

Georgia

Child and Family Services Review

Proposed Program Improvement Plan

8/07/08

**Attachment A
Children’s Bureau
Child and Family Services Reviews
Program Improvement Plan
Suggested Standard Format**

States are encouraged to use this PIP standard format to submit their PIP to the Children’s Bureau Regional Office. The standard format includes the following sections:

- I. PIP General Information
- II. PIP Summary Work Plan and Matrix Instructions and Quality Assurance Checklist
- III. PIP Agreement Form (authorizing signatures)
- IV. PIP Matrix

I. PIP General Information

CB Region:	I	II	III	IV	V	VI	VII	VIII	IX	X
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Georgia's Approach to the Program Improvement Plan (PIP)

Child welfare programs in Georgia are state-supervised and county-administered by the Division of Family and Children Services (DFCS) of the Department of Human Resources (DHR). Within DFCS, the Office of Family Independence (OFI) handles financial and support services (i.e., TANF, Food and Nutrition, Child and Parent Services program, Medicaid, Refugee Assistance) and Social Services is charged with handling investigations and cases of child abuse and neglect (child protective services, foster care, adoption). The Federal Child and Family Services Review (CFSR) conducted in Georgia May 14-18, 2007, provided an opportunity for Georgia to identify strengths in its child welfare system and develop strategies to improve services and outcomes for children and families where indicated.

Background

DHR, particularly DFCS, is developing a shared vision with community partners focused on supporting and involving Georgia's families. DHR Commissioner B.J. Walker initiated this effort with the Georgia Nine (G-9) group process following her appointment in 2004. The G-9 included directors of the nine Georgia counties with the highest percentage of the state's social services cases (comprising over 50% of the social services cases). The purpose of this group was to build hypotheses and develop innovative solutions for concerns/issues/areas having the greatest adverse impact on Georgia's children and families.

The G-9 initially focused on preventing the recurrence of maltreatment. The agency studied data, reviewed case files and developed purposeful strategies targeted at reducing pending cases through the inclusion of preventive services, which aimed to stem a second incident of maltreatment. The G-9 expanded to all 17 regions into a statewide G-Force process with a family focus that includes monthly meetings to review data and progress at the county, regional and/or state levels.

Following the successful reduction of pending cases and the implementation of the Diversion program (now called Family Support), the focus of the G-Force process broadened to include foster care re-entries; stability of foster care placements; placing children within their communities as well as with siblings; ensuring contacts were made with children; and meeting the educational, physical health and mental health needs of children in foster care. The 2007 CFSR validated Georgia's strides in each of these areas. Georgia's leadership deliberately chose to influence outcomes that were *child-centric* and could ensure the immediate safety and stability of children.

Georgia's 2006-2007 Self-Assessment and Improvement Planning Process

Georgia began its program improvement process prior to the CFSR onsite review. In order to gather input from key stakeholders, other agencies, citizens, and community organizations from across the state, DFCS held community forums regarding the agency's programs and services statewide. Additionally, surveys were conducted among parents, caregivers and other stakeholders (including front line staff), as well as county and regional directors. Through the community forums and stakeholder surveys, the state began to scrutinize initiatives and assess their scalability for statewide incorporation.

Recognizing the vital role the community and stakeholders play in the success of families, the agency has engaged partners throughout its self-assessment and PIP development processes. The agency sponsored a PIP kickoff meeting with over 160 attendees, including technical advisors, county and regional staff, state office leadership, youth, consumers, providers, child welfare advocates, and other stakeholders. Meeting participants were divided into workgroups corresponding to themes identified in the CFSR process as follows:

- Family engagement
- Case planning/family team meetings
- Courts
- Data/quality case review
- Assessments

The workgroups have been modified so that data/quality case review representatives will participate in other workgroups and will no longer be a separate group. The purpose of the workgroups going forward is to monitor and assess Georgia's child welfare strategies and results throughout PIP implementation and beyond as Georgia strives to make lasting changes. The comprehensive scope of the PIP reflects the commitment of the participants and extensive collaboration that will be required to implement the plan over the next five years. As required, the Title IV-B Advisory Committee will assist DHR in developing and monitoring the annual Title IV-B State Plan including the PIP.

Georgia is committed to continuing to work with the Region IV staff of the Administration for Children and Families (ACF) in implementing and closely monitoring its PIP. Georgia believes this partnership will result in a more responsive child welfare system for Georgia's children and families. DHR plans to continue an open process for sharing results, progress, and needs with ACF Region IV staff, agency staff, communities, stakeholders and the general public.

The state plans to host additional regional community forums during the course of PIP implementation.

Major Strategies: Shifting the Focus

Georgia has engaged experts from across the nation to assist in the development of a Family-Centered Practice Model (FCPM), which will be developed in the first year of the PIP and piloted, evaluated, and revised as needed during the second year.

A key finding of the 2007 CFPSR was that Georgia does not always address the safety and well-being of all children living in a home. Instead, services have tended to focus on the “target child.” While a lot of good work is being done for the target child, this practice leaves other children vulnerable, does not always address root causes (which often involve the parents/family), and fails to strengthen the family’s ability to provide for the needs of all children.

Recognizing that child issues are symptomatic of greater family issues, the state has now begun to focus on a *family-centered practice approach* to improve outcomes. All aspects of assessment and service planning are expected to include children and families, with an increased emphasis on paternal family members. This approach will not only improve customer service and relationships between families and the agency, but it will also foster needed collaboration between state agencies, communities, service providers, and elected officials, as the state builds the support network necessary to achieve safety, permanency, and well-being for Georgia’s families and children.

The focus on family-centered practice represents significant systemic change and is the foundation of Georgia’s plan. Thus, the major strategies for this PIP are:

- I. Develop and pilot a Family-Centered Practice Model
- II. Strengthen policy and improve practice to ensure safety of children
- III. Improve permanency outcomes for children and families
- IV. Improve service array and foster parent recruitment/retention

The development of Georgia’s Family-Centered Practice Model will incorporate existing relevant initiatives and support the development of new initiatives. These initiatives will be assessed for inclusion in the model and statewide scalability. Although the FCPM is a pilot, some specific practice changes related to safety and permanency are being addressed statewide more immediately, including:

- New quality screening/intake tool/process
- “Every Child Every Month” caseworker-child visit training and emphasis
- Improving and expanding the use of Family Team Meetings
- Individualizing services for needs identified in assessments, including physical health, mental health and educational services for children
- Improved foster home recruitment practices
- Permanency collaboration with the Court Improvement Project and the Office of the Child Advocate

As with any systemic change, the implementation of the Family-Centered Practice Model will present challenges. It will require integration of services within the purview of DHR; clarification of programs, policies and procedures; careful review and evaluation of current resources and programs; accountability for program improvements across all levels; modification of assessment and case planning processes; additional training and revision of training content for staff and providers; and more effective inter/intra-agency collaboration and monitoring.

This systemic change involves a significant change in both values and culture spanning all layers of the agency workforce. The agency has already begun a major effort to change both values and culture at all levels through the G-Force Process as well as leadership meetings, state office presentations to local and regional staff, employee engagement initiatives, policy updates, and new or revised trainings. In addition, staff at all levels have been engaged in the CFSR process, including the self-assessment, the on-site review, the workgroups, the PIP development, and quarterly review of CFSR outcomes.

To help with the planning, piloting, and evaluation of its new Family-Centered Practice Model, Georgia has requested technical and financial assistance from the Casey Family Foundation, the National Resource Center for Organizational Improvement, the National Resource Center for Family-Centered Practice/Permanency Planning, the National Resource Center for Youth Development, the National Resource Center for Legal/Judicial Issues, and the Child Welfare Policy and National Conference of State Legislatures.

The following sections provide a brief introduction to each of the major strategies included in this PIP.

I. Develop and Pilot a Family-Centered Practice Model

Guiding Principles

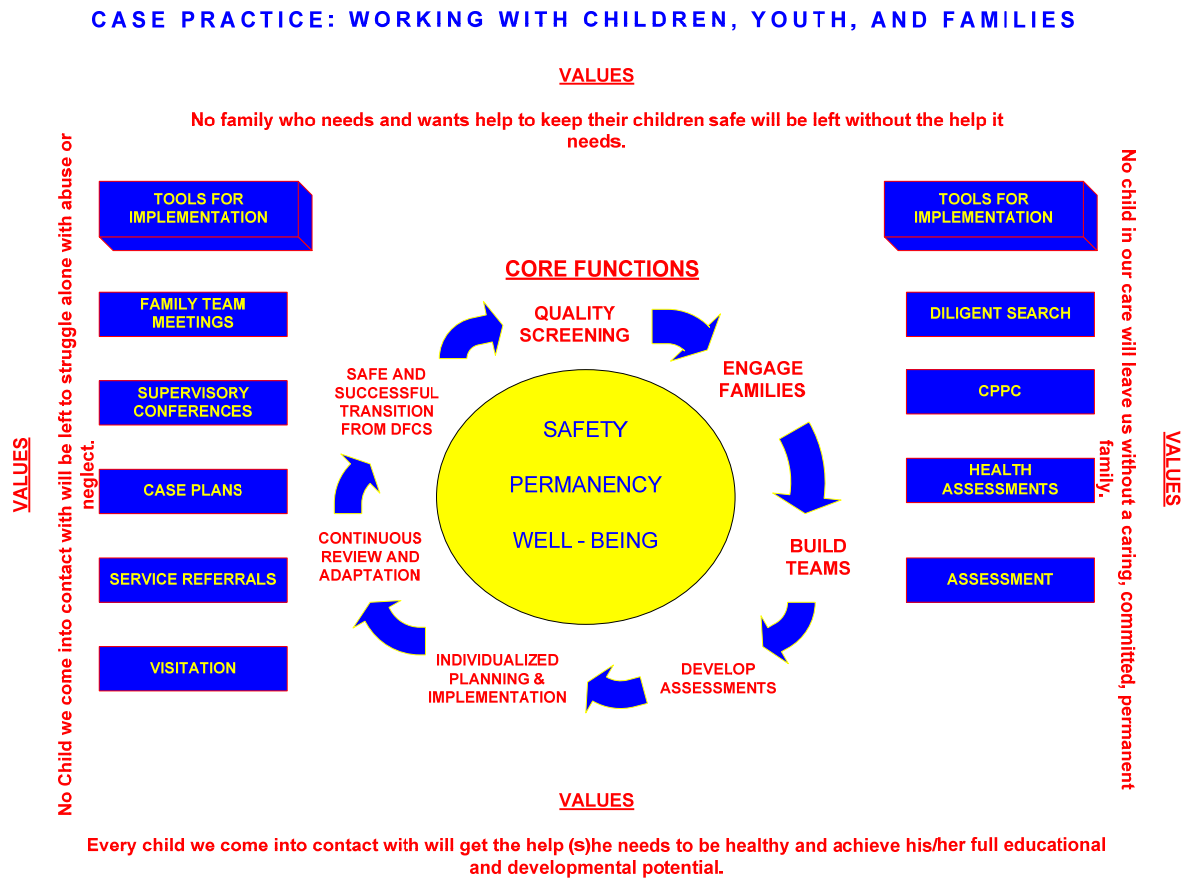
Adopting a family-centered approach requires a simultaneous shift in both philosophy and practice. To achieve this transformation, DFCS plans to progress toward a family-centered approach deliberately and systematically. To guide this transformation, DFCS will adopt the following principles:

- The safety and well-being of children and all family members is paramount. When safety can be assured, strengthening and preserving families is the best way to promote the healthy development of children.
- Services are focused on the family as a whole; families are engaged in the development of their plans via family team meetings; case managers and service providers work with families as partners in identifying strengths and needs and providing appropriate services to address identified needs and build parental capacity.

- Services are directly related to promoting the healthy development of children and youth, permanency for children, self-sufficiency and independent living for youth emancipating from the foster care system.
- Services may focus on prevention/family support (diversion), protection, or other short- or long-term interventions to best meet the needs of the intact family, as well as children and youth who may be placed in out-of-home care.
- Services are to be timely, flexible, coordinated, accessible to families and individuals, and delivered in their home or community whenever possible.
- Services are intensive enough, and of sufficient duration, to keep children safe and meet family needs.

The Georgia Family-Centered Practice Model (Six Innovation Zones (counties))

Georgia’s Family-Centered Practice Model will cover all aspects of interaction with children and families with the above values serving as the driving force for the work. The following chart shows core functions to be included in the model with tools for implementing the model listed on each side. Implementation plans are addressed in the narrative section of this PIP document as well as the PIP matrix. The innovation zones are Brantley, Catoosa, Fulton, Muscogee, Richmond and Walton.



(CPPC is Community Partnerships for the Protection of Children)

A systemic change such as the proposed shift to family-centered practice requires initial policy changes as well as new and ongoing training, support, monitoring, and evaluation.

Policy Changes

Considering the feedback from its self-assessment and input from the PIP planning groups, DFCS will first address changes in policy required to support its family-centered practice, such as quality intake/screening, family involvement in assessment and planning, expanded use of family team meetings, preserving family connections, caseworker visitation, diligent parent and relative search and contact, concurrent planning, continuous re-assessment/periodic case review, and cross-jurisdictional coordination of services.

As feedback on the Family-Centered Practice Model implementation is obtained, policy will be updated as needed. Policy and practice changes will be communicated to all staff via electronic (email and website) communications and training.

Training

Changes in policy and practice will be incorporated into current and new training curricula as developed or adopted in order to sequentially implement specific aspects of the Family-Centered Practice Model over the PIP implementation period. Training will address veteran and new staff, both supervisory and front-line, and will include opportunities to measure transfer of knowledge. Recognizing that quality supervision is key in the development of staff as well as in case progression for families, supervisor training will be used not only to build knowledge of policy and practice changes but also to provide supervisors with tools for effective leadership.

Transfer of Learning/Supervision

Georgia recognizes that training alone is not always sufficient to ensure content is incorporated into practice. One way to ensure changes in policy and practice are implemented as envisioned is through not only training but also through supporting the transfer of knowledge and staff retention through good supervisory practice.

Staff retention has been an issue for Georgia and was identified as a key concern in the Georgia self-assessment. Effective training and supervisory transfer of learning activities contribute to and support staff retention along with other employee engagement and support efforts being implemented by the state.

Georgia is now including a transfer of learning component in key trainings. This component includes communication before and after training with the trainees' supervisors so that the supervisors are able to assess and reinforce learning as well as help the trainees incorporate the principles learned into practice.

After the training occurs, supervisors of trainees receive a packet that includes key learning points, implications of training, follow-up activities for the supervisor and trainee, and a checklist to determine how well the trainee is doing in achieving the overall goals of the training.

Approximately six weeks after the training, the supervisor will receive a follow-up survey that is used to assess the effectiveness of the training which will be used to modify future training as indicated.

Key trainings related to this Program Improvement Plan that are slated to incorporate a transfer of learning component include:

- The Family-Centered Practice Model (innovation zones)
- Family Team Meetings (statewide)
- Caseworker-child visitation (statewide)
- Quality intake and screening (statewide)
- Risk assessment (statewide)
- Service planning (statewide)
- Independent living training (coordinators statewide)
- Permanency and concurrent planning (statewide)

Caseworker-Child Visitation (Statewide)

In order to increase the ability of the case manager to assess the safety of children in their placement settings based on the individual needs of the child and the appropriateness of the child's permanency plan, the agency has begun a statewide initiative focused on caseworker-child visitation. The focus of the initiative is to increase purposeful, face-to-face contact between case managers and the children involved in a case. The goal is to better engage children, assess their current placement needs, assess their current health/mental health needs, and build/preserve the child's family connections.

For this initiative, key Georgia staff are receiving training from the National Resource Center on Family-Centered Practice and Permanency Planning, including training for trainers to enable Georgia to provide this training for additional staff and on an ongoing basis.

Strengthening Families

In addition, the Family-Centered Practice Model will work to strengthen parental capacity by including the following practices:

- Engaging parents in identification of strengths and needs for themselves and their children
- Direct involvement of parents in decision-making regarding goals and plans
- Improving caseworker visits with parents
- Focusing on the inclusion of fathers and paternal relatives, as well as mothers and maternal relatives

- Providing access to services in the family's home and community whenever possible
- Facilitating the successful transfer of families from one county to another to ensure continuity of services

Family Preservation Practice (Statewide)

In the agency's self-assessment process, the state closely reviewed the current family preservation process in conjunction with the current risk assessment and determined the process to be cumbersome. In an effort to overcome the difficulties identified by the field related to the risk assessment tool, the state is seeking technical assistance from the National Resource Center on Child Protective Services on using the current tool more effectively.

The state is currently utilizing a new family preservation case process that will be incorporated into the Family-Centered Practice Model. This process focuses on engaging families, identifying family needs and providing services linked directly to the identified needs of the family to identify best practices in this area and locate resources for families within their communities. Family Preservation is a family-centered, integrated approach to keeping families intact. This is done via collaboration between OFI and Social Services in an effort to engage families and the community in creating a comprehensive plan to strengthen families. Core to this approach are early identification and intervention, family team meetings, and community involvement in the development of a plan for the family.

In this approach, Family Preservation cases are identified during a Child Protective Services (CPS) investigation. A staffing is held to determine immediate services needed and plan for a joint family visit with the CPS investigator and the Family Preservation Services (FPS) worker. The family assessment/risk assessment is completed within 30 days of the identification of a case.

Family Team Meetings (Statewide)

Key to family preservation is family team meetings (FTMs). The initial FTM is held within 45 days of the case being identified. The purpose of the FTM is to develop the case plan, set contact standards, identify appropriate collateral contacts, identify potential safety resources, and begin developing an exit strategy (community and family supports that will be in place at case closure).

Each case will have, at a minimum, two FTMs; an initial case planning FTM and a closure FTM to evaluate and finalize the exit strategy. FTMs are also held during the life of the case as situations arise that require case plan revisions due to a family's lack of progress or change in circumstances; thus child safety is continuously assessed throughout the case.

Monitoring and Evaluation (Statewide)

The state routinely tracks outcomes at the state, regional and county levels, with these outcomes now reviewed at monthly G-Force meetings with state, regional and county leadership.

The effectiveness of the systemic changes and PIP actions – those underway and those to be piloted in specific areas – will be assessed primarily using 12-month data (rolling quarters) derived from the state’s Qualitative Case Review system. These case reviews mimic the CFSR process on a regional basis and are conducted in each region annually. The case review instruments have been aligned with CFSR review instruments.

In addition, as the new Georgia SHINES case record and data system is implemented statewide (statewide rollout successfully completed June 2008), it is anticipated that data reports from this system will supplement but not supplant the data from the case review process.

II. Strengthen Policy and Improve Practice to Ensure Safety of Children

Quality Intake and Screening (Statewide)

Quality screening/intake refers to all of the activities necessary to receive referrals of suspected child maltreatment, assess whether or not a referral will be accepted as a report of child abuse or neglect, and determine the agency's response and the urgency of that response.

Screening/intake is the initial point of contact between the DFCS and the community, and to a great extent, this initial contact determines perceptions of expertise and professionalism of the agency and its staff. The focus of screening/intake is to promote the safety of the child and to identify ways the family can ensure that safety, and the emphasis is on helping. The intake process is family-centered and culturally responsive.

Our day-to-day practice will include but is not limited to the following:

1. Respond to all callers promptly with respectful, active listening skills.
2. Gather essential information, including the beginning identification of all individuals who are parents and other important family members.
3. Screen referrals using uniform instruments that structure the process of screening/intake and response to information related to child safety.
4. Screen referrals uniformly.

Strategies to strengthen our screening/intake processes include:

1. Review and revise policies that address the agency's response and the urgency of that response to referrals of suspected child abuse or neglect.
2. Develop, distribute and implement through training a uniform set of questions that are used to screen all referrals of suspected child abuse or neglect.
3. Screen all referrals of suspected child abuse or neglect for the presence of domestic violence and substance abuse.
4. Develop and conduct a specialized professional development course for all employees who are responsible for the screening/intake function.

Intake staff and supervisors will be trained in the quality intake and screening process. This training will include a transfer of learning component to ensure appropriate implementation and supervision as well as a follow-up assessment to document changes in practice.

Improved Risk Assessment (Statewide)

Georgia is in the process of reviewing and revising its assessment process to:

- Obtain technical assistance on using the current risk assessment tool more effectively
- Address the needs of the family as well as all children in the family/household
- Provide the basis for individualized family and child case planning
- Guide the provision of appropriate services, including those related to preserving children's connections to their families and home communities

III. Improve Permanency Outcomes for Children and Families

Court Improvement Project Collaboration (Statewide)

Georgia's Court Improvement Project (CIP) is a project of the Supreme Court of Georgia to improve court practices related to child welfare in Georgia, especially permanency for abused or neglected children. DFCS, the (CIP) and the Office of the Child Advocate (OCA) began working collaboratively during the CFSR self-assessment process. This collaborative effort continued throughout the onsite review, with the CIP and OCA both having staff on the review teams. In addition, CIP and OCA staff actively participated in focal workgroups formed for the purpose of developing PIP strategies.

DFCS, CIP and OCA jointly hosted a collaborative technical assistance meeting with the National Resource Center on Judicial and Legal Issues, American Bar Association to formalize PIP action steps related to courts and permanency issues.

Plans include additional federal technical assistance to facilitate collaboration among DFCS, the Georgia Attorney General's office and related partners. It is hoped that this TA

will lead to identification of best practices and SAAG performance standards as well as improved permanency outcomes.

Court Compliance Officer Initiative (Statewide)

The Court Compliance Officer Initiative is a statewide collaborative effort between the Court Improvement Project (CIP) and the agency to conduct joint quality assurance reviews. CIP has hired (initially) a “court compliance officer,” who is an officer of the court, to travel the state and review orders as well as provide consultation when a problem order is identified. Cases for review will represent a sample of the state’s quality assurance sample pulled by the Data Analysis and Reporting Unit for the State Quality Assurance Review within that Region/Judicial Circuit.

Completing joint quality assurance reviews will allow for the early identification of barriers to reunification and permanency, as well as case plan-related issues. Identified issues will be discussed during periodic meetings among DFCS leadership, CJ CJ judicial executive council and staff, CIP staff, and the Office of the Child Advocate.

Permanency Unit Initiative (Regional Pilot)

In an effort to expedite permanency attainment for children in state custody, DFCS Region IV is piloting a Permanency Unit, which began operating in January 2008. This unit is led by a Regional Permanency Coordinator and includes multiple permanency teams to coordinate planning and services from the child’s entry into state custody until permanency is achieved. The unit will focus on child well-being in the permanency process. This includes child involvement in permanency planning, therapeutic interventions, facilitating timely termination of parental rights (TPR) where indicated, timely adoption of children for whom reunification or relative placement is not appropriate, permanency staffings to establish concurrent planning, parental and caregiver involvement in permanency planning, preserving family connections of children, development of resource families for children free for adoption without identified resources and/or with special needs, and provision of specialized training for DFCS case staff related to permanency.

The following measures will be used to assess scalability for statewide implementation:

- Case reviews using the CFSR format conducted by county directors, field program specialists and permanency unit
- Ongoing analysis of permanency outcome measures
- Ongoing G-Force meeting discussions
- Ongoing feedback from county DFCS staff at all levels
- Court Improvement Project (CIP) data analysis
- Creation of a program management database documenting ongoing efforts, progress and recommendations
- Documentation of all efforts to ensure child well-being
- Ongoing feedback and oversight by licensed professionals, both within the Permanency Unit and in private practice

IV. Improve Service Array and Foster Parent Recruitment/Retention

Georgia's 159 counties vary from highly urbanized to extremely rural. The result is that the range and number of services to families varies a great deal, with those in the metro Atlanta area having more services available to them and easier access, and those in the rural areas having to travel further (if they have the transportation/means) to find the services they need.

Of particular concern is availability of substance abuse and mental health treatment services for families in the more rural areas of the state.

Improving Georgia's Service Array

Georgia is planning to address service array issues using a two-pronged approach:

1. Through collaboration at the state level with the mental health, public health, education and child support agencies; and
2. Through collaboration at the regional level spear-headed by DFCS regional directors.

The Office of the Child Advocate (OCA) and the Governor's Office of Children and Families are planning to collaborate on a statewide service array survey. Once available, the results of this survey will be used by regional directors as the platform to develop regional strategic action plans to address regional service deficiencies.

Individualizing Services

Georgia is making a concerted effort to ensure that case plans for services are individualized and address the needs of all family members based on needs identified in the (1) ongoing risk assessments in CPS and foster care cases and (2) comprehensive child and family assessments for children in foster care.

This is being addressed through technical assistance on the risk assessment; policy updates; ongoing supervisory and staff training related to case planning, caseworker-child visitation and case documentation in the newly-deployed SHINES database system; and the Family-Centered Practice Model development and implementation.

Purchase of Service for Foster Parent Retention and Support

Despite the overwhelming and consistent data about foster parent retention, child welfare agencies locally, nationally and internationally struggle with foster parent satisfaction and retention. The problems are well documented, and despite good practice ideas, the issue of foster parent retention continues to plague child welfare programs.

Georgia has embarked on a research and practice initiative, known as the Foster Family Initiative (FFI), that is focused on retaining and supporting veteran foster families by contracting for services with community-based organizations. The Foster Family Initiative is an umbrella project which includes the development and implementation of pilots in Region 17 and five additional counties (Fulton, DeKalb, Thomas, Colquitt and Mitchell) and other retention efforts throughout the state.

In an effort to address Georgia's urgent need for well-trained and supported foster families who are able to meet the complex needs of our children/youth in care, Georgia is piloting a re-focused effort with a private contractor to assist the state with foster parent retention. The revised focus is to provide the support, continued skill development, and community connections that foster families need in order to increase foster home retention. This initiative allows community-based organizations to make available their expertise and knowledge of best practices in youth development.

The pilots are attempting to understand how to effect changes in retention through two avenues: (1) short-cycle Plan-Do-Study-Act tests similar to the Breakthrough Series Collaboratives, in which a hypothesis about foster parent retention is tested through support, training offerings and attempts to influence staff behavior; and (2) a study intended to identify predictive indicators or risk factors for foster home voluntary closure which will result in the creation of a tool designed to promote foster parent retention through early identification of key indicators for voluntary exit.

Effective pilot program strategies will be rolled into the prototype for the model as it goes statewide. All counties will implement improvements to their foster family retention programs based on lessons learned through the FFI.

The state will retain responsibility for foster home recruitment, with resource staff developing recruitment plans at the local level.

Foster Care Recruitment (Statewide)

Georgia is developing an internal foster home recruitment improvement initiative that will include updates to policies, training for the resource development supervisors and staff and development of regional recruitment plans.

Outstanding Paternal Involvement Initiative (Regional Pilot)

The Outstanding Paternal Involvement (OPI) pilot was generated in Region 16 and is developing new ways to identify, engage and work with paternal relatives. All DFCS program areas in that region are participating in the pilot and are generating strategies to increase contact and interaction with fathers and the paternal extended family.

The OPI process starts with a case analysis to determine the level of paternal involvement. Data currently indicate a low percentage of paternal involvement in cases, with 30-40% as the common baseline. Potential measures to assess the pilot for success/scalability include:

- Increased percentage of cases with paternal involvement in FTMs and case plans as determined by participant logs and Quality Case Review (QCR)
- Increased rate of paternal relative placements
- Increased child support payments
- Decreased length of time for reunification

Georgia PIP Detail

Focusing on family-centered practice, Georgia has established four key strategies for addressing areas that directly affect safety, permanency, and child and family well-being.

The next section addresses Georgia's data sources and outcome measurements in detail. This section is followed by four charts that provide details of the Georgia plan.

1. The ACF Work Plan Summary outlines the state's primary strategies and CFSR items addressed by those strategies, key concerns raised in the CFSR to be addressed, and technical assistance needed.
2. The Georgia PIP Strategies, Goals and Actions Table (corresponding to the ACF PIP Matrix Part A: Strategy Measurement Plan and Quarterly Status Report) identifies the specific strategies, goals and actions that address outcomes and systemic factors that fell below the federal threshold for substantial conformity. These include all seven outcomes (safety, permanency and well-being) as well as the Case Review System, Service Array, and Foster Parent and Adoptive Parent Licensing, Recruitment and Retention systemic factors. This table also includes evidence of completion, responsibilities and CFSR item references.
3. The ACF PIP Matrix Part B: National Standards Measurement Plan and Quarterly Status Report (Part B deleted from this version.)
4. The ACF PIP Matrix Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Georgia PIP Outcome Measures and Data Sources

At the current point in time, Georgia is in a transitional state in terms of its data management due to several factors:

1. The state is in the midst of changing data systems from its legacy system, Integrated Data Systems (IDS), to SHINES, its new SACWIS system expected to be operational in all 159 counties by June 2008.
2. The Adoption Data and Matching (ADAM) system and other stand-alone data systems are in the process of being integrated into SHINES.
3. The state is under a consent decree, known as Kenny A, which has its own monitoring and reporting requirements, in two of its largest metro Atlanta counties, Fulton and DeKalb.
4. Georgia uses more than one process for case reviews:
 - a. The Program Evaluation and Analysis Section (PEAS) Quality Assurance (QA) system, which conducts annual reviews of a sample of cases in each of the state's 15 regions not under the Kenny A consent decree.
 - b. Field Operations Case Reviews of a sample of five cases per month in each of the state's 159 counties.
 - c. Supervisor reviews of one case per program area per worker per month.

To assess CFSR outcomes statewide, ACF and DFCS leadership have agreed that Georgia use 12-month measures for baselines and rolling quarter 12-month measures for quarterly tracking once the PIP is approved.

The purpose of this section is to provide a brief overview of Georgia's case review and data systems and describe in detail Georgia's proposed outcomes measurements and data sources for the PIP.

1. Program Evaluation and Analysis Section (PEAS) Quality Case Reviews (QCR)

Methodology

The Social Services Quality Assurance Review Team, which is part of the Program Evaluation and Analysis Section (PEAS), regularly reviews and evaluates the quality of services provided to children and families by county DFCS offices through its Quality Case Review (QCR) process. In October 2007, the review team began a regional review process in order for more Georgia counties to have more regular reviews and to improve statewide outcomes. For this process, each region is now reviewed once a year on a rotating annual schedule.

The design of the process and the review instrument measures the same elements as identified in the federal CFSR. Regional data and other information are combined to determine the region's

compliance with federal review items, including IV-E compliance. This QA process is a primary PIP data source.

The state's annual regional review process includes the following:

1. A qualitative case review instrument and case-specific interviews utilized to evaluate the quality of casework and adherence to policy as it relates to safety, child and family well-being and permanency planning for children.
2. Interviews, focus groups and/or surveys conducted at both county and regional level with community stakeholders, children, parents, foster parents, social services supervisors, case managers, DFCS administrators, ILP youth, service providers, relatives, court personnel and attorneys.
3. Completion of a regional self-assessment (prior to the case reviews) by regional administrators, with input from county directors.

The QCR assesses the region's performance on 23 items pertaining to the seven CFSR outcomes and 22 items pertaining to the seven CFSR systemic factors. In order for a region to be in substantial conformity with a particular outcome, they must achieve 95%. For each outcome that falls below 95%, the region must complete a quality improvement plan. The results of the regional review are shared with regional administrators and others during an exit conference. Statewide and regional trends are identified and reports are released on at least a quarterly basis.

A random sample of cases for the region is reviewed, including separate samples for investigation, Family Preservation Services, placement and adoption cases. A sample of agency foster home files and family support (diversion) cases are also reviewed.

Approximately 100 cases per region are reviewed, not including family support (diversion) cases or foster home files. From that sample, at least 14-21 placement and family preservation cases are selected for interviews with the child (if old enough), caregivers, birth parents, CASA and/or guardian ad litem (GAL).

Sampling Method

CPS Investigations: The number of investigations is taken from the Trans table (generated by SMI for all cases in a program area in a month) in the month's IDS/Protective Services Data System (PSDS) data file. This table stores data on all active cases and is the table that is used for the State Active Cases report in IDS online. The query seeks all cases that were under investigation during the queried month except those that were initiated as a CPS case but were not marked "Active," meaning the case is still under investigation. (Cases still under investigation are not included except as noted below.) The query determines the number of relevant cases for each month during a 12-month period and calculates an average number of relevant cases per month.

CPS (Family Preservation Services): The number of CPS Family Preservation cases is taken from the Trans table in the IDS/PSDS data file. The query pulls all cases that were active as a CPS case and marked "Active," which indicates whether the case is considered an on-going case

or is still under investigation after 45 days. The query determines the number of relevant cases for each month during a 12-month period and calculates an average number of relevant cases per month.

Placement: The placement cases are sampled from a monthly Adoption and Foster Care Analysis and Reporting System (AFCARS) table within a monthly extraction of data from the IDS System from Systems and Methods, Inc. (SMI, the IDS vendor). The query presently extracts cases that meet the following criteria:

- 1) Placement
- 2) All case plans that are not adoption
- 3) Active as of the end of the month
- 4) In care for greater than 90 days
- 5) Unique per sibling group (only one child from a sibling group)

Excluded from the placement cases are any cases that are boarded by a county, Interstate Compact on Placement of Children (ICPC) foster or adopt home, and children who are 18 years or older.

Placement Free for Adoption: The placement cases are sampled from a monthly AFCARS table within our monthly extraction of data from the IDS System from SMI. The query presently extracts cases that meet the following criteria:

- 1) Placement
- 2) All case plans that are not adoption
- 3) Active as of the end of the month
- 4) TCM service during the month
- 5) In care for greater than 90 days
- 6) Unique per sibling group (only one child from a sibling group)

Excluded from the placement cases are any case that is boarded by a county, ICPC foster or adopt home, children who are 18 years or older.

Samples are calculated using a one-tailed z-score at 90% confidence level (1.282) and a 10% standard error for all regions. The formula is as follows:

N = Population
E = Standard Error
z = z-score
p = Proportion (proportion used in this case is .2)
S = Sample

$$N / [((E / z)^2 * (N - 1)) / (p * (1 - p)) + 1] = S$$

The random samples are pulled from the IDS/PSDS file from two months before the review month (i.e. if August is the review month, the random sample will be taken from June's IDS/PSDS data file).

Regional Review Schedule

Following is the review schedule for FFY 2008:

Month *	Region
November 2007	15
December 2007	8
January 2008	(none due to SACWIS implementation)
February 2008	4
March 2008	6
April 2008	5 & 12
May 2008	11
June 2008	3 & 9
July 2008	7 & 17
August 2008	1 & 2
September 2008	10 & 16
October 2008 **	13
November 2008 **	14

* Dates subject to change as necessary

** Abbreviated review

2. Field Operations Case Reviews (County Director Reviews)

County directors review five cases a month and supervisors review one case per month per worker in each county to ensure that every county is reviewed and there are sufficient case reviews to track performance at the county and region levels. While primarily a supervisory tool, data from the field operations case reviews will be used to assess the Family-Centered Practice Model innovation sites described in this PIP, including assessment of the quality intake and screening process implementation.

Currently the field operations case review results are tracked in a stand-alone database; these are in the process of being incorporated into the SHINES data system. The field operations case review guide is being aligned with the PEAS review guides and will be tracked in the SHINES data system beginning November 2008. Previously, county directors selected cases for review; effective August 2008, the SHINES system will pull random samples for those reviews.

Supervisor reviews are primarily a management tool and will be tracked in the field operations case review system; however, these reviews will be tracked separately from the reviews conducted by county directors.

3. Kenny A Consent Decree Monitoring for Fulton & DeKalb Counties

The Kenny A Consent Decree requires the State Defendants – the Georgia Department of Human Resources (DHR) and its Division of Family and Children Services (DFCS) – to provide certain services and interventions to, and to achieve certain outcomes on behalf of, children in the plaintiff class – defined as “...children who have been, are, or will be alleged or adjudicated deprived who (1) are or will be in the custody of any of the State Defendants; and (2) have or will have an open case in Fulton County DFCS or DeKalb County DFCS.”

Termination of the *Kenny A* Consent Decree is primarily outcome driven. That is, to exit federal court oversight, the State Defendants have agreed to achieve and sustain a series of 31 outcomes related to the safety, permanency, and well-being of the DeKalb and Fulton County children served by DFCS.

Because of the consent decree and its associated monitoring, outcome measures for Fulton and DeKalb counties are those specified in the decree. Following is a summary table of the outcome measures from the first monitoring report. A full list of the outcome measures and the monitoring methodology from that report are included as appendices to this section.

Thematic Grouping of <i>Kenny A</i> Outcomes
Safety
1. <i>Children in Foster Care are Safe from Maltreatment</i>
<ul style="list-style-type: none">• Consent Decree Outcomes 1, 2, and 3 related to investigations of maltreatment in care.• Consent Decree Outcomes 5 and 6 related to the incidents of substantiated maltreatment in care and corporal punishment.
Permanency
2. <i>Children in Placements Maintain Family Connections</i>
<ul style="list-style-type: none">• Consent Decree Outcomes 7, 16, and 19 related to keeping children connected to family and community at the time of placement.• Consent Decree Outcomes 21 and 23 related to visitation among family members.
3. <i>Children Achieve Permanency</i>
<ul style="list-style-type: none">• Consent Decree Outcomes 4 and 14 related to re-entry into care.• Consent Decree Outcomes 8a & b, 9, 10, 11, 12, 13, and 15 related to positive permanency exits.• Consent Decree Outcomes 27 and 28 related to timely and complete court review of permanency efforts.
Well-Being
4. <i>Children Experience Stable Placements and Worker Continuity</i>
<ul style="list-style-type: none">• Consent Decree Outcome 17 related to placement stability.• Consent Decree Outcomes 18, 20, and 22 related to worker continuity and contacts with children and caregivers.
5. <i>Children and Youth Receive the Services they Need</i>
<ul style="list-style-type: none">• Consent Decree Outcome 24 related to the educational achievement of those youth who “age out” of foster care.• Consent Decree Outcome 30 related to meeting children’s service needs.

Strengthened Infrastructure

6. Effective Oversight of Placement Settings

- Consent Decree Outcomes 25 and 31 related to placement setting conditions.

7. Timely and Complete Court Orders

- Consent Decree Outcomes 26 and 29 related to DFCS authority to assume and continue custody.

Included in the Kenny A monitoring data are:

- Monthly visitation reports (worker-child, sibling, caregiver, parent-child when goal is reunification)
- Medical, dental and mental health tracking reports (coming due, totals by type of case - adoption, foster care, resource development, specialized unit)
- FTM tracking reports
- CCFA and MDT tracking logs

4. Internal Data System (IDS)

This is the legacy child welfare data tracking system from which outcome reporting data have been provided. Now that SHINES is fully operational, this system is view-only; however, historical data may continue to be accessed by the Data Analysis & Reporting Section through reports and queries.

The incorporation of IDS historical data into the SHINES system is under consideration, but no decision has been made yet.

The Adoption and Foster Care Reporting and Analysis System (AFCARS), included in IDS and SHINES, collects case level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care or supervision and on children who are adopted under the auspices of the State's public child welfare agency.

5. Georgia SHINES

This is the comprehensive statewide automated child welfare information system (SACWIS) that is replacing IDS. This system, also a primary data source for the PIP, is used to track and manage cases and replaces many of the paper forms being used in the field.

SHINES was designed to meet federal SACWIS requirements and supports the reporting of data to federal systems, including the Adoption and Foster Care Analysis Reporting System and the National Child Abuse and Neglect Data System.

SHINES assists DFCS case managers throughout the entire lifecycle of a case -- from the initial intake of information through investigation to foster care placement and adoption. In each of those steps, SHINES gives case managers access to case histories (which helps eliminate duplicative data entry), information on placement and adoption resources, and state policies.

SHINES also:

- Allows staff to process invoices, track payments, and update information on providers and caretakers
- Interfaces with other statewide systems such as Case Plan Reporting System (foster care case plans accessible to courts), Targeted Case Management, SUCCESS (economic support system information), SMILE (accounting) and \$TARS (child support system)

SHINES was deployed statewide as of June 2008. Modifications or enhancements to the SHINES system that are recommended based on the FCPM and/or the federal technical assistance received will be prioritized and implemented as funding allows.

6. Adoption Data and Matching (ADAM) System

This system provides data on children and families in the adoption process and will be used in the evaluation of the Permanency Unit Pilot. System reports include:

- Adoption AFCARS
- Quarterly Child and Family Management Reports
- Overdue Life History Report
- My Turn Now exception report
- Monthly and annual statistical reports
- Ad-hoc reports

Information is collected on children from the field in a number of ways as driven by current policy requirements. The field is required to notify the Adoption Exchange (Adoption Unit data base) when a child becomes free for adoption, when a life history is completed and approved, and through six- month updates to the life history. The Exchange is copied when a family is selected for a child; is provided a copy of the adoption placement agreement, letter of release, documents sent cover letter; and is notified of finalization of the adoption. Cross-checks to ensure the Permanency Unit is informed of all children free for adoption occur as a result of requirements of state law for Juvenile Courts to inform this unit of all terminations of parental rights. Finalizations are confirmed through receipt of adoption petitions and final orders of adoption from the Superior Courts.

Information is collected on families who inquire or apply to foster/adopt or adopt as driven by current policy. The field is required to notify the Exchange of inquiries, entrance into IMPACT, completion and approval of a family assessment, annual updates of those assessments, selection of a family for a child, placement, and the steps toward and including finalization.

The functionality in ADAM, with the exception of the Adoption AFCARS file, will be incorporated into SHINES and available for use by October 2008.

7. Other

Metis Associates

Metis is a private consulting firm and the evaluator for the Region 17 foster parent support pilot. The local Family Connection contracted with Metis to set up baselines and track progress for this initiative. The firm uses IDS data supplemented by survey tools for its evaluation. The Metis evaluation is the source for the Region 17 measures.

Proposed Statewide Outcome Measures & Data Sources

Following are the proposed outcome measures and data sources for Georgia's PIP. The first set of measures are statewide measures; the next set of measures are pilot-specific measures limited to the regions or counties included in the pilot. The outcomes baselines and goals are included in a separate table.

Data measures are for four quarters, reported on a rolling quarter basis; therefore, for measures specified in this PIP, baseline data are for the period January 1 – December 31, 2007, the last four completed quarters.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion: While these data are being collected in SHINES, there is not enough historical data to establish a baseline (IDS only included report date and investigation completion date); therefore, the QA regional review data will be used to establish the baseline and track performance.	

Item 4: Risk of harm

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion:	

Item 7: Permanency goal for child

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion:	

Item 17: Needs/services of child, parents and foster parents

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion:	Needs and services data are not collected in IDS; the only source of historical data are case reviews.

Item 18: Child/family involvement in case planning

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion:	Needs and services data are not collected in IDS; while there are some aspects tracked in SHINES; the only source of historical data is case reviews. Note that the baseline for this item is the CFSR finding as PEAS reviews did not focus on this item in the same way historically.

Item 19: Worker visits with child

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion:	Visitation data is not collected in IDS.

Item 20: Worker visits with parents

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion:	Visitation data is not collected in IDS.

Item 23: Mental health of child

Proposed Measure:	Percent of cases for which the item is rated a strength
Data Source:	PEAS (Quality Assurance) Regional Case Reviews
Discussion:	Data on mental health needs/services is not collected in IDS. Note that the baseline for this item is the CFSR finding as PEAS reviews did not focus on this item in the same way historically.

As agreed at the May 28-29, 2008, meeting with ACF Children's Bureau in Atlanta, the agency is not submitting incremental improvement goals for the above outcome measures pending recommendations for goals from the Children's Bureau.

**PIP Summary Work Plan:
Summary of Primary Strategies and Technical Assistance to Support Outcome Achievement**

Primary Strategies & CFSR Items Addressed	Key Concerns	TA Resources Needed
<p>I. Develop and Pilot Family- Centered Practice Model II. Strengthen policy and improve practice to ensure safety of children</p> <p>Timely initiation of investigation (Item 1) Risk of harm to children (Item 4) Stability of foster care placement (Item 6) Permanency goal for the child (Item 7) Relative placement (Item 15) Relationship of child in care with parents (item 16) Needs and services of child, parents and foster parents/caregiver (Item 17) Worker visits with children (Item 19) Worker visits with parents (Item 20) Educational needs of the child (Item 21) Physical health needs of the child (Item 22) Mental health needs of the child (Item 23)</p> <p>Systemic Factors Ensure each child has a written case plan developed with child’s parents (Item 25) Periodic review of each child’s status, at least every 6 months (Item 26) Effective use of cross-jurisdictional resources (Item 45; see Strategy V)</p>	<p>Assignment of response time frames (Family support (diversion), 24 hours, 5 day) Contact/assessment of each child victim Inconsistent interpretation of when a case warrants a subsequent referral New reports of abuse taken in isolation Serious allegations not accepted by the agency Inconsistencies in placing with relative/safety resources Failure to assess needs of relative/safety resources All household members not assessed Non-custodial fathers/boyfriends not always included in the assessment Children with elevated behavioral needs bounced from one place to the next until an appropriate LOC assessment determined correct placement resource Inconsistent practice in relative home evaluations No clear documentation related to separation of siblings or efforts to place children together subsequent to their initial separation Newly removed children (with siblings in foster care) treated in isolation Failure to hold external providers for contracted services responsible for quality work Process for family participation in developing written case plan Process for family participation in case plan review Families were not involved in FTMs Poor documentation of information gleaned from</p>	<p>Casey Family Foundation assistance in developing the Family-Centered Practice Model</p> <p>National Resource Center for Child Protective Services on most effective use of risk assessment tool</p> <p>National Resource Center on Family-Centered Practice and Permanency Planning on “Every Child, Every Month” purposeful caseworker-child visits</p>

Primary Strategies & CFSR Items Addressed	Key Concerns	TA Resources Needed
	FTMs Poor documentation of family involvement in FTMs Children not involved in FTMs when appropriate (school-age)	

Primary Strategies & CFSR Items Addressed	Key Concerns	TA Resources Needed
<p>III. Improve Permanency Outcomes for Children and Families</p> <p>Permanency goal for the child (Item 7) Reunification, guardianship, or permanent placement with relatives (Item 8) Adoption (Item 9) Permanency goal of other permanent planned living arrangement (Item 10) Needs and services of child, parents, and foster parents (Item 17)</p> <p>Systemic Factors Permanency hearings for each child in foster care (Item 27) Process for termination of parental rights (Item 28) Notification of hearings and reviews for foster parents, pre-adoptive parents and relative caregivers (Item 29) Diligent recruitment of potential foster and adoptive families (Item 44) Cross-jurisdictional resources for timely placements (Item 45)</p>	<p>No evidence of aftercare for teens returned home Court continuances by agency, SAAG, GAL or parent attorney Delays in receiving court orders Permanency orders not addressing permanency goals for child or reasonable efforts to achieve permanency Compelling reasons for not filing for TPR not documented Neither families nor children engaged in the permanency planning process Paternal family excluded from permanency planning Case managers not showing or not being prepared for court Reunification always selected for permanency goal and maintained for 12 months even though the plan may not be appropriate Value set of not pursuing TPR unless there is an identified adoptive resource available Notification of right to be heard Timely TPR Timely permanency hearings Diligent recruitment</p>	<p>National Resource Center on Legal and Judicial Issues, American Bar Association</p> <p>National Resource Center on Family-Centered Practice and Permanency Planning</p>

Primary Strategies & CFSR Items Addressed	Key Concerns	TA Resources Needed
<p>IV. Improve Service Array and Foster Parent Recruitment/Retention</p> <p>Services to family to protect children in home and prevent removal (Item 3) Stability of foster care placement (Item 6) Permanency goal for the child (Item 7) Reunification, guardianship or permanent placement with relatives (Item 8) Preserving connections (Item 14) Placement with siblings (Item 12) Permanency goal of Other Permanency Planned Living Arrangement (Item 10) Visiting with parents and siblings (Item 13) Relative placements (Item 15) Relationship of child in care with parents (Item 16) Needs and services of child, parents, and foster parents/caregiver (Item 17) Child and family involvement in case planning (Item 18) Worker visits with child (Item 19) Worker visits with parents (Item 20) Education needs of the child (Item 21) Physical health needs of the child (Item 22) Mental health needs of the child (Item 23) <i>Systemic Factors</i> Array of services to assess strengths and needs of families and children (Item 35) Services accessible in all political jurisdictions (Item 36) Services individualized to meet unique needs of children and families (Item 37)</p>	<p>Disconnect between services identified through formal and informal assessments to the services provided Lack of knowledge and access to services (urban vs. rural and transportation) Case plans utilized over and over with dates marked through Case plans were “cookie cutter”; lack of individualized service plans Pertinent information on case plans not completed or updated Lack of parental signatures Little to no evidence of concurrent planning Little evidence of engagement with paternal family members Incarcerated parents not engaged in the process Little evidence of family engagement in case plans Poor documentation of contacts with parents and children Little evidence of relative being engaged to identify needs of the family/child or of services being provided Little evidence of the family participating in discharge planning/case closure Poor assessment of ILP teen needs Teens were not engaged in their case planning/permanency planning activities No evidence of aftercare for teens returned home Children unable to maintain a connection to their removal communities or engaged in their existing community Services not available to address identified needs</p>	<p>National Resource Center for Organizational Improvement</p> <p>National Resource Center for Independent Living Programs</p> <p>Casey Family Foundation assistance with the Family-Centered Practice Model</p>

State: Georgia
 Type of Report: PIP: Quarterly Report:
 Date Submitted: July 2008

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report
Statewide Measures

Outcome/Systemic Factor: <u>Safety 1</u> Item: <u>1</u> Timeliness of Investigations												
Performance as Measured in Final Report	76%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Outcome/Systemic Factor: <u>Safety 2</u> Item: <u>4</u> Risk of Harm to Child												
Performance as Measured in Final Report	68%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: Georgia
Type of Report: PIP: Quarterly Report:
Date Submitted: July 2008

Part C (1), continued

Outcome/Systemic Factor: <u>Permanency 1</u> Item: <u>7</u> Permanency Goal for Child												
Performance as Measured in Final Report	60%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Outcome/Systemic Factor: <u>Well-Being 1</u> Item: <u>17</u> Needs and Services of Child, Parents and Foster Parents												
Performance as Measured in Final Report	40%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: Georgia
Type of Report: PIP: Quarterly Report:
Date Submitted: July 2008

Part C (1), continued

Outcome/Systemic Factor: <u>Well-Being 1</u> Item: <u>18</u> Child and Family Involvement in Case Planning												
Performance as Measured in Final Report	27%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Outcome/Systemic Factor: <u>Well-Being 1</u> Item: <u>19</u> Worker Visits with Child												
Performance as Measured in Final Report	80%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: Georgia
 Type of Report: PIP: X Quarterly Report: _____
 Date Submitted: July 2008

Part C (1), continued

Outcome/Systemic Factor: <u>Well-Being 1</u> Item: <u>20</u> Worker Visits with Parents												
Performance as Measured in Final Report	30%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Outcome/Systemic Factor: <u>Well-Being 3</u> Item: <u>23</u> Mental Health of Child												
Performance as Measured in Final Report	57.5%											
Performance as Measured at Baseline/Source Data Period	Data source: PEAS Regional Case Reviews											
Negotiated Improvement Goal	Improvement goal to be negotiated with ACF											
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

PIP Agreement Form

The PIP should be signed and dated by the Chief Executive Officer of the State child welfare agency and by the Regional Administrator for the Children's Bureau Regional Office responsible for the State. The approved PIP with original signature must be retained in the Children's Bureau Regional Office. A hard copy of the approved PIP must be submitted to the following parties immediately upon approval:

- State child welfare agency
- Children's Bureau (Child and Family Services Review staff)
- Child Welfare Review Project, c/o JBS International, Inc.

Agreements

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

_____	_____
Name of State Executive Officer for Child Welfare Services	Date
_____	_____
Children's Bureau	Date