

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: I. Develop and Pilot Family-Centered Practice Model (FCPM)				Applicable CFSR Outcomes or Systemic Factors:	Safety 1,2 Permanency 1,2,3 Well-Being 1,2,3 All Systemic Factors
Goal: A. Develop and pilot a Family-Centered Practice Model in innovation sites				Applicable CFSR Items:	All
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Develop a Family-Centered Practice Model (FCPM)	Copy of FCPM	Deputy Director for Policy & Practice	Quarter 2	Q2: T Fava
2	Obtain internal and external stakeholder feedback related to FCPM development and planning	Reports on stakeholder feedback	Deputy Director for Policy & Practice	Quarter 2	Q2: T Fava
3	Incorporate current Family Preservation practice into FCPM	Copy of FCPM	Deputy Director for Policy & Practice	Quarter 3	Q3: T Fava
4	Revise/update policies to be consistent with the FCPM pilot in innovation sites	Copy of FCPM policy	Deputy Director for Policy & Practice	Quarter 3	
5	Develop FCPM leadership training approach and related materials	Copy of leadership training presentation and materials	Deputy Director for Policy & Practice	Quarter 4	Q4: T Fava
6	Provide Leadership Development Training on FCPM for regional directors, county directors, field program specialists, supervisors and middle managers in innovation sites and state office staff	Leadership training on FCPM attendance	Deputy Director for Policy & Practice	Quarter 4	
7	Provide FCPM training to front line case staff and supervisors, field program specialists, program administrators and program directors, and county directors in innovation sites on FCPM policies and practices	FCPM training attendance	Deputy Director for Policy & Practice	Quarter 4	
8	Establish measures and baseline(s) and set goal(s) for measuring FCPM outcomes and incremental improvements in innovation sites	Baselines, goals	Deputy Director for Policy & Practice	Quarter 4	
9	Use results of a targeted "1,000 case reviews" and evidence-based practices to develop casework processes targeting permanency in innovation sites	Casework processes documents related to permanency	Deputy Director for Field Operations	Quarter 5	

Georgia PIP Quarter 5 Report

Submitted January 11, 2010

10	Track and report changes in family-centered practice in innovation sites to agency leadership	County director case review results, SHINES data reports, leadership meeting agendas and G meeting presentations	Accountability Officer	Quarter 5-8	
11	Share identified best practices and lessons learned from FCPM innovation sites statewide	Copy of materials shared	Deputy Director for Policy & Practice	Quarter 5-8	
12	Obtain internal and external stakeholder feedback/recommendations for future statewide implementation of FCPM via community forums, meetings and/or surveys	Results of feedback	Deputy Director for Policy & Practice	Quarter 6-8	
13	If needed, revise FCPM based on lessons learned and feedback from innovation sites, including identified barriers and additional supports needed	Copy of revised FCPM	Deputy Director for Policy & Practice	Quarter 7	
14	Establish plan to implement FCPM statewide	Copy of FCPM implementation plan	Deputy Director for Field Operations	Quarter 8	
Renegotiated Action Steps and Benchmarks					

Quarterly Update Strategy I Goal A

Q1: The case practice model has been vetted by DHR executive management during high-level meetings. The case practice model has also been presented to all DFCS staff and external partners in large and small meetings. Feedback and comments regarding the case practice model have been solicited and collected via email. Below are four strategies that have been identified as cornerstones to the implementation of family-centered case practice in Georgia.

- 1) Family Team Meetings
- 2) Leadership Development
- 3) Timely and positive permanency for youth in care
- 4) Minimum Visitation requirements

Please see SI_GoalA_Action1, Exhibits 1-3, for copies of the Family-Centered Practice Model strategic consulting request, case practice model and current status report.

Q1: CB Comments: The CB appreciates the provision of documentation for this goal which appears to be for informational purposes only. The Case Practice Model is in draft form and will need to be fully approved before it can meet the requirements for I.A.1. The Request for Strategic Consultation (Exhibit S1_GoalA_Action1_Exhibit1_FCPM_ReqStratConsult) appears to be a request to Casey Family Programs. The State has previously informed CB that it will not be using Casey in this initiative so we are not sure why that documentation has been included with this quarterly report as it will not be a component utilized to develop and pilot the Family Centered Practice Model. We look forward to receiving information in the 2nd quarterly report advising how the State has completed the first two action steps due in Q2.

Q2:

1. The Family-Centered Practice Model (FCPM) for the state of Georgia was approved and adopted this quarter. A revised copy of the model, which includes internal and external stakeholder-recommended changes, is included in appendices (SI_GoalA_Action1_Exhibits 1, 2 and 3). This version has been shared with the Technical Assistance leads from the National Resource Centers and is being incorporated into the other practice areas receiving technical assistance. **Completed Quarter 2.**
 2. The Family-Centered Practice Model was vetted by multiple external stakeholders throughout its development, including the Casey Foundation. During this quarter the model was reviewed by internal state office staff, leadership and CPPC representatives from the six identified innovation zones, and external stakeholders from the foster parent association. Leadership from the innovation zones met January 20th with their leads from the CPPC sites to review the model and begin implementation planning. Copies of the attendance log and meeting notes are included in the appendices (SI_GoalA_Action2_Exhibits 1 and 2). Foster parents were also given an opportunity to review the model, provided with an overview and given an opportunity to provide their feedback. A list of the foster parents engaged in this activity is included in the appendices (SI_GoalA_Action2_Exhibit3). **Completed Quarter 2.**
 3. The Family-Centered Practice Model has been crafted to include the components of engagement, assessment, service planning and reassessment and includes utilization of family team meetings as required in our revised Family Preservation practice. A primary component of this practice is working with families in teams and transitioning the family as they leave the agency's support services. Family team meetings punctuate the life of a case and are required at case discharge to ensure the family has the tools necessary to be successful in achieving safety, permanency and well-being for each individual as well as the family unit. **Completed Quarter 2.**
 4. **In progress.**
 5. Education and Training is currently working with the FCPM Workgroup to develop FCPM Leadership Training curricula and materials for the innovation sites. An implementation plan is currently being developed and should be completed by 2/27/09. The implementation plan will include curriculum development steps as well as implementation steps for delivering the training. **In progress.**
 6. **In progress.**
 7. Education and Training is currently working with the FCPM Workgroup to develop FCPM Training on FCPM policies and practices for front line staff and supervisors, field program specialists, program administrators and program directors, and county directors in innovation zones. An implementation plan is currently being developed and should be completed by 2/27/09. The implementation plan will include curriculum development steps as well as implementation steps for delivering the training. **In progress.**
- 8-14. **Pending.**

Q2: CB comments: The CB concurs that Action Steps I.A.1 and I.A.2 have been met during the second quarter and is pleased to see the effort being made in including staff from each of the counties in the innovation zones in the development and implementation preparation of the FCPM. It is not clear how revised Family Preservation practice has been specifically incorporated into the FCPM. Before we are able to concur with the State's assertion that Action Step I.A.3 has been achieved, we will need a copy of the revised Family Preservation practice policy, standards, and/or procedures to compare the model against.

Q3:

3. The practice described in the Family-Centered Practice Model includes the use of Family Team Meetings (FTMs), family engagement, assessment and case planning. The revised Family Preservation Model is predicated on these same practice values. Attached please find two documents: (1) FPS Marketing Packet, SI_GoalA_Action3, Exhibit1; and (2) Initiating of Family Preservation Services, SI_GoalA_Action3, Exhibit 2, as requested in the Q2 feedback from ACF. These documents detail the work of Family Preservation alongside the Family-Centered Practice Model; all components are incorporated. **Completed Quarter 3.**
- 4-7. **In progress.** See SI_GoalA_Action6, Exhibit 1, for the agenda on the two-day case practice learning session.
- 8-14. **Pending.**

Q3: CB comments: The Children's Bureau concurs that step I.A.3 has been completed.

Q4:

Strategy I Goal A

4. The agency has made several statewide policy and practice changes since the development of this program improvement plan. These changes have been focused on the principles of family-centered practice. Inclusive in these changes are requirements for Family Team Meetings, inclusion of the Family Preservation (ongoing services) model, individualized services and Independent Living services. Currently there are no additional policy revisions necessary for the Innovation Zones. The current focus is on practice change to ensure engagement of families, appropriate assessment, and continued involvement of families in the service continuum. The policy pertaining to the revised Risk Assessment and Concurrent Planning initiatives are addressed in the strategies related to those topics. **Completed Quarter 4.**
5. The agency's Education and Training Section developed and provided training on the attached Family-Centered Practice Participant Guide (SI_GoalA_Action5, Exhibit 1) and Trainer Guide (SI_GoalA_Action5, Exhibit 2). **Completed Quarter 4.**
6. State Office staff, Regional Directors, leadership and key stakeholders from the Innovation Zones received Family-Centered Practice training via the Breakthrough Collaborative Series at the Georgia Tech Conference Center on 06/03/09 and 06/04/09. (ACF was invited but unable to attend due to a scheduling conflict.) Agenda and attendance sheets are attached with the August 2009 report (SI_GoalA_Actions56, Exhibit 1), which also includes a report on the Fulton County self-assessment as that county was unable to participate in the original Breakthrough Series Collaborative meeting. Presentations can be provided upon request.
A follow-up conference call to debrief and review questions was held on 06/16/09 with all participants. Leadership, Administrators and Case Managers from the Innovation Zones were trained utilizing the Education and Training Participant Guides for Family-Centered Practice on 08/05/09 and 08/06/09 at Augusta Tech, 08/17/09 at the Macon Methodist Home for Children, 08/20/09 and 08/21/09 at Fulton County DFCS offices. Attendance sheets are attached (SI_GoalA_Action6, Exhibits 1-6). **Completed Quarter 4.**
7. Leadership, Administrators and Case Managers from the Innovation Zones were trained utilizing the Education and Training Participant Guides for Family Centered Practice on 08/05/09 and 08/06/09 at Augusta Tech, 08/17/09 at the Macon Methodist Home for Children, 08/20/09 and 08/21/09 at Fulton County DFCS offices. See documentation referenced under Action 6, above. **Completed Quarter 4.**
8. Baseline measures for five FORG items will be tracked and measured. These items include Permanency Goal for the Child (Item 7), Proximity of Foster Care Placement (Item 11), Needs and Services of the Family (Item17), Child and Family Involvement in Case Planning (Item 18), Worker Contact with Parent (Item 20). Cases reviewed by the County Director on the FORG tool will be utilized to track progress on these items quarterly (cases are reviewed monthly). See attached chart (SI_GoalA_Action8, Exhibit 1) for baselines. **Ongoing.**

9-14. Pending

Q4: CB comments:

It is clear that the State has accomplished a lot of work in a short period of time. The CB will coordinate a call with the State to discuss the Q4 Report in order to gain a better understanding of the current status of progress made to date in implementing the FCP Model to date. We concur that Action Step I.A.5 has been completed, but need additional information to concur with the State that Action Steps I.A.4, I.A.6, and I.A.7 are complete.

I.A.4: Although the State has done a substantive amount of work in policy and practice standard revision, it is not clear whether a clear policy/practice standard document or manual has been developed for the innovation zones. What will staff use to guide their day to day work as they implement the new expectations? The State remarks in the matrix allude to additional policy components, i.e. concurrent planning, risk assessment, and FTMs developed, but how is all of this woven into the FCPM policy for the innovation zones.

I.A.6: The State has developed *Family Centered Case Practice for Administrators and Supervisors* training tools, both a Trainer's Guide and a Participant Guide that are impressive and provided several training sessions. It is unclear from the Q4 submission whether all staff in the innovation zones have been trained and whether guides were developed and utilized specific to the case manager's roles.

I.A.7: Q4 remarks state that this step was completed by incorporating policy/practice training into that provided for Step 6 and refers to documentation provided in support of that step. There is very little specific policy in the guides to demonstrate policy/practice training was delivered.

I.A.8: The State has provided documentation related to the establishment of measures and setting baselines and goals for measuring FCPM outcomes and incremental improvement, but based on the documentation it is not clear how this information will be used. The data provided is for FORG data collected during June 2009, but the FCPM is not set to be implemented until 12/09. Would it not be more helpful to track improvement utilizing a baseline set from data collected more proximal in time to the implementation date? There are no goals established in what has been provided.

Q5:

I.A.4: The state has developed a Family-Centered Practice Model that was submitted and approved in Q2. The PIP action step #4 indicates the state will “revise/update policies to be consistent with the Family-Centered Practice pilot in the innovation zones. The state does not have a separate set of family-centered practice policies; however, family-centered practice concepts are incorporated into all of its newly revised and developed policies.

The agency has made several statewide policy and practice changes since the approval of its Family-Centered Practice Model. These changes have focused on the principles of family-centered practice, inclusive of family engagement, team building and assessment. Revised policies incorporating concepts from the state’s Family-Centered Practice Model include Family Team Meetings (statewide), inclusion of the family preservation (ongoing services) model (statewide), individualized services (statewide), independent living services (statewide), concurrent planning (innovation zones), and comprehensive assessment/risk assessment (innovation zones).

IMPACT training for foster and adoptive parents (statewide) has been revised to support the new concurrent planning initiative. IMPACT training is now more family-centered practice because foster parents are trained to work with birth parents so that the birth parents’ child care responsibilities continue while the child is in care. The IMPACT overview training for permanency staff has been revised as well. They will learn about their role in supporting partnership and resource parents in working with the birth family. Additional training for the staff will be provided to help them facilitate the relationship between the birth parents or caregiver and the resource or partnership parent. The state is also utilizing a new recruitment message for recruiting and retaining partnership and resource parents.

The focus of these efforts is on practice change to ensure engagement of families, appropriate assessment, and the continued involvement of the family in the service continuum. County Directors will be conducting case reviews to assess for “family-centered practice” on 5 cases and supervisors will be conducting case reviews on at least one case per worker in all innovation zone counties, except that Walton supervisors will be utilizing a different review tool but still identifying issues related to family engagement and case outcomes.

The state is working with the National Resource Center on Staff Development and Supervisory Practice to assist supervisors in being able to “connect the dots” between family-centered practice and work in the field, particularly for concurrent planning and comprehensive assessment/risk assessment. Joint supervisory reviews will be conducted on live cases, and a supervisory summit will be held with experts from the NRC to discuss case findings related to family-centered practice, concurrent planning and comprehensive assessment. Supervisors will also be guided in taking case reviews and using them to coach and guide staff to align with family-centered practice.

To guide day-to-day practice, the state is reinforcing the implementation of family-centered practice through the following:

- SHINES data input. SHINES has reminders for staff to document their work with families that is family-centered.
- FTM facilitator training. Family-centered practice is emphasized in the new way facilitators are trained, mentored and approved. The focus is on holding a quality FTM that includes the family.
- FTM case planning training to improve family engagement in case plan development. The focus is on the family’s success in addressing the underlying needs of children who enter foster care or become involved in a family preservation case rather than compliance.
- TA from the state office to help staff in the innovation zones in assessing and implementing concurrent planning and risk assessment/family functioning practices.

- Learning communities or “Learning Labs” in the innovation zones to help staff process their family-centered practice, risk assessment, and concurrent planning training, apply the principles learned in their work with families, and improve their family-centered practice.
- Pre-training activities and transfer of learning activities for concurrent planning training to prepare staff before, during and after the training. These help staff at all levels (administrators, supervisors, case managers) understand their responsibility for their own professional development/skill development in working with families.
- New policy and practice guidelines for staff to use regarding FTMs, risk assessment and concurrent planning.
- A concurrent planning assessment desk guide to help staff understand the new concurrent planning practice principles. This guide will be accessible to staff electronically on the agency’s education and training website.
- A newly revised foster care pamphlet for parents to help them understand their options and resources when their children are placed in foster care.
- Training for the courts, CASA, and private providers on the agency’s family-centered practice philosophy and the new risk assessment and concurrent planning policies and practices being implemented.
- State office responsiveness to the needs of the innovation zones and providing support to them in implementing risk assessment and concurrent planning.
- “PEAS and Karots” learning tools for staff to help them work more effectively with families. These include practical tips for developing better case plans with the family.

Completed Quarter 5.

I.A.6: Family-centered practice training has been provided to staff within the innovation zones. (See SI_GoalA_Action6, Exhibit 1 for information on those trainings.) Additional trainings to ensure 90% or better of all staff are trained are noted on the chart as well. To date, 1 Regional Director, all of the 5 County Directors in the Innovation Zones, and the OCP Director for Fulton County have had family-centered practice training. (See SI_GoalA_Action6, Exhibits 2-4 for administrative/supervisory training materials; see SI_GoalA_Action6, Exhibits 5-14, for documentation of administrative/supervisory training attendance.) The majority of frontline staff and supervisors in Fulton, Brantley, Catoosa and Walton counties have also completed this training. Richmond and Muscogee counties have planned make-up trainings for January 2010. A family-centered practice training for all Regional Directors is planned for February 2010. **In progress.**

I.A.7: The state has developed a Family-Centered Practice Model that was submitted and approved in Q2. The state does not have a separate set of family-centered practice policies. Education and Training has developed trainings to guide staff, as well as leadership, in the Family-Centered Practice Model as evidence in ***Family Centered Case Practice An Integrated Approach***. Frontline case managers training can be found in the ***Family Centered Case Practice for Frontline Case Managers Training*** and ***Family Centered Case Practice An Integrated Approach; Training for Frontline Case Managers***. (See training materials, SI_GoalA_Action7, Exhibits 1-3. For case manager training attendance documentation, see SI_GoalA_Action7, Exhibits 4-13. Fulton County is doing its own training that incorporates family-centered practice, risk assessment and concurrent planning. For a memo about Fulton training, the training agenda, and the family-centered practice training, see SI_GoalA_Action7, Exhibits 14-16; for the Fulton training schedule, see SI_GoalA_Action7, Exhibits 17-19.) **In progress.**

I.A.8: Five FORG (County Director review) items are being used to assess family-centered practice. These items include Permanency Goal for the Child (Item 7), Proximity of Foster Care Placement (Item 11), Needs and Services of the Family (Item 17), Child and Family Involvement in Case Planning (Item 18), Worker Contact with Parent (Item 20). Baselines have been established and these items will be tracked on an ongoing quarterly basis (cases are reviewed on a monthly basis and compiled quarterly). There are currently two data points for the FORG review. The first data point submitted Q4 is for January - June of 2009. The most recent data point reflects data from Q5 (September - November 2009). See attached chart, SI_GoalA_Action8, Exhibit 1 for Q5 data. **Ongoing.**

I.A.9: Georgia identified 1,000 children who had been in the long-term custody of the agency for targeted permanency reviews. These reviews were conducted in one of two projects. Cases (500) were identified for the Court Improvement Project’s Cold Case File Review and about 500 cases were identified for the Permanency Roundtable Project funded by Casey Family Programs. This provided the agency an opportunity to consider both internal and external assessments. Children considered for this permanency review were selected based on September 01, 2008 data, including length of time in care, permanency goals and placement types.

The selected children reviewed had been in care as long as 210 months as of that date. The largest proportion of children considered for review (45%) were under

the age of 13; 25% of the children were between the ages of 13 and 15, and 30% of the children were older than 15. Identified case trends included:

- No concurrent planning for children
- Significant delays in reunification efforts with parents, lack of follow-up with services and delays in identifying appropriate relatives.
- Overall, the frequency and quality of contacts with parents were not sufficient to address needs and monitor progress toward goal achievement particularly in family preservation cases. There continued to be a lack of home visits with parents and children
- Termination of Parental Rights (TPR) was not filed within ASFA timeframes or appropriate compelling reasons for not filing were not documented. This had greatly impacted the timely achievement of permanency for children
- Delays in seeking termination of parental rights
- High-level placements for children based on mental health diagnoses
- Children in care less than 12 months had higher Permanency Outcome 1 (permanency and stability in their living situations) measures than children in care 12 months or more

Cold case findings were shared with state office staff, Regional Directors, County Directors and designated Field Program Specialists on November 19, 2009.

The Cold Case Project had reviewed 147 cases as of November 2009. Based on those reviews, they established predictive indicators for cases that may eventually become a "cold case" with delayed or no movement toward permanency.

- 1) No federal reimbursement
- 2) Length of stay
- 3) Not having both TPRs
- 4) Older parent
- 5) Institutional setting
- 6) Older child
- 7) More placements

Based on the reviews the following trends have been identified:

- ▶ Georgia needs a real plan for each child aging out of foster care to get these children to transition to self-sustaining, successful adults
 - ▶ Identified trends/issues that require advocacy at the state level included:
 - ▶ Immigration
 - ▶ Pregnancy
 - ▶ Family visitation rights
 - ▶ The blurring between mental health and behavioral problems
 - ▶ The lack of consistency in both court and social work practice across counties
 - ▶ Although the law requires an extensive relative search, documentation of a diligent search is lacking in at least half of the files reviewed.
 - ▶ It appears that once a child is placed with a relative, the inquiry as to the child's other family members ends.
 - ▶ In general, documentation that a child is consulted on his/her plan for permanency is lacking.
 - ▶ In a number of cases severely abused and traumatized children did not get the services they needed.
 - ▶ A lack of connection between signed WTLPs and ILP services, as well as a lack of connection between service providers.
 - ▶ Relatives unwilling to take custody, and lack of visitation with identified relatives who may be able to visit with the child but not have the child placed with them.
 - ▶ Court orders missing required language, particularly the reasonable efforts finding that needs to be made at the permanency hearing.
 - ▶ Good news – lots of compelling, compassionate case work by current case managers; have noted what DFCS has termed a "change in culture" in terms of case manager work.

Statewide implementation of the Permanency Roundtables has resulted in the review of 2,876 cases as of 9/30/09. As action plans are fully implemented and action steps successfully executed, the state is beginning to see marked progress in the attainment of permanency for children:

- 276 children achieved positive permanency during the third quarter, compared to 175 children during the second quarter
- To date, 15.6% (451) of the children whose cases were staffed have achieved positive permanency (reunification, adoption, guardianship or custody to relative), while an additional 5.6% (162) of the children emancipated from foster care.
- Of the 162 who emancipated, 80% (130) signed a voluntary agreement to remain in custody and currently receive ongoing agency support to establish lifelong connections.
- Of the 451 children who achieved positive permanency, 30% (136) were Kenny A. class members, as were 29% (47) of the 162 children who aged out of foster care; 85% (40) of class members who emancipated voluntarily remained in custody.

The remaining 2,263 cases are monitored monthly at the state and local levels for permanency progress.

Problems/Obstacles

Nearly 20% of youth roundtabled had a permanency goal of Another Planned Permanent Living Arrangement (APPLA) Long-Term Foster Care or Emancipation. Children with an APPLA goal often require additional time (6-8 months) to resolve permanency barriers. Factors we found that impact the timeframe include:

- Positive permanency options were typically no longer actively pursued at the time of the roundtable. Identification and/or re-engagement of birth and adoptive parents, relative and non-relative resources had to be initiated via Accurint and diligent search. Home evaluations and the scheduling of court hearings to modify goals and transfer custody are among the required procedural steps to permanency that also take additional time.
- The child's reluctance to consider adoption or other forms of permanence also impacted timeframes. Youth buy-in is critical to the success of permanency plans and to prevent the conscious or unconscious sabotage of permanency placements. The state enlisted the support of therapists and Regional Adoption Coordinators (RACs) to work through emotional issues that served as barriers to permanency. RACs also educate children and caretakers about the legal and financial benefits available. A child's unwillingness to participate in counseling and/or lack of receptivity to information can result in a delay in permanency.

As of September 30th, there have been 796 children with an APPLA permanency goal who have been staffed. The sense of urgency is particularly palpable with this population, which also tends to be older.

Completed Quarter 5.

I.A.10-11: The Family-Centered Practice Model was not fully implemented during Q5, so there are no findings to report to leadership at this time. **Pending**

I.A.12-14: Pending

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: I. Develop and Pilot Family-Centered Practice Model (FCPM)			Applicable CFSR Outcomes or Systemic Factors:	Safety 1, 2 Permanency 1, 2 Well-Being 1, 2, 3 Case Review System	
Goal: B. Improve and expand the Family Team Meeting practice statewide			Applicable CFSR Items:	All	
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Revise/update FTM policies to reflect best practice in family team meetings, including engagement of families and community resources in the family team meeting process, good documentation, and shared decision-making; establish clear practice guidelines for using FTMs throughout the life of a case (case planning, change in placement, discharge, etc.)	Copy of revised FTM policy and practice; copy of documentation tool	Deputy Director for Policy & Practice	Quarter 2	Q2: T Fava
2	Update FTM policies and/or practice in ODIS (web-based policy manual) as adopted	Quarterly updates	Deputy Director for Policy & Practice	Quarter 2	Q2: T Fava
3	Send email blast notification(s) to Social Services staff regarding updated FTM policies and/or practice and posting	Copy of email and distribution list	Deputy Director for Policy & Practice	Quarter 2	Q3: T Fava
4	Enhance FTM competency training	Copy of FTM training materials	Education & Training Section Director	Quarter 3	Q3: T Fava
5	Provide revised intensive FTM competency training for trainers for FTM facilitators, to include mentor, practice observation and certification enhancements	FTM training attendance	Education & Training Section Director	Quarter 3	Q3: T Fava
6	Promote and provide introductory FTM training opportunities for partners in FCPM innovation sites on a voluntary basis	Training invitation, invitation list and attendance	Education & Training Section Director	Quarter 3	Q3: T Fava
7	Offer FTM training quarterly for veteran staff, facilitators and approved community partners	Training attendance	Education & Training Section Director	Quarter 3 & Ongoing	Q3, Q4,
8	Incorporate FTM training into new worker and new supervisor training	Copy of training curricula	Education & Training Section Director	Quarter 3	Q3: T Fava
9	Track changes in the usage of family team meetings	PEAS case review results, SHINES data reports	Deputy Director for Field Operations	Quarters 4-8	Q4,

Renegotiated Action Steps and Benchmarks				
<p>Quarterly Update Strategy I Goal B</p>				
<p>Q1: New FTM standards have been adopted by the agency and are inculcated into the Training Unit for DFCS Staff. A plan for providing "train the trainer" for DFCS Providers is in the process of being finalized to ensure consistency and quality of FTMs for all DFCS customers. The FTM standards and required practice are being incorporated into existing policy.</p> <p>Please see SI_GoalB_Action1, Exhibit 1, for Family Team Meeting training documentation. Please see SI_GoalB_Action8, Exhibit 1, for documentation of training content.</p>				
<p>Q1: CB Comments: The State has provided Standards of Practice for Family Team Meetings in DFCS (S1_GoalB_Action1_Exhibit1_TrainingFTMStandard ofPractice01 2908). Completion of this step is not due until the 2nd Quarter and it is not clear whether the documentation is intended as evidence of completion or for informational purposes describing the State's progress. With the next quarterly report, the State will need to provide the requisite policies and show what practice guidelines have been established regarding frequency, case types requiring FTMs, etc. S1_GoalB_Action8_Exhibit1_CFSRPIPNewSupvTrainingActionsSteps does not support completion of Action Step 8 (due in Q3). Step 8 is specific to the incorporation of FTM training into new worker and supervisor training and the training curricula is required although it would not make sense to have developed curricula prior to establishing policy.</p>				
<p>Q2:</p> <ol style="list-style-type: none"> 1. Family Team Meeting (FTM) policy has been crafted and reviewed by both internal and external stakeholders. Included in this review team were representatives from Office of the Child Advocate (OCA), CASA, Clayton County Kinship Resource Center, Compassion House (Whitfield County Visitation Center), Community Services/Hillside, Family Ties, Former Foster Care Youth, Centers for Disease Control, Morningstar Treatment Services, Adoptive and Foster Parent Association of Georgia (AFPAG) and DFCS Regional Directors. The FTM policy was approved by leadership and is included in the appendices, along with the facilitation practice guide and evaluation. (See SI_GoalB_Action1_Exhibit1 and SI_GoalB_Actions12_Exhibits 1 and 2.) Completed Quarter 2. 2. Validation of the inclusion of the FTM policy from the ODIS team is included in the appendices (SI_GoalB_Action2_Exhibit1). Completed Quarter 2. 3. FTM policy was sent to the field on 02/24/09. Included in the appendices is the email blast notification to the field of the policy change as well as the properties listing validating the recipients (SI_GoalB_Action3_Exhibit1). Completed Quarter 2. 4. Education and Training has practice guidelines that can be shared in the support of the development of policy with the policy unit. Education and Training has enhanced FTM Facilitators competency training. (See relevant sections of updated training materials, SI_GoalB_Action4_Exhibits 1-4.) Full participant and trainer guides may be viewed online at http://dfcs.dhr.georgia.gov/training. In addition, Education and Training is currently developing FTM Training for Case Managers. In progress. 5. Education and Training piloted the training on October 1, 2, and 3, 2008. (See roster, SI_GoalB_Action5_Exhibit1.) They made some enhancements to the pilot training and conducted a second pilot of the facilitators' training on February 4, 5, and 6, 2009, at Houston County DFCS for Region VI. (See roster, SI_GoalB_Action5_Exhibit2.) The new FTM competency training for trainers for FTM facilitators includes mentoring, field practice, practice observation and certification enhancements. Please see the FTM Facilitator Training, Module 1 in SI_GoalB_Action4_Exhibit2. In progress. 6. Education and Training will provide a train the trainer for private providers and partners in the FCPM innovation sites. The train the trainer is planned for April 2009. In progress. 7. Education and Training held quarterly FTM trainings on 11/17/08 and 2/3/09, in Macon, GA. (See training roster/meeting minutes, SI_GoalB_Action7_Exhibits 1 and 2). To date, 55 facilitators have been trained across the 17 regions. In progress. 8. Included in the appendices is the updated New Case Manager Training with included FTM modules (SI_GoalB_Action8_Exhibits 1 and 2). Course offerings for the quarter are included in SI_GoalB_Action8_Exhibits 3-5. Education and training has developed a draft of the New Supervisor Training that includes an FTM training update. The FTM updates will be included in classroom training and field practice. In progress. 				

9. Pending.

Q2: CB comments: Action Steps I.B.1 and I.B.2 have been completed in the 2nd quarter. The required policy has been developed and uploaded into ODIS. We note that policy requires numerous FTMs occur during the life of a case and that trained facilitators conduct the FTMs. Information provided does not specify whether the facilitators will be contracted or be agency staff. WE have concerns as to whether staff can meet agency expectations regarding FTM frequency and would like to know how the agency has prepared for the increase in workload. It appears that the e-mail blast submitted to document completion of Action Step I.B.3 was scheduled, but not released. We do not concur that this step has been achieved.

Q3:

3. ACF expressed concern in its Q2 feedback related to the properties page validating the dispersing of the FTM policy to staff. The current properties page indicates a created date, which is the date it was sent. If the email had not been released as indicated, there would not have been the creation of the "properties" page indicating the recipients. Our detail page for the properties page varies depending on who pulls the page. Only the creator of the email can actually pull the page with dates and times the document was opened. As this documentation was created by a now defunct account, we can no longer access the original. **Completed Quarter 3.**
4. The Enhanced FTM competence training curricula has been completed and is attached for review. See SI_GoalB_Action4, Exhibits 1-9. **Completed Quarter 3.**
5. The Advanced Facilitator training was provided to previously trained facilitators on 02/3/09 and 05/4/09. For the 5/4/09 FTM training sign-in sheets and rosters, please see SI_GoalB_Action5, Exhibits 1-3. **Completed Quarter 3.**
6. Private providers were extended an invitation to attend Advanced FTM training on 5/4/09. Attached is the invitation, policy that was shared with the invitees, registration process and a roster of attendees (SI_GoalB_Action6, Exhibits 1-3 and SI_GoalB_Action5, Exhibit 1). **Completed Quarter 3.**
7. The agency has provided several opportunities during the third quarter for staff to attend FTM training. Attached are the ETS master training list (SI_GoalB_Action7, Exhibit 1) and a list of the specific monthly course offerings for March (SI_GoalB_Action7, Exhibit 2). Rosters are provided for the Family Team Meeting training that occurred in March and April 2009 (SI_GoalB_Action7, Exhibits 3-7). **Completed Quarter 3 (ongoing).**
8. New worker and new supervisor curricula have been revised to reflect the enhanced FTM practice. SI_GoalB_Action8, Exhibits 1 (new worker) and 2 (supervisor), provide copies of the curricula from pages 59 to 84 detailing the process and practice of FTMs, inclusive of developing the plan as a component of the FTM. **Completed Quarter 3.**

** In the Q2 feedback, ACF expressed concern related to staff workload with new FTM policies. The agency has dedicated staff who facilitate FTMs; staff also have the ability to contract with private providers to facilitate FTMs. The state has had a significant drop in the size of foster care caseloads over the past 12-month period, resulting in case managers having more one-on-one time with families.*

Q3: CB comments: The Children's Bureau concurs that steps I.B.3, I.B.4, I.B.5, I.B.6, and I.B.8 have been completed. The State has also provided opportunities for training as required in I.B.7 and will continue quarterly trainings throughout PIP implementation.

Q4:**Strategy I Goal B**

7. Family Team Meeting Training continues to be offered to staff and to providers on a quarterly basis. Attached are the State's training calendar for July through December 2009 (SI_IV_QuarterlyTrainingJuly_December2009) and a monthly reminder for course availability (SI_GoalB_Action7, Exhibit 1). These are the minimum training offerings; additional trainings are added based on the needs of the agency. Three-day FTM training tracks for agency staff were initiated on the following dates: 06/02/09, 06/09/09, 07/09/09, 07/14/09, 08/05/09, 8/18/09 and 08/19/09. Attendance logs are attached as SI_GoalB_Action7, Exhibits 2-8. In addition, the state sponsored a State Family Team Support Meeting on 08/10/09. The agenda for this meeting is also attached (SI_GoalB_Action7, Exhibit 9). Also attached are the provider invitation, invitation list and attendees for a Train the Trainer Training on 08/18/09 (SI_GoalB_Action7, Exhibits 10-12). **Completed Quarter 3 and Ongoing.**
9. The Program Evaluation and Analysis Section conducts regional case reviews for quality assurance. From October 2008 through August 2009, 691 cases were assessed for FTM usage. Of these cases, 53.82% had received a timely FTM. Subsequent FTMs were conducted in 40.58% of the cases when identified as a need. Families were clearly included in 45.14% of the cases. Additional information is included in the attached PEAS analysis related to FTMs (SI_GoalB_Action9, Exhibit 1). **Completed Quarter 4 and Ongoing.**

Q4: CB comments: [Ongoing training opportunities were offered during Q4 as required by PIP Action Step I.B.7.](#)

[I.B.9: PEAS results \(10/08 – 8/09\) are provided with the Q4 report. In subsequent reports, please add updated results to the existing table in S1_GoalB_Action9_Exh1_FamilyTeamMeetings_Reviews to facilitate both the State's and CB's ongoing monitoring of "changes in the usage of family team meetings."](#)

[NOTE: Documentation submitted for Strategy IV.A includes an August 2000 draft curriculum entitled *Family Team Meetings and Case Planning for Social Service Case Managers*. Is the State revising the FTM training again that was discussed in this step and reported as provided during Q3? \(State note: date was August 2009\)](#)

Q5:

I.B.7: Family Team Meeting (FTM) training continues to be offered to staff and to providers on a quarterly basis. Attached is the training calendar for July - December 2009 (SI_GoalB_Action7, Exhibit 5). Sign-in sheets/rosters are attached for FTM trainings (SI_GoalB_Action7, Exhibits 1-4 and 6-9). **Completed Quarters 3 and 4 and ongoing.**

I.B.9: The Program Evaluation and Analysis Section (PEAS) conducts regional case reviews for quality assurance. From December 2008 through November 2009, 828 cases were assessed for FTM usage. Of these cases 52.96% (slight decrease from the previous quarter) of cases received a timely FTM. Subsequent FTMs were conducted in 41.87% (slight improvement over the previous quarter) of the cases when identified as a need. Families were clearly included in 44.04% (slight decrease from the previous quarter) of the cases. Additional information is included in the attached PEAS analysis related to FTMs. **Completed Quarters 4 and 5 and ongoing.**

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

				Applicable CFSR Outcomes or Systemic Factors:	Permanency 1 Well-Being 1
Primary Strategy: I. Develop and Pilot Family-Centered Practice Model (FCPM)					
Goal: C. Promote placement stability and permanency through caseworker-child visit statewide initiative (“Every Child Every Month”)				Applicable CFSR Items:	6,17,19
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Obtain technical assistance from National Resource Center on Family-Centered Practice and Permanency Planning to develop policy and training curricula as well as to train and develop internal training capacity on “Every Child Every Month” (ECEM, purposeful case manager-child visitation)	Copy of updated policy and training curricula	Deputy Director for Policy & Practice	Quarter 1	Quarter 1 (T.Fava)
2	Provide ECEM Train-the-Trainer training (currently scheduled for July 2008) to professional excellence training staff and to ECEM practice champions, select field program specialists, supervisors and program administrators, who will then co-train with professional excellence training staff	ECEM train-the-trainer training attendance	Deputy Director for Policy & Practice	Quarter 1	Quarter 1 (T.Fava)
3	Provide ECEM training for foster care supervisory and specialist staff in all regions (currently scheduled for July – October 2008)	ECEM training attendance	Deputy Director for Policy & Practice	Quarter 2	Quarter 1 (T. Fava)
4	Incorporate “Every Child Every Month” training into new worker and new supervisor training for Foster Care	Copy of ECEM training curricula	Deputy Director for Policy & Practice	Quarter 3	Q3: T Fava
5	Update policies and/or practice in ODIS (web-based policy manual) for caseworker-child visitation policies as adopted	Quarterly updates	Deputy Director for Policy & Practice	Quarter 3	Q3: T Fava
6	Send email blast notification(s) to Social Services staff regarding updated caseworker visitation policies and/or practice and posting	Copy of email and distribution list	Deputy Director for Policy & Practice	Quarter 3	Q3: T Fava
7	Provide ECEM training for new and veteran foster care case managers in all regions (planned for October 2008 – September 2009)	ECEM training attendance	Deputy Director for Policy & Practice	Quarter 3	Q3: T Fava

Renegotiated Action Steps and Benchmarks				
Quarterly Update Strategy I Goal C				
<p>Q1: Agency has received assistance from Rose Wentz of the National Resource Center to develop training curricula entitled, "Every Child Every Month". Agency contracted with Ms. Wentz to provide "train the trainer" sessions with staff from DFCS Training Unit ("Professional Excellence") as well as selected state office and regional field staff (Field Program Specialists, Supervisors, Case Managers). A statewide training plan for the roll-out of the ECEM training to every region has been implemented. A county letter advising field staff of the revised visitation expectations has been disseminated to the field. Draft policy related to the requirements for "Every Child Every Month" has been remitted to leadership for review and approval.</p> <p>Please see SI_GoalC_Action1, Exhibits 1-3, for revisions to policy and training for caseworker visitation. Please see SI_GoalC_Action2, Exhibits 1-4, for documentation of caseworker visitation training content and trainings for trainers. Please see SI_GoalC_Action3, Exhibits 1-2, for documentation of caseworker visitation training for supervisory and specialist staff. Please see SI_GoalC_Actions123, Exhibits 1-2, for final reports on caseworker visitation training. Please see SI_GoalC_Action1_Exhibit 4, for documentation of technical assistance status.</p>				
<p>Q1: CB Comments: We concur with the State that action steps and benchmarks for steps A.I.C.1, A.I.C.2, and A.I.C.3 have been achieved. We remind the State that CFSR requirements are not fully consistent with IV B regulatory requirements for case worker visits and although Georgia is moving forward with CFSR PIP required work in this area, outstanding deficits will be addressed specifically in the Case Worker Visit PIP.</p>				
<p>Q2:</p> <ol style="list-style-type: none"> 1. Completed Quarter 1. 2. Completed Quarter 1. 3. Completed Quarter 1. 4. The ECEM practice guidelines have been incorporated into the New Case Manager and New Supervisor training for foster care. See revised training curriculum for New Case Manager (SI_GoalC_Action4_Exhibit1) and New Supervisors Training (SI_GoalC_Action4_Exhibit2) in the appendices. As of the 2nd quarter of the PIP (02/28/09), 339 Supervisory and Leadership staff have been trained in addition to 14 Education and Training staff who are now providing the training to the field (30 staff attended the train the trainer sessions and are qualified to provide the training; documentation submitted with Quarter 1 report). Completed Quarter 2. 5. In progress. 6. Pending. 7. As of the end of the 2nd quarter of the PIP (2/28/09) 360 case management staff have been trained across the 17 regions. (See professional excellence calendar, SI_GoalC_Action7_Exhibit 1, and training rosters, SI_GoalC_Action7_Exhibits 2-6.) In progress. 				
<p>Q2: CB comments: The submitted documentation does not appear to support rating Action Step I.C.4 as achieved. The curriculum provided is on assessing families, impact of child maltreatment on child development, and introduction to interviewing. Based on information and documentation provided in the Q2 report, the CB cannot concur that this step has been achieved.</p>				

Q3:

4. Purposeful visitation, also known as Every Child Every Month (ECEM), has been integrated into the new supervisor training. ETS has provided copies of the PowerPoint slide as well as the associated narratives as evidence of ECEM inclusion in supervisor training. (See SI_GoalC_Action4, Exhibit 3.)
ECEM was incorporated in Foster Care training (see SI_GoalC_Action4, Exhibit 2, ECEM Communication w/Children pgs 62-72 Keys Module 9) and incorporated into Keys ECEM and FTM - (See SI_GoalC_Action4, Exhibit 1, ECEM Attachment-Visitation pg 23-30 Keys Module 5 TG). **Completed Quarter 3.**
5. Validation of the inclusion of ECEM policy from Mary Jenkins (SII_GoalA_Action2_Exh2) as well as copy of the finalized policy is included in the documentation (SI_GoalC_Action5, Exhibits 1 and 2). **Completed Quarter 3.**
6. ECEM policy was sent to the field on 04/23/09. Included in the documentation is the email notification of the policy as well as the properties page indicating recipients (SI_GoalC_Action6, Exhibit 1). **Completed Quarter 3.**
7. Included in the appendices is the training curriculum (SI_GoalC_Action4, Exhibits 1-3), rosters and sign-in sheets for February, March, April, and May as well as the master training schedule for ETS (SI_GoalC_Action7, Exhibits 1-7). **Completed Quarter 3.**

Q3: CB comments: The Children's Bureau concurs that the remaining steps for Strategy I, Goal C have been completed.

Q4: Based on draft CB comments from the Q3 submission, Strategy I, Goal C is completed.

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: II. Strengthen Policy and Improve Practice to Ensure Safety of Children				Applicable CFSR Outcomes or Systemic Factors:	Safety 1, 2
Goal: A: Develop and distribute to intake staff statewide quality screening intake tool				Applicable CFSR Items:	1, 3, 4
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Develop and distribute a uniform set of questions to be used by intake staff for referrals of suspected child abuse or neglect	Copy of screening questions and related correspondence	Deputy Director for Policy & Practice	Quarter 1	Q3: T Fava
2	Revise/update policies and/or practice regarding quality intake & screening, to include response urgency	Copy of screening and intake policy	Deputy Director for Policy & Practice	Quarter 1	Q3: T Fava
3	Update screening/intake policies and/or practice protocols in ODIS (web-based policy manual) as adopted	Quarterly updates	Deputy Director for Policy & Practice	Quarter 2	Q3: T Fava
4	Send email blast notification(s) to Social Services staff regarding updated screening/ intake policies and/or practice and posting	Copy of email and distribution list	Deputy Director for Policy & Practice	Quarter 2	Q3: T Fava
5	Provide training on revised screening and intake process for screening and intake staff and supervisors for all regions	Screening/intake training attendance	Education & Training Section Director	Quarter 3	Q3: T Fava
6	Incorporate quality intake and screening tools into new worker and new supervisor training	Copy of training curricula	Education & Training Section Director	Quarter 3	Q3: T Fava
Renegotiated Action Steps and Benchmarks					

<p>Quarterly Update Strategy II Goal A</p>
<p>Q1: Social Services Manual Transmittal 2008-02 was approved and disseminated to the field February 2008. The policy changes were updated in ODIS (online social services manual) February 2008. Chapters 2101 Introduction and 2103 Intake were updated to include the revised requirements for Social Services Intake. The purpose of this policy change is to improve DFCS assessment of child maltreatment reports. The changes are designed to offer clarity to policy explanations and the definitions under which the agency operates. The transmittal clarifies a paradigm shift from “investigations” to assessment. The expectation of addressing families holistically and utilizing critical thinking in assessment is clearly defined. Questions designed to elicit more comprehensive knowledge of families have been provided as well as decision trees to guide the correct assignment of intervention and response times.</p> <p>Please see SII_GoalA_Action1, Exhibit 1, for copy of intake form. Please see SII_GoalA_Action4, Exhibits 1-2, for documentation of policy and policy transmittal. Please see SI_GoalB_Action8, Exhibit 1, for documentation of training content.</p>
<p>Q1: CB Comments: It appears there are a number of inconsistencies between documentation submitted by the State and current practice as it relates to use of GA SHINES. We note concerns in that the policy was developed and distributed 9 months prior to PIP approval and does not provide any practice guidelines or procedures for the use of GA SHINES which was rolled out statewide prior to PIP approval. Current policy continues to reference IDS (the legacy system) exclusively and provides guidance for use of several forms that we believe became obsolete with the advent of SHINES. These inconsistencies will need to be resolved before ACF can concur with GA regarding completion of the first 2 steps</p>
<p>Q2:</p> <ol style="list-style-type: none"> 1. The Quality Intake and Screening policy from 02/2008 was not consistent with SHINES and had inconsistent appendices in ODIS. We have amended the decision trees in ODIS to be aligned with the policy expectation as well as the business rules for SHINES. The revised Quality Intake and Screening policy is currently under review by our newly implemented review team, which includes external partners and should be ready to implement statewide prior to the end of the third quarter. In progress. 2. In progress, to be completed by Quarter 3. 3. In progress, to be completed by Quarter 3. <p>4-6. Pending policy approval.</p>
<p>Q2: CB comments: We look forward to the alignment of these processes.</p>
<p>Q3:</p> <ol style="list-style-type: none"> 1. The uniform questions for intake is incorporated into Social Services Manual Transmittal 2009-02 and approved 04/29/09. In addition to including the questions, the transmittal includes SHINES screen shots demonstrating an alignment of the policy, practice and technology. A copy of the transmittal is included in the documentation (SII_GoalA_Action2, Exhibits 1 and 2). Completed Quarter 3. 2. Social Services Manual Transmittal 2009-02 clearly defines the response urgency for assigning referrals and follows the business rules in SHINES. Transmittal 2009-02 as referenced above is included in the documentation (SII_GoalA_Action2, Exhibits 1 and 2). Completed Quarter 3. 3. Policy revisions to the CPS Intake policy as prescribed by SSMT 2009-02 have been updated in ODIS (an additional validation was conducted on 06/08/09 as there were issues identified with getting the decision trees to open in ODIS) as evidence by the email from Mary Jenkins (SII_GoalA_Action2_Exhibit 2). Completed Quarter 3. 4. Quality Intake and Screening policy was sent to the field on 05/07/09. Included in the documentation is the email notification of the policy as well as the properties page indicating recipients (SII_GoalA_Action4, Exhibit 1). Completed Quarter 3. 5. Education and Training has provided two separate trainings for the revised Quality Intake and Screening policy/practice to identified state intake workers.

<p>The trainings occurred 05/19-20/09 and 05/20-21/09. For rosters and sign-in sheets, see SII_GoalA_Action5, Exhibits 1-7). Completed Quarter 3.</p> <p>6. The new worker and new supervisor curriculum has been revised to reflect the Quality Intake and Screening policy/practice. For copies of the curricula, see SII_GoalA_Action6, Exhibits 1-3. Completed Quarter 3.</p>
<p>Q3: CB comments: The Children’s Bureau concurs that the six action steps related to Strategy II, Goal A have been completed.</p>
<p>Q4: Based on draft CB comments from the Q3 submission, Strategy II, Goal A is completed.</p>

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: II. Strengthen Policy and Improve Practice to Ensure Safety of Children				Applicable CFSR Outcomes or Systemic Factors:	Safety 1, 2 Permanency 1, 2 Well-Being 1, 2, 3
Goal: B: Improve ongoing risk and safety assessment tool usage statewide				Applicable CFSR Items:	1, 3, 4, 7, 16, 17, 21, 22, 23, 35, 37, 45
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due (renegotiated quarter due)	Quarter Completed
1	Obtain consultation from National Resource Center for Child Protective Services as well as courts and agency staff using risk assessment tool more effectively	Documentation of TA visits/ correspondence/ telephone conferences/ meetings	Deputy Director for Policy & Practice	Quarter 2	Quarter 1 (T. Fava)
2	Update/enhance policies and/or practice based on input from NRC-CPS related to risk assessment process	Copy of risk assessment policies and/or practice	Deputy Director for Policy & Practice	Quarter 3	See renegotiated action step
3	Update risk assessment policies and/or practice in ODIS (web-based policy manual)	Quarterly updates	Deputy Director for Policy & Practice	Quarter 3 (Quarter 8)	
*5	Send email blast notification(s) to Social Services staff regarding updated risk assessment policies and practice and posting	Copy of email and distribution list	Deputy Director for Policy & Practice	Quarter 3 (Quarter 8)	
6	Provide CPS and Family Preservation training for supervisors and front line staff for all regions on revised risk assessment process	Risk assessment training attendance	Education & Training Section Director	Quarter 3	See renegotiated action step
7	Incorporate risk assessment trainings into new worker and new supervisor training	Copy of training curricula	Education & Training Section Director	Quarter 3 (Quarter 8)	
8	Track the practice of continuous re-assessment	PEAS case review results	Deputy Director for Field Operations	Quarter 4	See renegotiated action step
9	Identify and address common practice issues related to re-assessment	Leadership strategies meeting agendas and presentations	Deputy Director of Field Operations	Quarters 4-8 (Quarters 5-8)	
10	Update SHINES data collection system to reflect any change in risk assessment as needed and as funding is available	Documentation of enhancements request; work order fulfillment	Deputy Director for Fiscal & Administrative	As negotiated based on funding availability	

Renegotiated Action Steps and Benchmarks					
2	Establish policies/practices for piloting in innovation zones	Copy of risk assessment policies and/or practice	Deputy Director for Policy & Practice	Quarter 5	
6	Provide CPS and Family Preservation training for supervisors and front line staff in innovation zones on revised risk assessment process	Risk assessment training attendance	Education & Training Section Director	Quarter 5	
8	Track the practice of continuous re-assessment in innovation zones	FORG case review results	Deputy Director for Field Operations	Quarter 5	
11	Develop implementation plan for statewide rollout of the revised risk assessment process	Copy of plan	Deputy Director for Field Operations	Quarter 8	
12	Update CPS and Family Preservation training curricula for supervisors and front line staff based on revised risk assessment process	Copy of training curricula	Education & Training Section Director	Quarter 8	

Quarterly Update Strategy II Goal B

Q1: Agency has requested Technical Assistance from the NRC for Child Protective Services. The NRC lead for this goal is Anna Stone. A focal group comprised of internal and external stakeholders has been convened and has met with Ms. Stone on two separate occasions during this reporting period. Ms. Stone and this group have discussed the "goal" of the PIP relating to Risk Assessment, clarified the purpose of the group, and ruled out re-inventing a new tool for use; the primary focus is making the usage of the tool more effective and efficient. Current discussions are regarding changing verbiage from "Safety and Risk" to "Present Danger and Impending Danger" and shortening the time frame relating to "foreseeable future" from 12 months to 30-90 days.

Please see SII_GoalB_Action1, Exhibits 1-2, for documentation of TA request.
 Please see SII_GoalB_Action1, Exhibits 3-7, for documentation of focal group meetings/work.
 Please see SI_GoalC_Action1_Exhibit 4, for documentation of technical assistance status.

Q1: CB Comments: GA has received consultation from the NRCCPS; consequently, A.II.B.1 has been rated as achieved. Given the significant concerns raised by the multidisciplinary risk-assessment workgroup (SII_GoalB-Action1_ Exhibit3_RA_PIPgroupmtgnotes102308), the State may need to renegotiate action steps, benchmarks, and completion dates. We encourage GA to initiate this dialogue in a timely manner.

Q2:

1. During the 2nd quarter we met with the NRC in concert with focal groups and leadership to discuss recommended changes to the Risk Assessment, which are very extensive. Based on these recommendations and the agreement of the NRC, we are requesting a renegotiation of this item. The NRC report is included in the appendices (SII_GoalB_Action1_Exhibit1.) **Completed Quarter 1.**
2. **In progress.**
3. **Pending.**
4. **N/A***
- 5-10. **Pending.**

Q2: CB comments: The CB has scheduled an onsite meeting on June 19 to discuss renegotiation of this strategy. The State has informed the CB that it wants to scale back implementation of the risk assessment to the innovation zones. DFCS needs to submit a written negotiation proposal to the CB for consideration prior to the onsite meeting in June.

Q3:

2-10. The State has requested these items be renegotiated. Met with ACF and CB representatives on 06/19/09 for preliminary discussions. See SII_GoalB_Actions2-10, Exhibit 1, for the renegotiation proposal documentation. **Pending, with proposed renegotiation.**
For TA extension request and Georgia TA matrix, please see SII_GoalB_Action1, Exhibits 1 and 2.

Q3: CB comments: Children's Bureau staff, representatives from 2 NRC's, and DFCS staff engaged in detailed discussions regarding the State's proposal to renegotiate Strategy II.B during an onsite meeting held on June 19th. The CB approves the agency's written request contained in attachment SII_GoalB_Actions2-10, Exhibit 1. Please strike through the areas in the matrix that have been approved for renegotiation and update the section below in the Q4 Report.

Q4:**Strategy II Goal B**

2. Georgia plans to adopt an enhanced safety and risk assessment practice. Draft policy has been developed, training is being created and the practice will be demonstrated in six innovation zones selected because of demonstrated capacity to embrace new approaches to case practice. Draft policies are attached as SII_GoalB_Action2, Exhibits 1-4). Policies will be piloted with state office leadership and specified innovation zone staff in September. Jaynce Fenton from the National Resource Center visited the Innovation Zones in July 2009 to discuss preparation for changes related to the inclusion of the Family-Centered Practice Model, Risk Assessment, and Permanency and Concurrent Planning. To reinforce the new practice, DFCS will also be developing plans to provide supervisors with support on a regular basis during the early months of the new practice. **In progress.**

3-10. Pending for innovation zones only.

Q4: CB comments: We appreciate the opportunity to read the policy/practice guidelines as they are being developed. There is an inconsistency in "Quarter Due" between what has been replaced in the original matrix section for step 9 and the renegotiated section. Please clarify that the intent for this step is to continuously identify and address common practice issues related to re-assessment throughout the remainder of the PIP (Quarters 5-8).

Q5:

II.B.2: Comprehensive Assessment/Risk Assessment policies based on Family Functioning Assessments have been reviewed and finalized for implementation in the Innovation Zones. (See attached policies and Family Functioning Assessment tools, SII_GoalB_Action2R, Exhibits 1-12.) The policies and tools have been shared with innovation zone staff. Each county will begin utilizing the Family Functioning Assessment tools and policies at the conclusion of their final training session for new cases as well as existing family preservation cases as they become due for reassessment/case planning. Supervisors will engage in supervisory meetings designed to assist them in assessing cases for family-centered practice, concurrent planning and risk assessments. The meetings will include tips and guidance on staff development, inclusive of coaching and guiding staff in making practice changes based on case file reviews. The supervisory meetings will be conducted initially by the National Resource Centers. **Completed Quarter 5.**

II.B.3 and 5: Pending for innovation zones only.

II.B.6: November 18-20, 2009, A Comprehensive Assessment/Risk Assessment Family Functioning pilot training was held at Fulton County DFCS for the six innovation zones. (See SI_GoalB_Action6R, Exhibits 2 and 3.) Curriculum writers and trainers from Georgia State University were available for onsite technical assistance and curriculum revision input. The training curriculum was subsequently revised, and staff in the innovation zones will receive training prior to the conclusion of the 6th quarter. (See training schedule, SII_GoalB_Action6R, Exhibit 4). Fulton County will be providing a combined training track for all of their staff. (See previously referenced attachments, SI_GoalA_Action7, Exhibits 14-19, for training plan and related materials, and SII_GoalB_Action6R, Exhibit 1, for the Fulton assessment training presentation.) **In progress.**

II.B.7: Pending for innovation zones only.

II.B.8: In progress for innovation zones only.

II.B.9-10: Pending for innovation zones only.

Q5 CB Comments:

* Note: There was no action step 4 in final submission.

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: II. Strengthen Policy and Improve Practice to Ensure Safety of Children				Applicable CFSR Outcomes or Systemic Factors:	
Goal: C: Improve case documentation				Applicable CFSR Items:	
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Provide training for supervisors and front line staff for all regions on documentation and case records	Documentation training attendance	Education & Training Section Director	Quarter 5	
2	Incorporate documentation training into new worker and new supervisor training	Copy of training curricula	Education & Training Section Director	Quarter 6	
Renegotiated Action Steps and Benchmarks					
Quarterly Update Strategy II Goal C					
<p>Q1: Documentation training has been revised. As the agency continues to make progress on its CFSR PIP strategies, documentation training will be reviewed and revised to capture any substantive changes.</p> <p>Please see SI_GoalB_Action8, Exhibit 1, for documentation of training.</p>					
Q1: CB Comments: The documentation provided does not adequately support completion of these steps.					
<p>Q2:</p> <ol style="list-style-type: none"> Documentation training has been revised. As the agency continues to make progress on its CFSR PIP strategies, documentation training will be reviewed and revised to capture changes and improve the curricula. Education and Training is in the process of developing individual modules that will address each of the safety, permanency and well-being items for supervisors to use in coaching their staff on making purposeful contacts and activities to document related to those contacts. Items 20 and 16 are the first two modules that will be piloted. In progress. The documentation modules in the New Case Manager Training have been revised (See trainer guide, SII_GoalC_Action2_Exhibit1). Efforts are currently underway to incorporate documentation training into New Supervisor Training. In progress. 					
Q2: CB comments: (none)					
Q3: 1-2. In progress.					

Q3: CB comments: None
Q4: Strategy II Goal C 1-2. In progress.
Q4: CB comments: None
Q5: II.C.1: Revised documentation training was provided across the state. (See attendance sheets SII_GoalC_Action1, Exhibits 1-9.) Documentation training is a 2-day training and is required for all staff post-certification. Completed Quarter 5 and ongoing. II.C.2: Pending.
Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: III. Improve Permanency Outcomes for Children and Families				Applicable CFSR Outcomes or Systemic Factors:	Safety 1, 2 Permanency 1, 2 Well-Being 1, 2, 3 Case Review System
Goal: A: Support Court Improvement Project (CIP) summits review of courts related to child abuse and neglect cases				Applicable CFSR Items:	All
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Provide requested data to CIP on child welfare outcomes (safety, permanency, well-being)	Copies of data provided to CIP	Deputy Director for Fiscal & Administrative	Quarter 1	Q1 and needs to be ongoing (TF) Q3; T Fava
2	Assist CIP with summit presentations on model practices in permanency planning	Documentation of assistance	Deputy Director for Field Operations	Quarter 1	Q1 and needs to be ongoing (TF) Q3; T Fava
Primary Strategy: III. Improve Permanency Outcomes for Children and Families				Applicable CFSR Outcomes or Systemic Factors:	Permanency 2 Systemic Factors: Case Review System
Goal: B: Support CIP review of courts related to child abuse and neglect cases to address problems of permanency, including adoption and APPLA				Applicable CFSR Items:	7, 9, 10
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Provide permanency and APPLA data to CIP and collaborate in selection of counties for review (based on CIP selection process)	Copies of data provided to CIP	Deputy Director for Fiscal & Administrative	Quarter 1	Q2: T Fava
2	Meet with CIP, Office of Child Advocate (OCA), Council of Juvenile Court Judges (CJCJ) at least quarterly to go over CIP Court Compliance Officer reviews of agency/court files	Documentation of meetings, attendance list	Deputy Director for Field Operations	Quarter 1 & Ongoing	Q1, Q2, Q3,
3	Discuss issues raised by OCA that arise outside of summits and compliance reviews in quarterly DFCS-CIP-OCA meetings	Documentation of meetings	Deputy Director for Field Operations	Quarters 2-8	Q2, Q3, Q4

Primary Strategy: III. Improve Permanency Outcomes for Children and Families				Applicable CFSR Outcomes or Systemic Factors:	Systemic Factors: Case Review System
Goal: C: Support court process to notify parents, foster parents, pre-adoptive parents and relative caregivers regarding their rights related to hearings and case reviews				Applicable CFSR Items:	29
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Support CIP annual survey of GA foster parents to identify areas where notice to foster parents is or is not occurring.	Copy of survey results	Deputy Director for Field Operations	Quarter 2 Due again in 2010	Q2
2	Support CIP training for foster parents on right to be heard at annual conference of the Adoptive and Foster Parent Association of Georgia	Copy of PowerPoint presentation	Deputy Director for Field Operations	Quarters 2-8	Q2, Q3, Q4
3	Based on survey results and feedback from annual conference, identify needs and communicate with local entities (CFCS county office, foster parent associations and any foster care-related contractors) to address identified issues related to notice and right to be heard through presentations and other communications	Presentation agendas, attendance lists, and/or communications	Deputy Director for Field Operations	Quarters 3-8	Q3, Q4
Renegotiated Action Steps and Benchmarks					

Quarterly Update Strategy III Goals ABC

Q1: The agency provided data for 2005 through 2007 to the Court Improvement Project (CIP) through a contract with Georgia State University. Utilizing this data, the CIP has held multiple Summits throughout the state, assessing and informing communities of their performance in relationship to safety and permanency for children and families. During this reporting period, Summits were held in Hall, Fulton, Richmond and Troup Counties. DFCS leadership co-presented at each of these Summits. Local DFCS leadership and staff participated in the Summits and developed, in concert with community partners, action plans designed to improve the community's performance on outcomes for children. The agency and the CIP have worked together to identify counties with identified performance issues in adoption as well as counties that have been very successful in achieving adoption outcomes. The State Data and Analysis section has provided case data and identifying information to the CIP, which has enabled the CIP to conduct case file reviews within identified courts and to assess practice related to adoptions.

There have been three presentations of findings from these reviews (4/30/08, 6/27/08, 09/02/08), two of which (04/30/08 and 09/02/08) were facilitated by Bill Stanton of the National Resource Center. Counties reviewed to date are Barrow, Bartow, Cobb, Colquitt, Douglas, Gwinnett, Polk, Richmond, and Spalding. The agency meets with the CIP and Office of the Child Advocate at least quarterly. During this quarter, these meetings occurred August 20, September 12, October 14, and November 3.

Please see SIII_GoalA_Action1, Exhibits 1-3, for documentation of data provision to CIP and Houston Summit.

Please see SIII_GoalA_Action2, Exhibit 1, for documentation of presentation on rights.

Please see SIII_GoalA_Actions12, Exhibits 1-25, for documentation of summits completed in Fulton/Atlanta, Hall, Richmond/Augusta and Troup counties, including agendas, presentations, and action plans.

Please see SIII_GoalB_Action1, Exhibits 1-2, for examples of emails regarding data for court compliance reviews.

Please see SIII_GoalB_Action1, Exhibits 3-10, for examples of data provided for court compliance reviews.

Please see SIII_GoalB_Actions23, Exhibits 1-9, for documentation of collaboration in court compliance reviews.

Please see SI_GoalC_Action1_Exhibit 4, for documentation of technical assistance status.

Q1: CB Comments: We concur that A.III.A.1, A.III.A.2, A.III.B.1, and A.III.B.2 were achieved during the 1st quarterly reporting period; however, these are steps of an ongoing nature and should be reported on each quarter. Please revise the "Quarter Due" column in the PIP matrix to reflect this and continue to provide status updates in subsequent quarterly reports. The report for the Houston County Summit (SIII_GoalA_Action1_Exhibit3_EOC_GAJusticefor ChildrenSummitHouston.FinalReport) documents activities held in 2007, more than a year prior to the PIP approval date, and cannot be considered for PIP implementation. Please limit future documentation to activities current during the reporting quarter.

Q2:**Goal A**

1. Supported summits in Thomas County and the Southwestern Circuit (see case data example and letter regarding data sharing, SIII_GoalA_Action1_Exhibits 1-2.) **Completed Quarter 2.**
2. Supported summits in Thomas County and the Southwestern Circuit (see summit presentations and materials, SIII_GoalA_Action2_Exhibits 1-7.) **Completed Quarter 2.**

Goal B

1. The Court Improvement Project (CIP) has concluded its court compliance review process. During the 2nd quarter, the CIP Court Compliance team reviewed cases in Chatham, Carroll and Troup counties. The agency reviewed the DFCS case files as well. Permanency Composite 3, which identifies children in care for long periods of time, particularly those with a permanency goal of APPLA, was the focus for this review. A webinar was held on

02/24/09 for staff from local and state DFCS offices, CIP office, OCA office, judges from counties reviewed and SAAGs. (See agenda, SIII_GoalB_Action1_Exhibit1, presentation on the findings, SIII_GoalB_Action1_Exhibit2, and example data, SIII_GoalB_Action1_Exhibit4.) **Completed Quarter 2, as the CIP court compliance reviews have been completed.**

As a result of these reviews the following action plans have occurred:

- The CIP has identified a plan for reviewing cold case files, including the SHINES case file.
 - The agency has expedited VPN access to the CIP for review of case files related to their cold case files. (See letter, SIII_GoalB_Action1_Exhibit3.)
 - Issues related to agency representation have been identified and addressed in the SAAG performance standards.
 - CIP has contracted with SAAGs identified as having best practices to provide training for collaborative groups (judges, SAAGs, GALs, parent attorneys, etc.
 - The agency has completed targeted permanency reviews in counties where performance has been identified as a concern.
2. Collaborative meetings with DFCS, OCA and CIP to review findings and action plans related to the Court Compliance Reviews occurred on 01/05/09 and 02/02/09 during the second quarter. (See agendas, SIII_GoalB_Actions23_Exhibits 1 and 2.) **Ongoing.**
 3. Collaborative meetings with DFCS, OCA and CIP to review findings and action plans related to issues raised by the OCA as well as additional collaborative work with the CIP occurred on 01/05/09 and 02/02/09 during the 2nd quarter (see agendas referenced in Action 2.) **Ongoing.**

Goal C

1. The CIP surveyed Georgia's foster parents and prepared a presentation for foster parents attending the foster parent conference. The agency reviewed the survey prior to distribution and made recommendations. A copy of the survey and survey results are included in the appendices. (See SIII_GoalC_Action1_Exhibits 1 and 2.) **Completed Quarter 2.**
2. The CIP prepared a presentation for the foster parents attending the foster parent conference. (See presentation, SIII_GoalC_Action2_Exhibit1.) DFCS sponsored conference attendance for 7% of the state's foster parents. (See letter, SIII_GoalC_Action2_Exhibit2.) **Completed Quarter 2.**
3. **Pending.**

Q2: CB comments: Goal A: The PIP indicates that the 2 action steps associated with Goal A are complete. Have the summits concluded with no plans to continue that process?

In regard to Action Step III.B.1, the CB understood that the court compliance reviews were developed as a primary strategy to address deficits in several areas of practice and systemic reform and are disappointed that the process has ended.

Please provide meeting minutes for Action Steps III.B.2 and III.B.3 as documentation in subsequent reports.

Goal C: Please provide a description of how the survey was distributed and what may have contributed to the low response rate. We noted that no more than six responses were received from any county, even the State's largest with none from some of those. The State did a very nice job of compiling the survey results that provides valuable information regarding caregiver right and opportunity to be heard. We look forward to information provided in subsequent reports detailing steps the State will take in response to the results of the survey to improve practice in this area?

<p>Q3: Goal A Although these items are completed, Georgia continues to support the Court Improvement Project (CIP). See documentation, SIII_GoalA_Actions12, Exhibits 1-12.</p> <p>Goal B 3. The quarterly meeting between the agency and the Court Improvement Project, and the Office of the Child Advocate occurred on 04/07/09. A copy of the agenda and notes are in the documentation (SIII_GoalB_Actions23, Exhibits 1 and 2).</p> <p>Goal C 3. The State has contracted with a private provider to review and revise the initial trainings for foster parents. As a result of feedback from a foster parent survey, we have requested the contractor incorporate the right to be heard into the training components; it may be included (1) at the initial IMPACT training advising all resource families of their right to attend judicial proceedings; (2) as part of the Fostering 101 curriculum; and (3) in various training summaries for foster parents, such as The Wrap-Up and the "Next Steps - What to Expect" when a prospective family is approved. It will also be included in the Training for Trainers curriculum. In Progress.</p>
<p>Q3: CB comments:</p> <p>III.A.1 and 2 Georgia affirms that the CIP summits have concluded. The Children’s Bureau urges the State to monitor its progress in improvement related to the case review system and the CFSR items for which this strategy was intended to target.</p> <p>III.B.2 and 3: Ongoing</p> <p>III.C.3: In progress</p>
<p>Q4: Strategy III Goal A completed. Goal B</p> <p>2. The agency continued to meet with the Court Improvement Project and the Office of the Child Advocate. Meetings occurred on July 7 and August 18, 2009. Minutes are attached from those meetings (SIII_GoalB_Actions23, Exhibits 1-2). Completed Quarters 1, 2, 3, 4 and Ongoing.</p> <p>3. See July and August meeting documentation under Action 2, above. Additional concerns from the Office of the Child Advocate that were discussed at the July and August meetings include safety resources usage, runaway, child specific cases (due to confidentiality not included in the minutes), and SHINES data concerns. Completed Quarters 1, 2, 3, 4 and Ongoing.</p> <p>Goal C</p> <p>1. The Court Improvement Project has continued to survey and train foster parents regarding their right to be heard. Over 178 foster parents in 41 counties across Georgia have attended nine “Right to be Heard” trainings. After the AFPAG conference in March 2009, AFPAG has traveled with Juvenile Court Judge Britt Hammond (and member of Justice for Children), who has presented this training to foster parents and helped them understand their right to be heard prior to and in court and their right to timely notification of court proceedings. Foster parents were given a pre-training survey to assess their knowledge on Right to be Heard and to have them express whether they were receiving notification of court proceedings and being allowed to attend and be heard at those court proceedings involving the foster children/child in their homes. Judge Hammond also offered foster parents multiple opportunities during the two-hour trainings to ask questions and seek clarification on this topic. Attached are an overview with the Right to be Heard training dates (SIII_GoalC_Action2, Exhibit 1), a list of the presentation dates for Judge Hammond and AFPAG (SIII_GoalC_Action3, Exhibit 1) and a survey update (SIII_GoalC_Action3, Exhibit 2). The CIP plans to provide another workshop this year at the Foster Parent Conference. Completed Quarter 2 and ongoing.</p>

- 2. The agency is participating in the planning process for the Foster Parent Conference. **Completed Quarter 2 and ongoing.**
- 3. See description and documentation regarding “Foster Parents’ Right to be Heard” trainings and presentations under Action 1. Following the AFPAG conference, the agency completed an additional self-assessment related to the “Foster Parents’ Right to be Heard” and developed action plans for overcoming the barriers identified. The assessment and action plans are attached (SIII_GoalC_Action3_Exh3_RighttobeHeardAssmtPlan). **Completed Quarter 4.**

Q4: CB comments:

III.B.2: It appears that this step is directly related to the Court Compliance Reviews. We appreciate the continued collaboration between the agency and the CIP, but the step specifically calls for the inclusion of Council of Juvenile Court Judges to discuss results of the compliance reviews. We would like to hear more about how the agency continues to work with the CJCJ during the call that will be scheduled to discuss the Q4 Report, but it appears that this step should be closed out.

Goal C: The State has completed the survey required by Action Step III.C.1 and has apparently conducted additional surveys. The CIP conducted PIP required training for foster parents at the 2009 Annual AFPAG conference (Action Step III.C.2) and is assisting Judge Hammond in conducting foster parent trainings around the State.

Action Step III.C.3: The State has provided a summary of issues resulting from the survey that includes a variety of action steps to address identified areas of concern from the survey. In addition to the foster parent trainings, the State must provide information on how the action plans are being communicated to required entities. The State has begun the work for this step, but the CB does not concur that it is complete.

It is the CB’s understanding that the State would conduct a survey during the 2009 AFPAG Conference, the CIP would conduct a foster parent training at that conference, and the State would follow up on addressing issues identifies via the survey post-conference. We are pleased to hear of all of the additional work that has been done outside of PIP mandates to ensure foster parents be given notice and opportunity to be heard. However, based on PIP requirements, this process is expected to be repeated with the 2010 Annual AFPAG Conference and want to ensure that the State has the same expectations. Ongoing work in relation to Goal C will be an agenda item for the planned Q4 call.

Q5:

III.B.2:

The court compliance reviews have ended (and related action steps A1, A2 and B1 have been approved as completed). The agency continues to meet regularly with the Court Improvement Project (CIP) and the Office of the Child Advocate (OCA) to discuss case reviews and findings related to those case reviews. The CIP meets one-on-one with Juvenile Court judges to discuss the findings of case file reviews completed within the judicial circuits and continues to host Judicial Summits. The agency has solicited input from the Council of Juvenile Court Judges through judges serving as participants in work groups and as reviewers for the new concurrent planning handbook, policy and training. **Ongoing.**

III.B.3:

The agency continued to meet with the Court Improvement Project and the Office of the Child Advocate in Q5. Meetings occurred on September 2, October 7 and November 16, 2009. Agendas with minutes are attached from those meetings (SIII_GoalB_Actions23, Exhibits 1-3). **Completed Quarters 1-5 and ongoing.**

III.C.1:

The Court Improvement Project has continued to survey and train foster parents regarding their right to be heard. Since the AFPAG conference in March 2009, AFPAG has traveled with Juvenile Court Judge (and member of J4C) Britt Hammond. Judge Hammond has presented this training to foster parents and helped them understand their right to be heard in court and prior to court and their right to timely notification of court proceedings.

Foster parents were given a pre-training survey to assess their knowledge on Right to be Heard and to determine whether or not they were (1) receiving notification of court proceedings, and (2) being allowed to attend and be heard at court proceedings involving the foster children in their homes. Judge Hammond offered foster parents multiple opportunities during the 2-hour trainings to ask questions and seek clarification on this specific subject.

During Q5, "Right to Be Heard" training for foster parents was conducted at the following sites:

- 9-12-09 Gainesville, GA
- 9-28-09 Greensboro, GA
- 10-6-09 Thomson, GA
- 10-24-09 Lamar, County, GA
- 11-7-09 Rabun County, GA
- 11-14-09 Louisville, GA
- 11-16-09 Rincon, GA

To date, 298 foster parents have been trained in 48 different counties.

The CIP plans to conduct a survey and provide another workshop this year for the Foster Parent Conference.

In progress.

III.C.2:

The agency is participating in the planning process for four Foster Parent Conferences this year:

- Jekyll, Feb. 19th and 20th (South)
- Dillard, March 13th (North)
- April 24th (Metro)
- June 12th (Central)

Locations have not yet been confirmed for the Metro and Central conferences. **Completed Quarters 2-5 and ongoing.**

III.C.3:

See comments under III.C.1, above. Also, the state has amended the IMPACT curriculum to include training on Foster Parents' Right to Be Heard. See IMPACT curriculum modules, SIII_GoalC_Action3, Exhibit1. **Completed Quarter 5.**

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

<p>Primary Strategy: III. Improve Permanency Outcomes for Children and Families</p> <p>Goal: D: Collaborate with federal and state partners to improve permanency outcomes for children</p>				<p>Applicable CFSR Outcomes or Systemic Factors:</p> <p>Case Review System</p>	
<p>Action Steps and Benchmarks</p>				<p>Applicable CFSR Items:</p> <p>27, 28, 29</p>	<p>Quarter Completed</p>
		<p>Evidence of Completion</p>	<p>Person Responsible</p>	<p>Quarter Due</p>	
1	Request technical assistance from NRC in creating performance standards for SAAGs to improve SAAG performance	Copy of request for technical assistance	Deputy Director for Field Operations	Quarter 1	Q2: T Fava
2	Coordinate technical assistance from National Resource Center for Courts and the American Bar Association on working with Attorney General's office regarding legal representation	Documentation of TA received and summary of results	Deputy Director for Field Operations	Quarter 1	Q2: T Fava
3	Set up a joint planning meeting to include DFCS, the AG's office and representatives from the NRC	Meeting agendas; list of attendees	Deputy Director for Field Operations	Quarter 3	Q2: T Fava
<p>Renegotiated Action Steps and Benchmarks</p>					
<p>Quarterly Update Strategy III Goal D</p> <p>Q1: The agency has been approved for Technical Assistance from the NRC on Legal Issues and ABA. Jennifer Renne is the lead from the NRC for this goal. Agency has developed performance standards for SAAGs as well as model orders to be used by SAAGs. These standards and orders have been provided to Ms. Renne for review and input. The state received feedback from JoAnne Brown (consultant working with Jennifer Renne). Conference call with the NRC is set for 12/19/08.</p> <p>Please see SIII_GoalD_Action1, Exhibits 1-9, for documentation of TA request and background materials provided to NRC. Please see SIII_GoalD_Actions12, Exhibit 1, for TA documentation. Please see SI_GoalC_Action1_Exhibit 4, for documentation of technical assistance status.</p>					
<p>Q1: CB Comments: The TA request provided is for a different matter - please submit the correct documentation for A.III.D.1 with the 2nd quarterly report. The summary (SIII_GoalD_Action2) provided for the second action step discusses the Collaborative that is different from the work specified for this goal. Please provide a summary specific to the status of creating SAAG performance standards with the 2nd quarterly report.</p>					

<p>Q2:</p> <p>Goal D</p> <ol style="list-style-type: none"> 1. The state held a meeting 1/17/08 with agency leadership, Office of the Child Advocate (OCA), Court Improvement Project (CIP) and other stakeholders. The meeting was facilitated by Jennifer Renne from the National Resource Center for Legal and the ABA. Recommendations from this meeting included the state receiving technical assistance related to setting SAAG standards and in presenting to the Attorney General's office. (See TA requested, SIII_GoalD_Action1_Exhibit1.) An agenda, a meeting synopsis and TA priorities are included in the appendices. (SIII_GoalD_Action1_Exhibits 2-4.) Work initiated prior to Quarter 1; additional documentation provided Quarter 2. Completed Quarter 2. 2. SAAG standards for timeliness were prepared and submitted to external stakeholders for review in September 2008. The CIP and OCA made suggestions for revisions to the documents, and revised documents were provided to Jennifer Renne for the NRC's review and comment. The NRC remitted a few change recommendations on 11/26/08, which were incorporated into the documents. The documents prepared for the SAAG standards are attached in the appendices. (See SIII_GoalD_Action2_Exhibits 1-3.) Work completed Quarter 1; additional documentation provided Quarter 2. Completed Quarter 2. 3. On 1/14/09, the NRC and the state held a conference call to finalize the plans for a joint planning meeting with the agency and the Attorney General's Office. The joint planning meeting was held on 1/29/09 and was facilitated by Joanne Brown, a consultant with the National Resource Center for Legal and Judicial. A copy of the meeting agenda and attendees is included in the appendices. (See SIII_GoalD_Action3_Exhibits 1 and 3.) Outcomes from the joint planning meeting included agreement on utilizing the proposed SAAG standards, revision to the appended model court orders (SIII_GoalD_Action3_Exhibit4), a 90-day pilot for tracking SAAG compliance (see forms, SIII_GoalD_Action3_Exhibits 5-10), joint training for SAAGs from the agency and the Attorney General's office (scheduled for March 19th and 26th), and a memo from the Attorney General's office supporting the expectations for SAAGs to meet the identified performance standards. (See SIII_GoalD_Action3_Exhibit2.) Completed Quarter 2.
<p>Q2: CB comments: Based on documentation received and the wording in the PIP, we concur that the three action steps associated with Goal D have been achieved. However, the State identified this work as a primary strategy to make systemic improvements in the case review system and so urge the State to continue implementation and monitoring of SAAG standards and practice.</p>
<p>Q3:</p> <p>For updated materials, please see SIII_GoalD_Action3, Exhibits 1-4.</p>
<p>Q3: CB comments:</p>
<p>Q4: Based on draft CB comments from the Q3 submission, Strategy III, Goal D is completed.</p>

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: III. Improve Permanency Outcomes for Children and Families			Applicable CFSR Outcomes or Systemic Factors:	Permanency 2 Case Review System	
Goal: E: Cross-train SAAGs, GALs, parent attorneys, CJCJ, court staff, child fatality review committees and DFCS			Applicable CFSR Items:	7, 9, 10	
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Promote and provide training opportunities on permanency and court processes for juvenile justice-related stakeholders on a voluntary basis	Copy of invitation and PowerPoint presentation	Deputy Director for Policy & Practice	Quarter 3 & Ongoing	Q3, Q4
2	Provide at least one local training opportunity (summit) and one statewide opportunity (Child Placement Conference) a year for SAAGs, GALs, parent attorneys, CJCJ, court staff on permanency, DFCS and others	Training agenda, attendee list	Deputy Director for Policy & Practice	Quarter 4 & Ongoing	Q3, Q4
Renegotiated Action Steps and Benchmarks					
Quarterly Update Strategy III Goal E					
<p>Q1: The agency worked cooperatively with the CIP and GAHSC to enable staff to attend the annual Child Placement Conference. The Child Placement Conference had multiple trainings from the National Resource Centers as well as from DFCS staff. Attendees at the conference included representatives from DFCS, SAAGs, GALs, Courts, Attorneys and other Child Advocate agencies. The focus of the annual conference this year was permanency. During this quarter, the CIP has hosted Judicial Summits in Richmond, Fulton, Hall and Troup counties. Attendees at the Summit included: Judges, SAAGs, Parent Attorneys, DFCS Leadership, CASA and other community stakeholders.</p> <p>Please see SIII_GoalE_Action2, Exhibits1-4, for documentation regarding the Child Placement Conference content and participation.</p>					
<p>Q1: CB Comments: We need clarification regarding the date of the Child Placement Conference as the header reads "2007." Additionally, since the step requires annual training opportunities, the State will also be required to report on activity held in the second year of implementation. Please modify the "Quarter Due" column in the PIP matrix to reflect this.</p>					

<p>Q2:</p> <p>Goal E</p> <p>1. The agency has continued to work collaborative with the CIP to provide circuit or county summits. These summits provided detailed information to judges, CASA, parent attorneys, GALs, local agency staff as well as other community stakeholders. During this quarter, summits were held for Thomas County as well as the Southwestern Circuit. Presentations as well as the actions plans for these two summits are included in the appendices. (See references under Goal A, Action 2). In addition to these two summits, the CIP, in collaboration with the Barton Clinic, has sponsored two trainings directly related to permanency. Staff from the agency assisted with the training for both the Diligent Search training as well as the APPLA training. Family Services Director Bobby Cagle consulted and trained on diligent search, while Ebony Harris, DFCS Director for Independent Living Services provided assistance in training the APPLA program. These trainings were made accessible to DFCS, Judges, SAAGS, GALs, parent attorneys and other community stakeholders. (For invitations, agendas, presentations and attendance sheets, see SIII_GoalE_Action1, Exhibits 1-10.)</p> <p>The Emory Law School is hosting 4 archived webcasts (converted to an online format) from the 2008 Child Placement Conference. These workshops include:</p> <ul style="list-style-type: none"> • Permanency Through the Eyes of a Child and APPLA, by a group of former foster youth in EmpowerMENT. (This workshop ran out of time to cover APPLA.) • Using Assessments, by Janyce L. Fenton, National Resource Center for Family Centered Practice & Permanency Planning, and Tammy Griner, Special Assistant Attorney General for Spalding County, Georgia • Concurrent Planning, by Janyce L. Fenton, National Resource Center for Family Centered Practice & Permanency Planning • Best Practice to Engage Parents in Case Planning, by Janyce L. Fenton, National Resource Center for Family Centered Practice & Permanency Planning, Vicky Kimbrell, Family Law, and Parent Attorney from Georgia Legal Services <p>These archived sessions may be viewed at: http://www.law.emory.edu/index.php?id=catalyst. Ongoing.</p> <p>2. The ninth annual Child Placement Conference was held November 12-14, 2008 in Augusta Georgia. The 10th annual Child Placement Conference will be held November 17-19, 2009 (5th quarter). Information on the conference is located online at http://www.catalystforcare.org/child_placement_conference.htm Ongoing.</p>
<p>Q2: CB comments: (none)</p>
<p>Q3:</p> <p>1-2. In Progress.</p> <p>For documentation of presentations, see SIII_GoalE_Action1, Exhibits 1-6.</p> <p>For documentation of SAAG trainings, see SIII_GoalE_Action2, Exhibits 1-4.</p> <p>Based on the comments from the Q2 review meeting, we are providing a copy of the 2008 Child Placement Conference advertisement, to validate the dates. For a copy of the 2008 flyer, see SIII_GoalE_Action2, Exhibit 5).</p>
<p>Q3: CB comments: None</p>

Q4:**Strategy III Goal E**

1. Agency staff, community stakeholders, child advocates and the judiciary were afforded three opportunities through the Barton Law Clinic to attend trainings specific to permanency, family engagement, child development and the Interstate Compact for Placement of Children (ICPC). The clinic extended invitations to all Agency Alliance staff to attend these academies. Training offerings included Permanency and Rules of Engagement by Sue Badeau of Casey Family Programs on June 26th, ICPC by Judge Britt Hammond and Florida's Compact Director Stephen Pennypacker on July 30th, and Infant Brain Development and Trauma of Removal to Foster Care by Dr. Jordan Greenbaum on August 31. Invitations and attendance sheets for those attending the original trainings are attached. (SIII_GoalE_Action1, Exhibits 1-7). All of these trainings may be accessed online by any stakeholder at <http://www.law.emory.edu/centers-clinics/barton-child-law-policy-clinic/presentations.html>. (See announcement and website documentation, SIII_GoalE_Action1, Exhibits 8-9). **Completed Quarters 3 and 4 and ongoing.**
2. Regional SAAG/County meetings were held August 14th in Macon and August 21st in Cartersville. Sign-in sheets are attached (SIII_GoalE_Action2, Exhibits 1-2). **Completed Quarters 3 and 4 and ongoing.**

Q4: CB comments: None

Q5:**III.E.1:**

Agency staff, community stakeholders, child advocates the judiciary were afforded 4 opportunities to attend trainings through the Barton Law Clinic. The clinic extended invitations to all Agency Alliance staff to attend these academies:

- Traumatic Removal and Impact on Brain Development (08/31/09)
- Community Involvement for Children/Youth in Juvenile Court (09/25/09)
- The Power of Early Periodic Screening and Detection Test (EPSDT) (10/22/09)
- Ethical and Evidentiary Challenges of Child Participation in Dependency Hearings (11/19/09).

All of these academy trainings are available to for stakeholder viewing online at:
<http://www.law.emory.edu/centers-clinics/barton-child-law-policy-clinic/presentations.html>

Attendance sheets for those at the original trainings are attached (SIII_GoalE_Action1, Exhibits 1-4). **Completed Quarters 3-5 and ongoing.**

III.E.2:

The agency presented workshops at the statewide 10th Annual Child Placement Conference November 17-19. (See SIII_GoalE_Action2, Exhibit 7, for conference brochure.) The Court Improvement Project sponsored 34 registrations for DFCS staff to attend (documented in SIII_GoalE_Action2, Exhibit 8). The Child Placement Conference is the largest multi-disciplinary gathering of child welfare professionals in Georgia. This year's conference theme was "From Placement to Permanency: Georgia's Shifting Focus." The conference included plenary sessions and workshops designed to provide the latest information on trends, policies and practice in child welfare in Georgia. Skill-building sessions provided resources, education, training and networking needed to improve practice and outcomes for children and families.

Local training opportunities included summits in the Bell-Forsyth and Chattahoochee circuits (SIII_GoalE_Action2, Exhibits 1-6).
Completed Quarter 5 and ongoing.

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: III. Improve Permanency Outcomes for Children and Families			Applicable CFSR Outcomes or Systemic Factors:	Permanency 1, 2 Case Review System, Foster and Adoptive Parent Recruitment and Retention	
Goal: F: Increase timely achievement of permanency for children through Permanency Unit Pilot in Region 4			Applicable CFSR Items:	5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16	
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Generate strategies/methods for using Regional Permanency Unit to improve permanency for children in Region 4	Copy of strategies	Region 4 Director	Quarter 4	Q3: T Fava
2	Track permanency outcomes and assess Regional Permanency Unit for statewide scalability based on feedback, cost, permanency data for Region 4	Summary of feedback received; permanency data reports	Deputy Director for Field Operations	Quarter 6	
Renegotiated Action Steps and Benchmarks					Q3: T Fava
Quarterly Update Strategy III Goal F					
<p>Q1: The Permanency Unit in Region 4 has developed internal baselines for several critical areas of work from the time of TPR to adoption finalization. The unit has created tracking mechanisms for adoption. Proposed baselines are being considered, as well as development of tracking mechanisms related to length of time to complete Family Assessments, strategic and targeted recruitment. A current strategy being implemented within the unit is the use of foster parent support Case Managers to provide better customer service and support to resource families. Pilot reviews are being conducted with four Supervisor teams monthly, with a larger analysis and discussion occurring quarterly with the entire regional permanency unit.</p> <p>Please see SIII_GoalF_Action1, Exhibit 1, for Permanency Unit status report.</p>					
<p>Q2:</p> <p>Goal F</p> <p>1. Region 4 has established strategies within its permanency unit to address the following:</p> <p>Adoption (Region 4 Pilot)</p> <p>The overall goal to increase the percentage of adoptions finalized within 24 months from entry into foster care is being accomplished. The Region 4 PEAS review (February 2009) indicated an increase from 36% in 2008 to 39% in 2009. PEAS reviewers also noted that adoption cases reviewed increased the</p>					

overall region scores for permanency and well-being items in that region.

Strategies:

- Developed mechanism to track key adoption tasks and time frames for each case from 1st TPR to adoption finalization.
- Reviewed tracking mechanism monthly with individual Case Managers in each county and every 3 months as a large group in the region.

Resource Development (Region 4 Pilot)

Eight of the 10 counties in Region 4 currently meet a 1:3 or better ratio of foster homes to children in care. Analysis of our RD program revealed a need to develop more homes that meet the needs of the children currently in care. Focus in recruitment, training, assessment and ongoing support has shifted to strategic work targeting resources for teens, sibling groups and children with significant emotional/behavioral needs.

Strategies:

- Developed mechanism to track length of time for resources to get through the process; ensured Orientation and IMPACT training are timely. A key goal for RD is to complete 75% of approved family assessments within eight weeks of completion of IMPACT. This is an area still in need of improvement.
- Developed four Foster Parent Support Case Management positions charged with meaningful monthly contacts with existing foster parents, completion of thorough annual re-evaluations and coordination of relevant training. A key goal for foster parent support staff is to increase the number of existing resource homes willing to accept teens, sibling groups or children with emotional/behavioral needs by 20%.

Independent Living Program (Region 4 Pilot)

Region 4 has the highest ILP participation rate. Comprehensive ILP training was conducted in all 10 counties in the region and included a handbook developed by the ILP Coordinator. This coordinator was specifically commended by the PEAS reviewers, who noted the quality of her work as well as the praise she received in both supervisor and youth focus groups.

Strategies:

Introduced quarterly regional ILP training; have held two focused on Education and Youth Engagement to date. Far exceeding the mandatory number of workshops and conferences for youth, Region 4 provided 33 conferences and 54 workshops during fiscal year 2008. Conducted approximately 100 transitional meetings with 17-year-old youth in care as of the end of the 2nd quarter. Conducted small pilot in one county to designate an ILP Case Manager and increase the level of FTM support for ILP youth, but it has not been effective due to chronic vacancies in that county. Interestingly, two other counties have decided to implement ideas from this pilot.

Overall Permanency (Region 4 Pilot)

Analysis of permanency data and trends continues at monthly G meetings in Region 4. Eleven members of the Permanency Unit will be serving as Permanency Facilitators for the Permanency Roundtable process. **Goal F, Action 1, completed Quarter 2.**

2. Pending.

Q2: CB comments: We are pleased to hear of the targeted work occurring in Region IV and look forward to learning more specifics regarding methods and strategies associated with the Permanency Unit. The strategies discussed above appear to be how ILP, resource development, and adoption units have developed strategies to positively impact permanency in the region. The goal of this strategy was to develop a permanency unit with assess for replication across the state.

Q3:

1. Region IV built Permanency Teams including veteran staff within the region for brainstorming and barrier-busting related to locating permanency resources for children or in engaging the community in building capacity within the community to provide permanency for children. These teams were comprised of front-line staff, resource development staff, Regional Adoption Coordinators, Independent Living Coordinators, Supervisors, County Directors, and Regional Directors. Shortly after the Region IV efforts began, the agency was funded by Casey Family Programs to conduct permanency roundtables. These roundtables were comprised of similar teams but included Casey permanency experts and other external partners. Based on the successes of the permanency pilot in Region IV and the early indications of success for the permanency roundtables, the state opted to proceed with Permanency Units and roundtable implementation statewide. **Completed Quarter 3.**
2. As indicated in the 06/19/09 meeting with the Children’s Bureau and ACF, the state has elected to expand its Permanency Unit strategy statewide. Modeled after the combined best practices from the Region IV Permanency Unit and the Casey-DFCS Permanency Roundtables Project, each region has created a “Permanency Unit”. These units, while not formally called a “Permanency Unit” are comprised of internal and external stakeholders considered to have success and expertise in the area of permanency. The teams are comprised on the following staff: Master Practitioners, Permanency Expeditors, Regional Adoption Coordinators, Permanency Project Managers, Supervisors, Field Program Specialists and frontline case managers. Depending on the needs of the child, various external stakeholders are included as well. These stakeholders may include, but are not limited to: educators, private or public service providers/agencies (such as mental health, public health, substance abuse and addictive diseases, family violence), Office of Financial Independence staff, faith-based groups, foster parents, relatives, etc. **Completed Quarter 3.**

Q3: CB comments:

III.F.1 and 2 The Children’s Bureau concurs with the State’s assertion that both action steps associated with Strategy III.F: Permanency Unit Pilot have been completed.

Q4: Based on draft CB comments from the Q3 submission, Strategy III, Goal F is completed.

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: III. Improve Permanency Outcomes for Children and Families				Applicable CFSR Outcomes or Systemic Factors:	Permanency 1, 2
Goal: G: Update and/or develop policies and/or practice to improve permanency outcomes for children based on best practices				Applicable CFSR Items:	5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due (renegotiated quarter due)	Quarter Completed
1	Request technical assistance from National Resource Center (NRC) for Permanency and Case Planning on identifying best practices, developing policy and training related to permanency and concurrent planning	Copy of request for technical assistance	Deputy Director for Field Operations	Quarter 1	Quarter 1 (T. Fava)
2	Update and/or develop policies and/or practice related to permanency and concurrent planning, including APPLA and adoption, based on technical assistance from the NRC	Copy of permanency/concurrent planning policy	Deputy Director for Policy & Practice	Quarter 4	See renegotiated action step.
3	Update permanency/concurrent planning policies and/or practice protocols in ODIS (web-based policy manual) as adopted	Quarterly updates	Deputy Director for Policy & Practice	Quarter 4 (Quarter 8)	
4	Send email blast notification(s) to Social Services staff regarding updated permanency/concurrent planning policies and/or protocols and posting	Copy of email and distribution list	Deputy Director for Policy & Practice	Quarter 4 (Quarter 8)	
Renegotiated Action Steps and Benchmarks					
2	Establish policies/practices for piloting in innovation zones	Copy of permanency/concurrent planning policy	Deputy Director for Policy & Practice	Quarter 5	

Quarterly Update Strategy III Goal G

Q1: A Concurrent Planning/Permanency Workgroup has been established and is receiving technical assistance from the NRC (lead is Janyce Fenton). The workgroup met on 10/24/2008 to discuss barriers for the field in the concurrent planning/permanency case management process. The workgroup wanted to collect more information from front line case managers and supervisors about the barriers they face in working with resource families and birth families on concurrent planning/permanency. The workgroup suggested that focus groups of front line staff be held to collect concrete information regarding barriers to concurrent planning (the report of the focus groups is attached). Focus groups were held in three locations (Lawrenceville, Macon and Tifton) on 11/19 and 11/20/2008. The next workgroup meeting was scheduled for 12/17/2008 in Atlanta.

Please see SIII_GoalG_Action1, Exhibits 1-7, for documentation of TA request, focus group results, permanency workgroup work, existing policy, and policy transmittal.

Please see SI_GoalC_Action1_Exhibit 4, for documentation of technical assistance status.

Q1: CB Comments: We concur that the State has completed the first action step.

Q2:

Goal G

1. Additional information regarding this technical assistance:

Janyce Fenton from the National Resource Center on Family Centered Practice and Permanency Planning provided technical assistance in December 2008 and January and February 2009. A concurrent planning focus group final report was completed and e-mailed to the concurrent planning work group participants, focus group participants and other key stakeholder staff. The report indicated the current statewide barriers and strengths to implementing concurrent planning practice in Georgia.

On 12/18/08, the concurrent planning work group met to review the focus group report. They also reviewed other permanency projects that could support the practice of concurrent planning. Development of concurrent planning policy is needed, as is more partnership with the resource development work group, which will need to recruit foster parents who can support concurrent planning.

On 1/16/09, a conference call with Janyce Fenton was held to determine next steps for concurrent planning. It was decided that in February she would meet with the concurrent planning work group as well as state office management and other stakeholders who have been involved with concurrent planning to provide additional information on concurrent planning and practice implications.

On 2/12/09, a core group of stakeholders from the CIP, Education and Training New Case Manager Training, Policy Unit, foster parent recruitment and training met to discuss an implementation plan and review concurrent planning information that other states have developed to help with this process. The concurrent planning work group decided to review the Wyoming Guide on concurrent planning and develop a similar guide for Georgia to help make concurrent planning practice consistent. It was also determined that additional key stakeholders were needed to be included in this process, including birth parents, SAAGs, foster parents, juvenile court staff, youth in foster care, private providers, community partners, and additional front line case managers and supervisors.

On 2/13/09, the concurrent planning work group met and reviewed the Wyoming Concurrent Planning Guide (SIII_GoalG_Action1_Exhibit1). This group provided feedback on the guide and decided to send the guide to additional stakeholders for review and input on how concurrent planning should be practiced in Georgia.

On 2/23/09, the survey was mailed to additional stakeholders who included the Court Improvement Project staff, Foster Parent Association, private

providers, case managers, supervisors, county administrators, a community group that works with birth parents, youth in foster care or formerly in foster care, and community partners. The goal was to secure feedback from additional stakeholders as well as their support for this practice.

See concurrent planning updates and meeting notes, SIII_GoalG_Action1_Exhibits 2-5. **Completed Quarter 1.**

2-4. Pending, with proposed renegotiation.

Q2: CB comments: Thank you for the detailed information provided. The CB has scheduled an onsite meeting on June 19 to discuss renegotiation of this strategy. The State has informed the CB that it wants to scale back implementation of concurrent planning to the innovation zones. DFCS needs to submit a written negotiation proposal to the CB for consideration prior to the onsite meeting in June.

Q3:
 1. For the TA summary, Georgia's TA extension request, and the March concurrent planning meeting notes, see SIII_GoalG_Action1, Exhibits 1-3.
 2-4. The State has requested these items be renegotiated. Met with ACF and CB representatives on 06/19/09 for preliminary discussions. See SII_GoalB_Actions2-10_Exh1 for the renegotiation proposal documentation. **Pending, with proposed renegotiation.**

Q3: CB comments: Children's Bureau staff, representatives from 2 NRC's, and DFCS staff engaged in detailed discussions regarding the State's proposal to renegotiate Strategy II.B during an onsite meeting held on June 19th. The CB approves the agency's written request contained in attachment SII_GoalB_Actions2-10, Exhibit 1. Please strike through the areas in the matrix that have been approved for renegotiation and update the section below in the Q4 Report.

Q4:
Strategy III Goal G
 2. In June 2009, concurrent planning work was initiated in the six Innovation Zones (Catoosa, Brantley, Fulton, Muscogee, Walton and Richmond counties). The Professional Excellence Program met with Brantley, Fulton, Muscogee and Walton counties to conduct focus groups to assess internal and external stakeholder concurrent planning needs and staff and stakeholder training needs and to address questions and concerns regarding concurrent planning practice. Each Innovation Zone also designated staff members to participate in "Concurrent Test Teams". The concurrent test team is one of four test teams that will be used to implement concurrent planning practice in the Innovation Zones.

During the quarter there were meetings with innovation zones July 21st and July 22nd to review best practices, address questions and work on implementation plans. In addition, a planning meeting was held July 29th and a presentation made at the July 31st G-meeting

On July 31, 2009, a workshop training proposal was submitted to the 10th Annual Child Placement Conference committee, which was approved in August. The purpose of the workshop is to provide information on Georgia's new concurrent planning initiative to the various child welfare stakeholders who will be attending the conference. (See concurrent planning update, SIII_GoalG_Action2, Exhibit 9).

In July and August 2009, the "Concurrent Practice Handbook" third draft was e-mailed to external and internal stakeholder groups for feedback. Attached is the Draft Concurrent Planning Handbook (SIII_GoalG_Action2, Exhibit 10) and policies (SIII_GoalG_Action2, Exhibits 1-8) that will be implemented in the Innovation Zones. **In progress.**

3-4. Pending

Q4: CB comments: The State submitted 6 draft policy sections related to concurrent planning, as well as the draft *Concurrent Planning Handbook*. Does the State intend to begin implementation of concurrent planning at the same time (12/09) as FCPM in the innovation zones and are you developing a monitoring protocol?

Q5:

SIII.G.2: In August, September, and October 2009, feedback was received on the new GA Concurrent Planning Handbook from Judge Peggy Walker, DFCS Legal Services and SAAG stakeholder group, Council of Juvenile Court Judges (John Sumner), the Court Improvement Project (Michelle Barclay), AFPAG (Adoption and Foster Parent Association of GA), PEAS unit, Policy Unit, DFCS Education and Training, concurrent workgroup participants, and the Citizen Review Panel (Robert Bassett). (Copy included as SIII_GoalG_Action2R, Exhibit 8.)

During November 2009, the innovation zones were asked to submit January and February dates available for staff training on concurrent planning. Dates, trainers and training sites were finalized for the January and February 2010 concurrent planning training. Pre-training learning activities and transfer of learning action plan materials were also developed in November.

Innovation zone administrators, supervisors and concurrent planning experts were invited to participate in a Web X session during December. The administrators, supervisors and concurrent experts were to be trained on how to use the pre-learning activities and action plans to prepare staff for the training, support them during the training and help them process and apply the training material to their work after the training.

November 2, 2009, Julie York and Amy Mobley met with the Council of Juvenile Court Judges Permanency Committee to discuss concurrent planning. This was an effort to provide information to the Juvenile Court Judges Stakeholder group so that they can inform other juvenile court judges of the concurrent planning initiative. This meeting was very helpful in that an additional meeting was set up with Judge Belinda Edwards in Fulton County, the judge from Walton County requested additional information and a meeting with the Walton County DFCS administrators, and an additional meeting was scheduled with Robert Bassett, who participates in the Permanency Committee and is in charge of the Citizen Review Panel that reviews case plans for DFCS.

November 18, 2009, Deidre Carmichael, Amy Mobley and David Elliott (Association of Adoptive and Foster Parents of Georgia) facilitated a concurrent planning workshop titled, "Adults Should Take the Risk so Children Don't Have to: Achieving Permanency Through Concurrent Planning." The workshop provided an opportunity to meet with external stakeholders and DFCS staff to educate them about concurrent planning and how they play a role in this important permanency strategy.

After receiving stakeholder feedback, the agency has finalized the attached policies and tools (SIII_GoalG_Action2, Exhibits 1-7) for implementation in the innovation zones. The policies and tools have been shared with innovation zone staff, and each county will begin utilizing concurrent planning in new foster care cases at the conclusion of their final training session.

Supervisors will engage in supervisory meetings designed to assist them in assessing cases for family-centered practice, concurrent planning and risk assessments. The meetings will include tips and guidance on staff development, inclusive of coaching and guiding staff in making practice changes based on case file reviews. The supervisory meetings will be conducted initially by the National Resource Centers.

Completed Quarter 5.

SIII.G.3-4: Pending.

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: III. Improve Permanency Outcomes for Children and Families				Applicable CFSR Outcomes or Systemic Factors:	Permanency 1, 2
Goal: H: Train foster care supervisors and staff on best practices for achieving permanency				Applicable CFSR Items:	7
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due (renegotiated quarter due)	Quarter Completed
1	Track identification of appropriate permanency goals and reasonable efforts to achieve them	PEAS case review results	Accountability Officer	Quarter 2 & Ongoing	See renegotiated action step
2	Provide training for foster care supervisors and front line staff for all regions on permanency (APPLA, adoptions) and concurrent planning policies and practices	Permanency/ concurrent planning training attendance	Education & Training Section Director	Quarter 5	See renegotiated action step
3	Incorporate permanency/concurrent planning training into new worker and new supervisor training	Copy of training curricula	Education & Training Section Director	Quarter 6 (Quarter 8)	
Renegotiated Action Steps and Benchmarks					
1	Track identification of appropriate permanency goals and reasonable efforts to achieve them in innovation zones	FORG case review results	Accountability Officer	Quarters 5-8	
2	Provide training for foster care supervisors and front line staff in innovation zones on permanency (APPLA, adoptions) and concurrent planning policies and practices	Permanency/ concurrent planning training attendance	Education & Training Section Director	Quarter 5	
4	Develop implementation plan for statewide rollout of revised concurrent planning policies and practices	Copy of plan	Deputy Director for Policy & Practice	Quarter 8	
5	Develop/update training curricula for foster care supervisors and front line staff on permanency (APPLA, adoptions) and concurrent planning policies and practices	Copy of training curricula	Education & Training Section Director	Quarter 8	

<p>Quarterly Update Strategy III Goal H</p>
<p>Q1: Agency has gathered information from Program Evaluation and Analysis section as well as the County Director Review Guides (FORG) related to permanency plans. Information will be provided to county leadership at a G meeting to analyze these findings and develop strategies for developing appropriate permanency goals.</p>
<p>Q1: CB Comments: We look forward to seeing the data described with the 2nd quarterly report.</p>
<p>Q2:</p> <p>Goal H</p> <p>1. Georgia has employed multiple strategies for identifying appropriate permanency goals and strategies to move children to permanency. The PEAS unit has been reviewing cases for Items 7 and 10 and identifying in regional reports best practices as well as barriers for selecting appropriate permanency plans. (See rolling 12-month state trend reports, SIII_GoalH_Action1_Exhibits1 and 5.)</p> <p>The data analysis unit assessed statistical data related to permanency and the selection of appropriate permanency plans. This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff on 1/22/09, with follow-up information provided at the G meeting 2/26/09. Relevant excerpts of both presentations are included in SIII_GoalH_Action1_Exhibits 2 and 3.</p> <p>In addition to PEAS and SHINES information, data from the Field Operations Review Guide (FORG) was presented, including comparisons of regional PEAS review and county FORG review results by regions. In addition, presentations were made on the recently concluded Casey-funded Permanency Roundtable Project. In this project, more than 500 children in care for longer periods of time (most from Fulton and DeKalb counties) were reviewed in roundtables that included DFCS staff as well as Casey permanency experts/consultants. (See overview, SIII_GoalH_Action1_Exhibit4.) Regional staff designated as Master Practitioners were trained by these consultants to conduct permanency roundtables on children within their regions who appeared to be stuck or have been in care for long periods of time with no movement toward permanency.</p> <p>The roundtable cases will be tracked over the next six months to determine action plan completion and to identify strategies and actions that contribute to positive outcomes for children. Georgia has also created a permanency tracking calendar to track every child in state custody, which is reviewed regionally at the state level. Additional information about this project will be available 3rd quarter.</p> <p>The state has also completed a regional review of the 1,000 cases in care for the longest periods of time. These children's cases are being reviewed regularly on a regional basis and will be monitored by Permanency Expeditors in an effort to ensure all of their needs are met and barriers to their achieving permanency are identified and removed. Completed Quarter 2.</p> <p>2-3. Pending, with proposed renegotiation.</p>
<p>Q2: CB comments: PEAS data (3/08-2/09) provided with this report showed that of the 692 children reviewed for Item 7, 46% were deemed to have appropriate and timely goals. Tracking data should be provided throughout the PIP. The CB has scheduled an onsite meeting on June 19 to discuss renegotiation of this strategy. The State has informed the CB that it wants to scale back implementation of concurrent planning to the innovation zones. DFCS needs to submit a written negotiation proposal to the CB for consideration prior to the onsite meeting in June.</p>

Q3:

1. Georgia has employed multiple strategies for identifying appropriate permanency goals and strategies to move children to permanency. The PEAS unit has been reviewing cases for Items 7 and 10 and identifying in regional reports best practices as well as barriers for selecting appropriate permanency plans. (See March rolling 12-month state trend report, SIII_GoalH_Action1, Exhibit2.)

The data analysis unit analyzed statistical data related to permanency and the selection of appropriate permanency plans. This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff at the G-Force Meeting on 05/28/09. Relevant excerpts of this presentation are included in SIII_GoalH_Action1, Exhibit 1. **Ongoing.**

2-3. The State has requested these items be renegotiated. Met with ACF and CB representatives on 06/19/09 for preliminary discussions. See SII_GoalB_Actions2-10, Exhibit 1, for the renegotiation proposal documentation. **Pending, with proposed renegotiation.**

Q3: CB comments: Action Steps 2-3: Children’s Bureau staff, representatives from 2 NRC’s, and DFCS staff engaged in detailed discussions regarding the State’s proposal to renegotiate Strategy II.B during an onsite meeting held on June 19th. The CB approves the agency’s written request contained in attachment SII_GoalB_Actions2-10, Exhibit 1. Please strike through the areas in the matrix that have been approved for renegotiation and update the section below in the Q4 Report.

Q4:
Strategy III Goal H
 1-3 Pending.

Q4: CB comments: The State began tracking of appropriate permanency goals (III.H.1) and submitted PEAS data with the Q2 Report. Part of the renegotiation of this strategy was to substitute FORG data for PEAS and begin the tracking in Q5. Due dates for steps associated with the strategy begin in Q5.

Q5:

SIII.H.1: County Directors and Supervisors in the innovation zones utilize the FORG document for case reviews. One component of the FORG review document is Item 7 (permanency goal of the child). In assessing this item, the reviewer considers the following questions:

- Did the agency select an appropriate permanency goal for the child in a timely manner (including the designation of a concurrent plan)? Things to consider include:
 - *Is the permanency goal identified in the case file, case plan and court order?*
 - *Was the goal established timely (within 60 days of initially coming into care, and subsequent determinations based on ASFA)*
 - *Is the goal appropriate to meet the needs of the child and the circumstances of the case?*
 - *Is the current identified permanency plan appropriate for the child based on the case file review?*
 - *If the child has been in care 15 out of the last 22 months, has the agency documented compelling reasons for not pursuing TPR?*
 - *Are the services being provided consistent with the identified permanency goal(s)*

Please see the previously reference innovation zone data chart (SI_GoalA_Action8, Exhibit 1).
Completed Quarter 5 and ongoing.

SIII.H.2:
 November 9-10, 2009, a concurrent planning pilot training was held at the Methodist Children’s Home for the six innovation zones. (See SIII_GoalH_Action2R, Exhibits 1-3 for documentation on the train-the-trainer, run-through and pilot sessions.) As noted in the Family-Centered Practice Model section, Fulton County will

be providing a combined training track for all of their staff. (See previously referenced materials SI_GoalA_Action7, Exhibits 14-19, and SIII_GoalH_Action2R, Exhibit 4, for the Fulton concurrent planning training.) NRC consultant Janyce Fenton attended the pilot to provide technical assistance to the staff attending the training, the trainers who trained the curriculum for the first time, and to the instructional designer. The training curriculum has subsequently been revised, and staff in the Innovation Zones will receive training prior to the conclusion of the 6th quarter. (See previously referenced training schedule in SI_GoalA_Action6, Exhibit 1 and concurrent planning attendance, SIII_GoalH_Action2R, Exhibit 5.) **In progress.**

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: IV. Improve Service Array and Foster Parent Recruitment/Retention				Applicable CFSR Outcomes or Systemic Factors:	Well-Being 1, 2, 3
Goal: A: Individualize services for family members to meet their specific needs as identified in the risk assessment				Applicable CFSR Items:	1, 3, 4, 7, 16, 17, 21, 22, 23, 35, 37, 45
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Update and/or develop policies and/or practice related to service planning	Copy of service planning policy	Deputy Director for Policy & Practice	Quarter 4	
2	Update policies and/or practice related to service planning in ODIS (web-based policy manual) as adopted	Quarterly updates	Deputy Director for Policy & Practice	Quarter 4	
3	Send email blast notification(s) to Social Services staff regarding updated service planning policies and/or protocols and posting	Copy of email and distribution list	Deputy Director for Policy & Practice	Quarter 4	
4	Track percentage of case plans that incorporate individualized, appropriate services for family members for individual needs identified in assessment	PEAS case review results	Deputy Director for Field Operations	Quarter 5	
5	Provide training for Social Services supervisors and front line staff for all regions on case planning, to include individualized service, permanency and concurrent planning	Training attendance	Education & Training Section Director	Quarter 6	
6	Incorporate service planning training into new worker and new supervisor training	Copy of training curricula	Education & Training Section Director	Quarter 6	
Renegotiated Action Steps and Benchmarks					

<p>Quarterly Update Strategy IV Goal A</p> <p>Q1: Agency is reviewing outcome of PEAS data and assessing current policy and training.</p>
<p>Q2:</p> <p>Goal A</p> <p>1. Agency continues to research best practice and review PEAS data in concert with current policy. In progress.</p> <p>2-6. Pending.</p>
<p>Q2: CB comments: This strategy is tied to use of the risk assessment – does the State need to include discussion of the strategy in renegotiation discussions?</p>
<p>Q3:</p> <p>1-6. In Progress.</p>
<p>Q3: CB comments: (none)</p>
<p>Q4:</p> <p>Strategy IV Goal A</p> <p>1. On August 31, 2009, the agency sent to the field a memorandum from Assistant Commissioner Mark Washington setting the expectation for staff to utilize Family Team Meetings to develop case plans, individualize services based on the identified risk and needs of the family, and to incorporate assessed needs of youth into their Written Transitional Living Plans. This memo was accompanied by the revised Risk Assessment Social Services Policy 2104.27. This revised policy provides practice expectations related to Individualizing services for families based on the current risk assessment. A copy of the memorandum and policy is attached (SIV_GoalA_Action1, Exhibit1). Completed Quarter 4.</p> <p>2. An email indicating the uploading of the revised Risk Assessment Policy 2104.27 effective 08/31/09 into ODIS is attached (SIV_GoalA_Action2, Exhibit 1). Completed Quarter 4.</p> <p>3. A copy of the email and properties indicating the release of the Risk Assessment Policy 2104.27 related to Individualizing services for families based on Risk Assessment is attached (SIV_GoalA_Action3_Exhibit 1). Completed Quarter 4.</p> <p>4. The Program Evaluation and Analysis Section (PEAS) conducts regional case reviews for quality assurance. During the time period of October 2008 through August 2009, 691 cases were assessed for the development of case plans based on FTM usage as well as the incorporation of assessments in case plans. Of these cases, 75.20% documented that case plans were developed from information gleaned during the FTM. Assessments were clearly incorporated into the case plan in 75.80% of the cases. Additional information is included in the attached PEAS analysis related to FTMs (SI_GoalB_Action9, Exhibit 1). Completed Quarter 4 and ongoing.</p> <p>5. The agency’s Education and Training Section is piloting training for utilizing FTM’s to individualize case planning. Copies of the draft training guides and draft power point are attached (SIV_GoalA_Action5, Exhibits 1-3). In progress.</p> <p>6. Pending.</p>

Q4: CB comments: Documentation provided by the State with the Q4 report includes a Director's Memorandum regarding Family Team Meetings (PIP I.B: Improve and expand FTM practice statewide) and Individualized Service Planning that was distributed statewide. Risk Assessment policy is attached to the document. Another documentation piece includes draft curriculum for FTMs. The information provided for this strategy appears to be inconsistent with other PIP strategies: I.A: FTM and II.B: Risk Assessment. If staff, particularly those in the innovation zones, are receiving guidance and policy instruction that is confusing it may be more difficult for them to effectively implement the practice changes expected.

At this time the CB cannot concur that Action Steps IV.A.1 – IV.A.4 are complete. Additional discussion regarding this strategy will be included on the agenda of the Q4 call with the State and CB. During the 6/19/09 renegotiation meeting that included CB, NRC, and State staff, the State declined to include this strategy in the renegotiation (see Q2 CB Comments above). The goal of this strategy is directly linked to the risk assessment – a renegotiated strategy.

Q5:

IV.A.1: On August 31, 2009, the agency sent a memorandum from Assistant Commissioner Mark Washington to the field setting the expectation for staff to utilize Family Team Meetings to develop case plans, individualize services based on the identified risks and needs of the family and incorporate assessed needs of youth into their Written Transitional Living Plans. This memo was accompanied by the revised Risk Assessment Social Services Policy 2104.27. This revised policy provides practice expectations related to individualizing services for families based on the current risk assessment. A copy of the memorandum and policy is attached.

It should be noted that PIP Goal A (“*Individualize services for family members to meet their specific needs as identified in the risk assessment*”) did not reference the use of a specific assessment tool – this refers to overall assessed risk areas for the family. In practice, those risks may be identified and documented on the current risk assessment tool in SHINES, on the family functioning risk assessment tools that will be piloted in the Innovation Zones, in case contacts or in a Family Team Meeting.

The intent of this goal is to ensure that families receive specific services based on specific assessed needs as opposed to the traditional “cookie cutter” services historically provided by the agency. The state has been providing specialized training to case managers on how to utilize FTMs for case plan development, particularly so that case managers are able to capture and address the unique needs of a specific family.

PEAS has amended its review tool to incorporate questions related to specific PIP goals. The following questions are related to individualized services:

1. Does documentation support the development of the case plan/family plan from information gleaned during the FTM, from assessments, deprivation findings and with the inclusion of family members?
2. Are the findings from assessments (substance abuse assessments, psychological, CCFA, developmental, mental health, etc.) incorporated into the case plan? This includes any need that has been identified in a formal or informal assessment as identified in the full case review. **Materials submitted and completed**

Quarter 4.

IV.A.2: An email indicating the uploading of the revised Risk Assessment Policy 2104.27 effective 08/31/09 into ODIS was submitted Quarter 4. **Completed Quarter 4.**

IV.A.3: A copy of the email and properties indicating the release of the Risk Assessment Policy 2104.27 related to Individualizing services for families based on Risk Assessment was submitted Quarter 4. **Completed Quarter 4.**

IV.A.4: PEAS conducts regional case reviews for quality assurance. From December 2008 - November 2009, 828 cases were assessed for the development of case plans based on FTM usage as well as the incorporation of assessments in case plans. Of these cases, 77.63% (2+% increase from the last quarter) of cases documented that case plans were developed from information gleaned during the FTM. Assessments were clearly incorporated into the case plan in 78.72% (2.92% increase from the last quarter). See narrative under SI_GoalB related to FTM questions. **Completed Quarter 4 and ongoing.**

IV.A.5: Education and Training has finalized the training for FTMs and Case Planning for Social Services Staff and has been conducting trainings across the state. (See SI_GoalB_Action7, Exhibits 6-9 for FTM Case Planning attendance sheets; see SIV_GoalA_Action5, Exhibit1 for training material.) **Completed Quarter 5.**

IV.A.6: Pending.

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: IV. Improve Service Array and Foster Parent Recruitment/Retention				Applicable CFSR Outcomes or Systemic Factors:	Well-Being 1, 2, 3
Goal: B: Improve availability of and access to services for families and children				Applicable CFSR Items:	1, 3, 4, 7, 16, 17, 21, 22, 23, 35, 37, 45
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due (renegotiated quarter due)	Quarter Completed
1	Review results of service array survey conducted by the Governor's Office for Children and Families (GOCF) in partnership with the Office of the Child Advocate (OCA) as well as self-assessment results to identify service barriers/needs within regions	Summary of identified barriers and needs	Deputy Director for Field Operations	To be determined once GOCF and OCA develop action plans	See renegotiated action step
2	Provide results of OCA survey to regional directors, who will communicate with community stakeholders and establish priorities for addressing critical services needed to achieve CFSR-related outcomes	Lists of regional director priorities as needed	Deputy Director for Field Operations	First quarter following plan development	See renegotiated action step.
3	Regional directors to report on barriers and service array improvements at regularly scheduled Regional Leadership Lens Meetings	Copy of agendas	Deputy Director for Field Operations	First quarter following plan development (Quarters 5-8)	
4	Collaborate at state level through DHR Enterprise Meetings at least quarterly with mental health and/or public health and/or child support agencies to identify opportunities for service array enhancement; DFCS leadership to present service array issues to be addressed	Meeting agendas, notes	DHR Chief Operating Officer	Quarter 1	Quarter 1 (T. Fava)
5	Participate in training of Local Interagency Planning Teams (LIPT: multi-agency teams that coordinate case planning for children in multiple systems with serious emotional disorders and substance abuse disorders)	Training attendance	DHR Consultant	Quarter 3	Q2: T Fava
6	Develop capacity to train case staff to participate in LIPT through a Train the Trainers for DFCS training staff	Training attendance	DHR Consultant	Quarter 3	Q3: T Fava

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7	Provide LIPT training to designated case managers in all regions	Training attendance	DHR Consultant	Quarter 3	Q3: T Fava
8	Provide LIPT training to additional designated staff as requested by regional directors	Training attendance	DHR Consultant	Quarter 3	Q4: T Fava
9	Promote and involve staff in LIPTs	County memo regarding LIPTs	Deputy Director for Field Operations	Quarter 4	Q4: T Fava
10	Match children and families with intensive resources to meet their assessed needs through LIPTs	Case review results regarding LIPTs	Deputy Director for Policy & Practice	Quarter 5	
Renegotiated Action Steps and Benchmarks					
1	Review regional and statewide service array information from GOCF, Family Connections Partnerships and DFCS self-assessments to identify service barriers/needs within regions.	Summary of identified barriers and needs	Deputy Director for Field Operations	Quarter 5	
2	Provide regional service array information to regional directors, who will communicate with community stakeholders and establish priorities for addressing critical services needed to achieve CFSSR-related outcomes	Lists of regional director priorities as needed	Deputy Director for Field Operations	Quarter 5	
Quarterly Update Strategy IV Goal B					
<p>Q1: Due to the State's current economic status, the proposed survey to be conducted by the Office of the Child Advocate (OCA) and the Governor's Office for Children and Families is being amended. Partners from DFCS, OCA and Governor's Office for Children and Families are meeting with State Partners (Family Connection) to review existing analysis of community services and needs assessment. This group will strategize avenues for completing regional and/or statewide services needs assessment. DHR Enterprise meetings with Mental Health were held on August 7 and October 2. Joint protocols for serving children in crisis were developed as a result of these initial enterprise sessions. Mental Health conducted a 'Train the Trainer' on October 29-30, 2008, to facilitate the implementation of Local Interagency Planning Teams (LIPT). Representatives from MHDDAD, DFCS, DJJ and KidsNet were in attendance. The purpose of LIPT is to improve and facilitate the coordination of services to children with severe emotional disturbances and addictive diseases. The intent is to assure community-based services are available to children and their families in all geographic areas. Roll-out of training is currently underway.</p> <p>A total of 34 training sessions were scheduled between December 9, 2008 and February 25, 2009.</p> <p>It is anticipated that a total of 1,190 staff from the various agencies mentioned will be equipped to facilitate LIPT.</p> <p>Please see SIV_GoalB_Action4, Exhibits1-16, for documentation of G Enterprise meetings, including agendas, presentations, notes and crisis protocols.</p> <p>Please see SIV_GoalB_Action5, Exhibits 1-4, for documentation of LIPT TA and training.</p> <p>Please see SIV_GoalB_Action6, Exhibit 1, for documentation of LIPT training for trainers' attendance.</p>					
Q1: CB Comments: GA and CB will need to renegotiate Steps 1, 2, and 3 to clearly articulate changed expectations resulting from the State's inability to conduct the specified survey.					

Q2:

Goal B

1. On 1/13/09, agency leadership met with representatives from the Governor's Office of Children and Families, Office of the Child Advocate and Family Connections Partnership. Family Connections Partnership has data submitted by their partners that details barriers identified by local collaborative. The Governor's Office of Children and Families is conducting an unmet needs survey that will identify services that are scarce but needed within communities. Historically there has been low participation by collaborative partners in completion of this survey.

DFCS has agreed to follow up with non-responsive collaborations to encourage participation. Family Connections has agreed to assess the data and provide breakdowns by region and county. In addition, Family Connections has a local group in most of the 159 Georgia counties and at least one in each of the 17 DFCS regions. Each of these local Family Connections partnerships conducts a local assessment to analyze gaps in services in each of their communities. The state also has identified service array issues through its self-assessments for the 2007 CFSR and each region prior to its annual PEAS review.

Georgia plans to look at each of these assessments collectively and use that as the basis for Regional teams to develop regional priorities and action plans. Georgia is anticipating re-negotiating this PIP action item and replacing the originally described survey by OCA with the above approach. **Pending renegotiation.**

2. **Pending renegotiation.**
3. **Pending renegotiation.**
4. In January 2009, DFCS participated in G-5 Mental Health Microenterprise meetings. (See meeting notes and sign-sheet, SIV_GoalB_Action4_Exhibits 1 and 2). The goal of the meeting was to discuss current shared customers and create a set of standard utilization reports that can be regularly exchanged between the agencies. Participants included DHR leadership as well as representatives of the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) and DFCS.
5. Recognizing that the LIPTs perform a critical function in providing collaborative community-based care, DMHDDAD Child and Adolescent Systems of Care Unit staff teamed with statewide organizational partners to identify challenges faced by LIPTs and to create training resources to increase their capacity and functionality. Partners included DFCS, the Department of Juvenile Justice (DJJ), KidsNet Georgia and Family Connection Partnership. DMHDDAD and the partner organizations brought together a team of Master Trainers to assist in developing and testing a curriculum that addressed the challenges faced by LIPTs and conveyed the theory and practice of a system of care model. The Master Trainers then presented a "Train-the-Trainer" session in October 2008 to prepare 45 regional staff from partner agencies to serve as training teams in their respective regions. (See presentation, SIV_GoalB_Action5_Exhibit1.) The Carl Vinson Institute of Government (CVIIOG) prepared a report on the Train-the-Trainer Session that was submitted to DHR in the fall of 2008. (See 3/19/09 final draft of report, SIV_GoalB_Action5_Exhibit2.)

The Regional Training Teams presented the LIPT Training curriculum to all 120 Local Interagency Planning Teams, conducting 35 sessions from December 2008 through February 2009 across all regions of the state. (See LIPT presentation, SIV_GoalB_Action5_Exhibit1.) CVIIOG supported the Regional Training Teams through the provision of trainer guides/curriculum, participant handbooks and all training activity materials, trainer troubleshooting and maintaining and aggregating attendance and participant evaluation data. (See report referenced above, SIV_GoalB_Action5_Exhibit2.)

Completed Quarter 2.

6. Eleven DFCS staff were trained to provide LIPT training. A complete listing of all agency staff certified to provide LIPT training is included in the appendices (SIV_GoalB_Action6_Exhibit1).
7. To date more than 900 staff from DMHDDAD, DJJ, DFCS, the school system and other community partners have been trained on LIPT practices. DFCS participation has occurred in every Mental Health region. Attendance sheets for the five Mental Health Regions are included in the appendices (SIV_GoalB_Action7_Exhibits 1-5). **Completed Quarter 2.**
8. **Ongoing.**
9. **Pending.**
10. LIPT is focused on children who have high end usage of psychiatric hospitals (2 or more stays in a year), high end need for substance abuse treatment

inclusive of Intensive residential Treatment or group homes, involvement in juvenile court or that demonstrate a propensity to attempt self injurious behaviors or to be threatening to others within the last three months. These children will receive staffing and plans of care through the LIPT process. Other recipients will include hospital discharges (mental health) PRTF step-downs or discharges, children receiving MH crisis stabilization services, youth in maximum RBWO with SED or AD determinations, youth receiving specialized sex offenders treatment and other youth at risk of having an out of home placement. The youth does not have to be in the custody of the agency to be eligible for LIPT services. **Ongoing.**

Q2: CB comments: In the first quarter of implementation, DFCS informed CB of the need to renegotiate steps 1, 2, and 3. A written proposal needs to be provided to the regional office prior to the June 19 renegotiation meeting.

Q3:

- 1-3. The State has requested these items be renegotiated. Met with ACF and CB representatives on 06/19/09 for preliminary discussions. See SII_GoalB_Actions2-10, Exhibit 1 for the renegotiation proposal documentation. **Pending, with proposed renegotiation.**
- 4. On 03/05/09, DFCS participated in a G-5 Mental Health Microenterprise meeting. The purpose of the meeting was to discuss building a Community System of Care for adults with MH/AD disorders. Participants included DHR leadership as well as representatives of the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) and DFCS. (See presentation, SIV_GoalB_Action4, Exhibit 1.)

On 04/02/09 DFCS participated in a G-5 Mental Health Microenterprise meeting to discuss discharges from the Mental Health system. See power point. The goals of the meeting were:
 - Present and discuss data on discharges, readmissions and community services
 - Discuss discharge planning for planning list (>60 days LOS) and barriers to discharge
 - Generate hypotheses and strategies
 - Decide what data to track for next meeting
 Participants included DHR leadership as well as representatives of the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) and DFCS. (See presentation, SIII_GoalB_Action4, Exhibit 2, and protocol, SIII_GoalB_Action4, Exhibit 3. **Ongoing**)
- 7-8. DFCS has developed the capacity to provide internal training for its staff participating in LIPTs. For copies of the sign-in sheets for staff trained jointly by DMHDDAD and DFCS see SIV_GoalB_Action7, Exhibits 1-34. The referenced regions are the five mental health regions, which encompass all 17 DFCS regions.

Q3: CB comments: The Children’s Bureau concurs that steps IV.B.6 and IV.B.7 have been completed.

Action Steps 1-3: Children’s Bureau staff, representatives from 2 NRC’s, and DFCS staff engaged in detailed discussions regarding the State’s proposal to renegotiate Strategy II.B during an onsite meeting held on June 19th. The CB approves the agency’s written request contained in attachment SII_GoalB_Actions2-10, Exhibit 1. Please strike through the areas in the matrix that have been approved for renegotiation and update the section below in the Q4 Report.

Q4:

Strategy IV Goal B

1-3. In progress.

- 8. Due to economic influence and the resulting hiring freeze, there has been limited staff turnover. Staff were trained in all regions as evidenced in quarter 3. There have been no request or identified need for additional LIPT training this quarter. **Completed Quarter 4 and ongoing.**
- 9. Multiple activities have served to advocate for the use of LIPTs to identify strategies and resources for families and children. (a) The Deputy for Field Operations sent a memo to field staff February 9th stating: “It is my expectation that County Directors, not a designee, will participate in LIPT meetings. Your participation in these meetings will be to monitor the progress of cases within your communities and ensure permanency for these children. It is

essential that you be available, present, and participate at LIPTs in an effort to build relationships within the community, and to build bridges of support systems for Georgia's children." A copy of the memo is attached (SIV_GoalB_Action9, Exhibit 1).

(b) On June 9th the Division of Mental Health, Developmental Delays and Addictive Disorders hosted a debriefing meeting for LIPT teams to support and encourage the LIPT process. A copy of the invite and a related email is attached (SIV_GoalB_Action9, Exhibits 2-3).

(c) The Department of Human Services and the Division of Mental Health, Developmental Delays and Addictive Disorders (DMHDDAD) have signed a Memorandum of Understanding (MOU, SIV_GoalB_Action9, Exhibit4) specifying the establishment of "Local Interagency Planning Teams (LIPT) and Regional Interagency Action Teams (RIAT) to facilitate collaboration among the parties and to develop a reporting process to document the teams' progress. Collaboration and communication among the parties is to focus on children and families, and KidsNet is to be used as the primary model for local interagency planning". **Completed Quarter 4.**

10. **Pending.**

Q4: CB comments: We concur that Action Steps IV.B.8 and IV.B.9 have been completed.

Q5:

SIV.B.1: The state has received the 2009 Unmet Needs Assessment compiled by the Family Connections Partnership. Only 46 (29.8%) of the 150 counties polled responded. Surveys were sent to judges, Juvenile Courts, DFCS agencies, Family Connection Collaborative Partners and other community stakeholders.

Based on the feedback received, the primary needs identified included services for homeless parents, substance abuse treatment (for parents and children), respite care (for children with disabilities in foster care and in families at risk for CAN). The survey identified services that participants planned to address within the next 5 years and indicated whether these services would be a priority for development. (See SIV_GoalB_Action1R, Exhibit 1, for a summary of unmet needs and SIV_GoalB_Action1R, Exhibit 2, for a summary of regional self-assessment findings.) **In progress.**

SIV.B.2:

The state has provided to the field the 2009 Unmet Needs Assessment compiled by the Family Connections Partnership. (See description in Action 1, above).

DFCS Regional Directors completed a self-assessment (similar to the state self-assessment for the CFSR) for their individual regions. Based on their assessments, a chart has been compiled to identify readily available services within their region and those services that they feel are lacking. The regional directors are working within their regions with inter-agency teams to develop strategies to address the absence of services that the teams have prioritized as most important. Those plans are due by January 31, 2010. As noted in the formerly mentioned RIAT notes, the RIAT teams, inclusive of mental health, are taking an active role in meeting with the interagency teams to identify services most needed to prevent children from being placed in PRTF and to allow them to stay in the community, preferably in their own homes.

The Governor's Office of Children and Families (GOCF) has secured the funds to complete a statewide needs assessment (as was included in the original PIP action steps). The agency was invited to and participated in the cross-agency collaborative meeting in September 2009. (See attached email invitations and meeting notes, SIV_GoalB_Action1R, Exhibits 3-5.) The GOCF has contracted with METIS and Associates to compile the assessment, which will be shared with all partners on January 13, 2010.

This assessment will then be used as a resource for identifying pressing and emerging statewide needs in Georgia that can be addressed through a cross-agency approach. While other needs assessments have been conducted (often in silos), the goal for this needs assessment is to identify needs horizontally across results areas in the GOCF Results Framework (Educated, Healthy, Safe, Growing), because, in reality, needs are manifested in the same population of children and youth across these areas. Targeted populations for the assessment are youth ages 14-21 transitioning out of foster care or DJJ and young children ages 0-5.

The state is planning to utilize the results of the GOCF assessment (as originally planned for its PIP) as a basis for service array action plans because the

aforementioned 2009 Unmet Needs Survey had such a low response that it may not accurately reflect the needs across the state. **In progress.**

SIV.B.3: First report to be at the February 2010 Regional Directors/Leadership Lens meeting.

SIV.B.10: The Department of Behavioral Health entered into an MOU (SIV_GoalB_Action10, Exhibit 5) with the Department of Human Services to track the children receiving a Local Inter-Agency Planning Team staffing. The agency requested the data and was advised, *"We are working on including LIPT data into the new system that's coming on board for CBAY. At this point, however, we are not collecting statewide data. The system is being designed."* (Please see attached email dated 09/21/09, SIV_GoalB_Action10, Exhibit 1.)

The need to track the children being served by the LIPT and the appropriateness of the services for which the family has been referred as well as outcomes (whether the services prevented a PRTF placement or assisted the child in stepping down into the community) have been discussed at the inter-agency collaborative meetings. Please see the Interagency Collaborative notes from 08/20/09 as well as the G5 notes from 10/01/09 (SIV_GoalB_Action10, Exhibits 4 and 6). These conversations have led to the development of a manual tracking form (SIV_GoalB_Action10, Exhibits 2 and 3), which was to be implemented in December 2009.

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: IV. Improve Service Array and Foster Parent Recruitment/Retention				Applicable CFSR Outcomes or Systemic Factors:	Well-Being 1, 2
Goal: C: Individualize services for youth to meet their specific needs related to education, employment, housing, supportive relationships and health				Applicable CFSR Items:	17, 18, 21
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Obtain technical assistance from the NRC on Independent Living to develop policy and training curricula in the provision of independent living services	Copy of TA request	Deputy Director for Policy & Practice	Quarter 1	Quarter 2
2	NRC to conduct initial training of ILP coordinators and identified case staff and Training-for-Trainers to develop internal training capacity	Training attendance	Deputy Director for Policy & Practice	Quarter 1 & Ongoing	Q3: T Fava
3	Implement Ansell-Casey Life Skills Assessment for children in foster care ages 14, 16 and 17.5	SHINES data report on assessments completed	Deputy Director for Policy & Practice	Quarter 4	Ongoing
4	Update policies and/or practice in ODIS (web-based policy manual) for use of the Ansell-Casey Life Skills Assessment	Copy of youth assessment policy	Deputy Director for Policy & Practice	Quarter 4	Q4: T Fava
5	Send email blast notification(s) to Social Services staff regarding updated policies and/or practice related to the Ansell-Casey Life Skills Assessment	Copy of email and distribution list	Deputy Director for Policy & Practice	Quarter 4	Q4: T Fava
6	Provide Ansell-Casey Life Skills Assessment training on a quarterly basis for new ILP coordinators and identified case staff	Youth assessment training attendance	Deputy Director for Policy & Practice	Quarters 4-8	Q4,
7	Utilize Ansell-Casey Life Skills Assessment results to revise and guide written transitional living plans (WTLP)	PEAS case review results	Deputy Director for Fiscal & Administrative	Quarters 4-8	

Renegotiated Action Steps and Benchmarks				
Quarterly Update Strategy IV Goal C				
<p>Q1: The agency is receiving Technical Assistance from the National Resource Center for Independent Living and Youth Development, with the leads being Sharri Black, John Levesque and Dorothy Ansell. Independent Living Coordinators were provided training on the Ansell-Casey Youth assessment on July 14 and 15 as well as given a web-based training October 7. A focal group comprised of agency staff, youth, foster parents, and community stakeholders has been convened to assess the ILP policy and practice. The first meeting is set for December 3, 2008.</p> <p>Please see SIV_GoalC_Action1, Exhibits 1-3 for documentation of TA request and ILP meeting. Please see SIV_GoalC_Action2, Exhibits 1-3 for documentation of TA, orientation and web-based training. Please see SI_GoalC_Action1_Exhibit 4, for documentation of technical assistance status.</p>				
<p>Q1: CB Comments: It is not clear what has been done in response to the first 2 steps. The NRC is currently working with GA, but it does not appear that the focus of that work has yet been targeted to the development of policy and training curricula. A focus group was held in December, but there appears to be a need for next steps to accomplish the intent of steps 1 and 2.</p>				
<p>Q2:</p> <p>Goal C</p> <p>1. Georgia requested TA from the NRCYS in May 2007, which was approved in June 2007 to assist in the following ILP areas:</p> <ul style="list-style-type: none"> • Equip Independent Living Coordinators with tools to effectively integrate Independent Living Program (ILP) into the current system of care • Educate County Directors, Supervisors and front line staff on the goals and expectations of the ILP • Examine current laws and policies of the ILP and identify how to improve the policies to accurately reflect the goals of the ILP. • Assist ILP in identifying, and tracking IL data statewide • Dorothy Ansell of the NRCYS submitted the following documents for review and recommendations: <ul style="list-style-type: none"> ○ GBPI Report ○ Written Transitional Living Plan Forms 1 & 2 ○ ILP Service Continuum ○ CFSR Review ○ Georgia SHINES ILP design document ○ Medicaid to youth <p>(See TA summary, email regarding policy review and policy matrix draft, SIV_GoalC_Action1_Exhibits 1-3.)</p> <p>In September 2008, a plan was developed to create a focus group for the ILP PIP implementation. An ILP PIP Focus Group was held on 12/3/08 and facilitated by Kathy Sutter and Lacy Kendrick of the NRCYS. (See agenda and NRC report, SIV_GoalC_Action1_Exhibits 4 and 5.) The meeting was designed to accomplish the following objectives:</p> <ul style="list-style-type: none"> • To identify the transitional needs of youth leaving foster care • To review and integrate the current practices to address the needs of youth and develop an ongoing process for positive youth-centered practice through the Family Team Meeting (FTM) • To gain a clear understanding of the role of the Independent Living Program and the Independent Living Coordinators • To define a practice that integrates the Ansell-Casey Life Skills Assessment (ACLSA) and FTM into positive youth transition <p>A telephone conference was held 2/25/09. ILP policy was submitted to NRC 3/6/09 for review and recommendations. (See SIV_GoalC_Action1_Exhibit6</p>				

and 3.) **Work completed Quarter 1; additional documentation provided Quarter 2. Completed Quarter 2.**

2. Follow-up conference calls took place in July, September, and October of 2007 to discuss the training materials used to train case management staff as well as ILP redesign and implementation. Initial Train-the-Trainer training for Independent Living Coordinators was on NRCWYD ACLSA and was held January 13-15, 2009, in Atlanta, GA. (See training roster, SIV_GoalC_Action2_Exhibit1.) **Completed Quarter 2.**

As the current policy is reviewed and subsequent revisions to policy are recommended, the agency will work in concert with the NRC to develop policy and revised training curriculum. **Ongoing.**

3-4. In progress.

5-7. Pending.

Q2: CB comments: (this cell cut off in ACF feedback document)

Q3:

1. The following is an update related to the TA and actions related to TA since the Q2 report. The following calls are scheduled with the ILP PIP Focus Group: Feb. 25 3:30p-4:30p EST, March 25 3:30p-4:30p EST, April 22nd 3:30-4:30p EST, May 27th 3:30p-4:30p EST, June 24th 3:30p-4:30p EST

March 6, 2009 – Submitted ILP policy to NRC for review and recommendations.

April 2009 – Conducted the focus group conference call (4/22) and identified Youth-Centered Team Meeting model. Met with the Education and Training to discuss implementation of the Youth-Centered Team Meeting.

May 2009 – Conducted the focus group conference call (5/27) and identified at Youth Centered Team Meeting. MAAC developed process for peer support role for the Youth Centered Family Team Meeting process.

2. Unable to read the feedback, if any, from ACF related to this item.
 3. Independent Living Coordinators have been trained to provide and analyze the Ansell Casey assessment for youth. This assessment is divided into four age groups. Of the 3,135 youth over age 14 in foster care who are eligible to be assessed utilizing this tool, 1,646 youth have been assessed to date. **In progress.**
 4. March 6, 2009 – Submitted ILP policy to NRC for review and recommendations.
- 5-7. Pending.**

Q3: CB comments: The Children’s Bureau concurs that action steps IV.C.1 and IV.C.2 have been completed.

Q4:

Strategy IV Goal C

3. The agency implemented the Ansell Casey assessment in 07/08. From July 01, 2008 through June 30th. 2009 there were 1646 youth assessed. Reports are attached for each of the four assessment levels. An additional 1,382 youth were assessed using the Ansell Casey Assessment tool during July and August of 2009 these assessments are captured in the attached report (SIV_GoalE_Action3, Exhibits 1-2.), divided into regional data and consolidated data. **Ongoing.**
4. On August 31, 2009 the agency sent to the field Social Services Manual Transmittal 2009-3 for Independent Living Section 2012. A copy of the policy is attached (SIV_GoalC_Action4_Exhibits 1-2). **Completed Quarter 4.**
5. An email indicating the uploading of the revised Social Services Manual Transmittal 2009-3 for Independent Living Section 2012 effective 09/03/09 into ODIS is attached (SIV_GoalC_Action5, Exhibit 1). **Completed Quarter 4.**
6. Due to economic conditions and the resulting hiring freeze, there has been limited staff turnover. All current ILC staff have been trained on the ACLS as evidenced in prior quarters. There have been no requests or identified need for additional ACLS training this quarter. **Completed Quarter 4 and ongoing.**
7. **Pending.**

Q4: CB comments: We are pleased with the progress being made in practice improvement on behalf of youth. The CB concurs that Action Steps IV.C.4 and IV.C.5 have been completed.

Q5:

SIV.C.3: ACLSA reports for the website:

Date/Level	7/1/09-9/30/09	10/1/2009 – 12/31/2009
Level 1	9	5
Level 2	10	4
Level 3	230	185
Level 4	201	205
Total	450	399

The following table shows the total number completed since July 1, 2008 – December 31, 2009.

Date/Level	7/1/08-12/31/09
Level 1	79
Level 2	31
Level 3	1,207
Level 4	1,028
Total	2,345

*Please note that the July 2008 – December 2009 total is off by 150. Casey has been advised about this before, and they stated that aggregate reports are not 100% accurate, so this calculation indicates that 2,495 have been completed (Adding the total from the previous report and the last two quarters totals 2,495, not 2,345.)

On March 6, 2009, the agency submitted ILP policy to the NRC for review and recommendations; as of this date the agency has not received feedback. New ILP policy was crafted, approved and sent to the field in August 2009.

Completed Quarters 4 and 5 and ongoing.

SIV.C.6: Due to economic conditions and the resulting hiring freeze, there has been no ILC staff turnover. All current ILC staff have been trained on the ACLS as evidenced in prior quarters. There have been no requests or identified need for additional ACLS training this quarter. **Completed Quarters 4 and 5 and ongoing.**

SIV.C.7: Beginning in September 2009, PEAS added the following question to the regional review guide: *“If child is 14 years of age or older, was an Ansell Casey assessment used to develop the WTLP [Written Transitional Living Plan]?”* During the 5th quarter PEAS reviewed 24 cases eligible for ILP services. Based on that review, 58.33% of the cases reflected the incorporation of the Ansell Casey assessment in the child’s WTLP. **Completed Quarter 5 and ongoing.**

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: IV. Improve Service Array and Foster Parent Recruitment/Retention				Applicable CFSR Outcomes or Systemic Factors:	Well-Being 2, 3
Goal: D: Incorporate physical health, mental health and educational services for children in case plans as identified in needs assessments				Applicable CFSR Items:	21, 22, 23
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Track percentage of case plans that incorporate physical health services when physical health needs are identified (see IV.A.3)	PEAS case review results and SHINES data reports	Deputy Director for Field Operations	Quarters 3-8	Q3, Q4
2	Track percentage of case plans that incorporate mental health services when mental health needs are identified in assessment (see IV.A.3)	Copy of PEAS reports and data reports	Deputy Director for Field Operations	Quarters 3-8	Q3, Q4
3	Track percentage of case plans that incorporate educational services when education needs are identified in assessment (see IV.A.3)	PEAS case review results and SHINES data reports	Deputy Director for Field Operations	Quarters 3-8	Q3, Q4
Renegotiated Action Steps and Benchmarks					
Quarterly Update Strategy IV Goal D					
<p>Q1: The state PEAS unit is reviewing all cases to evaluate that the provision of appropriate services related to physical health, mental health and educational services is included in case planning and is adequate to meet the child's individualized needs.</p>					
<p>Q2:</p> <p>Goal D</p> <ol style="list-style-type: none"> Agency has acquired 12-month rolling data regarding the agency's ability to meet the physical health needs of children and the inclusion of identified services in the case plan. Quarterly assessment of the state's ability to identify and meet the physical health needs of the children will be presented and strategized at the monthly G meetings beginning April 2009. In Progress. Agency has acquired 12-month rolling data regarding the agency's ability to meet the mental health needs of children and the inclusion of identified services in the case plan. Quarterly assessment of the state's ability to identify and meet the mental health needs of the children will be presented and strategized at the monthly G meetings beginning April 2009. In Progress. Agency has acquired 12-month rolling data for the agency's ability to meet the educational needs of children and the inclusion of identified services in the case plan. Quarterly assessment of the state's ability to identify and meet the educational needs of the children will be presented and strategized at the monthly G meetings beginning April 2009. In Progress. 					

Q2: CB comments:
(none)

Q3:

1. The PEAS unit has been reviewing cases for Item 21, identifying in regional reports best practices as well as barriers for meeting the health needs of children in foster care as well as in family preservation cases. This information is shared with Regional Leadership and corrective action plans are developed to correct any identified deficiencies. The reviews are available to all DFCS staff. Bi-annual trend reports are prepared and made available with trend data for the regions reviewed during that 12-month review period. (See rolling 12-month state trend report, SIII_GoalH_Action1, Exhibit 2.)

The PEAS Unit prepared a presentation for review and discussion related to Item 21 at the G-Force Meeting on 05/28/09. Relevant excerpts of this presentation are included in the documentation (SIII_GoalH_Action1_Exhibit 1). This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff. **Ongoing.**

2. The PEAS unit has been reviewing cases for Item 22 identifying in regional reports best practices as well as barriers for meeting the mental health needs of children in foster care as well as in family preservation cases. This information is shared with Regional Leadership and corrective action plans are developed to correct any identified deficiencies. The reviews are available to all SDFCS staff. Bi-annual trend reports are prepared and made available with trend data for the Regions reviewed during that 12 month review period. (See rolling 12-month state trend report, SIII_GoalH_Action1, Exhibit 2.)

The PEAS Unit prepared a presentation for review and discussion related to Item 22 at the G Force Meeting on 05/28/09. Relevant excerpts of this presentation are included in the documentation (SIII_GoalH_Action1_Exhibit 1). This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff. **Ongoing.**

3. The PEAS unit has been reviewing cases for Item 23 identifying in regional reports best practices as well as barriers for meeting the educational needs of children in foster care as well as in family preservation cases. This information is shared with Regional Leadership and corrective action plans are developed to correct any identified deficiencies. The reviews are available to all SDFCS staff. Bi-annual trend reports are prepared and made available with trend data for the Regions reviewed during that 12 month review period. (See rolling 12-month state trend report, SIII_GoalH_Action1, Exhibit 2.)

The PEAS Unit prepared a presentation for review and discussion related to Item 23 at the G Force Meeting on 05/28/09. Relevant excerpts of this presentation are included in the documentation (SIII_GoalH_Action1_Exhibit 1). This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff. **Ongoing.**

Q3: CB comments:

PEAS data shows remarkable progress made by the State:

	2007 CFSR	Rolling 12 months	FFY 2009
Item 22	82%	77.05%	85.78%
Item 23	58%	81.48%	85.96%
Item 21	78%	88.14%	91.30%

Q4:**Strategy IV Goal D**

1. The PEAS unit has been reviewing cases for Item 21, identifying in regional reports best practices as well as barriers for meeting the health needs of children in foster care as well as in family preservation cases. This information is shared with regional leadership and corrective action plans are developed to correct any identified deficiencies. The reviews are available to all DFCS staff. Bi-annual trend reports are prepared and made available with trend data for the regions reviewed during the 12-month review period. The PEAS Unit prepared a presentation for review and discussion related to Item 21 at the Leadership Lens Meeting on 08/27/09. Relevant excerpts of this presentation are attached (SIV_GoalE_Actions123, Exhibit 1). This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff. **Ongoing.**
2. The PEAS unit has been reviewing cases for Item 22 identifying in regional reports best practices as well as barriers for meeting the mental health needs of children in foster care as well as in family preservation cases. This information is shared with Regional Leadership and corrective action plans are developed to correct any identified deficiencies. The reviews are available to all DFCS staff. Bi-annual trend reports are prepared and made available with trend data for the Regions reviewed during that 12 month review period. The PEAS Unit prepared a presentation for review and discussion related to Item 22 at the Leadership Lens Meeting on 08/27/09. Relevant excerpts of this presentation are attached (SIV_GoalE_Actions123, Exhibit 1). This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff. **Ongoing.**
3. The PEAS unit has been reviewing cases for Item 23 identifying in regional reports best practices as well as barriers for meeting the educational needs of children in foster care as well as in family preservation cases. This information is shared with Regional Leadership and corrective action plans are developed to correct any identified deficiencies. The reviews are available to all DFCS staff. Bi-annual trend reports are prepared and made available with trend data for the Regions reviewed during that 12 month review period. The PEAS Unit prepared a presentation for review and discussion related to Item 23 at the Leadership Lens Meeting on 08/27/09. Relevant excerpts of this presentation are attached (SIV_GoalE_Actions123, Exhibit 1). This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and State Office staff. **Ongoing.**

Q4: CB comments: None

Q5:

IV.D.1: PEAS has been reviewing cases for Item 21, identifying in regional reports best practices as well as barriers for meeting the health needs of children in foster care as well as in family preservation cases. This information is shared with regional leadership and corrective action plans are developed to correct any identified deficiencies. The review findings are available to all DFCS staff. Bi-annual trend reports are prepared and made available with trend data for the regions reviewed during the 12-month review period. (See rolling 12-month trend report, SIV_GoalD_Actions123, Exhibit 2.)

PEAS prepared a presentation for review with the State Annual Trend Report. Relevant excerpts of this presentation are included in SIV_GoalD_Actions123, Exhibit 1. This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and state office staff.

Ongoing.

IV.D.2: PEAS has been reviewing cases for Item 22, identifying in regional reports best practices as well as barriers for meeting the mental health needs of children in foster care as well as in family preservation cases. This information is shared with regional leadership and corrective action plans are developed to correct any identified deficiencies. The review findings are available to all DFCS staff. Bi-annual trend reports are prepared and made available with trend data for the regions reviewed during that 12-month review period. (See rolling 12-month trend report, SIV_GoalD_Actions123, Exhibit 2.)

PEAS prepared a presentation for review with the State Annual Trend Report. Relevant excerpts of this presentation are included in SIV_GoalD_Actions123, Exhibit 1. This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and state office staff.

Ongoing.

IV.D.3: PEAS has been reviewing cases for Item 23, identifying in regional reports best practices as well as barriers for meeting the educational needs of children

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in foster care as well as in family preservation cases. This information is shared with regional leadership and corrective action plans are developed to correct any identified deficiencies. The review findings are available to all DFCS staff. Bi-annual trend reports are prepared and made available with trend data for the regions reviewed during that 12-month review period. (See rolling 12-month trend report, SIV_GoalD_Actions123, Exhibit 2.)

PEAS prepared a presentation for review with the State Annual Trend Report. Relevant excerpts of this presentation are included in SIV_GoalD_Actions123, Exhibit 1. This data was shared with statewide leadership including Regional Directors, County Directors, Field Program Specialists and state office staff.

Ongoing.

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: IV. Improve Service Array and Foster Parent Recruitment/Retention				Applicable CFSR Outcomes or Systemic Factors:	Safety 1 Permanency 1, 2 Well-Being 1, 2, 3 Service Array, Foster and Adoptive Parent Recruitment and Retention
Goal: E: Provide training and comprehensive support for foster caregivers through pilots in Region 17 and five additional counties (Fulton, DeKalb, Thomas, Colquitt and Mitchell)				Applicable CFSR Items:	2, 4, 6, 11, 12, 13, 14, 15, 16, 17, 21, 22, 23
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Enter into purchase of services contract(s) with private provider(s) for foster caregiver training in Region 17 and five additional counties on such foster care issues as meeting emotional and health needs of children, advocating for children	Copy of contract	Deputy Director for Field Operations	Quarter 2	Q3: T Fava
2	Enter into purchase of services contract with private provider(s) for such foster caregiver supports as respite, mentor, 24-hour crisis line, finding resources in Region 17 and five additional counties	Copy of contract	Deputy Director for Field Operations	Quarter 2	
3	Survey foster parents in Region 17 and five additional counties for feedback	Survey results	DHR Project Manager for Foster Family Initiative	Quarter 4	Q4: T Fava
4	Assess pilot in Region 17 and five additional counties for statewide scalability based on retention, cost and foster parent feedback	Assessment results	Accountability Officer	Quarter 5	Q4: T Fava

Renegotiated Action Steps and Benchmarks				
Quarterly Update Strategy IV Goal E				
<p>Q1: The agency has entered into a contract with the Family Connections Partnership to purchase services from EMBRACE. The focus of these services is to develop strategies and "signature services" for the purpose of retaining foster parents and developing skilled resources for children in the state's custody. EMBRACE established a Regional Design Team (RDT) consisting of DFCS regional and county leadership, state DHR/DFCS leadership, and EMBRACE consultants. The role of the RDT is to steer implementation of the regional prototype, support county workgroups, endorse a participatory evaluation of EMBRACE, and support a sustainable strategy for foster parent retention. EMBRACE, together with its regional and county-level partners, developed a core set of signature support strategies for the Region 17 prototype. The five strategies are as follows:</p> <ul style="list-style-type: none"> *Foster parent liaison (FPL) services to link foster parents to each other and to community resources and facilitate positive communication between foster parents, caseworkers, and community stakeholders; *Foster parent mentors (designed for and by foster parents); *Natural helpers (informal supports identified by foster parents); *Improved communication (a variety of activities to keep foster parents, partners, and staff informed and connected, and to promote positive relationships); *Training for newly approved and veteran foster parents. <p>As of September 30, 2008, the Foster Family Initiatives pilot has concluded and lessons learned are being reviewed with the Resource Development Innovations focal group.</p> <p>Please see SIV_GoalE_Action1, Exhibits 1-4, for data regarding permanency and placement in Region 17. Please see SIV_GoalE_Action1, Exhibits 5-6, for documentation of contracts with EMBRACE. Please see SIV_GoalE_Action1, Exhibit 7, for status report on EMBRACE and Foster Family Initiative.</p>				
Q1: CB Comments: The status update in the matrix and supporting documentation appear to be for informational purposes only.				
<p>Q2:</p> <p>Goal E</p> <p>1. Following is an update on EMBRACE foster parent retention and support activities:</p> <ul style="list-style-type: none"> • Over 250 foster families were served by EMBRACE during calendar year 2008, Phase I of the prototype. • Ninety percent of DFCS foster homes were retained from January to June, 2008, meeting the six-month goal. • Eighty-one percent of DFCS foster homes were retained from January to December 2008, exceeding the 12-month goal of 75%. • Of the foster homes that closed, over a third were closed because children were adopted, a "positive" outcome. Excluding adoptions, the 12-month foster family retention rate was 86.9% in Region 17. • The net increase in the number of homes was approximately three times that accomplished in the comparison period. • According to foster parents, the Foster Parent Liaison strategy is the most effective support, with training, communication and small groups also proving effective. • In January 2009, a Phase II Prototype expansion was launched with the following objectives: <ul style="list-style-type: none"> ○ To continue work in Region 17 and refine the implementation of EMBRACE's signature services, to articulate quality standards for these services, and to strengthen the working partnership between DFCS, EMBRACE and other community stakeholders. ○ To expand to Region 15 (Gwinnett and Rockdale Counties) in order to test and refine the process for replication of the EMBRACE prototype. ○ To design an organizational infrastructure for EMBRACE to support expansion statewide. • At the end of Phase II, it is anticipated that EMBRACE will be poised to launch a systematic expansion to counties throughout the state over the 				

following 18-24 month period.

(See overview of EMBRACE, SIV_GoalE_Action1_Exhibit1.) **Copy of contract extension submitted 1st quarter. Completed Quarter 1.**

The Foster Family Initiative (FFI) was a pilot program introduced in January 2008 in five counties (Fulton, DeKalb, Thomas, Mitchell and Colquitt). The goal of the FFI pilot was to develop an understanding about foster parent retention best practices and improve foster family retention. More specifically, the FFI sought answers to the following questions: What keeps families fostering? What makes families cease fostering? And what type of programs and/or services support retention?

The pilot uncovered several reasons why families cease to foster, including the lack of satisfaction with DFCS customer service, dissatisfaction with placement matches, and a perceived lack of reprisal-free communication. Retention services implemented through the FFI included a metro-foster parent newsletter, small support group meetings, increased recreational activities, and telephone and online training offerings.

The FFI pilot will end September 30th. This includes our formal agreements with the community-based providers who delivered the training and support services: East Point Community Action Team (EPCAT) and Families First. Informally, both of these agencies have agreed to continue to provide quarterly trainings. (See letter, SIV_GoalE_Action1_Exhibit2.)

2. **Copy of contract extension submitted 1st quarter. Completed Quarter 1.**

3. **In progress.**

4. EMBRACE continued its efforts in Region 17, included facilitation of monthly county work group meetings to review retention data, progress on strategies and to make ongoing course corrections. The quarterly Regional Design Team (regional leadership) also met. EMBRACE staff and Foster Parent Liaisons (FPLs) for Cobb and Cherokee Counties attended the annual AFPAG Conference in order to learn about DFCS direction, issues foster parents are experiencing statewide, and how EMBRACE can partner with state and local foster parent associations. In February 2009, EMBRACE submitted a 12-month evaluation of their efforts in Region 17. In sum, the report stated the following: “EMBRACE achieved its targeted six-month retention rate of 90% (1/1/08 to 6/30/08) and increased the net number of homes in Region 17 by a factor of 3.5. When adoption closures were removed from the data, the non-adoption closure rate for the six-month period rose to 95%. Additional analyses showed a 12-month retention rate of 80.5% (1/1/08 to 12/31/08), which exceeded the target of 75%, and a net increase of 34 homes. DFCS staff, FPLs and foster parents noted that the activities that were most effective in improving retention of foster parents included networking among foster families, assistance with foster parents’ paperwork, consistent contact and guidance from the FPL, FPLs acting as a neutral party between DFCS and foster parents, and information on resources and service providers.” **In progress.**

The following preliminary retention goals have been established for Region 17:

- o 6 months ending June 30th - 90%
- o 10 months ending September 30th – 85%
- o 12 months ending December 31st – 80%

Q2: CB comments: The CB is currently reviewing information and documentation provided in the 1st and 2nd quarterly reports.

Q3:

1. The agency provided the contract extension as a component of the first quarter PIP report. ACF indicated that item 2 was completed based on this extension submission. The contract extension should also be utilized to validate Item 1. A copy of the contract is again included in the documentation. (See SIII_GoalE_Action2, Exhibits 1 and 2.)
4. EMBRACE continues to provide foster parent retention and support services in Region 17 and Region 15. EMBRACE conducts monthly county workgroup meetings where retention data is reviewed, progress on enhancements discussed, and ongoing course corrections decided. EMBRACE has a significant focus on communication with foster parents. 100% of foster parents are sent at least two communications per month (such as newsletters, calling posts, post cards, etc.). EMBRACE’s major work activities are summarized in the Strategy Enhancement Matrix (SIV_GoalE_Actions125_Exhibit2).

Of particular note, the EMBRACE website went live in May. It has links to prototype county websites (www.embracega.org). Several foster parent webinar trainings have been conducted, with two taking place in May 2009. Foster parents have responded positively to this mode of training. EMBRACE frequently partners with community partners to provide the trainings. Finally, EMBRACE continues to collect foster parent exit data and level of satisfaction information. A full report covering January- June 2009 will be available by July 30th. (See EMBRACE update and support services summary, SIV_GoalE_Actions125, Exhibits 1 and 3.)

Finally, the EMBRACE Board of Director's has partnered with the University of Georgia's Fanning Institute. The Fanning Institute will become their fiscal agent and provide infrastructure as well as programmatic support through its vast resources beginning with the next contract period (July 1, 2009). The contract is expected to have been executed by the next PIP reporting period.

Q3: CB comments:

The Children's Bureau concurs that action steps IV.E.1 and IV.E.2 have been completed.

Q4:**Strategy IV Goal E**

3. EMBRACE contracted with Metis Associates to complete an evaluation of the Pilot in Region 17 and to begin to look at data from the expansion of the pilot into Region 15. Components of the evaluation included surveying four foster parent focus groups, exit interviews with foster families opting out of the fostering programs (23 families), as well as monitoring of contact logs between foster parent liaisons and foster parents. This data is incorporated into the attached report, "Georgia's Foster Family Initiative: EMBRACE" (SIV_GoalE_Action3, Exhibit1). **Completed Quarter 4.**
4. The Foster Family Foundation of Georgia, Inc., was organized in 2006 in response to the recommendation of First Lady Mary Perdue's Children's Cabinet. Its purpose is twofold:
 - To increase the number of foster families in Georgia who are prepared to address the specific needs of those foster children who have been placed into state custody; and
 - To engage local communities to partner with DFCS in support of foster families and to protect and the children of our State.

With funding provided by DFCS, the Foster Family Foundation of Georgia (FFFGA) spearheaded the development of the EMBRACE prototype. As of August 1, 2009, responsibility for the ongoing operations of EMBRACE was transferred to the UGA/Fanning Institute. In order for EMBRACE to fully realize its intended purpose, it will function as a partnership effort between the Georgia Department of Human Services (DHS)/Division of Family and Children's Services (DFCS); the University of Georgia (UGA)/ Fanning Institute (FI); and FFFGA.

EMBRACE will continue as a public-private partnership among three entities:

- DHS/DFCS – that will provide: 1) core funding for the operation of EMBRACE; 2) continued guidance concerning how EMBRACE fits within and adds value to the vision for child welfare in this State; and 3) local level participation and collaboration in the functioning of the EMBRACE infrastructure and the delivery of EMBRACE core strategies and support services.
- UGA/Fanning Institute – that will contract with DHS/DFCS to implement EMBRACE throughout the state. The Director of EMBRACE will be an employee of the Fanning Institute and will provide strategic and tactical leadership for expansion and ongoing refinement of EMBRACE.
- Foster Family Foundation of Georgia, Inc. - that will serve as an advisor to the Fanning Institute in the implementation of EMBRACE. As a

501(c)(3) organization, it will assume responsibility for securing private sector investments that supplement and expand upon what is possible to achieve with public sector funding. It will not have its own staff, but will be provided staff support by Fanning Institute.

The June 2009 evaluation report is referenced under Action 1. Also attached are copies of a report on services and activities for Regions 15 and 17, an assessment of staff requirements, and the Fanning contract (SIV_GoalE_Action4, Exhibits 1-3).

During SFY 2010, goals for EMBRACE include:

- Continue and grow EMBRACE in DFCS Regions 17 and 15
- Hire an EMBRACE Director
- Formalize connections between EMBRACE and other UGA resources
- Upgrade EMBRACE communications and networking strategies using cost-effective technologies
- Adapt the existing EMBRACE prototype, which is a “county specific” model, to a “multi-county” delivery model that is more appropriate and cost effective for rural areas of the state.
- Expand the Board of Directors of the Foster Family Foundation of Georgia
- Plan strategy(s) for securing private sector investments on behalf of foster families

Completed Quarter 4.

Q4: CB comments: The CB concurs that the remaining two Action Steps (IV.E.3 and IV.E.4) are complete. All PIP required activities for IV.E are complete.

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: IV. Improve Service Array and Foster Parent Recruitment/Retention				Applicable CFSR Outcomes or Systemic Factors:	Safety 1, 2 Permanency 1 Foster and Adoptive Parent Recruitment and Retention
Goal: F: Establish internal foster care recruitment program				Applicable CFSR Items:	2, 4, 6, 9
Action Steps and Benchmarks		Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1	Update and/or develop policies and/or practice protocols related to foster home recruitment	Copy of foster home recruitment policy	Division Director	Quarter 4	
2	Update foster home recruitment policies and/or practice protocols in ODIS (web-based policy manual) as adopted; Send email blast notification(s) to Social Services staff regarding updated foster home recruitment policies and/or protocols and posting	Quarterly updates	Deputy Director for Policy & Practice	Quarter 4	
3	Implement revised recruitment policy/practice statewide	Documentation of recruitment activities	Deputy Director for Field Operations	Quarter 5	
4	Develop at least one recruitment plan in each region to meet needs of foster care population in region, including measures, baselines(s) and improvement goal(s)	Copy of plans, baselines and goals	Deputy Director for Policy & Practice	Quarter 5	
5	Implement recruitment plans and provide quarterly reports on progress	Documentation of activities completed in quarterly reports	Deputy Director for Field Operations	Quarter 5	
6	Provide training for resource development supervisors and front line staff for all regions on updated foster care recruitment policies and practices	Foster home recruitment training attendance	Education & Training Section Director	Quarter 6	
7	Track orientation attendance, IMPACT training attendance and foster home approvals	Data reports	Deputy Director for Fiscal & Administrative	Quarter 7	

Renegotiated Action Steps and Benchmarks				
Quarterly Update Strategy IV Goal F				
<p>Q1: The state has developed a focal group composed of state and regional office programs, policy and leadership staff, training, quality assurance, county resource development case managers and representatives from the Adoptive and Foster Parent Association to develop a strategic plan for the State's Recruitment Plan and to assess the current policy/practice. This group has been identified as the Resource Development Innovations (RDI) Group. The RDI work team met once this quarter on November 10, 2008. The team is multidisciplinary; the November 10th meeting was a project kick-off, which provided an orientation for team members on the scope of work, deliverables and schedule.</p> <p>Please see SIV_GoalF_Action1, Exhibits 1-4, for documentation of focal group meetings and work. Please see SIV_GoalF_Action2, Exhibit 1, for documentation of policy transmittal.</p>				
<p>Q2:</p> <p style="padding-left: 20px;">Goal F</p> <p style="padding-left: 20px;">1. (See Resource Development Innovations workgroup update, SIV_GoalF_Action1_Exhibit1.) Pending.</p> <p style="padding-left: 20px;">2-7. Pending.</p>				
<p>Q2: CB comments: (none)</p>				
<p>Q3:</p> <p style="padding-left: 20px;">1. The Resource Development Innovations (RDI) project continued to make substantial progress toward its goals during this quarter. The RDI project is slated to complete all deliverables by August 31, 2009. For the RDI update report on deliverables, please see SIV_GoalF_Action1, Exhibit 1. For documentation related to that report, see SIV_GoalF_Action1, Exhibits 2-8. In progress.</p> <p style="padding-left: 20px;">2-7. Pending.</p>				
<p>Q3: CB comments: (none)</p>				
<p>Q4:</p> <p>Strategy IV Goal F</p> <p style="padding-left: 20px;">1. All efforts of the Resource Development Innovations project support the development of a comprehensive statewide recruitment and retention plan. This plan will support the implementation of the revised Permanency and Concurrent Planning practice and policy statewide in August 2010. The statewide analysis of resource development recruitment activities was completed in April, 2009. Based upon the analysis, the recruitment plan will include a retention component as well. Information is being gathered from each county to develop viable statewide recruitment and retention goals that are meaningful at the local and state level. The plan will be published by 11/30/09 and take effect January 1, 2010. For a description of work to date, see SIV_GoalF_Action1, Exhibit 1. Delayed to Quarter 5.</p> <p style="padding-left: 20px;">2. Delayed to Quarter 5.</p> <p style="padding-left: 20px;">3-7. Pending.</p>				
<p>Q4: CB comments: (none)</p>				

Q5:

IV.F.1: The agency completed the development of the 2010 Statewide Foster Parent Recruitment and Retention Plan (SIV_GoalF_Actions123, Exhibit 3) and released it to the field. See the Social Services Manual Transmittal 2009-7 (SIV_GoalF_Actions123, Exhibit 4, which amended policy1014.S.1 in the Foster Parent Manual.

IMPACT policy has also been amended to include the training of foster parents for Partnership Parenting. A key component of the FCPM is Partnership Parenting. Partnership Parenting creates shared-parenting relationships between birth parents and foster parents, who mentor the birth parents and help them learn by setting a positive parenting example. In order to fully explain and teach Partnership Planning techniques, DFCS created IMPACT: Partnership Parenting. This training supports the development of families using the values of family-centered practice as well as the tenants of the shared parenting model. **Completed Quarter 5.**

IV.F.2-3: See SIV_GoalF_Actions123, Exhibit 1, for email indicating the 2010 Foster Care Recruitment and Retention Plan and the Foster Care Recruitment and Retention Policy (SIV_GoalF_Actions123, Exhibit 2) was released to the field and effective immediately as well as the notification that the policy had been uploaded into ODIS. **Completed Quarter 5.**

IV.F.4: Attached are the 2010 Recruitment and Retention Plans for 121 counties (SIV_GoalF_Action3, Exhibit 1). There are some regions in which smaller counties have developed a resource development team and share recruitment and retention plans. These plans will be reviewed by county and regional leadership to make any necessary adjustments based on the release of the 2010 Statewide Recruitment and Retention Plan and Policy. **Completed Quarter 5.**

IV.F.5: Pending; to be submitted with 6th quarter report, inclusive of any revisions to the 2010 recruitment plans referenced in Action 4, above.

IV.F.6: Pending.

IV.F.7: From September 1 - November 30, 2009, the agency received 2,165 inquires from interested prospective foster parents. By November 30th, there were 2,758 active foster homes, down from 2,893 at the beginning of the quarter. This represents a net loss of 135 homes. There were 195 homes closed during the quarter. Half (99 foster homes) of those closures were due to foster parent adoption. The state had the highest number of closures for the current fiscal year in November, with 93 foster homes being closed (46 due to adoption). There were 114 new homes approved. The state had its highest number of approvals in the fiscal year in October, with 51 families being approved.

Q5: CB Comments:

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: IV. Improve Service Array and Foster Parent Recruitment/Retention			Applicable CFSR Outcomes or Systemic Factors:	Safety 2 Permanency 2 Well-Being 2, 3
Goal: G: Increase paternal family involvement through Outstanding Paternal Involvement pilot			Applicable CFSR Items:	3, 11, 12, 13, 14, 15, 16
Action Steps and Benchmarks	Evidence of Completion	Person Responsible	Quarter Due	Quarter Completed
1 Establish baseline measure and set improvement goal for percentage of cases with paternal involvement in FTMs and case plans in Region 16 pilot	Baselines, goals	Deputy Director for Field Operations	Quarter 2	Q3: T Fava
2 Generate strategies/methods of involving paternal family members in FTMs and case plans in Region 16 pilot	Copy of strategies	Region 16 Director	Quarter 4	
3 Measure improvement in paternal involvement in FTMs and case plans in Region 16	PEAS case review results and SHINES data reports	Accountability Officer	Quarter 5	
4 Assess paternal involvement pilot for statewide scalability based on paternal family involvement data in Region 16	PEAS case review results and SHINES data reports	Deputy Director for Field Operations	Quarter 5	
Renegotiated Action Steps and Benchmarks				
Quarterly Update Strategy IV Goal G				
<p>Q1: Region 16 is tracking data related to paternal family involvement. This data is reviewed at monthly regional G meetings to facilitate discussion and identify strategies that have been effective. Trend lines have generally shown a gradual rise in levels of paternal involvement.</p> <p>Baseline data has been established for FTM/Case Plan participation in both Family Preservation and Permanency cases: - Paternal Involvement in Family Preservation cases = 40% - Paternal Involvement in Permanency cases = 19%</p> <p>Data is tracked on both the county and regional level, including the number of children in both Family Preservation and Permanency cases.</p> <p>Please see SIV_GoalG_Action2, Exhibit 1, for region-identified strategies to push OPI efforts forward.</p>				
Q1: CB Comments: We look forward to additional information regarding the baseline measures and goals with the 2nd quarterly report				

Q2:

Goal G

1. Region 16 is focusing on engaging fathers inclusive of their extended family and determining if the engagement of paternal family members has a positive impact on children’s permanency. They are measuring paternal involvement in FTMs in both foster care (FC) and family preservation (FP) cases, achievement of permanency for children, particularly those who have paternal involvement, as well as use of the ACCURINT system to complete diligent searches. (See update, SIV_GoalG_Action1_Exhibit1.) Each county in Region 16 has a county scorecard as well as individual unit scorecards for tracking and analyzing outcomes. Sample tracking slides show improvements to date. (See SIV_GoalG_Action1_Exhibits 2 and 3.)

Baseline measures and improvement targets include:

- Increase paternal involvement in CPS Family Team Meetings from 40% to 45% by 6/30/09
- Increase paternal involvement in Permanency FTMs from 19% to 25% by 6/30/09
- Increase Outstanding Paternal Involvement (OPI) in FPS cases from 43% to 48% by 6/30/09
- Increase OPI in Permanency caseloads from 25% to 30% by 6/30/09
- Number of children in Permanency OPI caseloads will decrease by 15% by 6/30/09
- Number of children in FPS OPI Caseloads will decrease by 20% by 6/30/09

Completed Quarter 2.

2. Work on OPI this quarter has focused on developing strategies that will link increased paternal involvement to improved outcomes for children in FC and FP caseloads. Desired outcomes include:

- Shorter stays in FC with low recurrence of maltreatment and low re-entry rates
- Shorter length of time cases stay open in FP
- Long-term decrease in number of children entering FC

Current strategies involve the following:

- Categorize level of paternal involvement for every child on FC and FP caseloads
- Establish baseline data for paternal involvement in FTMs

New strategies include:

- Set specific goals around increase in paternal participation in FTMs (see above baselines and targets)
- Track and capture data on the OPI level of each child exiting FC and FP and form hypothesis
- Track and capture data on the OPI level of each child experiencing a recurrence or re-entry into FC

3-4. **Pending.**

Q2: CB comments: The CB is currently reviewing information and documentation provided in the 1st and 2nd quarterly reports.

Q3:

1. Region 16 is continuing to track data related to paternal involvement in cases. The data is reviewed at regional G meetings. Current trends are identified in the recent power point shared with leadership and included in the documentation (SIV_GoalG_Action1, Exhibit 1). **In progress.**

2-5. Pending.

Q3: CB comments: The State asserts in the Q2 report that action step IV.G.1 was completed, but ranks it as “in progress” in the Q3 report. It appears that action step IV.G.1 has been completed.

Q4:**Strategy IV Goal G**

2. The OPI pilot has generated the following strategies to improve paternal involvement:
- County FTM coordinators receive paternal contact information at FTM preparation stage and extend FTM invitation to paternal contacts as appropriate
 - Paternal contact is monitored weekly on a scoreboard that tracks case manager successful contacts with fathers as a percentage of cases
 - Complete “Strategies for Engaging Fathers” training for every case manager, supervisor and administrator in the Region. (completed June 09)
 - Review and discuss data at monthly Regional G (management team) meetings
 - Regional OPI Coordinator attends unit staff and unit meetings throughout the region to ensure line staff are aware of data and desired outcomes
 - Schedule separate FTM for fathers if appropriate for the needs of the case

(See pilot update and tracking data, SIV_GoalG_Actions23, Exhibit 1.)

Region 16 utilizes a regional G meeting for leadership and front line staff to share information. The attached “ECEM/EPDM” presentation (SIV_GoalG_Action1, Exhibit 1) was utilized at the June meeting to demonstrate current progress on contact standards. The data reflects contact standards with children, mothers, and fathers. The process reflects the ability for the agency to drill down to weekly as well as monthly contacts, which enables leadership to coach staff to ensure standards are met. Case managers can look at the status and remaining contacts required for any case in real time.

Completed Quarter 4.

3. The Region 16 pilot is completed. Data on achievement of goals are included in the above-referenced presentation, “The Road to OPI” (SIV_GoalG_Actions23, Exhibit 1). **Completed Quarter 4.**
4. Based on the OPI pilot, the best lesson learned is that the state needs to track and supervise parental contact vigilantly. The state is generating, through SHINES, the ability for staff at the case manager, unit, county, regional or state level to pull reports replicating the above contact data for children and parents. The state is generating, through SHINES, the ability to capture paternal involvement in FTMs as well as case planning. We anticipate these SHINES enhancements will be available online in December 2009. **Completed Quarter 4.**

Q4: CB comments: The CB continues to review information provided in the Q\$ report and the State’s assertion that the Outstanding Paternal Involvement Initiative work has been completed in the PIP.

Discussion of the strategy will be included as an agenda item on the next CB/State call.

Q5:

IV.G.2: Region 16 has narrowed the OPI pilot focus to look exclusively at paternal involvement in case planning, FTMs and contacts with fathers. Measurements will be based on the number of signed case plans for every unit in the region and include paternal attendance at FTM meetings and documented contacts with fathers in SHINES to allow for consistent, unbiased data. The current goals for paternal involvement in FTMs are:

- Increase paternal attendance at Permanency FTMs from 25% to 40% by 03/31/10.
- Increase paternal attendance at CPS FTMs from 50% to 60% by 03/31/10.

The Region is in the process of analyzing information regarding paternal involvement in case planning as evidenced by their signature on the case plan. Subsequent data will be provided on this strategy in Q6.

One strategy used to increase case manager contact with fathers is a weekly cadence call with all staff regarding their contacts. During the weekly call, contacts with fathers (as well as mothers and children) are assessed. The goal is to make contact with 25% of the identified fathers each week, so that 100% of identified fathers are contacted by the end of the month. The cadence call follow-up greatly increased contacts with fathers as well as paternal relatives during this time. It also increased attempts to contact fathers. **Submitted as completed Quarter 4; ACF did not concur, so the region is submitting additional information.**

IV.G.3: In November, Region 16 reviewed 384 foster care case plans for paternal involvement as evidenced by signatures. (See SIV_GoalG_Action3, Exhibit 4.) Of the 384 reviewed, 27% were signed by the father. Family Preservation reviewed 190 cases, with 35% of the cases having paternal signatures on the case plans.

From July to November 2009, Region 16 also reviewed cases for paternal involvement in FTMs. There were 47 foster care cases reviewed, with 36% of the cases having fathers engaged in at least one FTM and 121 family preservation cases reviewed, with 54% having had fathers engaged in at least one FTM.

% Monthly Contact with Fathers

- May 41.43%
- June 75.24%
- July 74.50%
- August 75.64%

(See presentation, SIV_GoalG_Action3, Exhibits 3 and 4.)

Completed Quarter 5.

IV.G.4: The Region 16 pilot has given the state several ideas to consider. Despite the pilot not having as significant an impact as anticipated, there have been some valuable practice insights. These include the lack of diligent search for fathers, the lack of staff awareness of the need for paternal involvement, how to engage fathers who are not within the household, how to track for father's involvement in the cases and how to engage mothers in the involvement of fathers in their children's lives.

The state has implemented several tools already to address these items:

- A specialized training module, called PEAS and Karots, was designed exclusively for making contacts with parents (SIV_GoalG_Action4, Exhibit 4).
- Specific SHINES tracking reports are separated into "foster care" and "ongoing CPS" stages and provide real-time tracking for cases where parents have not been identified, mothers who have or have not been contacted at any point in the month, and identified fathers who have or have not been contacted at any point in the month. A summary report provides the percentage of contacts. These reports are available to any staff and can be broken down by state, region, county, unit, supervisor, and individual staff. For sample tools, see SIV_GoalG_Action4, Exhibits 1-3. For sample screenshots, see SIV_GoalG_Action3, Exhibit 2. For a newsletter sent to all staff, see SIV_GoalG_Action4, Exhibit 5. For a sample report, see SIV_GoalG_Action4, Exhibit 6.

Completed Quarter 5.

Q5: CB Comments: