Services Review Final Report, Georgia*. July, 2001.

## Judy is a Case Manager...

Judy has been a case manager in the placement unit with DFCS for three years. Her unit supervisor supervises eight case managers, each with about 45 children on their caseload.

Judy has 46 children on her caseload—children who range in age from birth to eighteen years—and who are in 35 different placements (locations). According to policy, Judy must also provide reunification services to the 25 parents of these children. Ten of the 46 children on her caseload need to be put on adoptive status, which requires a large amount of paperwork and preparation.

A foster mother called Judy yesterday to say that she can no longer foster a twelve-year-old boy who has been in her home for two weeks. Judy has been on the phone all day today and has called 26 places to request a placement for this child, with no success. The boy is a fire starter, has emotional problems and is sexually acting out. No one will take him. Judy is feeling simultaneously frustrated at her lack of success with this boy and increasingly anxious about her own day-to-day caseload responsibility that includes making face-to-face contact with all the children, completing her overdue dictation and paperwork, listening to and instructing foster parents, and maintaining contact with the biological parents.

Another story is also unfolding. Three weeks ago a sibling group of three children was taken into custody and after the child protective services investigation and the initial court work, the case was transferred to the placement unit. The children's ages are 18 months, 3 years, and 6 years. Judy is next up in the rotation for a case, and this one is assigned to her. Her caseload is now 49 children. In as much as these children entered custody three weeks ago, there is a juvenile court hearing scheduled within two days. The 30-Day case plan will be due at that hearing, and the foster mother is calling because the 18-month-old appears to be sick and needs to be taken to the doctor; she would take her but she cannot take off work. The biological mother is calling requesting a visit with her children whom she has not seen since they entered custody.

7. Ibid.
8. Margaret Newkirk, "Girls' deaths renew criticism of state's child welfare agency," *Atlanta Journal-Constitution*, 8/18/02, p. A1.
9. "It's worth what it costs to heal the scars of abuse," *Atlanta Journal-Constitution*, 10/1/02, p. A26.
10. Stettler, J. (2000). Division of Community Corrections Programs and Resources. Atascadero, California: Justice System Alternatives.
11. Phone Survey Conducted September 15, 2002, Office of Child Advocate.
12. Child Protective Services Task Force. *Report to the Commissioner of the Department of Human Resources*. Atlanta, Georgia. April 20, 2000.
13. Jane O. Hansen, "Georgia's Forgotten Children: State's Child Caseworkers Among Lowest-Paid in Nation," *Atlanta Journal-Constitution*, 2/06/00, p. A1.
14. Office of the Child Advocate, p. 11.
15. Division of Family and Children Services. *Summary of Georgia's Child and Family Services Federal Review and Evaluation*. Atlanta, GA. October, 2001.
16. Doueck et al.

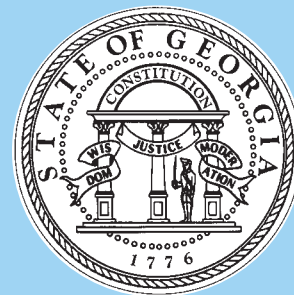


Governor's Action Group  
For Safe Children

To find out more...

### Governor's Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
www.georgia-kids.com



# Staff and Work Force Issues

## The Challenge

The Action Group found that in many counties the frontline workers in state and county agencies that deal with children, youth, and families suffer from:

- High caseloads
- High staff turnover
- Inexperienced frontline workers and supervisors
- Inadequate supervision in terms of the availability and/or the skills of supervisors
- Low morale
- A negative public image of the agency

These conditions result in **poor assessment and placement decisions and inadequate case management** that ultimately lead to worse outcomes for children and families.

We have learned that the single most important factor in the success or failure of our systems is the strength of the relationship among the child, the child's family, and the frontline worker<sup>1</sup>. If we are to be effective in intervening in the lives of children at risk, we must rethink our system of service delivery from the perspective of the child and family, and design our organizational structures and services to





The Child Welfare Workforce Challenge,  
*Child Welfare League of America*,  
<http://www.cwla.org/programs/trieschman/surveyworkforce/preliminary.pdf>

Partnerships for Child Welfare, Bessie  
Cicero-Reese & Phyllis N. Clark, *Council  
on Social Work Education Newsletter*,  
Vol. 5, No. 5, February 1998  
<http://www.cswe.org/partnership/table.pdf>

Exploring the Intersection Between  
Cultural Competency and Managed  
Behavioral Health Care Policy:  
Implications for State and County Mental  
Health Agencies  
[http://cecp.air.org/cultural/Q\\_research.htm](http://cecp.air.org/cultural/Q_research.htm)

The Cultural Competence Self-  
Assessment Questionnaire: a Manual for  
Users, J.L. Mason  
[http://cecp.air.org/cultural/Q\\_research.htm](http://cecp.air.org/cultural/Q_research.htm)

empower the frontline worker. Skilled, empowered, and accessible frontline workers can transform our system.

If the frontline worker is capable and has the time to develop a strong relationship with the child and family, the rate of successful outcomes increases. If the frontline worker can secure necessary resources and individualize services to the child and family's needs, the rate of successful outcomes increases. And if the frontline worker is accessible to the family, the rate of successful outcomes increases.

Each recommendation listed below began with the question, "How can we best support the relationship among the frontline worker, the child, and family, especially for children coming into state custody?"

## Findings

***Caseworkers in Georgia have caseloads that significantly exceed the Child Welfare League of America standards of 15 to 1.***

Every report that has examined the child welfare system in Georgia and in other states comes back to the same focal point – the frontline worker<sup>2,3</sup>. A worker's ability to relate well to the child, the family, and providers is critical to the success of the entire system. These skills depend, in turn, on having a child-serving work force that is trained, empowered, supported, appropriately compensated, and given caseloads consistent with national standards<sup>4,5</sup>.

Georgia was among the first states to participate in the U.S. Department of Health and Human Services Child and Family Services Federal Review and Evaluation. The Review—focusing on the Division of Family and Children Services (DFCS)—found that "excessive caseloads and staff turnover affect the ability of workers to schedule adequate visits with parents and siblings in foster care."<sup>6</sup>

The Review cited instances of DFCS caseworkers with as many as 68 cases.<sup>7</sup> The caseworker handling the case of Rhiannon Gilmore, a child who died despite having an open child protective services file, had a caseload of 44 after less than year on the job.<sup>8</sup> Another caseworker described in an *Atlanta Journal-Constitution* editorial was just a year out of college and had a caseload of 60.<sup>9</sup>

DJJ does not fare much better. In 2000, one outside consultant found that DJJ's community case management is "markedly deficient in staff in order to serve the client population in the manner and to the level that is expected (required by policy)."<sup>10</sup>

A recent statewide phone survey by the Office of Child Advocate found that the average caseload varies from 19 cases per caseworker in smaller counties to nearly 30 cases per caseworker in larger counties. The



statewide average at the time of the survey was 25.36 cases per worker<sup>11</sup>. Clearly there are not enough hours in the day for a single worker to visit or even call the number of children and adults in a caseload of 68, 44, or even 30 families with the regularity demanded for good casework.

Frontline workers with excessive caseloads are unable to provide necessary services, which ultimately harms the child, the family, the caseworker and Georgia.

### ***The turnover rate of caseworkers is extremely high.***

High turnover among frontline workers contributes to and worsens the problem of high caseloads due to the inexperience of constantly changing staff. Georgia's caseworker turnover rate is approximately 40% annually.<sup>12</sup> The *Atlanta Journal-Constitution* reported that in 22 Georgia counties the caseworker turnover rate was 100% in 1999<sup>13</sup>.

The 2001 Annual Report of the Georgia Office of the Child Advocate states, "Caseloads of DHR are impossibly high due to turnover, low pay, low morale, and inadequate support. The high turnover has led to caseworkers who appear to have a lack of understanding of basic social work principles, which results in a myriad of problems impacting the level of success achieved by families."<sup>14</sup> Inexperienced caseworkers are often expected to serve children and families without the training, resources or support needed.

### ***There is a shortage of bilingual staff.***<sup>15</sup>

Clearly, frontline workers cannot establish close relationships with children and families whose language and culture they do

**"Caseloads of DHR are impossibly high due to turnover, low pay, low morale, and inadequate support. The high turnover has led to caseworkers who appear to have a lack of understanding of basic social work principles, which results in myriad problems that affect the level of success achieved by families."**

Georgia Office of the Child Advocate, 2001 Annual Report

not understand. In order to serve the changing demographics of Georgia, caseworkers must be culturally competent as well as bilingual. Even now Georgia has the 4th fastest growing Latino population in the country. And in the past decade alone, Georgia's Asian population grew by 138 percent. This issue will be increasingly critical in coming years.

### ***Too often inexperienced, entry-level workers make critical placement decisions.***

Frontline caseworkers are entrusted with life-changing decisions about a child and family. Often those decisions are made under pressure, without enough information, and by a worker with insufficient job experience. Frontline workers' mistakes can result in injury, psychological damage, or extreme physical harm including death for the child.<sup>16</sup> Georgia's most experienced workers too often serve in desk jobs or supervisory positions that do not include direct contact with children and families. The Action Group strongly supports a change in the way Georgia makes intake decisions for out-of-home placements. Incentives should include job rotation, lower caseloads, and/or bonuses to encourage the most experienced staff - rather than entry-level, inexperienced staff - to serve in these critical intake positions.

Georgia's Child and Family Services  
Federal Review and Evaluation  
<http://www.childwelfare.net/cfsreview/>

Cultural Competence Resources  
<http://www.cecp.air.org/cultural/resources.htm>

Visit the Governor's Action Group for Safe  
Children Website for a comprehensive  
overview of the project and the resources  
consulted throughout the project.  
<http://www.georgia-kids.com>



**Governor's Action Group  
For Safe Children**

family or child for out-of-home placement to use and make available to authorized users common data components including assessment information, demographics, and family history. Existing data sources will be reviewed prior to authorizing expenditures on collection of new information. All common data component information should:

- Be automated
- Be web-based, and
- Populate the appropriate agency-specific assessment records.

**2.Common assessment components:** Common data components shared by the agencies should include information on:

- Safety (the child's and the community's)
- Risk factors
- Resources (strengths), and
- Family dynamics

**3.Time frames for data collection:** Establish standard time frames for collection of common data components; e.g., immediately, within 24 hours, within one week, within one month.

**4.Assessment “menus”:** Encourage the agencies to establish “menus” of assessment instruments to use in specialized situations following collection of the common data components.

**5.Required acceptance of assessments:** Require agencies that deliver services to children (DJJ, DHR, DOE, DCH) to accept one another's assessment

findings once the assessment measures have been found to be:

- Culturally sensitive
- Developmentally appropriate, and
- Methodologically sound.

**6.Cross-training:** Provide cross training to DJJ, DOE, DFCS, juvenile court judges, DCH, private and non-profit service providers, Special Assistant Attorney Generals (SAAGs) and MHDDAD staff on the benefits and limitations of the assessment process, interpretation of information, and knowledge of available resources to serve children and families.

**7.First staff is the right staff:** Involve trained and experienced staff in making critical intake decisions. Involve a sufficient number of experienced staff (24/7 “real time”) as early as possible in the assessment process.

**8.Early assessment to prevent out-of-home placements:** Provide comprehensive assessments (including family conferencing) when a child initially comes in contact with agencies (i.e., Child Protective Services) to prevent out-of-home placements. (Family conferencing is a model of social work practice that strives to maximize a family's strengths. It assumes that families can garner their strengths and capabilities to work in partnership with the formal child welfare agency to make decisions that protect and nurture their children. Families are engaged as partners with the child welfare agency and court to make decisions and develop plans. The responsibility for child safety and permanency extends to families, including kin and informal community supports.)

Child Welfare Partnership  
<http://www.cwp.pdx.edu/html/pgCurrentProjects.shtml>

Center for Effective Collaboration and Practice  
<http://cecp.air.org/interact/expertonline/strength/transition/2.htm>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>



### To find out more...

## Governor's Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)



# Assessment And Screening

## The Challenge

Children in need of out-of-home placement often encounter the state system at the worst possible time in their lives, when there may be turmoil, danger, or neglect. Meaningful assessment information is vital for agencies making crucial decisions about children's lives. While the Department of Juvenile Justice (DJJ) and the Division of Family and Children Services (DFCS) have made improvements in recent years, much remains to be done.

For example, Georgia's *First Placement, Best Placement* assessments are often not completed until 30 days or more after the child enters state custody – after the point that judicial decisions that could have benefited from this information have been made about the child's placement. The assessment process used by Georgia's agencies is not standardized, and the assessments themselves are not always normed on Georgia's population. Nor are these assessments necessarily culturally sensitive, developmentally appropriate, or methodologically sound. Where assessment information does exist, it is often not shared among agencies, providers, and with the courts. Children and families answer similar questions over and over again for different agencies. More seriously, children may be misdiagnosed or placed inappropriately due to shortcomings in assessment.

## Findings

**Georgia's assessment “system” for out-of-home placements is actually two parallel assessment systems that evolved from the specific needs of the child welfare and juvenile justice systems.** (See diagram on next page for comparative intake process timelines for DJJ and DFCS.) While many parts of the current assessment system are useful and functioning well, there is a critical need for improvements. Placement decisions are often made without the benefit of assessment findings, making the initial information collected especially vital for decision-making. Many youth are unnecessarily or inappropriately placed in juvenile detention due to the lack of a reliable, standardized screening and risk assessment measure that leaves systems unable to distinguish between high- and low-risk youth.<sup>1</sup>

Current users of the assessment system from within DJJ, DFCS, and the Georgia Association of Homes and Services for Children (GAHSC) indicated in a survey conducted by the Action Group that:

- Assessment information arrives too late to influence placement decisions;

1. Orlando, E., *Controlling the front gates: Effective admissions policies and practices*. The Annie E. Casey Foundation: Baltimore, MD. 2001.



Initial risk assessment and service plan, QInet, <http://www.qinet.org/policy/html/poli4tus.htm>

Initial assessment and service plan, QInet, <http://www.qinet.org/policy/html/poli4tus.htm>

Complete List Of Child Welfare C.O.R.E Competencies, Utah Department of Human Services- Division of Child and Family Services

<http://www.dhs-stage.state.ut.us/Task-Stage/CatalogInfo/CWCORECOMP.htm>

Foster Care Program: Initial Screening of Prospective Resource Families, Utah Department of Human Service – Division of Child and Family Services

[http://www.hsdcsf.utah.gov/initial\\_screening.htm](http://www.hsdcsf.utah.gov/initial_screening.htm)

The Center for Mental Health Services <http://www.mentalhealth.org/cmhs/>

Office of Juvenile Justice and Delinquency Prevention

<http://www.ojjdp.ncjrs.org/>

The Casey Outcomes & Decision Making Project

<http://www.caseyoutcomes.org/>

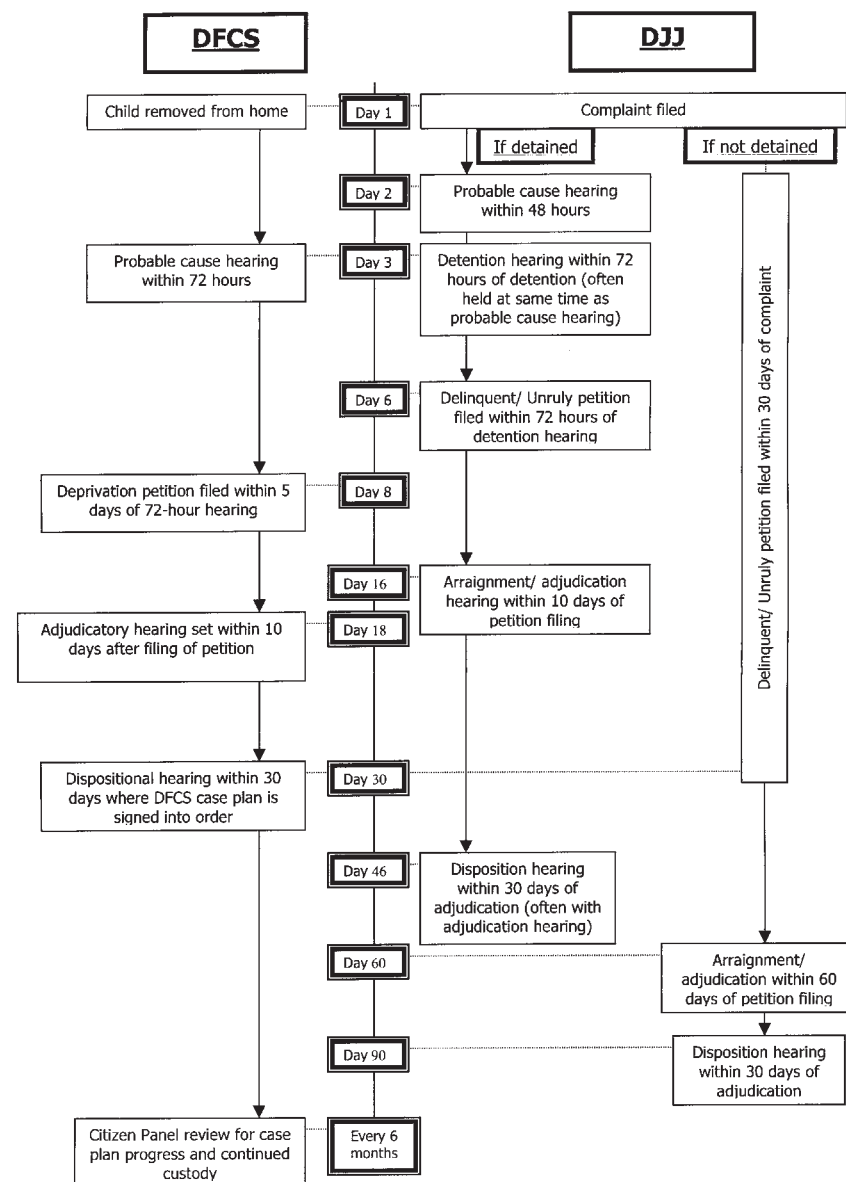
- Current assessments do not provide enough in-depth social and family history on the child and family;
- The amount of information provided can be overwhelming and needs to be more concise; and
- They need information about placement options.

**Lack of information sharing, duplication of information, delays in information collection, and inadvertent cultural bias remain problems.**

Minority groups appear to be over represented in out-of-home placements. Assessments can

turn into lifelong ‘labeling’ of a child or family. Some children end up with multiple diagnoses from multiple assessments.

A variety of critical resource issues affect assessment and placement decisions, including shortages of community-based resources and foster families. Staffing issues for the agencies also affect the reliability of placement decisions: often the most inexperienced workers are serving as frontline staff and making placement decisions. Such decisions often need to be made at inopportune times such as nights, weekends and holidays



and in the absence of information or experience to guide the worker into making the most appropriate decision.

Ideally assessment data should be easily and quickly entered, using technologies such as handheld personal computing devices. The common data collected as part of this initial assessment should be easily available to authorized users electronically. Agencies should share this initial common information and should not re-collect it unless new information is needed or existing information needs updating (e.g., address changes). Following collection of the initial common data, agencies should be allowed to conduct more specific assessments relevant to the child’s specific situation. Georgia should make every effort to reduce redundancy, increase the reliability of information gathered, and share information that is collected among agencies.

The state should evaluate its expenditures on assessment. Often assessments only confirm a placement decision. Due to the time required for complete comprehensive assessments, judges and others make out-of-home placement decisions without the full benefit of assessment results. Assessments by different agencies may be redundant and often are done simply to ensure that required paperwork is in the files. Agency staff, the judicial system, and providers and advocates work in “silos.” Some examples: judges are often not aware of resources that a caseworker may know of. . . . DFCS caseworkers may be unaware of regulations limiting their DJJ counterparts. . . a provider may not understand regulations that prohibit certain placements. . . a county MATCH (Multi-Agency Team for Children) team may not know of resource constraints limiting the state MATCH team. Cross-training is clearly needed for Georgia to conserve resources, make wiser



decisions about out-of-home placements, and thereby better serve the children in state custody.

**Georgia should gather assessment information earlier in the process of working with families – even before out-of-home placement is necessary.**

Clearly, many families could benefit from earlier intervention. Out-of-home placements could be prevented in at least some cases if appropriate support services were offered earlier. Georgia should consider implementing a pilot program, potentially in the Community Partnerships for Protecting Children counties, to develop a protocol for early assessments and measure the effectiveness of such assessments in preventing out-of-home placements.

Community Partnerships for Protecting Children (CPPC) is a multi-site initiative of the Edna McConnell Clark Foundation begun in 1995. The initiative is designed to accomplish three goals:

1. To assure that children in initiative neighborhoods are less likely to be abused or neglected,
2. To assure that children who come to the attention of Child Protective Services will be less likely to be re-abused or neglected, and
3. To reduce the rate of serious injury to children due to abuse or neglect in the initiative neighborhoods.

CPPC was initiated in Georgia two years ago and is currently functioning in nine Georgia counties: Brantley, Catoosa, Clarke, Cobb, DeKalb, Fulton, Jenkins, Muscogee, and Peach.

## Recommendations

**1.Shared assessments:** Require all state agencies that come in contact with a

## Information Systems for Children in Out-of-Home Placement

### Department of Human Resources – MHDDAD

<b>PERMES</b> - Performance Measurement & Evaluation System	Outcome evaluation system, including data from consumers' clinical assessments, & consumer/family survey data.
<b>BHIS</b> - Behavioral Healthcare Information System	Hospital admission, discharge, & transfer data with pharmacy, lab, & billing components.
<b>MHMRIS</b> - Mental Health & Mental Retardation Information System	Data on clients served by providers that deliver services in facilities in the community &, to a limited extent, in state hospitals.
<b>TRIGRS</b> - Treatment Request & Integrated Georgia Reporting Survey	Utilization review system for Medicaid Rehab Option includes children with addictive disorders &/or severe emotional disturbance, information on level of care, service needs from system providers. APS Healthcare maintains the system.

### Department of Human Resources – DFCS

<b>IDS</b> - Internal Data System	Data elements required for federal & state reporting requirements; data entered by county offices.
<b>CPRS</b> - Case Plan Reporting System	Web-based case planning tool - Guides case managers in developing case plans re: state & fed. Law & DFCS policy. Juvenile Court judges access system to approve plans, which are stored in separate database.
<b>PSDS</b> - Protective Services Data System	County uses caseworker paper files to enter data to fulfill state & fed reporting requirements into system. Resource for clearing reports of child maltreatment to determine if there was previous CPS history.
<b>MORE</b> - MATCH Outcomes Reporting Environment	Access files tracks placement history, custody, child maltreatment history, medical status, educational status, psychological status & outcome related measures.
<b>COSTAR - County Statistical Accounting Report</b>	Aggregate county statistical and financial data: tracks financial data for DFCS program areas of childcare, employability, and foster care.
<b>SUCCESS</b>	Online eligibility system that determines eligibility and completes issuance of TANF, food stamps, and 30+ Medicaid classes of assistance. Also tracks employment services and claims activities.
<b>Adoption 1.5.3.</b>	Tracks activity and information concerning all adoptions in Georgia; maintains information on children; birth and adoptive parents.
<b>ADAM Child/Family</b>	ADAM module provides data to match children with potential adoptive parents.
<b>DFCS Adoption Supplement</b>	Module tracks information about families receiving adoption assistance; includes information on eligibility, case status, financial information, etc.; facilitates compliance with federal regulations.
<b>Post Adoption</b>	Provides information on adoption assistance for special services.
<b>Child/Family Log</b>	Maintains log of children/families that have records and/or cases with Office of Adoptions.

### Department of Community Health

<b>MMIS</b> -EDS Medicaid Management Information System	System used to support health care information processing & claim payment to Medicaid providers on behalf of Medicaid members.
<b>SHBP MEMS</b> - GTA State Health Benefit Plan Membership Enrollment Management System	Processes, maintains, and reports membership in the State Health Benefit Plan and Health Maintenance Organizations (HMOs) that do business with the State of Georgia.

### Department of Juvenile Justice

<b>JTS</b> - Juvenile Tracking System	Web-based DJJ case management system includes case file; demographics; legal information (Court & offense data); case notes; placement information; medical, education, mental, health, assessment & treatment information; housing; scheduling; Medicaid; Title IV-E; & several reports.
---------------------------------------	---

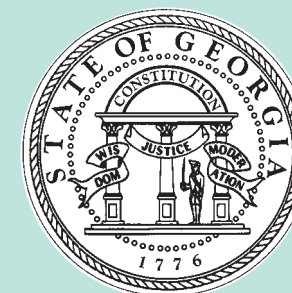


Governor's Action Group  
For Safe Children

*To find out more...*

### Governor's Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
www.georgia-kids.com



# Data Systems & Information Sharing

## The Challenge

All manner of decisions within Georgia's child welfare system – from placement decisions at the child level to management decisions at the agency level – require accurate, timely, relevant data. Often this information must be obtained from a sister agency. Yet, in Georgia much of this information is not readily available or accessible. This causes crucial decisions to be delayed or to be made in the absence of complete or necessary data.

Georgia's state information systems mirror the organization of our child welfare and juvenile justice agencies. The result has been multiple systems of fragmented data. While some key data are stored in automated systems, not all relevant users have online access. Other important information continues to reside in paper files at a central office or in county or facility offices. In short, Georgia's child-serving agencies do not have easy access to all the information needed for effective decision-making, and they do not share very well the data they do have.

## Findings

- Confidentiality of records often is a barrier or excuse for failure to communicate or share information among those who serve children and families. Intake decisions are particularly difficult when information is not readily available. The Action Group concurs with the recommendation of the Child Protective Service Task Force in 2000 that Georgia should, "Reduce artificial barriers that under the banner of confidentiality prevent fuller accountability of the system and legitimate public scrutiny."<sup>1</sup>
- Current financial and programmatic data systems are fragmented and incomplete and do not support efforts to more efficiently and effectively target resources for placement services. Numerous data systems provide statewide information on children in out-of-home placements. The systems operate using various platforms, definitions, and protocols. In the case of DHR there are numerous data systems that require county and state level



U.S. Department of Health and Human Services, The Administration for Children and Families  
[www.acf.hhs.gov/programs.html](http://www.acf.hhs.gov/programs.html)

Georgia Association of Homes & Services for Children, Referral Central  
[www.referralcentral.info](http://www.referralcentral.info)

Georgia Department of Human Resources, Planning Advance Planning Document, Statewide Automated Child Welfare Information System (SACWIS). June 2002

National Resource Center for Information Technology in Child Welfare  
<http://www.nrcitcw.org/>

Illinois DFACS Magazine Dialogue, Fall 2002 issue on accreditation  
<http://www.state.il.us/dcf/Dialogue1002.pdf>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>

input. Collection of these data often lags, and the data are often incomplete, making it extremely difficult to plan and budget for services to support children in out-of-home placements.

- Agency concerns over breaching a child or family's confidentiality cause them to withhold information from system partners. As a result, decision-makers are forced to make placement decisions in the absence of adequate information.
- The Department of Juvenile Justice [DJJ] has made commendable strides in improving access to and the quality of needed information through the implementation of the Juvenile Tracking System. However, some data remain in paper files and several access issues require resolution.
- Although existing databases are incomplete, the Georgia Association of Homes and Services for Children's [GAHSC's] Referral Central and the Office of Regulatory Services' Facility Location and Information Guide provide web-based databases of placement options for children.
- The information systems of Georgia's child-serving agencies share many data elements. However, system protocols, definitions, identifiers, and other components require modification to create a seamless, integrated system of information. (See *Information Systems diagram right*)
- Juvenile court judges and providers do not always receive the information they need to make appropriate placement decisions.
- DHR's child welfare information systems are quite simply all that Georgia has until the Statewide Automated Child Welfare Information System [SACWIS] is operational. They are being enhanced to make them more accessible. (See *Information*

*Systems diagram right*)

- Information on current data systems is not always accurate, current, or complete. If information on current systems is used as the basis of SACWIS, it is possible that inaccurate, incomplete, or out-of-date data that reside in current databases will be transported to the new system.
- The planned SACWIS project has the potential for providing Georgia a high-quality information system that improves the performance of Georgia's child-serving agencies.
- The Business Process Re-engineering [BPR] portion of the SACWIS planning effort has the potential to contribute to improved service delivery and case tracking.
- Project management and accountability relating to the development of SACWIS need to be improved if the system is to gain user support and confidence.
- The Georgia Technology Authority [GTA] will need to complete the child welfare module of the Health and Human Services portal before Georgia has a seamless, integrated information system for children in out-of-home placement.

## Recommendations

- 1. Effective data system:** The state must develop an effective data system to maintain and track programmatic and financial information on children in its custody.
- 2. Needed information:** DHR and DJJ should institute procedures to ensure that children's electronic records contain complete information on:
  - Prior incidents of maltreatment
  - Mental and physical

health assessments

- Special needs
- Services received
- Service results

**3. Shared access:** All system partners who are authorized users shall have access to child-related data systems.

**4. Statutory authority to share information:** Statutory authority for authorized users to access and share information on all children in or at risk of out-of-home placement shall be established.

**5. HIPAA compliance:** GTA, DHR, DJJ, DCH, the juvenile courts, and providers must ensure compliance with the Health Insurance Portability and Accountability Act [HIPAA] and other confidentiality requirements.

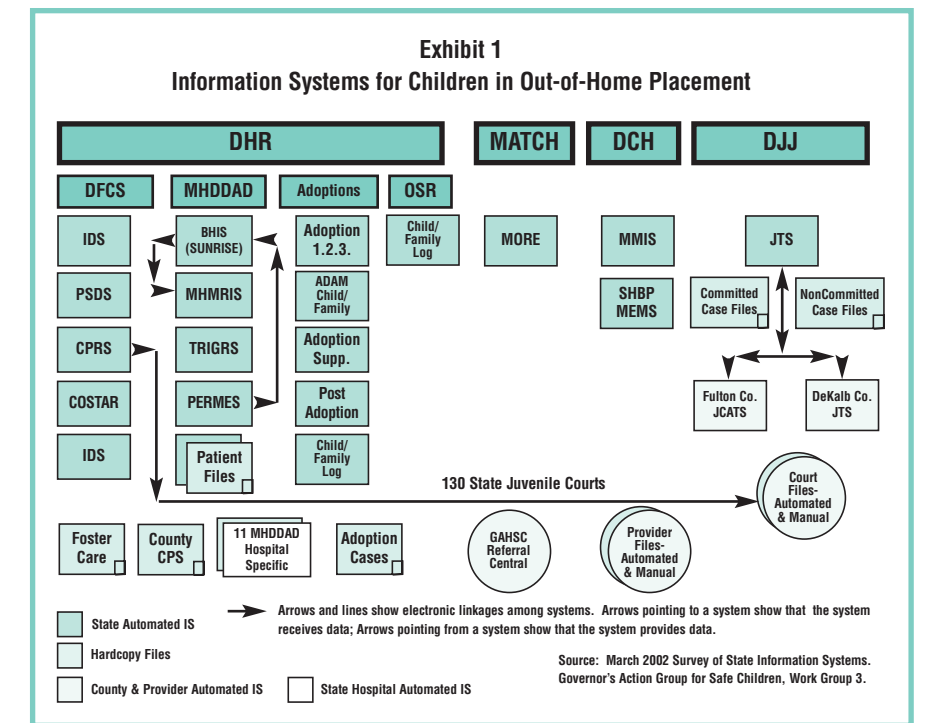
**6. SACWIS schedule:** The schedule as submitted to the Federal Government in the Implementation Advance Planning Document in December 2002 shall be adhered to by DHR and GTA and monitored.

**7. SACWIS project accountability:** Decentralized management has helped ensure that SACWIS addresses information needs. It is important to clearly define project roles and authorities. The DHR Commissioner and GTA Executive Director shall regularly advise the Governor on SACWIS progress, explain barriers to implementation, and share plans for dealing with anticipated problems.

**8. SACWIS updates:** DHR shall routinely update its web page to disclose progress and milestones in SACWIS development.

**9. SACWIS functionalities:** SACWIS must include:

- Tracking
- Reporting



- Outcome measures
- Case management
- Relational databases
- Alerts and reminders
- Protocols to ensure consistency
- Data entry and system use as part of routine activities

**10. SACWIS planning:** The SACWIS project team shall begin developing protocols and procedures for transferring information from existing systems to SACWIS. The project team shall:

- Ensure that inaccurate and incomplete data are not carried over to SACWIS
- Help ensure that data can be transferred as various SACWIS functionalities go online

**11. Juvenile Tracking System [JTS]:** DJJ shall continue its efforts to provide juvenile and family courts appropriate access to JTS information, including the development of access and confidentiality protocols.

## 12. Child welfare module of the Health and Human Services

**Portal:** GTA shall continue to work with DHR, DCH, DJJ, the juvenile courts, the State Data Research Center, and DOE to plan for a seamless system of inquiry, including the development of timelines and milestones for the state's Health and Human Services Portal's child welfare module.

**13. Training:** GTA, DHR, DJJ, DCH, the juvenile court system, and providers shall work together to ensure that staff members obtain training in the use of SACWIS and Georgia's Health and Human Services portal.

## 14. Online listing of placement options:

DHR, DJJ, and GAHSC shall collaborate to build and make available a complete and current online listing of placement options.

1. Child Protective Service Task Force, Report to the Commissioner of the Department of Human Resources, State of Georgia, April 20, 2000, page 17.

1. Orme, J.G. & Buehler, C. (2001). "Foster Family Characteristics and Behavioral and Emotional Problems of Foster Children: A Narrative Review." *Family Relations*, 50(1), 3-15.
2. Greenblatt, S.B. (2000) A note from the director. *Permanency Planning Today*, 1(2): 1-3. Annie E. Casey Foundation (1998). "Recruitment, Training, and Support: The Essential Tools of Foster Care." *Family to Family: Tools for Rebuilding Foster Care*. Baltimore, MD.
3. Trupin, E. W., Tarico, V. S., Low, B. P., Jemelka, R., & McClellan, J. (1993). "Children on Child Protective Service Caseloads: Prevalence and Nature of Serious Emotional Disturbance." *Child Abuse & Neglect*, 17, 345-355. Pilowsky, D. (1995). "Psychopathology Among Children Placed in Family Foster Care." *Psychiatric Services*, 46(9), 906-910. Halfon, N.G., Mendonca, A., & Berkowitz, G. (1995). "Health Status of Children in Foster Care: The Experience of the Center of the Vulnerable Child." *Archives of Pediatrics and Adolescent Medicine*, 149, 386-392. Stein, E., Rae-Grant, N., Ackland, S., & Avison, W. (1994). "Psychiatric Disorders of Children 'In Care': Methodology and Demographic Correlates." *Canadian Journal of Psychiatry*, 39(6), 341-347. Rosenfeld, A.A., Pilowsky, D.J., Fine, P., Thorpe, M., Fein, E., Simms, M.O., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R., & Nickman, S. (1997). "Foster care: An update." *Journal of American Academy of Child and Adolescent Psychiatry*, 36, 448-457. Clark, H. B., Prange, M. E., Lee, B., Boyd, A., McDonald, B.A., & Stewart, E.S. (1994). "Improving Adjustment Outcomes for Foster Children with Emotional and Behavioral Disorders: Early Findings from a Controlled Study on Individualized Services." *Journal of Emotional & Behavioral Disorders*, 2(4), 207-218. Chernoff, R., Combs-Orme, T., Risley-Curtiss, C., & Heisler, A. (1994). "Assessing the Health Status of Children Entering Foster Care." *Pediatrics*, 93, 594-601.
4. Baum, A., Crase, S., & Crase, K. (2001). "Influences on the Decision to Become or Not Become a Foster Parent." *Families in Society- The Journal of Contemporary Human Services*, 82(2), 202-213.
5. Clark et al.
6. U.S. Department of Health and Human Services, Administration for Children and Families, *National Survey of Current and Former Foster Parents*, 20-10080, 1993.
7. Lino, Mark (2002). *Expenditures on Children by Families, 2001 Annual Report*. U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. Miscellaneous Publication No. 1528-2001. Note that health care costs have been backed out of our estimates because Medicaid covers these costs for children in foster care.
8. Sanchirico, A. & Jablonka, K. (1998). "Keeping Foster Children Connected to Their Biological Parents: The Impact of Foster Parenting." *Child & Adolescent Social Work Journal*, 17(3).
9. The Barton Child Law and Policy Clinic of the Emory University School of Law, Adoption and Safe Families Act survey to be published.

### **One Foster Parent's Experience**

Our family prepared. We took classes. We anticipated.

I am a mental health professional, mother of two biological daughters and an adopted child with mental illness. We as a family had made a choice to accept a child who was described as 'challenging' into our home. We chose this youngster because no one else would take her: she had exhausted all resources; she had been in 19 different placements that year alone. She was a struggling senior in high school. Within hours – as soon as the sun went down – it became clear to us why our new daughter was labeled 'challenging.' There was no trust left; she tested everybody and everything she came into contact with.

Against all odds, she graduated from high school. Within a month we were informed that her social worker's services were terminated; there was no plan and there would be no further financial assistance. No one came to visit. No one offered assistance. No one offered support. No one talked of a future direction for her life. Even with my knowledge of systems we were not able to find any help as our daughter transitioned into adulthood. Our phone calls were met with similar responses from all systems: "[she's] not our responsibility".

Our daughter continued to live with us and attended a quarter of college. Eventually she moved out to take her place in the world. She still struggles – still wonders why she cannot find the services she desperately needs to survive.

**–Sue Smith**

North Georgia Foster Parent Store  
<http://www.fosterparentsupport.org/>

Community Partnerships for Protecting Children, *Safekeeping*, Volume 5 No.1, Spring 2001, A Neighborhood Network to Support Families and Children  
<http://www.cssp.org/safekeep.html>

William T. Grant Foundation  
<http://www.wtgrantfoundation.org/>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>

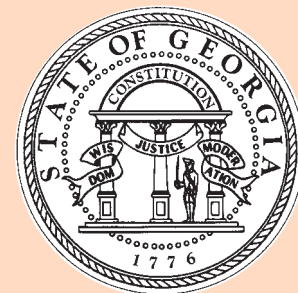


**Governor's Action Group For Safe Children**

*To find out more...*

### **Governor's Action Group for Safe Children**

**Office of the Governor  
 State Capitol Building  
 Atlanta, Georgia 30334  
 404.656.1776 phone  
 404.657.7332 fax  
 www.georgia-kids.com**



# Family-Based Placements

## **The Challenge**

The number of children requiring out-of-home placements—both in Georgia and nationally—has been growing at the same time that the number of family foster homes has been decreasing. While some challenges are inherent in being a foster parent, the decline has been worsened by a system that provides limited financial and emotional support to these front-line volunteers.

Family foster homes are the most common form of out-of-home placement, accounting for 70-75% of out-of-home placements nationally and in Georgia.<sup>1</sup> Georgia has not calculated turnover rates for its foster families, but we know that nationally between 40 and 60 percent of foster families leave the system within one year.<sup>2</sup> In 1999, Georgia reported over 5,000 foster parents caring for about 12,000 children. In 2001, the number of foster families available declined to 3,800, while the number of children in foster care grew to almost 14,000.

The lower number of foster homes coupled with the increased number of children in foster care creates pressure on the remaining foster homes to take more children thereby causing overcrowding and the potential for disruption and danger.

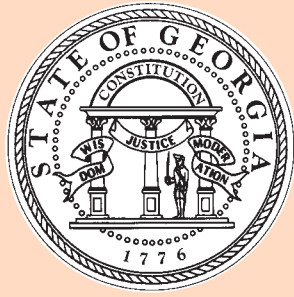
## **Findings**

More children and youth are entering Georgia's placement system, and their emotion-

al, behavioral, developmental, psychological, and medical needs are increasingly complex.<sup>3</sup> The incidence of emotional, developmental, and medical problems can be as much as seven times higher in children in state custody compared to demographically similar children who are not in state custody.<sup>4</sup> Between 40 to 62 percent of children in foster care need mental health services.<sup>5</sup>

The shortage of basic family foster home placements both nationally and in Georgia makes it essential to recruit as many new families into the system as possible while still maintaining quality standards. Currently, the Division of Family and Children Services (DFCS) and the Department of Juvenile Justice (DJJ) recruit and operate separate foster homes. For reasons of both efficiency and economy, Georgia needs a single system of recruitment, training, retention and supervision serving all agencies. Combining the functions of recruitment, training, and retention is important because improved retention affects recruitment in two ways: 1) fewer foster homes leaving the system reduces the need to recruit new homes, and 2) the largest single source of new foster parents is by word of mouth from satisfied existing foster parents.<sup>6</sup>

Georgia should increase the number of state-funded positions based in the counties or regions whose sole purpose is to recruit and retain foster parents by ensuring that their needs are addressed. A consensus exists that effective recruiting is a very "hands on"



Adoptive and Foster Parent  
Association of Georgia  
<http://www.afpag.org/>

The Annie E. Casey Foundation  
<http://www.aecf.org>

The Annie E. Casey Foundation,  
Family to Family  
[http://www.aecf.org/  
familytofamily/index.htm](http://www.aecf.org/familytofamily/index.htm)

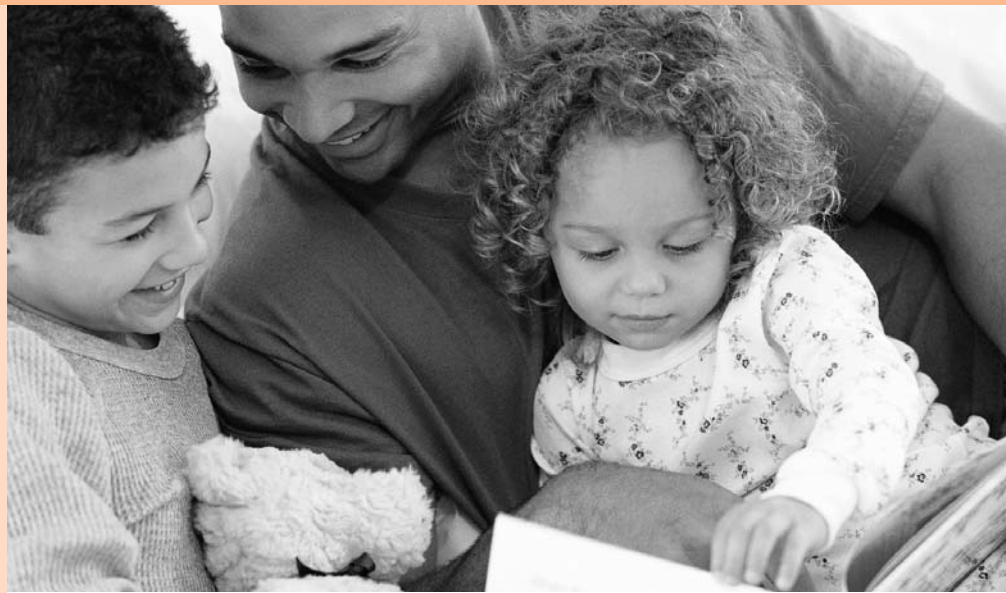
Implementation Guide for  
Family to Family  
[http://www.aecf.org/  
initiatives/familytofamily/  
tools/implementing.pdf](http://www.aecf.org/initiatives/familytofamily/tools/implementing.pdf)

Casey Family Programs  
<http://www.casey.org/>

Dave Thomas Foundation  
[http://www.davethomas  
foundationforadoption.  
org/](http://www.davethomasfoundationforadoption.org/)

Jim Casey Youth Opportunities  
Initiative  
[http://www.jimcaseyouth.  
org/](http://www.jimcaseyouth.org/)

The John D. and Catherine T.  
MacArthur Foundation  
<http://www.macfdn.org/>



process built on networks of relationships at the local level. These workers should also function as ombudsmen for existing foster parents in their county or region. Currently the only front-line worker(s) the foster parent deals with are assigned to the children in the foster parent's care — this can be multiple frontline workers if the foster parent has multiple children. These often-overworked frontline workers do and should have the child's well-being as their first priority. Addressing foster parents' concerns, challenges, or difficulties is no one's primary responsibility. In some cases, foster parents receive almost no contact from frontline workers — even in response to attempts by the foster parent to contact the frontline worker about the child in her care.

Efforts to recruit new foster parents should include a coordinated statewide marketing campaign that identifies and targets effective messages to those groups that are most likely to become successful foster parents. The campaign should include coordinated billboards, advertisements, brochures, a website, and a statewide toll-free number that operates nights and weekends when working adults are most likely to call. The state and counties should make prospective foster parents feel like the rare and valued resource that they are from their very first contact with the system. For example, the toll-free Foster Care Inquiry line—operational Monday through Friday from 8 am to 11 pm—should continue to be staffed with trained, consumer-friendly indi-

viduals. Training schedules for prospective foster parents should be more flexible and built around parents' needs.

In addition to volunteering their time, hearts, and homes to care for some of Georgia's most vulnerable children, foster parents incur financial sacrifices. Although rates have increased twice in the past four years, the current foster care payment of \$13.50 per diem for children ages 6-12 is approximately 80% of the \$16.90 per day that the USDA estimates low-income families spend to raise children in this age group.<sup>7</sup> Over the course of a year this adds up to a gap of over \$1,200 for every foster child a low-income family cares for.

The gap between the per diem and expenses only widens for higher income families that spend more per child. In addition to the gap for basic costs, foster families struggle with covering "special" expenses for children in their care, including school clothes and vacations that their family would normally take. Reimbursement for these supplemental expenses — even when they are "allowable" — is often limited and takes months to be paid. (Children up to 12 years old initially receive \$150 worth of clothing; children 12 & up receive \$300 of initial clothing. All children receive \$100 on an annual basis; most foster parents use the \$100 around school time.)

Given that there may be a limited number of families with the resources and capabili-

ties to be successful foster parents, Georgia needs to keep every good foster family it can in the system. Some ways to increase retention include improving foster care training, increasing emotional support to foster parents, and involving foster parents more in planning and case management for the children in their care. Georgia should explore various ways of increasing emotional support for foster parents to identify those approaches that are most successful. Some examples might include support networks, "warm lines" (lines staffed by people ready to offer support and an empathetic ear), respite care, and chat rooms. The most effective approach may vary by community. Tailoring such activities to local needs may be an important role for the foster care recruitment and retention positions described above.

Foster parents who are more involved in the child's case planning are significantly more satisfied.<sup>8</sup> Often foster parents in Georgia complain that they have little or no contact with the child's front-line worker and that they are not even notified of upcoming court hearings affecting the child, much less allowed to testify.<sup>9</sup> State and county child-serving agencies should involve foster parents in case planning to the greatest extent possible.

## Recommendations

### 1. Increase the availability of foster care.

Increase the availability of high-quality foster care, including family-based and group care.

**2. Single system for foster care recruitment, training, and retention.** Establish one system for foster care recruitment, training and retention for all agencies placing children.

**3. Dedicated positions for foster care recruitment and retention.** Increase the number of state-funded positions serving counties or regions whose responsibility is to 1) recruit new foster parents and 2) retain existing foster parents by ensuring that their needs are addressed. These positions should be at the community level, with the allocation of positions tied to the caseload of children in out-of-home placements. These posi-

tions should serve all state agencies that place children in keeping with Recommendation 2 above.

**4. Privatization of recruitment.** Consider further privatization of foster care recruitment.

**5. Statewide marketing campaign.** Conduct a statewide marketing campaign to recruit new foster families.

- Identify and target messages to groups that are most likely to respond and to demographic groups where homes are particularly needed
- Coordinate brochures, a website, and other supportive materials
- Operate a statewide toll-free number, including nights and weekends when working adults are most likely to call
- Consider separate campaigns for adoptive and foster parents.

**6. Positive agency response.** Make prospective foster parents feel "welcome, respected, accepted, and needed" from their very first contact with the state. Staff the toll-free foster care number with trained, consumer-friendly staff, including nights and weekends. Expand the state's role in providing training to the county/regional foster care recruitment and retention staff on how to make foster parents welcome and support their needs.

**7. Raise foster care rates.** Implement basic foster care rates that address the inadequacy of current compensation.

**8. Increase supplemental payments.** Implement payments to foster parents to address the inadequacy of reimbursement for supplemental expenses. Develop a system that balances accountability with timeliness of payments.

- Increase state reimbursements for certain allowable "special" expenses such as school clothes.

- Address timeliness of reimbursements.
- Review policies regarding "allowable expenses".

**9. Enhance other incentives.** Consider other possible incentives for foster parents, such as state tax credits, making foster parents eligible for participation in the state health benefits plan, or student loan forgiveness.

**10. Professional foster parents.** Develop and evaluate a pilot program for professional foster parents as part of the placement continuum. Professional foster parents receive a salary and benefits for their work as foster parents, in addition to the regular per diem cost payment for each child. Professional foster parents may be an appropriate option for difficult-to-place children with special needs.

**11. Improve foster care training.** Modify foster parent training to add more material identified by foster parents. Make training schedules more flexible and consumer-friendly. Explore utilization of privatized training options and/or training through the Department of Technical and Adult Education.

**12. Increase emotional support.** Explore and implement effective models for emotionally supporting foster parents.

**13. Increase involvement of foster parents.** Increase involvement of foster parents as part of the child's case management and planning team. Allow and encourage foster parents to testify at the child's court hearing through steps such as providing adequate notification to foster parents of upcoming hearings.

**14. Encourage foster parents to be heard.** Ensure that foster parents receive notice and an opportunity to be heard consistent with federal and state law.

- Placements for children who are medically fragile
- Treatment alternatives for children age 12 and under who would otherwise be committed to DJJ
- Therapeutic transitional programs for DJJ and MATCH youth.

**2. Increase independent living/transitional programs.** These programs help youth in their late teens that are in out-of-home placements to successfully make the transition to adulthood and full emancipation at age 18.

**3. Increase availability of emergency placements:** Increase the statewide availability of emergency placements, including family-based and group care.

**4. Monitor Level of Care system:** Monitor implementation of the Level of Care system to determine the adequacy of the payment rates. Monitor whether there are adequate placements for the numbers of children at various levels. If the available number of placements is inadequate

in some or all categories, determine the source of the barrier.

**5. Incentive system for gap services:** Institute an incentive system for hard-to-fill gaps in service defined either by type of placement or geographically.

**6. Identify fair rates for gap services:** Develop a methodology through collaboration of the public and private sectors to identify a fair rate for hard-to-fill gaps in services.

**7. Start-up funding:** Support the identification and development of start-up funding for new services.

**8. Overcome zoning barriers:** Develop state incentives for communities to overcome zoning barriers to allow for successful implementation of services and programs in underserved areas.

**9. Provider input:** Encourage provider input in state contracting and licensing policies.

**10. Consistent licensing rules for public and private foster homes:** Establish licensing standards for all public and private out-of-home

placements – with the exception of DJJ secure juvenile detention facilities. DJJ secure juvenile detention facilities will adhere to accepted professional juvenile justice standards. The licensing authority shall require the public agencies, as well as private providers providing out-of-home placements to meet the same rigorous standards. The Office of Regulatory Services shall also be responsible for approval of all waivers and shall maintain current and accurate data on all waivers.

**11. Maternity and Second Chance homes:** Integrate the licensing standards for maternity homes and Second Chance Homes to 1) require reasonable standards of care and 2) allow them to maintain placements of pregnant youth and new adolescent mothers with their infants for the time necessary to ensure a positive transition to a permanent living arrangement.

1. State Fiscal Year 2001 MATCH Annual Report (6/30/01 data). These were the latest data available to the Action Group during its deliberations. The State Fiscal Year 2002 MATCH Annual Report indicates 300 children on the waiting list as of 6/30/02.
2. In response to the Action Group's request for information, DJJ estimated 50 children and MATCH estimated 95 children in their respective agencies needed these services. MATCH based its estimate on the number of children placed by MATCH on an emergency basis during the 90-day period from 3/1/02 through 5/31/02. MATCH chose a 90-day period as the basis of its estimate because of the 90-day turnover in emergency placements.
3. MATCH estimate in response to the Action Group's request for information. MATCH estimated, based on information from local staff and local MATCH teams, that only half the children actually needing MATCH services are referred to the state-level MATCH process. County staff give a number of explanations for not referring children to the state-level process, including:
  - The child's condition is similar in severity to that of other children who were turned down by state-level MATCH, so it is not worth going through the process;

- The difficulty of assembling the state-level MATCH application package causes the worker to delay;
  - The case manager leaves and his or her replacement is unaware of the need to complete the application.
4. Estimate from the Treatment Services Unit of the DFCS state office in response to an Action Group request for information. Estimate is based on a telephone survey of a sample of county DFCS staff to determine the outcomes for children who had received approval for level of care payments, 2/15/02.
  5. Estimate by the Treatment Services Unit of the state DFCS office in response to an Action Group request for information. Estimate is based on the estimated number of requests for assistance with emergency placements for youth who need a level of care above "basic" but below MATCH that the Treatment Services Unit received during the 90 days from 2/1/02 through 5/1/02. The unit chose a 90-day period as the basis of its estimate because of the 90-day turnover in emergency placements.
  6. Estimates from DJJ and MATCH in response to an Action Group request for information. DJJ estimated 30 youth in this category; MATCH estimated 172 youth. The MATCH estimate is based on MATCH's data that 229 MATCH youth will turn 17 or older in FY 2003.

- Based on experience with transition planning for youth/young adults leaving MATCH, 75% (172) of these youth will need therapeutic transition services in a residential setting; 25% will be able to return to families or foster families and receive outpatient treatment and non-residential transitional support.
7. DJJ Juvenile Tracking System (JTS) and DJJ Regional Residential Placement Waiting Lists, 5/02.
  8. Ibid
  9. Estimate by the Treatment Services Unit of the state DFCS office in response to an Action Group request for information. Estimate is based on the estimated number of requests for assistance with "basic" emergency placements received by the Treatment Services Unit during the 90-day period from 2/1/02 through 5/1/02. The unit chose a 90-day period as the basis of its estimate because of the 90-day turnover in emergency placements.
  10. U.S. Department of Health and Human Services, Administration for Children and Families, Region IV. *Child and Family Services Review Final Report, Georgia*. July 2001.
  11. Ibid

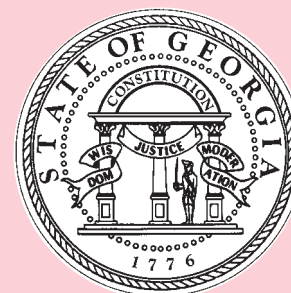


Governor's Action Group  
For Safe Children

To find out more...

## Governor's Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
www.georgia-kids.com



# Non-Family-Based Placements

## The Challenge

The problems of children entering out-of-home placements are becoming more complex and severe at the same time that the number of children needing care is growing. There are not enough placements to treat the special needs of these children. Even when such placements exist, their distribution is not optimal – neither geographically nor in terms of the types of services offered. Children needing “deep end” intensive services are a minority of children in out-of-home placements. Yet these 20-25% of cases are often the most heartbreaking and pose some of the system's greatest challenges.

The Action Group wishes to emphasize that *all* children in out-of-home placements need some therapeutic care simply by virtue of the trauma of being removed from their family of origin. This report uses the terms “intensive” or “therapeutic care” to distinguish those children whose special needs go beyond those caused by this baseline trauma.

Non-family-based care comes in an astounding variety of forms from therapeutic group homes to wilderness camps to maternity homes. (See Glossary of Terms and Acronyms.) As with family-based care, the Division of Family and Children Services (DFCS) and the Department of Juvenile Justice (DJJ) run largely separate systems. Further complicating matters, each agency uses different terminology to describe its placements, making it more difficult to assess strengths and gaps in Georgia's overall “system”, to the extent one exists.

## Findings

Georgia's child welfare system is in early stages of reform. New ways of allocating treatment and services will be affected by such approaches as the Level of Care system. In estimating placement shortfalls, the Action Group focused on a set of point-in-time data with full recognition that these placement gaps would change as the system changes.

- 282 children on the waiting list for services from the Multi-Agency Team for Children (MATCH) as of June 30, 2001.<sup>1</sup> (MATCH is a program that purchases residential treatment services for children and adolescents who are severely emotionally disturbed. Services include therapeutic foster care, therapeutic residential wilderness camps, and intermediate and intensive residential services.)
- 145 children needing therapeutic emergency placement as of Spring 2002 (estimate)<sup>2</sup>
- 300 children approved by local MATCH committees for therapeutic placements who were not referred to the state MATCH committee (estimate)<sup>3</sup>
- 100 children needing therapeutic placements
- 200 children approved for “level of care” payments for enhanced services

The Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative:

<http://www.aecf.org/initiatives/jdai/>

Foster Parenting

<http://www.fosterparenting.com/>

The Georgia Association of Homes and Services for Children:

<http://www.gahsc.org/>

Georgia Center for Adoption Resources and Support

<http://www.gaadoptionresources.org/>

Georgia Department of Human Resources

[www.dhr.state.ga.us](http://www.dhr.state.ga.us)

Georgia Department of Juvenile Justice

<http://www.djj.state.ga.us/>

National Clearinghouse on Child Abuse and Neglect Information

<http://www.calib.com/nccanch/pubs/factsheets/foster.cfm>

National Resource Center for Foster Care and Permanency Planning

<http://www.hunter.cuny.edu/socwork/nrcfcpp/>

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.

<http://www.georgia-kids.com>

for whom no appropriate placements were available as of Spring 2002 (estimate)<sup>4</sup>

- 200 “high risk” youth in need of emergency placements as of the Spring 2002 (estimate)<sup>5</sup>
- 202 therapeutic transitional living placements for children “aging out” of MATCH and DJJ in FY 2003 (estimate)<sup>6</sup>
- 120 children served by DJJ who need support and assistance to prepare for living independently as of May 2002.<sup>7</sup>
- 146 youth committed to DJJ and assessed at “low” or “medium” risk who need emergency placement as of May 2002.<sup>8</sup>
- 100 children requiring placement by DFCS for whom there were no appropriate placements thereby creating a need for “emergency” placements as of Spring 2002 (estimate)<sup>9</sup>
- 5 of the 12 DJJ/DFCS regions currently have no emergency placements.

The Action Group noted that children who are both intellectually challenged and emotionally disturbed need special services that are often not available. Similarly, the Group heard repeatedly from juvenile court judges of the need for safe and therapeutic placements for juvenile sex offenders. This finding was reinforced by the Action Group's own investigation of the 84 young children detained by DJJ.

Another significant gap is transitional programs for the growing number of young people in their late teens that are about to “age out” of the system when they turn 18. Many of these youth may have been in out-of-home placements for years, may be developmentally delayed relative to average teens, and lack the support from family and friends that average teenagers utilize to navigate the transition to independence.

Many Action Group members, particularly among the providers, feel strongly that raising reimbursement rates is the key to increasing the availability of placements. “Raise the rates and they will build it,” this group contends.

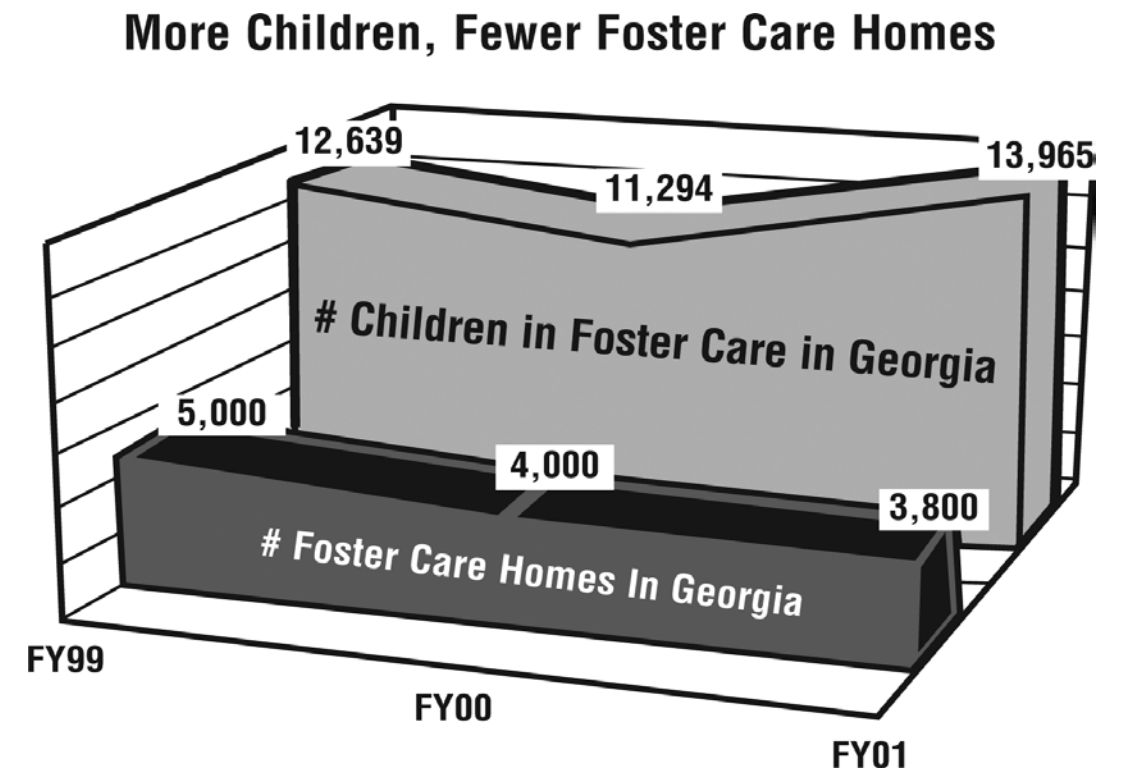
The Action Group is hopeful that the

planned Level of Care payment system will be an improvement over Georgia's current approach to reimbursement. (See the section on *Innovative Financing* for a description of Level of Care.) However, whether the Level of Care system will be effective in reducing shortages for various types of care will hinge on the adequacy of the payment levels. The Action Group recommends careful monitoring of the Level of Care system by objective entities to determine whether adequate placements are available for children assigned to the various levels. If shortages exist at any level, the reasons for the shortage should be determined, with special attention to whether the payment rate is adequate to attract providers.

Despite the Level of Care system, hard-to-fill gaps may remain for certain services and/or for certain geographic areas. Georgia should implement an incentive system to entice providers to enter these markets. In general, the State faces difficulty in determining the fair market rate for out-of-home placement services when it is essentially the sole buyer of such services, and the supply side of the market is characterized by a relatively small number of providers who know each other. In economic terms, the “fair market rate” is the lowest price at which the state can obtain all the placement slots it wants. This is actually a set of rates for the various types of services in various locations statewide. Georgia should explore economic approaches to determining such “market-clearing” rates.

A final financial hurdle to developing additional non-family-based placements is that providers do not receive any reimbursement until they have started serving children. This means that providers must cover all upfront and development costs out of their own pockets. Georgia should support communities and interested providers in identifying and developing start-up funding for new services.

Another barrier to the establishment of services and programs in underserved areas is



zoning issues. Private providers stand ready in many communities to establish group homes to meet the needs of children in out-of-home placements, but zoning commissions often bow to the pressure of individuals living close to proposed group homes to have children served elsewhere. The Action Group urges Georgia communities to accept ownership and responsibility for serving children in their own communities. The State should consider offering incentives to such communities in underserved areas to lessen their opposition to such facilities.

Current state contracting processes are rigid. Often, Requests for Proposals (RFPs) include prescriptive requirements preventing viable providers from responding. There must be increased collaboration between the public and private sector (including families and youth) in the design of programs, rates, and level of care systems.

Foster care homes under DFCS supervision are not subject to the same enforcement of standards as private providers. DFCS routinely grants waivers. No system exists for standardizing or tracking waivers. The Federal Child and

Family Services Review stated that, “There must be one licensing standard applied to both public and private foster homes and shelters.”<sup>10</sup> Local DFCS directors, who are motivated by shortages of placements, should no longer grant waivers to allow foster homes to exceed the maximum of six children. This can compromise children's safety.<sup>11</sup>

The Action Group's deliberations revealed that tensions remain between public agencies that cannot “reject” a child from placement and so feel the need for the “safety valve” of waivers, and private providers and others that feel that all facilities should adhere to the same standards whether public or private.

Current licensing requirements for maternity homes are so restrictive that teen mothers and their children must move to a Second Chance Home shortly after the birth of the child. (A maternity home is for teens that are pregnant and immediately after giving birth are required to leave the placement. The maternity home is licensed by DHR's Office of Regulatory Services. The Second Chance Home is for teens with children; the home is licensed

by DHR's Child Care.) The change in placement is not in the best interests of the mother or the child but is required due to licensing standards. Licensing rules for maternity and Second Chance Homes can be revised to adequately safeguard the health and well-being of teen mothers and their newborns without requiring unnecessary and disruptive moves.

## Recommendations

**1. Increase availability of therapeutic services:** Increase therapeutic services of various intensities and types, including:

- Acute emergency placements
- Therapeutic emergency placements
- Appropriate options for children dually diagnosed with mental retardation (MR) and severe emotional disturbance (SED)
- Substance abuse services
- Placements for youth with mental illness and chronic violent behaviors
- Programs for sexual offenders and for victims of sexual abuse

placements, or 3) move to a permanent placement. Ensure that children who are in state custody are afforded the same rights as children who are homeless and protected by the federal McKinney Act. The Stuart B. McKinney Homeless Assistance Act (PL100-77) was the first major federal legislative response to homelessness. Under the Act, states must ensure that homeless children and youth have “equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth.”

**2. Active participation of local schools:** Require local school systems:

- To participate actively in the assessment, treatment, planning and/or service delivery for children at risk for out-of-home placement, children who are in out-of-home placements, and children who are making a transition between placements; and
- To provide support to case managers including use of office space for meeting with children within their school when space is available.

**3. Case-by-case assessment of children returning from DJJ:** Establish a process with the state Board of Education, DJJ and/or DFCS to assess each child return-

ing from a juvenile justice placement on a case-by-case basis to allow direct placement of the child into his or her home school when appropriate.

**4. Comprehensive MHDDAD system:** Develop a comprehensive system of services and placements to treat mental health problems, developmental disabilities, and/or addictive diseases in children and in families with children. Children in need of MHDDAD services shall receive services in a timely manner. These services shall follow the child when placement changes.

**5. MHDDAD service delivery areas:** As a short-term goal, have MHDDAD communicate and implement a plan for delivery of mental health services within the existing service delivery areas used by DHR and DJJ. Require MHDDAD to share the plan with system partners, consumers and their families. As a long-term goal, establish uniform service delivery areas for all state agencies that serve children and the judicial circuits.

**6. Early Periodic Screening, Diagnosis, and Treatment (EPSDT):** Further explore and research maximizing utilization of EPSDT and coordinating it with the *First Placement, Best Placement* assessment process to ensure that Georgia addresses the mental health needs of its children.

1. “Improving Educational Outcomes for Youth in Foster Care: A National Collaboration”, Child Welfare League of American, January 2002.  
 2. National Council of Juvenile and Family Court Judges, Annual Conference, Boston, July 2002.  
 3. “Improving Educational Outcomes for Youth in Foster Care: Perspectives from Judges and Program Specialists.” *Technical Assistance Bulletin*, Volume VI, No. 2, June 2002, p.1 which cites Casey Family Programs, *Resources on Foster Care and Homeless Youth*, 2001.  
 4. Ibid.  
 5. Division of Family and Children Services. *Summary of Georgia's Child and Family Services Federal Review and Evaluation*. Atlanta, GA, October, 2001.  
 6. Office of the Child Advocate for the Protection of Children. *Annual Report, 2001*, Macon, GA. p. 11.  
 7. The Child Policy Initiative, Georgia State University. “84 Children: Follow-up and Proposed Recommendations.” Report to the Governor's Action Group for Safe Children. June 26, 2002.  
 8. Office of the Child Advocate, page 11.  
 9. Ibid., page 19.

Casey Family Programs, National Center for Resource Family Support  
[http://www.casey.org/cnc/support\\_retention/nav\\_health.htm](http://www.casey.org/cnc/support_retention/nav_health.htm)

National Center for Mental Health and Juvenile Justice  
<http://www.ncmhjj.com/>

National Mental Health Association  
<http://www.nmha.org/>

Office of the Surgeon General  
<http://www.surgeongeneral.gov/topics/cmh/childreport.htm>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>



Governor's Action Group For Safe Children

*To find out more...*

**Governor's Action Group for Safe Children**

Office of the Governor  
 State Capitol Building  
 Atlanta, Georgia 30334  
 404.656.1776 phone  
 404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)



Governor's Action Group For Safe Children



# Support Services

## The Challenge

Our state and local agencies charged with providing educational and mental health services to Georgia's youth are not systematically involved in the identification of children at risk of out-of-home placement, the prevention of out-of-home placements, and the provision of services to those children and youth who must be placed away from their homes.

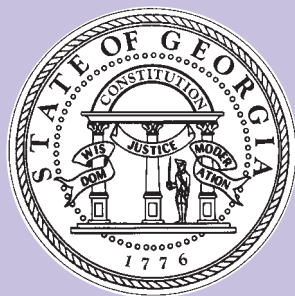
## Findings

**Children in state custody experience delays in enrollment and receipt of educational services. Many of these children are eligible for special education services but do not receive these services in a prompt or timely manner.** Ninety percent of foster care children do not achieve grade level for reading and math due to frequent moves, poor school attendance, and lack of family support for education. Once these children are behind in school, academic success becomes much more difficult to achieve. Forty percent of these children must repeat at least one grade level; seventy-five percent must change schools when they move into foster care. Twenty percent of children in foster care change schools during any given month.<sup>1</sup>

Chronic disruptive behavior is often a manifestation of abuse and neglect. Such behavior interferes with the education of the disruptive child and those around the child. Chronic disruptive behavior often results in the child entering the court system through the Department of Juvenile Justice (DJJ), where the focus is the child's conduct and not the underlying abuse and neglect.

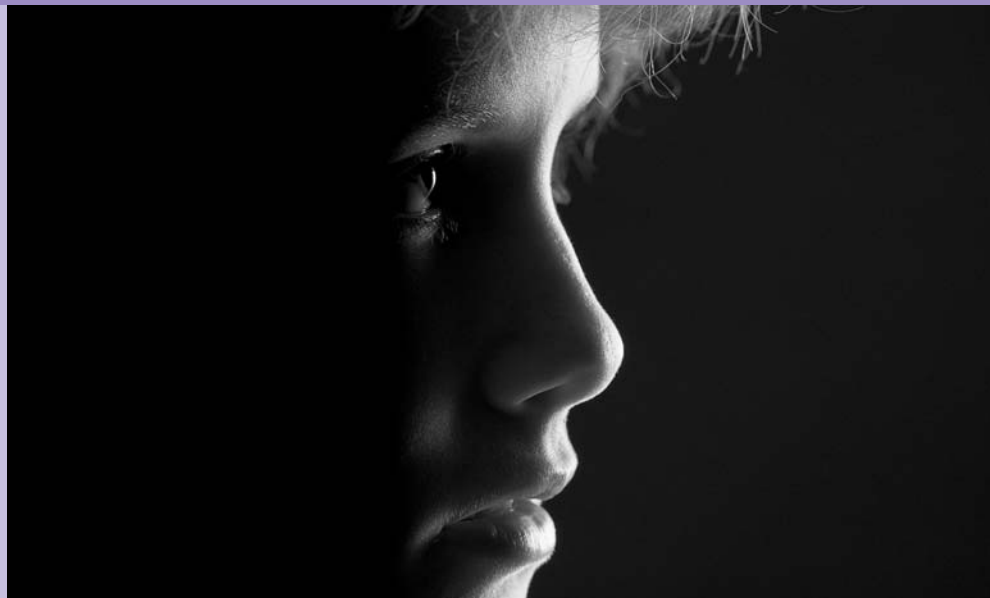
As youth exit foster care to enter the adult world, education is a significant factor affecting their success. However, only one in five children in foster care completes high school.<sup>2</sup> Studies by Casey Family Programs indicate that three in ten homeless adults are former foster children.<sup>3</sup> As many as one in three children in foster care goes on to require public assistance as an adult.<sup>4</sup>

Neither DJJ nor the Division of Family and Children Services (DFCS) has the staff, training or support necessary to meet the educational needs of children in state custody. The Action Group concurs with the 2001 federal review of Georgia's child welfare system in finding that, “Children's educational needs should be better incorporated into state plans. More advocacy is needed with the school system.”<sup>5</sup>



*Ninety percent of foster care children do not achieve grade level for reading and math due to frequent moves, poor school attendance, and lack of family support for education.*

*— Illinois study reported in “Improving Educational Outcomes for Youth in Care: A National Collaboration”, Child Welfare League of America, January 2002*



**Education has operated separate and apart from any case planning regarding children in state custody.**

In contrast with DFCS and DJJ, education does not have a centralized structure. Local boards of education set policies and practices, in conformance with rules, regulations and guidelines from the U.S. Department of Education, the State Board of Education and the state superintendent's office. Formal means of communication between local school systems and state agencies responsible for children in state custody do not exist. Georgia must actively foster partnerships at the local level that ensure that educators take an active role in assessment, treatment, planning and service delivery for children at risk of out-of-home placement, children already in out-of-home placements, and children who are changing placements. These local partnerships should assist other child-serving agencies in meeting the educational needs of children in state custody.

As a consequence of the failure to communicate about the status and needs of children, **children returning to public education from a DJJ placement are often required to attend alternative schools before being allowed to attend their home school.** In some cases children are allowed to return only to

alternative programs within their home school district. These requirements are often enforced even when the youth has successfully completed a program that included attendance at the local public school in another community.

Sending all children to alternative schools upon release from a juvenile justice placement is unnecessary. The child's educational record becomes more fragmented, and it becomes more difficult to assess credits earned. Once a child is retained a grade level, the child is more likely to drop out. Some alternative educational settings are deficient in providing a meaningful learning experience. Schools that lack structure or that fail to engage the child make disruptive behaviors more likely and may result in the child returning to the juvenile justice system.

**Children in need of services from the Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) are often not receiving services.** Others experience a significant delay between entering care and initiation of services. MHDDAD services are fragmented, inconsistent, under-funded and difficult to access.

The 2001 Annual Report of the Georgia Office of the Child Advocate states:

“There is little that is more clear than the fact that mental health resources are critically deficient for Georgia's abused and neglected children and their families who so often are in dire need of help. In many cases, assessments were conducted and the information and recommendations in the assessments were used to develop case plans for the children and families. Far too often the Office of the Child Advocate discovered a complete breakdown in the provision of mental health services as set forth in the case plan.

“The failure to provide mental health services resulted largely due to overwhelming caseloads or from the fact that services simply were not available in the community. Another problem evidenced in the investigative findings was that the providers were often relegated to recommending what was available and not what the child and family actually needed. When services to meet the true needs are not recommended simply because they do not exist, the problem of a deficient system is whitewashed and the gaps in mental health services are never identified.”<sup>6</sup>

System gaps become very evident in the cases of children under the age of 13 who are committed or detained by DJJ. Almost three-fourths (74%) of these children who were committed or detained in 2001 had a diagnosis of one or more mental illnesses. Slightly less than one-third (31%) of these children had psychiatric hospitalizations while an additional third received outpatient/ community mental health services. Three-fourths of these children were involved with MHDDAD, DFCS or both before entering DJJ.<sup>7</sup>

Until Georgia provides a comprehensive system of services and placements for mental health, developmental disabilities and addictive diseases, children will continue to disrupt their way out of placements (including their own homes) that cannot

meet their mental health and other needs. They will continue to be incarcerated in ever increasing numbers as juveniles and adults. As the 2001 Annual Report of Georgia's Office of the Child Advocate states, “More and more of the state's children enter juvenile detention because of the state's failure to address their mental health issues when first identified.”<sup>8</sup> Adequate provision of mental health services and placements will lead to long-run cost savings for Georgia when prison and detention facilities are no longer needed to house the mentally ill.

The Action Group concurs with the statement in the 2001 Annual Report of the state's Office of the Child Advocate that, “Georgia must commit to building a mental health system that prioritizes services to our state's families and children most in need. . . . The state must provide adequate funding to meet the needs of children with intensive therapeutic needs. We cannot continue to place children in basic level care simply because we have ‘run out of money’.”<sup>9</sup>

**The MHDDAD service districts do not match the Department of Human Resources (DHR) and DJJ service delivery areas.** In order to better coordinate services, DJJ changed its service delivery areas to conform to the DHR regions used by DFCS. MHDDAD's regions and the judicial circuits, however, do not match these service delivery areas. Some courts must deal with multiple offices and several individuals representing agencies. With Georgia House Bill 498 revising the regional structure and changing the operation of the regional boards, system partners, consumers and their families are uncertain as to how the needs of children are being met.

In order to make the resources allocated for services for children more effective, we must look to system changes that promote efficiency and improved support of coordinated case management. To achieve efficiency and

improved, coordinated case management, Georgia must establish uniform service delivery regions for all child-serving state agencies and judicial circuits – if not immediately, then as soon as is reasonably possible.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) (known in Georgia as *Health Check*) is a federal mandate requiring comprehensive health assessments for children who receive Medicaid or PeachCare for Kids. Other states include mental health assessments in their EPSDT screenings. Medicaid covers treatment recommendations from the assessment in order to promote the health and well-being of the children being assessed. Georgia has not explored how to best utilize EPSDT for addressing the mental health needs of children on Medicaid, (which includes most children in or at risk of out-of-home placement).

With the economic downturn causing extremely tight state budgets, maximizing this source of funding is critical. Although covering mental health treatment for these children may increase the state's expenditures for Medicaid in the immediate term, the sad reality is that Georgia can pay for treatment for these children when they are young, or it can pay subsequently for the detention of these same untreated youth and adults in its juvenile justice and corrections systems (with no federal cost sharing). The Action Group submits that Georgia should choose the more humane and less expensive alternative of early mental health treatment for children.

## Recommendations

**1. Make educational services a priority:** Make provision of public education and related services (including special education) to children and youth in out-of-home placements a priority in order to assure that no gap occurs in children's education when they 1) come into state custody, 2) change

### 3. Community- or school-based case management:

Case management is community- or school-based and includes the school and the school counselor as an integral part of case management.

### 4. MHDDAD single point of entry:

MHDDAD regional offices' single-point-of-entry provider shall identify an individual to actively participate in case planning and case coordination for children who are served by other agencies and who need MHDDAD services.

### 5. Agencies held responsible:

No agency is absolved of responsibility for the care of a child because the child falls under the jurisdiction of another agency.

### 6. Standards for providers of wrap-around services:

All in-home treatment providers of wrap-around services shall be required to meet appropriate standards.

### 7. Pilot system with special populations:

Develop, implement, and evaluate a new collaborative case planning and coordination system for children on the MATCH waiting list and/or for children before the juvenile court for status or delinquent offenses who are under the age 13.

### 8. Prevention and intervention prototype:

Design, implement and evaluate a prototype and/or research project for case planning and coordination that is directed at prevention and intervention.

1. Child Protective Services Task Force. *Report to the Commissioner of the Department of Human Resources*. Atlanta, Georgia. April 20, 2000.
2. Carl Vinson Institute of Government, University of Georgia. *Wiser Purchasing – Improved Results for Georgia's Children and Families: Lessons Learned from the Children's Behavioral Health Study*. June 1998.
3. Johnsen, M.C., Morrissey, J.P., & Calloway, M.O. (1996). "Structure and Change in Child Mental Health Delivery Networks." *Journal of Community Psychology*, 24(3).
4. McCroskey, J., & Meezan, W. (1998). "Family-Centered Services: Approaches and Effectiveness." *The Future of Children*, 8(1).
5. Homonoff, E.E., & Maltz, P.F. (1991). "Developing and Maintaining a Coordinated System of Community-Based Services to Children." *Community Mental Health Journal*, 27(5).
6. Brown, R.A., Hill, B.A. (1996). "Opportunity for Change: Exploring an Alternative to Residential Treatment." *Child Welfare*, 75(1).
7. McCroskey et al.
8. Ibid.
9. Oswald, D. P., Cohen, R., Best, A.M., Jenson, C.E., & Lyons, J.S. (2001) "Child Strengths and the Level of Care for Children with Emotional and Behavioral Disorders." *Journal of Emotional & Behavioral Disorders*, 9(3).
10. Ibid.
11. Glisson, C., & Hemmelgarn, A. (1998). "The Effects of Organizational Coordination on the Quality and Outcomes of Children's Service Systems." *Child Abuse & Neglect*, 22(5).
12. Wynn, J., Costello, J., Halpern, R., & Richman, H. (1994). *Children, Families, and Communities: A New Approach to Social Services*. Chicago: Chapin Hall Center for Children.
13. Rust, B. *Decat in the Hat*. <http://www.aecf.org/publications/advocasey/decat/>. 1999.
14. McCroskey et al.
15. Oswald et al.
16. Johnsen et al.
17. Office of Juvenile Justice and Delinquency Prevention. "The 8% Solution." *OJJDP Fact Sheet*, 39. November 2001.
18. Wynn et al.
19. McCroskey et al.

Inventory of Georgia Placements  
<http://iep.cviog.uga/dfcssurvey/>

Council of Juvenile Court Judges  
[www.juvenilecourt.org](http://www.juvenilecourt.org)

Georgia Office of Child Fatality Review  
[www.childwelfare.net/CFR](http://www.childwelfare.net/CFR)

Children and Youth Coordinating Council  
[www.ganet.org/cycc/](http://www.ganet.org/cycc/)

Office of the Child Advocate  
[www.gachildadvocate.org](http://www.gachildadvocate.org)

Office of School Readiness  
[www.osr.state.ga.us/](http://www.osr.state.ga.us/)

Georgia Court Appointed Special Advocates  
[www.gacasa.org](http://www.gacasa.org)

Georgia Mental Health Advocate  
[www.gamhadvocate.org](http://www.gamhadvocate.org)

Georgia's Youth Leadership Council  
[www.YouthLeadershipCouncil.org](http://www.YouthLeadershipCouncil.org)

Adoptive and Foster Parent Association of Georgia  
[www.afpag.org](http://www.afpag.org)

North Georgia Foster Parent Store  
[www.fosterparentsupport.org/](http://www.fosterparentsupport.org/)

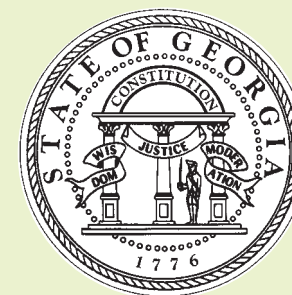
Prevent Child Abuse Georgia  
[www.preventchildabusega.org](http://www.preventchildabusega.org)



*To find out more...*

## Governor's Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)



# Coordinated Case Management

## The Challenge

Services for Georgia's children in out-of-home placements or at risk of such placements have mostly been delivered independently with little coordination or cooperation among agencies. Families encounter multiple caseworkers, multiple case plans and conflicting requirements.

## Findings

**Georgia has never undertaken a comprehensive approach to addressing the serious shortcomings of the service delivery system for children and youth, despite numerous task force and committee reports over the past ten years documenting the problems and issues.**

- Georgia, like most states, does not have a coordinated multi-disciplinary approach to child protection in which the roles of the Division of Family and Children Services [DFCS], law enforcement, the juvenile courts, mental health, juvenile justice, public health departments, schools, health care institutions, and non-governmental partners are clearly defined to ensure consistency of philosophy, approach and the availability of effective service throughout Georgia's 159 counties.<sup>1</sup>
- Treatment for children and youth is fragmented because state agencies purchase services independently. There is excessive duplication of effort in areas such as assessment and case management. Clear points of accountability for children who need services from more than one system

or agency do not exist. Children and families experience serious difficulties when they lose eligibility for services from one system and must try to negotiate admission to another.<sup>2</sup>

The Action Group advocates that Georgia adopt a new way of thinking about how it organizes and provides services to children in need or at risk of out-of-home placement. In recent years Georgia's child-serving agencies have moved toward providing a seamless continuum of services to prevent children from "falling through the cracks". However, implicit in the idea of a continuum is the assumption that a child is required to move forward or backward along the placement continuum to receive the appropriate level of care. This does not allow services to be flexible enough to prevent out-of-home placements at the "front end" or encourage permanency at the "back end".<sup>3</sup>

For these reasons, the Action Group believes that Georgia should significantly change its way of conceptualizing service delivery from the continuum model to a **level of care system** incorporating **wrap-around services**.<sup>4</sup>

A level of care system connotes not only a range of particular service elements, but also mechanisms, arrangements, incentives, structures, and processes needed to ensure that these individual elements work together as a coordinated and cohesive whole. A system of care encompasses every child, regardless of placement. In the envisioned system, case managers select placements not because the



How would I locate children who are ready for adoption in Georgia?

[www.wednesdayschildga.org](http://www.wednesdayschildga.org)

Child Welfare League of America

[www.cwla.org](http://www.cwla.org)

National CASA

[www.gacasa.org](http://www.gacasa.org)

Accreditation, what does implementation from the community perspective look like? Illinois DFACS Magazine *Dialogue* article on accreditation

[www.state.il.us/dcf/Dialogue1002.pdf](http://www.state.il.us/dcf/Dialogue1002.pdf)

Georgia Department of Human Resources

[www.dhr.state.ga.us](http://www.dhr.state.ga.us)

Division of Family and Children Services

[www.state.ga.us/departments/dhrdfcs.html](http://www.state.ga.us/departments/dhrdfcs.html)

DFCS Evaluation and Reporting Section

[www.dfcsdata.state.ga.us/](http://www.dfcsdata.state.ga.us/)

DFCS Policies and Procedures Manuals

[www.childwelfare.net/DHR/policies/](http://www.childwelfare.net/DHR/policies/)

Office of Adoptions

[www.adoptions.dhr.state.ga.us/](http://www.adoptions.dhr.state.ga.us/)

facility is the only placement offering a service needed by the child but because the placement meets the child's needs more broadly and is consistent with placing the child permanently (either back with the parents or with others as appropriate) in a timely manner.<sup>5</sup>

The concept of *wrap-around services* arose from a desire to prevent out-of-home placements by providing services to the child's family. *Wrap-around* allows a variety of services to be provided to the family and/or child, including mental or physical health services or behavior management. Part of the concept of wrap-around is that services follow the child regardless of placement. The extended family and child become the focus of all assessment, planning and treatment.<sup>6</sup>

For a system of care incorporating wrap-around services to work, children and families need a single easy access point to all services. To help them navigate the system, families need a case coordinator who will remain with them throughout their treatment and who is appropriately educated, trained, concerned and reimbursed commensurately with the work.<sup>7</sup>

The success or failure of treatment programs and services is directly related to seven factors:

1. Easy access to a system of supports for families and children<sup>8</sup>
2. Child-focused strength- and asset-based programs and services<sup>9</sup>

3. Timely assessment<sup>10</sup>
4. Coordinated service delivery<sup>11</sup>
5. Targeted prevention and intervention<sup>12</sup>
6. Adequate support structures,<sup>13</sup> and most importantly
7. A strong relationship between the case coordinator and the child/family.<sup>14</sup>

**1. Easy access:** Families that enter service systems voluntarily without fear of stigma are more likely to avoid out-of-home placement. This requires a clear point of entry that is well known by community residents, is located within the community, and carries no stigma. By implication the entry point must allow access to all social services regardless of the initial contact agency and must help the family negotiate the system of agencies and services to prevent out-of-home placement.

**2. Child-focused/strength-based:** Programs that build on the strengths and assets of the family and child are far more successful than programs that identify deficits and design treatment

programs to "correct" the problems.<sup>15</sup> Identifying and discussing family strengths helps families define objectives and experience progress as objectives are met.

- 3. Timely assessment:** A good, thorough assessment of every child that identifies measurable treatment objectives and informs the treatment plan should form the foundation of any service delivery plan. Timely assessment means 24/7 access, well-advertised services, community-based operations, community support and acceptance, and thoughtful, concerned case coordinators.
- 4. Coordinated service delivery:** Without coordination and cooperation among agencies, families face multiple caseworkers and multiple case plans that sometimes provide conflicting information and objectives. All child- and family-serving agencies, including the Department of Education, must coordinate their services and share information, clients and funds.<sup>16</sup>
- 5. Targeted prevention and intervention:** Targeting neighborhoods that are at highest risk of out-of-home placement will generate substantial return on investment.<sup>17</sup> Early intervention requires communities to address systemic issues lying at the foundation of social decay.<sup>18</sup> Whether this is promoting economic development, addressing basic health and environmental issues or other activities by local community support groups, Georgia's child-serving agencies need to be at the table to focus attention on factors that affect our children.
- 6. Adequate support structures:** Blending funding streams together

into a logical, stable whole that is adequate to meet the needs of our children is essential to successful outcomes. Another prerequisite of success is data systems capable of facilitating communication among agencies, reconciling conflicting or confusing information, and tracking all aspects of the treatment plan.

- 7. Strength of relationship between the case coordinator and the child/family:** The case manager is key to success or failure. If the case manager is capable and has the time to develop a strong relationship with the child and family, success is greater. If the case manager focuses on the child and family, success is greater.<sup>19</sup> If the case manager can obtain resources to individualize the services and programs offered to a child and family, the chances of success increase. If the case manager is accessible to the family, success is greater.

Successful adoption of a system of care complete with wrap-around services will require all child-serving agencies to actively engage in the development of treatment plans, to commit themselves to common objectives and to organize themselves to deliver services in a coordinated and complementary manner. Agencies will need to plan together, share funding, vary levels of care as the child and family's needs change, and learn from successes and failures.

## Recommendations

**1. New case management system:** Develop a case management system that has the following attributes:

- Case management and all services are easily accessible by any child, parent/guardian or referring agency and are in place to guide the child/family through the system of programs and

services towards positive outcomes. Services can be accessed without stigma.

- All programs and services for children are cost- and outcome-accountable and based upon best practices research or evaluation.
- Designation of case plan coordination shall be by Memorandum of Understanding (MOU). Such coordination shall require a timely single case plan based on multi-agency assessment, linking the professionals involved with the child and family.
- The designated case plan coordinator shall have the authority to direct inter-agency participation and regular inter-agency plan updates to be provided in writing to the court and/or families. Assessment will include Early Periodic Screening, Diagnosis and Treatment [EPSDT] in order to maximize Medicaid funding.
- Treatment plans shall include measurable outcomes that shall include an internal treatment team (including the family, child and providers), assessment of satisfaction with the process and the outcomes.
- Case management always involves the family and, where appropriate, also involves the child. Sibling groups and adolescents with children shall be seen as family units and, where consistent with treatment plans, are placed together.
- Case management shall coordinate and present assessment information and treatment plans to the courts/agencies prior to disposition to inform the court.
- Agencies responsible for case management actively participate in community planning to ensure coordination of services.

**2. Consistent framework and release points:** The system of coordinated case management needs to have a consistent framework, including appropriate 'release' points.



the provision of services, sharing of information, and the possible location of case management services within schools.

- Be conducted by a qualified, independent evaluator
- Be an ongoing part of program implementation to insure ongoing quality improvement
- Be conducted before a previously unevaluated program/initiative goes statewide; and
- Be subject themselves to a cost/benefit analysis.

**6. Evaluation:** Evaluate the effectiveness and efficiency of any new state program/initiative. Ideally such evaluations should:

- Use appropriate measures; e.g., outcome measures

### ***The Story of A.J.***

A.J. is a deprived and delinquent child who has been in state custody for the past four years. Psychological evaluations, crossing many different agency lines, declare, "A.J. appears to pose a significant threat to other children while in the community, shelter, school and foster care. He continues to offer a sexual threat to others even while incarcerated."

A.J.'s mother was a prostitute who would hide A.J. under her bed as she worked. The State, to this day, has no idea who this child's father is. A.J. alleged that his mother and several of her male friends had beaten him in the past. A.J. had also been the victim of many other acts of abuse and neglect. In response, he had run away on several occasions. This child was involved in a great number of social and court agencies in Fulton, Walton, and DeKalb Counties. He has been charged with 3 runaways, 2 deprived petitions, curfew violations, ungovernable, entering auto, theft by taking, simple battery, sodomy, public indecency, and sexual assault of four elementary aged victims.

A.J. has been in several foster and group homes (which were not advised of his history), a YDC, and an RYDC before he was placed in his current placement. During these incarcerations, A.J. attempted to strangle himself with a pair of socks and continued to behave in a lewd and lascivious way.

During these four years, A.J. was assigned to the custody of several different state agencies. It was known from the start that A.J. could not be placed with other children, yet he was. The Department of Juvenile Justice, the Division of Family and Children Services and the Division of Mental Health made treatment recommendations, but there was no documented actual treatment. Sadly enough, many of the agencies during the time of A.J.'s tenure were not only seeking ways to avoid the responsibility, expense and services needed, but actually put into place policies and procedures that relieved them from accepting children such as him from the court. None of the agencies wanted to assume responsibility for a child as demanding and challenging as A.J.

A.J. is just one example of a child who needed a collaborative, integrated service approach from all concerned agencies. After four years he is finally in an appropriate placement that will address his problems as identified in original psychological evaluations. A.J. is twelve years old.

***-- Judge Sammy Jones, Fulton County Juvenile Court***

<http://www.adoptions.dhr.state.ga.us/>

Inventory of Georgia Placements  
<http://iep.cviog.uga.edu/dfcssurvey/>

Council of Juvenile Court Judges  
<http://www.juvenilecourt.org/>

Georgia Office of Child Fatality Review  
<http://www.childwelfare.net/CFR/>

Office of the Governor, Children and Youth Coordinating Council  
<http://www.ganet.org/cycc/>

Office of the Child Advocate  
<http://www.gachildadvocate.org/>

Office of School Readiness  
<http://www.osr.state.ga.us/>

Georgia Court Appointed Special Advocates  
<http://www.gacasa.org/>

Georgia Mental Health Advocate  
<http://www.gamhadvocate.org/>

Georgia's Youth Leadership Council  
<http://www.YouthLeadershipCouncil.org/>

Georgians for Children  
<http://www.georgians.com/>

Adoptive and Foster Parent Association of Georgia  
<http://www.afpag.org/>

North Georgia Foster Parent Store  
<http://www.fosterparentsupport.org/>

Prevent Child Abuse Georgia  
<http://www.preventchildabusega.org/>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>

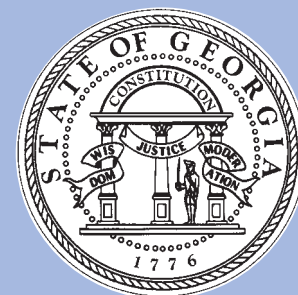


**Governor's Action Group  
For Safe Children**

***To find out more...***

### **Governor's Action Group for Safe Children**

**Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
www.georgia-kids.com**



# Cross-Agency Collaboration, Organizational Structure & Evaluation

## **The Challenge**

Georgia's current system of service delivery for children in need or at risk of out-of-home placement is fragmented. It involves multiple systems with differing mandates, missions, funding, strategic visions and information systems. The result is poor communication, competition for scarce resources, and inconsistent system priorities. Georgia has a history of experimenting with new initiatives, but due to inadequate data collection and evaluation, we are left with little hard knowledge regarding the effectiveness of these reform efforts.

## **Findings**

A natural question is why an Action Group charged with the very concrete task of identifying and proposing solutions to gaps in Georgia's child placement system should venture into more abstract issues of state agency structure, organization and collaboration. The Action Group quickly

realized that Georgia's placement gaps occur in the context of larger system gaps. Simply putting more resources in place will not fundamentally alter the fragmentation or inflexibility of the current system. Valiant efforts by often heroic staff across agency lines and parallel efforts by local communities have been inadequate to bridge the present system's gaps.

The Action Group's most significant finding in investigating Georgia's placement gaps was the impact of organizational structure on the ability of agencies to effectively use current resources and to support the frontline worker, the system's most critical human component. Current organizational structures do not support and adequately empower these staff and must be modified to meet very basic criteria.

Georgia's child-serving agencies have been trying in isolation to respond to the pressures posed by a growing population of children and youth in need of increasingly intensive services. However, no single agency can effectively respond to challenges of this



Department of Human Resources  
[www.dhr.state.ga.us](http://www.dhr.state.ga.us)

Child Welfare League of America  
[www.cwla.org](http://www.cwla.org)

National CASA  
[www.nationalcasa.org](http://www.nationalcasa.org)

Georgia CASA  
[www.gacasa.org](http://www.gacasa.org)

Accreditation, what does implementation from the community perspective look like? Illinois DFACS Magazine *Dialogue* article on accreditation  
<http://www.state.il.us/dfcs/Dialogue1002.pdf>

Department of Human Resources  
<http://www.dhr.state.ga.us/>

Division of Family and Children Services  
<http://www.state.ga.us/departments/dhr/dfcs.html>

DFCS Evaluation and Reporting Section (data)  
<http://www.dfcsdata.state.ga.us/>

DFCS Policies and Procedures Manuals  
<http://www.childwelfare.net/DHR/policies/>

Office of Adoptions  
<http://www.adoptions.dhr.state.ga.us/>

How would I locate children who are ready for adoption in Georgia? Wednesdays Child – Finding Adoptive Homes for Children  
<http://www.wednesdayschildga.org/>

Office of Adoptions

complexity and magnitude.

For many years Georgia's child-serving agencies have had difficulty identifying children and families in need, determining the services needed, defining treatment objectives, ensuring that services were delivered and that objectives were met. Agencies currently determine priorities in response to crises, with almost no resources devoted to prevention or intervention efforts that serve children and families earlier before the next undeniable crisis occurs. The inflexibility of certain funding, statutory and governance structures does not allow for a systemic focus on intervention based on the actual needs of children and families.

Each of Georgia's child-serving agencies has different enabling statutes, different missions and functions, different funding streams, different information systems, and different points of entry and exit. Thus proposed solutions are often limited by the lack of shared information, inflexible funding systems and uncoordinated agency responses. The child-serving agencies are:

- The Department of Human Resources (DHR) – including the Divisions of Family and Children's Services (DFCS), Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD), and Public Health (DPH);
- The Department of Juvenile Justice (DJJ);
- The Department of Community Health (DCH); and
- The Department of Education (DOE).

Georgia critically needs a clear vision for the delivery of services to children and families. Communities and agencies have made Herculean efforts to try to address the

challenges facing them. In order for their efforts to have real impact, they must be joined under the banner of a unified vision and plan for system improvement and long-term capacity building. The vision and plan must be supported by an organizational structure that fosters effective service delivery. Communities, and the children and families within them, must be empowered and supported to address the well-being of their own communities. State services must support these efforts.

Georgia must institutionalize inter-agency coordination and collaboration to ensure that they survive the changes in top leadership characteristic of state agencies – since 1991 there have been seven DHR commissioners (including three Acting), five DFCS directors, and five DJJ commissioners.

While Georgia is to be commended for experimenting with new approaches, programs, and initiatives to improve its child welfare system, we must hold ourselves to a higher standard in the future in assessing the success or failure of these efforts and whether they warrant our continued investment. At our worst, Georgia, like other states, has spent tens if not hundreds of thousands of dollars year after year on programs whose effectiveness is unclear. At a time when funding to meet our children's needs is too scarce, any dollar devoted to an ineffective intervention – no matter how well-intentioned or deeply believed in – is a dollar taken away from a more effective approach to helping Georgia's most vulnerable children.

Georgia must commit itself to implementing programs that have already been shown to be effective through rigorous evaluation in Georgia or elsewhere. Or, if Georgia chooses to implement a new, untested program, we should evaluate its

effectiveness and cost-benefit before it goes statewide. Ideally, evaluations should be conducted by qualified evaluators who are sufficiently independent of the implementing agency (both financially and otherwise) to be free from pressure to suppress negative findings. Evaluations should be conducted *before* a new program or initiative goes statewide. Once a program is already statewide, the cost and embarrassment of shutting it down on grounds of ineffectiveness make it very tempting to simply suppress or ignore negative evaluation findings. High-quality evaluations are expensive. In an era of scarce resources, we must weigh the cost of evaluating a particular initiative against the benefits likely to be gained and scale the evaluation accordingly. The cost of any evaluation must be balanced against the potential cost of years of wasted state expenditures on the program if, in fact, it is ineffective.

## Recommendations

**1. Organizational structure:** Explore organizational structures focused on children's issues. Such structures may include program budgeting, blended budgeting, a children's cabinet and/or a children's agency that coordinates all programs and services for children and for families with children. The organizational structure shall include:

- Case management
- Mental health, developmental disability, and addictive disease services
- Juvenile justice services
- Child welfare and family support and preservation services
- Public health services
- Other physical health services

- Education partnership
- Other related services
- Nutrition
- Expectant mothers
- Coordination and maximization of Peachcare, Title IV-E, etc.

**2. Requirements of the organizational structure:** The organizational structure requires:

- Accountability for results based on a common set of outcomes, objectives, and measures.
- Planning of and funding for services provided by all the agencies shall be to the organizational structure and/or shall be accomplished in a collaborative and cooperative manner with common objectives and outcome measures.
- Communication system or link with the Board of Education that requires joint planning, case management, and outcome evaluation. The link between the structure and the Board of Education shall include funding and authority to ensure the active participation of local school systems in the assessment, treatment planning and service delivery for all children at risk of out-of-home placement.
- Funding structured to allow the flexible purchase of services from public or private providers that changes as the needs of individual children change over the course of involvement with the organizational structure. Funding is flexible enough to allow constant budget updates/modifications to reflect needs, results and priorities.
- Geographic divisions and organi-

zational structures shall be consistent across agencies serving children and families. Until that is accomplished, where differences exist, clear, written communication shall designate the service delivery persons and locations for all children.

- Linking, coordinating, and/or leveraging to welfare systems, economic development organizations, local government and private providers to maximize services, eliminate gaps, understand the role of each entity and establish effective communications among entities.

**3. Values of the organizational structure:** The organizational structure honors and rewards:

- Creative thinking
- Community involvement
- Fiscal responsibility
- Open communication and information-sharing at all levels
- Communications within the organizational structure and with service partners to encourage open discussion and information sharing
- Family (biological, foster, adoptive)

**4. Joint planning:** Require the major state agencies with children in out-of-home placements (DHR, DJJ) to plan together for changes in service provision.

**5. Involve DOE:** Develop an agreement with the Department of Education (DOE) that ensures the active participation of Education in the development of treatment plans,

## Recommendations

### 1. National models of collaboration:

Investigate and review national models of collaboration specifically related to child welfare reform, such as the Decategorization Program in Iowa and the Edna McConnell Clark Foundation sites. Transfer knowledge and lessons learned to communities in Georgia for possible replication.

**2. Faith-based strategy:** Develop a strategy with major faith-based organizations to enhance the involvement of the faith-based community in local and state-level collaborative efforts around the issue of child protective services.

**3. Bottom-up and top-down communication process:** Building on the existing network of county collaboratives, create a process to communicate local priorities, best practices and policy barriers to state partners to influence state policy and decisions. Conversely, develop a strategy to connect major policy initiatives at the state level to communities that are demonstrating results in related priority areas.

**4. Evaluate community initiatives:** Evaluate initiatives across Georgia's communities specifically related to out-of-home placements that have been successful for replication to other communities that have an interest in similar collaborative work and strategies.

**5. Entity to support statewide capacity-building:** Determine and support a statewide vehicle to direct the development, implementation, and capacity-building of local collaboratives with built-in measures of accountability and monitoring.

**6. State-level collaboration in support of community collaboratives:** Establish through a Memorandum of Agreement or inter-agency agreements, a

similar model of collaboration at the state level that will support local decision-making, address barriers to collaboration experienced by communities, and promote state priority initiatives (such as child welfare) in communities through resources and technical assistance.

**7. Out-of-home placement benchmark:** Add an out-of-home placement benchmark to the set of indicators used by the Family Connection Partnership to measure the well-being of children in Georgia. Use the Family Connection Partnership's process for reviewing its 26 current benchmarks to develop the new benchmark in partnership with DFCS.

1. Wilder Foundation, *Collaboration: What Makes It Work*, Amherst Wilder Foundation Publishing, 2002, p.7.
2. Pew Partnership for Civic Change, *In It for the Long Haul: Community Partnerships Making a Difference*, 2001.

### *The Story of Our House, Columbus, Georgia*

A remarkable collaboration has emerged in Columbus, Georgia. Columbus has declared that the responsibility for the well being of children in foster care rests with everyone in the community. Columbus for Kids has joined together more than 24 public and private partners who serve foster children – eleven of these collaborative partners are located at Our House. Together they are demonstrating that foster care is more than a state problem – it is a community problem. Through their efforts, a 37,000 square foot facility known as Our House will provide temporary and emergency care that will include a complete child and family assessment for children in Muscogee County and the 15 surrounding counties.

Overall goals of the collaborative focus on meeting the needs of children and maximizing each child's right to a safe and nurturing long-term environment, with the child's own home being the first consideration for placement. The goal is that the first placement decision for each child will be the best placement choice. Wrap-around services (In-Home Intensive Treatment, In-Home Case Management, and 24-hour Crisis Intervention) will be provided to children & families after the child returns home. Our House will also serve as a training center for parents and foster parents in the community. The collaborative partnership has created important systemic changes that benefit foster children. The school system, health care systems, and DFCS, among others, have all complied with requests that will make beneficial changes to improve outcomes for children. Today, the first phase of Our House, with 20 beds in the first wing, is full.

Quoted from <http://www.themethodisthome.org/programs.asp>

Georgia Family Connection Partnership  
<http://www.georgiafamilyconnection.org/>

The Georgia Association of Homes and Services for Children  
<http://www.gahsc.org/>

Georgia's Child and Family Services Federal Review and Evaluation  
<http://www.childwelfare.net/cfsreview/>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>

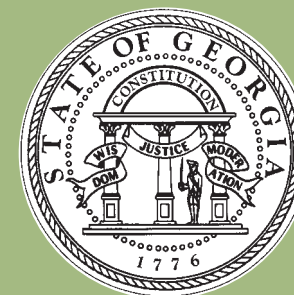


Governor's Action Group  
For Safe Children

*To find out more...*

### Governor's Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)



# Community Collaboration

## The Challenge

The issue of children in out-of-home placements is simply too large and too important for either the State of Georgia or local communities to handle alone. Communities need the State to support them in their efforts to care for their most vulnerable children. The State depends on communities who know these children best, to share the responsibility for this difficult issue. The challenge is to find effective mechanisms for two-way communication and mutual support: from communities to the State in terms of local priorities and successful initiatives, and from the State to communities in terms of state-level priorities, best practices, and support for community collaboration and decision making.

Collaboration has been defined as: "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards."<sup>1</sup> Collaboratives are creative problem-solving tools for local communities, particularly in the utilization of resources and personnel. Collaboration requires significant sustained commitment from all levels, state and local, and from a diverse and broad-based group of partners. The rewards are systemic, civic, and community change in specific policy areas that improves the lives of children and families.

## Findings

- Community collaboratives show great promise for helping Georgia's communities address issues surrounding children in need or at risk of out-of-home care.
- Although a significant body of research exists on collaboratives and partnerships, there is no statewide effort of collaboration with communities to prevent and reduce out-of-home placement anywhere in the U.S. Foundations have been the primary initiators of collaboration around this issue in a few cities nationwide.
- A key, but underutilized stakeholder in the implementation of strategies to serve children in out-of-home care is the faith-based community. Georgia has no single contact point or centralized source of information on faith-based organizations and their efforts that support out-of-home placements.

## Conclusions/Rationale

The increasing complexity of issues facing families combined with fragmentation of services has been one catalyst for the development of community collaboratives or partnerships. Another has been the inability of categorical agencies to effectively craft solutions to these multi-faceted problems. Yet another has been diminishing financial resources at



Edna McConnell Clark Foundation  
<http://www.emcf.org>

Center for Community Partnerships in  
Child Welfare  
<http://www.emcf.org/programs/children/index>

Essential tools for communities who  
would like to develop a community  
partnership “Creating a Community  
Partnership: Guidance from the Field”  
<http://www.cssp.org/Rollout%20Guidance.pdf>

New Community Partnership Start-up  
Checklist  
<http://www.cssp.org/Rollout%20Guidance%20Checklist.pdf>

Center for the Study of Social Policy  
<http://www.cssp.org/>

Chapin Hall Center for Children at the  
University of Chicago  
<http://www.chapin.uchicago.edu/>

Families First  
[www.familiesfirst.org](http://www.familiesfirst.org)

National League of Cities Institute for  
Youth, Education and Families  
[www.ncl.org](http://www.ncl.org)

Would you like to learn about the  
excellence in Partnerships at-work in  
communities throughout Georgia? Visit  
the Family Connection Partnership site.  
<http://www.gafcp.org/state/overview.htm#cp>

the federal and state levels for critical needs such as health care, education, job training and human services. Government agencies and non-profit organizations at all levels have been building collaborative relationships to pool resources and serve the community more effectively through shared programs and knowledge. The Pew Partnership for Civic Change has found from its national research that, “Working with others to solve problems takes more time but works well in the long run.”<sup>2</sup>

The 2000 report of Georgia’s Child Protective Service Task Force cited Georgia’s need for a comprehensive, community-based system to connect families with service providers, the faith community, schools, courts and others concerned with the well-being of children. The Action Group concurs with the Task Force’s finding that neither the Division of Family and Children Services [DFCS] nor any other single agency or organization acting alone can effectively address child abuse and neglect.<sup>3</sup>

## Statewide Initiatives

There are currently two statewide initiatives in Georgia: Community Partnerships for Protecting Children [CPPC] and Family Connection Partnership.

### *Community Partnerships for Protecting Children [CPPC]*

The Community Partnerships for Protecting Children initiative was created by the Edna McConnell Clark Foundation. This model is currently being implemented in nine Georgia counties, both urban and rural. The expected results of CPPC are:

1. Community partnerships for child protection that take responsibility for preventing abuse and neglect at the neighborhood level.

2. Expansion of prevention and early intervention strategies.
3. Active agency participation in the development and implementation of local Family Connection prevention efforts.

Georgia is uniquely positioned to implement the initiative because it has deliberately built components that are necessary for success. First, there is a strong public and political will for change in child protective services policy and practice. Second, Georgia has been building a network of community-based child welfare prevention and family support providers primarily with the support of federally funded Safe and Stable Families resources. Thirdly, Georgia is the only state that has gone to scale in developing and supporting public-private county-based collaboratives (154 counties presently) that are focused on improving conditions for children and families – Family Connection.

CPPC, then, is a partnership between DFCS, Family Connection Partnership (a state-level intermediary), and Family Connection county collaboratives. Technical support is provided by the Annie E. Casey Foundation. Management of the initiative is the joint responsibility of DFCS and Family Connection Partnership in cooperation with a team of state and community partners.

### *Family Connection Partnership*

The Family Connection initiative was born with 15 communities. Over the past 11 years, the process has been voluntarily implemented in all 159 counties and is presently active in 154. Family Connection has grown to become the largest statewide network of community collaboratives and Georgia is viewed as a pioneer in building community-based support systems for children and families. Major principles are results oriented, collaborative

decision-making, prevention, community-based services and family focused.

The county collaborative partners include representatives from business, elected officials, civic organizations, faith community, schools, families, public agencies and private service providers.

The collaboratives develop, implement and evaluate a community strategic plan that focuses on one or more of five result areas and relevant benchmarks related to: healthy children; children ready for school; children succeeding in school; strong families; self-sufficient families. Result areas and benchmarks are selected by the collaboratives based on their comprehensive assessment.

In the majority of Family Connection communities, the resources invested by the General Assembly (\$50,000 for most counties) have generated equal or greater amounts of local or external investments. The State’s investment in Family Connection grants to counties has been \$32.6 million over the last five years. The Family Connection collaboratives and partners leveraged those funds to garner an additional \$69.7 million for community strategies aimed at improving results for children and families. Communities know their children best and are in a better position to create solutions to issues facing families that are logical and sustainable. Outcomes for children in the State of Georgia will improve county by county.

## Local Initiatives

There are other locally-based programs in Georgia. These are:

- Youth Futures Authority in Savannah, Georgia
- Our House in Columbus, Georgia
- Metropolitan Alliance for Children (MAAC)

- ChAMPS
- Faith-Based Resources
- Georgia Baptist Children’s Homes and Family Ministries, Inc.
- Methodist Home for Children and Youth
- One Church, One Child

Each one is committed to meeting the needs of its children and families as a community. For example, the MAAC’s services currently offered are: adoption, basic campus care, basic group homes, community-based services, diagnostic assessment, emergency shelters, family foster care, independent living, in-home services, intensive residential care, intermediate residential care, maternity care, preparation for independent living, professional educational services, respite care, stabilization, summer adventure camps, therapeutic foster care, sexual offender and sexual trauma treatment, therapeutic wilderness camping, transition care for mothers and babies, and family reintegration (aftercare).

One of the other initiatives, the **Youth Futures Authority in Savannah, Georgia** was created in 1988 as a result of being selected as one of five cities to participate in the five year “New Futures” initiative of the Annie E. Casey Foundation. Four premises shaped the New Futures initiative:

1. Existing service and support systems, despite growing expenditures, were unacceptably inefficient in meeting their goals for poor children and poor children, especially in low-income urban areas.
2. Failures are partially due to deficiencies in the transactions between helping institutions/professionals and the children and families allegedly being helped.
3. Characteristics of practice that would work better and produce better out-

comes included having services tailored to family circumstances and perceptions’ being flexible in the provision of coordinated, comprehensive responses to interrelated needs; having services available in neighborhoods and in settings that allowed easy access and simplified intake; being respectful, culturally competent, and empowering.

4. Current practices could not be changed to more effective ones – on a significant scale – unless the systems that determine such practice are changed first.

Another example, **Our House** in Columbus, Georgia, is a public-private partnership uniting under one roof the critical community resources in child protection services, as well as the community resource agencies necessary to help families in crisis. The work of the collaborative emanates from a shared belief that children’s needs are a community issue and should be solved as a community working together.

Community collaboratives have the potential to be effective in helping to address the issue of children in need or at risk of out-of-home placement. In order to be effective, collaboratives must be comprised of the local community providers and citizens who best know how to take care of the at risk children in their community. Georgia has made strides to make the community collaboratives a statewide effort, and some local communities and service providers have initiated their own efforts to address these problems. However, to have a truly effective system that protects all of the at risk children, more work needs to be done to establish a statewide vehicle which would provide the resources to the local communities to guide in the development, implementation, and capacity-building of local collaboratives.

stream of mentally ill and developmentally disabled youth entering its juvenile justice system and ultimately its adult corrections facilities. Georgia's leaders must do all in their power to ensure that in Georgia every child assessed as needing mental health or other services receives appropriate treatment and placement, as a matter of right, not luck.

## Recommendations

### 1. Standard legal definition of

**“child”:** Move toward a standard definition of “child”. Support continuation of services to children who “age out” of the system beyond the age of 21.

### 2. Competent legal representation

**for children in court:** Children who are subject of proceedings in court shall have competent legal representation. Work with the State Bar of Georgia to establish and monitor standards for the legal representation of children.

**3. Immigrant children:** Examine and develop consistent policies across all state agencies to facilitate timely placement for children who are legal or undocumented immigrants.

### 4. Children convicted of federal

**offenses:** Negotiate an agreement with the federal government to allow placement of a child who is found to have committed

a federal offense in an appropriate placement within Georgia and develop appropriate placements for these children.

**5. CHINS, PINS, and FINS:** Work to pass legislation based upon best practices for early intervention with at-risk youth and/or families. Such mechanisms may include statutory approaches from other states creating categories for services such as Children in Need of Supervision [CHINS], Persons in Need of Services [PINS], and Families in Need of Services [FINS].

### 6. Children's right to mental health

**services:** Modify state legislation and policy to recognize the rights of Georgia's children to mental health and other appropriate services, treatment and placements.

1. O.C.G.A. Section 15-11-2.
2. O.C.G.A. Section 15-11-9.
3. Arthur K. Bolton, Attorney General. *Opinions of the Attorney General of Georgia*. Atlanta, GA: Curtiss Printing, 1974.
4. "Improving Educational Outcomes for Youth in Foster Care." National Council of Juvenile and Family Court Judges Conference, Boston, July 2002.
5. "Emotional Development of the Brain in Adolescents and Young Adults, National Conference ." Juvenile and Family Court Judges, Reno, March 2001.
6. Office of the Child Advocate for the Protection of Children. *Annual Report, 2001*, Macon, GA.
7. O.C.G.A. 39-3-1 and rules and regulations of the Association of Juvenile Compact Administrators.
8. Child Protective Services Task Force. *Report to the Commissioner of the Department of Human Resources*. Atlanta, Georgia. April 20, 2000, page 8.

## Sarah ages out of the system

Sarah was a young woman abandoned as a youngster. She had been sexually abused by her mother's boyfriend prior to this abandonment. Sarah became depressed and angry. Her behaviors became increasingly aggressive, and she was moved through multiple foster homes, each being unable to control her escalating behavior. Sarah then molested younger children in one of the foster homes. Sarah was belligerent and aggressive in school, she began to dress oddly and cut her hair severely, and pushed away those who tried to get close to her.

When she reached early teens, her behaviors were so severe that she again rotated through a series of placements, became involved with the juvenile justice system, and required increasingly intense treatment services. Sarah was finally placed in an intensive setting in which she began to make some measurable progress.

However, as she approached age 18, Sarah became anxious about where she would live. She had no family supports and no relative resources. Few families were available to take 18-year old young adults, and even fewer for kids with histories like Sarah. Very few therapeutic and supportive transitional or independent living options existed, and the few available had no openings. After many months of fruitless searching, Sarah began to question why she had worked so hard and what chance she had for a successful future.

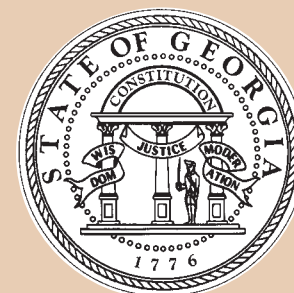


Governor's Action Group  
For Safe Children

To find out more...

## Governor's Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
www.georgia-kids.com



# Legal Issues

## The Challenge

Although many of the issues facing Georgia's child placement system can be addressed through policy or budgetary changes, some can only be addressed through changes in state law or its legal system. These include inconsistent legal definitions of “child”, legal representation of children in court proceedings, and other issues.

## Findings

**Georgia's child-serving agencies have no consistent legal definition of “child”.** For example, in child deprivation cases, the Official Code of Georgia Annotated [OCGA] defines a child as someone who is under 18. In delinquency and status offense cases, however, the Code defines a child as someone under 17.<sup>1</sup> [A “status offense” is an act that would not be an offense if the person who committed the act were an adult. For example, people over the age of 18 who are “unruly” or “run-aways” are not subject to legal action.] Similarly, definitions of “child” and age limits for eligibility for various programs and services vary widely across state agencies.

**Children in court often do not have adequate, well-trained legal representation resulting in outcomes that are not reasonably related to the needs of the child.** A child in deprivation and termination proceedings needs an advocate to advise the court of the child's desires as to placement and to ensure that the child's needs are met as the child

moves toward permanent placement. Similarly, a child facing status and delinquent charges needs a legal advocate to advise the child of his or her rights, to investigate and prepare the case, to present defenses or mitigating circumstances and to argue for a disposition tailored to the needs of the child. Children in juvenile court may have an attorney to advocate for what they want, a guardian *ad litem* to advocate for what they need, both or neither. [A guardian *ad litem* advocates for the best interests of a child and advises the court as to the desires of the child.]

The Official Code of Georgia provides for the appointment of a guardian *ad litem* for children.<sup>2</sup> Court Appointed Special Advocates (CASAs) may also serve as guardians *ad litem*. The federal Adoption and Safe Families Act (ASFA) clearly points out the need for independent evaluation of a child's permanency plan by requiring a review by an independent representative when the child has been in state care for fifteen of the previous twenty-two months.

Georgia counties vary greatly in how they handle children's legal interests. Some counties appoint and pay for attorney guardians *ad litem* for all children who are the subject of deprivation and termination actions. In other counties children have no independent representative in court. Many attorney guardians *ad litem* receive an hourly rate of \$45 for out-of-court work and \$60 for in-court work, compared to rates in excess of \$180



The American Bar Association  
[www.abanet.org/child](http://www.abanet.org/child)

Center for Law and Social Policy  
[www.clasp.org](http://www.clasp.org)

The ABA's Juvenile Justice Center  
[www.abanet.org/crimjust/juvjus/home.html](http://www.abanet.org/crimjust/juvjus/home.html)

The Barton Child Law and Policy Clinic, Emory University School of Law  
[www.childwelfare.net](http://www.childwelfare.net)

The Case Plan Pilot  
<http://www.childwelfare.net/caseplan/mockup3/>

The Supreme Court of Georgia's Child Placement Project  
<http://www.state.ga.us/Courts/supreme/cpp/>

Georgia Legal Services  
[http://www.ganet.org/ga\\_bar/glsidx.html](http://www.ganet.org/ga_bar/glsidx.html)

Georgia Mental Health Advocate  
<http://www.gamhadvocate.org/>

Council of Juvenile Court Judges  
<http://www.juvenilecourt.org/>

Visit the Governor's Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>

per hour for attorneys in private practice. This leads to obvious recruitment and retention problems.

**Georgia lacks consistent policies to facilitate timely and appropriate treatment and placements for children who are illegal immigrants.** Immigration is subject to federal laws, rules and regulations. State courts and agencies have limited knowledge in these areas and are often at a loss as to how to handle children who are illegal immigrants.

**When a child in Georgia is convicted of a federal offense, the child is placed out of state because there are no appropriate placements within Georgia and no written agreement exists with the federal government to allow placements within Georgia.** Presently, youth as young as 13 years old and convicted of a federal offense are placed out of state.

[Examples of federal offenses are kidnapping across state lines and bank robbery.]

**Georgia currently has no legal basis for early intervention with children and families in need of services other than through a legal finding that the child is deprived, a status offender or delinquent.**

Courts have no recourse for ordering services for children and families that clearly need assistance if the child does not fit these descriptions, even if providing such assistance might prevent a child from becoming deprived, a status offender or delinquent in the future. Many families seek services but are resistant to being labeled for the conduct that brings the family before the court.

**At this time, Georgia's children often do not receive appropriate mental health services and placements due to legal constraints pre-**

**venting agencies from providing services beyond appropriated funding.** Georgia's Constitution prohibits state agencies from going into debt to provide services beyond appropriated funding.<sup>3</sup> In practice this means that mental health treatment and placement decisions for children in the State's care are often driven more by available funding than by the child's assessed mental health needs. As one example, when the General Assembly introduced legislation addressing the treatment needs of children who committed delinquent offenses and are not mentally competent to stand trial in juvenile court, the Department of Human Resources opposed the bill until the words "within existing resources" were inserted. Similarly, the Department of Juvenile Justice [DJJ] requests inclusion of the words "within existing resources" in court orders finding children in need of treatment services.

## Conclusions/ Rationale

Research indicates that deprived children experience developmental delays and fall behind educationally. As a result, these children require supportive services beyond the age of 18 to successfully make the transition into adulthood since they tend to be older when they graduate from high school, vocational school and college.<sup>4</sup> The Action Group advocates making support services available to former foster children through age 23.

Georgia should research federal laws and regulations governing all child-serving functions to avoid unintended consequences of conflicts among state and federal regulations governing age of eligibility. DJJ supports examination of blended sen-

tencing for children in the adult criminal justice system to provide flexibility that serves both the child and the system more effectively.

As a state with one of the highest per capita rates of incarceration, the State of Georgia must critically examine how it handles young offenders under age 25. Research on brain development indicates that emotions form the basis for decision-making prior to age 25 while reason becomes the basis for decision-making after 25.<sup>5</sup>

The State provides no funding for attorney guardians *ad litem* other than limited funding available to local counties through application to the Georgia Indigent Defense Council. County governments frequently pressure juvenile courts to refrain from spending on indigent defense, including the representation of children. With the economic downturn, county governments and the State face increased pressure to reduce spending. This means that resources to pay for legal representation for children are only scarcer. A number of commissions are studying the general crisis in indigent defense and making recommendations. A lawsuit is currently pending against the Coweta Circuit regarding indigent defense. Similar suits are likely to follow.

The State of Georgia provides financial support to Georgia CASA to support existing CASA programs and to start programs in counties lacking one. Recruitment and retention of volunteers have become increasingly difficult. Many CASA programs are strong and provide high-quality advocacy for children, but the absence of legal representation for CASA in the courtroom limits this form of advocacy. (For example, in contrast to CASAs, guardians *ad litem* have party status so they can participate as parties in the proceeding.)

The Action Group concurs with the recommendation and findings of the state's Office of the Child Advocate that children "in deprivation proceedings [should] have knowledgeable and trained attorneys to ensure their rights are protected. Georgia is failing in this obligation. Our investigations indicated that attorney guardians *ad litem* are often appointed just prior to the hearings and often do not meet with the child or the child's caseworker, family or other witnesses before court. This practice is unacceptable. Advocacy on behalf of a child necessitates knowledge of the juvenile court system and the circumstances on which the petitions of deprivation are based. Adequate preparation for court proceedings is a must and it involves more than sitting with the child at a table in the courtroom."<sup>6</sup>

Non-federal courts and state agencies have limited knowledge of the federal laws, rules, and regulations governing illegal immigrants and are often at a loss as to how to handle children who are illegal immigrants. Some of these children are in this country without a legal guardian. Language barriers exacerbate the problem. State law and other rules governing courts allow only for transport of youth within the United States.<sup>7</sup> As a result, immigrant children whose parents are absent and who come before the court are detained even for minor offenses in Regional Youth Detention Centers [RYDCs] pending deportation, which is often a lengthy process.

All children and youth need contact and support from their families — especially young adolescents dealing with the life crisis of being locked up in a secure detention facility. Out-of-state placement of children convicted of federal offenses makes family contact and support more difficult. It contravenes federal mandates

that these youth be placed as close to their family as possible.

Georgia's practice of detaining children under age 11 and committing children under age 13 to its juvenile justice system arose in part from a lack of alternative means for courts in Georgia to intervene in the lives of children and families needing services and treatment except by finding the child to be deprived, a status offender or delinquent. Other states have additional legal categories — variously known as Children in Need of Supervision [CHINS], Families in Need of Services [FINS], and Persons in Need of Services [PINS] — to allow jurisdiction and services for children and families. The CHINS, FINS, and PINS categories provide a means to provide preventive treatment and services to children and families that need it without the stigmatizing effect of labeling a child "deprived" or "delinquent" simply to obtain needed services.

Yet Georgia has done little except react — through DFCS after a child has been abused or neglected or through DJJ after one of these children becomes a danger to him or herself or to the community. The Action Group concurs with the 2000 Child Protective Service Task Force's statement that, "Georgia lacks clear policies and budget commitments and has only made marginal investments in primary prevention and early intervention programs that are working in other parts of the country to stem the growing rates of abuse and neglect."<sup>8</sup>

As long as the primary force determining the mental health and other services that Georgia's at-risk children receive is the availability of funding rather than the child's need for service, Georgia will continue to face a growing

family-based or residential – or even in the child’s own home

- Serve children regardless of which agency is responsible or who has custody
- Involve Georgia’s private sector partners every step of the way – in planning, implementation, and operation of the system
- Build on the base of public/private partnership at the state and local levels as demonstrated by the Multi-Agency Team for Children [MATCH]
- Make decisions on levels of care by qualified, credentialed and trained staff with input from the family, case manager, and provider, using the current MATCH utilization review process, where appropriate, to meet the needs of the child
- Maintain a unified system of outcome-based data to track children regardless of which agency sponsors the placement to measure the progress of children while they are in placement and after they return home or move to independence
- Use the experience of providers, families, communities, and public agencies to predict (and eliminate) possible unintended consequences
- Fairly assess the needs of children and establish realistic payment rates that are adequate to support the services, supervision, and treatment required to meet those needs
- Develop adequate resources to fill in system gaps (identified elsewhere in this report) so that services are available to meet the individualized needs of children identified for their level of care
- Follow the tenets of the Action Group’s Guiding Framework so that services are

individualized based on the assessed needs of each child and family – not based on labels.

- 3. Rate system that supports case management:** Develop a rate system that supports case management, is consistent with the services that are needed and provided, is tied to the needs assessment, and includes policy and procedures consistent with the rate system adopted.
- 4. Funding follows the child:** Ensure that necessary fiscal resources follow the child based on the Level of Care system regardless of placement.
- 5. Outcome-based:** Begin using “outcome-based” contracts in the delivery of placement services for children.
- 6. Maximize federal funding:** Continue state agency efforts to maximize federal resources. Reinvest those resources in expanding or enhancing services for children.
- 7. Flexible, blended funding:** Have state and local agencies work together to identify opportunities to blend funding and to increase funding flexibility and coordination. Minimize categorical funding.
- 8. Outcomes and accountability:** Develop a consensus on desired outcomes and results, identify data measures, and design accountability systems for Georgia’s child placement system.
- 9. Out-of-home services budget:** Publish a Children’s Budget of services for children in or at risk of out-of-home placement. Such a budget would ensure that the accountability of government programs and expenditures for children could be monitored and presented annually to policy-makers and the public.

Children’s Defense Fund  
[www.childrensdefense.org](http://www.childrensdefense.org)

Florida Department of Children & Families  
[http://www.state.fl.us/cf\\_web](http://www.state.fl.us/cf_web)

Kentucky Cabinet for Families and Children  
<http://cfc.state.ky.us>

Illinois Department of Children and Family Services  
<http://www.state.il.us/dcfs/index.shtml>

Illinois–Kinship Care Practice Project  
<http://www.uic.edu/jaddams/college/kincare/overview/overview.html>

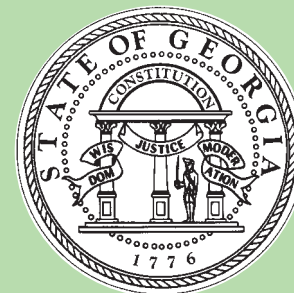
Iowa has an innovative approach to resource allocation for child services, known as Decategorization. Read more about “decategorization,” in the *Advocasey* article entitled, “Decat in the Hat”  
<http://www.aecf.org/publications/advocasey/decat/index.htm>

Visit the Governor’s Action Group for Safe Children Website for a comprehensive overview of the project and the resources consulted throughout the project.  
<http://www.georgia-kids.com>



## To find out more... Governor’s Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)



# Innovative Financing

## The Challenge

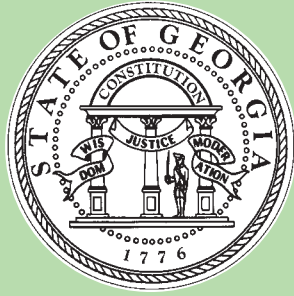
Despite increased funding for Georgia’s placement system over the last few funding cycles, many challenges remain for the state’s system of financing care. We know that some programs and services are still under-resourced. Funding streams are categorical and inflexible. Money does not follow the child; it follows the provider.

Financing to support a full and seamless system of placements and services that are appropriate, community-based, and community-supported is a concept that makes good sense but is difficult to implement. To function well a system of effective financing must be based on the following premises:

- Funding must be focused on the **needs of the child**.
- Funding must be **consistently available** to the child **regardless of the agency responsible for the child**.
- Agencies must use **consistent** placement criteria and definitions.
- To the maximum extent possible, state agencies should **leverage available federal resources** to support out-of-home placements.
- Funding decisions should be **outcome-based** to ensure that the **state is purchasing positive outcomes for the child**.

## Findings

- **The State of Georgia has invested considerable funding in out-of-home placements for children.** Between Fiscal Years 1996 and 2001, state expenditures increased by \$188,361,187 or 88%. The FY 2002 and 2003 budgets include an additional \$32 million in new appropriations for out-of-home placements. State agencies should continue their efforts to maximize federal funding. For example, DJJ’s efforts to make a transition from punitive to rehabilitative programs will result both in better outcomes for children and will also allow the agency to draw down more federal funds. Georgia should reinvest any funds made available from such efforts in preserving the infrastructure of the out-of-home placement system, addressing unmet needs, and instituting prevention and early intervention initiatives.
- **The Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHD-DAD) spent over \$46 million to provide outpatient services to children and adolescents in FY 2001. The Department of Education (DOE) spent over**



## Blended Funding Works To Serve Kids Better

**KIDS (Kids in Different Systems),**  
Franklin County, Ohio<sup>1</sup>

KIDS provides individualized child- and family-focused, community-based services for children involved in two or more systems who are at risk of out-of-home placement or who are moving from a restrictive setting to a family or group setting. The county created a pool of funds from five agencies including child welfare, education, juvenile justice, the Alcohol Drug Addiction and Mental Health Board and the Mental Retardation/Developmental Disabilities Board. The county contracts with a group of providers that must provide services for children. However, the “bundled” funds do not limit them to providing only the prescribed services. The providers can use the bundled funds flexibly across line items and individualized budgets. KIDS pooled \$1.4 million in FY 2000. KIDS also uses the pooled funds in the local match to claim entitlement funds for allowable activities and services.

**Children Come First, Dane County, Wisconsin<sup>11</sup>**  
Children Come First focuses on providing wrap-around services to children. Dane County blends all state funds for children with therapeutic needs and then contracts with a private, non-profit organization to administer the program. A community-based interdisciplinary team assesses the child, including his or her strengths, and identifies interventions that deliver coordinated, highly individualized services. The county projected costs by identifying all fund sources and averaging expenditures for the total family and the child across categorical programs. Each program then contributed its historical share to the pooled funds. Children Come First also has a system for measuring child outcomes. Over time the initiative has led to cost savings for Dane County.

<sup>1</sup> Hayes, C.D. (March 2002). Thinking Broadly: Financing Strategies for Comprehensive Child and Family Initiatives. The Finance Project: Washington, DC, p. 28

<sup>11</sup> Carl Vinson Institute of Government, University of Georgia. *Wiser Purchasing – Improved Results for Georgia’s Children and Families: Lessons Learned for the Children’s Behavioral Health Study* June 1998, p. 52

**\$64 million to operate a network of 24 psycho-educational schools in FY 2001.** While these services can support children in out-of-home placements, no data exist indicating what portion of these expenditures served children in or at risk of out-of-home placements.

- **The current funding system for out-of-home placements cannot support a full and seamless system of placements, services and supports.** Due to the restrictive and/or categorical nature of most funding streams and agency responsibilities, funding cannot follow a child as he or she moves through Georgia’s current array of placements.

Georgia provides services for children through several different agencies and programs using a variety of fund sources. As a result, it is often difficult for policy-makers and the public to understand what the State spends on children, for which services, and through which agency or program, as well as the impact of these services on children’s lives. To address this problem, several states and municipalities compile Children’s Budgets that list expenditures, interventions and outcomes related to children’s programs in a single document.

States can use Children’s Budgets to improve coordination and efficiency between agencies and programs, to build partnerships among public and private organizations, to make informed decisions about programs serving children, and to reallocate resources according to program effectiveness and need.

- **Access to educational services and funding is inconsistent**

### across agencies and placements.

Under current state regulations a child in certain Division of Family and Children Services [DFCS] or Department of Juvenile Justice [DJJ] non-family-based placements that operate on-site schools cannot access DOE funding until the child has remained in the same placement for 60 days. It is up to the provider to coordinate with the local school district for funding to support provider educational services after 60 days. Not all school districts are willing to fund provider educational services. DHR and DJJ will reimburse residential providers who operate on-site schools but only at a percentage of cost.

- **State agencies that place children in out-of-home settings use different definitions and terms to describe children, their eligibility and types of placements.** This makes an already complicated system more confusing.
- **The State, with the cooperation of public and private providers of placements, has made progress in monitoring and measuring the effectiveness of placements and treatment services. However, the State does not consistently track and measure a child’s progress in an out-of-home placement.** The Multi-Agency Team for Children [MATCH] uses the Child and Adolescent Functional Assessment Scale (CAFAS) to monitor a child’s progress in non-family-based therapeutic treatment settings. Providers submit outcome data regularly so that a child’s progress can be assessed during treatment and for

twelve months following discharge from MATCH. The system has been in place since FY 1998. In FY 2003, the State has appropriated funding to expand the use of CAFAS to all out-of-home placements provided by DFCS.

Outcome-based contracts clearly define deliverables and reward providers for positive outcomes for children.

Outcomes can include placement, permanency, or improvements in the child’s emotional and behavioral diagnosis that allow the child to move to a less restrictive environment. By developing contracts that reward providers for positive outcomes – rather than reimbursing them by caseload – the State can improve performance of its placements for children. The State will refer new cases to providers with positive outcomes while poor performing providers face the possibility of losing State business.

- **The current system of purchasing residential placements is inefficient and costly to both the State and providers. It does not focus on the needs of children or the goals of providers and the State.** The current system does not contain incentives for efficiency. The State determines its payments to providers for non-family-based therapeutic placements on the basis of reported provider costs. As a result the payment rate varies by provider. Overall expenditures also vary unpredictably, making it difficult for the State to budget accurately. The system is inequitable in the sense that it does not treat providers equally. MATCH providers receive 100% of cost while non-family-based foster care providers

(e.g., group homes) receive 62% of cost. Providers also do not receive predictable rate increases and have stated that they are not adequately reimbursed for their services. The rates paid to providers are not based on the needs of children, and often providers of similar services may receive very different rates.

## Level of Care System

In cooperation with providers, DFCS and DJJ have been working to create a Level of Care (LOC) system that purchases placement services for a child based on the child’s needs. LOC is a system of six levels of placement for children that range from basic family foster care to intensive residential care that includes 24-hour treatment, supervision and medical care. All levels of care provide individualized, treatment and support services based upon an individualized written *services* plan that identifies for each child the treatment goals and needed services. Within the levels of care there are a variety of treatment options and settings to meet each child’s unique needs for treatment and support. Each child is to be served in the least restrictive, most family-centered and community-based setting that meets his or her treatment needs and ensures the safety of the child, the family and the community. Children are monitored during their placements and their needs are periodically reassessed.

This new system will allow the State to better identify needs, project expenditures and track results. It provides a common language for children’s service and treatment needs, thus bringing some consistency across agencies in their placements. LOC “evens the playing field” among providers

by assigning payment to a child rather than to a facility or program. LOC will allow the State to budget more accurately once it learns the distribution of children among the various levels of care. A strong information system is critical to the success of the Level of Care system. At a minimum such a system should allow tracking of child-specific data, level-specific data, and provider performance and should convert that data into reports which can be shared in a meaningful way to identify system needs and child outcomes.

## Recommendations

**1. Level of Care system:** Proceed with development of a level of care system to finance placement based on the needs of the child.

**2. Criteria for the Level of Care system:** The Level of Care system will allow DHR and DJJ to purchase care from private providers based upon individualized assessments and established treatment plans for each child and family. It builds on the expanding partnership between DHR, DJJ, DCH, and the private provider community, and it supports program development to meet the increasingly difficult and complex needs of the children who are served by DHR, DJJ, and DCH.

- The system change has promise for Georgia, and it should be vigorously and carefully pursued to avoid possible pitfalls that will stand in the way of its successful implementation. There are a number of criteria that must accompany the system design. The Level of Care system must:
- Plan around trends that support positive outcomes
- Be driven by the needs of children
- Serve children in whatever is the best placement setting for them, whether



number of criteria that must accompany the system design. The Level of Care system must:

- Plan around trends that support positive outcomes
- Be driven by the needs of children
- Serve children in whatever is the best placement setting for them, whether family-based or residential – or even in the child’s own home
- Serve children regardless of which agency is responsible or who has custody
- Involve Georgia’s private sector partners every step of the way – in planning, implementation, and operation of the system
- Build on the base of public/private partnership at the state and local levels as demonstrated by the Multi-Agency Team for Children (MATCH)

- Make decisions on levels of care by qualified, credentialed and trained staff with input from the family, case manager, and provider, using the current MATCH utilization review process, where appropriate, to meet the needs of the child
- Maintain a unified system of outcome-based data to track children regardless of which agency sponsors the placement to measure the progress of children while they are in placement and after they return home or move to independence
- Use the experience of providers, families, communities, and public agencies to predict (and eliminate) possible unintended consequences
- Fairly assess the needs of children and establish realistic payment rates that are adequate to support the services, supervision, and treatment required to meet those needs
- Develop adequate resources to fill in system gaps (identified elsewhere in this report) so that services are available to meet the individualized needs of children identified for their level of care
- Follow the tenets of the Action Group’s Guiding Framework so that services are individualized based on the assessed needs of each child and family – not based on labels.
- **Rate system that supports case management:** Develop a

rate system that supports case management, is consistent with the services that are needed and provided, is tied to the needs assessment, and includes policy and procedures consistent with the rate system adopted.

- **Funding follows the child:** Ensure that necessary fiscal resources follow the child based on the Level of Care system regardless of placement.
- **Outcome-based:** Begin using “outcome-based” contracts in the delivery of placement services for children.
- **Maximize federal funding:** Continue state agency efforts to maximize federal resources. Reinvest those resources in expanding or enhancing services for children.
- **Flexible, blended funding:** Have state and local agencies work together to identify opportunities to blend funding and to increase funding flexibility and coordination. Minimize categorical funding.
- **Outcomes and accountability:** Develop a consensus on desired outcomes and results, identify data measures, and design accountability systems for Georgia’s child placement system.
- **Out-of-home services budget:** Publish a Children’s Budget of services for children in or at risk of out-of-home placement. Such a budget would ensure that the accountability of government programs and expenditures for children could be monitored and presented annually to policy-makers and the public.

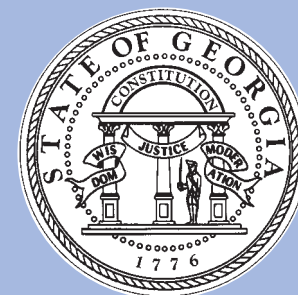


Governor’s Action Group  
For Safe Children

*To find out more...*

## Governor’s Action Group for Safe Children

Office of the Governor  
State Capitol Building  
Atlanta, Georgia 30334  
404.656.1776 phone  
404.657.7332 fax  
[www.georgia-kids.com](http://www.georgia-kids.com)



# Executive Summary

In January 2002, Governor Roy Barnes named 32 individuals from the public and private sectors to the Governor’s Action Group for Safe Children and charged them with developing a plan for safe placements for children in state custody. The Governor instructed the Action Group to focus its work on ensuring that within Georgia’s placement system:

- First placement is the right placement
- Statewide access to safe and appropriate placements exists, and

- A seamless system of placement options exists.

The Action Group met from January through August 2002 to develop its findings and recommendations.

The complexity of Georgia’s system for out-of-home placement of children mirrors the complexity of needs of the children and youth entering the State’s care. Children in state custody range in age from infancy to over 18. They find themselves in state custody for reasons ranging from abuse, neglect





*“Government has the responsibility to keep the weakest in our society protected and to make sure we do not lose these children.”*

*Governor Roy Barnes*



**Governor's Action Group  
For Safe Children**

and abandonment to delinquency and more serious offenses. They bring with them an almost overwhelming array of physical and mental health needs.

The State attempts to respond to these needs through a wide variety of placement options from “basic” foster care to group homes, therapeutic placements, wilderness camps, and secure detention facilities. The system spans two state agencies – the Department of Juvenile Justice (DJJ) and the Department of Human Resources (DHR), which houses the Division of Family and Children Services (DFCS) and the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) – and is supported by two others, the Department of Education and the Department of Community Health.

The placement system’s complexity means that the Action Group’s effort to suggest improvements in the system was itself necessarily complex. The Action Group discussed and debated voluminous research and numerous findings during many work sessions held between January and August 2002. This process ultimately led to 98 recommendations.

Several overarching themes emerged from the group’s findings and analysis, including the importance of:

- **Prevention** in reducing pressures on the placement system
- **Staff and work force issues** as a key to any effective reform
- **Collaboration among state and local agencies** that serve families and children and, in particular, the need for **coordinated case management**
- The need for Georgia to build on **community strengths and successful community initiatives**
- The need for adequate and equitable **financing**

The Action Group’s recommendations are intended to support its vision that Georgia’s placement system will provide appropriate, adequate care of children; encourage the retention, dedication and professionalism of those who serve Georgia’s children; and galvanize citizen action and support for the success of all children and families in Georgia. Such a system will support the group’s broader vision that all children in state custody will experience compassion, collaboration, cooperation, common sense and communication, thereby demonstrating that Georgia cherishes its children.

## Staff and Work Force Issues

The Action Group found that in many counties the frontline workers in state and county agencies that deal with children, youth, and families suffer from:

- High caseloads
- High staff turnover
- Inexperienced frontline workers and supervisors
- Inadequate supervision in terms of the availability and/or the skills of supervisors
- Low morale
- A negative public image of the agency

These conditions result in **poor assessment and placement decisions and inadequate case management** that ultimately lead to worse outcomes for children and families. The Action Group concluded that the single most important factor in the success or failure of Georgia’s child placement systems is the strength of the relationship among the child, the child’s family, and the frontline worker. Yet, caseworkers in Georgia have caseloads

that significantly exceed national standards of 15 to 1. The turnover rate of frontline workers is extremely high, and there is a shortage of bilingual staff. Too often inexperienced, entry-level workers make critical placement decisions.

## Assessment and Screening

Meaningful assessment information is vital for agencies and juvenile courts that make crucial decisions about children’s lives. Yet assessments are often not completed until 30 days or more after the child enters state custody – after the point that judicial decisions that could have benefited from the information have been made about the child’s placement. Assessment processes are not standardized, and the assessments themselves are not always normed on Georgia’s population. Nor are they necessarily culturally sensitive, developmentally appropriate, or methodologically sound. Where assessment information does exist, it is often not

shared with other agencies, providers, or the courts, leading to duplicative collection of information from children and families. More seriously, children may be misdiagnosed or placed inappropriately due to inadequacies of assessment or information sharing.

## Family-Based Placements

The number of children requiring out-of-home placements—both in Georgia and nationally—has been growing at the same time that the number of family foster homes has been decreasing. Limited financial and emotional support to foster parents has worsened the decline. This decrease is particularly problematic given that family foster homes are the most common form of out-of-home placement, accounting for 70-75% of such placements nationally and in Georgia.

An effective response to this problem must include efforts to increase both recruit-

ment and retention of foster homes. Promising approaches include creating positions solely devoted to recruiting and retaining foster parents, a statewide marketing campaign, and increased reimbursement rates.

## Non-Family-Based Placements

Children needing “deep end” intensive services are a minority of children in out-of-home placements. Yet these 20-25% of cases are often the most heartbreaking and pose some of the system’s greatest challenges. Unfortunately there are not enough of such specialized placements in Georgia. Even when such placements do exist, their distribution is not optimal – neither geographically nor in terms of the types of services offered. As with family-based care, DFCS and DJJ run largely separate systems. The Action Group identified many gaps, including the need for safe and therapeutic placements for juvenile sexual offenders and transitional programs for teenagers “aging out” of the foster care system. Many Action Group members, particularly among providers, feel that raising reimbursement rates is key to increasing the availability of placements.

## Support Services

Georgia’s system of support services to children in out-of-home placements includes educational and mental health services. Unfortunately, the state and local agencies charged with providing educational and mental health services to Georgia’s youth have not been systematically involved in the identification of children at risk of out-of-home placement, the prevention of out-of-home placements, and the provision of services to those children and youth who must be placed away from their homes.

Children in state custody experience





delays in enrollment and receipt of educational services. Many of these children are eligible for special education services but do not receive these services in a prompt or timely manner. Georgia's public education system has operated separate and apart from any case planning regarding children in state custody. One consequence of the failure to communicate about the status and needs of children has been that children returning to public education from a DJJ placement are often required to attend alternative schools before being allowed to attend their home school.

Children in need of services from MHDDAD are often not receiving them. Others experience a significant delay between entering state custody and initiation of services. MHDDAD services are fragmented, inconsistent, under-funded and difficult to access. The MHDDAD service dis-

tricts do not match the DFCS and DJJ service delivery areas. To achieve efficiency and improved, coordinated case management, Georgia must establish uniform service delivery regions for all child-serving state agencies and judicial circuits – if not immediately, then as soon as is reasonably possible.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) (known in Georgia as Health Check) is a federal mandate requiring comprehensive health assessments for children who receive Medicaid or PeachCare for Kids. Other states include mental health assessments in their EPSDT screenings. Georgia has not explored how to best utilize EPSDT for addressing the mental health needs of children on Medicaid (which includes most children in or at risk of out-of-home placement).

## Case Management

Services for Georgia's children in out-of-home placements or at risk of such placements have mostly been delivered independently with little coordination or cooperation among agencies. Families encounter multiple caseworkers, multiple case plans and conflicting requirements. Georgia has never undertaken a comprehensive approach to addressing the serious shortcomings of the service delivery system for children and youth, despite numerous task force and committee reports over the past ten years documenting the problems and issues.

The Action Group advocates that Georgia significantly change its way of conceptualizing service delivery to a **level of care** model incorporating **wrap-around services**. A level of care approach encompasses every child, regardless of placement. In the envisioned system, case managers select placements not because the facility is the only placement

offering a service needed by the child but because the placement meets the child's needs more broadly and is consistent with placing the child permanently (either back with the parents or with others as appropriate) in a timely manner. The concept of *wrap-around services* arose from a desire to prevent out-of-home placements by providing services to the child's family. "Wrap-around" allows a variety of services to be provided to the family and/or child, including mental or physical health services or behavior management. Part of the concept of wrap-around is that services follow the child regardless of placement.

## Cross-Agency Collaboration, Organization Structure, and Evaluation

Georgia's current system of service delivery for children in need or at risk of out-of-home placement is fragmented. It involves multiple systems with differing mandates, missions, funding, strategic visions and information systems. The result is poor communication, competition for scarce resources, and inconsistent system priorities. Each of Georgia's child-serving agencies has different enabling statutes, different missions and functions, different funding streams, different information systems, and different points of entry and exit. Georgia's child-serving agencies have been trying in isolation to respond to the pressures posed by a growing population of children and youth in need of increasingly intensive services. However, no single agency can effectively respond to challenges of this complexity and magnitude. For many years

Georgia's child-serving agencies have had difficulty identifying children and families in need, determining the services needed, defining treatment objectives, ensuring that services were delivered and that objectives were met. Georgia must institutionalize inter-agency coordination and collaboration to ensure that they survive the changes in top leadership characteristic of state agencies.

Georgia has a history of experimenting with new initiatives, but due to inadequate data collection and evaluation, we are left with little hard knowledge regarding the effectiveness of these reform efforts. We must hold ourselves to a higher standard in the future in assessing the success or failure of these efforts and whether they warrant our continued investment. At our worst, Georgia, like other states, has spent tens if not hundreds of thousands of dollars year after year on programs whose effectiveness is unclear. Georgia must commit itself to implementing programs that have already been shown to be effective through rigorous evaluation in Georgia or elsewhere. Or, if Georgia chooses to implement a new, untested program, we should evaluate its effectiveness and cost-benefit before it goes statewide.

## Data Systems and Information Sharing

Most decisions within Georgia's child welfare system – from placement decisions at the child level to management decisions at the agency level – require accurate, timely, relevant data. Often this information must be obtained from a sister agency. Yet, in Georgia much of this information is not readily available or accessible. This causes crucial decisions to be delayed or to

be made in the absence of complete or necessary data.

Georgia's state information systems mirror the organization of our child welfare and juvenile justice agencies. The result has been multiple systems of fragmented data. While some key data are stored in automated systems, not all relevant users have online access. Other important information continues to reside in paper files at a central office or in county or facility offices. In short, Georgia's child-serving agencies do not have easy access to all the information needed for effective decision-making, and they do not share very well the data they do have.

## Community Collaboration

The issue of children in out-of-home placements is simply too large and too important for either the State of Georgia or local communities to handle alone. Communities need the State to support them in their efforts to care for their most vulnerable children. The State depends on communities to shoulder their share of the responsibility for this difficult issue so that the State is not burdened with the impossible task of "going it alone". The challenge is to find effective mechanisms for two-way communication and mutual support: from communities to the State in terms of local priorities and successful initiatives, and from the State to communities in terms of state-level priorities, best practices, and support for community collaboration. Community collaboratives show great promise for helping Georgia's communities address issues surrounding children in need or at risk of out-of-home care.





## Legal Issues

Although many of the issues facing Georgia's child placement system can be addressed through policy or budgetary changes, some can only be addressed through changes in state law or its legal system. Central among those issues are:

- Georgia's child-serving agencies have no consistent legal definition of "child", which complicates coordination of services across agencies.
- Children in court often do not have adequate, well-trained legal representation resulting in outcomes that are not reasonably related to the needs of the child.
- Georgia lacks consistent policies to facilitate timely and appropriate treatment and placements for children who are illegal immigrants.
- When a child in Georgia is convicted of a federal offense, the child is placed out of state because there are no appropriate placements within Georgia and no written agreement exists with the federal government to allow placements within Georgia.
- Georgia has a number of early intervention programs for children. However, the State currently has no legal basis to *require* early intervention with children and families in need of services other than through a legal finding that the child is deprived, a status offender, or delinquent.
- Georgia's children often do not receive appropriate mental health services and placements due to legal constraints preventing agencies from providing services beyond appropriated funding.

## Innovative Financing

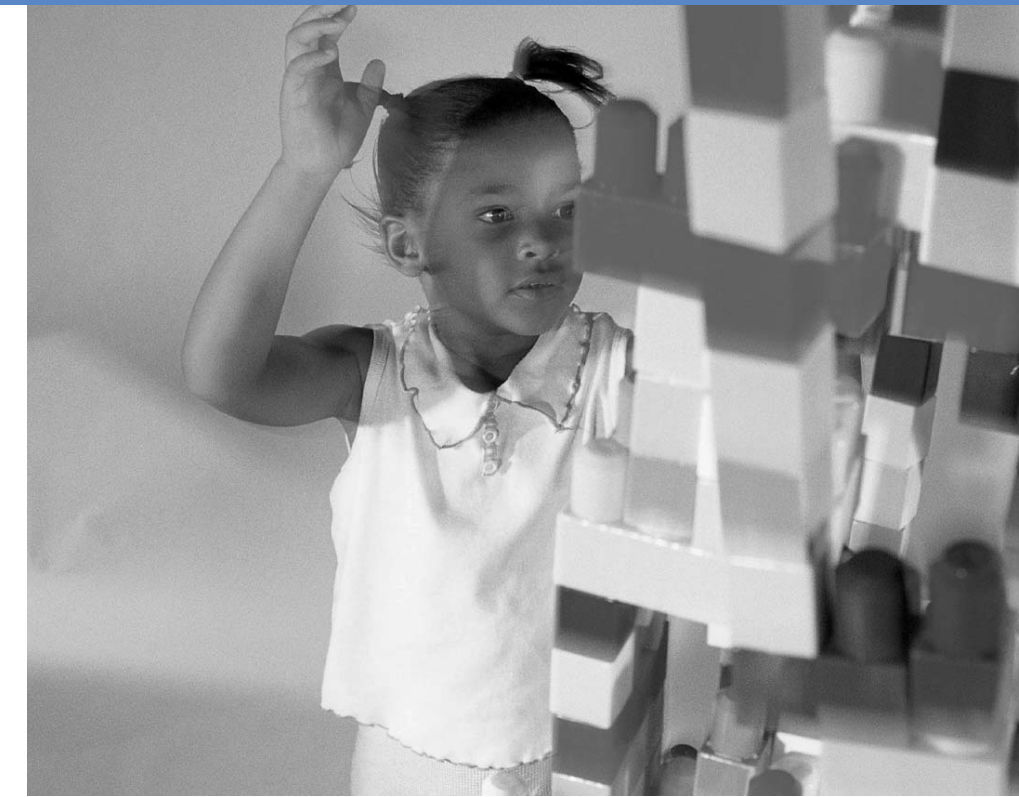
Despite increased funding for Georgia's placement system over the last few funding cycles, many challenges remain for the state's system of financing care. We know that some programs and services are still under-resourced. Funding streams are categorical and inflexible. Money does not follow the child; it follows the provider or categorical programs.

Financing to support a full and seamless system of placements and services that are appropriate, community-based, and community-supported is a concept that makes good sense but is difficult to implement. To function well a system of effective financing must be based on the following premises:

- Funding must be focused on the ***needs of the child.***
- Funding must be ***consistently available*** to the child ***regardless of the agency responsible*** for the child.
- Agencies must use ***consistent*** placement criteria and definitions.
- To the maximum extent possible, state agencies should ***leverage available federal resources*** to support out-of-home placements.
- Funding decisions should be ***outcome-based*** to ensure that the ***state is purchasing positive outcomes for the child.***

In cooperation with providers, DFCS and DJJ have been working to create a Level of Care (LOC) system that purchases place-

ment services for a child based on the child's needs. LOC is a system of six levels of placement for children that range from basic family foster care to intensive residential care that includes 24-hour treatment, supervision and medical care. This new system will allow the State to better identify needs, project expenditures and track results. It provides a common language for children's service and treatment needs, thus bringing some consistency across agencies in their placements. LOC "evens the playing field" among providers by assigning payment to a child rather than to a facility or program. LOC will allow the State to budget more accurately once it learns the distribution of children among the various levels of care.



# Final Recommendations

## Staff and Work Force Issues

- **Reduce caseloads:** Continue the reduction of caseloads for all case managers with the long-term goal of meeting appropriate Child Welfare League of America standards.
- **Knowledgeable case managers:** Define the education, training, experience, and pay for case managers that allow the development of effective personal relationships with families and children so that the case plan can be implemented. Make these requirements consistent across agencies.
- **Culturally competent case managers:** Ensure that case managers are culturally competent and are customer/family friendly. Define the types and numbers of case managers required to respond to cultural differences and

move toward fulfilling the need.

- **Incentives to attract the right staff:** Create incentives for the most qualified staff members to become case management coordinators, such as lower caseloads (15-17 cases for DFCS; 15 cases for DJJ) and job rotation.

## Assessment and Screening

- **Shared assessments:** Require all state agencies that come in contact with a family or child for out-of-home placement to use and make available to authorized users common data components including assessment information, demographics, and family history. Existing data sources will be reviewed prior to authorizing expenditures on collection of new information. All common data component information should:

- Be automated
- Be web-based, and
- Populate the appropriate agency-specific assessment records.
- **Common assessment components:** Common data components shared by the agencies should include information on:
  - Safety (the child's and the community's)
  - Risk factors
  - Resources (strengths), and
  - Family dynamics
- **Time frames for data collection:** Establish standard time frames for collection of common data components; e.g., immediately, within 24 hours, within one week, within one month.
- **Assessment "menus":** Encourage the agencies to establish "menus" of assessment instruments to use in specialized situations following collection



Governor's Action Group  
For Safe Children



- of the common data components.
- **Required acceptance of assessments:** Require agencies that deliver services to children (DJJ, DFCS, DOE, MHDDAD, DCH) to accept one another's assessment findings once the assessment measures have been found to be:
    - Culturally sensitive
    - Developmentally appropriate, and
    - Methodologically sound.
  - **Cross-training:** Provide cross training to DJJ, DOE, DFCS, juvenile court judges, DCH, private and non-profit service providers, Special Assistant Attorney Generals (SAAGs) and MHDDAD staff on the benefits and limitations of the assessment process, interpretation of information, and knowledge of available resources to serve children and families.
  - **First staff is the right staff:** Involve trained and experienced staff in making critical intake decisions. Involve a sufficient number of experienced staff (24/7 "real time") as early as possible in the assessment process.
  - **Early assessment to prevent out-of-home placements:** Provide comprehensive assessments (including family conferencing) when a child initially comes in contact with agencies (i.e., Child Protective Services) to prevent out-of-home placements.

## Family-Based Placements

- **Increase the availability of foster care.** Increase the availability of high-quality foster care, including family-based and group care.
- **Single system for foster care recruitment, training, and retention.** Establish one system for foster care

- recruitment, training and retention for all agencies placing children.
- **Dedicated positions for foster care recruitment and retention.** Create state-funded positions serving counties or regions whose responsibility is to 1) recruit new foster parents and 2) retain existing foster parents by ensuring that their needs are addressed. These positions should be at the community level, with the allocation of positions tied to the caseload of children in out-of-home placements. These positions should serve all state agencies that place children in keeping with Recommendation 2 above.
  - **Privatization of recruitment.** Consider further privatization of foster care recruitment.
  - **Statewide marketing campaign.** Conduct a statewide marketing campaign to recruit new foster families.
    - Identify and target messages to groups that are most likely to respond and to demographic groups where homes are particularly needed
    - Coordinate brochures, a website, and other supportive materials
    - Operate a statewide toll-free number, including nights and weekends when working adults are most likely to call
    - Consider separate campaigns for adoptive and foster parents
  - **Positive agency response.** Make prospective foster parents feel "welcome, respected, accepted, and needed" from their very first contact with the state. Staff the toll-free foster care number with trained, consumer-friendly staff, including nights and weekends. Expand the state's role in providing

training to the county/regional foster care recruitment and retention staff on how to make foster parents welcome and support their needs.

- **Raise foster care rates.** Implement basic foster care rates that address the inadequacy of current compensation.
- **Increase supplemental payments.** Implement payments to foster parents to address the inadequacy of reimbursement for supplemental expenses. Develop a system that balances accountability with timeliness of payments.
  - Increase state reimbursements for certain allowable "special" expenses such as school clothes.
  - Address timeliness of reimbursements.
  - Review policies regarding "allowable expenses".
- **Enhance other incentives.** Consider other possible incentives for foster parents, such as state tax credits, making foster parents eligible for participation in the state health benefits plan, or student loan forgiveness.
- **Professional foster parents.** Develop and evaluate a pilot program for professional foster parents as part of the placement continuum. Professional foster parents receive a salary and benefits for their work as foster parents, in addition to the regular per diem cost payment for each child. Professional foster parents may be an appropriate option for difficult-to-place children with special needs.
- **Improve foster care training.** Modify foster parent training to add more material identified by foster parents. Make training schedules more

flexible and consumer-friendly. Explore utilization of privatized training options and/or training through the Department of Technical and Adult Education.

- **Increase emotional support.** Explore and implement effective models for emotionally supporting foster parents.
- **Increase involvement of foster parents.** Increase involvement of foster parents as part of the child's case management and planning team. Allow and encourage foster parents to testify at the child's court hearing through steps such as providing adequate notification to foster parents of upcoming hearings.
- **Encourage foster parents to be heard.** Ensure that foster parents receive notice and an opportunity to be heard consistent with federal and state law.

## Non-Family Based Placements

- **Increase availability of therapeutic services:** Increase therapeutic services of various intensities and types, including:
  - Acute emergency placements
  - Therapeutic emergency placements
  - Appropriate options for children dually diagnosed with mental retardation (MR) and severe emotional disturbance (SED)
  - Substance abuse services
  - Placements for youth with mental illness and chronic violent behaviors
  - Programs for sexual offenders and for victims of sexual abuse
- **Placements for children who are medically fragile**
- **Treatment alternatives for children age 12 and under who would otherwise be committed to DJJ**
- **Therapeutic transitional programs for DJJ and MATCH youth**
- **Increase independent living/transitional programs.** These programs help youth in their late teens that are in out-of-home placements to successfully make the transition to adulthood and full emancipation at age 18.
- **Increase availability of emergency placements:** Increase the statewide availability of emergency placements, including family-based and group care.
- **Monitor Level of Care system:** Monitor implementation of the Level of Care system to determine the adequacy of the payment rates. Monitor whether there are adequate placements for the numbers of children at various levels. If the available number of placements is inadequate in some or all categories, determine the source of the barrier.
- **Incentive system for gap services:** Institute an incentive system for hard-to-fill gaps in service defined either by type of placement or geographically.
- **Identify fair rates for gap services:** Develop a methodology through collaboration of the public and private sectors to identify a fair rate for hard-to-fill gaps in services.
- **Start-up funding:** Support the identification and development of start-up funding for new services.



Governor's Action Group  
For Safe Children



- **Overcome zoning barriers:** Develop state incentives for communities to overcome zoning barriers to allow for successful implementation of services and programs in underserved areas.
- **Provider input:** Encourage provider input in state contracting and licensing policies.
- **Consistent licensing rules for public and private foster homes:** Establish licensing standards for all public and private out-of-home placements – with the exception of DJJ secure juvenile detention facilities – under an independent Office of Regulatory Services. DJJ secure juvenile detention facilities will adhere to accepted professional juvenile justice standards. The licensing authority shall require the public agencies, as well as private providers providing out-of-home placements to meet the same rigorous standards. The Office of Regulatory Services shall also be responsible for approval of all waivers and shall maintain current and accurate data on all waivers.
- **Maternity and Second Chance homes:** Integrate the licensing standards for maternity homes and Second Chance Homes to 1) require reasonable standards of care and 2) allow them to maintain placements of pregnant youth and new adolescent mothers with their infants for the time necessary to ensure a positive transition to a permanent living arrangement.

## Support Services

- **Make educational services a priority:** Make provision of public education and related services (includ-

ing special education) to children and youth in out-of-home placements a priority in order to assure that no gap occurs in children's education when they 1) come into state custody, 2) change placements, or 3) move to a permanent placement. Ensure that children who are in state custody are afforded the same rights as children who are homeless and protected by the federal McKinney Act.

- **Active participation of local schools:** Require local school systems':
  - (1) Active participation in the assessment, treatment, planning and/or service delivery for children at risk for out-of-home placement, children who are in out-of-home placements, and children who are making a transition between placements; and
  - (2) Provision of support to case managers including use of space with the child's school when space is available.
- **Case-by-case assessment of children returning from DJJ:** Establish a process with the state Board of Education, DJJ and/or DFCS to assess each child returning from a juvenile justice placement on a case-by-case basis to allow direct placement of the child into his or her home school when appropriate.
- **Comprehensive MHDDAD system:** Develop a comprehensive system of services and placements to treat mental health problems, developmental disabilities, and/or addictive diseases in children and in families with children. Children in need of MHDDAD services shall receive

services in a timely manner. These services shall follow the child when placement changes.

- **MHDDAD service delivery areas:** As a short-term goal, have MHDDAD communicate and implement a plan for delivery of mental health services within the existing service delivery areas used by DHR and DJJ. Require MHDDAD to share the plan with system partners, consumers and their families. As a long-term goal, establish uniform service delivery areas for all state agencies that serve children and the judicial circuits.
- **Early Periodic Screening, Diagnosis, and Treatment (EPSDT):** Further explore and research maximizing utilization of EPSDT and coordinating it with the First Placement, Best Placement assessment process to ensure that Georgia addresses the mental health needs of its children.

## Case Management

- **New case management system:** Develop a case management system that has the following attributes:
  - Case management and all services are easily accessible by any child, parent/guardian or referring agency and are in place to guide the child/family through the system of programs and services towards positive outcomes. Services can be accessed without stigma.
  - All programs and services for children are cost- and outcome-accountable and based upon best

practices research or evaluation.

- Designation of case plan coordination shall be by Memorandum of Understanding (MOU). Such coordination shall require a timely single case plan based on multi-agency assessment, linking the professionals involved with the child and family.
- The designated case plan coordinator shall have the authority to direct inter-agency participation and regular inter-agency plan updates to be provided in writing to the court and/or families. Assessment will include Early Periodic Screening, Diagnosis and Treatment (EPSDT) in order to maximize Medicaid funding.
- Treatment plans shall include measurable outcomes that shall include an internal treatment team (including the family, child and providers), assessment of satisfaction with the process and the outcomes.
- Case management always involves the family and, where appropriate, also involves the child. Sibling groups and adolescents with children shall be seen as family units and, where consistent with treatment plans, are placed together.
- Case management shall coordinate and present assessment information and treatment plans to the courts/agencies prior to disposition to inform the court.
- Agencies responsible for case management actively participate in community planning to ensure coordination of services.

- **Consistent framework and release points:** The system of coordinated case management needs to have a consistent framework, including appropriate 'release' points.
- **Community- or school-based case management:** Case management is community- or school-based and includes the school and the school counselor as an integral part of case management.
- **MHDDAD single point of entry:** MHDDAD regional offices' single-point-of-entry provider shall identify an individual to actively participate in case planning and case coordination for children who are served by other agencies and who need MHDDAD services.
- **Agencies held responsible:** No agency is absolved of responsibility for the care of a child because the child falls under the jurisdiction of another agency.
- **Standards for providers of wrap-around services:** All in-home treatment providers of wrap-around services shall be required to meet appropriate standards.
- **Pilot system with special populations:** Develop, implement, and evaluate a new collaborative case planning and coordination system for children on the MATCH waiting list and/or for children before the juvenile court for status or delinquent offenses who are under the age 13.
- **Prevention and intervention prototype:** Design, implement and evaluate a prototype and/or research project for case planning and coordination that is directed at prevention and intervention.



## Cross-Agency Collaboration, Organizational Structure and Evaluation

- **Organizational structure:** Explore organizational structures focused on children's issues. Such structures may include program budgeting, blended budgeting, a children's cabinet and/or a children's agency that coordinates all programs and services for children and for families with children. The organizational structure shall include:
  - Case management
  - Mental health, developmental disability, and addictive disease services
  - Juvenile justice services
  - Child welfare and family support and preservation services
  - Public health services
  - Other physical health services
  - Education partnership
  - Other related services
    - Nutrition
    - Expectant mothers
    - Coordination and maximization of Peachcare, Title IV-E, etc.
- Requirements of the organizational structure: The organizational structure requires:
  - Accountability for results based on a common set of outcomes, objectives, and measures.
  - Planning of and funding for services provided by all the agencies shall be to the organizational structure and/or shall be accom-

plished in a collaborative and cooperative manner with common objectives and outcome measures.

- Communication system or link with the Board of Education that requires joint planning, case management, and outcome evaluation. The link between the structure and the Board of Education shall include funding and authority to ensure the active participation of local school systems in the assessment, treatment planning and service delivery for all children at risk of out-of-home placement.
- Funding structured to allow the flexible purchase of services from public or private providers that changes as the needs of individual children change over the course of involvement with the organizational structure. Funding is flexible enough to allow constant budget updates/modifications to reflect needs, results and priorities.
- Geographic divisions and organizational structures shall be consistent across agencies serving children and families with children. Until that is accomplished, where differences exist, clear, written communication shall designate the service delivery persons and locations for all children.
- Linking, coordinating, and/or leveraging to welfare systems, economic development organizations, local government and

private providers to maximize services, eliminate gaps, understand the role of each entity and establish effective communications among entities.

- **Values of the organizational structure:** The organizational structure honors and rewards:
  - Creative thinking
  - Community involvement
  - Fiscal responsibility
  - Open communication and information-sharing at all levels
  - Communications within the organizational structure and with service partners to encourage open discussion and information sharing
  - Family (biological, foster, adoptive)
- **Joint planning:** Require the major state agencies with children in out-of-home placements (DFCS, DJJ, MHD-DAD) to plan together for (changes in) service provision.
- **Involve DOE:** Develop an agreement with the Department of Education (DOE) that ensures the active participation of Education in the development of treatment plans, the provision of services, sharing of information, and the possible location of case management services within schools.
- **Evaluation:** Evaluate the effectiveness and efficiency of any new state program/initiative. Ideally such evaluations should:
  - Use appropriate measures; e.g., outcome measures
  - Be conducted by a qualified, independent evaluator
  - Be an ongoing part of program

- implementation to ensure ongoing quality improvement
- Be conducted before a previously unevaluated program/initiative goes statewide; and
- Be subject themselves to a cost/benefit analysis

## Data Systems and Information Sharing

- **Effective data system:** The state must develop an effective data system to maintain and track programmatic and financial information on children in its custody.
- **Needed information:** DHR and DJJ should institute procedures to ensure that children's electronic records contain complete information on:

- Prior incidents of maltreatment
- Mental and physical health assessments
- Special needs
- Services received
- Service results
- **Shared access:** All system partners who are authorized users shall have access to child-related data systems.
- **Statutory authority to share information:** Statutory authority for authorized users to access and share information on all children in or at risk of out-of-home placement shall be established.
- **HIPAA compliance:** GTA, DHR, DJJ, DCH, the juvenile courts, and providers must ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other confidentiality requirements.



Governor's Action Group  
For Safe Children



- **SACWIS schedule:** The schedule as submitted to the Federal Government in the Implementation Advance Planning Document in December 2002 shall be adhered to by DHR and GTA and monitored.
- **SACWIS project accountability:** Decentralized management has helped ensure that SACWIS addresses information needs. It is important to clearly define project roles and authorities. The DHR Commissioner and GTA Executive Director shall regularly advise the Governor on SACWIS progress, explain barriers to implementation, and share plans for dealing with anticipated problems.
- **SACWIS updates:** DHR shall routinely update its web page to disclose progress and milestones in SACWIS development.
- **SACWIS functionalities:** SACWIS must include:
  - Tracking
  - Reporting
  - Outcome measures
  - Case management
  - Relational databases
  - Alerts and reminders
  - Protocols to ensure consistency
  - Data entry and system use as part of routine activities
- **SACWIS planning:** The SACWIS project team shall begin developing protocols and procedures for transferring information from existing systems to SACWIS. The project team shall:
  - Ensure that inaccurate and incomplete data are not carried over to SACWIS
  - Help ensure that data can be transferred as various SACWIS functionalities go online

- **Juvenile Tracking System (JTS):** DJJ shall continue its efforts to provide juvenile and family courts appropriate access to JTS information, including the development of access and confidentiality protocols.
- **Child welfare module of the Health and Human Services Portal:** GTA shall continue to work with DHR, DCH, DJJ, the juvenile courts, the State Data Research Center, and DOE to plan for a seamless system of inquiry, including the development of timelines and milestones for the state's Health and Human Services Portal's child welfare module.
- **Training:** GTA, DHR, DJJ, DCH, the juvenile court system, and providers shall work together to ensure that staff members obtain training in the use of SACWIS and Georgia's Health and Human Services portal.
- **Online listing of placement options:** DHR, DJJ, and GAHSC shall collaborate to build and make available a complete and current online listing of placement options.

## Community Collaboration

- **National models of collaboration:** Investigate and review national models of collaboration specifically related to child welfare reform, such as the Decategorization Program in Iowa and the Edna McConnell Clark Foundation sites. Transfer knowledge and lessons learned to communities in Georgia for possible replication.

- **Faith-based strategy:** Develop a strategy with major faith-based organizations to enhance the involvement of the faith-based community in local and state-level collaborative efforts around the issue of child protective services.
- **Bottom-up and top-down communication process:** Building on the existing network of county collaboratives, create a process to communicate local priorities, best practices and policy barriers to state partners to influence state policy and decisions. Conversely, develop a strategy to connect major policy initiatives at the state level to communities that are demonstrating results in related priority areas.
- **Evaluate community initiatives:** Evaluate initiatives across Georgia's communities specifically related to out-of-home placements that have been successful for replication to other communities that have an interest in similar collaborative work and strategies.
- **Entity to support statewide capacity-building:** Determine and support a statewide vehicle to direct the development, implementation, and capacity-building of local collaboratives with built-in measures of accountability and monitoring.
- **State-level collaboration in support of community collaboratives:** Establish through a Memorandum of Agreement or inter-agency agreements, a similar model of collaboration at the state level that will support local decision-making, address barriers to collaboration expe-

rienced by communities, and promote state priority initiatives (such as child welfare) in communities through resources and technical assistance.

- **Out-of-home placement benchmark:** Add an out-of-home placement benchmark to the set of indicators used by the Family Connection Partnership to measure the well-being of children in Georgia. Use the Family Connection Partnership's process for reviewing its 26 current benchmarks to develop the new benchmark.

## Legal

- **Standard legal definition of "child":** Move toward a standard definition of "child". Support continuation of services to children who "age out" of the system beyond age 21.
- **Competent legal representation for children in court:** Children who are subject of proceedings in court shall have competent legal representation. Work with the State Bar of Georgia to establish and monitor standards for the legal representation of children.
- **Immigrant children:** Examine and develop consistent policies across all state agencies to facilitate timely placement for children who are legal or undocumented immigrants.
- **Children convicted of federal offenses:** Negotiate an agreement with the federal government to allow placement of a child who is found to have committed a federal offense in an appropriate placement within Georgia and develop appropriate placements for these children.

- **CHINS, PINS, and FINS:** Introduce legislation based upon best practices for early intervention with at-risk youth and/or families. Such mechanisms may include statutory approaches from other states creating categories for services such as Children in Need of Supervision (CHINS), Persons in Need of Services (PINS), and Families in Need of Services (FINS).
- **Children's right to mental health services:** Modify state legislation and policy to recognize the rights of Georgia's children to mental health and other appropriate services, treatment and placements.

## Innovative Financing

- **Level of Care system:** Proceed with development of a level of care system to finance placement based on the needs of the child.
- **Criteria for the Level of Care system:** The Level of Care system will allow DHR and DJJ to purchase care from private providers based upon individualized assessments and established treatment plans for each child and family. It builds on the expanding partnership between DHR, DJJ, DCH, and the private provider community, and it supports program development to meet the increasingly difficult and complex needs of the children who are served by DHR, DJJ, and DCH. The system change has promise for Georgia, and it should be vigorously and carefully pursued to avoid possible pitfalls that will stand in the way of its successful implementation. There are a



Governor's Action Group  
For Safe Children