Georgia Performance Improvement Action Plan
Child and Family Services Review (CFSR) Round 3
Performance Improvement Plan (PIP)

State/Territory: Georgia

PIP Effective Date: April 1, 2017

Date(s) Submitted: April 26, 2017

End of PIP Implementation Period: March 31, 2019

Date Approved: June 6, 2017

End of Non-Overlapping Year: March 31, 2020

Reporting Schedule and Format:

Georgia will implement its action plan (PIP) statewide. Georgia will report progress and outcomes on a quarterly basis. Reports will be submitted within 60 days of the completion of a quarter and will include updates on all strategies and key activities.

Part One: Goals, Strategies/Interventions and Key Activities

Blueprint for Change

Adoption of a Practice Model that will serve as the foundation to keep children safe and strengthen families.

Goal I:

Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.

Safety Outcome Items 1, 3

Strategy I: Safety Outcome 1

Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support.

Key Activities	Projected Completion Quarter
1. Develop and Implement training to support the ISA process by completing the following activities: • Develop a one day classroom training; • Develop Live Case Learning; • Instruction on what/how to document (where and by whom) with an emphasis on the person detail page and reminding staff to merge and relate; • Assess participants' knowledge of Maltreatment Codes; • Develop test items based on common errors such as using "lack of supervision" as a catch all when applying maltreatment codes; • Create a checklist for supervisors; • Create a checklist for case managers; • Utilize various training delivery methods, such as classroom, WebEx, and/or a combination of methods; • Create Transfer of Learning (TOL) activities	Q 4

Key Activities	Projected Completion Quarter
2. Develop and implement an ISA fidelity monitoring and review process	Q 4

Strategy II: Safety Outcome 2

Implement monitoring activities to ensure the appropriate use of safety resources.

Key Activities	Projected Completion Quarter
1. Field operations staff will conduct frequent (no less than monthly) cadences of cases with children in Safety Resources over 45 days and ensure Safety Resources meets the approval standards outlined in agency policy by reviewing cases prior to cadences. Court-related barriers will be reported to Regional CQI teams to address with court partners as needed and to the Court Improvement Project (CIP) for review and determination of their involvement in removing the barriers.	Q 1
2. Update the GA SHINES Safety Resource Report to include the option of pulling by supervisor and include the assigned worker. Supervisors and County Directors will use the report to monitor, identify and remove barriers, and to reduce the number of cases over 45 days.	Q 3
3. Develop a Safety Resource Approval Checklist for Supervisors to be used to ensure all elements are included in the Safety Resource Assessment for approval.	Q 3
4. Identify and remove barriers to the Relative Care Assessment (RCA) and Safety Resource assessment and approval process.	Q 3
5. Update GA SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements. Supervisors and County Directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment.	Q 3

Goal II:

Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.

Safety Outcome Items 2, 3/ Well-Being Outcome Items 12, 16, 17, 18/ Systemic Factors 29, 30

Strategy I: Systemic Factor – Service Array

Implement targeted communication and collaboration activities to improve access to, and utilization of, the state's service array.

Key Activities	Projected Completion Quarter
1. Establish quarterly meetings in each Region with Agency Staff (County and Regional), pertinent stakeholders and service providers, to address service needs and availability of services to include: identifying needed services, determining and implementing method to develop or access identified services, monitoring to ensure that implemented services are effective.	Q 2
2. Develop and distribute a statewide service directory that provides a listing of available contracted providers and identifies what behavioral-specific changes they target (including any safety threats they directly mitigate via service delivery).	Q 2
3. Partner with Courts and Substance Abuse Providers to develop a protocol for working effectively with caregivers with substance abuse issues who are involved with DFCS to increase parental capacity and improve safety outcomes.	Q 2

Strategy II: Well-Being Outcome 2

Educational Programming, Assessment and Consultation (EPAC) team will conduct quarterly Education Academies that provide information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies will provide information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.

Key Activities	Projected Completion Quarter
1. EPAC will implement one web-based Education Academy each quarter designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care. The regional and/or county will be identified in part by the following criteria: • Large number of children/youth in foster care enrolled in the school district. • High percentage of suspensions/expulsions of children and youth in foster care. • Judicial partners support and prioritize educational outcomes. • School districts with a high or low graduation rates of foster youth. • Low rates of EPAC Referral.	Q 8
2. EPAC will implement two onsite Education Academies per quarter designed to support and enhance the case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care.	Q 8

Key Activities	Projected Completion Quarter
3. EPAC will implement three annual onsite Education Academies specifically for foster parents and caregivers to provide additional guidance, clarification and best practices in supporting the academic needs of youth in their care.	Q 8

Strategy III: Well-Being Outcome 2

Monitor the Individualized Education Plans (IEP) for children/youth who have been referred to EPAC and ensure the IEPs are current and are monitored through a coordinated team that includes the EPAC Education Specialists (contractors), DFCS Case Manager, Education Support Monitor (ESM), appropriate school system personnel and other key student support team members.

Key Activities	Projected Completion Quarter
1. EPAC Education Specialists (contractors) will conduct quarterly sample reviews of IEPs for youth who have been referred to EPAC and have IEPs to ensure the IEP is current/up-to-date and reflects the actual supports and services needed.	Q 8
2. In partnership with Georgia Court Appointed Special Advocate (CASA), EPAC Education Specialists, and the youth's case manager, EPAC will monitor educational assessment recommendations to ensure that they are addressed and implemented timely according the DFCS Social Services Policy (five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation need to support youth who are in need of additional credit recovery.	Q 8

Strategy IV: Well-Being Outcome 3

Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.

Key Activities	Projected Completion Quarter
1. The Wellness Programming, Assessment, and Consultation (WPAC) Unit will implement four quarterly, web-based academies annually that will be designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of appropriate and timely health screening.	Q 8

Key Activities	Projected Completion Quarter
2. The WPAC Unit will implement four quarterly, mandatory regional and/or county intensive onsite coaching sessions annually for supervisors, administrator, and quality assurance staff to guide and support best practices related to ensure child and youth appropriate access to and monitoring of physical and behavioral health assessments and services. DFCS counties and regions will be determined by: • Population of children and youth boarding • Number of over follow up visits "coming due" • Number of cases "overdue" • Number in incomplete Medicaid application • Identified gaps of services providers	Q 8
3. Work with Amerigroup (CMO) to create a monthly report of children and youth in foster care of children with "significant" health conditions (we will define "significant"). • Medical diagnosis • Date of birth • Assigned Primary Care Physician • County of custody	Q 3
4. Distribute "Significant Health Condition Report" to regional directors, county directors, supervisors, C3 coordinators for staffing and assurance that appropriate services are accessed for children and youth. Bi-monthly follow up will occur on statewide Well-Being Services Cadence Calls.	Q 8
5. Distribute "Psychotropic Medications Report" to regional directors, county directors, supervisors, C3 coordinators for staffing and to assure appropriate services are accessed for children and youth. Bi-monthly follow up will occur on statewide Well-Being Services Cadence Calls.	Q 8
6. The Well-Being Director, Wellness Director, DHS Medical Director, and CMO Representative will meet quarterly to evaluate findings, monitor and review the County Director Review (which should contain elements related to children and youth in their county/region prescribed psychotropic medications) for fidelity to the established protocol and determine methods and strategies to support best practice for case managers and supervisors.	Q 8

Goal III:

In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.

Safety Outcome Item 3/Permanency Outcome Items 4, 5, 6, 7, 8, 9, 10, 11/Well-Being Outcome Items 12, 13, 14, 15/Systemic Factors 19, 20, 21, 22, 23, 24, 36

Strategy I: Permanency Outcome 2

Build and execute a robust, sustainable system for the achievement of timely permanency. The strategy includes practice model case consultation methods, mentoring of field staff, ongoing tracking of outcomes and full Permanency Roundtables for cases without viable permanency options.

Key Activities	Projected Completion Quarter
1. Assess and realign human resources in each Region for the purpose of designating positions to provide mentoring, monitoring, coaching, reporting and reviews of permanency cases to support timely achievement of permanency for all children in care.	Q 1
2. Implement a structured tool for utilization in supervisor case staffings to ensure that key practice activities are occurring (including practices outlined in Permanency Outcomes 1 and Permanency Outcome 2) to determine barriers to achieving permanency and identify needed action prior to permanency hearings. Court related barriers will be reported to Regional CQI teams to address with court partners as needed.	Q 3
3. Develop a permanency case consultation action plan template for use in cases where the children have reached the 13th month in care. The action plan and case consultation will incorporate Solution Based Casework and Permanency Roundtable principles.	Q 1
4. The Placement & Permanency section in conjunction with Solution Based Casework staff will train Permanency Field Program Specialists, Mentor FPS, Well Being FPS, Regional Adoption Coordinators, Well Being Specialists, CQI Specialists and Solution Based Casework (SBC) Coaches to conduct and track Permanency Case Consultations.	Q 2
5. Permanency Field Program Specialists (FPS) will identify cases where children have reached 13 months in care and lead permanency case consultations.	Q 4
6. Continuous Quality Improvement (CQI) Teams will analyze tracking data and outcomes on an ongoing basis to assess effectiveness of the Permanency Case Consultation strategy.	Q 5
7. The State CQI team will analyze permanency case consultation outcome data to determine the future scope of a Permanency Roundtable process focusing on those cases involving children without any actionable permanency plan. The team will generate a written strategy including parameters for identifying cases in need of full permanency roundtables rather than permanency case consultations.	Q 7

Key Activities	Projected Completion Quarter
8. A minimum of two (2) consultation staff per region will be trained in the full Permanency Roundtable model.	Q 8
9. Full Permanency Roundtables including follow up as specified in the Permanency Roundtable model will occur for cases where the children have reached the 13th month in care and there is no clear permanency path identified. Cases will be identified by the Supervisor or Permanency FPS. Permanency Case Consultations will continue for cases not in need of a full Permanency Roundtable.	Q 8
10. Develop and implement a permanency timeline for utilization by field staff outlining state and federal requirements and best practices that are aligned with the Solution Based Casework (SBC) model.	Q 2
11. Conduct quarterly statewide meetings to provide ongoing support to increase the capacity of identified permanency specialists and to provide updates of policies, laws, and implementation of best practices. Permanency outcome data will be reviewed to assess improvements. Invite CIP staff to attend quarterly meetings or provide a report to CIP to ensure their awareness of updates of policies, laws, and implementation of best practices related to permanency.	Q 5

Strategy II: Systemic Factor – Information System

Implement monitoring processes to improve the documentation of child/youth information in GA SHINES.

Key Activities	Projected Completion Quarter
1. Data Integrity Specialists (DIS) case review quarterly trend reports will be shared and reviewed by the following staff to ensure improvements in data quality: • C3 Coordinators; • Field Program Specialists; • Regional Directors The trend reports will include identified areas needing improvement as it relates to data reviews.	Q 8
2. Demonstrate improvement (by end of year 1 and year 2 of PIP) in timely and accurate documentation of data in the areas of: • Demographic; • Person Characteristics; • Legal Status; • Placements	Q 8

Strategy III: Well-Being Outcome 1

Implement Solution Based Casework Practice Model Statewide.

Key Activities	Projected Completion Quarter
1. Complete roll out in Regions 1, 3, 13 and 14 by the end of 2016.	Q 1
2. Fidelity reviews completed in Regions 1, 3, 13 and 14 to assess effectiveness of implementation.	Q 8
3. Complete roll out in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 by the end of 2017.	Q 5
4. Fidelity reviews completed in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 to assess effectiveness of implementation.	Q 8

Blueprint for Change

Robust Workforce Development – To adopt a process for mentoring Supervisors and Case Managers.

Goal IV:

Establish a robust workforce.

Systemic Factors 26, 27

Strategy I: Systemic Factor – Staff and Provider Training

Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.

Key Activities	Projected Completion Quarter
1. Redesign the new worker training curricula and certification process so that it is consistent with Georgia's Practice Model.	Q 2
2. Each region will monitor public staff to ensure completion of new worker training and certification within 120 days and the Office of Provider Management will monitor to ensure private staff completion of new worker training and certification within six months of employees' hire date.	Q 7
3. Actively recruit and train additional field practice coaches.	Q 7
4. Strategically utilize current field practice coaches (determine gaps and share resources) in the field to provide mentoring throughout the certification process.	Q 7

Key Activities	Projected Completion Quarter
5. DFCS Education and Training will explicitly post annual training hour requirements for Social Services Staff and communicate the plan for monitoring requirements.	Q 8
6. Regional C3 Coordinators will be responsible for monitoring and tracking the completion of annual training requirements for staff in the field. Data will also be reported to Education and Training staff for state oversight.	Q 8
7. Increase the number of ongoing Staff Development offerings and participation in the following areas: • Well-Being; • Substance Abuse; • Interviewing; • Safety Assessment; • Permanency	Q 7

Blueprint for Change

To build consensus and collaboration among partners, staff and stakeholders.

Goal V:

Increase and strengthen foster and adoptive resources.

Permanency Outcome Item 4/ Well-Being Outcome Item 12/ Systemic Factors 28, 33, 35

Strategy I: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

Enhance the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

Key Activities	Projected Completion Quarter
1. Develop a curriculum to train Resource Development DFCS and CPA case managers.	Q 3
2. Roll-out training to resource development case managers through ETS (DFCS) and Office of Provider Management (CPAs).	Q 7

Key Activities	Projected Completion Quarter
3. Assess and revise the resource developer's job description and implement new performance management expectations.	Q 4
4. Facilitate at least two joint meetings a year for DFCS and CPAs to review, plan and strategize execution of the Diligent Recruitment Plan.	Q 8

Strategy II: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process.

Key Activities	Projected Completion Quarter
1. Redesign the approval paperwork packet to include PDF fillable options and eliminate redundancies in forms to be completed.	Q 7
2. Establish the Caregiver Navigator "warm-line" program which will be manned by foster and adoptive parents; they will answer in-bound calls from veteran and prospective caregivers as well as proactively support caregivers going through the caregiver approval process.	Q 7
3. Cease contracting out the management of the caregiver inquiry line; establish a state office team to answer the inquiry line.	Q 7
4. Offer information sessions via webinars on an at least weekly basis by the state office Caregiver Recruitment and Retention Unit.	Q 7

Strategy III: Permanency Outcome 1

Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.

Key Activities	Projected Completion Quarter
1. Execute a contract with Chapin Hall to conduct the placement operations study of the state's public and private agency system. The study will focus on the following three areas: • A well-defined approach to contracting with private foster care service providers (CPAs and CCIs) including developing and maintaining a network of the appropriate scope and size to meet the current systems needs as well as developing an approach for matching children/youth to the appropriate placement. • Improving outcomes for all children in foster and group care, particularly through placement with relatives, achieving permanency for young children, maintaining placement stability, and understanding the opportunity for improved outcomes in the context of the current performance based system. • Developing an optimized approach to identifying child needs and matching them to appropriate services in the private array given the impact of the unbundling of placement and therapeutic services.	Q 2
2. Receive final report from Chapin Hall.	Q 3
3. Based on acceptance of recommendations, initiate implementation of recommendations.	Q 7
4. Utilize the Practice Matters, Provider Leadership, and other partnership meeting venues to share information and discuss study results.	Q 8

Strategy IV: Permanency Outcome 1

Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children.

Key Activities	Projected Completion Quarter
1. Gather input from RBWO providers, Department of Juvenile Justice (DJJ) and Residential Child Care Licensing (RCCL) to determine what should be included in the universal applications based on program designation.	Q 4
2. Develop first draft of the application.	Q 5
3. Develop second draft of the application.	Q 6
4. Publish the final application and implement use of the application.	Q 8