Georgia Child Welfare Reform Council

Final Report to the Governor

February 10, 2016 **Stephanie Blank, Chair**

Table of Contents

Background

In 2014, Governor Nathan Deal created the Child Welfare Reform Council to improve Georgia's child welfare system in order to better protect the state's most vulnerable citizens. The Council was modeled after the successful Criminal Justice Reform Council, and has completed a comprehensive review of Georgia's child welfare system followed by a more targeted review in 2015.

The purpose of Georgia's child welfare system is to improve the safety, stability (also known as "permanency"), and well-being of Georgia's children. Governor Deal established the Council because he saw extensive opportunities for improvement in all of these areas of child welfare in Georgia.

Our child welfare system, while making improvements, continues to face major challenges in child safety, permanency, and well-being.

Challenges

Safety	**Permanency**	**Well-Being**
Detecting Child Abuse • Child Protective Services can only respond to the abuse of which it is aware Improving the CPS Workforce • Social workers are overburdened, so they cannot give enough time and effort to each family	Improving Placement Stability • Children in foster care are uprooted too many times, which disrupts their development Expediting Permanency • It takes too long to get children out of temporary homes and into stable families	Improving Children's Lives • Health • Educational achievement • Self-sufficiency in transition to adulthood • Family and community connections • Youth engagement • Trauma-informed care

Because of the urgency of these challenges, Governor Nathan Deal announced the creation of the Child Welfare Reform Council on March 13, 2014. He appointed Stephanie Blank, a longtime advocate for children in Georgia, to chair the Council. A few weeks later, on April 2, 2014, he named the remaining Council members, and they began meeting on May 1, 2014 to determine how to improve our child welfare system in order to better protect Georgia's most vulnerable citizens.

The dedicated members of the Council returned for a second iteration of work this past September. Their work and recommendations are included in this second annual Child Welfare Reform report.

2015 Members of the Child Welfare Reform Council

Stephanie Blank, *Council chair*	Founding Chair, Georgia Early Education Alliance for Ready Students (GEEARS)
Bob Bruder-Mattson	CEO, The United Methodist Children's Home (UMCH)
Lamar Burkett	Pastor; Foster Parent; Advocate
Melissa Carter	Executive Director, Barton Child Law and Policy Center
Hon. Valerie Clark	State Representative, District 101
Valerie Condit Rogers	School Social Worker, Fulton County Schools
Dr. Cheryl Davenport Dozier	President, Savannah State University
Ron Frieson	President, Foundation and Ext. Affairs, Children's Healthcare of Atlanta
Duaine Hathaway	Executive Director, Georgia CASA
Hon. P.K. Martin	State Senator, District 9
Hon. Fran Millar	State Senator, District 40
Hon. Mary Margaret Oliver	State Representative, District 82
Meredith Ramaley	Detective, Smyrna Police Department
Lesli Reece	Ministry Director, Fostering Together, North Point Ministries
Heather Rowles	Executive Director, Multi-Agency Alliance for Children (MAAC)
Hon. Freddie Powell Sims	State Senator, District 12
Judge Steve Teske	Chief Juvenile Court Judge, Juvenile Court of Clayton County
Judge Peggy Walker	Juvenile Court Judge, Juvenile Court of Douglas County
Tyra Walker	Director, WinShape Homes, Chick-fil-a, Inc.
Hon. Wendell Willard	State Representative, District 51
Ashley Willcott	Executive Director, Office of the Child Advocate
Crystal Williams	Former Foster Youth; Founding Member, EmpowerMEnt

Council members continue to represent a variety of constituencies in and perspectives on the child welfare system, from judges to foster parents, legislators to advocates, healthcare workers to educators and academics to former foster youth.

During the fall of 2015, the members of the Council heard presentations from and asked questions of Division of Family and Children Services (DFCS) leaders, providers, and experts in various aspects of the child welfare system.

Child Welfare Reform Council Meetings

September 16, 2015	Senate Bill 138 Implementation Update Division of Family and Children Services Update Mapping Session
October 21, 2015	Foster Family Recruitment and Retention Children's Mental Health Caseworker Supports Subcommittee Meetings
November 18, 2015	Division of Family and Children Services Update Senate Bill 138 Update with budget figures Subcommittee Meetings

In the first meeting, Chairwoman Stephanie Blank offered opening remarks followed by an update on the DFCS Roadshows that she and DFCS Director Bobby Cagle were hosting in communities around the state. They will continue these roadshows in 2016 as well. Virginia Pryor, DFCS Deputy Director for Child Welfare, then gave an update on the progress of implementation of the Child Welfare Reform bill, Senate Bill 138, which was enacted in 2014. The meeting concluded with an update from Director Cagle on the state of the Division. He highlighted important facts and figures including the continued increase of children entering foster care.

The second meeting featured the perspectives of a variety of stakeholders and participants in the child welfare system. Wayne Naugle, Executive Director of Uniting Hope 4 Children, discussed his organization and how many of the services provided can help in the recruitment and retention of foster care families. Council Member Lesli Reece demonstrated the "Care Portal," a service utilized by faith-based organizations to help meet the needs of local foster families. This portal can be expanded to groups beyond the faith community and would allow community members to sign up to provide goods and services to local foster families. Monica Parker, the Director of the Division of Behavioral Health at the Department of Behavioral Health and Developmental Disabilities, presented on the mental health care services available to children in Georgia. Lastly, Jeff Lukich, DFCS Field Operations Director; Colleen Mousinho, DFCS Section Director; and Lee Biggar, DFCS Director of Knowledge Management hosted a panel discussion on caseworker supports. They answered questions from the council members on a variety of topics including compensation, turnover, and services that could be provided to aid caseworkers with the demands of their workload. The three subcommittees met after the full meeting concluded and began their work on the recommendations contained in this report.

At the final meeting, Director Cagle and Deputy Director Pryor returned to provide an additional update on the implementation of SB 138 initiatives. They had the opportunity to to share budget expenditures and future plans for many of the items addressed in SB 138. The chairs of the three subcommittees gave brief presentations on their work to date and highlighted some of their ideas for recommendations. The remainder of the meeting was reserved for the subcommittees to meet in order to begin finalizing their recommendations.

Final Council Recommendations

Below are the Child Welfare Reform Council's final recommendations to Governor Deal. These recommendations were developed by the three subcommittees. The recommendations are listed by subcommittee in the following pages, beginning with Case Worker Supports, followed by Foster Family Recruitment and Retention, and ending with Children's Mental Health.

Case Worker Supports Recommendations

The Child Welfare Reform Council Subcommittee on Case Manager Supports completed an analysis of the complex issues faced by child welfare case managers statewide. The subcommittee addressed this topic from a variety of perspectives, including that of case managers, Department of Family and Children Services (DFCS) leaders, child welfare specialists, services providers, council members, legislators, and the public. The recommendations within this report are intended to mitigate the most crucial issues that case managers face on a daily basis in Georgia.

Despite the fact that case managers work diligently on the front-line to save and protect abused and neglected children, they are often negatively perceived as the enemy by parents, the public, media, and local stakeholders. For many case managers, this perception impacts their personal self-worth and confidence. DFCS must begin by changing the way case managers are perceived by Georgia constituents in order to recruit, retain and develop the quality of their important work.

There is an implicit relationship between finances, training, and retention within child welfare agencies that can have a drastic impact on case managers if their needs are not met in these areas. Each area of need can be visualized as a single point of a triangle; together, when these needs are met, they create an environment for case managers to conduct quality casework for the betterment of the child welfare system. The recommendations in this report prioritize these vital needs and give due consideration to budgetary realities.

Governor Deal's leadership and focus on the child welfare system has allowed the Council and Georgia to make great strides in this arena. With the continued leadership and support of the Governor and the Georgia General Assembly, the Child Welfare Reform Council hopes these recommendations will further this progress.

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Financial Supports

1. Hire additional case managers and other staff to assist in lowering caseloads. Improvements should be made to the hiring process.

As an on-going recommendation, additional case managers are needed in order for the child welfare system to be improved. Caseloads continue to rise in each county, resulting in an increased need for additional case managers to meet the burden of this workload. In order to meet and maintain Governor Deal's caseload ratio of one case manager for every fifteen cases, we must provide counties with a larger, properly trained staff. DFCS should continue to institute Governor Deal's 2015 plan to hire an additional 175 case managers each year until each county is properly maintaining the caseload standard.

The DFCS University and College Adviser Committee, championed by Michelle Barclay with the Supreme Court of Georgia Committee on Justice for Children, has shared early and promising results of an Employee Selection Protocol being developed by UGA School of Social Work. A formal evaluation of this protocol is needed and should include the ability for local DFCS offices to advertise and hire case managers and supervisors utilizing the statewide mandated minimum

standards. By allowing the local offices to advertise and hire, each county will have a more efficient method of hiring applicants who are qualified and meet the personnel needs of the current staff. Furthermore, DFCS is encouraged to explore the use of assessment tools during the hiring process to assist in the selection process.

Additionally, policies regarding capacity have often resulted in delays for newly hired case managers to begin working. Some have reported that it can take three to four months for newly hired employees to be given a start date, and many qualified case managers can be lost during this lengthy waiting period. DFCS should permit counties to immediately replace those case managers who vacate their positions in order to overcome the delay.

2. Increase starting salary to meet the competitive market rate.

The starting case manager salary in Georgia is $28,000 for a Bachelor's in Social Work (BSW). This is below the market rate when compared to that of case managers in other states and other positions that require similar education and expertise. A low salary may decrease case manager confidence and organizational commitment. Consequently, DFCS is unable to effectively compete for qualified applicants. They often train new case managers who leave for a higher paid position prior to completing any substantive work for the Division.

DFCS should conduct a research study into the possible strategies to align Georgia's salaries with the current market value for similar positions. Additionally, DFCS should consider providing recruiting bonuses for new case managers who successfully complete training with additional payments to be made at the end of the year. This could be used in collaboration with a retention bonus for veteran employees with long-tenure and stipends for supervisors.

3. Increase the number of quality service and treatment providers statewide and improve the administrative process for providers.

A critical issue DFCS is facing is a lack of quality service providers across the state. Local staffs have reported that there are few service providers willing to serve DFCS clients. Many service providers who work with the state report that they are often overwhelmed by referrals, and the volume of referrals is too large for them to meet the demands of the agency. In some instances, the process for requesting a service provider, making contact with the client, and ensuring documentation of completed services can take months due to the bureaucratic red tape for providers.

Providers should be trained on trauma from a curriculum of the National Child Traumatic Stress Network. Service providers should have the knowledge, skills, and resources to either provide or connect clients to evidence-based direct services to children who have experienced trauma. Project Best in South Carolina is a potential model for review in this topic.

The DFCS University and College Adviser Committee could also assist DFCS in developing community practitioners to address primary prevention of child abuse and neglect. Faculty from health and human services disciplines are frequently seeking opportunities to engage the community in applied and translational research.

Without a robust service array, children and their parents are less capable of acquiring the knowledge and skills necessary to improve family functioning. As a result, children remain in foster care for longer periods of time. By applying the recommendations above, DFCS clients and personnel can work to achieve case plan goals for the betterment of children involved.

4. Explore opportunities to provide child care assistance to case managers.

DFCS case managers are often expected to be on call, work after hours and sometimes through the night. Frequently, the realities of the position make it difficult for case managers to manage their personal child care needs. One DFCS employee explained to the Committee that many staff members were struggling and feeling as if they had no real breaks for their own families.

DFCS is encouraged to examine opportunities to partner with local child care providers to assist with financial relief or flexible scheduling opportunities for DFCS case managers. The Department of Early Care and Learning is a valuable resource for DFCS as the agency has previously developed ways to lessen the burden of child care for its employees. It may also be beneficial for DFCS to research similar programs in other states in order to develop strategies for supplying subsidized child care as an employment benefit for case managers.

5. Continue providing transcription services to case managers.

Happy Faces transcription service has been used by DFCS to enhance field operations by allowing case managers to enter case notes by dictation. Local staffs have indicated to the committee that it is a time-efficient tool and desired resource among case managers as it increases their work productivity and time management. However, the service is no longer fiscally supported.

Current estimates suggest that it will cost approximately $200,000 to support the services for the remainder of the fiscal year. DFCS should research similar services that may offer a more cost effective resource to our case managers.

6. Hire additional family service workers in counties where it is most needed.

DFCS should consider hiring additional family service workers. These workers are lower paid staff who assist with smaller tasks in order to relieve some of the burden from case managers. Their duties include assisting with referrals to other agencies, transporting children between placements or medical visits, and other tasks related to the position. Hiring family service workers will allow case managers to focus on the in-depth case work needed to provide quality assistance to clients.

Family service workers could be assigned by region to be utilized in areas they are most needed. For example, Region 14 (Fulton/DeKalb) currently has seven family services workers serving the area. Unfortunately, Fulton County approximates that they currently need up to fifteen positions, and DeKalb currently needs ten to twenty of their own. Investing in these workers could help case workers and could indirectly reduce caseload in counties by making casework work effective.

7. Develop policy to ensure prompt reimbursement of expenses.

Case managers reported some delay in reimbursement of expenses for travel. While evidence shows that most reimbursements were received within seventeen days, this may still place a financial burden on case managers, impacting their personal financial security.
DFCS should localize reimbursement of expenses so that it can occur within two weeks of *proper* submission of the appropriately approved expense request. In larger metro counties and

other counties where appropriate, DFCS should explore the use of local positions or staff to assist with transportation. Currently, these positions are housed in state DFCS offices, and a more localized approach could help remediate any current or future issues.

Education and Training Supports

Currently the DFCS human resources software contains information regarding the highest degree level achieved by each employee, such as a Bachelor's, Master's or Associate's degree. DFCS was able to use this software to identify the portion of case managers who have obtained a degree in Social Work. At this time only 10.2 percent of the Social Services Case Manager (SSCM) Specialists have a Master's in Social Work, and only 16 percent of the SSCM Advanced have a Bachelor's in Social Work.

There is a critical need to further professionalize the DFCS workforce. By hiring credentialed social workers and supporting educational advancement, DFCS can begin to improve the quality of casework and the reputation of the Division.

1. Develop and utilize field practicum training for new and veteran employees.

Case managers should be permitted to attend trainings during regular business hours that adhere to the field practicum of solutions based casework. Solution based casework training will enhance their skills for assessing safety and well-being. Some case managers have reported that they are unable to attend such trainings due to the need for office coverage within their county. Such circumstances should be accommodated by the county in order to prevent any loss of optimal training time for any case manager.

Additionally, the county should encourage newly hired case managers to attend a field practicum of solutions based casework prior to handling cases on their own. Counties can increase the quality of casework by having a thorough mentorship period in the interim. During this time, new case managers will conduct in-depth field work on cases with the mentorship of another case manager or supervisor. This will allow for on the spot mentoring that will provide experience for working cases, conducting panel reviews, provider visits, referrals, unit meetings, and court. By pairing new hires with a veteran employee, local staff can foster relationships and provide new case managers with support to assist with nerves and stress that are a part of the job at DFCS.

2. Assist with the provision and payment of work related certifications.

Case Managers are encouraged to receive continued social work education through various certification programs offered within Georgia. However, many case managers and supervisors find that the costs of the certifications prevent them from pursuing this continued education. DFCS could benefit from creating a program that would provide financial assistance for application or registration fees related to obtaining a certification as a case manager. By offering this as a benefit to the position, DFCS would increase the skillset of its staff members. The certifications may include those for forensic interviewing or trauma related injuries, both of which would allow case managers to be more educated on topics regarding patterns of abuse.

In order to achieve this goal, DFCS could work to establish partnerships with Universities willing to provide on-site certifications or partial course offerings related to BSW or MSW degree

programs. This will allow case managers to become more marketable candidates for other positions within the Division, and they will advance the professionalism of DFCS.

3. Increase potential for IV-E funding for social work education for DFCS employees.

IV-E funding for Social Work education offers financial assistance for individuals pursuing a higher education degree in social work. Case managers that are IV-E eligible who wish to advance their education could utilize this funding to obtain a Bachelor's or Master's degree. This funding is limited to individuals pursuing a degree in social work.

By offering assistance to employees, including case managers and supervisors, DFCS will advance the skillset and expertise of their frontline workforce. Utilizing funding for these programs is considered an investment into the employees within DFCS. The funds could be used for current DFCS employees pursuing a Bachelor's or Master's or for interns working within county offices who wish to pursue a Bachelor's in Social Work.

4. Expanding the use of DFCS internship opportunities for social work students.

Internships are currently available in counties across the State for individuals who wish to gain experience regarding child welfare. While these internships are unpaid, the candidates are usually in the process of pursuing a Bachelor's or Master's degree in Social Work, and they are seeking experience in the field to gain more insight. DFCS should increase the promotion for these internships and broaden county access to these positions.

While confidentiality and safety are among the concerns for many when considering advancement of these positions, the benefits of engaging with Social Work students are great for DFCS. Internships allow case managers and supervisors to closely interact with future social workers who will help lead the child welfare system. These interns are given the opportunity to demonstrate their dedication to DFCS and child welfare, and the work that is accomplished can be used to evaluate their value as a future case manager.

Recruiting and Retention Support

Case managers are not working a typical entry level desk job. These jobs are multi-faceted, ever changing field positions that often require emergency response and high levels of stress. The risk factors for these employees are great, and their dedication should not be undervalued. Simply put: these jobs save the lives of children. The work of case managers should be recognized and rewarded. Each case manager should be proud of the work they do for our state. By improving their confidence and pride in casework, DFCS can improve the quality of services provided to children and families in Georgia.

1. Institute a mentoring program within local offices for case manager support.

It is essential that DFCS hire and train supervisors and mentors who can spend quality time with case managers, provide feedback, model and coach staff. Having a system of support for the frontline workforce will increase the confidence and stability required to meet the current demand for social services. These mentors or supervisors can help connect case managers to local resources for families or contacts across the State that may help them do their job more

effectively. State DFCS leadership can work with mentors and county administrators to provide case managers with a support system that extends Division-wide.

Mentorship programs ensure that newly hired case managers are equipped with the tools to do their job, but these programs also establish a sense of comradery amongst employees. Establishing strong ties helps increase retention and improves the child welfare system as a whole.

2. Focus and develop continued supervisor training and enrichment programs.

Supervisory support is one of the most important variables related to retention and turnover. There is a need to provide increased training for supervisors and other administrators. Case managers need supportive and well-trained supervisors who understand the importance of their role in reducing turnover. Supervisors should be well versed with professional contacts in their jurisdiction. These contacts may include hospital personnel, crisis centers, law enforcement, school personnel, child advocacy centers, the District Attorney's Office, and any other professionals who can assist in the safety and protection of children.

DFCS should invest in continued leadership training for supervisors. By developing the skills and leadership of the supervisors, each county can ensure that their case managers have a commendable lead to follow. Supervisors and managers should have opportunities to participate in yearly leadership skilled-based retreats to advance this goal.

3. Expand marketing strategies to brand DFCS case managers as "heroes."

DFCS case managers work in the field and experience high-risk scenarios in order to ensure the safety of children in Georgia. Despite their best efforts, many still maintain a negative view of case managers and the work they do for our state. The negative perception of DFCS and case mangers greatly impacts the recruiting process for these positions.

DFCS must begin to develop strong marketing and branding that advocates and praises the work of the frontline workforce. DFCS case managers should be viewed similarly to law enforcement and other first responders. Adjusting the perception of these employees will improve the reputation of the agency and increase the self-confidence of caseworkers as well. Immediate supervisors should send a memo or a letter of commendation to administrative staff praising the employee. It would also be helpful to provide positive press releases to the media about the good work case workers are accomplishing. Consider developing a marketing campaign for the media to showcase DFCS success stories. While being mindful of confidentiality issues, the public needs to hear about the amazing work DFCS is doing.

DFCS should identify new and veteran personnel to represent the Division's frontline during these marketing campaign efforts. These employees can attend local job fairs, school or college programs, or other venues to speak about social work and opportunities for employment with

DFCS. Aside from improving the morale of employees and giving them a sense of importance, these engagements would be an ideal opportunity to find potential candidates for positions at the local level.

4. Explore opportunities for flexible work schedules for case managers and supervisors. One of the most stressful parts of a case manager or supervisor position within DFCS is the strict and often unpredictable work schedule. As noted previously in the report, some case managers have spoken with the Committee to emphasize the stress the position places on their families. DFCS should consider exploring the potential of utilizing temporary permanent employees, night shifts and split shifts. By instituting these types of policies, DFCS can improve the quality of life for case managers and reduce the need for investment in alternative support programs.

The Committee encourages the development of inter-county partnerships between case managers in different areas of the state. These relationships can help to reduce excessive travel by case managers. Additionally, DFCS should increase support for the use of Skype or other teleconferencing options available. These types of services can offer opportunities to build relationships with service providers or DFCS workers in different areas. This type of communication is especially effective when a dialogue is required between local staff members and a case manager in an area where the child is placed.

5. Evaluate the needs of employee groups at high risk for turnover in order to create programs and policy changes that will better meet their needs.

DFCS should begin to evaluate the rate of turnover in relation to specific employee groups. The research gathered from this type of analysis will allow the Division to focus on groups with the highest level of turnover in order to properly allocate resources to combat the issue.

The recommendations within this report are intended to improve areas that may contribute to this high turnover, but other recommendations could be made through this focus on risk groups. Conducting research into risk groups within the agency will help improve the strategy for developing the child welfare system as a whole.

6. Improve employee assistance for trauma relief and emergent field situations.

As noted previously, case managers are often placed in high-risk scenarios in the field. The Committee has explored the needs of case managers during these scenarios. To begin, it is important that DFCS create a standard of accessibility to supervisors, administrators, or county directors when in the field during or after normal business hours. DFCS should develop virtual/remote supervision capability services to allow supervisors to provide guidance to case managers from any location.

DFCS should consider investment in the development of a panic button technology for all case managers. This technology would be provided to all case managers to discreetly call law

enforcement for assistance while in the field if needed. The Council made this recommendation in last year's report. DFCS should continue to monitor the need for such a device and consider further development in this area.

Case managers have noted the importance of having the Employee Assistance Program deployed to the site of a traumatic event as soon as they are notified. This program is crucial as it provides services to the employees involved who may need onsite assistance after such an event.

Additionally, a standard operating practice should be established to address employee needs during or following a serious injury or death, high profile case, or other high trauma circumstance. The standard operating practice would outline the opportunities for counseling and services to the employee to assist with any secondary trauma.

Foster Family Recruitment and Retention Recommendations

The expressed interests of the members of the Foster Parent Recruitment and Retention Subcommittee resulted in three priorities: developing strategies to increase placement capacity; improving the quality, consistency, and adaptability (both in delivery and content) of foster parent training; and diversifying the state's foster parent recruitment and retention efforts. Every intention was made to develop recommendations that built upon the previous work of the Council and which also reflected the status of current DFCS implementation efforts and funding priorities.

Foster Care Placement Capacity

Initial discussions within the subcommittee focused on the current "crisis" in placement capacity. Rapid growth trends in the number of children in foster care – from a low of approximately 6,500 in 2011 to more than 12,000 at present – has overwhelmed the state's placement resources. Foster homes are not available in adequate supply, and placements that do exist are not differentiated enough to meet the individualized needs of children who come into care. Consequently, children are displaced from their local communities, which puts stress on their relationships with family and community and increases time and travel burdens on DFCS' workforce. Some children may also be placed or retained in settings that are not appropriate for their needs. For example, children are being housed in hotels for extended periods of time, and children are remaining in intensive residential programs not because of clinical necessity but due to lack of available and appropriate "step-down" options.

Of note, in its 2014 Final Report to the Governor, this Child Welfare Reform Council recommended, with respect to foster parent recruitment and training, that DFCS "strengthen [its] efforts to recruit, retain, and support foster parents and respite caregivers by developing robust public-private partnerships …." The Council also recommended that the agency engage university partners to evaluate the existing foster parent training curriculum. The recommendations that follow under the heading "Foster Parent Training" echo the need for these concrete steps and go further, to propose specific design features of a training curriculum that better reflects adult learning principles.

Concerning placement array and capacity, the Council previously recommended that DFCS conduct a study of all Room, Board, and Watchful Oversight (RBWO) placements and address any gaps in the continuum of care that are identified from that study. The Council also recommended that the agency develop standards for therapeutic foster care providers. Building from those recommendations, the subcommittee offers the following proposals for consideration by the Council:

1) Performance Based Contracts

DFCS should pursue to completion the study of RBWO placements and identify gaps that exist in the continuum of care. As appropriate, Council members and other stakeholders should be consulted to assist with designing the scope of the evaluation and selecting the vendor. Once completed, any final report and recommendations should be provided to the Council in order to facilitate an opportunity to make broader and deeper recommendations for reform. Based on

findings from that study, DFCS should strategically invest its resources in the development of a full continuum of care, reinforced by performance-based contracts that tolerate risk where innovation is needed and that incentivize the alignment of outcomes between DFCS and its privately contracted providers.

As reported by DFCS, the majority of the $5.8 million budgeted last year to improve recruitment and training of foster parents appears to be dedicated to building and fortifying resource development assets within DFCS. The subcommittee recommends that funds should also be committed externally to providers that are willing and able to pursue innovative strategies and demonstrate measureable positive gains in the areas of children's safety, permanency, and well-being.

A true performance-based contracting model should be adopted with structured incentives that promote shared outcomes for children. Such an approach will help align the child welfare system's focus on outcomes with how services are financed. By doing so, DFCS will be positioned to capably fill gaps in the continuum of care, both in terms of number of placements and, more importantly, in terms of the ability to respond to the individualized needs of children in the foster care system.

2) Relative/Kinship Care & Respite Care

In collaboration with its partners and system stakeholders, DFCS should develop targeted strategies to increase the use of relative (kinship) care. Because of the state's reliance on private providers, an essential component must be the provision of technical assistance and other supports to providers that, in turn, will enable them to recruit and support relative caregivers at all levels of base and specialized care.

By federal and state law, relatives are the preferred placement and caregiving resource for children who must be removed from the custody of their parents; research shows that children in relative placements benefit from greater stability because their connections with family, and often community and school, are preserved. Kinship care may also offer an opportunity to divert children from entering foster care unnecessarily. Agency policies and practices, however, do not always recognize or honor the value of kinship care.

Based on the most recent data available, only about 24% of Georgia's 10,000 children in foster care are placed with a relative. This statistic represents a missed opportunity to take advantage of naturally existing placement and care resources for many children in need. Moreover, our failure to make more concerted efforts to place children within their extended families directly affects permanency and well-being outcomes. Director Cagle has already acknowledged these tradeoffs and set a target of 50% relative (kinship) placements.

In addition to making a concerted effort to increase the number of children in foster care who are placed with relatives, DFCS must ensure that equitable supports and resources exist for all relative caregivers. In Georgia and elsewhere, a relative may provide care for a child through formal or informal arrangements. That is, a relative may complete foster parent training and be formally approved as a foster parent, or a relative may accept a child without going through that process. This flexibility is important to retain in order to accommodate the sensitive and complex dynamics of families. However, at present, the distinction between types of relative placements implicates the services and funding available to the caregiver. For example, a relative foster parent receives a higher per diem than a relative who has not been approved

formally as a foster parent. Agency policies must be examined to identify and correct these inequities to reinforce strong practice that prioritizes and supports relative placements.

In a similar vein, DFCS policies should be examined to identify opportunities to promote respite care. Some families in the community are interested and willing to provide such time-limited care but are reluctant to engage with the child welfare system because of real or perceived process burdens. These barriers to involvement must be reduced and, wherever possible, eliminated in order to promote a simpler and more direct pathway for families who do not intend to be full-time foster parents.

Foster Parent Training

An essential feature of the foster care placement continuum are the foster parent caregivers who serve as temporary – and sometimes permanent – families for children in care. In order to expand and enhance the placement continuum, more foster parents must be recruited. And, as importantly, they must be retained. Foster parent training is the first access point for a prospective foster parent, yet subcommittee members observed that existing training is not adequately preparing prospective foster parents for the challenges of parenting a child in foster care. As a result, foster parents do not have realistic expectations and are not well prepared to meet the needs of children placed with them. When children do not thrive, foster parents are discouraged from continuing as placement resources.

IMPACT training is a standard pre-service curriculum, but the content lacks rigor and the delivery lacks flexibility to meet the needs of foster parents. Building on research undertaken last year by the Council, the subcommittee's recommendations in this area emphasize the need for high-quality training that is professionally delivered and adaptable as the needs of foster parents evolve and training requirements change.

1) Modernize the deployment and content of foster parent training

DFCS should explore online delivery of the IMPACT core curriculum. Modernizing the delivery platform will allow base level knowledge to be available at any time at a consistent level of quality and, in that way, will expand access points for prospective foster parents. This phase of training should facilitate self-directed inquiry and, by doing so, help prospective families determine if fostering or adoption suits them.

The basic online curriculum should be supplemented by more sophisticated content, delivered through an experiential learning design. The training should be interactive, including offering opportunities for role-playing with experienced foster parents or skilled clinical staff. Additionally, principles of trauma-informed care should be embedded throughout.

Beyond the basic curriculum, modules on advanced topics should be available for ongoing, in-service/continuing education. Examples might include specific behavioral health disorders and the effects of trauma. These modules might also include content required by federal law, such as the "reasonable and prudent parenting standard."

Tests to gauge mastery of concepts should be included at the end of each training segment to ensure understanding about the role of and expectations for foster parents.

To accomplish these revisions, DFCS should establish a stakeholder group of affected and interested groups to help design the content and delivery of foster parent training, and should be offered in community venues such as churches or community centers.

Foster Parent Supports and Services

To assist DFCS' foster parent recruitment efforts, members should focus on technology supports that would simplify and make seamless the connection between needs in a local area and people in the community who can meet those needs. The primary recommendation is for DFCS to pilot the "Care Portal," which allows the agency to broadcast the needs of children to a network of churches that have expressed an interest and willingness to help meet identified needs. The pilot would focus on tangible/concrete needs first, but the architecture and strategy for the interface offers potential for recruitment, promoting events, and other applications, including preventing unnecessary removals to foster care. More about the "Care Portal" is available at: https://goproject.org/care-portal/.

Children's Mental Health Recommendations

There are two powerful periods of brain growth for children, early childhood and adolescence. What happens to a child during the course of his or her brain development in childhood sets the stage for good mental health or plants the seeds for mental illness. The following recommendations are informed by the best research-based practices, particularly for serving children under the age of seven.

Increase the access to mental health services to foster youth in the State of Georgia under the age of seven

The basis for mental health for children under the age of seven is defined as a healthy attachment to an appropriate, nurturing adult who can and does meet the needs of a child on a consistent basis. Children within the child welfare system have some disruption of their primary relationship that requires referral to a service provider who can work with the child, the child's caregiver, and the child's future custodian to strengthen the relationship between the child and the adult who is responsible for meeting the needs of that child.

There are various forms of services that are proven to be effective, including: child parent psychotherapy, play therapy and child parent interaction therapy. The service provider can work with all who are within a child's circle of care to assist them in meeting the child's social and emotional needs. When the relationship between the child and the adult is strengthened, the adult is in a better position to meet the needs of the child and the risk for further abuse and neglect is significantly reduced (40% reduction). Consistency with a service provider is necessary; using the same company is not enough. This type of work is about building relationships. Children need to see the same faces and to be in the same places to reduce trauma and enhance mental health.

1) **Early intervention**

Examine the costs required and benefits associated with referring all foster children and family preservation cases with young children for services[1] to strengthen the relationship between the child and the adult responsible for their care. To satisfy the increased demand for services, capacity with service providers in psychiatry and psychology to meet the social and emotional needs of children under the age of seven must be built. This is a work force development issue as this is a field that is understaffed and underpaid. Some regions of the State have few, if any, service providers qualified to provide these services

This recommendation requires policy changes and work force development.

[1] Such services, if deemed to be "necessary to correct or ameliorate" a physical or mental illness or condition could be covered by the EPSDT benefit described more fully herein.

Maximize knowledge capacity and service utilization through staff training, interagency collaboration, data collection and reporting, policy changes, active case management and assessment and screening tools

1) Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

DFCS case managers, children's representatives, caregivers, and juvenile court judges must be educated on the EPSDT benefit and exercise oversight and accountability for health and mental health services needed by individual children.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the federal Medicaid program's benefit for low-income children and adolescents, from birth to age 21. Because children in foster care are categorically eligible for Medicaid, all children in foster care are entitled to EPSDT benefits. This entitlement includes provision of any medically necessary services recommended by a medical provider, including mental health services, and can be enforced through individual federal court action.

By providing a comprehensive array of prevention, diagnostic, and treatment services, the EPSDT benefit is intended to assure early detection and care of health problems occurring in children. Medicaid-eligible infants, children and adolescents are entitled to any treatment or procedure that falls within any of the Medicaid-covered services if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions. Covered services include, but are not limited to, physician, nurse practitioner and hospital services; physical, speech/language, and occupational therapies; home health services, including medical equipment, supplies, and appliances; treatment for mental health and substance use disorders; and treatment for vision, hearing and dental diseases and disorders. All medically necessary services included within Medicaid's categories of mandatory and optional services must be covered, regardless of whether such services are covered under Georgia's State Medicaid Plan.

EPSDT requires coverage for regular check-ups, scheduled in accordance with the American Academy of Pediatrics Bright Futures guidelines. It also requires coverage of medically necessary "interperiodic" screening outside of the state's periodicity schedule.

Children in foster care disproportionally acquire mental health diagnoses and are at greater risk for substance use. Treatment for both is available under the Medicaid service categories covered by the EPSDT benefit, and is wide-ranging enough to meet each individual child's needs. Rehabilitative services, for example, are inclusive of community-based crisis services and intensive outpatient services, individualized mental health and treatment substance use treatment services (including in non-traditional settings such as a school, workplace or home), medication management, counseling and therapy and rehabilitative equipment. Services do not need to actually cure a disability or completely restore an individual to a previous level of functioning; rather, services are covered when they ameliorate a physical or mental disability.

The EPSDT benefit also encompasses personal care services, oral health and dental services, and vision and hearing services. When deemed medically necessary, case management services and more specialty services and supplies are also covered, such as organ transplants and related services, nutritional supplements, or a specially adapted car seat needed by a child with a medical problem. Enabling services, including transportation, language access and culturally appropriate services, are also covered.

Amerigroup is currently on a limited basis attempting to determine whether EPSDT services are being provided in compliance with federal law. The determination of whether a service is "medically necessary" is made on a case-by-case basis, taking into account the particular needs of the child. We encourage DFCS to work Amerigroup, as the state's managed care entity for children in foster care, to ensure that Amerigroup takes into account each child's long-term needs, not just what is immediately required, and further, that Amerigroup consider all aspects of a child's needs, including nutritional, social development, and mental health and substance abuse disorders. The existing oversight committee for the Amerigroup contract should follow up on progress being made on compliance with EPSDT federal mandates. At a minimum, Amerigroup should provide periodic reports on EPSDT compliance data from all regions of the state.

2) Cross Training

DFCS should examine how to best cross train employees on Medicaid; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); Temporary Aid for Needy Families (TANF), Individuals with Disabilities Education Act (IDEA) Part C Services, Department of Early Care and Learning (DECAL) Quality Care ratings and early intervention efforts, subsidized child care program (CAPS), Early Head Start, Head Start, early special education, and special education.

An array of prevention, early intervention, and treatment services already exists and are underutilized as there is not an understanding and training about what is available and how to access it. Brain development begins in pregnancy so medical care, good nutrition, reduction of stress (specifically poverty and violence are significant stressors) and restraint from the use of alcohol, drugs, and tobacco are necessary for optimal development. Enrolling pregnant women on insurance to begin medical care and with WIC to assure adequate nutrition are vital to the health and well-being of the baby. Educating parents on how to maintain medical coverage is important so that children continue medical care throughout childhood. To effectively build a public health model for good mental health, pediatricians must screen for social and emotional well-being of children as part of wellness checks and make medically necessary recommendations of services that support social and emotional development especially in cases where children have difficulty with eating, sleeping, potty training, attachment, separation anxiety, peer or sibling interaction, and self-regulation.

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires all substantiated cases of abuse and neglect of children under the age of three be referred for IDEA Part C services. Part C services are housed in the Department of Public Health in Georgia and are

administered as the Babies Can't Wait (BCW) program. The purpose of this program is to provide a coordinated, comprehensive and integrated system of services for infants and toddlers with special needs, birth to age 3, and their families. These services are intended to facilitate early detection of and screening for developmental delays and chronic health problems. They include multidisciplinary evaluation and assessments, service coordination, and access to early intervention services ranging from counseling, occupational and physical therapy, and home visits to assistive technology devices, nursing services, and transportation. To qualify for services, a child aged 0 to 3 years must have a diagnosed physical or mental condition known to result in a developmental delay or have a diagnosed developmental delay confirmed by a professional team. Presumably, a child entitled to services under Babies Can't Wait has an additional or duplicative entitlement to services afforded by EPSDT—it is essential these programs be coordinated to prevent duplication, reduce cost and to confirm compliance with the relevant statutes.

Experience indicates that referrals to Babies Can't Wait are made, but there is no follow up, and/or follow through. There is underutilization of a system specifically designed to support children at high risk for developmental disabilities to receive services at the earliest point of identification.

3) Coordination Across Agencies

Schedule monthly staffing between Babies Can't Wait Children with Special Needs Coordinator, Foster Care Supervisor, and a Court designee to staff cases of children under 36 months to determine:

- Was the referral made to Public Health for Babies Can't Wait?
- Was the appointment made for screening the child with BCW?
- Was the appointment kept?
- Were there recommendations for services?

This must be documented in both the Court file and DFCS file with a copy of the Ages and Stages Questionnaire and recommended services. The experience of juvenile court judges instructs that, despite years of ordering this to occur, it does not happen unless proof is required by the Court.

When services are recommended, the Case Manager should update the case plan to include these services. The Special Assistant Attorney General must file a motion to modify the case plan and make it an order of the Court.

During the monthly staffing, Public Health must report whether the services were utilized. If services are not utilized, action must be taken to enforce the order of the Court.

After the initial screening, children are reassessed at four month intervals or such frequency as is designated by Babies Can't Wait. Developmental delays as a result of substance abuse often do not emerge until age two or later, making reassessment vital.

Children who do not achieve developmental milestones by 33 months of age must be transitioned by 36 months into early special education with the local school system to support optimal development.

Staffing should begin with foster children and expand to include family preservation cases as an effort to avoid removal to foster care.

This recommendation can be achieved through policy changes, training and memorandum of agreement/understanding within the agencies and with the Court.

4) Medical Records

Examine the costs associated with developing and implementing a comprehensive and accessible web-based medical and payment record system.

Amerigroup and DCH have made extensive progress in making medical records available to providers through web-based medical and payment records. There is a continuing need however, for a more comprehensive medical file to be available to providers to ensure good medical care and coordination. For instance, providers must be able to know from current web-based data how a child responds to a prescribed psychotropic prescription, or even if the child actually took the prescribed medications. Treatment notes or other narrative reports providing information on side effects or progress from a particular treatment should be included in the medical records. Amerigroup and DCH should report on the status and timetable for expanding on the on-going creation of a web-based medical file to achieve better care.

5) Utilize Centers for Disease Control and Prevention (CDC) Resources

DFCS caseworkers, the child's treatment providers, and the child's representatives should consult the Clinical Growth Charts for boys and girls published by the Centers for Disease Control and Prevention (CDC) as part of their routine case management and treatment intervention responsibilities.

A child's growth tells a story of the fit between the child's and family's ability to meet those needs adequately. As such, it can signal an undiagnosed medical problem, thereby indicating that the child's basic needs are not being met. The basis for mental health is the absence of adverse childhood experiences; a child's basic needs must be met in order to promote his or her mental health. The CDC growth chart is a free and outstanding tool that is not presently utilized but should be.

Achieve safe, stable and permanent placement of children in a home with a nurturing adult caretaker within one year of intervention

1) Community Engagement

Train and engage community partners to coach families with open family preservation cases on building protective factors and reducing risk factors.

The single most important factor in the healthy physical and mental development of a child is a safe, secure attachment to an appropriate nurturing adult who can and will meet the needs of the child on a consistent basis.

DFCS has the ability to petition cases without removal to foster care to use the authority of the Courts to resolve the issues in order to reduce trauma to children, increase compliance with services, and decrease the risk for mental illness from the trauma of removal. These family preservation cases are ideal for community partnerships with faith based or other organizations working together to strengthen a family without removal. Look at the framework of developmental assets provided by The Search Institute (www.search-institute.org). The proposed changes to federal child welfare finance reform will support these efforts.

2) Foster-to-Adopt

Adopt more strenuous practice standards for concurrent planning and foster-to-adopt placements.

When children are removed from the home, they should be placed with someone they know, love and trust whenever possible. If a child under age seven must be removed and placed in foster care, the foster home must be willing to adopt if reunification is not successful. This provides children with a real concurrent plan from the beginning, stabilizes placement and avoids further trauma by preventing disrupted attachments when a child moves from his or her foster family to an adoptive family if reunification is not successful. If there are relatives who can and will take a child that are identified after placement in foster care, the home evaluations and Interstate Compact for the Placement of Children (ICPC) requests must be completed as soon as possible and no later than the 75-day review. Children must be transitioned for both visits and changes of custody in a developmentally appropriate way to support their well-being.

Each child needs a circle of care to include the parents, other relatives, and foster family who work together to meet the social and emotional needs of the child in addition to physical and educational needs we are accustomed to addressing.

3) Enhance Family Preservation Efforts

Enhance family preservation efforts by filing court petitions and using community partnerships to strengthen families without removal to foster care.

When removal of a child to foster care is necessary, DFCS shall choose a foster to adopt home for placement of children under the age of seven as a means of reducing trauma and promoting mental health. The child's concurrent plan is identified with a specific person and an approved home by the 75 day review for relatives within the State of Georgia. The ICPC application will be completed and into the State office by the 75 day review, or earlier, if the relative is out of state. The expedited process and order shall be used for infants and toddlers who are eligible for an expedited ICPC.

This recommendation requires policy changes and resource development.

Promote coordination between and among the agencies and entities that, collectively, provide and administer mental health services for children through creation of a State Plan for Children's Mental and Behavioral Health Services

Children's mental health services are administered through programs and initiatives led by state agencies including the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Early Care and Learning (DECAL), the Division of Family and Children's Services (DFCS), the Department of Juvenile Justice (DJJ) and the Department of Education (DOE). To a greater or lesser extent, each of these agencies is independently and in collaboration with external stakeholders adopting principles of trauma-informed care in their practices and policies and some contract for the provision of direct services for children in their care and custody. In addition, the state has transitioned children in foster care and receiving adoption assistance, as well as select youth from the juvenile justice system, to a single statewide Care Management Organization, Amerigroup. The combination of these efforts can result in a more robust service array and framework for children's mental health or, if not coordinated effectively, can result in further diffusion of responsibility and accountability for those critically needed services. As it is, stakeholders of each of these systems are confused about the array of services and the delineation of responsibility for developing, maintaining, and assuring the quality of children's mental health services. Accordingly, a Children's Mental and Behavioral Health State Plan should be developed and actively monitored for implementation by a designated state agency or relevant entity. This plan should represent an agreement by the relevant entities to the state describing how children's mental health services are administered, identifying existing children's mental health resources, assessing gaps in the service array, and presenting strategies for improvement in the amount and quality of children's mental health services and addressing barriers to access.

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