



Georgia Child Welfare Reform Council

Appendix

January 9, 2015

Stephanie Blank, Chair

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Press Release Announcing Establishment of Council

Deal: Council will work to reform child welfare system

March 13, 2014

Gov. Nathan Deal today announced the creation of the Child Welfare Reform Council to improve our child welfare system and better protect Georgia's most vulnerable citizens. Modeled after the successful Criminal Justice Reform Council, this council will complete a comprehensive review of the Division of Family and Children Services and advise the governor on possible executive agency reforms and legislative fixes if necessary.

"After meeting with numerous stakeholders including former foster youth, juvenile court judges, providers and child advocates, it was clear there was a need for a more deliberate reform process of the child welfare system," Deal said. "We have no greater responsibility than caring for our most vulnerable populations. If we do nothing else, we must always do everything in our power to assure that our children are safe and that they get their best shot at a good life. I am confident this council will produce meaningful and thoughtful reform recommendations."

Stephanie Blank, a longtime champion of children and education, will chair the council and will work in conjunction with the Governor's Office and the Department of Human Services. A complete list of council members will be announced in the coming weeks.

Stephanie Blank

Blank serves on the Georgia State Advisory Council on Early Childhood Education and Care established by Gov. Nathan Deal, the Children's Healthcare Of Atlanta System Board, First Lady Sandra Deal's Children's Cabinet and is the founding chair of the governing board of GEEARS, the Georgia Early Education Alliance for Ready Students. She is also a mentor leader for the Emerging Leaders for Children's Healthcare and a co-founder of Mothers & Others for Clean Air. Blank earned a bachelor's degree from Appalachian State University. She and her three children reside in Atlanta.

Council Member Biographies

Stephanie Blank

**Founding Chair, Georgia Early Education Alliance for Ready Students
*Council Chair***

Stephanie Blank has long been a champion of children and education. She serves on the Georgia State Advisory Council on Early Childhood Education and Care, which was established by Governor Nathan Deal. She is also the founding chair of the governing board of the Georgia Early Education Alliance for Ready Students (GEEARS), which helps businesses, government leaders, providers, and parents maximize the economic return on the state's investments in early childhood care and learning.

Ms. Blank served as chair of the Children's Healthcare of Atlanta (CHOA) Foundation Board of Trustees until 2010, and is now a member of the CHOA System Board. In that role, she serves as the mentor leader for the Emerging Leaders for Children's Healthcare, and as a member of the Quality Committee. She chaired the capital campaign for the Imagine It! Children's Museum of Atlanta and is co-founder of Mothers & Others for Clean Air. She is on First Lady Sandra Deal's Children's Cabinet, and also serves on the national board of Jumpstart, an early education program.

Ms. Blank has received numerous awards for her community leadership and philanthropy, including being named the Georgia Philanthropist of the Year in 2000 by the National Society of Fundraising executives. She has long been a trustee of the Arthur M. Blank Family Foundation, and currently serves as Senior Strategic Advisor for Childhood Initiatives. In 2001, she received the Anti-Defamation League's Abe Goldstein Human Relations Award. She received the Girls' Opportunity for Adventure and Leadership's "Going for the GOAL" Award in 2001. She was named to the YWCA of Greater Atlanta's Academy of Women Achievers and, in 2002, was designated their "Woman of the Year." Ms. Blank received the Big Voice Award from Voices for Georgia's Children in 2007 and the Women's Leadership Award for Excellence in Education from the Atlanta Metro United Way in 2011.

Ms. Blank is a North Carolina native and holds a bachelor's degree from Appalachian State University. She lives in Atlanta and is the proud mother of three children.

Bob Bruder-Mattson

**CEO, The United Methodist Children's Home
*Subcommittee: Policies and Procedures***

Bob Bruder-Mattson joined the United Methodist Children's Home (UMCH) as Chief Executive Officer in November of 2012. UMCH works to provide healing services that transform lives in 72 Georgia counties for more than 1,000 children annually. Mr. Bruder-Mattson emphasizes performance, innovation, and partnerships as he works to create an environment in Georgia where every child can thrive as part of a loving family.

Prior to joining UMCH, Mr. Bruder-Mattson was the Chief Executive Officer and co-founder of Bluewater Nonprofit Solutions, an information technology and management consulting firm specializing in "software as a service." Before starting Bluewater, Mr. Bruder-Mattson spent

nearly 17 years in a variety of leadership roles at the American Cancer Society, including his most recent role as National Vice President and Chief Information Officer of Shared Services. Mr. Bruder-Mattson's service to at-risk youth and families began with his college involvement with Big Brothers Big Sisters, and has continued over the years with service to numerous organizations, including United Way, Cincinnati Youth Collaborative, Fraser Neighborhood Services, Winton Place Youth Center, and Habitat for Humanity.

Mr. Bruder-Mattson earned his master's degree in Community Planning from the University of Cincinnati and his bachelor's degree in Business Administration from Bethel University in St. Paul, Minnesota. Mr. Bruder-Mattson is a native of Minneapolis, MN, and he met his wife Sue there while they were in college. He and Sue have been married for 30 years and live in Roswell, Georgia with their three daughters, Katherine, Emily and Madeline. Mr. Bruder-Mattson is an active member of his church family and has served as a small group leader, Sunday school teacher, worship leader, choir member, and board member.

Lamar Burkett

Pastor, Foster Parent, and Advocate

Subcommittee: Policies and Procedures

Lamar Burkett and his wife Valerie have been adoptive parents for 27 years and foster parents for 14 years. They have eight adopted children and reside on a small farm near Omega, Georgia. Mr. Burkett pastors Bridge Creek Primitive Baptist Church near Moultrie. He also serves as President of the Colquitt County Foster Parent Association and Lead Advocate for the Adoptive and Foster Parent Association of Georgia.

Melissa Carter

Executive Director, Barton Child Law and Policy Center

Subcommittee: Policies and Procedures (chair)

Melissa Carter is a member of the faculty at Emory University School of Law and is the Executive Director of the Barton Child Law and Policy Center. The Barton Center is an interdisciplinary child law program that aims to promote and protect the legal rights and interests of children who are involved with the juvenile court, child welfare, and juvenile justice systems in the state of Georgia through research-based policy development, legislative advocacy, and holistic legal representation for individual clients. As Executive Director, Ms. Carter is responsible for the administration, development, budgeting, strategic planning, and direction of the policy and legislative agendas of the Center. Ms. Carter oversees the Center's legal clinics, directs the public policy and legislative advocacy clinics, and teaches a related course in child welfare law and policy.

Prior to joining Emory and the Barton Center, Ms. Carter led Georgia's Office of the Child Advocate, providing independent oversight of the child welfare system and coordinating activities related to child injury and fatality review and prevention. She has extensive experience in public administration and policy, having also worked in two states to improve processes for civil child abuse and neglect cases in juvenile courts. Ms. Carter formerly practiced with the law firm of Claiborne, Outman & Surmay, P.C., where she represented clients in adoption, assisted reproductive technology, and juvenile court cases. She was the 2002 post-graduate fellow at the Barton Center.

Ms. Carter has authored several publications on child welfare topics, contributed to the drafting and passage of multiple pieces of state legislation, and given many presentations on juvenile law topics. In 2012, she was appointed by Governor Deal to serve as a member of the Georgia Commission on Family Violence. She serves as an advisor to the Supreme Court of Georgia's Committee on Justice for Children, and as an ex-officio member of the Board of Directors of Voices for Georgia's Children. Ms. Carter was selected as a 2009 Marshall Memorial Fellow, has received multiple awards for service to the State Bar of Georgia, and was honored in 2010 by the Georgia EmpowerMENT Group for her advocacy on behalf Georgia's foster youth. She was recently named by the Fulton County Daily Report as one of Georgia's top lawyers under 40 "On the Rise."

Honorable Valerie Clark

State Representative, District 101, Georgia General Assembly

Subcommittee: Personnel

State Representative Valerie Clark is a retired educator with thirty-eight years of experience in the education field. Her love for teaching began when she worked with handicapped children during college. She became a teacher in Gwinnett County Public Schools, and later served as a principal for Duluth Middle School, Shiloh Middle School, and Central Gwinnett High School. During her career, Rep. Clark presided over a National School of Excellence and a State of Georgia School of Excellence. She attended the Harvard Principals' Institute as a recipient of a Danforth Scholarship, received the President's Awards for service from Phi Delta Kappa and the Georgia Middle School Association, was awarded a PTA Lifetime Membership, and was chosen as a Georgia PTA Principal of the Year.

Rep. Clark received her undergraduate degree from the State University of New York at Plattsburgh, her M.Ed. from the University of North Carolina at Chapel Hill, and her Ph.D. in Educational Psychology from the University of Georgia. She is married to Dr. Bob Clark, a retired school administrator, and has two children, Pearson and Barrett.

Valerie Condit

School Social Worker, Fulton County Schools

Subcommittee: Policies and Procedures

Valerie Condit is a school social worker for the Fulton County School System, where she has served the children of Fulton County for 11 years. Ms. Condit earned her bachelor's degree in social work from the University of Tennessee, Knoxville, and her master's degree in social work from Georgia State University. After graduate school, Ms. Condit worked as the Truancy Intervention Project Coordinator for the Fulton County Juvenile Court, and she subsequently transitioned to her current position within the Fulton County school system.

Dr. Cheryl Davenport Dozier
President, Savannah State University
Subcommittee: Personnel

Dr. Cheryl Davenport Dozier is the 13th president of Savannah State University. Since taking office in 2011, Dr. Dozier has advanced the university's mission to develop productive members of a global society through high quality instruction, scholarship, research, service, and community involvement.

Under Dr. Dozier's leadership, enrollment has reached an all-time high, fundraising has increased, and several new alumni chapters have been chartered. Savannah State houses a Department of Social Work, from which more than 80 employees with Georgia's Division of Family and Children Services have received degrees. Dr. Dozier successfully launched the "Closing the Gap Fund," a program that provides financial support to students in their final semester to ensure they complete college. She has also worked to expand the university's global engagement and foster community partnerships. Dr. Dozier is actively involved in the Savannah community and serves on the boards of several local and national civic organizations, including Telfair Museums, United Way of the Coastal Empire, Step Up Savannah, and Union Mission.

Dr. Dozier joined the SSU administration after a 17-year career at the University of Georgia. During her tenure at UGA, she served as associate provost and chief diversity officer for the Office of Institutional Diversity, tenured professor in the UGA School of Social Work, and assistant vice president for academic affairs at the UGA Gwinnett Center. Prior to her work at UGA, she spent 12 years as an administrator of an outpatient substance abuse agency, working with chemically dependent adults, children of addicted parents, and homeless families.

Dr. Dozier is a native of New York. She earned her bachelor's degree from Fairleigh Dickinson University, her Master's of Social Work from Atlanta University (now Clark-Atlanta University), and her Doctorate of Social Work from Hunter College at the Graduate Center of the City University of New York.

Duaine Hathaway
Executive Director, Georgia CASA (Court-Appointed Special Advocate)
Subcommittee: Laws and Regulations

Duaine Hathaway became the Executive Director of Georgia CASA in September of 2000, after retiring from Georgia Power. He was previously with Central Atlanta Progress, a nonprofit business association. He currently serves on the Supreme Court of Georgia's Committee on Justice for Children. In 2004, Mr. Hathaway was selected to attend Harvard Business School's Strategic Perspectives in Nonprofit Management course, which enhanced his management and leadership skills as a nonprofit director. He has a bachelor's degree in Business Administration. Mr. Hathaway lives in Newnan with his wife, Diane. They have 9 grandchildren.

Honorable Carolyn Hugley
State Representative, District 136, Georgia General Assembly
Subcommittee: Policies and Procedures

Representative Carolyn Fleming Hugley is the minority whip in the Georgia House of Representatives. She is currently in her eleventh term of office serving House District 136, eastern Muscogee County. She serves on the Appropriations, Rules, and Insurance Committees. In addition to the Democratic Caucus, she is a member of the Women's Legislative Caucus, Working Families Caucus, and the Georgia Legislative Black Caucus. Rep. Hugley has focused her legislative interests on issues affecting children, and her work has been recognized with numerous awards, honors, and a kiddie park named in her honor.

Rep. Hugley is also an insurance agent with State Farm. She earned a bachelor's degree in political science from the University of Arkansas at Pine Bluff, and a Masters of Public Policy and Administration from Mississippi State University. She is married to Isaiah Hugley, City Manager of Columbus, and is mother to three children, Kimberly, Isaiah Jr. and Jaaliyah. The Hugleys have two grandchildren, Kandyce and Adam.

Donna Hyland
President and CEO, Children's Healthcare of Atlanta
Subcommittee: Personnel (chair)

For more than 25 years, Donna Hyland has helped shape children's healthcare in Georgia and beyond. First as Chief Financial Officer, then as Chief Operating Officer, and now as President and Chief Executive Officer, Ms. Hyland has overseen monumental growth and achievement at Children's Healthcare of Atlanta (CHOA). She was instrumental in the 1998 merger of Egleston Children's Health Care System and Scottish Rite Children's Medical Center, as well as in the addition of Hughes Spalding in 2006 and Marcus Autism Center in 2008. These successful mergers led to the formation of what is now one of the largest pediatric healthcare systems in the country. Today, CHOA is consistently ranked as a Top Pediatric Hospital by U.S. News & World Report, and is one of Fortune Magazine's 100 Best Companies to Work For.

Ms. Hyland was named Georgia Trend magazine's Most Respected Business Leader in 2011, and has been listed as one of the 100 Most Influential Georgians for three years in a row. She is one of Atlanta Business Chronicle's 100 Most Influential Atlantans, and one of Business to Business magazine's Women of Excellence, and she received a Healthcare Leaders Award in 2011.

Ms. Hyland's dedication to the community extends far beyond her work with CHOA. She serves on the boards of Ronald McDonald House Charities, Metro Atlanta and Georgia Chambers of Commerce, University of Georgia Board of Visitors, SunTrust Bank Atlanta Advisory Board, and Stone Mountain Industrial Park, Inc. Ms. Hyland was appointed by Governor Nathan Deal to the Georgia Public Telecommunications Commission, and by First Lady Sandra Deal to the Georgia Children's Cabinet. She has also served on Governor Deal's Georgia Competitiveness Initiative.

Ms. Hyland and her husband Paul reside in Atlanta with their two children.

Honorable Burt Jones

State Senator, District 25, Georgia General Assembly

Subcommittee: Laws and Regulations

Senator Burt Jones represents Senate District 25, which includes Baldwin, Butts, Greene, Jasper, Morgan, and Putnam counties along with portions of Bibb, Jones, and Walton counties. He serves as Vice-Chairman of the State Institutions and Properties Committee and is a member of the Insurance and Labor and Utilities committees. Sen. Jones was elected to the State Senate in 2012. He previously served as President of the Butts County Rotary Club, board member of Partners for Smart Growth, board member of the Butts County Water and Sewage Department, Advisory Board member of both Donegal Insurance Company and Utica National Insurance Company. Sen. Jones is also an active member of the University of Georgia Lettermen's Club.

Sen. Jones is a sixth generation Jackson, Georgia native. He received a bachelor's degree in history from the University of Georgia, and attended the Hartford School of Insurance. In 2004, Sen. Jones founded JP Capitol and Insurance, Inc., the risk management advisor for Jones Petroleum. He quickly saw the opportunity for expansion into the retail insurance brokerage market, and built the start-up agency into an established insurance brokerage house.

Before his career in insurance, Sen. Jones was a student athlete and a four-year letterman for the University of Georgia football team. Sen. Jones and his wife Janice have two children, Stella and Banks.

Honorable Fran Millar

State Senator, District 40, Georgia General Assembly

Subcommittee: Personnel

Senator Fran Millar represents Senate District 40, which includes portions of DeKalb and Gwinnett counties. Sen. Millar serves as chair of the Retirement Committee and as vice chair of the Metropolitan Atlanta Transit Overview Committee. He is also secretary to the Health and Human Services Committee and a member of the committees on Education and Youth and Rules.

Before he began his service in the State Senate, Sen. Millar served in the Georgia House of Representatives in 1998-2010. He was recognized as Policymaker of the Year in 2008 by the Georgia Association for Career and Technical Education, and received the 2010 Advocacy Award from All About Developmental Disabilities. He was first elected to the State Senate in 2010. Sen. Millar is a native of New London, Connecticut. He holds a bachelor's degree in Economics and works as an insurance broker with Wells Fargo Insurance Services. Sen. Millar serves as an ex-officio member of the Dunwoody Homeowners Board of Directors. He and his wife, Mary, have three children and seven grandchildren. They are active members of the Dunwoody United Methodist Church.

Meredith Ramaley

Detective, Smyrna Police Department

Subcommittee: Personnel

Meredith Ramaley is a detective for the Smyrna Police Department investigating crimes against children and adult sexual assault. Ms. Ramaley has been working in the field of child abuse and law enforcement for 13 years. She previously worked in Maryland as a Child Protective Services caseworker, and then as a Criminal Investigator in the Child Abuse/Sexual Assault Unit with the Maryland State Police and the Carroll County State's Attorney's Office. Within the Smyrna Police Department, Ms. Ramaley worked uniformed patrol before being promoted to her current position of detective. She currently represents the Smyrna Police Department on the FBI's Metro Atlanta Child Exploitation Task Force, where she investigates the human trafficking of children.

Ms. Ramaley received her bachelor's degree in child development from the University of Georgia. She has been an advisor with the Smyrna Police Explorers, a youth group for teens, and was honored as the 2013 Smyrna Police Officer of the Year. She lives in Smyrna with her family.

Heather Rowles

Executive Director, Multi-Agency Alliance for Children (MAAC)

Subcommittee: Policies and Procedures

Heather Rowles is the Executive Director of the Multi-Agency Alliance for Children (MAAC). She served on the MAAC Clinical Team before being selected to her current role. MAAC's service population has tripled since its beginnings, and Ms. Rowles now manages a 35-member staff. Ms. Rowles and her team at MAAC strongly believe that kids should be served by people rather than bureaucracies, and that every child can succeed. MAAC unites nine non-profit behavioral healthcare providers to serve children and families with services ranging from assessments to intensive psychiatric care, adoptions to residential group homes, therapeutic foster care to maternity care, and much more. All of MAAC's partner agencies adhere to best practices for children. Through her work with MAAC, Ms. Rowles helps kids by listening to them and finding out what they need, both from their points-of-view and from the points-of-view of their parents or other adult caretakers. She cares about what happens to "her kids," and has known some of the MAAC youth for over five years, watching them proudly as they make hard-fought and hard-earned progress in their lives.

Ms. Rowles has a Master's of Public Administration from Keller Graduate School of Management, and a bachelor's degree in Psychology from Appalachian State University. She has served on the boards of Foster Family Foundation, Teen Parent Connection, Foster Family-Based Treatment Association, Embrace, Georgia KaleidaCare User Group, and the Child Placement Conference Committee. She is also a seasoned presenter and trainer at child welfare-related conferences around the country.

Honorable Freddie Powell Sims

State Senator, District 12, Georgia General Assembly

Subcommittee: Personnel

Senator Freddie Powell Sims was elected to the State Senate in 2008 to represent the 12th Senatorial District, which includes all of Baker, Calhoun, Clay, Dougherty, Randolph, Stewart, Terrell, Quitman and Webster counties, as well as portions of Mitchell and Sumter counties. Sen. Sims serves as secretary of the Education and Youth Committee and is also a member of the Appropriations, Retirement, and Natural Resources and the Environment committees.

Sen. Sims' community, civic, and professional involvement goes far beyond her legislative service. She has been an active member of Kiwanis International, the Fort Valley State University Foundation Board, Children in Poverty, and several other organizations, and was a Deputy Registrar for Dougherty County. She has received several awards through her community involvement, including the 2004 Outstanding Financial Contributions to Capital Campaign award for Fort Valley State University, and the 2008 Outstanding Legislator of the Year award for technical and adult education.

Sen. Sims is a retired middle school principal. She decided to get into politics because of her desire to serve the public, especially those who do not have a voice. She is a devout Baptist, and she and her husband Norman Sims have three daughters.

Judge Steve Teske

Chief Judge, Juvenile Court of Clayton County

Subcommittee: Laws and Regulations

Judge Teske is the chief judge of the Juvenile Court of Clayton County. Prior to this appointment, he was a partner in the firm of Boswell & Teske LLP and special assistant attorney general prosecuting child abuse and neglect cases. He has served as president of the Georgia Council of Juvenile Court Judges, and he currently serves on the Board of Trustees of the National Council of Juvenile and Family Court Judges. Judge Teske also serves on the Georgia Criminal Justice Reform Commission, Georgia Commission on Family Violence, Judicial Advisory Council of the Department of Juvenile Justice, and the Governor's Office for Children and Families. He has served two terms on the Federal Advisory Committee for Juvenile Justice representing the State of Georgia.

Judge Teske has testified before Congress and several state legislatures as an expert on juvenile justice reform. He is the author of numerous articles on child welfare and juvenile justice reform published in the *Juvenile and Family Law Journal*, the *Journal of Child and Adolescent Psychiatric Nursing*, *Juvenile Justice and Family Today*, *Family Court Review*, and the *Georgia Bar Journal*. His book, *Reform Juvenile Justice Now*, is a collection of essays on juvenile justice issues.

Judge Peggy Walker
Judge, Juvenile Court of Douglas County
Subcommittee: Policies and Procedures

Judge Peggy Walker is a Juvenile Court Judge in Douglas County. She received her master's degree in education and her law degree from Georgia State University.

Judge Walker is the current President of the National Council of Juvenile and Family Court Judges, in which capacity she serves on the STRYVE (Striving to Reduce Youth Violence Everywhere) Action Council, a national effort to end youth violence. She was a 2008 Senior Fellow at Emory University, where she worked with Lila Bradley and Judge Steve Franzen on a manual for judges and practitioners to promote preservation of families. She received a federal partnership grant that funded a Family Drug Treatment Program serving parents of children under age five with substance abuse problems, which continues with funding from the state of Georgia and Douglas County. The Douglas County Juvenile Court received federal funding to join Zero To Three Court Teams Project in 2010, and that work continues at the local level to make certain that infants and toddlers in Douglas County get the best start possible.

Tyra Walker
WinShape Homes Director, Chick-fil-a, Inc.
Subcommittee: Laws and Regulations

Tyra Walker has been WinShape Homes Director at Chick-fil-A, Inc. since 1995, working alongside the late S. Truett Cathy on a daily basis to grow his program in order to help as many children as possible. Mr. Cathy's vision for WinShape Homes was to give children who were victims of circumstance families that are as close to a natural home as possible, with two full-time parents who would see them through to adulthood, and a home to come back to for the holidays as adults. Mr. Cathy wanted sibling groups to be united and placements to be permanent. He personally took guardianship of many children to give them a permanent home.

Ms. Walker shares this vision, and has been with WinShape Homes for 20 years to support and carry out Mr. Cathy's vision. Under her leadership, the program has grown from 4 to 12 homes—9 in Georgia, 2 in Tennessee, 1 in Alabama—and now includes a Transitional Living Home in Rome, Georgia. Throughout her tenure, Ms. Walker has supported 24 house parents (who have an average of 15 years' service with WinShape) and provided homes and resources for over 400 children, all of whom have finished high school, and many of whom have gone on to college or technical school. Many of these children have gone on to become parents and raise their own children, stopping the cycle of family brokenness. Ms. Walker proudly carries on the legacy of S. Truett Cathy by ensuring that children have loving, permanent homes.

Tyra Farmer Walker is a native of Atlanta, Georgia and attended Therrell High School, West Georgia College and Georgia State University. She lives in Jonesboro with her husband, and they have 15 grandchildren.

Honorable Wendell Willard

State Representative, District 51, Georgia General Assembly

Subcommittee: Laws and Regulations (chair)

State Representative Wendell Willard represents the 51st District in the Georgia House of Representatives. He was first elected in 2001, and has served as Chairman of the House Judiciary Committee since 2005. Some of Chairman Willard's notable legislative accomplishments during his service with the General Assembly include: passing a new eminent domain law to strengthen personal property rights for all Georgians, passing the 2004 Child Protection Law to protect children against reckless and abusive caregivers, and creating the City of Sandy Springs, his hometown. More recently, Chairman Willard participated in the legislative updating of the Georgia Evidence Code, and sponsored the Juvenile Justice Reform Act in 2013, which aims to help save Georgia's youth from criminal involvement.

In recognition of his legislative accomplishments, Chairman Willard has been honored with awards from the Georgia Council on Aging, the Department of Human Resources, the Association of County Commissioners of Georgia, and the Georgia Municipal Association. In 2013, Rep. Willard was honored by the State Bar of Georgia with the Lifetime Achievement Award, which is presented annually to a Georgia lawyer for service to the legal community and the state. He also received the Big Voice for Children Award in recognition of his service to the children of Georgia.

When the legislature is out of session, Chairman Willard is an attorney with his own private practice, and he also serves as the City Attorney for Sandy Springs. He serves on the board of the Newtown Park Foundation, and is active in the Sandy Springs and North Fulton communities. Chairman Willard resides in Sandy Springs with his wife Vicki.

Ashley Willcott

Executive Director, Office of the Child Advocate for the Protection of Children

Subcommittee: Laws and Regulations

Ashley Willcott is a Certified Child Welfare Law Specialist who has served as an attorney in juvenile courts for over 20 years. After earning bachelor's degrees in Psychology and English from Tulane University and a law degree from Emory University School of Law, she began practicing law with a small firm, where she represented parents in deprivation cases and children in delinquency cases. She was then hired as corporate counsel, and continued to handle court-appointed juvenile court cases. Ms. Willcott was later appointed Fulton County Juvenile Court Judge Pro Tem, then as DeKalb County Juvenile Court Judge Pro Tem. She maintained her own private practice, and was also a Special Assistant Attorney General representing the Department of Human Resources, Rockdale and Dawson County Department of Family and Children Services, and Georgia Supreme Court Cold Case Project lead. On February 1, 2014, Governor Deal appointed her as Executive Director of the Office of the Child Advocate for the Protection of Children.

Ms. Willcott is a native of Houston, Texas, and now lives in Dunwoody, Georgia with her husband and three children.

Crystal Williams

Founding Member, EmpowerMENT; Former Foster Youth

Subcommittee: Personnel

Crystal Williams is an artist, inspirational speaker and advocate. She graduated from Emory University in May of 2009 with a bachelor's degree in English/Creative Writing and a minor in Theater Studies. Ms. Williams has worked and volunteered with several local, national and international organizations, including World Changers Church International, Emory University Alumni Association, Casey Family programs, the Georgia Empowerment Team, the Barton Child Law and Policy Center of Emory University, the Georgia Division of Family and Children Services, the Supreme Court of Georgia's Committee on Justice for Children, and Families First, Inc. Ms. Williams spent 13 years in Georgia's foster care system, and was adopted as an adult.

Ms. Williams recently authored her first book, "Stronger: An Inspirational Journal," which is a compilation of her short poems written to inspire and motivate youth to use their creative voice for self-expression and personal development. Ms. Williams has had the opportunity to speak all over the country on youth rights, and she sees it as her personal mission to use her story and experiences as a platform to encourage all youth.

Council Meeting Agendas and Minutes

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Meeting 1 — May 1, 2014

Agenda	
12:30	Welcome <i>Stephanie Blank, Council Chair</i>
12:45-1:10	Council Member Introductions
1:10-1:20	Remarks by Governor Deal
1:30-2:30	Overview of the Child Welfare System in Georgia <i>Melissa Carter</i>
2:30-2:45	Break
2:45-3:45	DFCS Overview and Current Initiatives <i>Commissioner Keith Horton and Dr. Sharon Hill</i>
3:45-4:15	Council Goal Setting
4:15-4:30	Review details for second meeting
4:30	Meeting Concludes
Location	Arthur M. Blank Family Foundation Office 3223 Howell Mill Road NW, Atlanta, GA 30327

Minutes

Council Chair Stephanie Blank called the meeting to order at 12:35 and thanked everyone for attending. She introduced members of the Council and advised that the meetings will be taped

and available to the public online. The taped proceedings of this meeting, and all future meetings, will be posted on Governor Deal's web page.

Council members present included: Sen. Fran Miller, Tyra Walker, Judge Steve Teske, Donna Hyland, Dr. Cheryl Dozier, Ashley Willcott, Rep. Carolyn Hugley, Judge Peggy Walker, Rep. Wendell Willard, Heather Rowles, Sen. Freddie Powell Sims, Lamar Burkett, Rep. Valerie Clark, Meredith Ramaley, Crystal Williams, Valerie Condit, Melissa Carter, Duaine Hathaway, and Bob Bruder-Mattson. Commissioner Keith Horton of the Department of Human Services and Dr. Sharon Hill, Director of DFCS, were also present, along with Erin Hames, Katie Rogers, and Ashley Aurandt of the Governor's Staff. Two members of the Governor's Communications Office were also there to film the entire proceedings of the meeting (Press Secretary Sasha Dlugolenski and Communications Specialist Merry Hunter Hipp). In addition, more than 30 interested observers representing various child welfare organizations and public interest groups were in attendance, as well as members of the staffs of DHS and DFCS.

Council Chair Blank emphasized that the meetings and deliberations of the Child Welfare Reform Council will be entirely open to the public and transparent, and she expressed appreciation for the strong showing of interest in this initiative. She shared with the group some of her background and experience serving children, and emphasized the importance of the work of the Council. She provided some overview of her thoughts about the child welfare system in Georgia and the important work getting underway with the meeting.

As she introduced Governor Deal to the group, Council Chair Blank commented about her respect and appreciation for his leadership, his commitment to children, and his use of data and science as the basis for formulating essential policy positions addressing the needs of children. She also praised First Lady Sandra Deal, especially for the fact that Mrs. Deal had visited with children in every county in Georgia.

Governor Deal addressed the Council, expressed his appreciation for the members' willingness to serve, and stressed the importance of their upcoming work. He commented that the Child Welfare Council is modeled after the Criminal Justice Reform Council due to the success of that council. He strongly emphasized that one of his biggest goals of this Council is to ensure that children are able to grow up in a loving home. He said they deserve it, and that the Council's mission is to look for ways of helping to make sure they have that opportunity. He also commented that he believes this Council will be one of the most important and successful endeavors of his term as Governor. He commented that the members of the Child Welfare Reform Council were asked to serve on this important mission because of their knowledge, experience, and expertise, and he thanked them for accepting their assignment. He also thanked the members of the General Assembly for their help and support and told the group that funding was included in the FY 2015 budget to hire people to look after children's well-being. He commented that 525 case workers in protective services will be added over 3 years, and that he hopes that the Council will take a comprehensive look at Georgia's child welfare system and find where improvements can be made. In summary, he stated that this Council will identify specific points where Georgia can make improvements in how we look after our children and try to ensure that they experience nothing but the positive and nurturing lives they deserve; this will be a difficult but important task. He closed by asking the Council and Georgia citizens to show patience and support for the many dedicated and hard-working staff members serving Georgia's children. The Governor said that the Council's job will be to recommend steps for improving our statewide program.

Council member Melissa Carter, Executive Director of the Barton Child Law and Policy Center at Emory University, provided a detailed overview of Georgia’s child welfare programs.¹ DHS Commissioner Keith Horton and DFCS Director Dr. Sharon Hill then made a joint presentation to the Council that (1) explained basic information about DFCS and its vision, mission, and core values and (2) provided detailed information about DFCS’ current workload, strategies, and initiatives.² During each of the presentations, the Council engaged in an extended series of questions and answers for the purpose of seeking clarity and common understanding of the issues presented.

After the presentations, Council Chair Blank commented that the Child Welfare Reform Council was formed to bring vital outside expertise and fresh ideas to the table in an effort to work with the State of Georgia. She urged both the Council members and the guests at the meeting to provide their input on desired outcomes or new ways of doing business that would help structure upcoming meetings and deliberations of the Council. She said that such input would be taken via email, and that the Council would be looking carefully to find where there was the most opportunity to make changes for the better. She closed her comments by reminding those present that “good is the enemy of great,” and that even one child in need of services and protection was too many, and that we should strive for the number of children in need to be zero. She thanked those in attendance, and adjourned the meeting at 4:36.

¹ See *infra* at 38 for Ms. Carter’s power point presentation.

² See *infra* at 53 for their power point presentation.

Meeting 2 — June 12, 2014

Agenda	
12:30	Welcome <i>Stephanie Blank, Council Chair</i>
12:45-1:45	The Judicial Process <i>Judge Peggy Walker</i>
1:45-2:00	Reasons Behind Caregiver Abuse <i>Tanisha Grimes, Ph.D.</i>
2:00-2:15	Break
2:15-3:15	The Role of the Office of the Child Advocate <i>Ashley Willcott</i>
3:15-4:15	Personal Perspective from a Former Foster Youth <i>Crystal Williams</i>
4:15-4:30	Wrap-up and Announcements
4:30	Meeting Concludes
Location	Emory University School of Law, Gambrell Hall, Room 575 1301 Clifton Road, Atlanta, GA, 30322

Minutes

After an introduction by Council Chair Blank, Council member Judge Peggy Walker gave a presentation to the Council on the judicial processes related to the child welfare system.³ She said that the three objectives of judicial proceedings are the health, safety, and overall best interests of children. She made the following points about the judicial process in child welfare cases:

- Physicians have the ability to keep custody of the child
- It is best practice never to remove a child without a judge's approval
- Practices in the fifteen DFCS regions are inconsistent, which makes it difficult for judges to piece together services
- There is no standard protocol for how agencies should interact and how they should allocate responsibilities among themselves
- Title IV-E money can be federally reimbursed, but comes out of the state's budget if it is not reimbursed; that state money can be used for something other than foster care, which the federal money can cover if we get the reimbursements

³ See *infra* at 70 for the outline from Judge Walker's power point presentation.

- Juvenile courts are county courts, not state courts, and judges aren't state employees; judges therefore have to go to county commissioners to ask for money for salary, staff, etc. which makes everything dependent on local government
- Training for juvenile court judges was cut from the Institute for Continuing Judicial Education (ICJE) budget
- Neither Georgia nor federal law requires judges to work towards parental reunification if it is not a good option
- Georgia does not have enough foster homes
- There are issues with Medicaid when children are placed out of state
- Judges and others need to get better at dealing with situations involving trauma for parents and/or children, as well as the relationship of such trauma to substance abuse
 - According to a study by CDC and Kaiser, the leading factor in adverse health outcomes was bad childhood experiences, not lifestyle choices

After Judge Walker completed her formal presentation, the floor was opened for Council members to ask questions:

- Is there any judicial oversight where the “child” is over the age of 18?
 - Yes, until age 23.
- What major problems do you see in the courtroom, besides substance abuse?
 - Substance abuse and use of methadone during pregnancy is the biggest issue; babies born with methadone addiction must be in the hospital for 6 months.
 - Parents with psychosis also present major problems, as mental health support services are not very good.
 - There is also the problem of lack of child supervision, not because of parenting issues, but because of substance abuse and mental health.
 - Postpartum depression is not monitored well enough.
 - Developmentally delayed children are also another group for whom insufficient services are available, and many language and behavior problems are associated with this issue.
- What do you suggest regarding the interstate compact issue?
 - Border agreements are helpful to assist in getting cooperation
 - But we should also do interstate compact applications electronically to reduce time associated with these processes.
- What do you suggest for when reunification with parents is not an option?
 - Foster homes are the number one most important issue.
 - There is a big national push to move away from group home settings, which often recruit children into sexual exploitation.
 - We need regular and therapeutic foster homes to replace group homes. Even as group homes still exist and are necessary, we should be thoughtful with how we recruit people to treat and care for teenagers.
- Are judges required to consider the CASA report?
 - Best practice is to review everything, and the legislation says to review everything. However, the lack of training standards with the juvenile justice council means that different judges practice varying degrees of thoroughness in their review of materials.
- What is the impact that transitions have on a child's learning?
 - Judges and attorneys really need to be able to engage and build relationships with the children they are involved with. Going in and out of schools is a big problem; education is key for children. Well-qualified social workers should be trained to deal with this problem.

- Why are there situations where foster parents are able and willing to adopt but relatives come out of nowhere in the midst of the process and take the child from the foster parents?
 - Because of this problem, Judge Walker advocates for finding relatives within the first 90 days of the judicial proceedings. Finding a new family for the child three years later is detrimental to the child’s development. With appointments of guardians ad litem for children, this will hopefully improve, since children will have someone to advocate for their best interests.
- Is there a potential opportunity to look towards a new family model that would satisfy needs, such as two full-time parents employed for life (not a job, but a guardianship)?
 - The state would have to make changes for that to happen. We typically give permanent guardianship to a person instead of an entity.

Following Judge Walker’s presentation and the question and answer period, Dr. Tanisha Grimes gave a presentation about the reasons that parents abuse their children.⁴ Council Chair Blank informed the Council that adolescent pregnancies and unintended pregnancies present a high risk for abuse, often in the first year of the child’s life, since lots of crying causes cortisol to release in the mother’s body. Council members asked no questions.

Council member Ashley Willcott, Executive Director of Georgia’s Office of the Child Advocate, next gave a presentation on the role her office plays in the state’s child welfare system.⁵ Council members then asked the following questions, which she answered:

- What are the respective roles of GBI and DFCS in investigating and ruling on child deaths, and how do they collaborate?
 - The autopsy report gives the manner of death, if it is done. An autopsy report is not required, but the cause of death must be reported.
 - GBI is able to investigate further.
 - The Child Fatality Review (CFR) team consists of three employees, and a panel appointed by the governor can be used to move forward.
 - Open to suggestions on how to do this better.
 - Knowing what prevention methods would be effective is very important for CFR. Although CFR is housed in the Department of Public Health (DPH), it doesn’t have a specific or influential role, which is why moving the responsibility to GBI may be beneficial.
- What are the implications of being on the Interstate Compact on the Placement of Children (ICPC) waiting list?
 - Child is not with family or in a permanent arrangement
 - Sometimes unclear how child gets benefits
- How does Georgia compare with other states?
 - The CFR contributes to a national database. Georgia ranks high in infant mortality.
 - Some subcategories of child maltreatment fatalities (SIDS, drowning, homicide, etc.) deaths are typically coded medically but result from neglect.
- What is a weakness of CFR?
 - They almost never give recommendations.
- How many CFR panels are there? Are they uniform?
 - There is one in each county.

⁴ See *infra* at 81 for Dr. Grimes’ power point presentation.

⁵ See *infra* at 92 for Ms. Willcott’s power point presentation.

- The panels undergo training and report data uniformly as dictated at the national level. But there is huge variation in how often they meet, how well they report, etc.
- In addition, it is not mandatory to have a pediatrician on the CFR panel, but it should be.
- Are child fatality statistics available by county? Are they tied to DFCS abuse/neglect open records?
 - They are available by county.
 - But they are not currently being linked to DFCS cases. CFR reviews all unexplained deaths of children under age 18, which don't all trace back DFCS involvement with a specific case. The CFR form does include a question about whether DFCS has been involved, which could be used to link to DFCS cases, but this depends on reporting.

Council member Crystal Williams gave the next presentation, which discussed her own past experience as a child in Georgia's child welfare system and presented her recommendations for improvements.⁶ Following her presentation, there was a time for questions and answers:

- Is the teen birth rate higher for teenagers in foster care?
 - Nationally, the teen birth rate for teenagers in foster care is twice as high as that of the general population.
 - There has been a recent push to allow these teens to keep custody of their children instead of placing the babies into foster care system (this is the PREP program in DFCS).
- What can we do as a state to prepare older foster children for independence when they become adults (i.e. teaching financial literacy, preparing for jobs, etc.)?
 - This is not going to happen as a result of a program or workshop. It requires consistent influence specific to the individual child, which requires giving them the ability to connect with community.
- Was there stability in first 9 years of your life, before you entered foster care? Was there an adult that was consistent at all in your life? What was the piece that made the difference?
 - There was no stability because of extreme poverty. Mom wasn't there, and she was taking on parental roles as a child. Sister was consistent.
 - Adolescence is a period where the brain continues to develop; that doesn't just happen before age 5. Adolescence is a prime time to re-wire the brain. She was fortunately able to make permanent relationships as an adolescent.
- Who helped you to see an alternative in your life?
 - Foster parents were pivotal in making her feel normal. Young people growing up in foster care often grown up in an abnormal environment, but then when they age out of the system are expected to be integrated and act normal.
- Were there any differences in how your siblings grew up?
 - Her sister did not like her foster mom, so their aunt adopted her when she was young.
- What is Celebration of Excellence?
 - It is a graduation ceremony for people who have achieved their educational goals (high school diploma, GED, etc.) that the foster family, adoptive family, etc. all attend.

⁶ See *infra* at 99 for Ms. Williams' power point presentation.

- What do former foster children do when their college campus closes and they have nowhere to go home?
 - It is sad that people go to school all year just to have a home. There are Guardian Scholar programs. Another question is how we can build schools that have resources for these people.
 - How can we to teach these young adults to build their own connections?
 - Connections are local but should extend throughout the state to help build permanency.
 - Can fraternities and sororities help?
 - Not really because they are expensive, but on-campus activities help.
- The meeting closed after Ms. Williams' presentation.

Meeting 3 — August 5, 2014

Agenda	
12:30	Welcome <i>Stephanie Blank, Council Chair</i>
12:30-1:30	Differential Response <i>JoAnn Lamm</i>
1:30-2:30	The Effects of Abuse and Neglect: A Child’s Perspective <i>Dr. Jordan Greenbaum</i>
2:30-2:45	Break
2:45-3:45	Georgia Families 360 Program <i>Earlie Rockette</i>
3:45-4:30	Subcommittee Planning
4:30	Meeting Concludes
Location	Children’s Healthcare of Atlanta, Office Park 1600 Tullie Circle, Atlanta, Georgia 30329

Minutes

Council Chair Blank opened the meeting, and the new interim director of DFCS, Bobby Cagle, addressed the Council and took questions:

- DFCS is finalizing a centralized intake process for Child Protective Services, including a single telephone number you can call throughout the state to report child abuse.
 - Average call times have decreased to 8 seconds from averages that were as high as 25 minutes.
 - CPS is accepting more calls than it was in June 2013, and there has been a 63% increase in cases opened.
- Region 14 consists of Fulton and DeKalb counties, which are the counties that are bound by the *Kenny A.* consent decree
- One of the best measures of how our child welfare system is doing is the current number of overdue cases.
 - We have seen about a 50% decrease in overdue cases.
 - Question: is this being done safely?
 - We are reviewing to ensure that cases are being closed safely.
- We set a staffing goal of reducing caseloads to fifteen cases per caseworker by 2017.
 - On July 16, DFCS was authorized to hire 103 additional caseworkers immediately.
 - Still communicating with the Office of Planning and Budget (OPB) to discuss options for future staff expansion.

- We are also looking to reduce the caseworker to supervisor ratio from its current level of 7:1 to 5:1.
- We are also working on an annual analysis of child fatalities.
 - This involves collaboration with the Office of the Child Advocate (OCA), the Department of Public Health (DPH), and the Georgia Bureau of Investigation (GBI).
 - This is not just a DFCS problem; it is a community problem.
- As of August 8, policy will change with respect to screening reports of injuries to children.
 - These cases require constant and direct supervision by CPS, although they can later be stepped down to Family Support.
 - We need to ensure a response within 24 hours when abuse is reported, and within 5 days when neglect is reported.
- We are looking into using the predictive analytics model from Eckerd to predict possible risk factors for investigations.
 - We have a potential funding source for the first year of implementing the program.
 - A big issue we have is the constant need to invest in training new workers because of high turnover.
 - We need to meet with OPB about this—turnover results from a variety of factors, including high stress, low salary, and the lack of a career path.
- Question: With an abuse case, if DFCS is unable to investigate within 24 hours, can a medical resource intervene?
 - We need contact with the family to use medical resources.
 - OCA works to make the process seamless between all contributing entities.

After Mr. Cagle’s presentation, JoAnn Lamm gave a presentation on “differential response,” which is the model of child welfare used in Georgia:⁷

- Differential Response (DR) can show tremendous results when it is implemented correctly. It allows DFCS to respond in different ways to different kinds of reports of abuse and neglect.
 - Use Family Support to respond to less serious reports, and CPS investigation to respond to more serious reports.
- In a well-organized CPS system, DR is supported by legislation as well as state policies and procedures.
- Both tracks both have CPS authority, allowing the child to be removed if necessary.
- Nineteen states and DC have implemented DR.
- Cost-effectiveness of DR:
 - There are extra up front implementation costs.
 - Otherwise, it varies from state to state.
 - Illinois discontinued DR due to cost, but its program had an extra layer that cost more.
 - North Carolina had to re-finance to retrain every caseworker, social worker, supervisor, etc.
- Although adequate compensation is important, DR has been shown to improve workers’ satisfaction by increasing flexibility and enjoyment in their jobs.
- DR also increases family participation and engagement in decisionmaking.
- Question: are children as safe in Family Support as they are in the investigation track?

⁷ See *infra* at 108 for Ms. Lamm’s power point presentation.

- Family Support requires contact with the family first.
- DR was implemented at the local level in 2004 in a program called “Diversion.”
 - At the time, there was no comparable state-level program.
 - There were no uniform criteria about how to designate a case “diversion” or “investigation”; this varied by county.
 - This did not work very well. Having a state-level policy is critical.
- DR affects all aspects of child welfare services.
 - Training, coaching, and supervision
 - Practice
 - Substantiation of reports of abuse or neglect
- Leadership—at state and local levels—needs to buy into this for it to work.
- In using DR, we need to be aware that data is going to change (and why), and that it is essential to develop a strategic plan. Not just supervisors, but caseworkers need to understand how the DR system is integrated.
- Resist the temptation to make quick changes, as this discourages caseworkers.

This presentation led into a question-and-answer period:

- How is the DR model staffed, with respect to caseworkers and social workers?
 - Cases that go to the Family Support track require more time to find out issues.
 - Investigative caseworkers spend less time with families than those in the Family Support track.
 - We need to assess the amount of time spent with cases and determine staffing needs based on those results.
- What keeps people accountable for sending cases to the correct track?
 - There is no difference in what we do as far as safety and risk assessment in comparison to investigative track; the end result is the same.
 - There isn't consistency within the state and this is what they're working towards.
 - There has been a lot of variability here in the past in regard to what track the case is assigned to, but in theory, where we are faithful to the model, there should be no difference in safety between tracks.
- Is it more effective to get faith-based groups and other community groups involved?
 - We haven't had funding to investigate this in states with DR.
 - In Illinois, it was cost prohibitive.
 - In North Carolina, we didn't have enough community partners to manage the volume of service required.
 - But families are more satisfied when they have a caseworker and community partner to work with.
- Is it possible to have a case where you start going down one track and later realize it is incorrect? Is the process of changing tracks seamless?
 - State policy and procedures for switching tracks must be very clear for the process to work well.
 - Two common ways of switching tracks:
 - The caseworker keeps the case but changes approach;
 - Or there is a procedure in place to switch the case to a caseworker on the other track.
- How do we start trying to get community buy-in, given the limited evidence we have?
 - Child welfare community partners need to come together and be methodical, have a strategic plan, and ask whether they have organized well.
 - Also ask whether the correct infrastructure and planning is in place, and whether we have adequately prepared for proper training and follow-up.

Next, Dr. Jordan Greenbaum of the Children’s Hospital of Atlanta (CHOA) presented the child’s perspective on abuse and neglect.⁸ After her presentation, the question and answer period proceeded as follows:

- If, for example, a child experienced trauma involving scalding water, does a foster family receive this information from the caseworker?
 - Foster parents should receive all information that will allow them to care for the child, but this does not always happen in practice.
 - This is why the trauma screen is so important.
- Who is responsible for proper screening? DFCS?
 - We try to do the trauma screening in the CHOA clinic.
 - When they enter the foster care system, what is medically necessary is done, but the trauma screening is not a standard component of the assessment.
- Is trauma screening considered mental health assessment?
 - Yes.
- An audience member stated that he hopes that one of the recommendations from the Council will be to involve people like Dr. Greenbaum in the child welfare process because her expertise and training is invaluable. Perhaps we can implement a collaborative approach among the Department of Education, DFCS, and others to address trauma.
- Have you done anything with the telemedicine program?
 - That program provides remote consultations at child advocacy centers, oversees general examinations, and allows for interviews of the child and parent.
 - It can also be used to give second opinions for medical exams.
 - We are beginning to use it in law enforcement settings to examine and consult with people who are in state or local custody and cannot leave the facilities.
 - We can also use it to peer review cases among colleagues.
- How can the information from your presentation help us with investing in prevention? Why aren’t we or other states investing in these programs?
 - There are evidence-based prevention programs for early intervention in cases of physical abuse, as well as sexual abuse prevention programs that focus on adults rather than children.
 - Home visitation programs for prenatal and infants under one year have proven to be effective as well; they teach parents how to prevent abuse and neglect caused by parental stress.
 - We can look to South Carolina, which will soon begin implementing a home visitation program. Home visitation programs are expensive, though.
 - To make the legislature more likely to invest in early intervention, it is essential to provide it with literature about these issues, including adverse childhood outcome studies, studies on the long-term cost of child maltreatment, etc.

After a short break, Earlie Rockette gave a presentation on the Georgia Families 360 program, followed by a time of questions and answers:⁹

- Georgia Families 360 is working with the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Community Health (DCH), and DFCS to coordinate program efforts.
 - They report back to DCH and DFCS to give updates on their current status and how they can improve.

⁸ See *infra* at 121 for Dr. Greenbaum’s power point presentation.

⁹ See *infra* at 154 for Ms. Rockette’s power point presentation.

- They report on health outcomes of children by evaluating children when they enter program and then re-evaluating 4-6 weeks later to see if the child's health has improved.
 - They act based on these evaluations.
- Where does mental health fall into coverage, and how does reimbursement for these services work? Are there enough providers for the volume of children that need treatment?
 - Behavioral health providers are able to provide service within the network and do not need referral.
 - There are enough providers, and children are able to continue to see providers after they transition out of Georgia Families.
- How do young people ages 18-26 receive coverage? Do they have to re-enroll every year like other coverage programs? Is this tracked?
 - The same services and benefits are available up to age 26. Between ages 25-26, when they are transitioning out of Amerigroup care, they receive training on how to keep health care.
 - We keep track to make sure youth maintain their health coverage, and assist them if they do not re-enroll. The marketing department works to help this.
- With mental health providers, have you developed specific tools needed for assessment? Are you making medical recommendations for what the child needs in order to be healthy?
 - Trauma assessment is separate from psychological assessment; the child may not trust the provider.
- Do they maintain dental care until age 26?
 - Yes.
- We are working towards making the DCH-owned client portal accessible to others besides providers, including parents, caregivers, etc.
- What is the percentage breakdown of mental health coverage, dental coverage, etc.?
 - 70-80% of children have mental or behavioral issues, so this service is used a lot.
 - 60-70% of coverage is for mental health services.
 - The focus is not on how much coverage is provided for a certain type of service, but whether the appropriate level of care is provided.
- Is there data that is tracked longitudinally for diabetes, ADHD, obesity, etc.?
 - Yes. The quality team is tracking and reaching out to providers to make sure children are being seen if they miss appointments or do not receive follow-up.
 - We should see cost savings because we are intervening early.
- CMS awarded an innovation grant to Amerigroup and Family First, and we are using this money to assist children ages 16-20 to transition in Fulton, DeKalb, Cobb, Gwinnett, and Bibb counties.

Council members broke off into their three subcommittees—laws and regulations, personnel, and policies and procedures—to discuss recommendations, and the meeting ended after these discussions.

Meeting 4 — September 10, 2014

Agenda	
12:30	Welcome <i>Stephanie Blank, Council Chair</i>
12:30-1:15	DFCS Update <i>Bobby Cagle, DFCS Interim Director</i>
1:15-2:15	Council Discussion on Subcommittee Issues and Deliverables
2:15-4:30	Subcommittee Planning
4:30	Meeting Concludes
Location	DNR Board Room, Room 1252, Floyd Building, East Tower 200 Piedmont Avenue, Atlanta, GA 30334

Minutes

Council Chair Blank opened the meeting and welcomed interim DFCS Director Bobby Cagle to update the Council on progress at DFCS:

- Staffing:
 - Caseload averages are decreasing overall, but this varies by region.
 - Certain counties with staffing problems are having hiring fairs where they interview potential candidates on site.
 - It takes about a year for each new hire to complete the training process, which is a limitation on DFCS.
 - We instituted mandatory overtime payment in June 2014, and have seen a 61% reduction in overdue cases since then.
 - The regions that include Cobb and Clayton counties contain the highest number of overdue cases.
 - We are also hiring retired staff to come back part-time to help with overdue cases.
- CPS Intake:
 - CPS centralized intake has increased its capacity for calls by 39% from August 2013 to August 2014.
 - The current intake screening process is accepting 78% of cases.
 - We need to look into whether we are unnecessarily screening in cases that don't need to be screened in for two main reasons:
 - Screening in cases unnecessarily means subjecting families to an unnecessary invasion of their privacy by the state.
 - It also means expending resources that are already scarce.
 - Is the screening intake rate comparable to other states?
 - It is not beneficial to compare Georgia with other states on this point.

- Question: were many unsubstantiated cases sent to referral?
 - Typically, deeming a case “unsubstantiated” results in the state no longer having a connection with that family.
 - If a child dies within 5 years, the system can allow DFCS to look back to see if that child was in the system and in what capacity, and whether the case was unsubstantiated or not.
- Caseloads:
 - The governor’s goal is to reduce caseload size to fifteen cases per caseworker. Each caseworker currently carries an average caseload of about 21 cases.
 - In Gwinnett, that number is as high as 83 cases per caseworker.
 - Question: why don’t regions with high caseloads distribute cases to other regions?
 - Caseworkers cannot work on cases from other regions.
 - The high turnover among caseworkers results from burnout, which is caused by long training time and work overload, as well as low compensation for very difficult work.
 - The most difficult aspect of improving the system is managing caseloads that have been overdue since 2007.
 - Question: were appropriations intended for adding caseworkers as well as increasing salaries?
 - The only salary increase appropriation was the 1% statewide appropriation, which was supposed to go toward merit-based salary increases.
 - There is only going to be a salary reclassification for caseworkers whose salaries fall below a certain range.
 - Ideally, a supervisor will supervise five caseworkers, who will have fifteen cases each, totaling 75 cases per supervisor.
 - Currently, supervisors are over about seven caseworkers with 21 cases each, totaling about 147 cases per supervisor on average.
- Question: what is the greatest gap, and how are we falling short to achieve our goals?
 - The priority of the system should always be the protection of children, which means paying attention to the front end of the system (i.e. intake).
 - Permanency should come second to improving the front end of the system. We are falling short of having enough caseworkers on the front lines, and the less time you have to spend with each family because of your high caseload, the less time you have to do a thorough investigation.
 - Research says the most significant determinant of the amount of time it takes to reach permanency is caseload size.
- He wants to lay out a vision for how DFCS plans on achieving its goals.
 - This is going to take commitment now and over time.
 - We have a list of priorities.
 - Georgia operates under the Safety Response System, which is a good system but extremely difficult.
 - The most important parts of the brain, including decisionmaking capacity, do not become fully formed until age 25.
 - We need to have people trained specifically to manage cases involving death in the family.
 - We need increased transparency—the public has a right to know when we make a mistake and how we plan to correct it.

- Question: what are some topics that the laws and regulations subcommittee should consider?
 - The systems that have failed consistently are always systems where the director turnover is high. This can be hard on staff because they repeatedly lose their direction.
 - Transparency: are we sharing what we need to be sharing with the public?
 - Legislative oversight: legislators need to know what is going on in the child welfare system on a regular basis, not just in times of crisis.
- Question: is the safety and risk assessment system mandated?
 - It is handled by DFCS, and he would not recommend mandating it.
- Question: in terms of how legislative oversight should look, what do you think about recommending a commission similar to the one that criminal justice reform implemented, which included private citizens, judges, and legislators?
 - It is not for him to recommend, but he will send the subcommittee the practices of other states.
- Are courses mandatory?
 - Certain courses are mandatory, but we are looking to add elective courses as well.
- Question: very often, this is a system failure and not a people failure; there are highly committed people, but sometimes the system fails. There is a public relations issue present, but how do we repair that? What do you need from the Council to restore public trust?
 - We would like stakeholders to give us regular feedback and advice. What should those stakeholder groups look like, and who should be included? We need people to be engaged continually, not just in times of crisis.
 - We need to give the caseworkers feedback and encourage them. We need public relations to restore confidence in the system, and to promote this field as one that is respectable and helpful.
 - We could do a Social Work Day at DFCS to show students that it is a respectable first job with a career path.
- We need regular data presentations to show where we are and determine how to get where we are trying to go. We need to see the trends regularly, and not just in times of crisis.
 - Community groups may be more likely to rise to the occasion if they are presented with information on the depth of the problem.
- The "system" is not just DFCS; it includes everyone in the community.
- Would a standalone DFCS board help to better the system? The Department of Human Services (DHS) board is charged with everything related to DHS, not just DFCS.
- Question: how do we overcome the negative stigma associated with DFCS and its investigations?
 - We need workers who stay long-term and who are highly qualified so that they can really get to the truth in their investigations.
 - Families being investigated have the right to feel violated, but they should still feel that they are respected and that the investigator is competent and qualified.
- How do we keep promoting DFCS on an ongoing basis?
 - Change cannot be accomplished in one year, and reform should never cease.
- Will the Council dismantle after recommendations are put forth?
 - No, there is no timeline and the governor supports any decision of the Council as it moves forward.

- We need to modernize (i.e. use tablets, better computers)—there are tools to make caseworkers’ jobs easier.

After Mr. Cagle’s presentation, the chair of each subcommittee updated the Council on the issues being studied and ideas being considered, and asked for any feedback or recommendations from other Council members. Melissa Carter, chair of the Policies and Procedures subcommittee, spoke first:

- Streamlining processes across jurisdictions
- Studying predictive analytics
 - Using a predictive model to predict which cases would be substantiated, which cases would result in a fatality, etc.
- Intake and investigation procedures throughout the process, from initiation to completion.
- Evidence-based practices for:
 - Foster parent recruiting and support
 - Content and time for search for relatives
 - Placement assessment and matching for permanency
- We have been looking at caseload standards, and refer this to personnel subcommittee; we need an institutional review of caseload standards so that this continues to be a priority and is constantly monitored.
- It would be helpful to post reports periodically; would that fall under the purview of the Policies and Procedures subcommittee?
 - Yes.
- Are you looking at triage best practices?
 - Yes.
- Emory law students are helping to staff the subcommittee by analyzing and producing information.
- There should be "recipe cards" for case managers to have on hand for certain difficult situations.
- Sometimes lack of access to technology hinders the ability of caseworkers to understand the big picture because they miss details due to a lack of information on-hand.
 - Subcommittee should come up with technology-specific questions, or a technology wish list.

Donna Hyland, chair of the Personnel subcommittee, spoke next:

- Career development
- Started by consulting with DFCS to identify top areas of focus
- Issues: compensation and benefits, training staff and supervisors, career development, career ladder, staffing and turnover, internal and external public relations, safety
- If we cannot pay people very much, we should look to other forms of compensation—sending letters from the governor for outstanding DFCS workers, etc. We are open to suggestions.
- Local state representatives could also be responsible for recognizing the good work of caseworkers in their regions.

Finally, Wendell Willard, chair of the Laws and Regulations subcommittee, updated the Council on his subcommittee’s progress:

- Subcommittee will be evaluating transparency
- Identify how data can be better used and shared
- Will the subcommittee’s recommendations include legislation and analyzing proposed legislation?

- The Council was tasked with recommending passage of legislation that will benefit child welfare.
- How our foster care system compares to other states
- Child Abuse Registry—almost every other state has one, but Georgia does not. Such a registry would include information about whether a case was substantiated or not, information from the investigation, etc.
 - How would you get expunged from the registry if you are listed in error? We need to have a registry that is constitutional.
 - Child abuse can be civil, but the most conservative approach would be to only include only those convicted of criminal child abuse. The second most conservative approach would be to include only substantiated cases. Would either of these approaches serve the needs of the system?
 - The registry would include anyone who was the subject of an investigation, including parents, foster parents, etc.
 - Issues with confidentiality and HIPAA
- Is there merit to examining the structure of DFCS? Is Bobby doing an internal review of structure? Would it be helpful to have recommendations on this from the subcommittee?
 - We will consider it as we get a fuller picture of what is going on, but we are resistant to reorganization/ would like to leave to the agency.

After these discussions, Council members broke into their subcommittees to further discuss their issues and recommendations. The meeting ended after these subcommittee discussions.

Meeting 5 – October 7, 2014

Agenda	
12:30	Welcome <i>Stephanie Blank, Council Chair</i>
12:30-1:30	Casey Family Programs Presentation <i>Virginia Pryor, Casey Family Programs Consultant</i>
1:30-2:15	Subcommittee Updates <i>Melissa Carter, Donna Hyland, Hon. Wendell Willard</i>
2:15-2:30	Break
2:30-4:00	Subcommittee Planning
4:00	Meeting Concludes
Location	DNR Board Room, Room 1252, Floyd Building, East Tower 200 Piedmont Avenue, Atlanta, GA 30334

Minutes

The fifth meeting of the Child Welfare Reform Council began with Council Chair Blank welcoming everyone and introducing Virginia Pryor, Principal of Immersion Consulting, which works with agencies to improve child welfare. Her presentation was entitled, “How Are the Children?” and was followed by a question and answer time:¹⁰

- Georgia ranks 42 out of 50 for well-being of children
- DFCS should be the last line of defense
- Achievements:
 - Significant reduction in the backlog from 3,000 to about 1,000 in 45 days
 - Completed 25 out of 31 *Kenny A.* consent decree outcomes consistently
 - Leadership of DFCS is notably strong and committed
- Challenges:
 - No solid practice model—lack of clarity and consistency across the field
 - No articulated vision to guide the entire staff—Bobby has started this, but it needs to become concrete
 - It is difficult to project a vision successfully when the system is in crisis mode
 - Lack of clarity across the field with respect to the Safety Response system, especially due to multiple changes in direction
 - The system is isolated
 - Constant leadership changes
 - Employees don't take new leadership initiatives seriously because they have gotten used to high leadership turnover

¹⁰ See *infra* at 160 for Ms. Pryor's power point presentation.

- Caseworker and supervisor turnover
 - Both are young; they make mistakes and are still figuring out what their skill sets are; they lack the "battle scars" that experienced workers have; the battle scars aren't always bad, but are what it takes to get better
- Improve technology and infrastructure
- Shines/VPN System has been down over 11 times in 30 days; it is a great system, but it needs to work consistently
- Opportunities:
 - Political will—make decisions about budget, message
 - Public will—the public has to believe in DFCS; public perception is negative; we need a code of ethics for social workers
 - Resources—we need financial capital to move the organization forward
 - Time—we have opportunities but need time; we can't be reactionary with leadership
- National Implementation Research Network (NIRN)—consider 20 components of a practice model under 3 categories:
 - 1. Leadership—the leader has to be committed to the practice model and talk about it everywhere; needs to demonstrate practice model
 - 2. Pace—it takes a long time to implement a robust practice model; have to have flexibility and be able to evolve
 - 3. Stakeholder support
- We need a robust workforce development plan that:
 - Exudes our values
 - Minimizes caseloads
 - Helps us with timely information, quality assurance, and equitable employment incentives
- We need a public relations initiative that:
 - Builds a lasting, positive image of the organization
 - Communicates our positions internally and externally
 - Increases the public's awareness and satisfaction with our efforts, showing they are fast, timely, and of high quality
 - Showcases the department's personality
 - Displays the success stories of DFCS
 - Makes us transparent—every system has its challenges, but we tend to be better at voicing what we struggle with rather than what is successful, and we need to do both
- Question: how much will it cost to implement this over the next five years? We will need to address how we go about acquiring funding from the private sector.
 - Blueprint—Logic Model format, working backwards from what we want to how we get there
- Question: when do you think we could get this blueprint? We should make sure that subcommittee recommendations are in line with 2015 priorities.
 - Bobby Cagle: we are at the point where we can develop that and have broad outlines of where we need to go.
 - The plan needs to be in line with what the Council recommends.
 - We need to define our priorities before the start of the legislative session.
- Question: beyond implementation, how much will it cost to continue this work? We need to make sure we don't operate in isolation.
 - Blueprint of practice model should be able to demonstrate return on investment

After Ms. Pryor’s presentation, each subcommittee updated the Council on its progress:

- Policies and Procedures
 - Normalcy in foster care
 - The law Congress passed on September 30
 - What performance measures do we want to report? Fatality pre- and post-intervention?
 - Caseload and workload standards
 - Technology wish list—mobile technology, refer to other states
 - Andy Barkley’s predictive analytics model—feasibility of using this model
 - Question: are there states that have used that tool effectively?
 - We have asked the states that are doing this whether it is effective
 - It has been falling short; they are looking for comfort in margins of error
- Personnel
 - Training and career development
 - 1. Career Path
 - 2. Title IV-E Program
 - 3. Re-establishing supervisor-mentor program
 - Best practices for law enforcement
 - Using technology like a panic button, etc.
 - Georgia Tech is willing to help with technology innovation
 - Supporting the governor’s target caseload of fifteen cases per caseworker
 - Lean process re-design—Georgia Tech is volunteering to help with this
 - Staffing mix—make sure we are optimizing the use of staff
 - Salary levels and recognition
 - Community supporters to thank and recognize workers
- Laws and Regulations
 - Transparency and data sharing
 - Data sharing agreement across agencies
 - Medical and education needs of children
 - Governance of DFCS by district and local boards—statutory responsibilities, what types of people should serve on local boards, etc.
 - Best model for communication between DFCS director, governor’s office, etc.
 - Child Abuse Registry

After these updates, the Council took a short break, which was followed by meetings of the subcommittees, after which the meeting concluded.

Meeting 6 – November 13, 2014

Agenda	
12:30	Welcome <i>Stephanie Blank, Council Chair</i>
12:30-1:15	Personnel Subcommittee Presentation <i>Donna Hyland</i>
1:15-2:00	Laws and Regulations Subcommittee Presentation <i>Hon. Wendell Willard</i>
2:00-2:45	Policies and Procedures Subcommittee Presentation <i>Judge Peggy Walker</i>
2:45-3:00	Break
3:00-4:00	Council Discussion and Finalization of Recommendations
4:00	Meeting Concludes
Location	DNR Board Room, Room 1252, Floyd Building, East Tower 200 Piedmont Avenue, Atlanta, GA 30334

Minutes

Each subcommittee presented its recommendations to the full Council. Donna Hyland, chair of the Personnel Subcommittee, presented first, followed by Hon. Wendell Willard of the Laws and Regulations Subcommittee, and Judge Peggy Walker presented for the Policies and Procedures Subcommittee last.¹¹ The full Council discussed the recommendations, and then voted to approve the recommendations pending the discussed changes.

¹¹ See *infra* at 164 for subcommittee reports and presentations.

Presentations and Research Provided to the Council

Included in this section:	37 — 163
Presentations from Meeting 1	38 — 69
The State of Child Welfare in Georgia <i>Melissa Carter</i>	38
Georgia Foster Care Profile <i>Melissa Carter</i>	51
Dependency Case Flowchart <i>Melissa Carter</i>	52
Dept. of Human Services <i>Commr. Keith Horton and Dr. Sharon Hill</i>	53
Presentations from Meeting 2	70 — 107
Judicial Process <i>Judge Peggy Walker</i>	70
Reasons for Caregiver Abuse <i>Dr. Tanisha Grimes</i>	81
Office of the Child Advocate <i>Ashley Willcott</i>	92
Youth Perspective <i>Crystal Williams</i>	99
Presentations from Meeting 3	108 — 159
Differential Response System Update <i>JoAnn Lamm</i>	108
The Effects of Abuse and Neglect: A Child's Perspective <i>Dr. Jordan Greenbaum</i>	121
Georgia Families 360 <i>Earlie Rockette</i>	154
Presentation from Meeting 5	160 — 163
How are the Children? <i>Virginia Pryor</i>	160

THE STATE OF CHILD WELFARE IN GEORGIA: UNDERSTANDING THE OPPORTUNITIES AND CHALLENGES

Melissa D. Carter, Esq.
Executive Director
Barton Child Law & Policy Center
Emory University School of Law

Child Welfare System Considerations

OUTCOMES

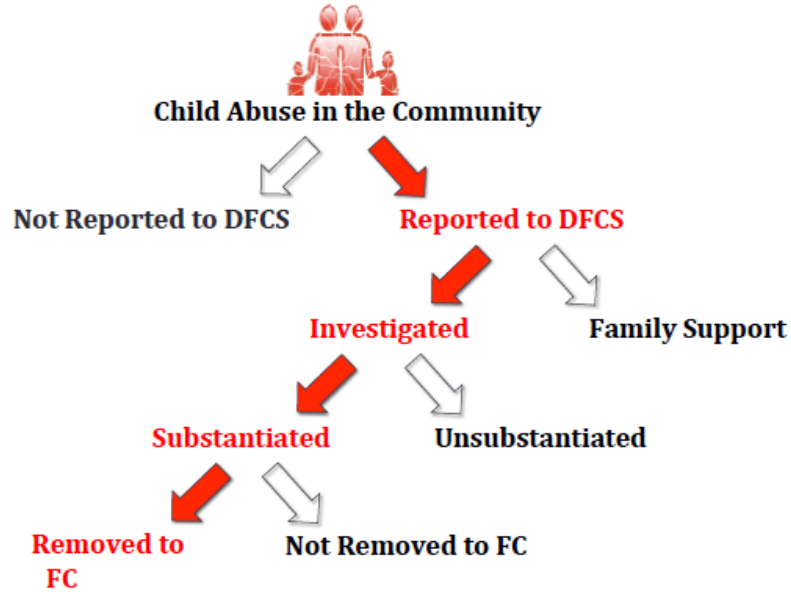
- **Safety**
 - Parental prerogative v. compelling state interest
 - Children's rights?
- **Permanency**
 - Family preservation/reunification v. adoption
 - Adoption v. guardianship
 - Aging-out
 - Preference for relatives
- **Well-Being**
 - Health
 - Education
 - Life skills
 - Family (including sibling) and community connections

DRIVERS

- Federal and state law
- Federal and state funding
- High profile cases
- Class action litigation
- Emerging/best practices
- Leadership philosophy
- Erosion of public confidence

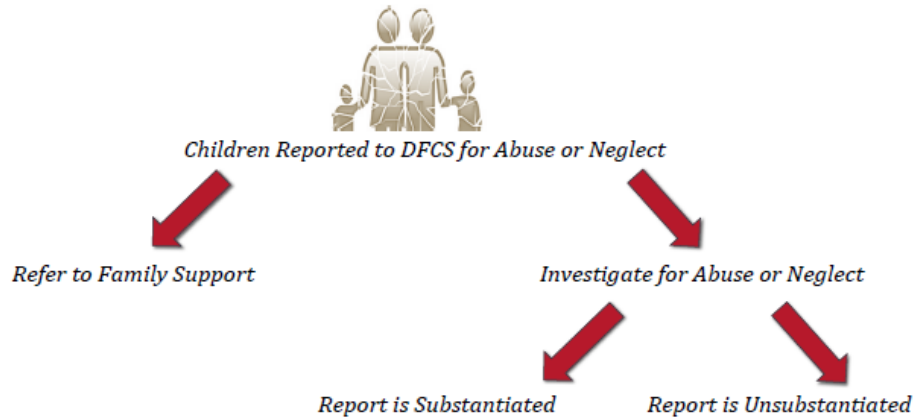
From Referral to Removal

How it Works

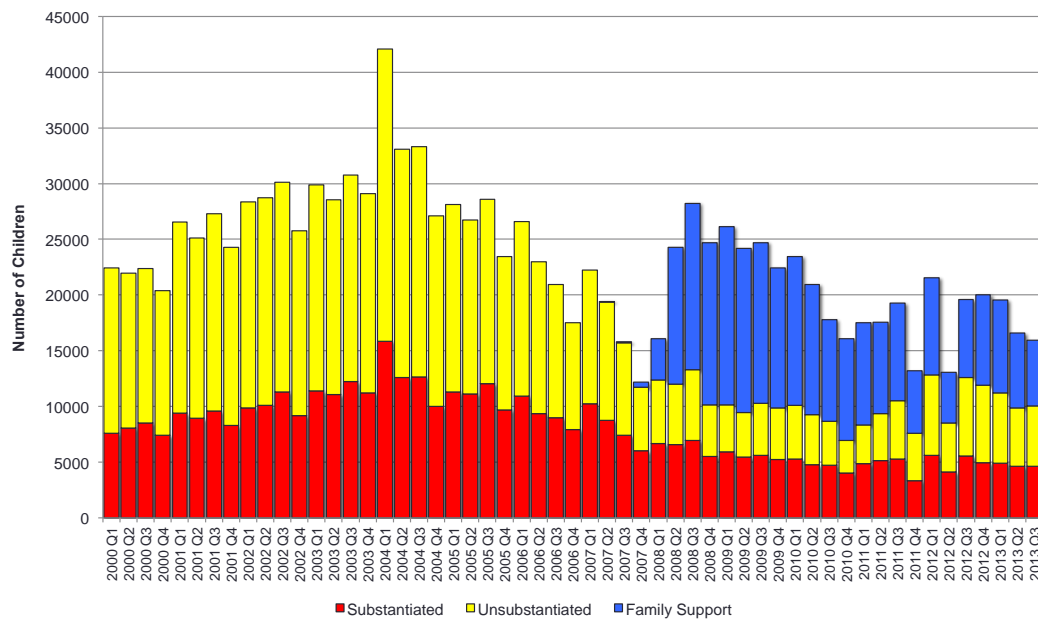


CHILD PROTECTIVE SERVICES

Simplified Flowchart for Accepted Intakes



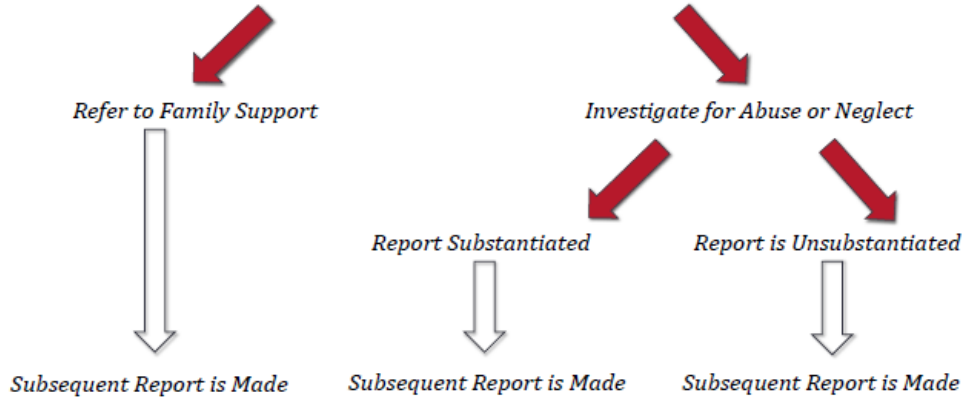
Georgia CPS Dynamics Jan 2000 to Sept. 2013



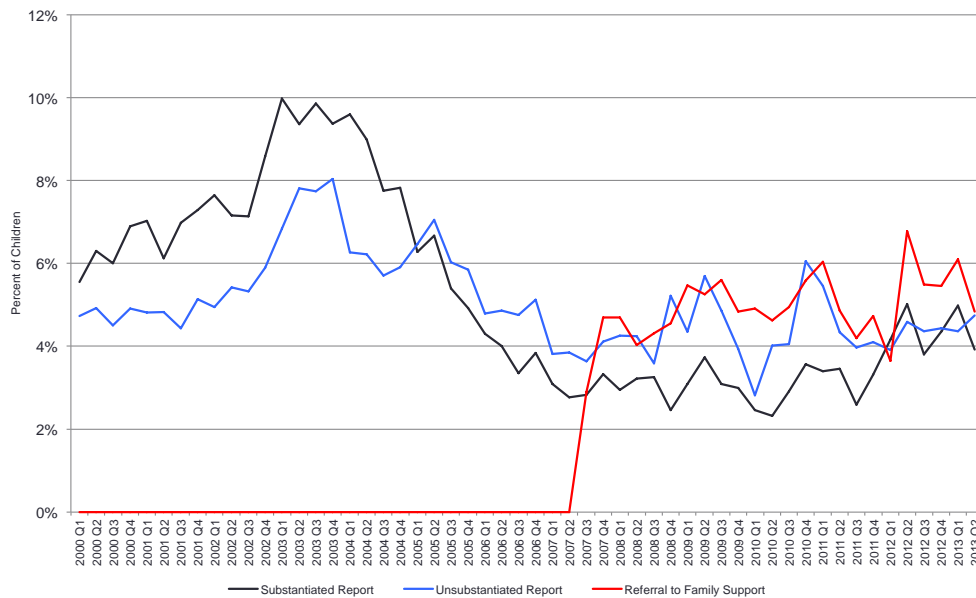
Measuring Child Safety



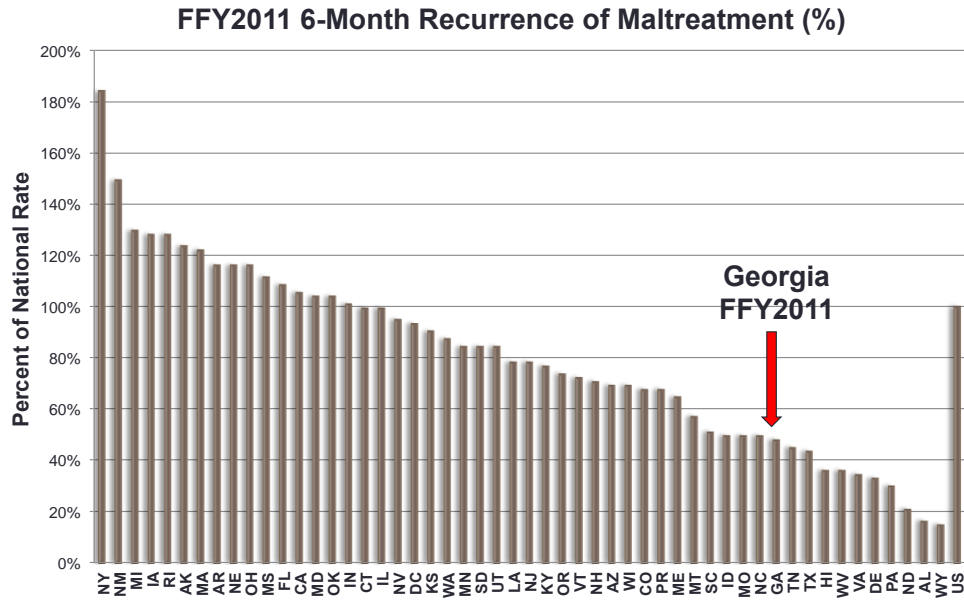
Children Reported to DFCS for Abuse or Neglect



Recurrence of Accepted Intake By Initial Disposition, Jan 2001 to June 2013



National Perspective: Recurrence of Maltreatment



<http://cwoutcomes.acf.hhs.gov/data>

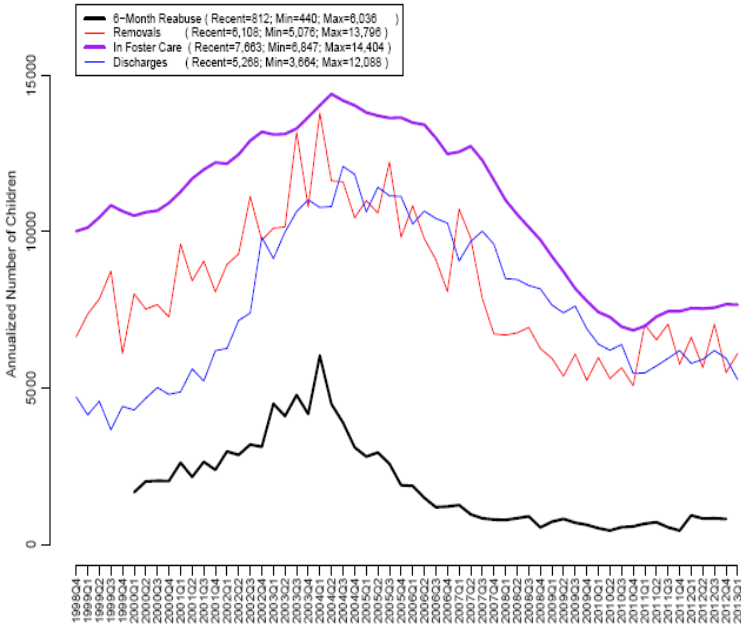
FOSTER CARE

Georgia's Foster Care Profile

- See handout

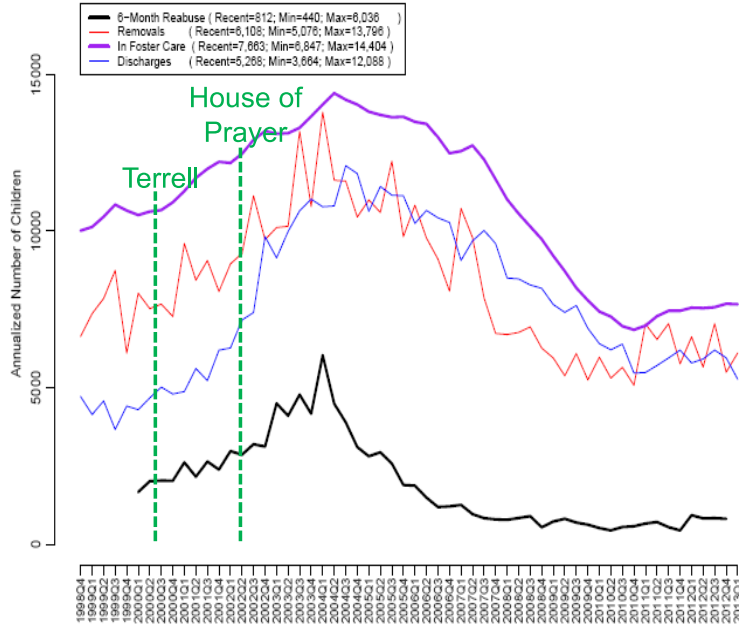
Georgia Foster Care Dynamics

- 2004:
 - 11,964 children removed (4.2/10K);
 - 14,511 children in care;
 - **4,631** (9%) re-abused in 6 months (**6 times** today's).
- 2012:
 - 6,108 children removed (1.8/10K);
 - 7,663 children in care;
 - **812** (4.1%) re-abused in 6 months.



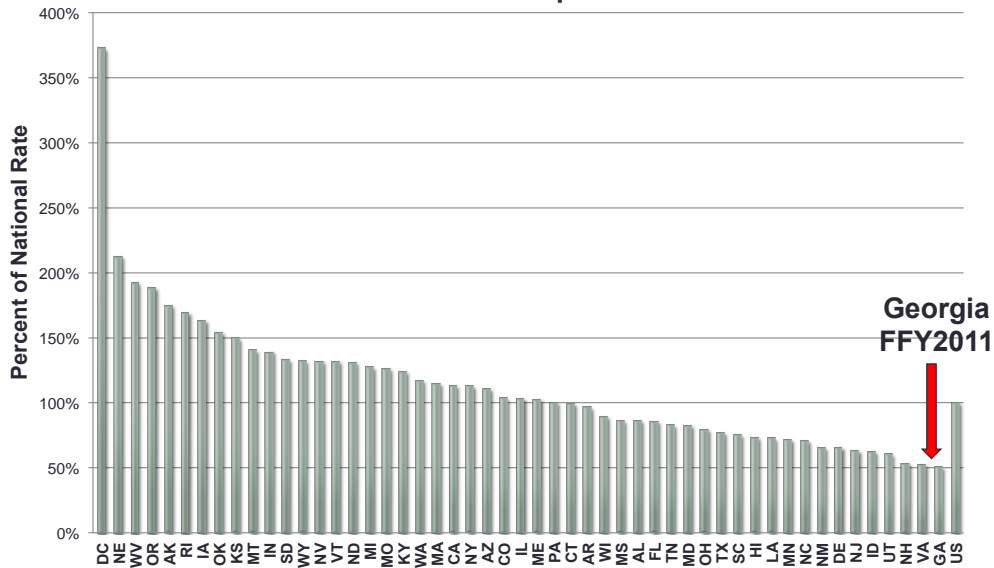
The Stories Behind the Numbers:

- 2000: Terrell Peterson, cover of Time Magazine
- 2001:
 - Governor's Task Force
 - CFRS Round 1
 - House of Prayer
 - \$110 million annual increase
- 2002: Kenny A Class Action Filed
- 2004: DFCS Mandatory Reporter Investigation Policy Change
- 2006: Safe Reduction



National Perspective: Children in Foster Care

FFY2011 In-Care per 10K



www.acf.hhs.gov/sites/default/files/cb/entryexit2011.pdf

OPPORTUNITIES & CHALLENGES

Challenges and Opportunities

- Safety
 - Detecting Child Abuse in the Community
 - CPS Workforce Challenges
- Permanency
 - Placement Stability
- Well-Being
 - Health
 - Education
 - ILP
 - Family and community connections
 - Youth engagement
 - Trauma-informed care

SAFETY

Detecting Child Abuse in the Community

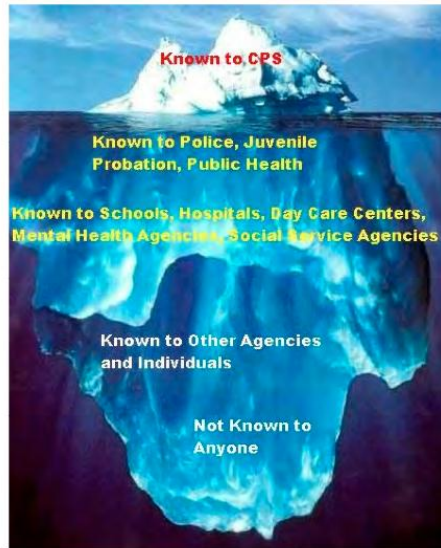
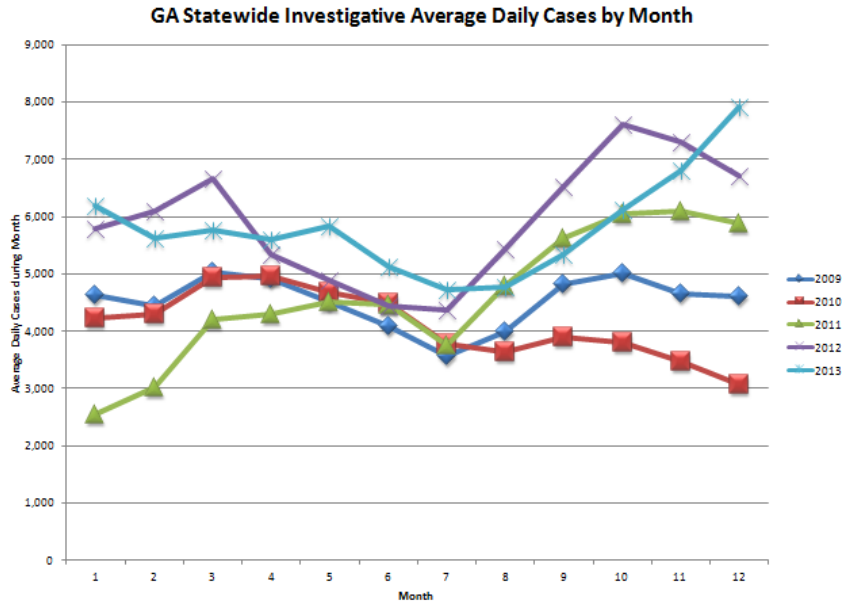


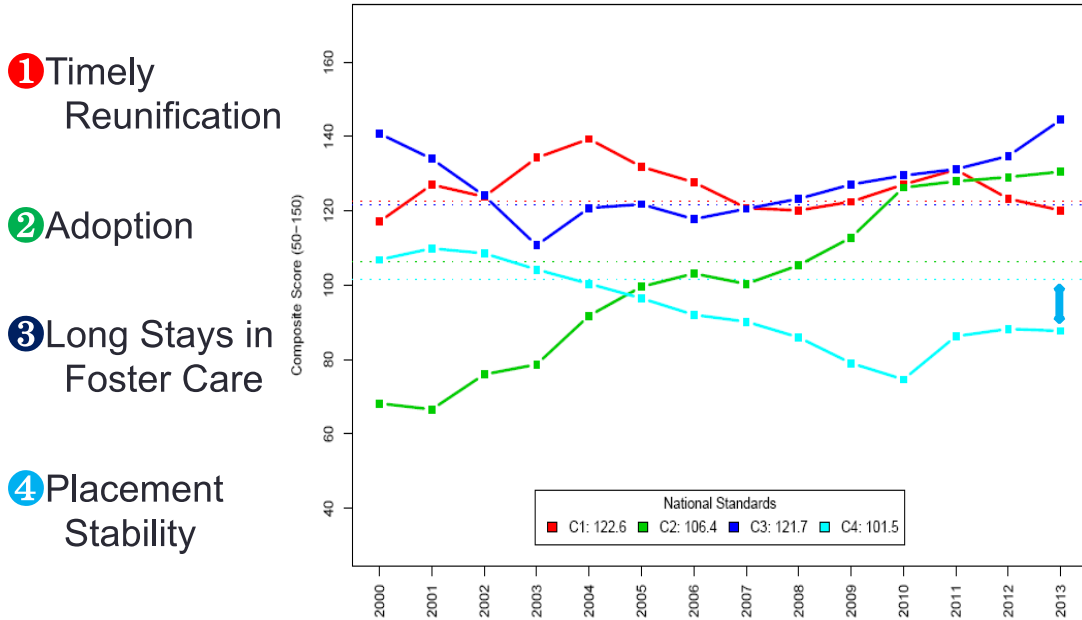
Figure 2-1. Levels of Recognition of Child Abuse and Neglect.

CPS Caseload Trends



PERMANENCY

Georgia CFSR Permanency Composite Scores



Placement Stability

- 2 or fewer placement changes for children in foster care:
 - In care less than 12 months: 79.2%
 - In care less than 24 months: 55%
 - In care longer than 24 months: 33%

Year	DFCS Foster/Adopt Homes	Non-DFCS Foster/Adopt Homes	Total
2010	2328	1538	3866
2011	2579	1749	4328
2012	2544	1884	4428
2013	2439	2215	4654

WELL BEING

Focusing on Well-Being

- Health
 - Psychotropic medications

Age Group:	Under 5 yrs	5-9 yrs	10-13 yrs	14-17 yrs
% w/ Rx:	3.08%	30.05%	45.87%	48.40%

- Educational achievement
- Independent and transitional living (self-sufficiency)
- Sibling, family, and community connections
- Youth engagement
- Trauma-informed care

ILP Funded Supports/ Services

Education & Enrichment Expenses

- Tutoring , Summer School, Community Activities, Driver's Education, GED Preparation

Transitional Living

- Partial Rental Reimbursement, Utility Deposits, Rental Deposits, Emergency Assistance

Post Secondary Educational Expenses

- Tutoring, Tuition, Books, Room and Board, Transportation Assistance.

Individual Development Account (IDA)

- Savings Account Matching, Stipends.

Q&A

Melissa Carter, melissa.d.carter@emory.edu



Profile of Georgia’s Foster Care System

Foster care is the temporary placement of children outside of their own homes due to abuse, neglect, or other family problems. When possible, Georgia’s Division of Family and Children’s Services, juvenile courts, and other agencies work with families to reunite them. When a child cannot return home safely, efforts are made to find the child a family through adoption, guardianship, or custody, or to prepare the child for independent life.

Total Population: 7,676 children were in the foster care system in Georgia on September 30, 2013.¹ The state’s foster care population has significantly declined in recent years, reduced by nearly half of the 14,500 children in foster care at its peak in 2004. Children enter and exit foster care at different rates and for different reasons. In total, 13,675 children were served in foster care in FFY13. The median length of stay experienced by a child in foster care in FY13 was 11.6 months.

Age: Median Age: 7.6 years

6.8%	< 1 year	16%	8-11 years
22%	1-3 years	19%	12-15 years
22%	4-7 years	14%	16+ years

Gender: Male: 53% Female: 47%

Race and Ethnicity:

43%	Black (non-Hispanic)	0.07%	Native American
44%	White (non-Hispanic)	0.22%	Pacific Islander
7.1%	Hispanic	5.0%	Other/multi-racial
0.14%	Asian		

Reason for Removal: 5,999 children were removed from the custody of their parents in FY13 and placed in foster care for one or a combination of the following reasons:

48%	Neglect	19%	Inadequate Housing
11%	Physical Abuse	12%	Incarceration
3%	Sexual Abuse	12%	Abandonment
29%	Parental Substance Abuse	23%	Caretaker Inability /Child Behavior

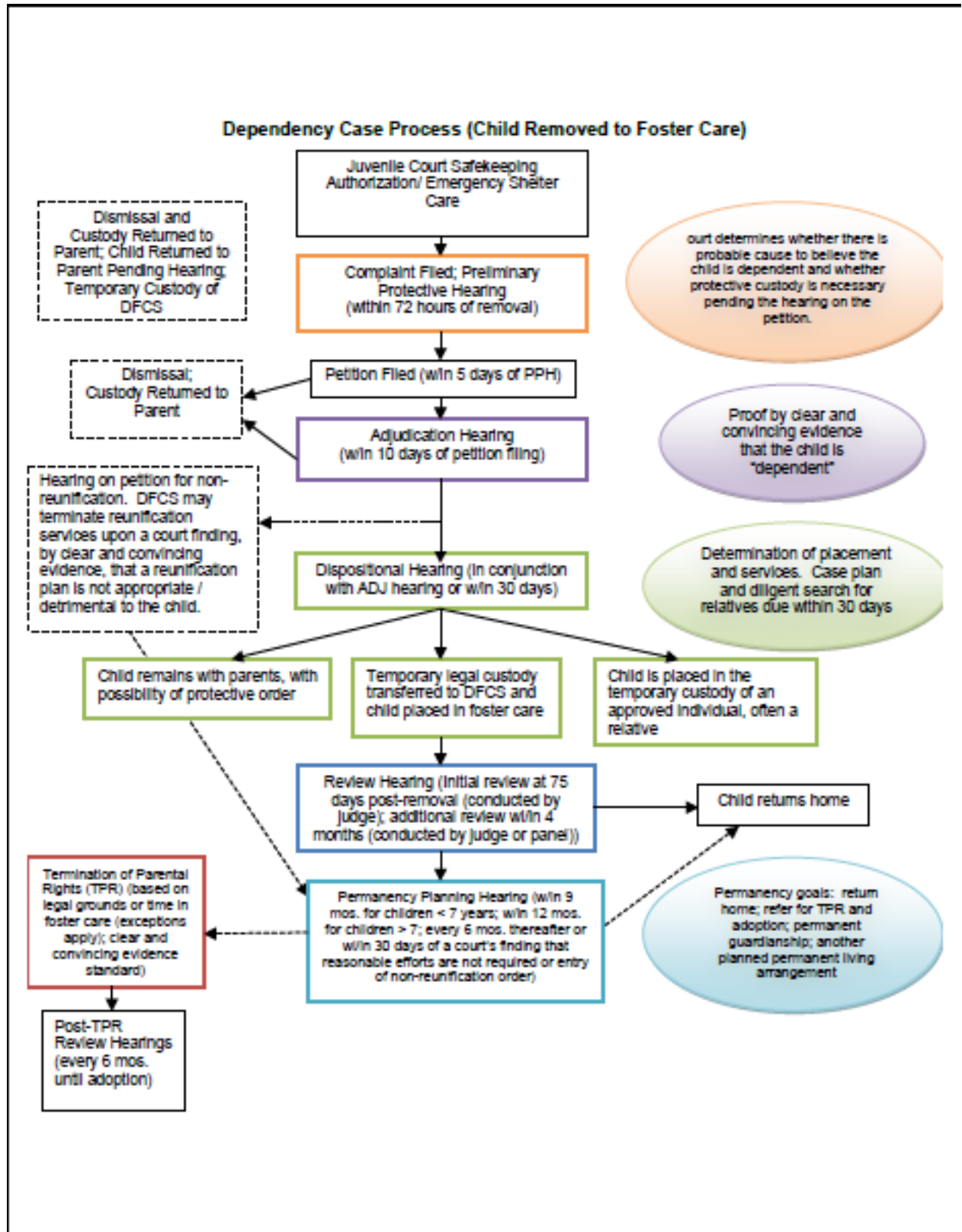
Placement Type:

64%	Non-Relative Foster Care	1%	Pre-Adoptive Home
17%	Relative Foster Care	17%	Group Home / Institution

Permanency at Exit:

48%	Reunification / Return Home	20%	Relative Custody
17%	Adoption	7%	Emancipation / Age-Out
6%	Legal Guardianship		

¹ Adoption and Foster Care Analysis and reporting System (AFCARS) data submitted for FY 2013, 10/1/2012 through 9/30/2013.



Georgia Department of Human Services:
Agency Overview

Presenter: Keith Horton, Commissioner

Presented to: Child Welfare Reform Council

Date: May 1, 2014



Georgia Department of Human Services

Vision, Mission and Core Values

Vision

Stronger Families for a Stronger Georgia.

Mission

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

Core Values

- Provide access to resources that offer support and empower Georgians and their families.
- Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.
- Promote accountability, transparency and quality in all services we deliver and programs we administer.
- Develop our employees at all levels of the agency.




DHS Profile			
	Division of Aging Services	Division of Child Support Services	Division of Family and Children Services
Mission	Assist older individuals, at risk adults, persons with disabilities and their families to achieve safe, healthy, independent and self reliant lives	Collect and distribute child support (establish paternity, support orders, enforcement, review and modification)	Child protective services and family preservation and independence
# of employees	299	~1050, contract with over 100 attorneys and 9 District Attorneys	~6000
Programs & Initiatives	Home and Community Based Services, Senior Employment, Medicaid Waiver, Health and Wellness, Adult Protective Services, Guardianship	Fatherhood, Problem Solving Court, Prison Re-entry, Prison paternity and Enhanced Transition Job Grant	Child protective services, TANF, Food Stamp, Medicaid eligibility, Child care eligibility, Foster care, Adoption, Refugee
Customers served	~1M	~1.2M	~2.2M
Location	12 Area Agency on Aging	58 Offices	180 Offices

**Georgia Department of Human Services/
Division of Family & Children Services:
DFCS Current Workload,
Strategies & Initiatives**

Presenter: Sharon L. Hill, PhD
DFCS Division Director

Presented to: Child Welfare Reform Council

Date: May 1, 2014

 **Georgia Department of Human Services**



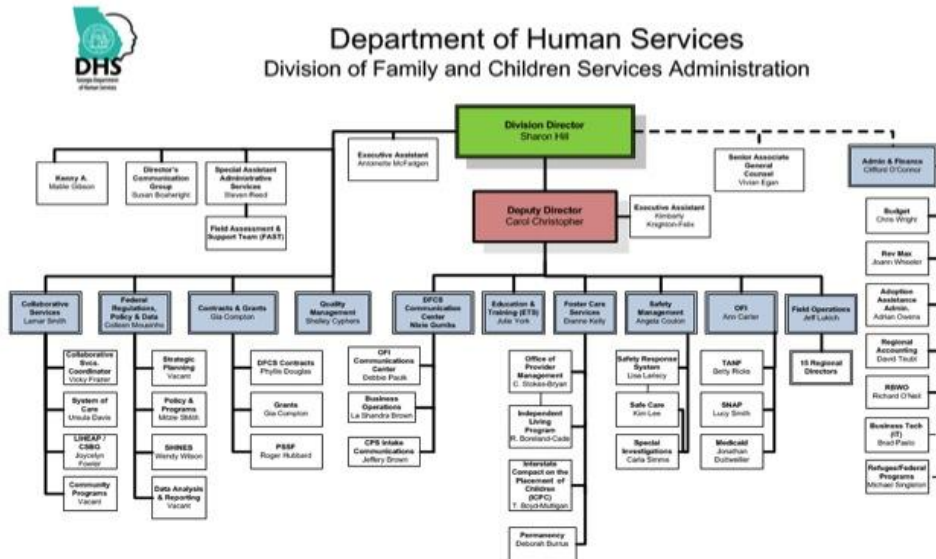
Presentation Outline

- Organization of DFCS
- Georgia Child Welfare Data
- Child Protective Services
- Foster Care Services
- Strategies & Initiatives
- Federal Mandates & Reports

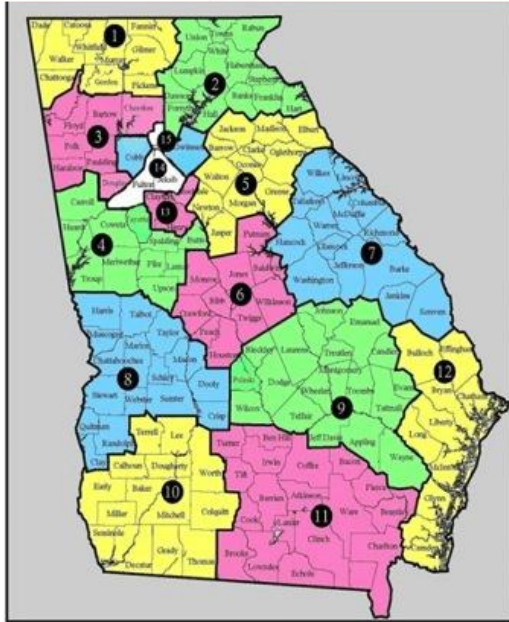


DFCS Organizational Chart

Revised February 2014



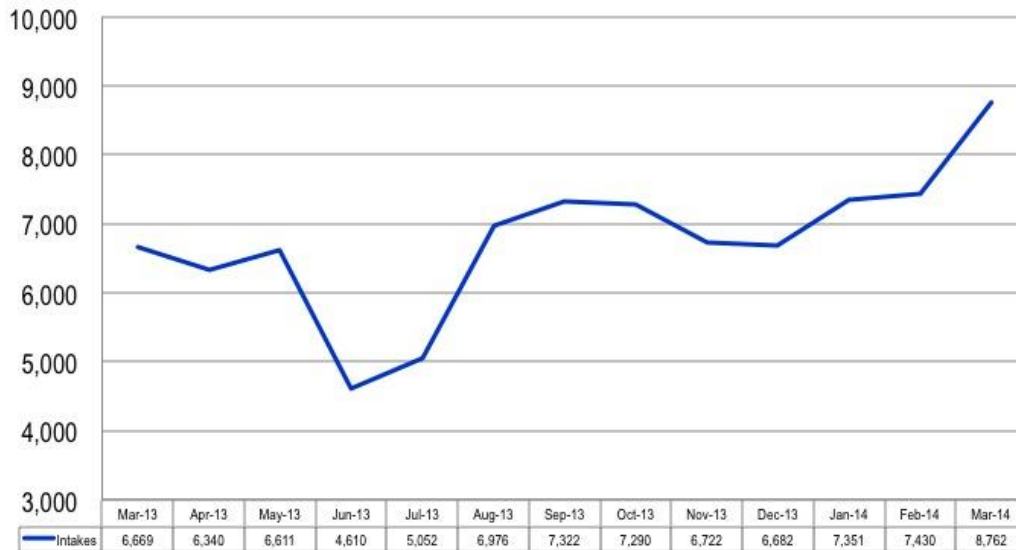
DFCS Regions



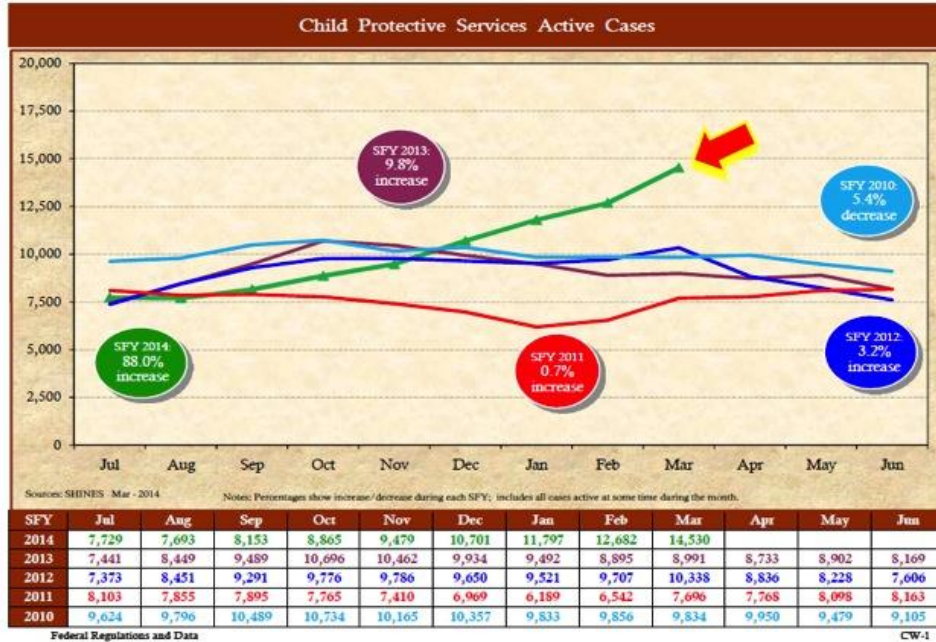
Regions	Regional Directors
1	James Binnicker
2	Kenny Jarvis
3	Ross Collins
4	Lon Roberts
5	Mary Havick
6	Robert Brown
7	Lynn Barmore
8	Margaretha Morris
9	Stacey Barfield
10	Deborah Smith
11	Vicki Townsend
12	Richard Chamberlain
13	Randy Jenkins
14	LaMarva Ivory
15	Lee Biggar
Field Operations Director	Jeffrey Lukich



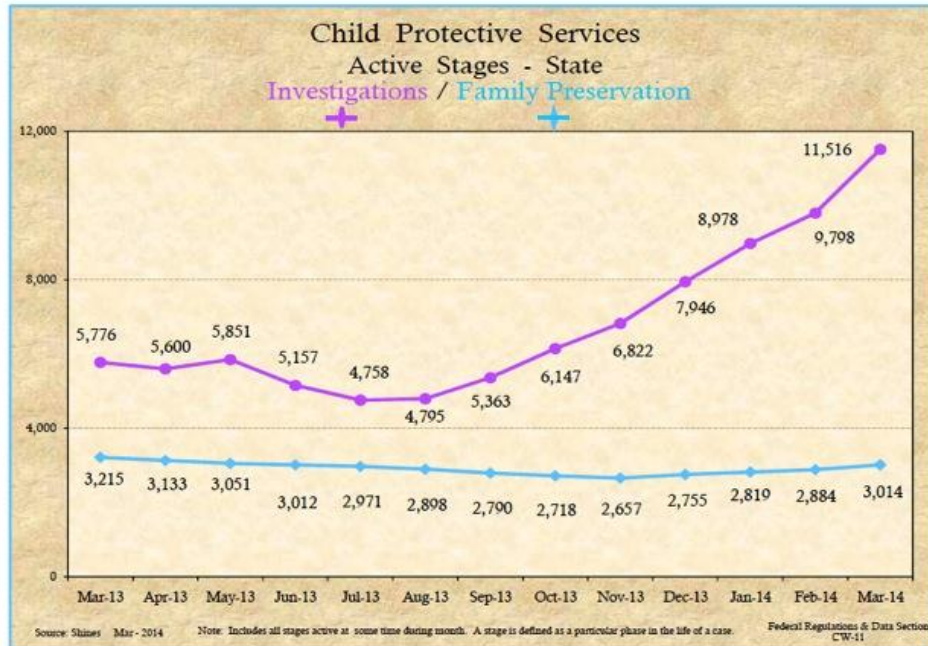
CPS Intakes Received



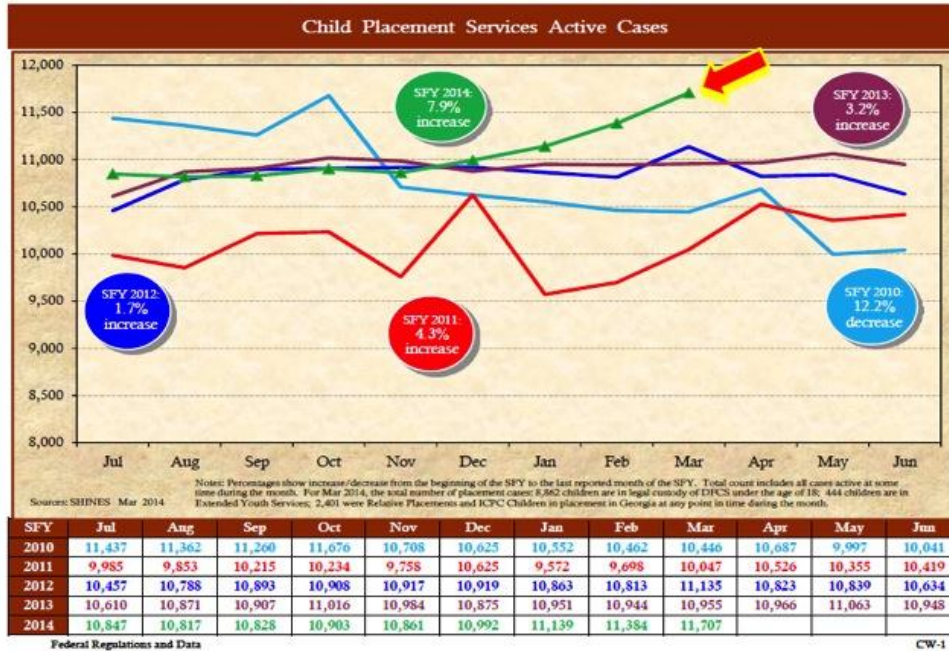
This chart shows the total number of intakes that were received between March 2013 and March 2014.



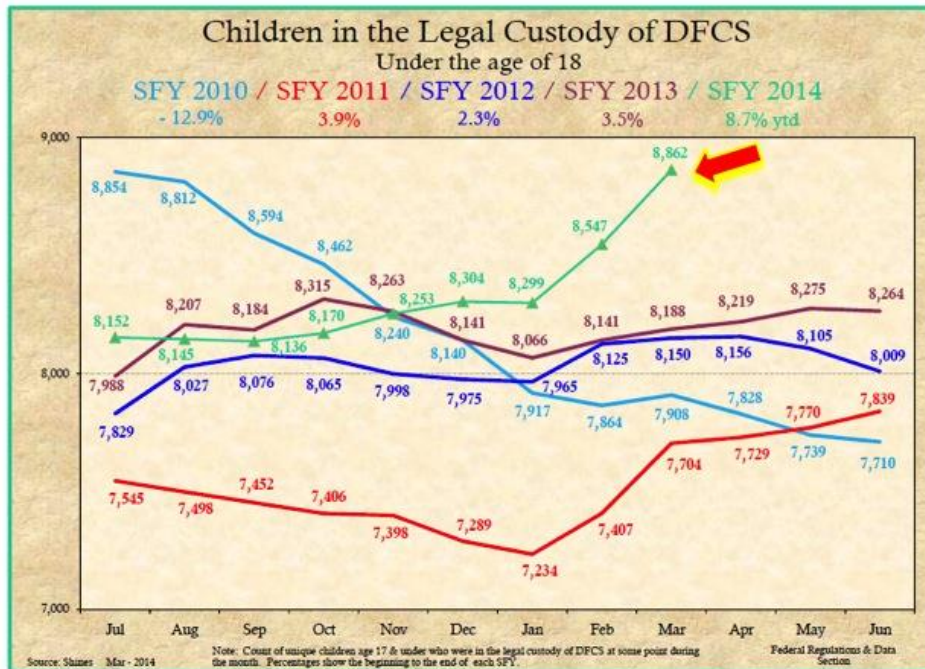
- The number of Child Protective Services Cases (Investigations & Family Preservation have increased by 88% since 2010 and almost doubled from a year ago).
- Increase can be attributed to statewide centralized intake system and highly publicized child deaths.



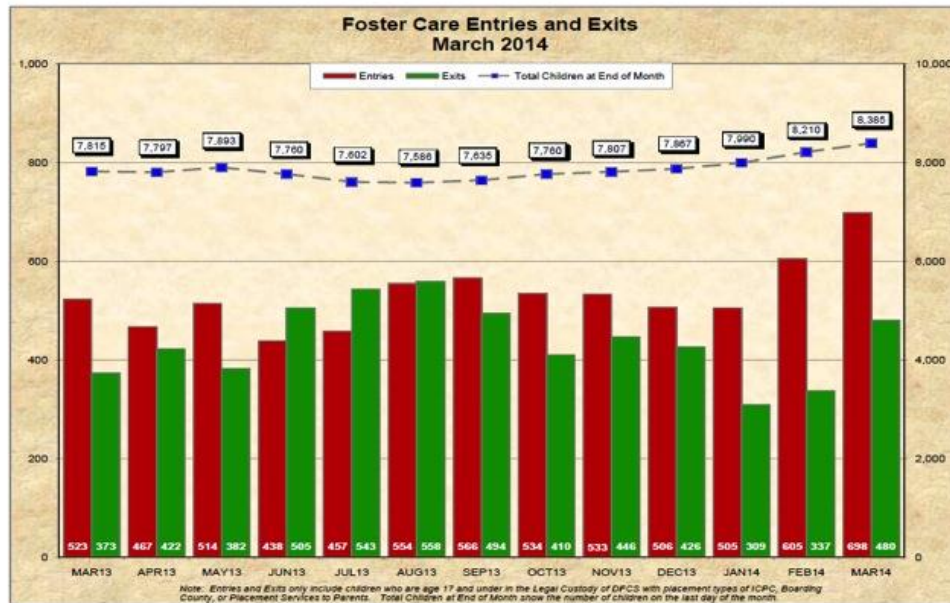
- Significant increase in the number of active investigations; twice as many as one year ago.



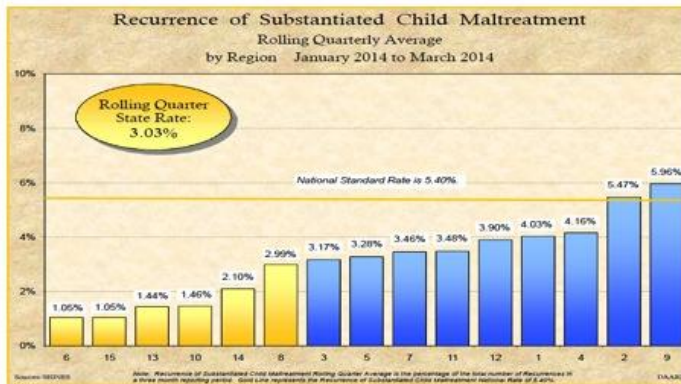
Child Placement Services cases includes several categories of “out-of-home” care such as children in the legal custody of DFCS, extended youth supportive services (18-21), Interstate Compact for the Placement of Children (ICPC) and children in the care of relatives.



The number of children in the legal custody of DFCS is at its highest since SFY 2009. We have had steady increases since October 2013.
Note. The chart reflects the number of children in care at any time during the month.



There have been more children entering foster care than leaving since September 2013. The top number reflects the number of children in care on the *last* day of each month. The preceding charts reflected the total number of children in foster care *throughout* the month,



- Two significant federal outcome measures are recurrence of substantiated maltreatment (the percent of children who are victims of maltreatment within a 6 month period) and foster care re-entry rate (percent of children who re-enter foster care within 12 months of exiting care).
- Georgia continues to perform well on both.

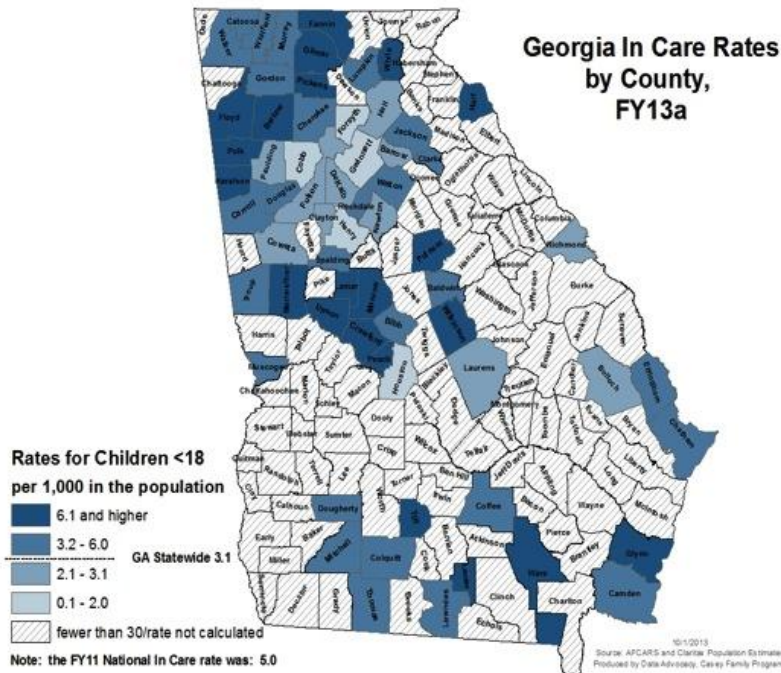
Children in Foster Care by Region

Region	April 1, 2013	April 1, 2014	% Change
1	500	516	3%
2	368	408	10%
3	969	1,122	14%
4	496	502	1%
5	415	520	20%
6	516	554	7%
7	216	296	27%
8	373	473	21%
9	142	136	-4%
10	350	296	-18%
11	505	557	9%
12	608	596	-2%
13	486	501	3%
14	1,016	1,040	2%
15	696	766	9%
Total	7,698	8,323	8%

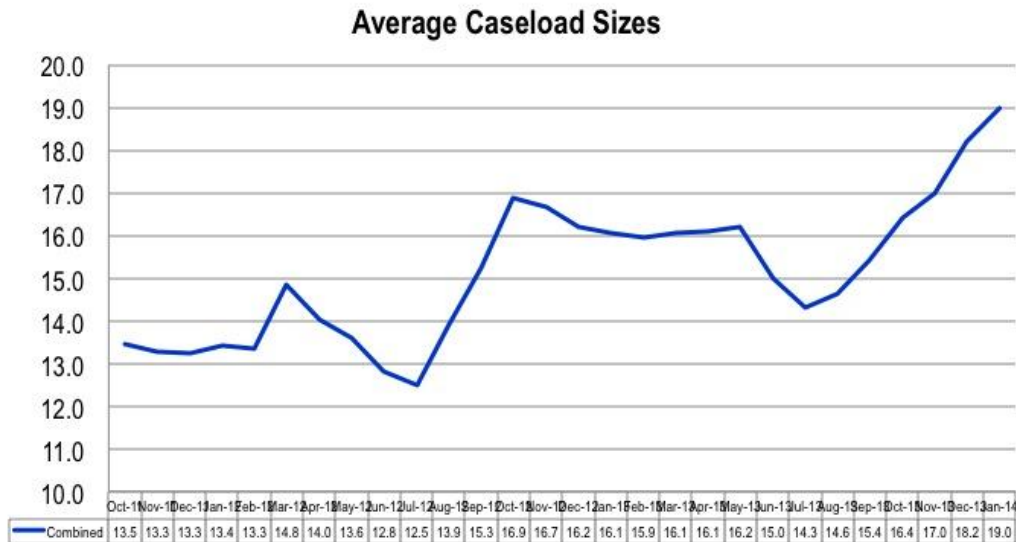
Over the past year the number of children in foster care has grown by 8%. Only 3 regions showed a decrease. Additionally, 3 regions showed increases that were 20% or more.



Second column reflects the number of children in care on April 1, 2013 and third column reflects April 1, 2014 while the last shows the percent of change between 2013 & 2014.



Ratio of Case Managers to Caseloads



Support, Family Preservation, and Investigations open during a month divided by the number of filled Case Manager positions.

Current Strategies & Initiatives

- DFCS Action Plan to Improve Safety for Children
- CPS Intake Communication Center (statewide centralized intake)
- Safety Response System
- Placement Privatization Pilots in Regions 3 & 5
- IV-E Waiver Demonstration Project
- Kinship Navigator Program (DFCS Ombudsman)
- Transition of Children in Foster Care / Adoption Assistance from Medicaid Fee-For-Service to CMO
- Enhance Services to Older Youth in Care - Move to an "Opt-Out-Model"
- Kenny A Consent Decree
- Fatherhood Agents Youth Engagement Program



DFCS Action Plan to Improve Safety

Action Plan	Status
Increase number of DFCS case managers.	
Complete statewide roll out of the CPS Intake Communication Center.	
Intake workers will be fully trained in Safety Response System Model.	
Training for CPS staff on interviewing children from Georgia Child Advocacy Center.	
Training for CPS staff on interviewing and assessing adults from Georgia Public Safety Training Center.	
Ongoing review of reports that were screened out from October 1, 2012 through September 30, 2013 and then ongoing review.	
Implementation of an Internal Safety Panel to review and provide consultation on specified investigations and Family Support cases prior to closure.	
CHOA Child Protection Health Team to provide consultation on cases	
Utilize External Review Team to develop and implement model Child Death/Serious Injury Staffing Process & to provide training to staff.	
Develop Predictive Analytics to identify factors that create unsafe situations for children.	
Develop protocols with pediatricians across the state for early intervention of child well being and safety through training and various forums such as Summits.	



CPS Intake Communication Center

Goal: Ensure 24/7 accessibility and uniformity in the reporting of child abuse and neglect in Georgia.

- One number to report abuse/neglect
- Intake decisions made using Safety Response System framework
- Uniformity in the determination of responses to reports (screen-out, investigation or family support)
- Ability to monitor phone calls as they occur
- Improve quality of our assessment of reports
- Ensure most appropriate response made to reports of abuse/neglect
- Capacity for virtual intake system (staff can work from any location); important for overnight, weekends and holidays



Note. The CPS Intake Communication Center is our Statewide Centralized Intake System.

Placement Privatization Pilots

Service Description. DFCS would contract with a lead agency in the two regions who would be responsible for all placement related services for children in foster care, including foster home recruitment, location of placement resources, monitoring and oversight of safety and well-being of children in CPAs and CCIs.

Regions 3 and 5 selected based on the following criteria:

- 1) challenges around the recruitment and development of high quality foster homes
- 2) high percentage of children placed outside of the region
- 3) high transportation costs associated with children in foster care



IV-E Waiver Demonstration Application

Georgia submitted a IV-E Waiver Demonstration application to provide flexible funding for the following target groups:

- Short-Stayers in Foster Care (children in care for 90 days or less)
- Children in Need of Services (CHINS)
- Step-Down Children from Congregate Care



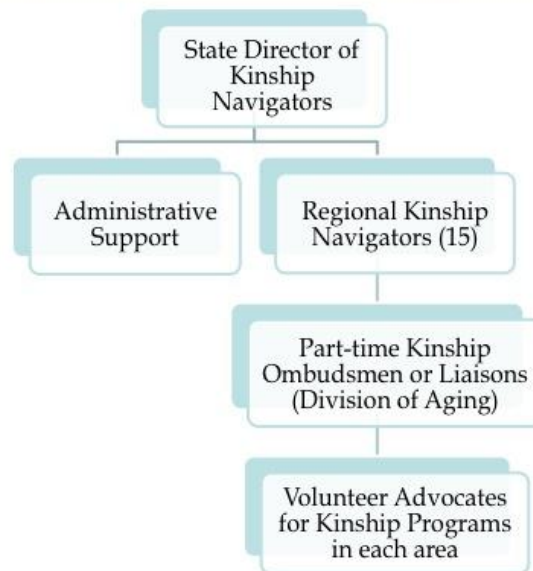
Georgia’s Proposed Kinship Navigator Program

Goal: Ensure grandparents and other relatives and “kins” are able to access and navigate Department of Human Services programs (including child welfare, Office of Family Independence, Aging and Child Support) and the court system in order to provide for necessary care for children.

- Provide information and assistance to caregivers so they can access relevant federal and state benefits.
- Pro-actively mediate with state agency staff and/or service providers and, when necessary, assist in establishing relationships between kinship caregivers and relevant state and federal agency staff, including Area Agencies on Aging and the Department of Education.
- Accompany grandfamilies to court and help them navigate the legal system.
- Have access to state funds to provide short term support to grandfamilies, things like paying for a crib or school supplies.
- Provide supportive listening to grandparents and relatives of all ages who are raising children or planning to do so.
- Reach out and locate kinship care families in their service area, identifying those not involved in support group networks and/or in need of additional services. Special attention is focused on serving relatives from geographically isolated and ethnic communities.



Georgia’s Proposed Model for Kinship Navigator Program



Note: Possible funding for Administrative Support and State and Regional Kinship Navigators would be TANF.

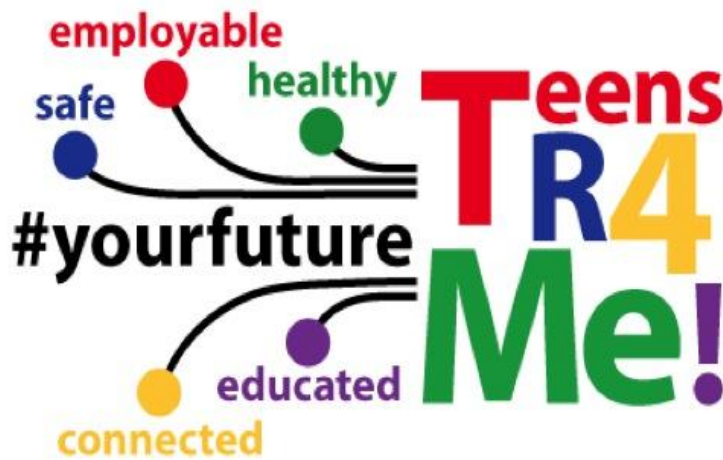
Care Managed Organization & Virtual Health Record

Definition: A *virtual* view of patient health information gathered from multiple data sources.



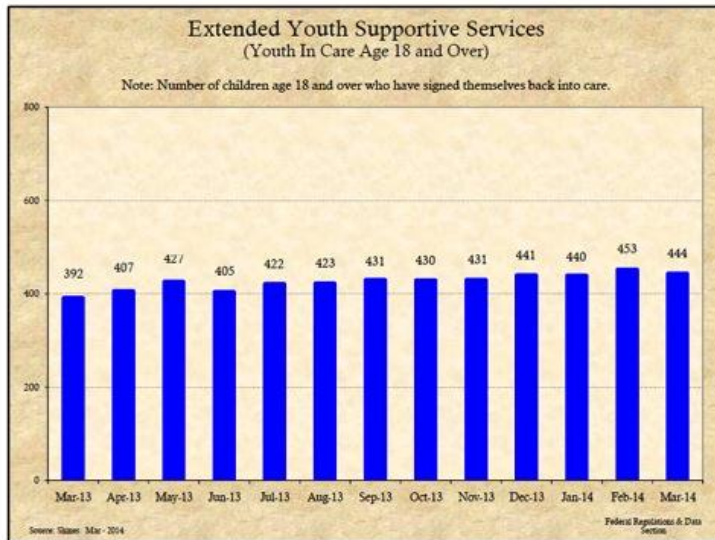
The Georgia HIE keeps data at its original source, allowing authorized providers and users to securely query for and receive patient health information.

Enhance Quality of Services for Older Youth



We will support our youth as they transition into adulthood!

Moving to "Opt-Out" of Care Model



This policy change would increase the number of youth 18 to 21 who remain in care.



Children In Need of Services (CHINS)

- CHINS is a new paradigm for interacting with status offenders, that became effective January 2014 as a result of HB 242
- Status offenses are offenses committed by children that would not be considered a crime if committed by an adult. They include acts such as running away, skipping school, and being unruly or ungovernable.
- The philosophy behind CHINS is to focus on the underlying reasons behind a child's presenting behaviors to prevent further involvement in both the delinquency and dependency systems.
- DFCS is working with two juvenile courts through a pilot project utilizing a CHINS Coordinator and a problem solving court approach to responding to CHINS youth and their families. These courts are in Bartow County and Polk and Haralson Counties (one judge is assigned to these two counties).



Children In Need of Services (CHINS)

Kenny A Consent Decree

- June 2002, Children’s Rights Incorporated filed a class action lawsuit against the State of Georgia; of Georgia’s 159 counties, Fulton and DeKalb’s foster care systems were named
- Under the terms and conditions of the *Kenny A. Consent Decree*, the State must achieve and sustain 29 Outcomes, as well as maintain certain practice standards related to; *Needs assessments; Service planning; Placement experience; Health care; Investigation of maltreatment allegations and Court reviews and reporting*
- Must meet all of the 29 outcomes consecutively for an 18 month period before exiting the consent decree

An external review team will be completing a summary of DFCS activities and progress to date and make recommendations for future actions.



Significant Current & Upcoming Federal Mandates

The following reports / mandates must be completed by June 30, 2014

- Annual Progress & Services Report: Progress & Outcomes from Past Five Years
- Child and Family Services Report: Strategic Plan for 2014 – 2019
- IV-E Program Improvement Plan (PIP): ensure all policies are updated, comprehensive and in alignment with federal and state statutes

Federal Child and Family Services Review (CFSR) coming in 2015



Strategic Leadership Plans for All DFCS Section & Regional Directors

Values	Focus & Outcomes
Child safety and family well-being are at the core of every thing we do.	Focus I. Safety & Well-being of Children DFCS meets or exceeds critical outcomes related to the safety and well-being of the children and families we serve.
A stable, competent, and professional workforce is essential to quality outcomes.	Focus II. Employee Development Staff perform in an exceptional manner and have opportunities for growth because we invest in them.
Our commitments and obligations will be carried out with integrity, quality, and transparency.	Focus III. Accountability, Commitment to Permanency & Integrity We maintain fidelity to plans and commitments to children in care and make adjustments when needed timely and transparently. <i>*The Commitment to OUR Children</i>
We are most effective in achieving our mission when we partner, develop, and maintain strong relationships with our clients, customers and external stakeholders.	Focus IV. Strong External Partnerships We develop and maintain strong partnerships, alliances, and strategic relationships in order to meet shared goals and objectives for children and families..



DFCS Priorities

- S**afety & Well-being
- O**pportunities for Employees
- A**ccountability, Commitment to Permanency & Integrity
- R**elationships with our Partners



Judicial Process

Peggy Walker, Judge
Child Welfare Reform Council
June 12, 2014

Criminal Justice Reform

- Adopted many best practices arising from NCJFCJ's Resource Guidelines: Improving Court Practice in Child Abuse & Neglect Cases and Key Principles for Permanency Planning for Children. See www.ncjfcj.org.
- Among those is one judge one family to provide continuity in decision making and development of relationships over time.
- Issues now are implementation of the code across the State.

Purpose of Dependency Proceedings

15-11-100

- Assist and protect children whose physical, mental health and welfare are at risk of harm from abuse, neglect or exploitation and who are threatened by the conduct of others
- Conduct hearings expeditiously to avoid delays in permanency plans for children
- Provide greatest protection as promptly as possible for children
- Ensure health, safety and best interests as paramount

Assistance for Investigator

15-11-101

- Apply to Court for medical examination and evaluations of a child or other children in household to allow DFCS to conduct and complete investigations without having to seek unnecessary removal

Removal

15-11-133

- By court order
- By law enforcement or duly authorized officer of court if child is in imminent danger of abuse and neglect if the child remains in the home
- Upon removal the child shall receive medical care if it is needed or shall notify intake
- Notice to parent, guardian or legal custodian as to basis for removal

Verbal Custody Order

15-11-132

- Court or intake may issue verbal or electronic orders (Question about delegation of authority from Judge to staff)
- Sworn complaint or affidavit and written order to follow next business day
- Notice to parent, guardian or legal custodian by DFCS as to nature of the allegations, time and place of preliminary protective hearing

Findings for Removal

15-11-134

- Continuation in home contrary to welfare
- Return to home contrary to welfare of the child
- Reasonable efforts to avoid removal

Reasonable Efforts

15-11-102

- Shall be made to preserve and reunify families
- Prior to removal except as provided in 15-11-103
- To eliminate the need for removal and to make it possible for child to return home safely at earliest possible time
- With paramount concern being child's safety and health
- Through appropriate services to child and family
- At every stage of the proceedings

Factors for Reasonable Efforts

15-11-102

- Were the services offered relevant to safety and protection of child?
- Were services adequate to meet the needs of the child and family?
- Were the services culturally and linguistically appropriate?
- Were the services available and accessible?
- Were the services consistent and timely?
- Were the services realistic under the circumstances?

Long Term and Implementation Issues

- Problems with conflicting regions among agencies-Judicial circuits, DFCS, DJJ, Public Health, Behavioral Health, school districts
- Absence of consistent services and providers for urban, suburban and rural areas
- No integration of work across agencies
- Child Abuse Protocol, Family Connections, Domestic Violence Task Force, Truancy Protocol operate in isolation rather than integration
- IV e waivers

Right to Attorney

15-11-103

- Applies to child as a party or any other party at all stages of dependency proceedings
- Appoint attorney for child prior to first hearing with attorney-client relationship
- Provide consistent representation to children
- Continue representation through appeal
- Cannot be waived by child or child's representative

Implementation Issues

- Juvenile Courts are county courts.
- State grant for judicial circuits based upon number of Superior Court Judges to assist with salaries so that every circuit except one is served by a Judge of the Juvenile Court. No increase in funding during difficult budget years as the work is much harder as more work is done prior to bringing cases to court.
- Judges are in a difficult position in advocating for budget needs including their salary, staff, and indigent defense needs for each county they serve resulting in wide range of what is provided to support the Juvenile Courts.

Implementation Issues

- Availability of attorneys in all jurisdictions (Recruit retired attorneys, Judges, new graduates, student loan credit to serve)

- Training of attorneys as child welfare specialists (incentives to achieve certification)
- Payment of attorneys for representation (State grants for child welfare specialists)

Guardian Ad Litem

15-11-104

- Mandatory appointment
- Child's attorney may serve dual role when there is no conflict
- No party to proceedings or representative of a party may serve in role
- Mandatory appointment of CASA where possible (foster care)
- Mandatory training administered or approved by OCA

GAL Duties

- Advocate best interests
- Consider these factors in context of age and development
 - Physical safety and welfare (food, shelter, health and clothing)
 - Mental and physical health of all involved
 - Domestic violence current and past in home or home being considered
 - Child's background and ties (culture, religion, family)

GAL Duties

- Attachment, security, familiarity, continuity of affection
- Least disruptive placement or alternative
- Child's wishes and long term goals
- Child's community ties to church, school, friends
- Child's need for permanence, stability, continuity of relationships with parent, siblings, other relatives
- Uniqueness of family and child

GAL Duties

- Risks to entering and being in substitute care
- Preferences of persons available to care for child
- Any other factors relevant and proper

Best Interests of the Child

- Defined O.C.G.A. Section 15-11-105 for GAL
- Comprehensive
- Restated with additional catch all provision defining best interests for the Court

GAL Minimal Standards

- Regular, sufficient in person contact with age appropriate interview prior to all hearings
- Ascertain child's needs, circumstances and views
- Assess facts and circumstances independently
- Consult with the child's attorney
- Communicate with health care, mental health care and other professionals

GAL Minimum Standards

- Review all reports of child and respondents
- Review all court related documents
- Attend all hearings and advocate for best interests of child

- Advocate for timely hearings to obtain permanency
- Protect cultural needs
- Contact child prior to proposed change of placement

GAL Minimum Standards

- Contact child after changes in placement
- Request reviews
- Provide written reports
- Encourage settlement and use of alternative means to settle disputes
- Monitor compliance with case plan and court orders
- Receive notices, pleadings, documents, notice of changed circumstances

GAL Minimum Standards

- Receive notice of case plan meetings and have opportunity to be heard by Court on plan
- Access to all records not otherwise protected
- Disclosure of confidential information subjects GAL to misdemeanor charge
- Communicate to successor GAL when there is a change of venue and forward all pertinent information

CASA

15-11-106

- Swearing in after training and certification by program
- By order at earliest possible time for dependency cases
- Role is to advocate for best interests
- Court retains authority to discharge for actions contrary to mission and purpose of the program

Long Term Issues

- CASA continues to grow
- Not all judicial circuits are served
- Federal funding was significantly reduced
- State funding has remained steady with some increase
- Quality of advocacy and training continues to improve
- Fund raising is challenging

Spiritual Treatment

15-11-107

- Use of prayer or other spiritual healing cannot be sole basis for dependency
- Religious beliefs of parents, guardian or legal custodian shall not limit the medical care of a child in a life threatening situation or condition that will result in serious disability
- Court may order medical evaluation
- Court may order medical treatment upon evidence, medical evaluation, affidavit of attending physician
- Contempt for interference in treatment

Implementation Issues

- Training for judges was cut from ICJE budget resulting in less training and reduction in the quality of training

- Many judges attend one training per year rather than two which was customary before the cuts
- Appointment process may result in someone with no experience becoming a Juvenile Court Judge with no requirement for additional training beyond 12 hours in that first year
- NCJFJC's Child Abuse and Neglect Institute training paid with federal court improvement funds is voluntary
- Council of Juvenile Court Judges has recently implemented some basic training for new judges

Continuance

15-11-110

- May continue upon request provided not contrary to interests of child with court giving substantial weight to child's need for prompt resolution of custody, need for stable environment, and damage from prolonged temporary placements
- Requires showing of good cause for period necessary entered into court record (order)
- Stipulation of parties is not good cause

Continuance

- Convenience not good cause
- Conflict with criminal case or family law matter is not good cause
- Discovery is not good cause

Court Orders and Oversight

15-11-111

- Court has discretion based upon evidence to accept or reject all or part of DFCS report, to order additional evaluation, to undertake other review, to incorporate all or part of DFCS report
- Court shall make findings of fact

Implementation Issue

- Train judges, attorneys, GAL, CASA and caseworkers
 - standards for the work
 - oversight powers of the Court
 - Use of no reasonable efforts findings when necessary

Visitation

15-11-112

- Order for reasonable visitation consistent with age and developmental needs of child if it is in best interests of child
- Order specifies frequency, duration, terms of visitation, supervised or unsupervised
- Presumption for unsupervised visitation unless court finds it is not in child's best interests
- Review of visitation order w/in 30 days of court finding there is lack of substantial progress on case plan

Implementation Issues

- Lack of foster homes in proximity to parents
- No funds to assist with transportation for visits which are linchpins to reunification efforts and may result in findings of no reasonable efforts meaning a loss of IV e funding to reimburse State for foster care

- No funds for in home services to address relationship between parent and child
- IV e waiver

Placement

15-11-135

- Child taken into custody not placed in foster care prior to hearing unless
 - Foster care is required to protect child
 - Child has no person able to supervise and care for child
 - Court order for foster care
 - No use of detention facilities for placement absent a delinquent act or adjudication that meets requirements for detention

Placement

- Requires the approval of Court as to physical placement in foster care
- Requires placement with siblings or DFCS statement in report and case plan as to efforts to place together or why placement together is not appropriate
- DFCS shall provide frequent visitation where siblings are not placed together unless documentation contrary to interests of children to do so

Implementation Issue

- Not enough foster homes to accommodate large sibling groups
- No funds to facilitate visits where siblings are separated in foster homes
- Risk of no reasonable efforts finding which keeps the State from receiving IV e funding for foster care reimbursement

Preliminary Protective Hearing

15-11-145

- Within 72 hours of removal
- Oral or written notice of time, place and purpose given to the child who is a party and parent, guardian or legal custodian
- Right to rehearing for parent, guardian or legal custodian without notice of hearing upon affidavit
- Right to participate includes parent, guardian or legal custodian; child's attorney and GAL; child unless evidence of harm presented and not in best interests, parents' attorney, DFCS caseworker and attorney

Findings for PPH

15-11-146

- Probable cause for dependency
- Necessity of protective custody to prevent abuse and neglect pending hearing
- Continue child in DFCS custody
- Enter an order based upon evidence presented finding continuing in home contrary to child's welfare, removal in best interests, reasonable efforts or
- Dismiss if no probable cause and return the child

Timeline

- Child remains in custody, five days to petition
- Child not in custody, within 30 days of PPH

- Good cause and notice to all parties to extend time to file petition with written court order reciting facts to justify extension
- Not filed timely, Court shall dismiss without prejudice

Petition

15-11-150--153

- Brought by DFCS employee, law enforcement, or any person with actual knowledge of abuse and neglect, abandonment
- Verified
- Statement that it is in the best interests of child and public to bring proceedings
- Name, date of birth, residence of child
- Name and residence of parent, guardian or legal custodian

Adjudication

15-11-180

- Petitioner's burden of proof clear and convincing
- Ten days after filing for children in foster care
- Failure to adjudicate child in foster care within 60 days of removal may result in dismissal without prejudice
- 60 days after filing if child not in foster care
- Participants include parent, guardian or legal custodian; attorney and GAL for child; child unless evidence of harm and not in best interests; attorneys of p/g/lc, DFCS caseworker and attorney

DFCS Report and Case Plan

15-11-200

- Due within 30 days of removal with plan for reunification or statement why reunification is not appropriate
- Provided to child 14 years of age and older
- Written notice of case plan meeting five days in advance to child age 14 and older, child's attorney, p/g/lc
- Report to court includes dissent and recommendations of others not included in plan

Implementation Issues

- Case plan comprehensive but difficult format
- Very long and is often incomplete and inaccurate
- Not a flexible format
- Hard for parent to find and understand what is required of them (ROAD MAP HOME)
- Expensive to solve these problems but as technology continues to advance should become cheaper and easier to resolve

Report on Non-Reunification

15-11-200 (e)

- Reasons child cannot be maintained in home
- Services offered prior to removal
- Reasons that reunification is detrimental to child
- Whether grounds for termination exist

Long Term Issues

- Assess for parental ability at beginning of a case
- Screen for substance abuse
- Screen for domestic violence
- Screen for mental health issues
- Continuing assessment as issues become more apparent over time
- Modification of case plans as issues arise

Implementation Issues

- Training for Judges, attorneys, guardians ad litem, CASA volunteers, caseworkers on when non-reunification should be the case plan and not waste 12 months working reunification then filing for non-reunification
- Training on how to work reunification and concurrent plan at the same time

Case Plan Contents

15-11-201

- Least restrictive and most family like placement in close proximity to family and school
- Description of circumstances giving court jurisdiction
- Assessment of strengths of child and family and placement appropriate to meet child's needs
- Description of child's type of placement, safety and appropriateness of placement

Implementation Issues

- New code requires stability of education
- No mapping of removals, foster homes and school districts
- Not enough foster homes within districts of removal for stability of education
- No funding for transportation with DOE and DHS for complying with the code
- Limited services for respite and support of foster homes in danger of disrupting

Reasonable Efforts Not Required or May Cease

15-11-203

- Not required where child subjected to aggravated circumstances
- Conviction for murder of another child of such parent
- Conviction of voluntary manslaughter of another child of such parent
- Conviction for aiding, abetting, etc. to commit murder or involuntary manslaughter of child of such parent

Reasonable Efforts Not Required

- Convicted of felony assault with serious bodily injury to child or another child of said parent
- Convicted of rape, sodomy, aggravated sodomy, child molestation, aggravated child molestation, incest, sexual battery, aggravated sexual battery of child or another child of the parent
- Registered as sex offender and preservation of parent-child relationship is not in child's best interests

Reasonable Efforts Not Required

- Rights to a sibling were involuntarily terminated and circumstances leading to termination have not resolved

Non-reunification Hearing

15-11-204

- DFCS shall notify court whether it intends to file TPR
- Court shall hold a permanency plan hearing to consider options
- DFCS has burden of demonstrating clear and convincing evidence that reunification is not appropriate considering health and safety of the child and the child's need for permanence

Disposition

15-11-210

- At adjudication or 30 days after
- To include social study report of DFCS; study or evaluation of GAL; psychological, medical, developmental, or educational study or evaluation of child; other relevant evidence
- Attorneys may examine reports prior to disposition unless portions are withheld based upon Court's discretion regarding prejudicial or confidential information

Disposition

- Parties have right to dispute content of reports and to cross examine those making the reports
- Court sets first periodic review

Relative Search

15-11-211

- Diligent search is initiated at outset of a case and continues for duration when appropriate
- Includes interviews with parent, child, relatives, any other person with information, comprehensive search of data bases available including employment, residence, utilities, vehicle registration, child support enforcement, law enforcement, corrections, and any other records

Relative Search

- Inquiry continues
- Completed and filed before final disposition
- Notice to all adult relatives except for those with domestic or family violence that child is removed, options to participate in care and placement which are lost by failing to respond, process for becoming an approved home and services and supports available, financial assistance available for relatives

Relative Search

- Written and filed with Court within 30 days of removal
- Continuing duty to search unless excused by Court (Huge practice issue for DFCS, child attorney, and GAL)

Disposition

15-11-212

- Child can remain in the home with supervision
- Child can be placed in temporary custody of biological parent appropriate to meet needs of child, an agency or organization licensed to receive child but not DJJ and no detention facility unless the child is delinquent, a person in another state subject to ICPC

- Order counseling or educational programs
- Order DFCS to implement and parent to cooperate with approved plan

Implementation Issues

- Interstate Compact for Placement of Children takes too long
- Automate the process from county to State and work with other States to automate system nationally

Disposition

- Where substance abuse is a basis for adjudication, the parent/g/lc shall not receive custody until the person completes treatment and has clean random screens for not less than six consecutive months
- When case plan requires concurrent plan, the Court shall review reasonable efforts of DFCS to recruit, identify, and make a placement in a home that can be permanent if reunification fails

Notice of Change of Placement

- Notify five days in advance of placement change to child 14 or older; p/g/lc; attorneys, GAL
- Notify 24 hours where health or welfare endangered by delay
- May request hearing
- Court may reject DFCS plan with written findings as to why and may order new recommendation

Review Hearings

15-11-216

- 75 days after removal from home
- Four months after initial review
- Focus is child's health and safety

Lack of Substantial Progress

15-11-216 (d)

- At any review after initial review where the Court finds lack of substantial progress towards completion of case plan, the court shall order DFCS to develop a case plan for non-reunification or a concurrent plan contemplating non-reunification

Permanency Planning Hearing

- 7 and under at nine months, over 7 at 12 months
- Court shall consult with child in age appropriate manner
- Written findings including reasonable efforts by DFCS to finalize plan, continuing necessity for safety and appropriateness of placement, compliance with the permanency plan by DFCS, parties and service providers, efforts to involve service providers in addressing special needs of child and p/g/lc

Termination of Parental Rights

15-11-233

- DFCS shall file TPR
 - if child remains in foster care 15 of 22 most recent months
 - Court finds parent subjected child to aggravating circumstances

- Court finds conviction murder of another child of parent, voluntary manslaughter of other parent, voluntary manslaughter of another child of parent, aiding or abetting murder or voluntary manslaughter of other parent, committing felony assault with serious bodily injury to child or another child of parent

Termination of Parental Rights

- May not be in best interests where child cared for by relative
- Case plan documents compelling reason that filing not in best interests where parent is participating in services to make return possible, another plan is better because the child is 14 or older and objects to TPR
- Court shall personally question child to assure objection to TPR is voluntary and knowing

Termination of Parental Rights

- May find it is not in best interests of child who is 16 and requests emancipation for permanency plan
- Not in best interests where there is a significant bond, parent is disabled physically or emotionally, and child has permanent caregiver who will raise child and permit visitation

Termination of Parental Rights

- May not be in best interests of child in residential care when child's needs cannot be served in less restrictive placement
- May not be in best interests if placed with relative committed to providing permanent home but is unwilling or unable to adopt and removal of child is detrimental to child's emotional well being

Termination of Parental Rights

- May not be in best interests of child where Court made findings DFCS did not make reasonable efforts for reunification
- May not be in best interests of child who is unaccompanied refugee, international legal obligations or foreign policy reasons
- May not be in best interests if DFCS did not provide services for safe return within time frame of case plan goals
- DFCS recommendation for TPR based on present circumstances and subject to change

Other Topics of Importance

- Permanent Guardianships
- Child In Need of Services (Bartow problem solving court in partnership with DFCS)
- Protective Orders prior to removal or after reunification
- Family Drug Treatment Courts
- Zero To Three Court

Factors Associated With Parent/ Caregiver Child Abuse



Tanisha Grimes, PhD, MPH

Project Director, GA Child Traumatic Stress Initiative



The Stephanie V. Blank Center for Safe and Healthy Children,
A Service of Children's Healthcare of Atlanta at Scottish Rite



Children's™
Healthcare of Atlanta
Dedicated to All Better

Why do parents/caregivers abuse children?



Children's Healthcare of Atlanta



“Why do you think parents abuse their children?”

- “Environmental Stress”
- “Drugs, PTSD and low self-esteem”
- “Domestic violence, history of abuse”
- “Unrealistic age-appropriate expectations”
- “Conflict with other parent”
- “Stress over finances, low-income”
- “Poor coping skills, dealing with anger”



Children's Healthcare of Atlanta



Breaking the Cycle

“I am a parent and a survivor of childhood abuse. That type of behavior is learned. When that is the only way you know how to solve a problem, that is what you do, you live what you learn. I have tried VERY hard to break the cycle. I can honestly say I have never abused my children. It takes learning new methods of coping and finding ways to deal with your anger.”



Children's Healthcare of Atlanta



Factors Associated With Child Maltreatment



Administration for Children and Families, 2003

Children's Healthcare of Atlanta



Parent/Caregiver Factors

- Psychological Well-being
- History of abuse
- Substance abuse
- Knowledge of child development



Children's Healthcare of Atlanta



Family Factors

- Family structure
- Marital Conflict
- Domestic Violence
- Stress
- Parent-child interaction



Child Development Factors

- Age
- Disabilities
- Child Temperament



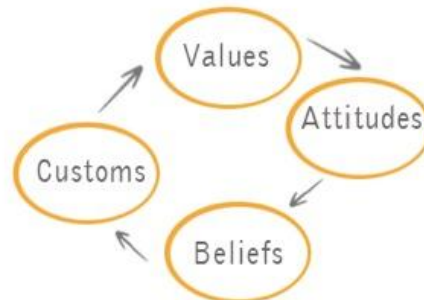
Environmental Factors

- Poverty and Unemployment
- Social Isolation and Social Support
- Violent Communities



Cultural Factors

- Abuse v/s Discipline
- Accepted cultural practices
- Religious beliefs



In their own words...



A Father, Physical Abuser

“My father was the boss in the house and this is how I was taught things should be.”



A Father, Sexual Abuser

“I’m worried about myself because a lot of people say I did it because I was abused, I did it because I was angry, and I wanted to take it out on them sexually. I did it because of this. I did it because of that. I don’t understand that. I just felt like I just wanted to sexualize them. By sexualize I mean just get your rocks off or whatever in a different way, a sexual high.”

Children’s Healthcare of Atlanta



A Father, Sexual Abuser

“I need a fix because I was feeling crappy. Maybe I didn’t get the contract I bid for, or my wife and I had a fight about something where I’d rather go spend some time by myself but I can’t...My relationship with my wife was so difficult and so complicated and arguments and the whole deal. How can I tell my wife I want to be alone?”

Children’s Healthcare of Atlanta



A Mother, Physical Abuser

“Nothing else I do works, he doesn’t listen, I tried other forms of discipline. I get so angry because nothing works.”

Children’s Healthcare of Atlanta



A Father, Sexual Abuser

“The only time I really felt good was when I was acting out sexually. It was safe for me. It was like everything around me was so dark. I wasn’t getting any good feelings from anywhere. I had convinced myself that I didn’t deserve them. No one really knows me. They just know the image. They didn’t love me. They loved the façade. I just felt miserable.”

Children’s Healthcare of Atlanta



What were some reoccurring words, phrases or themes that you heard?



Reoccurring Words and Phrases

- "I was taught"
- "I was abused"
- "I was angry"
- "I was feeling crappy"
- "I had a fight"
- "My relationship was complicated"
- "He doesn't listen"
- "The only time I really felt good"



In Their Own Voice

- <http://www.nbc4i.com/story/21018204/coshocton-parents-admit-to-abusing-their-baby-boy>



Summary

- No one reason why abuse occurs
- Myriad of overlapping factors
- Many parents/caregivers do not believe they are abusing their children
- Focus on the different factors to help parents



Questions?

Tanisha Grimes, PhD, MPH
Project Director



Email: tanisha.grimes@choa.org



Office of the Child Advocate for the Protection of Children

The mission of the Office of the Child Advocate for the Protection of Children (“OCA”) continues to be legislatively mandated.

The OCA has responsibility for:

- *Oversight of child welfare agencies of cases in which DFCS has had involvement in the last 5 years.
- *Child Abuse Protocol (CAP)
- *Child Fatality Review (CFR)
- *Guardian ad Litem Training

Mission

The Mission of the OCA is to protect the children of the State of Georgia and to assist and restore the security of children whose well-being is threatened by providing independent oversight of persons, organizations, and agencies responsible for providing services to or caring for children who are victims of child abuse and neglect or whose domestic situation requires intervention by the state. O.C.G.A. 15-11-740(b)

This includes identifying patterns of treatment and service for children and making recommendations for necessary policy implications and systemic improvements.

Legislative Authority

O.C.G.A. § 15-11-743

The advocate shall perform the following duties:

- (1) Identify, receive, investigate, and seek the resolution or referral of complaints made by or on behalf of children concerning any act, omission to act, practice, policy, or procedure of an agency or any contractor or agent thereof that may adversely affect the health, safety, or welfare of the children;
- (2) Refer complaints involving abused children to appropriate regulatory and law enforcement agencies;
- (3) Coordinate and supervise the work of the Georgia Child Fatality Review Panel created by Code Section 19-15-4 and provide such staffing and administrative support to the panel as may be necessary to enable the panel to carry out its statutory duties; **[this paragraph has been deleted by Senate Bill No. 365 and moved to the GBI]**
- (4) Report the death of any child to the chairperson of the review committee as such term is defined in Code Section 19-5-1 of the county in which such child resided at the time of death, unless the advocate has knowledge that such death has been reported by the county medical examiner or coroner, pursuant to Code Section 19-15-3, and to provide such subcommittee access to any records of the advocate relating to such child;

Legislative Authority

O.C.G.A § 15-11-743, continued

- (5) Provide periodic reports on the work of the Office of the Child Advocate for the Protection of Children, including but not limited to an annual written report for the Governor and the General Assembly and other persons, agencies, and organizations deemed appropriate. Such reports shall include recommendations for changes in policies and procedures to improve the health, safety, and welfare of children and shall be made expeditiously in order to timely influence public policy;
- (6) Establish policies and procedures necessary for the Office of the Child Advocate for the Protection of Children to accomplish the purposes of this article, including without limitation providing DFCS with a form of notice of availability of the Office of the Child Advocate for the Protection of Children. Such notice shall be posted prominently, by DFCS, in DFCS offices and in facilities receiving public moneys for the care and placement of children and shall include information describing the Office of the Child Advocate for the Protection of Children and procedures for contacting that office; and
- (7) Convene quarterly meetings with organizations, agencies, and individuals who work in the area of child protection to seek opportunities to collaborate and improve the status of children in Georgia.

Child Abuse Protocol (“CAP”)

- * The protocol is a written document outlining in detail the procedures to be used in **investigating and prosecuting cases** arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child. The protocol shall also outline procedures to be used when child abuse occurs in a household where there is violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. O.C.G.A. 19-15-2 (e)
- * The **purpose of the protocol** shall be to ensure coordination and cooperation between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided for the perpetrator, the family, and the child, including counseling. O.C.G.A. 19-15-2 (f)
- * OCA is responsible to provide training to members of each protocol committee within 12 months after their appointment and maintain on file the written sexual abuse and exploitation protocol adopted by the protocol committee. O.C.G.A. 19-15-2 (j) & (k)

Guardian ad Litem Training

- * The federal Child Abuse Prevention and Treatment Act (CAPTA, 42. U.S.C. 5106, et.seq.) requires the appointment of a guardian ad litem (attorney or CASA) to represent an abused or neglected child in all stages of a judicial proceeding.
- * It is also required that before the appointment as a guardian ad litem, such person shall have received training appropriate to the role as guardian ad litem which is administered or approved by the Office of the Child Advocate for the Protection of Children.
- * O.C.G.A. Section 15-11-104

Statistics

- * 300-350 referrals received annually
- * 8 out of 10 no violations of policy or law

Statistics

2011 Infant and Child Deaths						
Manner of Death	Age Category					Total
	Infant	1 to 4	5 to 9	10 to 14	15 to 17	
Medical	708	77	51	57	43	936
Unintentional Injury	36	50	33	33	63	215
SIDS	128					128
Homicide	11	13	7	9	19	59
Suicide				8	14	22
Unknown	21	15			1	37
Total by Age	904	155	91	107	140	1397
Observations:	1 Approximately half (708/1397) of all infant / child deaths are infant deaths due to medical causes. (405 of the 708 occurred in the first week of life)					
	2 There are some preconception and prenatal interventions that can potentially influence these infant medical deaths, but a majority are very high risk at birth.					
Note: This "Summary" table only includes 2011 deaths. The following spreadsheets include three years of deaths (2009 - 2011) - to provide larger numbers.						
The data source is GA Vital Records, Death Certificate files.						

OCA 2014 Strategic Plan

1. Investigate Individual cases referred to OCA - jurisdiction over allegations of child abuse or neglect and DFCS involvement in the last 5 years
 - a) 1 centralized intake who separates assistance cases (and provides assistance in way of identified resources provided) and cases to meet criteria to be investigated which will be investigated by an OCA investigator. OCA investigators will also investigate serious injury and child death cases.
 - b) utilize data and recommendations from cases investigated in (a) to identify and address systemic change. Collaborative effort for change on a bigger, global state-wide level.
2. Investigate cases at request of DFCS
3. Increase visibility and mission of OCA state-wide

OCA 2014 Strategic Plan

4. Projects - utilize individual projects/audits of systemic issues to positively effect welfare of children in foster care. Exs:
 - a) Audit of State ICPC to make recommendations for change
 - b) Donated cell phones for children aging out of care as life line and to track what happens to them
 - c) centralized intake
 - d) high case numbers
5. Child Abuse Protocol – penetration rate and trainings
 - a) Assist counties which do not have a CAP by training the protocol committee in the creation and use of CAP and written sexual abuse and exploitation protocol.
 - b) Assist counties which do have CAP by training members at their semi-annual meetings on evaluating effectiveness of protocol and appropriately modifying.

OCA 2014 Strategic Plan

6. Approve Pre-training required by GALs and database of names

a) OCA partners with other child advocacy organizations to sponsor several training opportunities designed to meet the Child Abuse Prevention and Treatment Act training requirement.

b) Local jurisdictions are also encouraged to develop their own GAL training curriculum, approved by the OCA.

Deliverables

1. Protect individual children referred to OCA, and coordinate efforts with LE
2. Identify systemic issues
3. Recommendations to improve/address systemic issues
4. Data and research agency
5. GAL training, CAPs training and penetration rate
6. Increase visibility

Contact Information

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Let's Get Personal!
*Personal Perspective from a Former
Foster Youth*



Crystal L. Williams
Founding Member, EmpowerMENT
Author
Youth Advocate
Public Speaker
Business Owner

MY STORY

- ▶ Memphis to Atlanta age 9
- ▶ Shelter to shelter
- ▶ Never attended the same school
- ▶ Entered foster care at 10
- ▶ Disconnected from:
 - ▶ Extended family Support
 - ▶ Siblings
 - ▶ Mother
 - ▶ School
 - ▶ Community



MY STORY: RECONNECTED

- ▶ Supportive home
- ▶ Encouraged to participate in activities (School, church)
- ▶ Excelled in school (Graduated from HS, college)
- ▶ Located areas on interest
- ▶ Reconnecting with biological family: **STILL IN PROGRESS!**
- ▶ Maintaining connection with Adoptive family



ADULT ADOPTION: ITS POSSIBLE!



Disconnected Youth

The foster care/adoption experience can make it difficult for young people to trust and to connect after a traumatic event occurs.

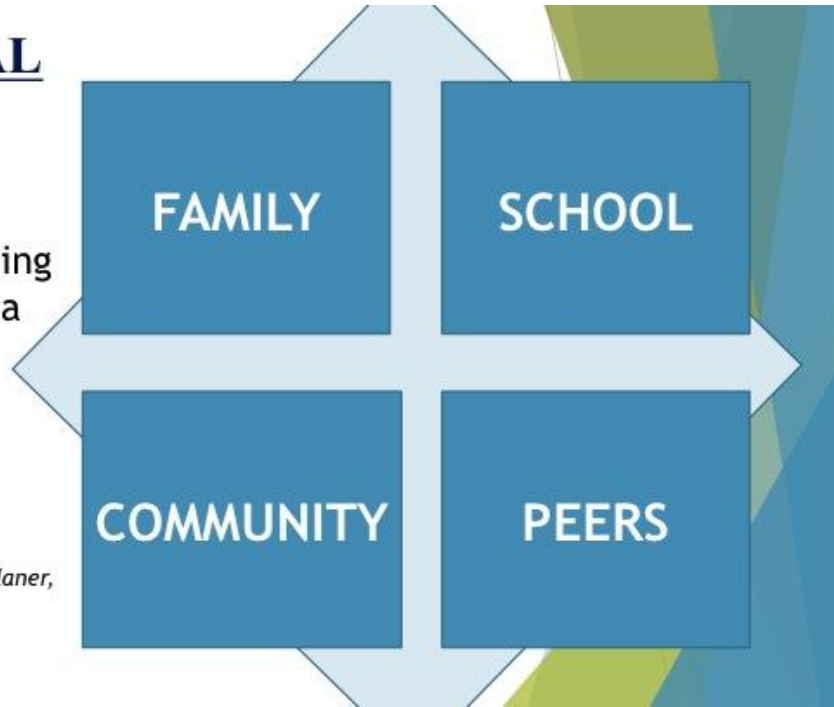
Youth may experience:

- Physical aggression to adults
- Sexual acting out
- Eating disorders
- Conduct disorders
- Hyperactivity
- Withdrawal

SOCIAL CAPITAL

“Social capital is comprised of social networks and social relationships, a bonding between similar and a bridging between diverse people.*

**Adler & Kwon, 2002; Dekker & Uslaner, 2001; Uslaner, 2001*



Summary of EmpowerMENT Priorities



Continued monitoring of access to Medicaid benefits up to 21st birthday



Improved access and support to obtain driver's license



Foster youth need a stable school experience.

Summary of EmpowerMENT Priorities



Continued monitoring of supports for educational stability/stable school experience



Continued efforts improve relationships with case managers



Advocacy for a network of caring, consistent permanent relationships and social capital remain with our child(ren).

Summary of EmpowerMENT Priorities



Continued monitoring of policy and practices regarding babies of youth in care remaining with their parents



Reduce homelessness among transitioning youth



Continued support and monitoring of Psychotropic Medication oversight

Summary of EmpowerMENT Priorities



Youth Voice and Choice in Court hearing process



Monitoring of implementation of 2013 Juvenile Justice Reform legislation



Designing and Developing appropriate foster care options for youth between 18-26

DEVELOPMENTALLY APPROPRIATE SUPPORTS AND SERVICES

- ▶ Graduated Independence
- ▶ Mentors, Communications to build social capital
- ▶ Strategic investment in a young person's future
- ▶ Young people as drivers
- ▶ Challenging a young person to reach goals (WTLP)

GRADUATED INDEPENDENCE

- ▶ Providing youth the tools and resources to live inter-dependently
- ▶ Connected by 21 (CB21) must look different
- ▶ How to connect to community (bridging and bonding)
- ▶ PROGRAMS ARE NOT ENOUGH!

RECOMMENDATIONS

- ▶ Youth are empowered to complete college/trade/employment
- ▶ New measures are put into place to ensure that ALL YOUTH have access to developmentally appropriate housing that is safe, sustainable, and stable
- ▶ Youth obtain Employment and Job seeking skills that are dynamic and transferable
- ▶ Educational goals are assessed on a case by case basis
- ▶ Emphasis on social/emotional healing to promote network building and community connections
- ▶ Transitional resources for all youth regardless if they choose to go to school or enter the workforce directly

QUESTIONS?

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SOLUTIONS



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Differential Response System Update

Presentation to: Georgia Child Welfare Reform Council
Presenter: Jo Ann Lamm, MSW
Date: August 5, 2014



Updates Include:

- ▶ What is the status nationally of Differential Response (DR)?
- ▶ The Georgia Experience with Differential Response since 2004– (Analysis in 2010)
- ▶ The impact, benefits and challenges of Differential Response
- ▶ Recommendations
- ▶ Successes/challenges/opportunities ahead?



What is Differential Response?

- ▶ DR is an approach that allows for more than one way to respond to screened-in CPS reports of child maltreatment
- ▶ Typically recognizes two tracks/responses – “Investigative or IR” and “Family Assessment or Alternative Response (AR)”
- ▶ Assignment is based on an array of factors(type and severity of alleged maltreatment, number and sources of prior reports, age of child, risk and safety levels)
- ▶ DR is a well organized CPS system that is supported by legislation, and/or State policies, procedures and protocols



3

Similarities Between the Two Responses...

- ▶ **Focus on child safety is paramount**
- ▶ Promotes family engagement when possible
- ▶ Recognizes CPS authority to make decisions about risk and safety, removal, out of home placement and service provision
- ▶ Recognition that other community partners may be the more appropriate service providers



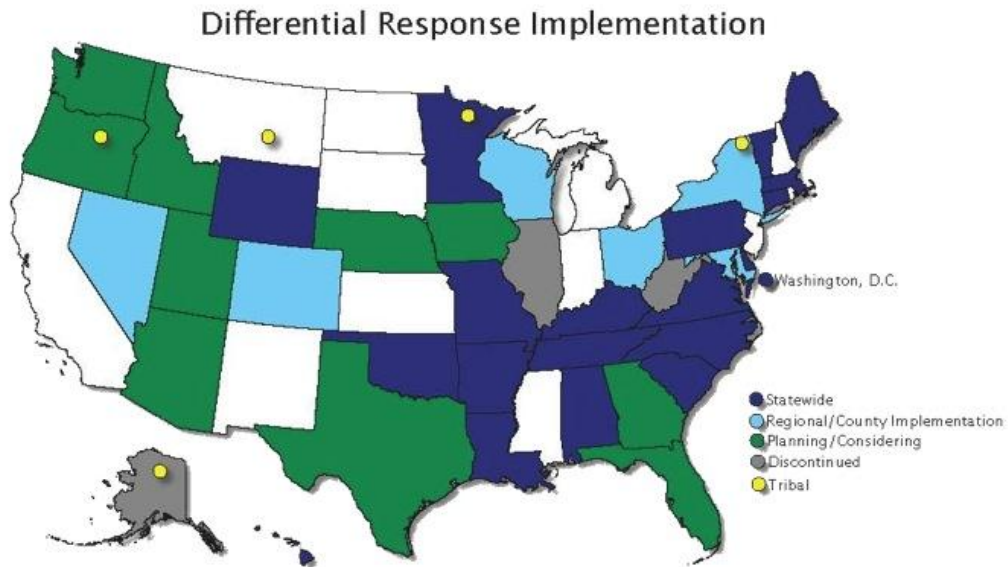
4

National Differential Response Implementation...

- ▶ 19 States and DC are using DR statewide
- ▶ At least 7 additional States, tribes or jurisdictions are considering planning implementation of DR
- ▶ Multiple evaluations have been conducted
- ▶ Most recent evaluation by QIC-DR on Illinois, Colorado and Ohio July 2014




5




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Themes/Findings from Multiple Evaluations ...

- ▶ Child safety is paramount and not compromised with either response
 - ▶ Improved family engagement
 - ▶ Rate of subsequent repeat CPS reports have decreased
 - ▶ Enhanced family and CPS staff satisfaction
 - ▶ Increased community involvement
 - ▶ Prompt services delivery
 - ▶ Family participation in decision making increased
 - ▶ Cost effectiveness
- 

7

QIC-DR Evaluation: Posed Three Questions...

- ▶ Are children as safe or safer in AR than children in investigative response (IR)?
 - ▶ How is AR different in terms of family engagement, caseworker practice and services provided from IR?
 - ▶ What are the costs to implement DR?
- 

8

QIC–DR Findings...

- ▶ In 2 of the 3 sites, AR families were less likely to be re-referred
- ▶ Fewer than 5% of children either AR or IR were removed during the 1 year study
- ▶ AR families were more likely to receive services such as social support, educational, parenting and other services while IR families more likely to receive substance abuse services
- ▶ In 1 site AR families received services more rapidly
- ▶ In 2 sites AR parents felt 1st meeting was more positive; IR families worried more at 1st meeting
- ▶ In 1 site AR families were satisfied with treatment by CPS, the level of help received and likelihood of contacting caseworker in the future
- ▶ Costs varied

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Georgia's DR Experience from 2004 to 2010 : Themes from Practice Analysis...

- ▶ Lack of statewide policy; lack of consistent or uniform criteria of practice– unknown expectations of what is acceptable Diversion/ Family Support practice
- ▶ Data Integrity Issues
- ▶ Distrust of Agency
- ▶ Varying use of the word Diversion/criteria for assignment to Diversion

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Impact, Benefits and Challenges...

Differential Response restructures the entire CPS system: from casework foundation, training, supervision, coaching and practice



National Impact and Benefits ...

- ▶ DR influences how all aspects of CPS are implemented and delivered
- ▶ It is difficult to determine the sole impact of DR due to states implementing other practice reforms simultaneously
- ▶ Family engagement practice strategies influence how all CPS staff approach families



National Impact and Benefits...

- ▶ Improved assessments
- ▶ Absence of labeling may positively impact the relationship between CPS, partners and families
- ▶ Substantiation rates increase
- ▶ ACF guidance emphasizes family engagement
- ▶ Innovative approaches—a third prevention track and community providers assume case responsibility



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Challenges...

- ▶ Leadership Influence
- ▶ Buy-in and ownership by Drivers
- ▶ Agreement on Vision, Mission and Values
- ▶ Need strong practice foundation prior to DR
- ▶ DR Design: Systemic Re-structuring of Infrastructure— statewide policy, training, technical assistance, on-going consultation, local supervision and casework practice



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Challenges...

- ▶ Implementation Variability
- ▶ Implementation Inconsistencies
- ▶ Communication Plan
- ▶ Examine Caseloads
- ▶ Limited Resources
- ▶ Identify training needs for CPS staff, supervisors, agency leadership and community partners



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Challenges...

- ▶ Ensure efficient use of DR and model fidelity
- ▶ Allow for switching tracks/responses
- ▶ Track and explain changes in data
- ▶ On-going need for coaching, assessing and revisions based on observations/data
- ▶ CQI/Evaluation



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Recommendations...

Positive Steps and Actions...



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Positive Steps DFCS has taken...

- ▶ Development of statewide DR/Family Support policy and guidance
- ▶ Centralized Intake
- ▶ Statewide Intake Policy
- ▶ Work in past with ACCWIC and NRCCPS to address safety– implemented Safety Response System
- ▶ 2 Pilot sites are using Family Functioning Assessment process
- ▶ Other?



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Recommendations...

- ▶ Clarity of Vision, Mission and Values that supports a strong CPS casework foundation
- ▶ Develop strategic plan that addresses what needs to be accomplished to ensure good case work practice
- ▶ **Address the core concerns of child safety and risk**



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Recommendations...

- ▶ Assess and address caseload size for success
- ▶ Ensure appropriate resources
- ▶ Streamline DR model and Safety Response System– Is there consensus on the use and how DR/Family Support and Safety Response System “fit’ together?
- ▶ Fully implement DR and ensure accountability to model



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Recommendations...

- ▶ Family Support Policy must be followed and implemented consistently across the state
- ▶ Was policy developed **with** counties and partners?
- ▶ Ensure adequate and **on-going** training that supports foundation first and holds true to DR model fidelity for caseworkers, supervisors and agency leadership



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Recommendations...

- ▶ Determine role of State DFCS in accountability
- ▶ Develop communication strategies to keep counties and partners informed of practice
- ▶ Build an infrastructure to guarantee sustainability from the beginning
- ▶ Build in a CQI process and an Evaluation



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Questions...

- ▶ What are the desired outcomes?
- ▶ How do you get there?
- ▶ What are the gains and losses?
- ▶ What's working well?
- ▶ What are the successes/challenges/opportunities ahead?

23

References

- ▶ National Quality Improvement Center on Differential Response in Child Protective Services. (2014, July). Final Report: QIC-DR Cross Site Evaluation.
www.differentialresponseqic.org
- ▶ Center for Child and Family Policy(2006,June). Multiple Response System Evaluation report to NCDSS, Sanford Institute of Public Policy, Duke University. www.ncdhhs.gov/dss/publications
- ▶ Child Welfare Information Gateway. www.childwelfare.gov/pubs/issue_briefs/differential_response.

24

References...

- ▶ Lamm, JA.(2010).Differential Response System Implementation in Georgia.jalamm56@earthlink.net



The Effects of Abuse and Neglect: A Child's Perspective

Jordan Greenbaum, MD
Stephanie V. Blank Center for Safe and Healthy Children
Children's Healthcare of Atlanta

Imagine this...

- 9 year old girl comes to school with a black eye, limping and tells her teacher, "I'm scared because I don't know why I was punished or when it will happen again...I don't feel safe...will you keep me safe? I don't ever want to go home again."



Police and CPS open an investigation and find evidence of:

- Beating, choking, dragging
- Waterboarding
- Severe emotional abuse
- Poured coffee, pickle juice on her head
- Videotaped her being humiliated
- Made to stand with arms outstretched for hours

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-
- Father: "No one will believe you if you tell, because I'm a good person."
 - "Why don't you just swallow your pride and admit it's your problem?"
 - Mother: "If she didn't like it why didn't she just cooperate?"



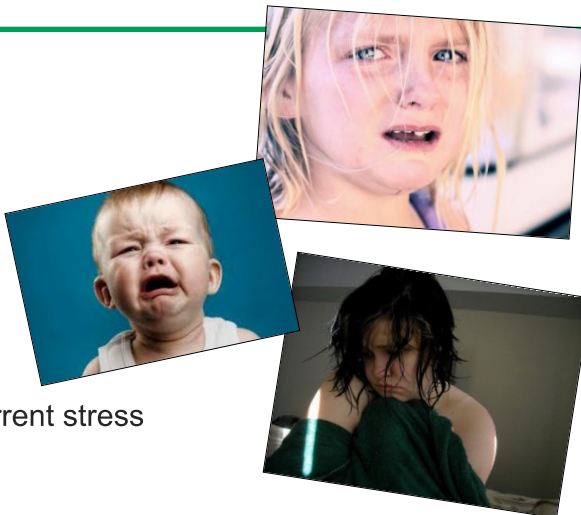
Overview

- Effects of child maltreatment from a child's perspective
- Early brain development and toxic stress
- The trauma of intervention
- Trauma-informed care of the abused child



What is the experience of a maltreated child?

- Fear
- Uncertainty
- Lack of control
- Anxiety
- Anger
- Guilt
- Shame
- Extreme, recurrent stress



“I would have to say it would have to be when my father locked my mother in the bedroom for 3 days and just the sounds coming from that room not knowing what was going on, that was the most violent”

“I was always afraid to go over to my neighbors’ because I thought that if I did, [mother’s paramour] was going to hunt me down and come get me.”

McIntyre, 2009; Osler, 2007



“He told me not to tell or he’d got to jail and mommy would cry.”

“He told me he’d break every bone in my body. If I cried he said he’d tape my mouth shut with duct tape.”

“He’d wiggle his thing against my privates and it felt horrible, sometimes it hurt.”



How do children and youth respond to trauma?



Reactions to Trauma Depend On...

- Child's
 - Age, developmental stage
 - Perception about danger of event
 - Victim vs witness status
 - Relationship to victim, perpetrator
 - Prior experiences with trauma
 - Adversities in aftermath of trauma
 - Availability of protective, responsive adults



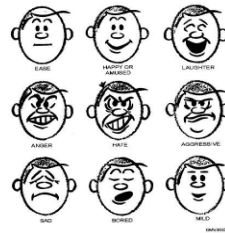
National Child Traumatic Stress Network (NCTSN)

Children's Healthcare of Atlanta



Symptoms of Traumatic Stress

- Symptoms may not be manifest immediately
- Variable period to resolution
- Some children don't show obvious symptoms
- Over control may be as symptomatic as acting out
- Still waters....



NCTSN



Potential Signs of Traumatic Stress

- Physical
 - Nightmares, sleep problems
 - Altered appetite, eating patterns
 - Chronic pain complaints
 - Irritable bowel syndrome
- Emotional
 - PTSD
 - Depression, withdrawal
 - Anxiety/panic
 - Dissociation, numbness



I just liked getting away from the house...There was too much arguing, too much stress.”

Child of meth-abusing parent

Ostler, 2007



Potential Signs of Traumatic Stress

- Behavioral
 - Regression in developmental milestones
 - Refusal to separate from caregiver
 - Hyperactivity, poor attention
 - Re-creating trauma
 - Abrupt change in behavior or new fears
 - Anxiety about safety of self and others
 - Focus on death and dying



NCTSN

Children's Healthcare of Atlanta



Potential Signs of Traumatic Stress

- Behavioral
 - Hyperarousal
 - Aggression, antisocial behavior
 - Hypervigilance
 - Lack of control of mood, behavior
 - Misinterpretation of others' intentions
 - Distrust of others
 - Difficulty with authority, criticism

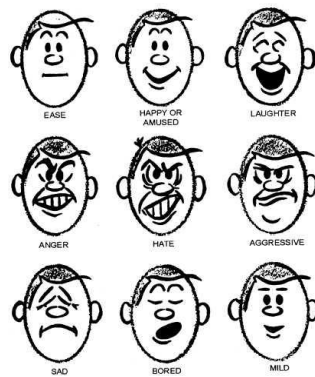


NCTSN

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Problems identifying emotions in others

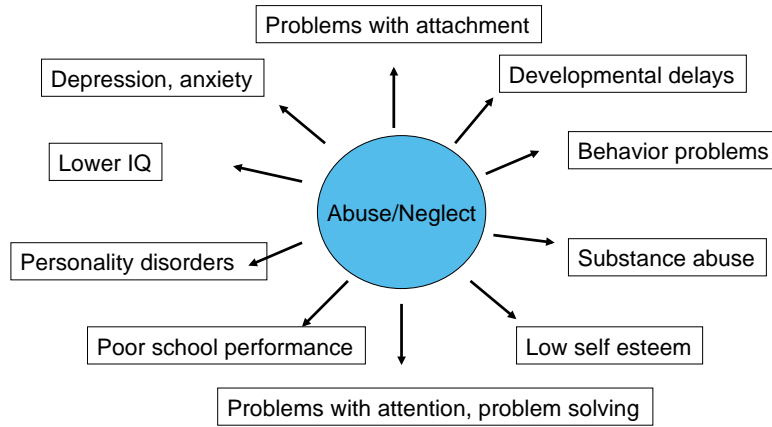


www.tpub.com/.../14263/css/14263_203.htm

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Child Maltreatment



Trauma and Brain Development



Brain Development

- Depends on genes, experience, other factors
- Adapts to environment
- Different areas develop at different rates



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Sensitive Periods

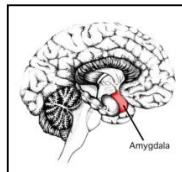
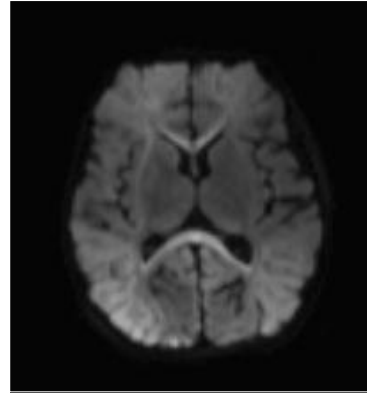
- Windows of opportunity
 - Effects of experience on brain are very strong
 - Vary with area of brain
 - Initial experience is more influential
- Plasticity persists (it's never too late!)



20

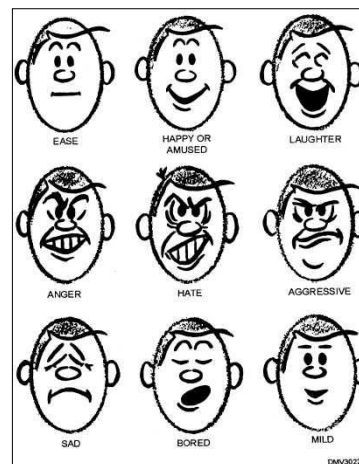
Neural Plasticity

- Continues to a certain extent throughout life
- Decreases with age
- Allows us to compensate for injuries, change behavior, learn



Amygdala

- Roles
 - Emotional center of brain
 - Assessing threat
 - Initiating stress response
- Regulated by hippocampus and prefrontal cortex

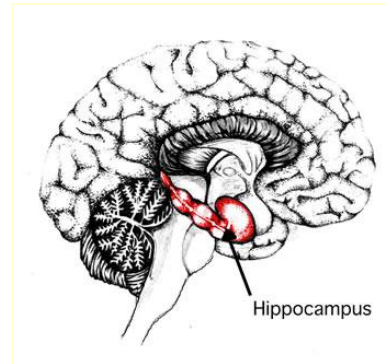


Children's Healthcare of



Hippocampus

- Learning and memory
- Contextual detail of events
 - “Just the facts, Ma’am”
- Sends info to amygdala
- Long period maturation

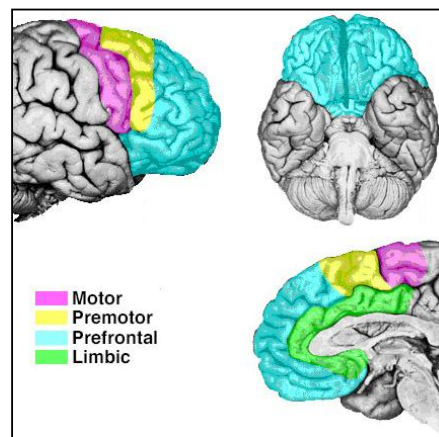


blog.thelitelights.com/labels/hippocampus.html

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Prefrontal Cortex (PFC)

- Self regulation
- Emotional regulation
- Executive functioning
- Interacts with amygdala



www.humboldt.edu/~morgan/pre3_s05.htm

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Normal Child Development

- Infancy
 - Ability to regulate behavior, emotion, physical functioning
 - Attachment develops
 - Caregiver input is critical



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The World According to the Child

- Myself:
 - Unable to influence others, impact environment
 - Worthless, undeserving
 - Unsafe in world, and among other people
- Others:
 - Unreliable, unpredictable, uncaring
 - Insensitive, rejecting
 - Dangerous
 - Unwilling to negotiate, give-and-take



Maltreatment and Attachment

- Likely that most have attachment problems
- By 2-3 yo may show behavior ‘problems’
- Mixed feelings for caregivers yield unclear signals of needs
- Have pessimistic expectations, negative working model



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- “He’d yell at the baby to stop crying, and sometimes I’d be in the other room and suddenly the baby would just go silent” (mother of baby with AHT)
- “He was crying and walked toward her, and she grabbed him, set him down to change his diaper and pinched him.” parent watching nannycam of child being abused



Children's Healthcare of Atlanta



Normal Child Development

- Toddler/Preschooler
 - Developing sense of self
 - *Improved* self-regulation
 - *Start* to delay gratification
 - Talk about causes of emotion
 - Can hide emotions
 - *Very* concrete thinking



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-
- Does NOT weigh risks/benefits effectively
 - Does NOT remember rules from last week
 - Does NOT understand others' perspectives, desires
 - DOES understand fear, danger, threats
 - DOES form view of self from experiences



Normal Child Development

- Middle childhood
 - Increase ability to regulate behavior & emotion
 - Begins to reflect on consequences before acting
 - Consider consequences of expressing emotion
 - Peer relationships very important
 - Starting to develop abstract thought



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Normal Child Development

- Adolescence
 - Increased independence
 - Better at regulating emotions
 - More self-aware and self-reflective than children
 - Model behavior on others' actions
 - Risk-taking behavior common
 - Impulsive behavior common



www.pdflockgallery.com.au/exhibitions/200801...

33



Let's Talk About Stress!!

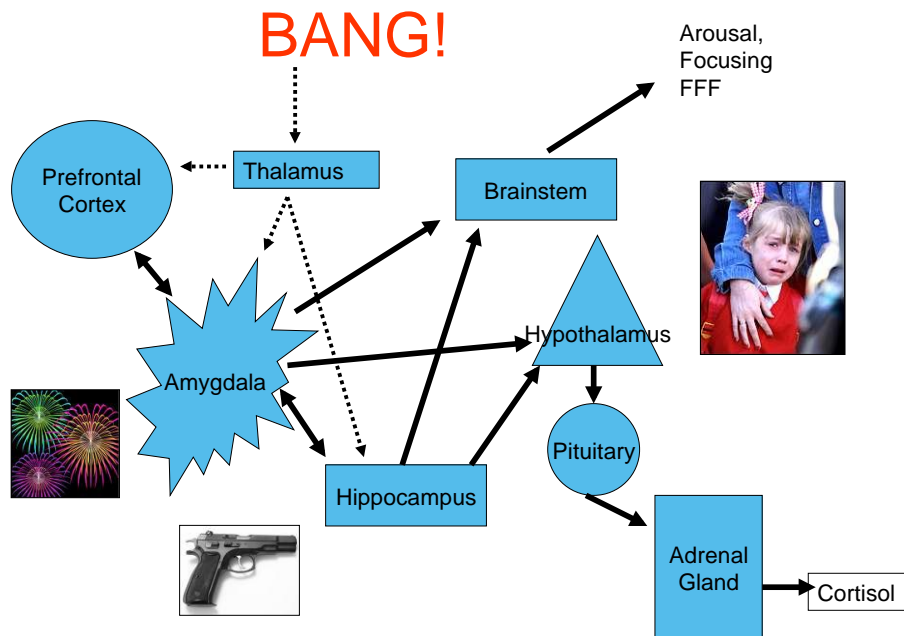


The Stress Response

- Stress can change the architecture, function of brain
 - Damage or kill cells, alter connections
 - Alter cell activities
- Early experience shapes later reaction to stress
- Early relationships are critical

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So, how does this work?

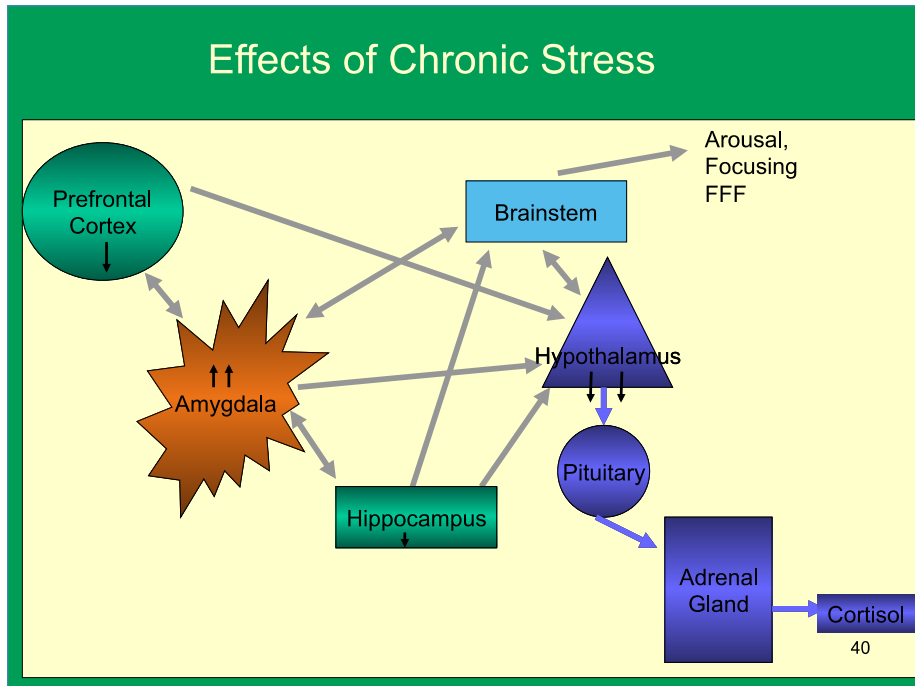


Toxic Stress

- Toxic stress:
 - Strong, frequent or prolonged
 - Often uncontrollable
 - No supportive adult

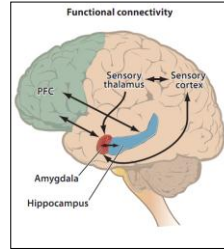


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Fear-Conditioning

- Strong or prolonged fear leads to conditioning
 - Neutral stimulus associated with aversive one that causes fear
 - Gradually neutral stimulus comes to elicit fear
 - Can generalize further to other neutral stimuli
- Can be learned early in life



Fear Conditioning

- Stress hormones contribute to generating memory of danger
- Inhibit extinction of memory
- Emotional memory of fearful event can be very strong, very stable over time



Children's Healthcare of Atlanta



Generalized Fear-Conditioning

- Generalized fear-conditioning leads to multiple triggers of fear memory
- Strengthens memory, leads to more stress
- Stress impairs memory, learning for non-threatening experiences



Generalized Fear-Conditioning

- Increases fear, stress, anxiety in 'safe' situations
- Impacts social interaction, behavior, learning
- Damage to the 'executive center' of brain is key
- Can occur even in infants
- Removing the danger doesn't 'fix' the child



Fear Extinction

- Fear not simply forgotten
- Requires active 'unlearning'
- Process distinct from fear-conditioning
- Executive area of brain learns to control emotional area
- Can only occur later in life, when executive area is more mature



The Trauma of Intervention



I've got a lot of history that really hurts.”

Child of meth-abusing parent



How Does Child Welfare System Add to Traumatic Stress?

- Stress related to
 - Forensic interviews (and more!)
 - Behavioral health therapy
 - Medical exam

Children's Healthcare of Atlanta



Parent and Child Stress Related to Medical Exam

- Parents more stressed than children
- Older children (>12 yr) more distressed
- Examiner behavior important
- Parental stress related to lack of knowledge regarding exam
- Preparation of parent and child before exam very important



Marks, 2009
Children's Healthcare of Atlanta



“I am very glad I came, because when I talk to someone I can usually forget about the things that have happened to me.”



And then there's foster care...

- Disrupt primary relationship(s)
 - Possible separation from
 - Caregiver, sibs/loved ones
 - Familiar people and surroundings
- Visitation with abusive/neglectful caregiver



Why is foster care so difficult?

- Multiple placements and prolonged instability
- Start with hx of maltreatment
- Young kids
 - Lack strong sense of self
 - Poor concept of time
 - Poor language skills
 - Less time building primary attachment

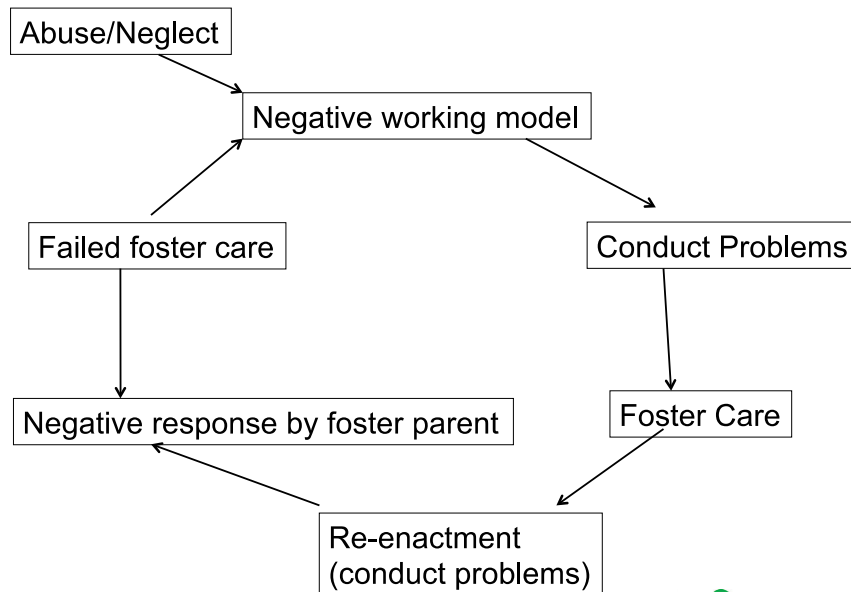


Re-enactment In Foster Care

- Re-enact prior engagement strategies
- Transfers feelings, expectations, conflicts to new parents
- The familiar is comforting
- Parent may not understand function of behavior



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Functions of Conduct Problems

- Reduce danger
- Engage parent
- Communicate need or feeling
- Shape caregiver behavior
- Maximize chance of self-survival



Foster Parent Beliefs

- Child will be happy in new, supportive environment
- Behavior will improve immediately
- Child will welcome nurturance, love
- Child will appreciate parenting and guidance

- A recipe for disaster..



How can we minimize child stress and maximize placement success?



Maximize Physical and Psychological Safety

- May feel unsafe due to trigger memories, real danger, perceived danger
- Strategies
 - Assess *child's* perception of risk
 - Develop a plan for physical safety
 - Help child feel safe during transition periods
 - Listen to child and reassure

Maximize Physical and Psychological Safety

- Strategies
 - Reduce exposure to trauma triggers
 - Let child and family know what will happen
 - Give child some control
 - Establish routine
 - Maintain connections between child and important contacts
 - Work with caregivers to respond to emotional outbursts, and to predict and minimize them.



Identify Trauma-Related Needs

- Trauma screen for child and caregiver
 - Bioparent
 - Foster parent
- Trauma assessment if needed
- Obtain info from variety of sources



Enhance Child Well-Being & Resilience

- Identify child’s protective factors
 - Caregiver and social support (at least 1 adult)
 - Community involvement
 - Good relationships with peers
 - Able to regulate emotions
 - Positive self-esteem, self-efficacy
 - Special talents/creativity
 - Religious beliefs
 - Intelligence



NCTSN

Children’s Healthcare of Atlanta



Enhance Family Well-being and Resilience

- Caregiver support is critical in child’s recovery
- Caregivers often have own trauma hx, with
 - Trauma triggers
 - Poorly controlled emotions, behaviors
 - Limited coping skills
- Trauma screening and assessment for caregiver



NCTSN

Children’s Healthcare of Atlanta



-
- Teach parents
 - Sensitivity to cues and signals from child
 - To reinterpret conduct problems
 - About social learning approaches
 - Reasonable expectations of change



Conclusions

- Child abuse and neglect has profound effects on its victims
- Influences brain development, long term behavior, emotional well being, social development
- We need to avoid adding to the problem as we try to help
- There are effective ways we can help an abused child



My contact info:

Jordan Greenbaum, MD
Cell: 404-790-0499
jordan.greenbaum@choa.org
Call anytime!



Transition of Children in Foster Care, Receiving Adoption Assistance and Select Youth in Juvenile Justice to Amerigroup Georgia

Child Welfare Reform Council
August 5, 2014



Georgia Families 360°: Primary Goals

- Improve health outcomes through intensive case management
- Integrated coordination of all health care services
- Engagement of primary care physicians and dentists
- Comply with and support state and federal policies
- Foster permanency and long term independence



Ways of Reaching Our Goals

- All members have a medical and dental home
- Ensure all members have access to preventive care and screenings
- Providers adhere to clinical practice guidelines and evidence-based medicine
- Improve health outcomes and chances for successful child welfare outcomes
- Improving assessment timeliness for foster youth



Planning for Implementation

Amerigroup Planning

- Staffing - 90 new hires
- Training
- Town Halls
- Network Access & Contracting
- Information System Enhancements
- Revised P&P and Member Handbooks

Community Collaboration

- Court Improvement Initiatives
- Family Preservation
- GA Dental Association
- GA American Academy of Pediatrics
- Regional Intake Centers
 - CHOA
 - Kaiser-Permanente

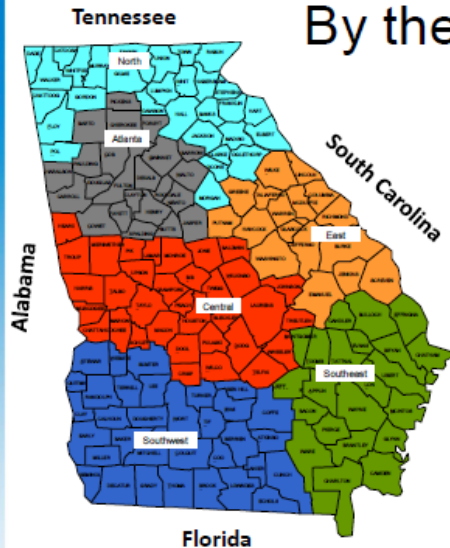


GF 360 Program Requirements

- Scope: Provide coordinated care across multiple services to Georgia Foster Care membership while demonstrating improvement in member health outcomes
- Requirements driven by federal foster care and Kenny A Decree
 - Care Coordination Team
 - Enhanced Provider Network
 - 24/7 Intake Communication Center
 - Ombudsman Team
 - Psychotropic Medication Management Program
 - Dental and Medical Home
 - Trauma informed and System of Care training across all agencies
 - Virtual Health Record
 - Advocacy Engagement and Steering Committee
 - Enhanced interagency collaboration
 - Standardized reporting and monitoring
 - Value Based Purchasing



Georgia Families 360° By the Numbers



•Membership (~23,051 as of July 2014)

Georgia Families 360° COUNT BY PROGRAM	
Program	Member Count
Adoptive Assistance	12,937
Foster Care	9,464
Juvenile Justice	236
CHAFFEE(Former Foster Care)	185
Temporay Newborns	229

Georgia Families 360° REGION BREAKDOWN	
Region	Member Count
Atlanta	12,420
Central	2,851
East	1,138
North	2,751
Southeast	2,076
Southwest	1,815



GF 360 Numerical Data Summary

- 82% of all total membership located in 51 of 159 counties across the state
- Top 5 counties: Fulton, DeKalb, Gwinnett, Cobb, Clayton
- Top 5 BH Diagnosis: ADHD, Psychosis, Conduct DO, Depressive DO, Affective DO
- Male 52%: Female 48%
- 0-6=24%; 7-12=31%; 13-18=39%; $\geq 19=4.3\%$
- Members between 17-20 = 3577



QUESTIONS?



Center for Medicaid and Medicare Innovation Grant Overview

Georgia Families 360 Youth Transitioning Out of Foster Care

August 2014



Key Grant Points

- **Target Statement:** Keep youth engaged in their health care and service systems so that they will utilize more primary and preventive care in lieu of high cost facility based settings.
- **Target Population:** Youth with greatest need of comprehensive services to help them obtain positive outcomes associated with well-being:
 - In Foster Care for 12 months or greater
 - Age 17-20 residing in group home setting
 - Documented history of behavioral health needs
- **Targeted Counties:** Fulton, DeKalb, Gwinnett, and Cobb. Bibb County (Macon, Ga to reflect the rural imprint).
- **Participant Number Targets:** Year 1: 126; Year 2: 396; Year 3: 720



Key Grant Points (cont.)

Proposed Measures of Success:

- Percent reduction in hospitalization due to mental health/substance use issues
- Percent increase in access to PCP/PCD
- Change in pregnancy behavior (increase in FP, actively using contraception, longer pregnancy intervals)
- Percent increase in employment (increase over a given time period, such as six months)
- Percent increase in enrollment in secondary and post-secondary education (grade progression, graduation rate, GED attainment, post-secondary enrollment)



QUESTIONS?



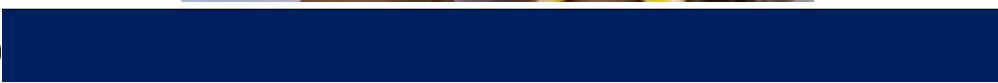


Georgia Division of Family and Children Services

Virginia S. Pryor, MSW
Principal, Immersion Consulting



How Are The Children?



How Are The Children?

Early/Initial Review

I. How are Georgia's Children

- a. Kids Count

II. Challenges

- a. Clarity
- b. Consistency
- c. Connectivity - Holistic Technology (Form meets Function)

III. Opportunity

- a. Political Will
- b. Public Will
- c. Resources
- d. Time



How Are The Children?

Consider A Framework

I. A Practice Model

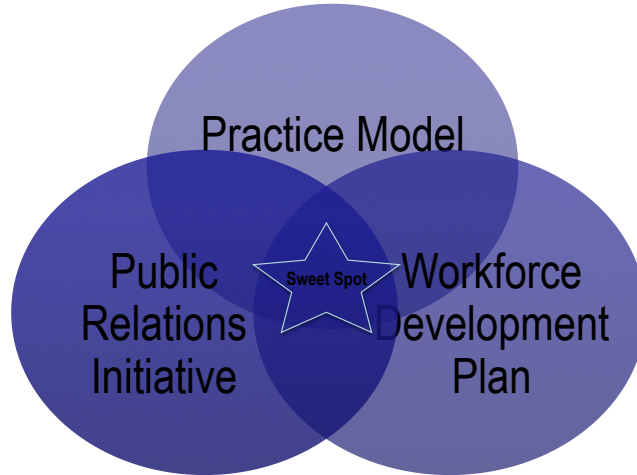
II. A Robust Workforce Development Plan

III. A Public Relations Initiative

- a. Internal
- b. External



How Are The Children?






Safety Permanency Well- Being

How Are The Children?

The Way Forward

I.A Cleary Stated Vision

a. A State of the Art Child Welfare System

-  What does that look like?
-  How do we take the elements of what is good and move it to great!
-  What is our desired "future state"

II.How will the lives of children and families in Georgia be different because of OUR leadership?

III.A Blueprint

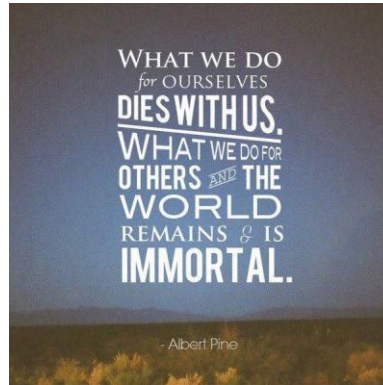


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How Are The Children?

It's Time to **LEAD**

-  Legacy
-  Empathy
-  Attitude
-  Diligence



Subcommittee Reports and Presentations

Laws and Regulations Subcommittee <i>Report</i>	165
Personnel Subcommittee <i>Report</i>	167
<i>Presentation</i>	175
Policies and Procedures Subcommittee <i>Report</i>	180

Laws and Regulations Subcommittee Recommendations

- **County Boards:** Clarify powers and duties of county DFCS boards in statute, providing a broad statement of purpose for county boards to follow in carrying out such powers and duties. Offer suggestions to county boards of commissioners as to persons who should be named to county DFCS boards – namely, persons involved in the services provided by DFCS to the community.
- **District Advisory Boards:** Create advisory boards at the DFCS district level to bring information from the county DFCS boards to the DFCS district director to facilitate improvement in communication, service delivery, and application of policy in the district. These advisory boards should meet periodically with DFCS district directors.
- **DFCS Director:** Provide that the DFCS Director be appointed by the Governor and serve at his pleasure, and be answerable directly to the Governor. Spell out qualifications for candidates for DFCS Director in statute so that the position is not looked upon as a political appointment, but as a true professional who is unaffected by administration changes.
- **DFCS and DHS Structure:** Provide that DHS be given oversight of DFCS for budgeting and appropriation of funds, with the recommendation of the DFCS Director. Rules and regulations for the operation and management of DFCS would ultimately be approved by the DHS board.
- **DFCS State Advisory Board:** Create an advisory board at the state level consisting of individuals nominated by the Governor from each of the 15 DFCS districts, as well as five appointees consisting of legislators and representatives from the areas of public health, mental health and developmental disabilities, juvenile justice, and other involved communities. The advisory board would review and make recommendations of proposed DFCS rules and regulations, but would have no veto or drafting power. Specific responsibilities would be addressed in legislation. The advisory board would meet at least quarterly, at which time the DFCS Director would participate and provide a report to the advisory board.
- **Data Sharing Between Agencies:** Encourage the legislature to review and find permissive limits to address this issue, ensuring that consideration is given to immunity between agencies that share data.

- **Custodial Records:** Review the extent to which statutes or rules/regulations allow sharing of mental/physical health and conduct records from DFCS to care providers when such information is beneficial to the provider in caring for the children in their custody. Where necessary, legislation should address means of providing appropriate access to the records for care providers.
- **Child Abuse Registry:** Conduct research to determine what type of statutory scheme may be developed to create a child abuse registry within a state agency to maintain names of those persons convicted of child abuse and neglect.

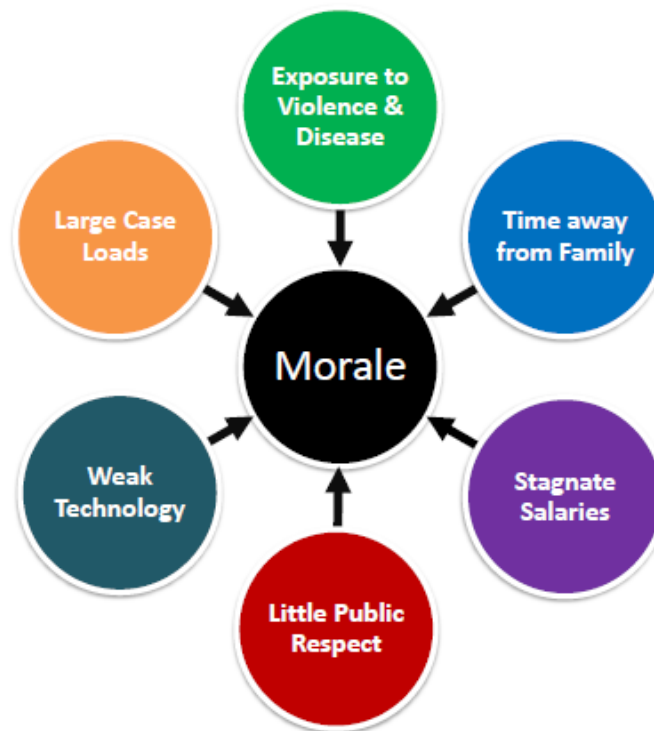
Personnel Subcommittee Recommendations

Introduction

The Personnel Subcommittee conducted interviews with DFACS leadership and staff to understand from their perspective what the priority areas of opportunity are to enhance the work environment. The Georgia Child Protective Services Advisory Committee surveyed staff and supervisors in 2014. The survey results and interviews with DFACS leadership provided the focus areas for recommendations by the Personnel Subcommittee.

We identified priority areas of focus to improve the work environment for the caseworkers and supervisors that we believe can materially enhance the effectiveness of the department. There are many DFACS caseworkers and supervisors who are very committed to serving the children and families of Georgia.

The 2014 survey identified 6 areas of opportunity, that if addressed would significantly improve the work environment.



The Personnel Subcommittee organized recommendations around 3 areas of focus (Safety and Relationships with Law Enforcement, Training/Career Development, and Retention) that would address all 6 areas of opportunity.

Recommendations by Areas of Focus

1. Improve retention of caseworkers and supervisors

1. Justification Statements
 - a. Turnover is high – turnover at 26% for caseworkers and 17% for supervisors
 - b. Morale is low
 - c. Large caseloads are a major factor causing performance issues, high stress and the need for overtime
 - d. Supervisors are maintaining large caseloads preventing them from functioning in the supervisory role
 - e. Pay has fallen behind market
 - f. There is no career ladder. Caseworkers must become supervisors to achieve pay increases. Many caseworkers do not want to supervise
 - g. Training is insufficient for both caseworkers and supervisors
 - h. There is little recognition for caseworkers or supervisors, all news is negative, particularly in public eye
 - i. Caseworkers feel very unsafe and are not provided with either tools or training to deal with unsafe situations
 - j. Internal communications are weak
2. High-Level Description
 - a. Caseload management – target 1:15 caseworker ratio and 1:5 supervisor ratio
 - b. Salary levels – provide increases to move closer to market through career ladder and performance
 - c. Administrative simplification – redesign processes and technology to enhance productivity and caseworker satisfaction
 - d. Recognition and Communication – improve staff recognition, internal communication
 - e. Staffing – develop systems to match staff to caseload and demand
 - f. Technology – improve technology reliability and functioning to enhance productivity
3. Action Items
 - a. Support Governor Deal's plan for targeting caseworker staffing to 1:15 and supervisor levels to 1:5 by end of state fiscal year 2017. We do not support codifying the caseload targets and believe that codifying decreases flexibility and innovation
 - b. Raise caseworker and supervisor compensation closer to market levels over a multi-year period, through career path and performance
 - c. Implement employee recognition programs, enhance internal communication, conduct annual employee satisfaction surveys to provide employee feedback and design improvements based on priority areas
 - d. Engage Georgia Tech team to design lean processes to simplify and optimize administrative work, increasing productivity and satisfaction
 - e. Assess technology needs (systems, tablets) to enhance productivity. Focus initially on SHINES reliability
 - f. Implement a system similar to "Just Culture" to enable caseworkers and supervisors to rebuild confidence in their work and reduce fear of retribution
 - g. Adopt a standard practice model, train to the model and design technology to the model

4. Cost - Annual Operating and Capital
 - a. Costs to increase staff for caseload management are already included in Governor's proposed budget
 - b. Caseworker salary increases tied to career ladder included in Training subgroup recommendations
 - c. Costs for employee recognition, internal communication, redesign, "Just Culture" and standard practice model should be covered within existing budgets, thus not requiring incremental investment
 - d. Technology costs could be significant and would have to be assessed based on long term cost/benefit analysis
5. Expected Return on Investment/Benefit
 - a. Reduce turnover by 2 – 5% annually, estimated to reduce costs of turnover by \$700,000 - \$1.7 million annually
 - b. Productivity gains – benefits of enhanced productivity will result in overall satisfaction improvements and over time should lead to workforce stability
 - c. Improved workforce stability will yield a more effective Child Welfare System and outcomes for Georgia's children

2. Develop Training and Career Development

- Action Item: Re-establish Georgia's Title IV-E Child Welfare Student Training Program
 1. Justification Statements
 - a. Real world child welfare experience validates interest and fit
 - b. Establishes a strong foundation of performance-related knowledge and skill
 - c. IV-E graduates have history of successful performance
 - d. The U.S. General Accounting Office (GAO) found the university-agency training partnerships to be promising practices for addressing the staffing crisis in child welfare, in part by improving both recruitment and retention (GAO, March 2003)
 - e. American Public Human Services Association (APHSA) found that university partnerships were perceived to be somewhat or highly effective by 97% of 30 states that reported implementation of such partnerships for recruitment
 - f. Social Work Policy Institute (SWPI) found enhanced professionalism among Title IV-E stipend workforce and that universities are more attuned to agency needs and programs tend to recruit a more ethnically diverse group of students
 - g. The Institute for Advancement of Social Work Research found that Title IV-E provides a strategy that enhances both recruitment and retention because it readies a pool of potential workers for agency practice and supports a group of current workers, reinforcing their professional commitment, agency tenure and in some cases opportunities for advancement
 - h. Historically identified as high demand need by DFCS Regional and Field leadership
 2. High-Level Description
 - a. The objectives of the Program are to:
 - i. Increase the number of public child welfare employees who obtain their BSW and MSW degrees
 - ii. Prepare BSW and MSW graduates with the skills, knowledge and abilities for employment in the public child welfare system
 - iii. Increase the number of BSW and MSW job ready graduates who seek and obtain employment in public child welfare positions
 - b. Program suspended two years ago due to lack of alignment with Federal Regulations

- c. DFCS has been working with a consultant to determine actions that must occur to bring program into alignment with Federal regulations and thus eligible for reinstatement
- d. GSU has agreed to serve as primary contractor to handle administrative aspects of the program and will work collaboratively with DFCS/Education and Training to manage the entire program
- e. DFCS has agreed to cover first-year administrative startup costs in then amount not to exceed \$300,000
- f. Eleven Schools of Social Work have expressed intent to participate in the program
- g. IV-E candidates will need to first be accepted into a School of Social Work and will then need to be interviewed by a panel for determination of fit
- h. IV-E students will be required to work for DFCS for a period of time that matches the period of time funding was provided (i.e. year for a year)
- 3. Action Items
 - a. Complete study to determine administrative funding that can be generated by participating schools of social work in year two and thereafter (to support sustainability without reliance of state funds)
 - b. Execute contract with GSU
 - c. GSU to secure administrative infrastructure
 - d. Recruit students and implement program (Fall of 2015)
- 4. Cost: First year start-up cost (to State) estimated at \$300,000
- 5. Expected Return on Investment/Benefit
 - a. More highly skilled workforce
 - b. Decrease in turnover
 - c. Less case transfer disruption
 - d. Improved outcomes for children and families
 - e. When fully implemented, approximately 250 students will be participating in the program, all preparing to bring a heightened level of preparedness and skill to the child welfare workforce
- Action Item: Construction of a Supervisor Mentor Program
 - 1. Justification Statements
 - a. Quality supervision is a critical function of a high-performing child welfare system
 - b. Research demonstrates that positive case worker retention is influenced greatly by the receipt of quality supervision
 - c. DFCS currently has 389 Social Service Supervisors, the majority of which were not afforded formalized mentoring
 - d. While DFCS has in place a very good new supervisor training course, research shows that mentoring is key to fostering integration of knowledge and skill that a supervisor must possess
 - e. Historically identified as high demand need by DFCS Regional and Field leadership
 - f. CPS caseworkers are at risk for violent victimization and encounter more anger, hostility and resistance as they attempt to provide intervention in the home and community environment.
 - g. CPS caseworkers do not have the ability, training and formal protection to protect themselves or respond in a manner similar to other professions confronted with aggressive behaviors. Their work is primarily in a field where there is not a supervisor or other professional in their workplace to guide them in critical judgment decisions.

2. High-Level Description
 - a. Mentors would provide intense real-world support to new supervisors as well as those existing supervisors who are identified as being in need of improving fundamental skills (maximum ration of 1:3 mentor to supervisor, with average mentoring period of two weeks)
 - b. Preliminary analysis estimates need for 10 full-time mentors and one coordinator dedicated to effectively executing the program
 - c. Mentors would be supervised at the State Office (Education and Training Section) to avoid “mission creep”
 - d. Over time, DFCS will work towards a 1:5 supervisor to caseworker ratio with each supervisor providing quality supervision to ensure development and support of assigned case workers
3. Action Items
 - a. Secure funding approval
 - b. Formalize specific performance objectives, standards and expectations of the program
 - c. Establish job description for mentors
 - d. Recruit and hire
 - e. Implement program
4. Annual Cost
 - a. \$1.1M (salary, benefits, travel-related...based mid-range PG for 10 mentors at PG 16 and 1 coordinator at PG 17)
5. Expected Return on Investment/Benefit
 - a. More highly skilled workforce
 - b. Decrease in turnover
 - c. Less case transfer disruption
 - d. Improved outcomes for children and families
- Action Item: Construction of a Career Path
 1. Justification Statements
 - a. Currently, career development/advancement opportunities for case managers and supervisors are extremely limited
 - b. Historically, a case manager must move into a supervisor position in order to advance
 - c. Historically, a supervisor must move into an administrator position in order to advance
 - d. Not all case managers desire to become a supervisor but rather wish to advance their knowledge and skills in order to work more effectively with families and with peers
 - e. Not all supervisors desire to become an administrator but rather wish to advance their knowledge and skills in order to work more effectively in developing their case managers
 - f. Currently, case managers with many years of experience earn the same salary as newly hired case managers
 - g. The vast majority of case managers are clustered at the bottom range of the pay grade (near entry level)
 - h. The average salary for case managers is below average market salary for like positions outside of DFCS

- i. Exit interviews indicate that lack of desired career development/advancement opportunities (inclusive of salary increase) is a significant cause of negative turnover
 - j. Career paths will foster retention and improve agency capacity to achieve desired performance outcomes
 - k. DFCS Case Managers work in a high pressure, intense environment which sometimes presents threats to their personal safety. They are required to make many decisions for which the consequence of error is the life of a child.
 - l. Case situations are extremely complex and require highly trained and competent staff for effective intervention.
 - m. The state child welfare agency historically experiences more turnover compared to social workers in other practice settings. The high level of turnover among social workers that performs child protective service functions disrupts the constant monitoring and tracking of cases. This often leads to serious consequences.
2. High-Level Description
- a. Provide opportunities for growth and salary increases to case managers within their current job classification
 - b. Provide increases in salary for obtaining additional credentials such as LCSW
 - c. Provide increases in salary for obtaining certification in specified subject and skill matter areas such as intimate partner violence, substance abuse/addiction, commercial sexual exploitation of children, and mentoring and coaching
3. Action Items
- a. Determine specific advancement and salary increase criteria within individual job classifications (case manager and supervisor). Potential criteria include performance, experience as a case manager, leadership activities, and achievement of specific certifications.
 - b. Determine cost of specific proposal
4. Cost- Annual Operating and Capital
- a. The expected cost would be between \$1 million and \$5 million, depending on the criteria for pay increases, and the size and frequency of pay increases.
5. Expected Return on Investment/Benefit
- Intangible Benefits
- i. Improved employee morale and productivity
 - ii. Reduced case transfers resulting in better outcomes for children and families
 - iii. Provides a continuous process for supervisory development
- Quantifiable Benefits
- i. Based on a reduction of Case Manager turnover from 27% in FY 14 to 22% following implementation of career path, an annual savings of \$405,000 could be anticipated.

3. Identify Safety/Best Practices and Relationships with Law Enforcement

1. Justification Statements
- a. Caseworkers have little to no training or protection when they are out in the field
 - b. Caseworkers are continuously asked to enter into unknown environments where there are already family stressors and then possibly remove the children in the home
 - c. Caseworkers need devices that would discretely, but quickly notify law enforcement of their location and need for assistance. A device or application would not escalate

a volatile situation like a phone call for assistance or use of an intermediary weapon such as pepper spray would cause.

2. High-Level Description
 - a. A “panic button” or GPS device that is placed near their identification badge and worn around their neck at all times. If the “panic button” is pressed for 5 seconds then a signal is sent through the caseworker’s cell phone and immediately alerts local law enforcement and a DFCS supervisor that the caseworker is in distress.
 - b. Training on how to handle volatile situations by using verbal skills is needed to enhance the caseworker’s safety.
 - c. Training caseworkers in verbal skills is more cost effective and has minimal liability unlike training caseworkers in intermediary weapons.
 - d. Studies in Law Enforcement have shown that training, such as Crisis Intervention Training, decreases violent incidents and results in fewer injuries for officers and the people they serve.
3. Action Items
 - a. The Georgia Tech Research Institute is currently assisting in developing the appropriate technology and "panic button" or GPS device.
 - b. Conduct training developed to assist people on how to use their words rather than weapons to handle escalating situations, such as Verbal Judo. Crisis Intervention Training (CIT) is used for law enforcement, paramedics, firefighters, dispatchers, and other people on how to recognize and address people "in crisis".
 - c. Consider joint training with DFACS and Law Enforcement and provide opportunities for routine contact. Support "Meet and Greets" gatherings for DFACS and Law Enforcement.
4. Cost
 - a. The cost for technology devices is dependent on the devices selected.
 - b. Training costs should be covered in the current DFACS departmental costs.
5. Expected Return on Investment/Benefit
 - a. The safety and security of caseworkers would be enhanced, improving the attractiveness of the jobs, reducing stress for the roles and enhance retention

Additional Recommendations

1. Enhance Technology

- Adopt standard practice model and align the technology tools available
- Improve functioning of SHINES
 - i. Implement dictation system better interfaced with SHINES
 - ii. Implement portable technology to support caseworks, such as tablets to allow for easy transport and ability to enter directly into SHINES
 - iii. Flag children most at risk and provide more in-depth oversight and monitoring
- Provide caseload management system (ex: Oregon System)
- Leverage information across state agencies, schools and healthcare
- Implement predictive analytics

2. Improve Public Relations-Internal and External

- Create a widespread public relations campaign bringing together resources in the State who care about the Child Welfare System to support the direction, support the staff, and help educate others on the system

3. Develop a Scorecard

- Publish at least quarterly providing transparent information and measures that are meaningful to track the progress of improvement for the workforce
- The Scorecard should include:
 - # of Caseworkers and Ratio of Caseworkers to Caseload, Statewide and by District Target is 1:15
 - # of Supervisors and Ratio of Supervisor to Caseworker, Statewide and by District is 1:5
 - Turnover Rate for Caseworkers, Statewide and by District should be set to demonstrate improvement over baseline
 - Turnover Rate for Supervisors, Statewide and by District Target should be set to demonstrate improvement over baseline
 - Staff Satisfaction (Annual survey)
 - Caseworkers and Supervisor Cost/Efficiency Measure
- In addition, the Scorecard should also include the performance measures OPB collects from the Child Welfare Services Program listed below:
 - Number of calls received by CPS Intake Communication Center
 - Number of calls screened out
 - Number of investigations conducted
 - Number of substantiated maltreatment incidents
 - Percentage of children see within 24 hours of the report of alleged maltreatment
 - Number of Family Preservation Cases
 - Number of Family Support Cases
 - Percentage of children who return home within 12 months of being removed
 - Percentage of children who were victims of subsequent maltreatment within 6 months
 - Percentage of foster children who re-enter foster care within 12 months
 - Child Protective Service worker’s average caseload
 - Child Protective Service workers turnover rate

4. Identify & Pursue Grant Funding

- The State will work diligently to identify and pursue grant funding opportunities through Federal and other programs available
- The Children’s Trust Fund should be used as a source of funding for the needs of DFCS

5. Identify & Pursue Private Funding

- Pursue private funding for programs to support DFCS and improve the Child Welfare System
- In order to enable private funding, a Government body must ensure strong accountability for any funds raised and routinely report progress and deliverables to private funding sources

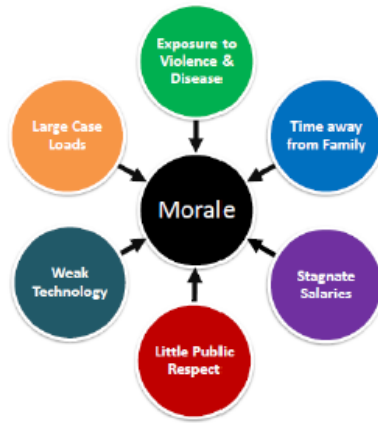
“Georgia will have the best child welfare system in the world.”

Commissioner Bobby Cagle

Personnel Subcommittee

Retention	Training and Career Development	Safety and Relationships with Law Enforcement
Rick Dunn	Lee Biggar	Meredith Ramaley
Donna Hyland	Rosemary Calhoun	
Fran Miller	Valerie Clark	
	Cheryl Dozier	
	Freddie Powell Sims	
	Crystal Williams	

Six Areas of Opportunity



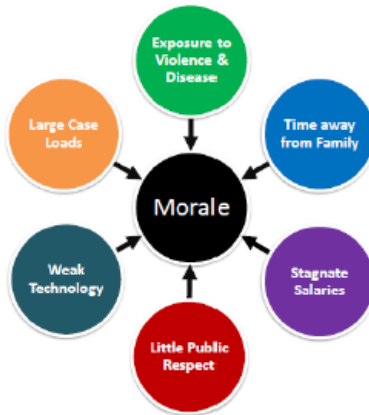
Improve Retention

Improve Training & Career Development

Improve Safety & Relationships with Law Enforcement

2014 Division of Family and Children Services Workforce Survey

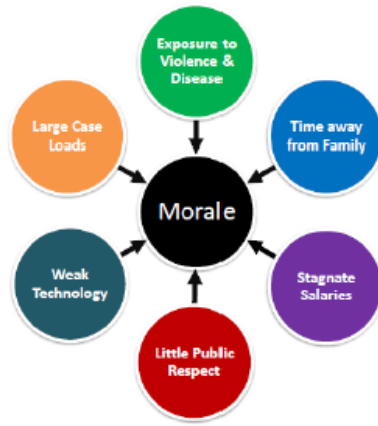
Six Areas of Opportunity



Improve Retention

- Caseload
- Compensation
- Recognition
- Practice Model
- Administrative Simplification
- Technology
- “Just Culture”

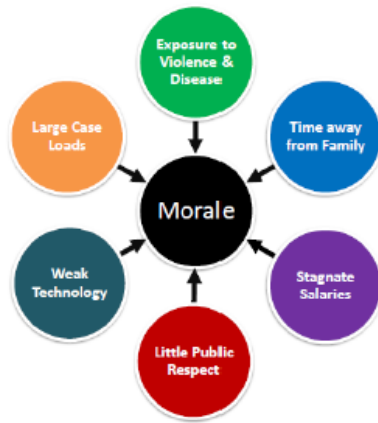
Six Areas of Opportunity



Improve Training & Career Development

- Title IV-E Student Training Program
- Supervisor Mentor Program
- Career Path

Six Areas of Opportunity



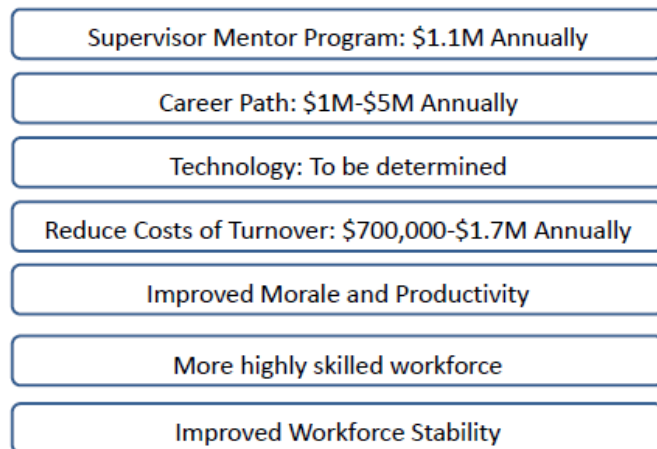
Improve Safety & Relationships with Law Enforcement

- Training
- Technology

Recommendations

Retention	Training and Career Development	Safety and Relationships with Law Enforcement
<ul style="list-style-type: none"> • Caseload 	<ul style="list-style-type: none"> • Title IV-E Student Training Program 	<ul style="list-style-type: none"> • Training
<ul style="list-style-type: none"> • Compensation 	<ul style="list-style-type: none"> • Supervisor Mentor Program 	<ul style="list-style-type: none"> • Technology
<ul style="list-style-type: none"> • Recognition 	<ul style="list-style-type: none"> • Career Path 	
<ul style="list-style-type: none"> • Practice Model 		
<ul style="list-style-type: none"> • Administrative Simplification 		
<ul style="list-style-type: none"> • Technology 		
<ul style="list-style-type: none"> • "Just Culture" 		

Costs and Expected Benefits



Improved Outcomes for Georgia's Children

Additional Recommendations

- Enhance Technology
- Improve Public Relations
- Develop a Scorecard for Key Stakeholders
- Identify & Pursue Grant and Private Funding

Questions?

Report and Recommendations from the Child Welfare Reform Council Policy and Procedures Subcommittee

The Policy and Procedures Committee¹² embraced the charge to undertake a comprehensive examination of the child welfare system, and particularly those agency policies and procedures that might be inhibiting positive outcomes for children and families and work satisfaction for DFCS staff. Through a series of meetings, the committee collectively arrived at the following set of recommendations, developed based on the expertise of the committee members and through conversations with DFCS leadership, extensive research, and consultation with peer states and local experts. The recommendations are presented for consideration by the full Child Welfare Reform Council according to the primary performance and outcome domains for the child welfare system: safety, permanency, and well-being, with additional recommendations for improving internal agency processes and public reporting on identified performance measures. Some recommendations are high-level; others target specific aspects of policy and practice.

Safety

Recommendation: DFCS should continue to explore the emerging models for predictive analytics and the applications of these models to child welfare practice for the potential to enhance safety decisions affecting children who are reported to or the responsibility of DFCS.

Committee Rationale: Predictive analytics uses statistical techniques such as machine learning to analyze data to make predictions about future events. It has become a hot topic in many industries and sectors, and the committee believes it holds promise for application to child welfare practice. Specifically, the committee believes that this kind of modeling could inform the critical judgments made by DFCS intake staff as they dispose of reports (i.e., screen-out or accept and assign to investigation or family support tracks) and support more robust and probative investigations. Based on the committee’s study of the issue, a predictive model could be developed and embedded in current technologically-driven decision-making tools, such as the risk assessment instrument, to “flag” circumstances that present a constellation of risk factors that statistically increase the odds for a substantiated investigation or for a fatality to result. Armed with this knowledge, DFCS workers could adjust their approach to these “flagged” cases to assess them more rigorously.

Though the committee encourages the incorporation of a predictive model to augment skilled, professional judgment on a case, it also offers a strong caution to ensure that any vendor or product seriously considered be able to demonstrate actual predictive effects of any proposed model.

Recommendation: DFCS should evaluate the use of Family Support practice and determine whether the current safety practice model is appropriate, needs to be replaced with a different model, or needs to be reinforced with adequate resources for successful implementation.

Committee Rationale: This recommendation is offered in support of one of the major pillars of DFCS’ “Blueprint” to transform the agency into a state of the art child welfare agency. In order to reach that goal, DFCS must achieve greater clarity about the agency’s practice model and more consistent implementation across the state. This reexamination must specifically address the role of Family Support.

¹² Members of the Policy and Procedures Committee include: Melissa D. Carter (chair), Hon. Peggy Walker, Valerie Condit, Heather Rowles, Bob Bruder-Mattson, Lamar Burkett, and Rep. Carolyn Hugley.

Recommendation: DFCS should work with the Department of Education, representation for local school systems, and interested stakeholders including homeschooling advocates to develop an acceptable legislative and practice strategy for closing the narrow safety gap in the homeschooling oversight framework for children who are at-risk of maltreatment.

Committee Rationale: Members of the committee have observed disturbing trends in recent child fatality cases that reveal an opportunity for parents who come under DFCS scrutiny (i.e., who are the subject of a report or investigation) to withdraw their child from school, thereby concealing the child from observation by mandated reporters or other adults who could act protectively on the child’s behalf, under the pretense of an intent to homeschool (a/k/a enrollment in a home study program). These children are often suffering serious harm or death. In fact, as a result of the heightened risk to children under these circumstances, juvenile court judges report a disinclination to allow parents to homeschool if they have an open dependency case.

A properly balanced strategy would ensure the safety of all children while at the same time protecting the parental right to educate privately. Florida provides an instructive example of this balance. In that state, the local superintendent can inspect the parent-prepared portfolio with 15 days’ notice. This creates an opportunity for someone from the school, who is a mandated reporter by law, to observe the child. Other strategies worth further discussion¹³ include:

- imposing limits on the timing for the filing of a Declaration of Intent to Homeschool (e.g., such Declarations could only be filed at the beginning of the school year or between academic terms, rather than at any point during the school year),
- prohibiting parents who have committed offenses that would disqualify them from teaching school from homeschooling their children,¹⁴
- Creating opportunities for a home visit such as requiring an annual assessment to be conducted by a mandatory reporter, and
- Revising the previous status of state law which required Declarations to be filed with the state and include the local school district and the submission of regular attendance records.

Recommendation: As a matter of policy, DFCS should adopt an unequivocal mandate for a Child Protective Services (CPS) investigation to include contact with the child’s school.

Committee Rationale: Current DFCS investigation policy directs a social services case manager, upon being assigned an investigation, to contact “persons that could help verify or help locate the child or family,” and includes the “school system” within the list of entities that follows.¹⁵ It further requires DFCS to provide the investigation disposition information to mandated

¹³ Specific strategies informed by recommendations published by the Coalition for Responsible Home Education. See www.responsiblehomeschooling.org.

¹⁴ For a state example see Pennsylvania law at 24 P.S. §§ 13-1327.1(b)(1) and 1-111(e) , which requires a notarized affidavit from the parent, guardian or legal custodian, filed prior to the commencement of the home education program and annually thereafter with the superintendent of the school district of residence setting forth, among other information, a certification that the program supervisor, all adults living in the home, and persons having legal custody of the child in a home education program have not been convicted of: criminal homicide, aggravated assault, stalking, kidnapping, unlawful restraint, luring a child, rape, statutory sexual assault, deviate sexual intercourse, sexual assault, institutional sexual assault, aggravated indecent assault, indecent exposure, bestiality, incest, concealing the death of a child, endangering the welfare of children, prostitution, acts relating to obscene and other sexual materials and performances, corruption of minors, sexual abuse of children, unlawful contact with a minor, solicitation of minors to traffic drugs, or sexual exploitation of children.

¹⁵ See Division of Family and Children Services Child Welfare Policy Manual, Chapter (5) Investigations, Policy No. 5.2 (effective September 2014).

reporters, including school personnel, within five business days.¹⁶ Notwithstanding these requirements, such contact is not occurring in all cases. School officials, particularly school social workers, classroom teachers, and administrators, often have extensive historical knowledge of the child in the context of his family. These insights can be instrumental to the critical decision-making that a DFCS investigator must make. Likewise, alerting the school to the fact that a CPS investigation is occurring will allow the school to provide additional support to the child and prevent unnecessary disruptions in learning.¹⁷

Consistent with this recommendation, the committee is in accord with the recommendation of the Legislation and Regulation Committee that the legislature should review and find permissive limits to address data-sharing between agencies and sharing of information and records otherwise protected by law from DFCS to care providers as appropriate.

Permanency

Recommendation: DFCS should develop a robust public-private partnership, particularly with its faith-based, university partners, and local schools to strengthen its efforts statewide to recruit, retain, and support, and expedite approvals foster parents and respite caregivers. Appropriate resources should be put in place to support this needed effort.

Committee Rationale: The committee is interested in fortifying the continuum of care for children in foster care in order to improve placement stability and permanency outcomes, as well as to ensure each child’s unique needs are being met by the child’s caregiver and placement setting. Strategic use of substitute caregivers can also promote “normalcy” for children in foster care by allowing them to reside with skilled caregivers who are familiar to them, whether for brief (respite) or extended periods of time. The need for more and better-trained and supported foster parents is evident, as is DFCS’ current lack of human resources to meet the demand for resource development.

The committee undertook review of the current foster parent training curriculum and policy requirements for ongoing, in-service, continuing education. Georgia appears to be the only state using the IMPACT curriculum, but none of the major foster parent training programs (PRIDE, PATH, MAPP and variations on each) has been evaluated for its impact on retaining foster parents or producing positive outcomes for children. As such, the foundation of evidence on which to base a recommendation is largely lacking. The committee encourages DFCS to engage its university partners to evaluate the IMPACT curriculum as well as assess other models.

Furthermore, a review of the topics covered by each program did not reveal any major substantive differences. Insofar as no curriculum represents a gold standard, the committee’s recommendation is to leverage capacity within the private sector to develop competency-based training for foster parents, which sets realistic expectations for new foster families and incorporates knowledge from other disciplines about adult learners.¹⁸

¹⁶ Division of Family and Children Services Child Welfare Policy Manual, Chapter (5) Investigations, Policy No. 5.2 (effective September 2014).

¹⁷ The “Uninterrupted Scholars Act” (Pub. L. 112-278), signed into law by President Obama on January 14, 2013, amended the “Family Educational Rights and Privacy Act of 1974” to permit schools to release student education records and personally identifiable information contained therein without parental consent to “an agency caseworker or other representative of a State or local child welfare agency ... who has the right to access a student’s case plan when such agency ... is legally responsible ... for the care and protection of the student” 20 U.S.C.A. § 1232g(b)(1)(L).

¹⁸ Recommendations are informed by best practices identified by the National Resource Center for Diligent Recruitment from states receiving grants through the Adoption Opportunities Program. Additionally, the National Foster Parent Association endorses a model of training that includes apprenticeship. And, another practice that has proven successful is to require all caseworkers to take the pre-service foster parent training so they can provide consistent support and reinforcement once a child is placed in the family’s care.

Additionally, DFCS policy regarding on-going training for DFCS foster parents needs to be clarified as private providers have specific standards. A specific person in the county or region should be designated to approve training activities and a formal process for determining training needs,¹⁹ identifying qualified trainers, and tracking training hours should be adopted. Additional opportunities exist for immediate impact on this goal, including DFCS restoring its support for the annual statewide conference presented by the Adoptive and Foster Parent Association of Georgia (AFPAG), partnering and providing support for regional trainings, and engaging local communities creatively to offer incentives for training.

Recommendation: DFCS should engage the private providers with which it contracts for the care and placement of children to conduct a study of all Room Board and Watchful Oversight (RBWO) placements and their specialties. Resources should be dedicated to addressing the gaps in the continuum of care that are identified through such an analysis, particularly including the development of standards of practice for specialty programs including therapeutic foster care providers. Contracts should be reviewed to ensure quality and adequate resources for success.

Committee Rationale: According to the most recent data available, 84% of children over the age of 12 in Georgia’s foster care system reside in group care settings.²⁰ Furthermore, 7% of children in foster care experienced three or more placement changes in the most recent six months.²¹ Most of those moves (57%) were lateral moves, and too many of them were moves away from permanency (14%).²² And finally, removals to foster care are increasing. Accordingly, Georgia DFCS needs at its disposal a robust and comprehensive placement and care continuum. Due to a host of factors occurring in recent years, placement resources have been depleted, particularly those offering specialty interventions that include a behavioral healthcare component, like therapeutic foster care, or targeting specialized populations like commercially sexually exploited children (CSEC) and sexually aggressive youth. The committee believes that it is time to conduct a gap analysis to inventory the range of services and placements that are available and assess the fit of those resources to the needs profile of the foster care population. Additionally, standards for specialized service delivery and placement should be developed to ensure a common understanding of those resources and their benefits as they relate to a specific child’s care and placement needs; improved placement assessment and matching will ensure greater placement stability and promote more timely permanency. There is a national effort to end group home care for foster children to provide a more home like setting and better supervision to lessen the risk for entry into child sexual exploitation and trafficking arising from children running away from foster care.

Recommendation: DFCS should embed screening questions designed to identify risk for Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorder (FASD) in its standard investigation

¹⁹ For example, the federal “Preventing Sex Trafficking and Strengthening Families Act,” (Pub. L. 113-183), signed into law by President Obama on September 30, 2014, requires that, before a child is placed with prospective foster parents, the “foster parents will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child, that the preparation will be continued as necessary after placement of the child, and that the preparation shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally-appropriate activities”

²⁰ Adoption and Foster Care Reporting System (AFCARS), Georgia profile for children in foster care during April 2013 through March 2014, available at http://www.fosteringcourtimprovement.org/ga/County/incare_summary.html.

²¹ Adoption and Foster Care Reporting System (AFCARS), Georgia profile for children in foster care during April 2013 through March 2014, available at http://www.fosteringcourtimprovement.org/ga/County/incare_summary.html.

²² Adoption and Foster Care Reporting System (AFCARS), Georgia profile for children in foster care during April 2013 through March 2014, available at http://www.fosteringcourtimprovement.org/ga/County/incare_summary.html.

protocol. This should be added to family preservation and foster care to assure that children who have disabilities are identified and supported to improve outcomes for them.

Committee Rationale: The federal Child Abuse Prevention and Treatment Act (CAPTA) requires DFCS to develop “plans for safe care” for newborns affected by Fetal Alcohol Syndrome Disorder (FASD) and other substance exposure upon referral by medical providers.²³ The term “FASD” is commonly used as an umbrella term to cover a range of outcomes associated with a child’s prenatal alcohol exposure. The CAPTA requirement was meant to operate in those situations where a newborn has facial characteristics, growth restriction, or other abnormalities caused by prenatal alcohol use. Children with FASD typically exhibit difficulties with learning, developmental delays and resulting behavioral problems. In recognition of the seriousness and lifelong implications of prenatal substance exposure, agency policy mandates a full CPS investigation whenever medical personnel identify an infant affected by a Fetal Alcohol Spectrum Disorder if the child is also in present or impending danger.²⁴ Where such danger or threat of danger does not exist, DFCS Family Support policy directs the case worker to refer an infant identified as having or potentially having FAS/FASD for further assessment and/or screening and to conduct a substance use disorder assessment on the parent.²⁵ However, DFCS case managers responding to those reports lack the tools to properly assess the situation and discern the implications for safety decisions and permanency planning through appropriately tailored services for the child and his parents. Dr. Claire Coles of the Emory Clinic, a leading expert in this field, has developed a screening instrument to detect risks of FAS/FASD in infants that is designed to be administered by non-clinicians. Additionally, screening tools exist for adults, such as the TACE, TWEAK, AUDIT, and CAGE tests. These tools are on file with the committee.

Recommendation: DFCS should revise its diligent search policy to foster uniform reporting to the court. Furthermore, timelines for conducting the search for relatives should be revised to honor a child’s established bond with non-related caregivers when relatives have not been identified timely or have not indicated interest in receiving placement. When no potential permanent home has been identified for a child and there is no progress toward reunification in the first six months of the case, the DFCS shall make additional efforts through contract with a private or other qualified staff to find a permanent home. (This is a great way to use retired law enforcement officers)

Committee Rationale: Georgia’s Juvenile Code requires DFCS to submit a diligent search for relatives within 30 days and further, imposes upon DFCS a continuing duty to search for relatives or “fictive kin” until relatives are found, the child is adopted, or the court excuses the agency from its ongoing efforts. Guidance for DFCS workers on conducting and documenting searches is provided in the DFCS Child Welfare Policy Manual, policy number 5.13, Diligent Search. The policy manual provides practice tips for conducting a search and also outlines the requirements for notifying relatives and documenting a search in SHINES and to the court. Notwithstanding the guidance provided in law and policy, the agency’s relative search practice is non-uniform and deficient in some respects. The committee recommends updating and elaborating upon existing policy to accomplish two primary goals: 1) expediting permanency for young children; and 2) producing and filing with the court relative search reports that are uniform in content and format.

²³ See 42 U.S.C. 5106a(b)(2)(B)(ii) and (iii).

²⁴ See Division of Family and Children Services Child Welfare Policy Manual, Chapter (5) Investigations, Policy No. 5.2 (effective September 2014).

²⁵ See Division of Family and Children Services Child Welfare Policy Manual, Chapter (6) Family Support Services, Policy No. 6.1, “Conducting a Family Support Services Assessment” (effective June 2014).

Specifically, the committee recommends that policy be expanded to elaborate on the process required for a thorough search, adding steps for searching public records, particularly those available online (e.g., property taxes, Internet directories, archived newspapers, local school records, etc.) and specifying the information to be collected (e.g., name, social security number, address, date of birth, and aliases) for any relative. This information should be filed with the court in a standard report used throughout the state. Finally, the committee recommends following the age-differentiated approach set forth in the permanency planning hearing provision of the juvenile code (O.C.G.A. § 15-11-211(e)), which establishes a more aggressive timeline for children age seven and younger. For these younger children, it is recommended that the responsibility for an ongoing search be discontinued by the permanency planning hearing that occurs at nine months post-removal, if DFCS has not identified a suitable relative by that time and the child is residing in a stable placement willing and suitable to provide legal and emotional permanency.

Well-Being

Recommendation: Develop partnerships with the private insurance industry to remove barriers for older youth obtaining driver's licenses.

Committee Rationale: Well-being outcomes for children and youth in foster care include preparing them to be self-sufficient adults. One of the most significant rites of passage into adulthood is the autonomy that comes with obtaining a driver's license. Driver's education is an allowable expense of the Independent Living Program, up to \$500, but recent reports from DFCS indicate that many youth are not accessing this benefit. One major barrier is that DFCS does not pay for insurance for a child in foster care to operate a car; rather, the foster parent must add the child to his or her policy. The committee sees an opportunity to engage the private sector to pilot a special insurance pool for children in foster care as one means to promoting "normalcy" for children in foster care.

Additional Recommendations

Recommendation: DFCS should routinely collect and publicly report agency performance on the following measures, each of which represent critical junctures in a case or significant case management oversight responsibilities related to the child's safety and well-being:

- Child fatality measures, specifically including fatalities occurring after agency interventions to reunify the family and after agency family preservation efforts;
- Caseload/workload standards, by position and county;
- Utilization of psychotropic medications, by age of the child, placement setting, and number of medications prescribed;
- Intake and investigation measures, specifically including the time from the report to the agency's first contact with child and the time from the initial report to closure of the investigation.

Recommendation: DFCS should engage external stakeholders in the development of a process in which external stakeholders are engaged systematically in the development of DFCS policy. Ensuring the safety, permanency and well-being of children is a shared responsibility that extends beyond DFCS to the community. Accordingly, community stakeholders (professionals and non-professionals) should be consulted and allowed the opportunity to provide input into DFCS policy

mandates.²⁶ A related goal is to simplify and streamline, as much as possible, DFCS policy to enhance comprehension and consistent application by the field.

Recommendation: DFCS should aggressively pursue an exit strategy for the *Kenny A. v. Deal* foster care class action consent decree. At a minimum, this lawsuit is costing the state one million dollars per year, and this money is being spent on consultants, legal representation, and processes for two counties, rather than on direct service delivery for children and families statewide. DFCS should assess its historical and current performance toward meeting the court-ordered outcomes and develop a strategy to disengage. Effective reforms should be exported to the rest of the state.

Recommendation: DFCS should utilize mobile technologies to support field knowledge and application of policy.

Recommendation: In order to realize its safety, permanency, and well-being goals for children, DFCS must have an efficient statewide case management database that operates without constant interruption to the field, is supportive of the agency's policy standards, able to be adapted to accommodate new legal mandates and best practices, and aligned with the agency's practice models.

²⁶ In addition to a retrospective review and revision of existing policy, immediate opportunities for the development of new policy are presented by the federal "Preventing Sex Trafficking and Strengthening Families Act," (Pub. L. 113-183) which requires efforts to identify, intervene with and report victims of sex trafficking; locating and responding to children who run away from foster care; supporting normalcy for children in foster care; limiting the use of another planned permanent living arrangement as a permanency option; empowering children in foster care to participate in the development of their case plan and transition plan; and ensuring children in foster care have access to critical identity documents.

Other Press Releases

Deal names Child Welfare Reform Council members

April 2, 2014

Gov. Nathan Deal today named the list of those who will serve on the Child Welfare Reform Council, which was recently created to improve our child welfare system and better protect Georgia's most vulnerable citizens.

“With this council now in place, it is our hope to uncover new approaches that will strengthen our child welfare system and ensure that Georgia’s children are given the best shot at a good life,” Deal said. “These appointees have dedicated themselves to improving the lives of children, and I feel confident that together they will produce meaningful and thoughtful reform recommendations.”

The council will convene throughout the remainder of this year to complete a comprehensive review of the Division of Family and Children Services and advise the governor on possible executive agency reforms and legislative fixes if necessary. Stephanie Blank will chair the council and will work in conjunction with the Governor’s Office and the Department of Human Services.

Council members are listed below:

Name	Title	Organization	City
Ashley Willcott	Executive Director	Office of the Child Advocate	Dunwoody
Judge Steve Teske	Chief Judge	Juvenile Court of Clayton County	Jonesboro
Judge Peggy Walker	Juvenile Court Judge	Juvenile Court of Douglas County	Douglasville
Melissa Carter	Director	Barton Child Law and Policy Center	Decatur
Donna Hyland	President and CEO	Children’s Healthcare of Atlanta	Atlanta
Dr. Cheryl Dozier	President	Savannah State University	Savannah
Meredith Ramaley	Detective	Smyrna Police Department	Smyrna
Heather Rowles	Executive Director	Multi-Agency Alliance for Children	Atlanta

Tyra Walker	WinShape Director	Chick-fil-a, Inc	Jonesboro
Crystal Williams	Founding Member	EmpowerMENT & Former Foster Youth	Atlanta
Lamar Burkett	Foster Parent		Moultrie
Bob Bruder-Mattson	CEO	United Methodist Children’s Home	Roswell
Valerie Condit	School Social Worker	Fulton County Schools	Atlanta
Duaine Hathaway	Executive Director	Georgia CASA	Newnan
Carolyn Hugley	State Representative	Georgia General Assembly	Columbus
Valerie Clark	State Representative	Georgia General Assembly	Lawrenceville
Wendell Willard	State Representative	Georgia General Assembly	Sandy Springs
Freddie Powell Sims	State Senator	Georgia General Assembly	Albany
Burt Jones	State Senator	Georgia General Assembly	Jackson
Fran Millar	State Senator	Georgia General Assembly	Dunwoody