

Georgia's Safe Futures Program Improvement Plan

Safety # 1 Children are, first and foremost, protected from abuse and neglect.

Item 2 - Repeat maltreatment (and maltreatment of children in foster care)

Areas Needing Improvement: Statement of the Problem

This plan addresses the incidence of child abuse or neglect or both in foster care. This incidence is defined as the number of children who were reported in National Child Abuse and Neglect Data System as maltreated by a foster parent or a residential facility staff person for the nine-month period of January 1, 1999 through September 30, 1999, divided by the population of children served in foster care, as reported in AFCARS, for the same time period.

Georgia's 1999 incidence of maltreatment in foster care (1.08%) did not meet the (amended) national standard of 0.57%.

Plan

1. Clarify policy regarding discipline policy violations in foster care.
2. Analyze foster care maltreatment report data with the aim of informing decision making on this PIP. Two months ago, our 2001 incidence rate of maltreatment in foster care was 0.82%. That's a 0.26% reduction, well beyond where Georgia needs to be to meet the national standard. The analysis will help the State to determine what influences this number.
3. Examine policy and training effectiveness for foster caregivers and public and private agency staff. Recommend policy and training changes. Monitor effectiveness of policy and training changes.
4. Examine the association between demands placed on foster parents and the incidence of maltreatment in foster care. Recommend improvements to the foster parent support services array in concert with the Item 6 and Item 17. Monitor effectiveness of support services array changes.

Measurable Benchmarks

Georgia will seek to improve the incidence rate to 0.94% by June 30, 2004.

Evaluation

1. Quarterly monitoring reports will analyze and compare outcome data with the 2001 Child and Family Services Review.
2. Progress/needs will be addressed and revised as needed in the annual Title IV-B State Plan.
3. A Qualitative Case Review (QCR), similar to the CFSR, will be conducted with the assistance of the Child Welfare Policy and Practice Group (CWPPG) on a representative sampling of cases. County supervisors, all DFCS state office Social Services Program units, Title IV-B Advisory

Committee members, and other stakeholders may participate in this review. The findings from the first QCR will be included in the 2003 Title IV-B State Plan.

See Work Plan Table Appendix A

Safety # 2 Children are safely maintained in their homes whenever possible and appropriate.

Item 3 - Services to families to protect children in home and prevent removal

Item 4 - Risk of harm to child

Areas Needing Improvement: Statement of the Problem

This plan addresses findings that in home services do not adequately protect children; mental health services are not readily available to families. The Open Records Law coupled with the findings of premature closure of substance abuse and domestic violence cases is intimidating to caseworkers.

This plan also addresses the finding that 77.5% of case outcomes in items 3 and 4 rated were substantially met, 12.2% were rated as partially achieved, and 10.2% were rated not achieved. It is Georgia' s goal to improve these outcomes by 2% by January 1, 2004.

Plan

1. Determine at what stage a more extensive family assessment process can be incorporated into the CPS family assessment process.
 - A. Review CPS and Foster Care policy regarding the assessment of family and child mental health, substance abuse or domestic violence issues.
 - B. Review CPS and Foster Care policy regarding case closure, particularly where there are mental health, substance abuse or domestic violence issues.
 - C. Expand First Placement/Best Placement (FP/BP) family assessment process for in-home cases. Develop any new required CPS policy/procedure for this process.
 - D. Develop CPS and Foster Care policy regarding case closure to prevent premature case closure, especially in substance abuse and domestic violence situations.
 - E. Involve substance abuse and domestic violence experts in the cross planning between DFCS programs, policy and services needs.
 - F. Determine statewide the level of funding needed to support a more in-depth assessment of family needs that begins in CPS.
 - G. Develop training on the revised CPS family assessment process.
 - H. Provide training on the revised CPS family assessment and case closure process to staff.
 - I. Pilot the revised CPS family assessment process in representative counties.

- J. Evaluate the revised CPS family assessment process, particularly regarding mental health, substance abuse and domestic violence issues.
2. Implement community partnerships for the protection of children in representative counties. Determine whether and if so, how the expansion of prevention and early intervention strategies within communities affects the provision of services, especially those that target mental health, substance abuse and domestic violence. The communities will focus on the following areas:
 - A. Planning and outcomes.
 - B. Local collaborative partnership building.
 - C. Development of core strategies.
 - D. Resource development to support partnerships.
3. Develop and provide for CPS staff training for handling requests for case-related information through the Open Records Act.
 - A. Through the Statewide CPS Advisory Panel, develop strategies to address workers' issues of liability and fear.
 - B. Involve the Statewide CPS Advisory Panel in the development of a statewide public relations image-building plan.

Measurable Benchmarks

Georgia' s 1999 incidence for items 3 and 4 was reported as 77.5% of cases reviewed were rated substantially met; 12.2% of cases reviewed were rated as partially achieved; 10.2 cases were rated not achieved. It is Georgia' s goal to improve this outcome by 2% by January 1, 2004. Qualitative reviews integrated into the Evaluation and Reporting Section's Child Safety Review Process will be conducted to determine if the goal for improvement has been met. The qualitative reviews will be similar to the ones used in the CFSR.

Evaluation

It is anticipated that the assessment of family strengths and needs, particularly regarding the presence of substance abuse and domestic violence will become more thorough. It is anticipated that cases will not be prematurely closed. A comparison to the results of Georgia' s 2001 CFSR and the level of compliance will be made after additional policy clarification, training and program implementation is operational. An annual Qualitative Case Review (QCR) similar to the CFSR will be completed on a representative sampling of case records.

The strategy is the development of an evaluation process that will determine the effectiveness of a more extensive family assessment and of a family conferencing process within the CPS program. Begin basic data collection on recidivism, serious injury and foster care placements.

The following is a description of when the cases are to be reviewed:

1. Each county will have completed defining the evaluation questions to be asked, its evaluation design, implementation and reporting plan by the end of state FY 2003. The first full year of data for use in measuring the three outcomes listed above will be available at the end of state FY 2004 (i.e., June 30, 2004).
2. Policy/procedure is currently being developed for family assessment/family conferencing. Necessary policy/procedure revisions will be completed by September 2002. The pilot is planned to begin in the fall of 2002.

The following is a description of where the cases are to be reviewed:

1. There are nine pilot Community partnerships to Protect Children (CPPC) counties: Catoosa, Cobb, DeKalb, Fulton, Peach, Clarke, Muscogee, Jenkins and Brantley. These same nine counties will also pilot the new family assessment and family conferencing currently being developed for CPS cases.
2. The pilot for the family assessment/family conferencing will be in these same nine counties.

The following is a description of how the evaluation process will be evaluated:

1. Evaluation technical assistance is being provided through a partnership with Family Connection Partnership. The community partnership strategy has an outcome and evaluation team comprised of Social Services and Family Connection staff that is meeting regularly. The state Evaluation and Reporting Section will support the quantitative data needs of the team. Evaluation, training and technical assistance to the nine counties will be coordinated through the Family Connection regional evaluation and state staff.
2. State evaluation for the community partnerships will be coordinated through the Social Services Section and, as appropriate, linked to the work of the Accountability team as part of Georgia's Safe Futures initiative. Funds have been secured to purchase the extended family assessment and family conferencing through a vendor. The outline for policy/procedure is complete and work has begun on making necessary revisions to existing policy/procedure.

See Work Plan Table Appendix B

Permanency #1 Children have permanency and stability in their living situation.

Item 6 - Stability of foster care placement

Areas Needing Improvement: Statement of the Problem

This plan addresses the stability of children in foster care placements. The foster care placement stability indicator is defined as the proportion of all children who have been in foster care less than twelve months from the time of the latest removal that have had no more than two placement settings. Georgia's 1999 statewide data for stability of foster care exceeded the national standard (Georgia: 92.4%, National: 86.7%), and were therefore in compliance.

However, during the on-site review portion of the CSFR, in 8 out of 27 cases reviewed (29.6%), the stability of foster care placement was found to be an area needing improvement. Thus, the on-site review found that 70.4% of cases reviewed were stable, creating a discrepancy with the 92.4% reported from statewide data. To resolve this discrepancy, Georgia has accepted the indicator as not substantially achieved and has stipulated this as an area needing improvement.

The following were identified as the major reasons for placement disruptions:

- Lack of availability of homes for sexually abused children and children with emotional/behavioral issues were identified in some of the records reviewed.
- In some of the records reviewed, reviewers noted that the use of shelter care placement creates an automatic move, even for newborn and young children.
- There were indications that children with multiple serious needs that require intensive services were left with no adequate supporting services to support them, and in some cases, workers provided referral services after foster parents requested it.
- Stakeholders expressed need for resources in Kinship care and services to relatives to support placements.

The 1999 statewide implementation of First Placement/ Best Placement (FP/ BP) assessments for each child entering foster care has resulted in the availability of more thorough information for DHR, DFCS staff, the court system and other stakeholders to make more appropriate placement and permanency decisions for children and families. The availability of additional therapeutic resources, better preparation, training, and support of caregivers has and will continue to impact the stability of children in foster care. In addition, a Relative Care Subsidy has been put into place to assist relatives with the care of children placed with them. It is anticipated that this subsidy will also impact continuity of family relationships and permanency outcomes.

Issues

1. There is confusion around the definition of placement moves.
2. The demographics, characteristics e.g. Child and Adolescent Functional Assessment Score (CAFAS scores), and needs of children with multiple placement settings should be analyzed.
3. The actual number of children who are not placed in the best placement based on the recommendations of the FP/BP and Multi-Disciplinary Team (MDT) staffing needs to be determined.
4. Case files are not adequately documented due to staff turnover.
5. FP/BP assessments should be used more consistently to provide services for children and families, develop case plans, and support placement/ permanency decisions.
6. A full continuum of care for children/ families, which includes family support services, family foster care, institutional care, adoption and transitional living needs to be established.

Plan

1. Clarify the current AFCARS policy regarding Georgia's definition of a placement move and determine how to count periodic temporary "placements". Where it is known in advance that the placement is temporary for the purpose of respite, hospitalizations, mental health treatment stabilizations, and also the plan is to return the child to the same foster home, this placement should not be counted in the number of placements in the episode.
2. Georgia will examine the methodology for extracting the data from the system to address the data discrepancy.
3. Revise and distribute policy definition of how to count a placement move in Georgia.
4. Analyze data at the county and worker level to identify issues of stability on a certain caseload or in a certain county.
5. Georgia will continue to require all providers to complete a Multi Disciplinary Team Meeting for each Comprehensive Child and Family Assessment to determine the appropriate placement of all children entering foster care within the first 30 to 60 days of the child entering care.
6. Georgia will provide technical assistance (T/A) to DFCS staff and private providers as to how to use FP/ BP assessment information to make the most appropriate permanency decisions and the implementation of new FP/BP Wrap Around Services at the beginning of the child's stay in care. The FP/BP information will be used to develop more effective case plans for the child and family.
7. Georgia will complete an annual review of the First Placement/ Best Placement Program to include on site case reviews of 50 randomly selected cases. This review will be similar to the federal on site review. Children, caregivers/families and other stakeholders will be interviewed. Fulton County will be included at each annual review.
8. Georgia will complete a report of the annual review of selected counties.
9. Georgia will continue to assess the effectiveness and impact of the First Placement/Best Placement Program (assessments and Wrap Around Services) in reducing the number of placements for children in foster care.

Measurable Benchmarks

Georgia will seek to incrementally improve this item 3% by September 2002 and 3% by September 2003.

Evaluation

Georgia anticipates that the stability of children in foster care will decrease after the definitions of placements are clarified in policy. Georgia will compare the stability rates before and after the policy clarification to evaluate this hypothesis. We will also examine the mix of cases to determine what reason for disruption is reported most frequently and the most likely setting for multiple disruptions. If the stability of children in foster care has not improved significantly

within 2 quarters, then the following additional actions will be taken:

1. The state review group, which includes stakeholders, will complete on-site case reviews of an additional 50 randomly selected cases and provide technical assistance to selected counties of the First Placement/ Best Placement Program.
2. Recommend additional training and policy changes.
3. Test whether stability of children changes after training and policy changes with newly selected counties.
4. Identify if appropriate, other factors that may contribute to the stability of children in foster care.

See Work Plan Table Appendix C

Item 7 - Permanency goal for child

Areas Needing Improvement: Statement of the Problem

This plan addresses permanency goals for children. It addresses the length of time to achieve reunification as well as the other permanency goals. Georgia did not meet the national standard of 76.20% of children achieving reunification within 12 months. Areas needing improvement include: taking adequate, timely steps toward achieving the permanency goal, actively offering foster parents available services toward permanency, doing more frequent reviews, especially when the goal is reunification, identifying and eliminating delays in filing TPR (Termination of Parental Rights) by workers in court, and better documentation of compelling reasons if not filing TPR, the quality of the care of the children in the Fulton and Dekalb County public emergency shelters; the safety of those children placed at the shelter; and finally the lack of recruitment of minority foster parents.

Plan

1. Incremental increase in the number of caseworkers in order to achieve more manageable caseloads and to expedite the achievement of permanency goals for children.
2. Improve documentation as the basis on which decisions are made to file for TPR, including compelling reasons not to file.
3. Assure that every child coming into care has a Comprehensive FP/BP Assessment, which addresses the child's placement, and permanency needs.
4. Provide annual cross training for all participants in the system so that the permanency for children is fully understood.
5. Privatize public shelters for children and ensure their compliance with the Office of Regulatory Services standard, rules and findings.
6. Recruit and retain more minority foster and adoptive resources.

7. Involve foster parents in the provision of permanency planning services for children.
8. Examine the State's current case review system to determine the optimum frequency of reviews needed for expediting permanency.

Measurable Benchmarks

1. The Department of Human Resources will make annual requests to the state legislature with the goal of working toward achieving CWLA caseload standards by June 2004. The benchmark Georgia wants to be measured by is to document effort in working toward the standard.
2. Develop staff performance standards with county staff, field directors and social service staff by December 2002 to assure that the next Federal Review accurately documents case files to reflect every placement of a child in foster care.
3. Conduct an assessment of FP/BP with contractors, county offices and providers by September 2002 to determine if FP/BP assessments are completed on each child entering care.
4. Assure that every new child entering foster care will have its case plan documented in the Case Plan Reporting System (CPRS) by September 2002.
5. Conduct annual cross training with judges, DFCS staff, Dept. Juvenile Justice and agency attorneys each year in November.
6. Launch a joint state and county campaign to recruit, approve and retain minority foster parents based on the number of minority children in placement. Increase the number of minority foster parents incrementally: 15% by November 2002; 25% by September 2003; and 25% by September 2004.
7. Complete revisions of the foster parent manual and post on the Internet by September 2002.
8. Expand emergency placement options with the private sector such that the Fulton and DeKalb county Emergency placement facilities will no longer be operated by these two agencies by January 2002.
9. Georgia is implementing intensive wrap around services to expedite permanency goals for family and children. In FFY 2004 Georgia expects to increase the number of children reunified within 12 months to 76%.

Evaluation

1. Incremental reduction of caseloads by June 2004.
2. Supervisors, Consultation and Support, and Evaluation & Reporting (E & R) will conduct random reviews of files to make sure documentation is current by September 2002.
3. An evaluation of FP/BP will occur annually.
4. A report will be developed quarterly from the Case Plan Reporting System (CPRS) about

documented permanency goals from around the state.

5. Informal reviews will take place by supervisors to monitor practice.
6. Georgia's Court Improvement Program (CIP) will evaluate a sample of court case files annually to see if permanency hearings are occurring for every child.
7. Georgia's CIP will evaluate a sample of court case files annually to see if more frequent hearings lead to faster permanency.
8. Spot checks will be done at random by calling a representative number of foster parents to make sure they have a Foster Parent Manual by July 2002.
9. Log files will be examined to see if the manual is being used by September 2002.
10. Additional emergency placement options within the private sector will be increased each year to reduce the use of Fulton and DeKalb county public emergency placement facilities November 2002.
11. The results of the Recruitment Campaign will be analyzed to determine if there is an increase in the number of minority placement resources. The most effective recruitment methods will be identified and evaluated.

See Work Plan Table Appendix D

Item 9 - Adoption

Areas Needing Improvement: Statement of the Problem

Length of Time to Achieve Adoption

Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from the home?

	National Standard	Georgia
FFY 1999	32%	23.05%

The state did not meet the standard in this area but has made major strides in adoption planning and placement following a change in State law in 1996 that created the Office of Adoptions and Senate Bill 611, which addressed timely Tars. The mission of the Office of Adoptions is to promote, develop and support quality adoption services for Georgia's families and children. The goals and objectives are centered on reducing the length of stay in foster care and moving children into adoption in a timely manner in order to meet the national standard.

In order to meet the national standard it is imperative to have a coordinated effort of DFCS, Office of Adoptions, Courts, Law Department and a statutory base which supports and enforces

timely decision making. The following are the goals/strategies that are necessary to make the required improvements.

Plan

1. Reduce lengthy time period to file TPR:
 - A. Improve accountability for ensuring existing policies and procedures related to filing of TPR are adhered to.
 - B. Develop measures to determine that TPR is filed according to ASFA and policy.
 - C. Develop strategies in partnership with the law department that will require the SAAGS to file TPR within 30 days of receiving a complete legal service referral and prepare court orders within 15 days of termination hearing.
2. Reduce lengthy time periods to finalize adoptions.
 - A. Determine needed statutory changes that will impact the length of time to achieve adoption.
 - B. Include post termination requirements in CPRS review.
 - C. Examine foster care and adoption policy requirements for impact on length of time to achieve adoption.
3. DFCS to expedite movement of children from foster care to adoption finalization.
 - A. Develop a court order tracking system to verify full reporting of free children by county offices (until implementation of SACWIS).
 - B. Office of Adoptions will provide DFCS and Social Services Director, Field Directors and County Directors with quarterly reports of overdue life histories.
4. Determine if court delays are impacting length of time to achieve adoption.
 - A. Court Improvement Project will complete assessment of juvenile court process through surveys and interviews of judges and case file review to identify specific barriers.
 - B. DFCS will provide a checklist of services for the purpose of improving judicial oversight during annual reviews.
 - C. Enhance existing adoptions A-file system to evaluate and identify whether delays are occurring between filing for adoption and finalization.
 - D. Convene group of stakeholders including judges, caseworkers, supervisors, SAAGS, CASAS, GALs, and citizen panel volunteers to develop strategies to resolve problems and support identified achievements.
 - E. Monitor new pilot project taking place in Fulton County where Superior Court Judges have delegated adoption jurisdiction to Juvenile Court Judges for adoption cases where the deprivation petition originated in the juvenile court.

5. Inform foster parents of service options available to them if they adopt.
 - A. Provide Adoption Assistance Handbook and Post Adoption Services Directory to all foster care and adoption MAPP participants.
 - B. At time of signing of Form 150 provide copies of the Adoption Assistance Handbook and the Post Adoption Services Directory, if foster parents do not have current literature. Also provide current web listing of post adoption services.
 - C. At time of signing of the Form 33/37 Placement Agreement, review existing literature and provide packet of resource information from Adoption Resource Center.
 - D. Train placement and resource development staff on benefits and services for adoptive parents.
 - E. Develop a web page for the Adoption Assistance Manual and Handbook.

Measurable Benchmarks

1. Increase the percentage of children exiting foster care for adoption within 24 months of their last removal from the home. Increase to 25% by June 2004.
2. Reduce the time from TPR to registration of the child's life history from current average of ten months to six (6) months by June 2004.
3. Reduce the time from the child's adoptive placement to finalization from the current average of 7.56 months to six (6) months by June 2004.

Evaluation

A Qualitative Case Review (QCR), similar to the CFSR, will be conducted with the assistance of the Child Welfare Policy and Practice Group (CWPPG) on a representative sampling of cases. County supervisors, Social Service Program Staff, Consultation and Support Units, Title IV- B Advisory Committee members and other stakeholders may participate in this review. The results of the first QCR will be included in the 2003 Title IV-B State Plan.

See Work Plan Table Appendix E

Item 10 - Permanency goal of other planned permanent living arrangement

Areas Needing Improvement: Statement of the Problem

This plan addresses the understanding and development of other planned permanent living arrangements for children who cannot be reunified with their parents, adopted, referred for legal guardianship, nor placed permanently with a fit and willing relative. The federal review revealed a need for developing other permanency options such as guardianships, long-term foster care by agreement and emancipation. There was also concern about case plans that are not developed with recognition of serious underlying problems that influence certain behaviors. The Review

emphasized the need for other permanency options, such as: legal guardianship of children who are 12 years or older and children who do not want to be adopted.

Plan

1. Provide cross-training and technical assistance to participants (Sags, judges, caseworkers) in the child welfare system regarding appropriate circumstances to select the permanency goal of other planned permanent living arrangement and how to document decisions on case plans when selected.
2. Evaluate guardianship laws and determine if they present any barriers to choosing guardianship as an option.

Measurable Benchmarks

1. Foster parents will understand the difference between the various permanency goals and all of their potential roles in the child's life (such as long-term foster care by agreement) through enhanced MAPP training and Foster Parent Institutes by December 2002.
2. Revise new worker and supervisor training as well as on-going training content to include a higher documentation standard for this permanency goal resulting in workers understanding the need for very good documentation to justify their choices, when faced with choosing emancipation or long term foster care by December 2002.
3. A report on the current guardianship laws will be prepared by March 2004.

Evaluation

1. A survey sampling of foster parents will reveal if training is successful.
2. Case files showing choices of emancipation or long term foster care will show thorough documentation of compelling reasons.
3. DHR will propose changes in guardianship laws as necessary.

See Work plan Table Appendix F

Permanency #2 The continuity of family relationships and connections will be preserved for children.

Item 12 - Placement with siblings

Areas Needing Improvement: Statement of the Problem

While there were significant efforts to place siblings together in roughly 72% of the cases reviewed, other cases reviewed revealed the necessity for improvement in this area. The problems identified are: (1) too much emphasis on locating placement, rather than placing siblings together; (2) insufficient documentation to show that adequate efforts were made to place children in the same home; (3) lack of training for foster parents to equip them with the tools needed to provide care for children with special needs and behavioral problems (also a

barrier for sibling group placement); (4) and a need to recruit more foster parents who can accommodate large sibling groups.

Plan

1. **Request and advocate for caseworkers to meet CWLA staffing standards.** The most important step toward improving the percentage of children who are placed together with their siblings is a reduction in caseloads. As reported in the review, because of the time constraints associated with high caseloads, too much emphasis is on locating an available placement rather than spending the time necessary to identify more appropriate placements that will accept sibling groups. A reduction in caseloads by hiring additional caseworkers will require significant monetary appropriations and therefore will require the commitment of and advocacy by the Governor, DHR/DFCS, and child advocates with the General Assembly. Such an effort must be sustained over several fiscal years.
2. **Improve documentation of efforts to place siblings in the same home.** Reducing caseloads to a manageable level will also provide each caseworker with adequate time to document efforts to place siblings in the same home. It is believed that caseworkers often do attempt placement of siblings together, but because of time constraints, do not take additional time to document those efforts. Improved accountability of supervisors is also an important element of improved documentation. Adapting current DFCS Supervisory Review Forms and the case plan to include documentation of efforts to place siblings together will enhance such accountability.
3. **Explore other states' models on how to recruit and retain foster homes that accept large sibling groups.** Florida and Illinois have led the nation in developing models for keeping sibling groups together. One of these models is Hull House. To determine their viability in Georgia, thorough research is required. A review of literature on these models, interviews with key participants, and research with the National Resource Center for Foster Care and Permanency Planning. If appropriate, a pilot will be developed for Georgia with a subsequent evaluation for statewide consideration. Targeted recruiting of foster homes that will accommodate large sibling groups will be undertaken.
4. **Provide training and support for foster parents, and specifically, those who parent large sibling groups.** Training and support is essential to attract and retain a sufficient pool of foster parents who accept large sibling groups. Foster parents must be provided with specialized training applicable to managing sibling group dynamics as well as be provided with respite care so as not to burn out or request separation of siblings. These efforts must be sustained and on going in order to have a sufficient number of caregivers available.

Measurable Benchmarks

1. Request and advocate for case workers to meet the CWLA staffing standards by June 2004.
2. Supervisory Review Form will be adapted to document efforts to place siblings together (at the time of their reviews) by February 2003.
3. Supervisors are trained to document efforts to place siblings together (at the time of their reviews) by June 2003.

4. Case plan is adapted to document efforts to place siblings together by March 2003.
5. Caseworkers are trained to document efforts to place siblings together (in case plans) by June 2003.
6. Research Hull House and States' statutory initiatives developed to maintain sibling groups, including legislation, literature, and interviews with participants and National Resource Centers by January 2003.
7. Develop the objectives and evaluation (for six above) to pilot in Georgia and prepare for implementation by March 2003.
8. Enhanced utilization of the new Relative Caregiver Subsidy (RCS) through training and awareness by December 2002.
9. Implement targeted recruitment of foster homes willing to accept sibling groups. Include importance of keeping siblings together in education of prospective foster parents by December 2002.
10. Develop foster parent training to include specialized segments on managing sibling groups by December 2002.
11. Request and advocate for increased respite care funding to prevent placement disruptions. Ongoing through June 2004.
12. Develop resource homes to provide respite for foster parents and children in placement by June 2004.

Evaluation

1. Documentation of efforts to reduce caseloads to CWLA standards. Ongoing through June 2004.
2. Efforts to place siblings in the same home will be documented in at least 90% of the cases by June 2004.
3. If the model is evaluated successfully, at least one pilot site will be implemented in Georgia and an evaluation of that pilot will take place by June 2004.
4. Determine the number of foster parents who will accept sibling groups and establish a percentage of the additional homes needed by December 2002.

See Work Plan Table Appendix G

Item 13 - Visiting with parents and siblings in foster care

Areas Needing Improvement: Statement of the Problem

In roughly 33% of the cases reviewed, visits between parents and siblings of children in foster care were a problem. Problems identified included: (1) high caseloads; and (2) staff turnover, which affects caseworkers' ability to schedule adequate and meaningful visits with parents and

siblings in foster care. In one site, the majority of cases reviewed showed a lack of contacts between parents and siblings in foster care. Visits that did occur took place in the DFCS office without documentation as to the reasons why other less restrictive visiting arrangements were not made, nor were efforts made to be flexible in arranging visits outside the agency.

Plan

1. **Request and advocate for caseworkers to meet CWLA staffing standards.** The single most important step toward improving the number and quality of visits and contacts between parents and children is a reduction in caseloads. As reported in the review, this is often attributable to the time constraints associated with high caseloads. Visits that do occur often take place in the DFCS office due to these same limitations. A reduction in caseloads by hiring additional caseworkers will require significant monetary appropriations and therefore will require the commitment of and advocacy by the Governor, DHR/DFCS, and child advocates with the General Assembly. Such an effort must be sustained over several fiscal years.
2. **Improve documentation of visits that do occur and reasons explaining nature/location of those visits.** Reducing caseloads to a manageable level will also provide each caseworker with adequate time to document visits that do occur. It is believed that caseworkers do visit children and parents more often than is documented, but because of time constraints, do not take additional time to document those visits. Improved accountability of supervisors is also an important element of improved documentation. Adapting current DFCS Supervisory Review Forms and the case plan to include documentation of visits will enhance such accountability.
3. **Provide training to emphasize the importance of visitation in the role of maintaining familial bonds.** More emphasis in caseworker training on the importance of maintaining the continuity of family relationships and connections must be achieved. Such training should occur not only in new-hire training, but also as part of ongoing professional development of caseworker staff.
4. **Develop additional visitation centers that allow visitation in the evenings and on weekends for parents and children.** Promotion and development of community-based visitation centers that are designed with a working parent's schedule in mind are critical to increasing the number and quality of interactions between parent and child while reducing the number of more restrictive visits at the agency. Such parent-child friendly environments contribute to promoting continuity of relationships and toward successful reunification.

Measurable Benchmarks

See Item 12, Measurable Benchmarks, 1-7.

1. Request and advocate for caseworkers to meet CWLA standards by June 2004.
2. Supervisory Review Form will be adapted to include efforts to place siblings together in their reviews by February 2003.
3. Supervisors are trained to include efforts to place siblings together in their reviews by June 2003.

4. Case plan is adapted to include efforts to place siblings together by March 2003.
5. Caseworkers are trained to include efforts to place siblings together in case plan by June 2003.
6. New caseworker training will include segment with emphasis on importance of visitation by December 2002.
7. On-going training and professional development will include a segment on importance of visitation by December 2002.
8. Develop guidelines on how to establish and operate visitation centers by September 2003.
9. Continue to utilize Safe and Stable Families Grant to fund visitation centers.

Evaluation

1. Establish a baseline of where most visits occur by December 2002.
2. Evaluation of caseworker training will reflect understanding of importance of visitation by February 2003.

See Work Plan Table Appendix H

Child and Family Well-Being #1 Families will have enhanced capacity to provide for their children' s needs.

Item 17 - Needs and services of child, parents, foster parents

Areas Needing Improvement: Statement of Problem

This area addresses the need for appropriate services in the areas of mental health, substance abuse and domestic violence. Other areas include the need for up front comprehensive assessments, and the need for individualized and not just standardized services. Additionally case managers and supervisors were not always aware of the available services; there was a lack of follow through when assessments were completed and the duration of substance abuse services ended too soon.

Plan

1. Georgia will continue to require all providers to complete a Multi-Disciplinary Team Staffing for each Comprehensive Child and Family Assessment to determine the appropriate needs and services of all children and families entering foster care within the first 30 to 60 days of the child entering care.
2. Georgia will provide technical assistance to DFCS staff and private providers as to how to complete a FP/BP comprehensive assessment and how to use the collected information to make the most appropriate permanency decision at the beginning of the child's stay in foster care. The FP/ BP information will also be used to develop more effective case plans for the child and family.

3. Georgia will provide technical assistance to DFCS staff and private providers of the content of the FB/BP comprehensive assessment and how to use the collected information to meet the health, mental health, dental and educational needs of the child and family.
4. Georgia will provide technical assistance to DFCS staff and private providers as to how to use the collected FP/BP information to meet the child and family needs as it related to post substance abuse counseling, monitoring and support as a part of the early intervention process and/or in-home intensive treatment services.
5. Complete a monthly county-by-county report as it relates to the initial assessment of the First Placement/Best Placement Comprehensive Assessment and the identified types of placements needed and available to provide permanent homes for children.
6. Complete a monthly county-by-county report as it relates to the frequency of First Placement/ Best Placement Wrap Around Services used for each child in foster care.
7. Georgia will complete an annual statewide review of the First Placement/ Best Placement Program to include on site case reviews of 50 randomly selected cases. This review will be similar to the federal on site review. Children, caregivers/families and other stakeholders will be interviewed. Fulton will be included at each annual review.
8. Georgia will complete an annual review throughout the state of the First Placement/Best Placement Wrap Around Services Program by completing on-site case reviews during the same time as completing the random selected case review in #7.
9. Georgia will continue to assess the effectiveness and impact of the First Placement/Best Placement Program Assessment Program and Wrap Around Services Program in reducing the number of children in foster care once the family's needs have been identified and services have been completed.
10. Develop policy regarding case closure to prevent premature closure especially in substance abuse and domestic violence situations.
11. Georgia will work in conjunction with the DFCS Economic Support Services Section to assure that families have access to adequate housing, food and income.

Measurable Benchmarks

1. Georgia will provide on-site training and technical assistance to staff and providers on how to use FP/BP assessments and services as it relates to mental health, substance abuse, domestic violence, and individualized service delivery by September 2003.
2. Georgia will post on the web the Promoting Safe and Stable Families Resource Guide by June 2002.
3. Improve Fulton County DFACS case transfer procedures for CPS, Foster Care and Adoption by June 2002.

Evaluation

Please see Evaluation for Items 3 and 4, page 8.

See Work Plan Table Appendix I

Item 18 - Child and family involvement in case planning

Areas Needing Improvement: Statement of the Problem

This plan addresses involvement and participation of parents of children in foster care in the development of the case plan. Georgia's failure points were in documentation. While smaller counties were better in ensuring parental involvement, the larger county (Fulton) was insufficient in making sure that parents were included, especially if the parents did not actively seek involvement.

The statewide assessment revealed that state law promotes the involvement and participation of parents of children in foster care in the development of the case plan. Parents receive written notice of the case plan meeting. The law also requires that any recommendations of the parent be included in the case plan when submitted to the court for review. As part of the Judicial Review Report, the county must include: the parent's receipt of advance written notice, the extent of parental participation and the parent's agreed upon obligations or why the parent does not concur. The parent's lack of participation and/or availability in the case planning process must be documented.

Plan

1. Provide training to teach methods to promote mandatory parental involvement in case planning. Training will be assigned to eliminate the practice of caseworkers developing plans and then presenting them to parents to accept. Special attention will be paid to include fathers and older children in case planning. Training will also include on-going involvement with families to assure regular assessments and updates of the steps of the case plan with identification of improving strengths, continuing needs and services to be provided. Judicial and SAAG training needs to incorporate these issues as well.
2. Supervisors and county directors must assure that family conferences are conducted in every appropriate case and documentation should be in the record when a family conference is not held, e.g. domestic violence issues. Family group conferencing needs to be implemented statewide, as currently required in state policy, and better supported.
3. Caseloads need to be within the CWLA standards in order to allow caseworkers enough time to work with parents.

Measurable Benchmarks

1. Improve documentation of child and family involvement in case planning by September 2003.
2. All new case plans will be entered into the CPRS (which will include documentation of parental involvement) by July 2002.
3. Training on family group conferencing will be included in the on-site training provided to county departments and providers, as discussed in Item 17.

Evaluation

1. Survey sampling of caseworkers and supervisors will be done to measure understanding and improvement in documentation.
2. Survey sampling of judges will be done to measure compliance.
3. A report documenting parental involvement will be generated from the CPRS and distributed monthly to supervisors and county directors. After review and approval by the Division, SOA and Commissioner, a quarterly report will be presented to the Regional IV ACF staff.
4. To see if counties are in compliance, sample spot checks with counties will be conducted by Supervisors and Consultation and Support staff
5. Feedback will be sought quarterly from the CPRS Project Managers on progress and needs for continued successful implementation.
6. Request and advocate for caseworkers to meet CWLA staffing standards.

See Work Plan Table Appendix J

Item 19 - Worker visits with child

Areas Needing Improvement: Statement of the Problem

Large caseload size has had a negative affect on the ability of the case manager to maintain appropriate contact with children. There is a need to make the contacts with children more meaningful and in the least restrictive environment.

The standards and policies for private agencies are not the same for worker visitation with the child.

Policies for face-to-face visitation with a child in long-term foster care, institutional foster care and public or private residential treatment centers need to be strengthened to comply with ASFA.

Plan:

1. Request and advocate for caseworkers to meet CWLA staffing standards.
2. Review current policies and practices for compliance with ASFA guidelines.
3. Revise policies and practices according to need.
4. Use child friendly environments like Child Advocacy Centers.
5. Clarify standards and policies of private agencies.
 - A. MOUs and agreements with private agencies need to have identified deliverables that specify frequency of worker contacts that document to the DFCS caseworker that visits were meaningful and in the least restrictive environment.
 - B. Revise supervisory review tools so as to assure that policy compliance and good practice

are in place.

6. Assure that ICPC contacts are being made by allied agencies in out-of-state placements on behalf of Georgia children that are placed in those states.
 - A. Conduct supervisory review of ICPC policy compliance for quarterly reports to ensure appropriate contacts are being made.

Measurable Benchmarks

1. Modify visitation policies for compliance with ASFA guidelines by September 2002.
2. Revise Supervisory Review Form to capture quarterly ICPC visitation reporting requirements by September 2002.

Evaluation

Please see Evaluation for Items 3 and 4, page 8.

See Work Plan Table Appendix K

Item 20 - Worker visits with parents

Areas Needing Improvement: Statement of the Problem

Large caseload size has had a negative affect on the ability of the case manager to maintain appropriate visits with families. The contacts with parents need to be more meaningful and individualized to the families. Frequently visits are not planned or purposeful.

Plan

1. Request and advocate for caseworkers to meet CWLA staffing standards.
2. Develop increased capacity within the case manager work force to develop an understanding about the importance of meaningful and purposeful visits between parents and case managers.
 - A. Revise current practice standards by establishing guidelines for frequency expectations of contacts with parents.
 - B. Establish a standard for expectations for visits with parents to occur in the residence of the parent at least every other month.
 - C. Revise supervisory review tools so as to assure that policy compliance and good practice are in place.
 - D. Develop training components to support work with the parents through New Worker Training and as an on-going skills training course for veteran staff.
 - E. Utilize newly implemented FP/BP Wrap Around Services to provide individualized services to families based on the needs identified in the case plans.

Measurable Benchmarks

1. Develop visitation opportunities in the least restrictive setting and in compliance with ASFA guidelines (in a representative sampling of counties) by September 2002.
2. Revise Supervisory Review Guide to require county supervisors to monitor ICPC compliance with quarterly reporting requirements by September 2002.

Evaluation

Please see Evaluation for Items 3 & 4 page 8.

See Work Plan Table Appendix L

Child and Family Well-Being #2 Children receive appropriate services to meet their educational needs.

Item 21 - Educational needs of the child

Areas Needing Improvement: Statement of the Problem

The state does not have data available regarding the educational needs of children in its care. In the two smaller sites there is mostly timely assessment and follow through on services to meet children's educational needs. There is good collaboration between DFCS and Education. However, there are some cases with delayed or no educational assessment or follow through on the child's educational needs. Improvement is needed in follow up when cases are transferred out of the county. In the larger site (Fulton county) educational needs are not consistently addressed in the case plan. There is a lack of up front educational assessment to identify needs. There is a need to go beyond seeing if children are on grade level to identify other problems in school.

Plan

The proposed strategy is to require that all counties begin to use the CPRS to develop case plans for each child coming into care. The DOE will allow CPRS to download a list of all Georgia's public schools along with their addresses, fax numbers, etc. This information will be incorporated into CPRS so that it is readily available on all case plans. Additional fields will be added to the CPRS Education Screen to make sure staff are getting information on and addressing the individual educational needs of each child.

Measurable Benchmarks

1. Change placement policy to require all counties to use the CPRS for each child coming into care by December 2002.
2. Expand fields on Education Screen in CPRS to add additional questions by December 2002.

Evaluation

Please see Evaluation for Items 3 and 4, page 8.

Child and Family Well-Being #3 Children receive adequate services to meet their physical and mental health needs.

Item 22 - Physical health of the child

Areas Needing Improvement: Statement of the Problem

This plan addresses the physical health for children in foster care placements. In the smaller sites there is a lack of resources for dental needs due to a lack of Medicaid dental resources in rural areas and there is a lack of health care provider resources. In the larger site (Fulton) there are concerns that specific health problems are not consistently addressed. There appears to be a challenge to getting children connected to Peachcare and Medicaid.

A complete physical of all children entering foster care and the collection of all health records prior to a child entering foster care are required as a part of the FP/BP Comprehensive Child and Family Assessment. The physical health of a child is identified and it is determined as to how to provide services to meet the identified needs at the required Multi Disciplinary Team (MDT) Staffing for each child entering foster care. The family is now required to be at the MDT staffing, which will improve meeting the needs of a child's health in Georgia. At the MDT staffing the child's health needs will be put into the case plan making it more child specific and effective for each child and their identified needs.

Georgia anticipates that with the new Wrap Around Services and the monitoring of the FP/BP Program, the health needs of a child will improve. The availability of additional therapeutic resources, crisis intervention services, better preparation training and support of DHR/DFCS staff, providers and caretakers has and will continue to positively impact the safety, permanency, stability and well being of children in foster care.

Plan

1. Georgia will ensure that eligibility determination will be made on all children and families it interfaces with. Georgia will put in to policy a descriptive usage of how the county mini – grants and the Safe and Stable Families Programs can be used to meet the health needs and provide services to children in CPS and Foster Care cases. This will encourage the use of these programs to add more resources to services families in each county.
2. Georgia will continue to require all providers to complete a Multi-Disciplinary Team Staffing for each Comprehensive Child and Family Assessment to determine the appropriate health needs and services of all children entering the foster care program within the first 30 to 60 days of the child entering care.
3. All eligible children will be linked to a primary health care provider. Georgia will provide technical assistance to DFCS staff and private providers as to how to complete a FP/BP comprehensive assessment and how to use the collected information to make the most appropriate health decision at the beginning of the child's stay in foster care. The FP/BP information will also be used to develop more effective case plans for the child and family.

4. Georgia will provide technical assistance to DFCS staff and private providers on the content of the FB/BP comprehensive assessment and how to use the collected information to meet the health, mental health, dental and educational needs of the child and family.
5. Georgia will provide technical assistance to DFCS staff and private providers on how to use the collected information to meet the child's needs as it related to post substance abuse counseling, monitoring and support as a part of the early intervention process and/or in-home intensive treatment services.
6. Georgia will continue to assess the effectiveness and impact of the First Placement/Best Placement Program and Wrap Around Services Program in reducing the number of children in foster care once the family's needs and services have been met.
7. Georgia will continue to expand services under the Medicaid and Treatment Residential (TRIS) Programs to meet the needs of the children in care. The Statewide Eligibility Centers will be used to determine timely and accurate eligibility of Medicaid, Title IV-E, and Peachcare by September 2002.

Georgia will continue to assess the effectiveness and impact of the FP/BP program and Wrap Around Services program in reducing the number of children in foster care once the family's needs have been identified and appropriate services have been provided. If the provision of services to children and families in foster care has not improved significantly within one year then the following additional actions will be taken:

1. Establish a larger state review group, which will include more stakeholders to review and provide technical assistance to counties and the annual statewide review of the First Placement/Best Placement Program and Wraparound Services to include on site case reviews of 50 randomly selected cases.
2. Examine policy and training effectiveness for DFCS staff and private providers.
3. Recommend additional training and policy changes.
4. Test whether stability of children changes after training and policy changes.
5. Identify if appropriate, other factors that may contribute to the stability of children in foster care.

Measurable Benchmarks

1. Georgia will put in to policy a descriptive usage of how the county mini-grants and the Safe and Stable Families Programs can be used to meet the health needs and provide services to children in CPS and Foster Care cases. This will encourage the use of these programs to add more resources to service families in each county.
2. Georgia will complete an annual statewide review of the First Placement/ Best Placement Program to include on site case reviews of 50 randomly selected cases. This review will be similar to the federal on site review. Children, caregivers/families and other stakeholders will be interviewed. Fulton will be included at each annual review.

Evaluation

Please see Evaluation for Items 3 and 4, page 8.

See Work Plan Table Appendix N

Item 23 - Mental health of the child

Areas Needing Improvement: Statement of the Problem

This plan addresses the need for mental health assessments and the lack of readily available mental health resources in the smaller sites.

Plan

Long-term goals will be developed to focus on the multi-system implications for designing a seamless state system of care for children and youth. Philosophically, it is acknowledged that for there to be an effective response to the overwhelming need for mental health services to children in Georgia's care, there must be a multi-system collaborative approach with defined leadership roles and a unified state vision and capacity-building plan. There must be formal partnerships and recognition that these are "our children" collectively. There must be focused, sustained, unified efforts to decrease fragmentation across agency lines and to build capacity to meet Georgia's growing need for services to children, adolescents, and families in crisis.

Measurable Benchmarks

1. The statewide multi-agency protocol will include a formal communication process for dissemination of assessment findings for case plan development by June 2004.
2. Case managers have the capacity to work closely with children and families in order to ensure sustained access to needed treatment resources.
3. Development of a statewide vision for coordinated service delivery system to children and families by June 2004.

Evaluation

Please see Evaluation for Items 3 and 4, page 8.

See Work Plan Table Appendix O

Systemic Factors

Statewide Information System

Item 24 - State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Areas Needing Improvement: Statement of the Problem

Georgia does not have a statewide information system. IDSONLINE does capture all of the federal required data elements and is reportedly inconsistent, and not user friendly. The state of Georgia believes that in order to overcome the current flaws with its existing child welfare programs and improve the well being, outcomes and future of the state's children and families, it must implement a SACWIS system that supports reengineered Georgia child welfare program processes and services. Any and all issues relating to SACWIS in this document is contingent upon SACWIS PAPD and IAPD approvals.

Department and case managers recognize that sophisticated automated tools are needed at all levels of DFCS and the Office of Adoptions if systemic changes and improvements are going to occur and succeed. The state's Child Protective Services Task Force has recommended that the state develop an automated statewide information system that will support improved and consistent case management practices and provides information that could be used to hold every participant in the child welfare system accountable for his/her actions in the protection of at-risk children. The Governor, DHR Commissioner, Director of the Office of Adoptions and DFCS Director have all accepted this recommendation and are committed to creating new policies, proposing new legislation, designing new practices and implementing new automated tools to achieve these results.

Plan

1. Build reliability and consistency in the data system.
 - A. Improve accuracy in data through training and on-going communication.
 - B. Link data elements to statewide need for evaluation and reporting and planning.
2. Increase the competency skills of the core users.
 - A. Educate the core user group as to the management tools that exist in system and how to use them when analyzing the data.
3. Continue enhancement plan in existing system in order to meet changing needs of counties and state.
 - A. Develop a "one stop" social services data system.
 - B. Create additional auxiliary reports that track existing data elements.

4. Contingent upon PAPD and IAPD approvals initiate development of a SACWIS system.
 - A. Complete DFCS Case Management Business Process Reengineering (6/02).
 - B. Gain ACYF approval for Georgia SACWIS development approach through approved Planning Advanced Planning Document (PAPD) (8/02).
 - C. Test SACWIS Conceptual Design (10/02 – 11/02).
 - D. Gain ACYF approval for Georgia SACWIS implementation approach through approved Implementation Advanced Planning Document (IAPD) (2/03).
 - E. Start implementation of Georgia SACWIS statewide through a series of releases (6/03).

Measurable Benchmarks

1. Build reliability and consistency in IDSONLINE.
2. Increase competency skills of core user group by November 2003.
3. Enhance existing system to meet on-going data needs by December 2003.

Evaluation

Please refer to the SACWIS Planning Document (PAPD).

See Work Plan Table Appendix P

Service Array

Item 35 - State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Item 36 - The services in Item 35 are accessible to families and children in all political jurisdictions covered by the State's CFSP.

Item 37 - The services in Item 35 can be individualized to meet the unique needs of children and families served by the agency.

Areas Needing Improvement: Statement of the Problem

This plan addresses the critical needs to expand the pool of out-of-home placement resources for children entering care particularly adolescents; children with serious emotional and behavioral issues; teen mothers and their children. Additionally there is a need to expand the pool of accessible providers capable of responding to the array and intensity of services needed by individual children and families statewide; enhance the capacity of staff and service providers to assess, and address through service coordination the underlying family needs that create safety

concerns for children; and increase the supports to foster and adoptive parents to prevent placement disruptions and reduce multiple placements.

Plan

1. Conduct a needs assessment survey of existing support services and distribution to determine gaps in service array and accessibility/distribution of services. This is to include mental health services, family violence, substance abuse, continuum of treatment for sexual abuse, intensive in-home services, and the continuum of out-of-home services. The needs assessment will also include the immediate availability of foster homes, medically fragile foster homes and therapeutic foster homes.
2. Take the findings of the needs assessment survey and work with providers, stakeholders, and consumers to address the gaps in the service array and develop a continuum of services that is accessible statewide.
3. To post on the web a comprehensive directory of local and state service resources.
4. To develop and provide training to staff to assist in assessing the underlying family needs that create safety concerns for children.
5. To provide family conferencing training to staff and providers so that it is consistency in application where appropriate.

Measurable Benchmarks

1. To compile and disseminate a report of the findings from the needs assessment survey by December 2002. The findings will be used in DHR budget and planning activities.
2. To post on the web the comprehensive directory of local and state service resources by December 2002 and ongoing.
3. To develop the curriculum for assessing underlying family needs by February 2003.

Evaluation

1. Monthly monitoring of the website to determine the frequency of usage.
2. In the annual qualitative case review, a representative sample of cases will be reviewed to determine if there is improvement in the case managers' ability to adequately assess underlying family needs that leads to issues of safety concerns.

See Work Plan Table Appendix Q

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 42 - The standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-E or IV-B funds.

Areas Needing Improvement: Statement of the Problem

The standards for family foster home licensure in the public and private sectors within the state are different. This has presented a problem, not only in terms of the discontinuity of requirements, but also in terms of the dual standards that must be met by private agencies when serving as placement resources for DFCS children. The August 2001 statistical report from the Evaluation and Reporting Section of the division indicates that of the 14,070 children in DFCS custody, 1,534 were placed in privately run childcare institutions or group homes. The state is in compliance with federal requirements that uniform standards be applied to both relative and non-relative foster homes.

In order to address the issues, as noted by stakeholders during the federal review, DFCS and ORS, along with the Georgia Association of Homes for Children, members and non-members, will collaborate in analyzing licensing standards applicable to all public and private family foster homes and child-caring institutions receiving IV-E or IV-B funds within the state. The following are the goals/strategies necessary to identify and implement required improvements.

Plan

1. Explore the development of uniform licensing standards for all public and private family foster homes and child-caring institutions by establishing a committee to do the following:
 - A. Analyze DFCS and ORS policy commonalities and differences in standards for licensure/approval of family foster homes and child-caring institutions.
 - B. Identify what agency policy and legislative requirements, if any need to be revised and implemented to bring about uniformity.
 - C. Research procedures used by other states in bringing public and private agencies under common licensure.
 - D. Identify the impact of uniform licensing requirements on staffing and other fiscal factors.
 - E. Make recommendations based on information gathered in activities A-C above.
2. Review and revise as recommended DFCS policy regarding waivers for minimum standards requirements for foster homes under unusual situations.
 - A. Develop workgroup consisting of DFCS staff, administrators and stakeholders to identify and resolve problems in this area.
 - B. Revise and implement recommended policy changes.

Measurable Benchmarks

1. The development of uniform licensing standards for all public and private family foster homes and child-caring institutions by July 2003.
2. Revise DFCS policy regarding the local county departments waiver of minimum standard requirements for foster homes by September 2002.

Evaluation

1. Conduct a comparison of the public and private written standards.
2. Review a sampling of cases from public and private standards to see if the standards are being met.

See Work Plan Table Appendix R

Item 44 - State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Areas Needing Improvement: Statement of the Problem

Recruitment and Retention of Adequate Placement Resources

A summary of the results of stakeholder interviews held during the review indicates that the state does not have an adequate pool of placement resources to meet the continuum of needs presented by children entering care today. Georgia's overall challenge in this area is consistent with national statistics according to the Journal of the National Resource Center for Special Needs Adoption (Vol. 15, 2001). It states: "The AFCARS Report: Preliminary Estimates as of April 2001 (5), indicates the number of children in care had risen to 568,000 as of March 30, 2000. At the same time, states are reporting that it is becoming increasingly difficult to maintain the needed pool of foster and adoptive parents for the children coming into care. Recruitment and retention of resource families is a critical issue in child welfare today."

Despite this shortcoming, the Office of Adoption and the Division of Family and Children Services has made tremendous strides in implementing strategies aimed at increasing the state's pool of foster and adoption resources. In order to further improve in this area, the following plan has been developed to address the need for a continuum of placement resources, including emergency placements, that reflect the specialized and individual needs, as well as the racial and ethnic diversity of the children entering care, including sibling groups, teens and children with specialized medical and psychological needs.

Plan

1. Expand Placement Resource Options for Foster and Adoptive Placements.
 - A. Fund staffing strategies that incorporate the development of regional resource development teams for the recruitment, preparation and approval, retention, re-evaluation, supervision and support of foster, adoptive and foster/adopt homes each

- region.
- B. Expand the use of funding options for private child-placing agencies to recruit, develop and provide on-going supervision and retention services to foster and foster/adopt homes, similar to the requirements of existing Office of Adoption contracts with private agencies for the development of adoptive homes.
 - C. Make funding available for a Foster Care Recruitment position at the division level that requires working in conjunction with the Office of Adoption Recruitment Manager in providing leadership to resource development teams and private child-caring agencies in recruiting a continuum of placement resources (including foster, adoptive and foster/adopt homes, emergency placements, and homes for siblings and teens) that reflect the specialized and individual needs, as well as the racial and ethnic diversity of the children needing placement throughout the state.
 - D. Develop a data system to support the sharing of placement services and resources for children and families among DFCS and private child-caring agencies across county lines.
 - E. Develop protocol with privately operated shelters for the implementation of MOUs with county DFCS offices to increase the pool of emergency placement resources for children entering care and to address a broad range of emergency placement needs that include teen, sibling, therapeutic and medically fragile care.
2. Improve the Retention Rate Among Foster Families.
- A. Evaluate the current foster parent preparation model (GPS: MAPP) for effectiveness in the preparation and retention of foster parents.
 - B. Assure foster parent participation in annual, competency-based in-service training.
 - C. Enhance capacity to retain foster parents by strengthening team/partnership strategies between county departments and foster parents.
 - D. Provide supportive wrap-around services for crisis intervention to prevent placement disruptions.

Measurable Benchmarks

1. Assess the availability of public and private placement resource options statewide by December 2002.
2. Expand placement resource options where gaps exist by July 2003.
3. Assess the current retention rate among foster parents by December 2002.
4. Improve the Retention rate among foster families by December 2003.

Evaluation

Evaluate the results of the recruitment and retention strategies to determine effectiveness in the

following areas:

1. There is 10-15% increase in the overall number of foster parents in the state;
2. The increase reflects the race/ethnicity of children needing placement;
3. Foster parents and case managers have increased access to resources;
4. Reduced violations of foster care policy;
5. Overall decrease in disruption of foster care placements;
6. Increased retention rate of foster families;
7. Gather statistical information regarding impact of agency policies and procedures on the retention of foster families.

See Work Plan Table Appendix S

