

Georgia Template for Application for Title IV-E Demonstration Waiver

Background and Context

Georgia DFCS is a state-administered, county-operated system comprising 159 local county agencies. As of the end of the state fiscal year, DFCS had 15 regional service areas each having a regional director for the direct supervision of the local county agencies and all service programs in that region.

The Division of Family and Children Services (DFCS) has responsibility for the planning, administration and management of the State's public child welfare programs, which include Child Protective Services, Foster Care, Independent Living Services, Family Support and Family Preservation Services and Adoptions. DFCS relies heavily on private agencies already as almost half of all children in foster care are placed through private child placing agencies. Georgia is developing strategic plans for a trauma-informed and family-centered practice, which, while committed to compliance with existing regulations, is dedicated to being responsive to evolving needs of children and families and continuous quality improvement. This planning is being carried out in partnership with an array of allied state agencies, formal and informal collaborators, community based providers, families, children, youth served, and concerned citizens. Core to daily operations of DFCS is making referrals to community resources for issues which affect the stability of the families.

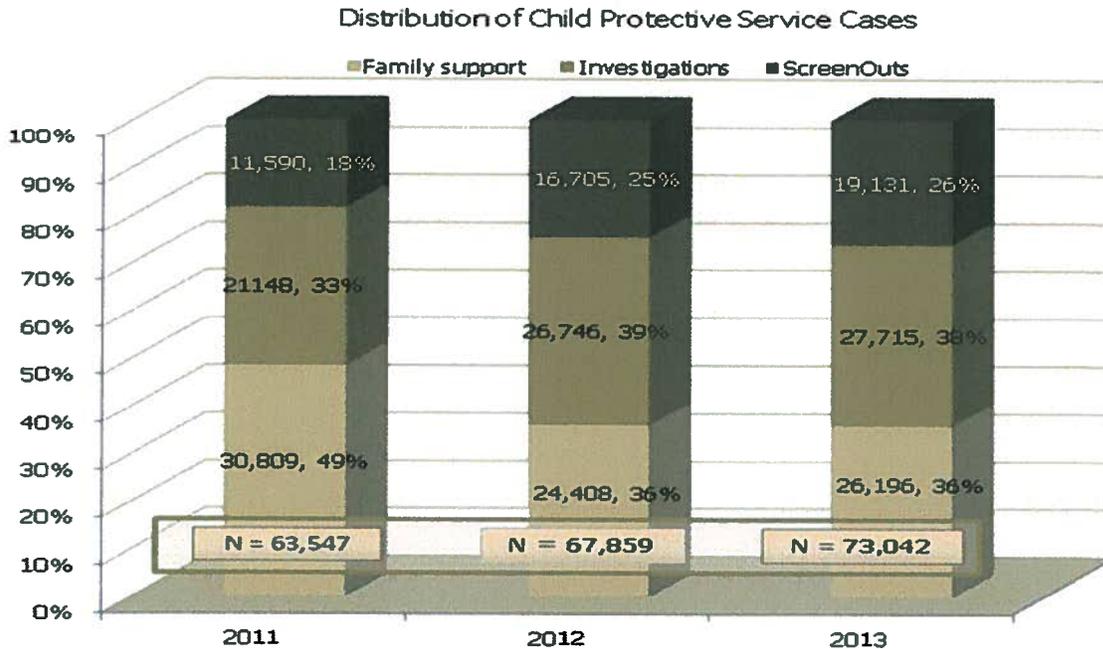
Georgia has a strong track record of vigilance and reform to improve outcomes and well-being for at-risk and abused and neglected youth:

- Over the past several years, Georgia has reduced the number of children in foster care from 14,500 in 2004 to just fewer than 7,800 in FFY2013, while also reducing the rate of children re-abused returning to foster care from 9% in 2004 to about 4% in FFY 2013.
- In addition, in 2013 the Georgia Legislature passed and Governor Nathan Deal signed into law a juvenile justice code reform which includes new prevention support for children in need of services, those at-risk but not found delinquent for offenses, and new funding to support these children within their homes and if possible and safe, to prevent them from entering foster care. This reform begins in 2014.
- Georgia has initiated a pilot Safety Response System with planned statewide reform to better access and serve children who are at-risk or actually being abused and neglected and need support.
- Georgia has focused on improving the mental health services and outcomes for those in our child welfare and juvenile justice systems by contracting for a specialized Medicaid managed care plan for this unique population. This new managed care plan will begin March 3, 2014 and is focused on

coordinating and improving acute care and mental health needs for this entire population.

- Lastly, Georgia is implementing a centralized child abuse hotline, streamlining response and accountability by creating a single point of accountability and moving away from a dispersed county-based intake system spread throughout each of Georgia's 159 counties.

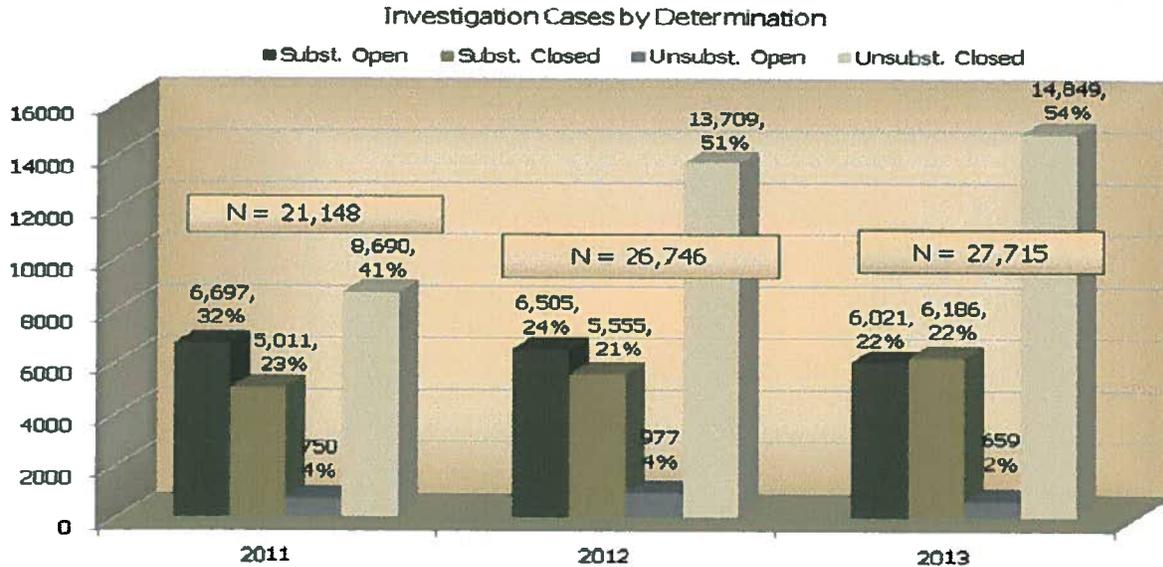
Figure 1



Two findings are made on each report that is investigated: (1) a maltreatment finding and (2) a risk finding. If a case is substantiated, a preponderance of the evidence supports the allegation. If a case is unsubstantiated, there is either no evidence or not a preponderance of the evidence to support the allegations. The risk findings are: (1) risk indicated – case opened for services, (2) risk indicated – case opened for placements, (3) risk factors controlled, (4) no significant risk factors, and (5) risk assessment not applicable.

The following graph depicts the number and types of cases investigated in SFY 2013 by determination:

Figure 2



During SFY 2013, 40,213 children were involved in DFCS investigations of maltreatment. This was a 4% increase from SFY 2012 (38,569). Sometimes, families are investigated for more than one abuse/neglect incident in a single year. DFCS received 1,684 reports alleging repeat incidents of maltreatment statewide in SFY 2013. The average time between reports was 92 days or approximately 3 months.

Required application elements based on Information Memorandum 12-05.

- 1. Clearly describe the purpose of proposed project. Explain the problem or issue that the demonstration is expected to address. Articulate the hypothesis that will be tested through the implementation of the program evaluation. Describe how the project is innovative and how it will foster improved child and family well-being.**

The Department will demonstrate that the flexible funding provided by the Title IV-E waiver will allow for an expanded community-based array of integrated, family centered services for all children and youth in Foster Care with an emphasis on Children In Need of Services (CHINS), children and families at risk of out-of-home placement, and children who experience short stays in care (less than 90 days). The proposed interventions rely upon evidence-based practices that link families with natural supports and community-based services and promote resilience. By increasing the number and array of community-based services to allow more children to remain safely in their homes or to transition more quickly back home or, if not possible, transition quickly to a new adoptive family, we would expect reduced recurrence of maltreatment and reduce child deaths associated with abuse and neglect.

Each intervention layers the focus of the appropriate use of trauma based practice. By ensuring that individualized case planning and appropriate community alternatives are in place, we expect to significantly reduce the number of children in out-of-home care as well as the average days in placement. However, it is likely that DFCS and our community partners may end up serving even more children and families with the flexible funding, but that those children and families will be able to remain safely within their homes. The intentionality of creating a

strategy that will decrease the number of short-term and long-term placements by front-end loading of services for CHINS and other at-risk children and families is an innovation that is believed will result in having short and long term impact in both child welfare and juvenile justice. The number of entries and re-entries into out of home care may concurrently be reduced.

2. Describe which of the following goals identified in statute that the project is intended to accomplish:

- A. Increase permanency for all infants, children, and youth by reducing the time in foster placements when possible and promoting a successful transition to adulthood for older youth.
- B. Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well being of infants, children, and youth.
- C. Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.

3. Identify the target population to be served, including an estimate of the number of children or families who would be served by the proposed project; the estimated number of title IV-E foster cases involved; demographic information; child welfare status and history and other identified risk factors of the target population (e.g., parental substance abuse).

Georgia's Title IV-E Waiver application will serve all children and youth in Foster Care with an emphasis on the target populations detailed below.

A. Target Population: CHINS

Background: "Children in Need of Services" is a newly legislated category of children who are directed by the Juvenile Court to receive services and treatment from public and private resources. These are children who present to the Juvenile Court for status offenses such as being truant from school, ungovernable, unruly, running away or curfew violations as defined by statute. This population of children and their families represent the possibility of increased entries into foster care as child protective services workers will be deployed to assess the child's safety in addition to determining service needs. These children more often than not develop risk behaviors that layer existing family risk factors for maltreatment.

The new law allows law enforcement, the Department of Juvenile Justice, and the Division of Family and Children Services to develop treatment and service plans for these children. Projecting the impact of the law is difficult because counties have addressed the CHINS children differently in their reporting systems.

However, the State recognizes that these children have historically been a part of the out of home placement population for a multiplicity of reasons and the cost of their care and out of home placements have both short and long term impact .

Objective: Assess, support and stabilize Children in Need of Services and thereby reduce the likelihood of entry into foster care.

New Status Offense Cases* occurring in Fiscal Years 2008-2013 and recorded in the Juvenile Tracking System Pg 1/6

Fiscal Year	Status Offender Type				Chart - Percent of Total										Total
	Pure* no Prior Adjudication	Pure* with Prior Adjudication	Prior Delinquent Adjudication	Current Delinquent Charge(s)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	
2008	7549	877	2924	4662	47.3%										16032
2009	6976	711	2591	4162	46.3%										14440
2010	6496	678	2655	3988	47.3%										13817
2011	5902	581	2391	3698	46.8%										12572
2012	5623	598	2699	3626	49.8%										12546
2013	5014	611	2703	3333	43.8%										11661
Total	37846	4088	15943	23489	49.3%										81063

*A "Case" is defined here as one or more status offenses committed by the same youth, where the offenses all occurred within 7 days of another status offense involved in the case.

Distinct Youth Involved in Status Offense Cases* occurring in Fiscal Years 2008-2013 and recorded in the JTS system

Fiscal Year	Status Offender Type (Highest Per Youth)				Chart - Percent of Total										Total
	Pure* no Prior Adjudication	Pure* with Prior Adjudication	Prior Delinquent Adjudication	Current Delinquent Charge(s)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	
2008	5941	501	1729	4055	46.6%										12236
2009	5436	432	1608	3574	46.3%										11050
2010	5174	389	1545	3449	46.6%										10557
2011	4652	351	1393	3180	46.6%										9576
2012	4377	331	1520	3084	47.8%										9312
2013	3973	328	1540	2809	45.5%										8650
Total	33089	3328	12229	17428	46.1%										46876

*A "Case" is defined here as one or more status offenses committed by the same youth, where the offenses all occurred within 7 days of another status offense involved in the case.

B. Target Population: Children who enter foster care and their families in order to reduce their entries into care, with a particular focus on those children remaining in care for less than 90 days.

Families and children in this target population will be identified as being at high risk of children being removed from home due to an acute episodic event such as job loss, divorce, illness or short term need.

Children that come into foster care with a stay of less than 90 days are one focus for the waiver. In addition, children who may remain in care more than 90 days would also benefit from these same strategies and would likely have a reduced length of stay as a result. The strategy articulated for this population is a front door approach that would utilize differential response practice, intensive in-home services and evidenced based interventions to prevent entry into care thereby eliminating the use of care days by this population.

Families and children in this target population will be identified as being at high risk of the child being removed from home due to an acute episodic event such as job loss, divorce, illness or short term need. Identify families needing intensive

in-home services related to stress and provide intensive bridge supports to stabilize, and provide stress “respite.”

- C. Reducing Length of Stay Children and youth placed in congregate care or Child Caring Institutions (CCI) with a program designation of Base Watchful Oversight (Base) or Additional Watchful Oversight (AWO) can be successfully served in a family setting. Further, if these youth are placed in a family setting they will experience more expedited permanency and more opportunities to create “permanency pacts” with caregiving adults as a result of being in family settings. Care days will be reduced. Currently there are 54 Child Caring Institutions with a combined 425 beds in Fulton and DeKalb counties. Almost 65% of those beds are classified as Base Watchful Oversight and about 10% are Additional Watchful Oversight.

4. Identify the geographic area(s) in which the proposed project will be conducted.

- A. Initially eight court systems with possible expansion based upon findings at benchmarks and evaluation.
- B. The projects will be phased in by region but be statewide by July 1, 2017.
- C. The project would be launched initially in the Fulton-Dekalb counties which has a high number of children in congregate care and would roll out statewide over the life of the demonstration.

5. Clearly describe the service intervention(s) the title IV-E agency intends to implement under the demonstration. Indicate whether the proposed interventions are evidence-based or evidence-informed. Describe why the proposed interventions(s) were selected to meet the needs of the identified target population.

A. CHINS Proposed Intervention

The intervention will expand DFCS CHINS Problem Solving Court Coordinators (Coordinators) from two to six additional counties for a total of eight counties. The CHINS Problem Solving Court Coordinator will lead prevention and early intervention team strategy of multi-disciplinary community based provider teams. Currently there are two county court systems that have Coordinators that report to the Juvenile Court Liaisons. The Coordinators would be established in six additional court systems based upon data available from relevant sources to include the Department of Juvenile Justice and Council of Juvenile Court Judges, which will suggest geographic areas that have had highest incidence of CHINS identification as well as a compatible resource network.

The Coordinator will serve as the liaison between the Juvenile Courts and community based organizations. The Coordinator will perform an initial Present

Danger Assessment for all families to ensure children are not in imminent danger for abuse and neglect. A Family Functioning Assessment (FFA) will be employed to assess family's functioning, strengths and needs. The family functioning assessment will include a trauma screening for the child. The FFA, will be administered at the initial contact with the family and monitored throughout the 120 days of engagement with the family. The child remains in the family of origin during this intervention.

The Coordinator will meet with the child and family to engage the family in determining the evidence based practices that are most appropriate for the issues presented. Families would then be reviewed by a Family Intervention Team (FIT) formed with DFCS and community based multi-disciplinary organizations. The FIT is an innovation that would create a holistic plan and assign the family to community based organizations that would operationalize evidenced based interventions, which may include Homebuilders, Strengthening Families, Wraparound Services and/or others. The FIT may include an Addiction Recovery Specialist, a Family Support Specialist, Education Advocate, Behavioral Health Specialist, a Special Education Case Manager a Community/Faith-based Family Mentor or other specialists as may be appropriate. The parent(s) with substance abuse related needs would be supported by the team to develop a "path to sobriety plan" utilizing evidence based practices, which may include 12-Step Facilitation, 12-Step Recovery, Seeking Safety , Brief Strengths-Based Case Management for Substance Abuse , and/or others. The intervention will be provided to families for 120 days while the child remains in the home. Progress would be monitored regularly and adjustments to the plan made as needed. Front-loading services that wrap around children and families is an evidence based approach that has been successful with children at risk of maltreatment.

Children ages 8 to 17 and their families in this target population will include those needing early intervention services given their designation as Children in Need of Services. Children who have parent(s) with substance abuse/mental health needs and older children with mental health, behavioral health and trauma related needs will be included. Families with less intensive needs that are related to short term/acute needs will be provided community-based supports.

Children with behavioral, mental health and/or trauma related needs and their parents will receive screening, assessment and services directed from the multidisciplinary team FIT. The team could include an Education Advocate, Behavioral Health Specialist, and a Special Education Case Manager (for those children with an IEP and a Behavior Intervention Plan). A multidisciplinary treatment plan would be developed to include the use of evidence-based interventions, which may include Homebuilders, Strengthening Families Wraparound Services and/or others, and the use of community based supports. Children in this group with trauma related needs and their families will receive the Child PTSD Symptom Scale trauma assessment. Child and Family Traumatic Stress Interventions through the Medicaid Care Management Organization (CMO) or Comprehensive Child and Family Assessment directed services

through a DFCS contracted provider will be established to address the trauma related needs. An additional innovation utilized in this intervention will be tele-health and tele-health technology integration during assessment and monitoring of the plan.

B. Early Intervention for Short Stays

These families currently enter the foster care system, but the children remain in care short periods. The objective is to reduce/eliminate these short stays by providing intensive home-based services. It is delivered in the home or community setting for 18-20 weeks, and is intended for families with at least one child age 0-5.

SafeCare and Family Fusion services utilize a therapeutic approach to empower and unify families by providing both parents and children with the skills and resources needed to overcome the obstacles that prevent them from thriving as a unit. A structured problem solving technique is to assist parents with finding solutions to life challenges that may affect parenting. SafeCare was designed for use among parents of children ages 0-5 years who are at risk for child maltreatment or parents who have been reported for child maltreatment.

Families and individuals are provided with the skills and resources needed to cope with anger, depression, self-esteem, deficits in parenting strategies, communication barriers as well as other social issues. All modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. Staff members conduct observations of parental knowledge and skills for each module by using a set of observation checklists. The SafeCare training format is an evidence-based practice.

Service providers and parents are trained using a general seven step format:

1. Describe desired target behaviors.
2. Explain the rationale or reason for each behavior.
3. Model each behavior (demonstrate desired behavior).
4. Ask parent to practice behavior.
5. Provide positive feedback (point out positive aspects of performance).
6. Provide constructive feedback (point out aspects of performance needing improvement).
7. Review parent's performance, have them practice areas that need improvement, and set goals for the week.

Family Fusion services provide services that build resiliency so that episodic stress and unforeseen challenges are less likely to become intractable.

Additionally, family fusion focuses on the reduction of anxiety, alcohol and drug abuse, emergency medical services and other factors that may affect an adult from maintaining self-sufficiency. Our adult services provide daily living skills essential to maintaining both physical and emotional health by addressing areas such as stable housing, travel, and hygiene. The assessment will include the use of the DFCS Present Danger and Impending Danger safety assessments and the Family Functioning Assessment.

Families will be screened through Safety Response System which is a differential response model and is designed in part to support families. They will be directed to a Family Intervention Team (FIT), which will be assigned to each family. This team will include at minimum, a Child Welfare Specialist and an Extended Family/Community Mentor. The team members will work with the family to develop a plan of action. Intensive home-based strategies provided by community-based organizations will be employed such as emergency financial assistance and concrete services and supports. An innovative web-based tool will be employed to match and link families to these community-based organizations and resources. Memorandums of Understanding will be developed with these organizations to clarify roles and responsibilities.

Motivational Interviewing and Child Adult Relationship Enhancement for older children will be considered along with other evidence based practices effective for older children.

C. HOME Project: Length of Stay Strategy

Children and youth in the target population will receive a psychosocial assessment including the BERS-2: Behavioral and Emotional Rating Scale-2nd Edition. Based on the results the youth will be matched with a HOME Team. A HOME Team would consist of the family caregiver, therapist, behavior aide and other members such as a permanency or independent living specialist.

Upon referral, the HOME Team will begin working to transition the child/youth in to the caregiver's residence immediately and actually enact the transition within 30 days of the referral. The HOME Team protocol and processes will be based on the Multidimensional Treatment Foster Care-Adolescents (MTFC-A).

Currently, county departments have authority to assign BWO and AWO program designations for youth placement into CCIs. During the project period, such authorization must come through the state office HOME Project Manager to steam new entries into lower level CCI placements.

The success of this project hinges on development of family resources-- both relative and "traditional" foster parents. Relative and "fictive kin" caregivers will be the preferred placement type. As such, a part of the youth's psychosocial

assessment will include a structured, intensive relative caregiver search. Special recruitment events targeted at developing HOME parents will also be conducted. The requirements, training and approval process will be increased for HOME parents as will the per diem payment structure.

The receiving homes model to support the HOME project will also have to be developed and implemented. Receiving Homes will be “no reject/no eject” placements and will be similarly recruited, trained and supported as HOME Team parents however they will be used for short-term assessment purposes only. They receive a flat fee each month rather than a per diem based on actual placement days.

An RFP will be offered to multiple Child Placing Agencies who wish to partner with DHS DFCS to establish HOME Teams and/ or receiving homes.

DFCS, in partnership with local community-based providers, may initiate other innovative or evidence-based services for these targeted populations. DFCS will require rigorous outcome measures for these community-based services. In addition, DFCS will encourage best practice sharing and replication among those services showing the best outcomes for families.

Flexible funding will be specifically used to promote these innovations and customized local services responding to the community’s unique cultural needs. The focus will be on achieving optimal outcomes for safety, permanency and well-being. This will allow an improved service array with the following major components:

- Early intervention in situations of developing need, not just in situations of actual crisis;
- Diversion from out-of-home placement through referrals to community partners that reduce episodic family stressors (rental and utility assistance, referral to child care, etc.), and through family supports such as family team conferencing;
- Expedited permanency through reunification where feasible or other options as appropriate;
- Evidence-based, interdisciplinary and team-based approaches, for providing preventive services in the home as well as services after removal;
- Services based on assessment of child and family characteristics; and
- Supports for families to avoid recidivism. Some specific components of the service array that may be expanded with more financial flexibility include such evidence-based practices such as home visiting and family team conferencing. The service array will also take advantage of cross-disciplinary efforts, such as expanding coordination with professionals who have expertise in

working with families with issues such as substance abuse and domestic violence. Finally, the experiences of other states' demonstration projects may be integrated into Georgia's program design as evidence emerges regarding their effectiveness.

6. Identify the time period in which the project will be conducted.

The time period is proposed for five years (20 quarters) beginning October 1, 2014 or later, subject to completion of pre-implementation activities as listed in the Terms and Conditions and agreed upon by the Children's Bureau and the State.

7. Outline the specific outcomes on which the title IV-E agency expects the demonstration to have an impact, including outcomes relating to safety, permanency, and well-being.

The Department expects all child welfare demonstrations to include specific measures assessing both family capacity to provide for children's needs and child functioning in the well-being domains. In addition, the Department expects that demonstrations will measure not only the achievement of permanency, but appropriate post-permanency measures, such as whether children re-enter care, whether adoptions or guardianships disrupt or dissolve and any other pertinent information on how children and families fare after discharge from foster care.

A. Outcomes Anticipated:

- Children will have improved developmental functioning
- Children will have services that intervene early before issues become intractable and thereby reduction in behavioral, mental health and trauma related needs
- Parents/families will have improved family functioning
- Children will not be reported as CHINS or maltreated during following 6 months
- Children will not enter foster care

B. Outcomes Anticipated:

- Reduction in the number and percent of children who enter foster care and remain less than 90 days
- Parents/families will have improved family functioning
- Parents/families will have improved safety
- For children and families receiving evidence-based interventions:
 - o Children will have improved developmental functioning

- Children will have reduction in behavioral and mental health issues
- Reduction in re-reports of abuse and neglect for the target families within 6 months
- C. Outcomes Anticipated:
 - Decreased use of CCI placements
 - Improved psychosocial functioning and well-being (mental health, education and other) of children and youth
 - Decreased length of stay
 - Expedited permanency achievement
- All waiver strategies will be evaluated based upon their impact on overall CFSR outcomes for Georgia regarding safety, well-being and permanency, including: Increase in children exiting foster care within 12 months of removal
 - Reduction in children remaining in foster care after 12 months
 - Reduction in median length of stay in foster care
 - Increase in percentage of children adopted in 24 months
 - Reduction in preventable deaths of children with DFCS history
 - Decrease in verified repeat maltreatment rate per 100,000 children
 - For children and families receiving evidence-based interventions:
 - Children will have improved developmental functioning
 - Children will have reduction in behavioral and mental health issues

8. Describe the evaluation design the title IV-E agency proposes to employ. Provide a justification of why the proposed approach is the most rigorous and appropriate approach to evaluation that will enable the title IV-E agency to accurately determine the impact and effectiveness of the program intervention(s).

Georgia plans to develop a strong evaluation component that will enable the agency to learn the extent to which new interventions are successful in improving outcomes and addressing the effectiveness of the strategies included in the demonstration.

In order to meet the requirement for an evaluation by an independent contractor, Georgia will consider procurement options appropriate for this work to obtain the services of an evaluator and will require the selected evaluator to propose the most rigorous design possible. Further, the evaluator will help to create a logic model(s), refine each of the evaluation components

(process, outcome, and cost), and participate on an evaluation committee of internal and external stakeholders whose role will be to provide insight on evaluation findings and help communicate evaluation efforts.

DFCS will work closely with the independent evaluator and key stakeholder groups, providers and community partners.

Although some ideas are proposed below, Georgia will refine methodological details once procurement is accomplished in order to ensure that the expertise of the evaluator is brought to bear on the evaluation issues that need to be addressed.

Evaluations of Georgia's Title IV-E waiver demonstration project initiatives will serve multiple purposes throughout the course of the waiver period and beyond.

First, evaluation efforts will assist DFCS in monitoring of program implementation.

Second, evaluation efforts will examine program effectiveness by defining and measuring anticipated program outcomes as well as identifying factors associated with positive outcomes.

Lastly, evaluation efforts will provide information on program costs and long-term cost savings realized through the achievement of anticipated outcomes.

As required by section 1130(f) of the Social Security Act, the evaluation plan will provide for:

- A comparison of methods of service delivery under the project with respect to efficiency, economy and any other appropriate measures of program management;
- A comparison of outcomes for children and families (and groups of children and families) under the project for the purposes of assessing the effectiveness of the project in achieving program goals; and
- Any other information the State Agency, in consultation with the Children's Bureau determines is necessary to appropriately evaluate the demonstration.

Evaluation Design

Although there are many specifics to be worked out regarding the exact services to be provided, evaluation models will be created to track and report evidence of positive outcomes that result from waiver implementation for the four target audiences:

- A. Children in Need of Services (CHINS) which includes unruly children or status offenders
- B. Children who enter foster care and stay for less than 90 days (early intervention)

C. Youth placed in group settings.

The evaluation models will include analysis of process, outcomes and cost, with an overall metric of increasing the number of children and youth living with permanent families.

One likely approach is that Georgia will utilize a time series design to analyze historical changes in child welfare outcomes. Specifically, DFCS will establish a baseline of child welfare outcomes prior to waiver implementation and will then track outcomes for children whose first contact with the child welfare system occurs during each consecutive year of waiver implementation, from the time of first contact to the end of the waiver period.

Evaluation cohorts will be identified using data available in Georgia's child welfare information system. To measure the historical progress of each evaluation cohort, DFCS will establish a baseline for each outcome measure prior to waiver implementation and compare this baseline to subsequent benchmarks at selected time intervals.

Process Evaluation: Georgia's evaluation will include interim and final process analyses that describe how DFCS and community providers implement policies to improve the array of services that promote child safety and permanency.

The process evaluation will include a Family Assessment and Services analysis that examines three key factors in serving families in the child welfare system: assessment of needs, family engagement, and service planning and provision. Findings from the analysis will be reported by the percentage of reviewed cases that meet the case management standards during a designated time period.

Data collection methods for the process evaluation will include focus groups, surveys, and interviews involving community providers, court personnel, caregivers and child welfare staff and administrators.

Outcome Evaluation: DFCS will track longitudinal changes in key safety, permanency, and well-being outcomes based on the CFSR.

Cost Study: DFCS will perform a cost analysis to examine the costs of key elements of waiver-funded services received by children and families and compare these costs with those of traditional services and foster care placements prior to the start of the demonstration.

9. Provide an estimate of the costs or savings of the project, along with a description of the basis for projecting that the project would be cost-neutral overall.

In accordance with Section 1130(h) of the Social Security Act, Georgia is proposing to utilize an annual capped allocation of Title IV-E foster care funds as the basis for projecting that the demonstration project will be cost neutral. Georgia is committed to assuring that any Federal Title IV-E foster care funds, as well as State and local resources that are identified under the demonstration will be used to further the provision of child welfare services. This will be accomplished by reinvesting savings from services that are traditionally supported by

Title IV-E foster care funds into broader child welfare services and interventions, primarily those that are a focus of the proposed demonstration.

While the specific amount of savings is yet to be determined, savings are expected to be most likely minimal during the initial demonstration period and to gradually increase during implementation of the project.

10. Present a reliable method of measuring and ensuring Federal cost-neutrality over the course of the demonstration.

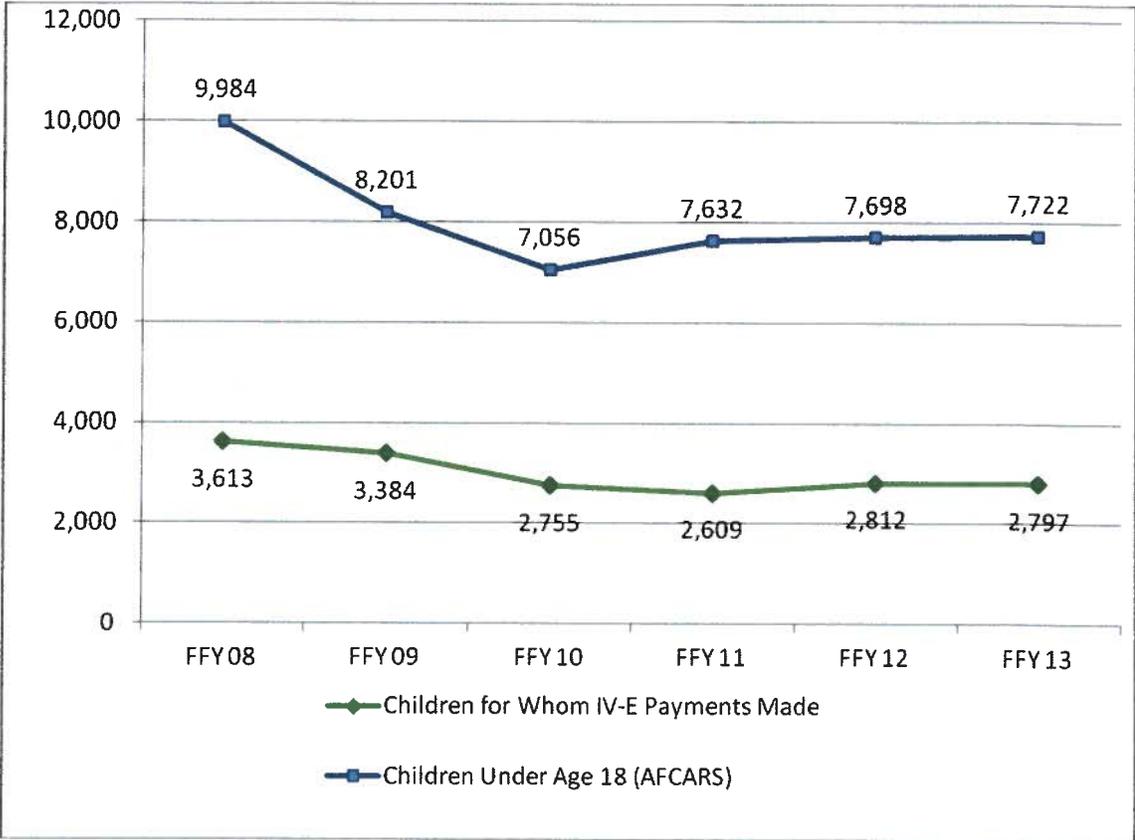
Georgia proposes a capped allocation for Title IV-E foster care funds over the course of the demonstration based on the funds that Georgia would have received in the absence of the waiver. Receipt of a capped allocation will be, by definition, cost neutral to the federal government.

Georgia proposes that the capped allocation include foster care maintenance payments, and foster care administration. The State proposes that funding for the State Automated Child Welfare Information System (SACWIS) and funding for Title IV-E foster care training be excluded from the capped allocation. These would continue to be claimed in the traditional manner. Should Georgia choose to change the definition of the age of a child in order to extend eligibility for foster care to age 21, the state proposes that IV-E funds for these youth would be outside of the capped allocation. Georgia further proposes that the capped allocation include only foster care funds and exclude funding for Title IV-E Adoption Assistance.

Recent Trends

Georgia experienced a reduction in out-of-home care, but in recent years this trend has stabilized. The following graph shows trends by FFY from 2008 through 2013 in the average monthly number of children in out-of-home care from the AFCARS system and the average monthly number of children for whom IV-E maintenance payments were made.

Graph 1
Children in Care and Children for Whom IV-E Payments Made
Average Monthly Count by Federal Fiscal Year

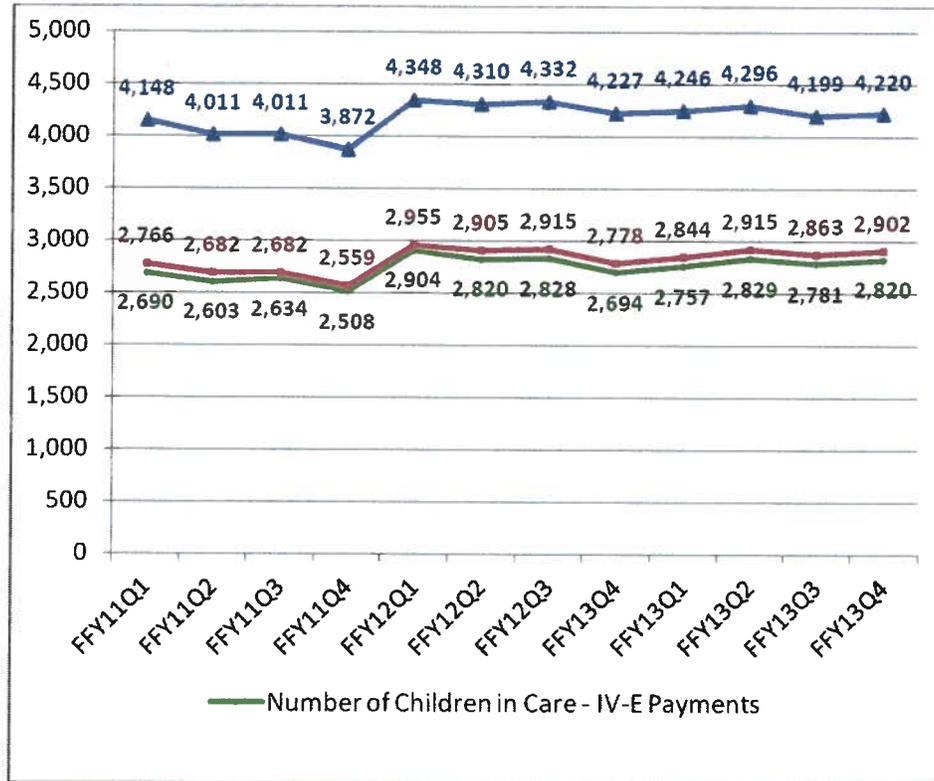


As this graph shows, the total number of children in out-of-home care declined until FFY 2010 but has stabilized in recent years. The trend for children for whom IV-E payments were made reached the low point in FFY 2011 but has also stabilized in recent years.

In the past three years, the Title IV-E Programs Quarterly Financial Report (CB-496) has been revised to show not only the average monthly number of children for whom Title IV-E maintenance payments were made, but also to show the average monthly number of children for whom IV-E administration could be claimed and the number of children for whom IV-E Administration costs related to Foster Care Candidacy were claimed. These quarterly trends more clearly show the recent quarterly trends that are relevant in projecting future Title IV-E-relevant information.

Graph 2

Georgia Average Monthly Child Counts by Fiscal Quarter



On this chart, the top line, in blue, represents all children for whom a foster care payment was made or some administrative cost was incurred. The green line shows children for whom IV-E maintenance payments were made. The red line includes children for whom IV-E administrative costs were incurred and includes the children for whom maintenance costs were made.

The following table shows Georgia’s Title IV-E claims for foster care maintenance and foster care administration for the past five years (FFY 2009 through FFY 2013).

Table 1

Georgia Total Computable IV-E Foster Care Maintenance and Administration				
FFY	Total Payments	Federal Child Support	Total Net Payments	Total FC Administration
2009	\$63,031,167	\$896,938	\$62,134,229	\$62,887,762
2010	\$50,417,867	\$746,164	\$49,671,703	\$77,753,402
2011	\$50,264,086	\$809,583	\$49,454,503	\$81,018,404
2012	\$47,222,859	\$957,163	\$46,265,696	\$70,719,436
2013	\$52,637,124	\$842,028	\$51,795,096	\$64,219,938

Note: FFY 2009 through FFY 2012 based on federal compilation of state reported data. FFY 2013 based on state CB-496 reports

This table includes amounts reported each quarter for the current quarter as well as prior quarter adjustments in the time period reported. For maintenance payments the increase between FFY 2012 and FFY 2013 shows the impact of recent caseload increases as well as a return to a IV-E maintenance cost per child consistent with previous years. For foster care administration, the recent declines are reflective in part to the impact of economic trends in the state. The Governor has recommended an increase of 524 staff in future years. It is expected that this would result in increased administrative costs in future years in the absence of a demonstration waiver.

Based on the recent trends that are relevant to the establishment of a capped allocation, Georgia believes that the data supports projections for foster care maintenance payments that use the most recent fiscal year as the base and establish an annual growth factor based on the trends in the most recent five quarters. For foster care case planning, case management and other categories of foster care administration, the data supports establishing a based from the average of recent years with an annual growth factor that recognizes known factors such as the impact of increased staff, potential salary increases and other factors that would affect future costs.

We look forward to further review and discussion of these trends and the finalization of mutually agreed upon projections based on the best available claims and caseload information.

- 11. Describe any similar project already underway in the State or tribal service area that is supported by State, tribal or private foundation funds and how these activities will be affected if the title IV-E agency is approved to undertake the demonstration. If the child welfare waiver demonstration is intended to be operated in conjunction or collaboration with other relevant Federal initiatives (e.g. title XIX (Medicaid) State Plan Amendments and/or waivers in Medicaid or other programs, provide information on these associated collaborative activities. Explain to what degree (1) the proposed collaboration can be accomplished through coordination within the other program's existing authority or a plan amendment; or (2) whether coordinated activities will require approval of waivers in another program.**

Georgia has focused on improving the mental health services and outcomes for those in our child welfare and juvenile justice systems by contracting for a specialized Medicaid managed care plan for this unique population. This new managed care plan will begin March 3, 2014 and is focused on coordinating and improving acute care and mental health needs for this entire population..

- 12. Provide an accounting of any additional Federal, State, tribal, and local investments made, as well as any private investments made in coordination with the title IV-E agency, during the past two fiscal years to provide the service intervention(s) that the applicant intends to undertake through the waiver demonstration.**

The template is attached.

13. Provide an assurance that the Title IV-E agency will continue to provide an accounting of that same spending for each year of the approved demonstration project.

Georgia will continue to monitor and report IV-E spending during the demonstration period.

14. Identify the statutory and regulatory requirements under titles IV-B or IV-E of the Act for which waivers will be needed to permit the proposed project to be conducted.

Waivers of the following provisions of the Social Security Act and Program Regulations are proposed:

Section 472 (a): Expanded Eligibility: To allow the State to expend title IV-E funds for children and families who are not normally eligible under Part E of title IV of the Act as described in the Terms and Conditions.

Section 474(a)(1): Expanded Claiming: To allow the State to claim at the Federal medical assistance percentage any allowable expenditures of foster care maintenance payment cost savings.

Section 474(a)(3) and 45 CFR 1356.60(c)(3): Expanded Services: To allow the State to make payments for services that will be provided that are not normally covered under Part E of title IV of the Act; and to allow the State to use title IV-E funds for these costs and services as described in the application. The State requests the assistance of the Children's Bureau in identifying any additional statutory or regulatory provisions that need to be waived.

15. Address whether/how the demonstration will affect the Title IV-E agency's automated child welfare information system.

The needs for enhancements are still to be assessed, but are expected to be modest in scope.

16. Provide a narrative description of the title IV-E agency's capacity to effectively use the waiver demonstration authority under Section 1130 of the Act to conduct a demonstration project by identifying changes the title IV-E agency has made or plans to make in policies, procedures, or other elements of the agency's child welfare program that will enable the title IV-E agency to achieve the goal or goals of the project.

A large part of the Title IV-E waiver project's success lies in the actual implementation. Organizational readiness, clear vision, extensive planning, staff training/coaching and ongoing evaluation are key parts of Georgia's demonstration project plan for long-term sustainability. Georgia currently has the capacity to implement and sustain the demonstration project considering its strong workforce, leadership, and strategic partnerships.

Georgia will look to best practices in child welfare and human services related to implementing change. Casey Family Services' (2011), *Learning While Doing in the Human Services Sector: Becoming a Learning Organization through Organizational Change*, 12 strategies for developing and strengthening learning organizations will be used as a resource in the development of DFCS' Title IV-E waiver project implementation plan.

Particular attention will be paid to the following recommendations related to sustainable organizational change:

Use of pilot programs will:

- Establish procedures for implementing change and encouraging staff to work together to reach outcomes
- Provide frequent progress reports
- Establish measurable, public timelines; monitor and revise support plans
- Assess baseline conditions relevant to the changes to be implemented
- Share assessment findings with staff and explain how the proposed changes relate to outcomes

- Solicit frequent feedback from all organizational levels

- Develop a communication plan to facilitate regular, comprehensive information sharing with all stakeholders.

- Identify ways to integrate values and practices into the existing culture
- Engage stakeholders in the evaluation design; share data in a timely manner; establish and monitor data dissemination plans that target specific audiences
- Identify and engage internal and external partners who could have impact on the success of the change effort.

17. Identify the steps taken to assure county, local, Tribal and/or judicial cooperation as required by the project. Supply a copy of letters or memoranda of agreement between the title IV-E agency and any county, municipality, Tribe or tribal organization, foundation, private agency or any other governmental organization that is to be a participant in the child welfare demonstration project.

DFCS will coordinate letters of support from other state agencies and community partners to be submitted during the negotiation period. See attached memorandum of understanding on CHINS population.

18. Describe how the proposed project responds to the findings of the State's Child and Family Service Review and how it will affect implementation of the State's CFSR PIP.

DFCS successfully completed the CFSR PIP in 2012.

19. Describe any court order in effect anywhere in the State by which a court has determined that the State's child welfare program failed to comply either 1) with State child welfare laws or 2) with title IV-B, title IV-E or the U.S. Constitution, along with an analysis of whether the proposed demonstration project would have any effect on any such court order, and if so, how.

Kenny A is a federal consent order which created outcome measures and established monitors to resolve a lawsuit filed on behalf of children in foster care in Fulton and DeKalb Counties in Georgia. The outcome measures appear to be consistent with the intervention focused on keeping children out of DFCS custody and in the care of their parents/legal guardians, while providing services to the youth and family structure.

The court order generated by the CHINS hearing will not contain the "Contrary to welfare to remain in the home" and the "Reasonable efforts to prevent removal" language that is necessary for IV-E eligibility for foster care. If the services are not enough and they do come into care, then there would be no problem because the reasonable efforts to prevent removal would already be done.

The number of CHINS children projected to enter the foster care system without such interventions would adversely result in negative implications in both permanency and wellbeing outcomes. These negative implications include but are not limited to an insufficient number of foster homes to house the CHINS population, an insufficient number of staff to handle cases and remain under the case load cap, which would have a rippling effect on inadequate child visitation, sibling visitation, parent visitation, inadequate and untimely service needs including educational, developmental, medical and mental health needs, all of which are mandated and measured by the Kenny A consent decree.

One focus of this intervention is focused on a reduction in the number and percent of children who enter foster care and remain less than 90 days. Kenny A Outcome 4 focuses on re-entry within 12 months of the previous exit from foster care. Even though the strategy in and of itself is a good strategy there would be a negative impact on the Kenny A outcomes if a child returns home and re-enter care within 12 months of the exit date from foster care. This would have unfavorable consequences on the agency's re-entry rate which is currently at 8.8 %. The Kenny A requirement is no more than 8.6 % of all foster children entering custody shall have re-entered care within 12 monthly of the prior placement episode.

We are continuing to examine the Kenny A outcome measures for alignment with the strategies and interventions of the waiver.

20. Describe methods used to obtain public input, a summary of comments received and how public input shaped the development of the proposal.

DFCS will release the application for public comment in March 2014. Feedback from those comments will be used during the waiver negotiation process.

21. Provide an assurance that the title IV-E agency provides health insurance coverage for all special needs children for whom the title IV-E agency has entered into an adoption assistance agreement (including those not supported by title IV-E funds).

Yes, DFCS provides health insurance for special needs children as part of adoption assistance agreements.

22. Identify which of the Child Welfare Program Improvement Policies identified in section 1130(a)(3)(C) of the Act the title IV-E agency has implemented or intends to implement

within three years of the date on which the title IV-E agency submits its application or two years after the Department approves the demonstration (whichever is later). At least one of the child welfare program improvement policies to be implemented must be a policy that the title IV-E agency has not previously implemented as of the date on which it submits an application to conduct the demonstration project. (See attached “Requirement to Implement Program Improvement Policies” from section on pages 12 - 14 of the IM.”).

Recruiting and Supporting High Quality Foster Family Homes: The development and implementation of a plan to improve the recruitment and retention of high quality foster family homes trained to help assist infants, children, and youth swiftly secure permanent families. Supports for foster families under such a plan may include increasing maintenance payments to more adequately meet the needs of infants, children, and youth in foster care and expanding training, respite care, and other support services for foster parents.

Addressing Health and Mental Health Needs of Children in Foster Care: The development and implementation of a plan for meeting the health and mental health needs of infants, children, and youth in foster care that includes ensuring the provision of such care is child-specific, comprehensive, appropriate, and consistent, through such means as ensuring that the child has a medical home, regular wellness medical visits, and addressing the issue of trauma, when appropriate.