



# The Georgia Cold Case Project

Presented to:

Administrative Office of the Courts of Georgia

and the

Supreme Court of Georgia  
Committee on Justice for Children

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**ARS**   
APPLIED RESEARCH SERVICES, INC.

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## The Georgia Cold Case Project Executive Summary

The Adoption Assistance and Child Welfare Act of 1980 had three goals: prevent unnecessary foster care placements; reunify children with parents whenever possible; and bring about the expeditious adoption of children unable to return home. The aim was to produce positive outcomes for both children and families. Compliance with federal requirements is assessed by the Child and Family Services Review (CFSR) conducted by the Children's Bureau of the U.S. Department of Health and Human Services (HHS). Georgia's first CFSR in 2001 indicated the state was not performing in conformity with federal requirements, thus it was required to develop a Program Improvement Plan (PIP) to address each area of concern and given two years to implement the plan. By 2006 the Children's Bureau determined that Georgia failed to complete all PIP requirements successfully and assessed a \$4.3 million penalty, with additional penalties each year until compliance. Despite areas of positive performance, Georgia failed its second CFSR which indicated a difficulty with establishing permanency in a timely manner for children with extended stays in foster care (referred to herein as "cold cases").

In response, the Supreme Court of Georgia Committee on Justice for Children dedicated Court Improvement Project funds to develop a method for improving permanency outcomes for long term foster care "cold cases." This project is timely as Georgia strives to improve performance in this area and anticipates successful completion of the PIP by August 2010. Working in full partnership and support with the Georgia Division of Family and Children Services (DFCS) and the Georgia Office of the Child Advocate, the Committee implemented the Georgia Cold Case Project in 2009. *The Georgia Cold Case Project (June 2010)* describes the process of defining and identifying "cold" cases, the development of a program protocol, the analyses of 214 cold cases, and feedback from anonymous surveys of case managers and attorneys. Fifteen policy recommendations are presented to help Georgia better respond to the permanency needs of children in foster care.

File reviews of the cold cases by specially trained child welfare attorneys (Supreme Court Fellows) found both negative and positive permanency practices, and barriers to permanency were found on all sides. Family and caregivers were most likely to present permanency problems. For 53% of children this encompassed a lack of willingness to take custody or adopt, being

ill-equipped to handle special issues and needs, lack of stability, and noncompliance with DFCS case plans. Fellows described DFCS barriers to permanency in half of the cases, such as failing to pursue relatives, lack of timely intervention, failure to consider a broader range of placements, case manager turnover, and lack of resources. For one in three children, the courts presented barriers to permanency such as time delays, missing or inaccurate petitions and motions, lack of attorney action, and lack of judicial oversight.

Despite the obstacles, many positive DFCS case management practices were documented by Fellows. The most common (13% of cases) were extensive efforts made by individual case managers to maintain familial contact for a child. In 10% of the cases, Fellows documented great efforts by DFCS to provide assistance to families (pre-removal, upon reunification/adoption, and to non-parental caretakers). Assistance included mental health services, parenting aides, transportation, and anger management classes. In 10% of cases case managers were exceptionally resourceful, creative, and took initiative to work difficult cases. Examples included finding back-up placements, conducting very detailed *Accurint* searches to locate all possible family members, and relying on adoption counselors to reduce resistance to adoption among teens. In addition, the Court Appointed Special Advocate (CASA) network was clearly working to promote permanency for cold cases. Fellows found many examples of "good practice" to be applauded. Fellows described a clear and positive change in culture among today's case managers not evident in the documentation of older practice.

The typical cold case child was 14 years old and had been in care for six years (ranging from less than one year to 16 years). The vast majority (85%) had some type of identified disability. Nearly two thirds of the children (64%) lived in an institution or group home; one third lived in a family setting (foster family, foster relative, or pre-adoptive home). The group averaged nine placements per child; 25% of the children had a dozen or more placements.

For 90% of the children there was more than one reason for DFCS involvement in their lives. Parental substance abuse was the most frequently observed primary reason, followed by child neglect. One third of the children (36%) had previously been removed from their home. One in three children came from a single female-headed home. While one in three was part of a sibling group that could be placed together, only 25 kids in our sample were in a placement with a sibling.

The abuses suffered by the children of this study were overwhelming. They often involved the drug addiction or mental illness of parents. Nearly one in three (29%) children had been a victim of sexual assault, primarily by parents and family members. The negative effects of sexual abuse permeate into adulthood as traumatic sexualization can lead to hypersexual or sexual avoidance behaviors. The feelings of intense guilt can manifest as substance abuse, self-mutilation and suicidal gestures.<sup>1</sup>

Cold case children have experienced numerous life traumas referred to as “adverse childhood events,” traumas proven to be significantly associated with later life dysfunction. Such traumas include verbal abuse, physical abuse, sexual abuse, neglect, and living with a mentally ill family member. These traumas increase the chance of later problematic behavior, risky sexual practices, substance abuse, heart disease, and early death.<sup>2</sup> While all children experienced some degree of trauma, 81% of the cold case children experienced ongoing or profound trauma. About one half of the children (51%) had multiple DSM-IV Axis I disorders or both Axis I and Axis II disorders. One in five (19%) had chronic, serious, treatment resistant mental illness and/or cognitive issues. This latter level of pathology often requires fairly long-term inpatient care to stabilize and treat the child. Behavior issues were also prominent. One in three children (34%) exhibited behavior that was an issue in multiple settings with violence or serious criminality. An additional 16% of children exhibited behavior that was unmanageable in all but secure settings, with violence or serious criminality. These children often spent long periods of time in therapeutic settings and institutions as a result.

Fellows examined for each case eight of the legal requirements placed on Georgia by the federal Child and Family Services Review. While the files would likely not fare well on a CFSR review, many of the cases reflect outdated agency practices because they have been in the system for so many years. A key component of this project was to use the post-review phone calls to educate DFCS representatives on the importance of these CSFR areas. In that process, many county DFCS representatives volunteered to take corrective action with reviewed files in order to help meet federal standards. The legal review is summarized:

- there was no evidence of a diligent search in 41% of files
- less than half (46%) of files had legal documentation to indicate that a permanency hearing was held within one year of coming into care

- the majority of files (71%) contained “reasonable efforts” (to achieve permanency) language, but some would likely not survive a federal audit
- one in four APPLA (another planned permanent living arrangement) cases did not have “compelling reasons” documented in court orders for choosing APPLA as the permanency plan
- 90% of children required to have a written transitional living plan (WTLP) had one in their file; less than half were signed by the child
- half (54%) of children that qualified for independent living program (ILP) services showed evidence of a connection to services
- half (54%) of children had a documented relationship with an adult family member; another 24% had at least one connection to a non-familial adult
- there was evidence of a plan for future education, health, or housing needs for less than half (48%) of the children still in DFCS custody at the time of file review
  - roughly one quarter (27%) of cold case children had an attorney

At the completion of file reviews, anonymous online surveys were conducted with two groups that work daily with foster children and have special insight into cold cases – Special Assistant Attorneys General (SAAGs), who serve as the Social Service Agency’s attorney, and DFCS case managers. The purpose of the surveys was to illicit qualitative detail on issues of concern, particularly areas where file review data was sparse or unclear. A total of 177 completed surveys were received (132 case managers and 45 SAAGs), evenly split across urban/suburban and rural locales.

When asked to consider system-wide challenges to achieving permanency for children, almost one-quarter of case managers mentioned practices at the state level of DFCS. Examples ranged from outdated policies, pressure on local offices to “keep their numbers down” which can result in hasty placements, and a glut of mandated meetings and trainings which keep case managers out of the field where they could be working with children and families. Challenges also included large caseloads and high staff turnover, and a lack of permanency options for teens and special needs children.

SAAGs described the lack of funding to address the needs of parents and children, particularly funding

for mental health services, as the biggest system-wide challenge to achieving permanency for children. The second challenge was posed by case manager turnover which leads to a DFCS workforce that lacks experience, knowledge of the system, knowledge of individual cases, and a slowing of decision-making and case processing. Like case managers, SAAGs rounded out the list with the lack of quality placements for teens and children with special needs.

## Recommendations

At the conclusion of the year of study, the following fifteen policy recommendations are presented in an effort to help Georgia improve permanency outcomes for children in foster care.

**#1: Make timely and detailed diligent searches a priority.** Timely action is needed to locate relatives, provide relatives with notification about children in care, and follow-up with interested parties in order to provide the familial link between a child and possible avenues of placement and permanency.

**#2: Limit the use of APPLA as a permanency plan.** APPLA (another planned permanent living arrangement) can be a permanency plan only when preferable options (reunification, adoption, legal guardianship, and permanent placement with a relative) are unavailable. Specific criteria should be developed to guide case managers in selecting an APPLA plan. A review process should be developed to determine whether compelling reasons are appropriate and the plan is in the best interests of the child. The legal community needs additional education about the requirements for selecting APPLA under the ASFA guidelines.

**#3: Ensure children have connections to family or other adults.** Absent a court order that contact is not in the child's best interest, a child should have a right to continued contact with committed relatives and non-relative adults. Even if relatives are unable to provide permanency, strident efforts should be made to foster and maintain familial relationships and relative visitation. Fostering relationships with committed adults can begin with school officials, CASA workers, mentoring agencies, coaches, and church members.

**#4: Involve children in permanency planning and Written Transitional Living Plans.** Youth should play an active role in permanency planning and the development of their WTLP. Commitment to this concept is measurable by a reduction in boilerplate WTLP language and an increase in children signing their WTLP.

**#5: Improve consistency and availability of Independent Living Program (ILP) Services.** All eligible children should be educated about ILP services and the value of participation. Georgia should provide the same programs and services to all foster children regardless of their county of residence.

**#6: Improve education to children about the benefits of remaining in care beyond age 18.** A specific protocol should be developed to address how and when children are educated about remaining in care beyond age 18. Clear policies should also be established and conveyed to children about how they can be excluded from eligibility.

**#7: Ensure children receive meaningful representation and attend judicial proceedings.** Children should have effective representation (including advocates) to participate in all judicial hearings and panel reviews and inform the court and DFCS of their needs. Georgia courts should consider policies which would ensure that children are actively participating in their own court proceedings.

**#8: Improve legal advocacy for all parties involved in deprivation cases.** Improvements in legal advocacy of parent attorneys, SAAGs and GALs will help to promote fair deprivation proceedings. Expanding the CASA network to all courts in Georgia would improve child advocacy practice for cold case children.

**#9: Improve judicial oversight on permanency issues.** Responsibility for the "best interests" of the child rests on the shoulders of the courts. Judges should hold all legal advocates to a high standard (required language in deprivation orders, timely hearings, and compliance with state and federal regulations). Juvenile court judges should continue to receive specialized training in child welfare cases so they have the knowledge and expertise to properly ensure legal compliance on such matters. A state entity should provide "cold case lists" to all courts so that local efforts to manage cold cases can begin. A consistent approach to judicial review should be established for children whose parents voluntarily relinquish parental rights.

**#10: Provide services and support to adoptive families to reduce adoption dissolution.** Georgia should provide post-adoption mental health and other special services to children in adoptive families. Case managers should be allowed the time to educate prospective adoptive families and be more involved with families and children prior to and after adoption. Increasing the DFCS emphasis on concurrent planning and expanding

timely, expert child and family assessments should help to improve permanency outcomes and reduce the cycle of adopt-and-return.

**#11: Prosecute child sex abusers and ensure sexual abuse victims receive proper treatment.** It is incumbent upon the child welfare system as a whole to not only remove a child from a sexual abuse situation, but to make sure local child abuse protocols are up to date, in force, and that all the legally required participants are meeting in order to ensure that perpetrators are prosecuted. Attorneys and the courts should require forensic interviews as soon as allegations of sexual abuse are known and, when warranted, mandate treatment by trained professionals. Treatment recommendations must be acted upon swiftly to ensure that children receive the services needed to deal with the trauma of sexual abuse.

**#12: Provide independent oversight for children receiving mental health treatment.** Children receiving institutional care for mental health issues should be regularly reviewed by an independent psychiatric entity to ensure proper care.

**#13: Improve access to information on reproductive health for children in DFCS custody.** Georgia should develop an age-specific and medically appropriate reproductive health class for foster teens. The legal community should be educated about services available in their community in order to provide appropriate referrals.

**#14: Utilize adoption counselors and specially trained staff to reduce resistance to adoption.** Expand the use of adoption counselors and training of DFCS case managers to work with youth that are resistant to adoption to help them overcome their fears and open themselves to the possibility of finding a family.

**#15: Expand family dependency treatment courts statewide.** Research demonstrates the success of family dependency treatment courts that handle deprivation cases due to parental substance abuse. Georgia should expand the piloted model around the state so that more substance abusing parents have access to services.

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1 Faller, K. (1993) "Child Sexual Abuse: Intervention and Treatment Issues." US Department of Health and Human Services. Retrieved from: <http://www.childwelfare.gov/pubs/usermanuals/sexabuse/sexabuseb.cfm>.

2 Centers for Disease Control and Prevention (1998) "Adverse Childhood Experiences Study" Retrieved from: <http://www.cdc.gov/nccdphp/ace/index.htm>.

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# Chapter 1: Introduction

## Background

The Adoption Assistance and Child Welfare Act of 1980 had three goals: prevent unnecessary foster care placements; reunify children with parents whenever possible; and bring about the expeditious adoption of children unable to return home. The aim was to produce positive outcomes for both children and families. The context for these efforts depends on oversight by the judicial system. Judicial oversight provides the legal framework for state intervention by reviewing the delivery of social services to families both before and after a child is removed from a home. While the Act redefined child welfare policy and legal practice, concerns remain about how to establish whether the law is implemented as intended. Each child must have a “plan” for permanency, and juvenile courts must make evidence findings of “reasonable efforts” to enable a child to be reunited with his or her family or achieve another permanency plan. The efforts must be properly recorded, and children must be returned home and/or have a permanency plan in place within twelve months of removal.

The State Court Improvement Program (CIP) was created in 1993 to distribute grants to state court systems for the purpose of conducting assessments of their judicial process of foster care and adoption. States use the assessments to develop and implement system improvement plans. The Adoption and Safe Families Act of 1997 (ASFA) authorized the CIP through 2001 and recommended timelines for achieving permanency. The Promoting Safe and Stable Families Amendments of 2001 reauthorized the CIP through 2006 and expanded the scope of the program to include improvements necessary “to provide for the safety, well-being, and permanence of children in foster care, as set forth in ASFA” and provide for the implementation of a corrective action plan based on the findings of the Child and Family Services Review (CFSR) of the state’s child welfare system.

## The Child and Family Services Review

The Child and Family Services Review (CFSR) is conducted by the Children’s Bureau of the U.S. Department of Health and Human Services (HHS). Amendments to the Social Security Act in 1994 authorize HHS to review child and family service programs in each state to ensure compliance with federal requirements. The CFSR takes a two-prong approach. First, a statewide assessment of foster care data compares the state’s performance on key safety and permanency indicators to national standards. The second phase involves an on-site review of the state’s child welfare program by a joint federal-state review team. This phase involves the review of case records as well as personal interviews with families and children receiving services and community stakeholders (court personnel, case managers, service providers, foster families).

States that do not meet prescribed standards in all assessed areas are required to develop a Program Improvement Plan (PIP) to address their areas of weakness. Implementation of the plan is monitored by The Children’s Bureau. Penalties are imposed on states that do not achieve the required improvements.

### **Georgia's Child and Family Services Review Performance**

The results of Georgia's first CFSR in 2001 indicated the state was not performing in conformity with federal requirements in any of the seven outcome areas and in three of seven systematic factors. The state was required to develop a PIP to address each area of concern and given two years to implement the plan and a year to demonstrate the ability to achieve goals successfully through the plan. By 2006 the Children's Bureau determined that Georgia failed to complete all PIP requirements successfully and a \$4.3 million penalty was assessed with additional penalties each year until compliance.

Despite areas of positive performance, by Georgia's second (2007) CFSR the state still was not in conformity with any of the seven CFSR outcomes or with three of the seven systemic factors. The review indicated a difficulty with establishing permanency in a timely manner for children with extended stays in foster care (referred to herein as "cold cases"), specifically in terms of establishing and supporting children's connections with extended family and the timeliness of relative searches. The state was issued an \$8.6 million fine which was suspended in order to develop and implement a PIP to address the areas not in conformity. The Georgia PIP received federal approval in August of 2008 and became effective September 1, 2008. Georgia has recently been notified by The Children's Bureau that it is on target for successful completion of the plan by August 31, 2010. The Georgia PIP comprises the following major strategies:

1. Develop and pilot a Family-Centered Practice Model in six innovation zones.
2. Strengthen policy and improve practice to ensure safety of children.
3. Improve permanency outcomes for children and families.
4. Improve service array and foster parent recruitment/retention.

This study focuses on strategy #3 – improving permanency outcomes. The state has a significant challenge ahead regarding outcomes for children in the foster care system. Some juvenile courts have been overwhelmed with cases and the social service system suffers from numerous challenges, including high caseworker turnover. In reality, children often remain in foster care for years. In Georgia, the median time from removal from the home to finalized adoption among children discharged from foster care in 2009 was 32.1 months. Only 27% of those children were adopted within 24 months, compared to a national target of 37%.

### **The Justice for Children Cold Case Project**

The mandate of the Supreme Court of Georgia Committee on Justice for Children (J4C) is to assess and improve court proceedings involving abused and neglected children. For this project, the Committee dedicated Court Improvement Project funds and worked in full partnership and support with the Georgia Division of Family and Children Services (DFCS) and the Georgia Office of the Child Advocate. The goal of the project was to develop a method for improving permanency outcomes for long term foster care "cold cases."

This project significantly expands our knowledge of children who linger in foster care for more than two years and those who and age out of care

without achieving permanency. Children who age out of care as legal orphans not only struggle with the problems that brought them to the foster care system<sup>1</sup>, they face difficult transitions into adulthood without family support. The most comprehensive study to date of former foster youth found that some youth that age out of foster care are more susceptible to homelessness, poor educational outcomes, unemployment, low wages, health issues and incarceration<sup>2</sup>.

Each year roughly one hundred children age out of foster care as legal orphans in Georgia<sup>3</sup>. The impetus for the Cold Case Project was a desire to present policy makers with viable options to improve long term outcomes for foster children. Georgia taxpayers would be better served by providing services to children and families that improve permanency than by paying millions of dollars in federal fines for failure to comply with national standards.

The following pages describe the development and implementation of the Georgia Cold Case Project. Chapter 2 describes the process of defining and identifying “cold” cases, the development of file review forms and processes, and the final program protocol. Chapter 3 summarizes analyses of the 214 cold cases reviewed. All case examples reflect real stories, only the names of the children have been changed. Chapter 4 describes the feedback from the field – results of anonymous surveys of case managers and attorneys. Finally, fifteen policy recommendations are presented in Chapter 5. We hope the recommendations provided in this report will help Georgia to better respond to the needs of children in our foster care system so that the goal of permanency for all can become a reality.

## Chapter 2: The Cold Case Project Plan

Beginning January 2009, the first three months of the Georgia cold case project were devoted to hiring contractors, defining a “cold case” for purposes of the project, and developing and testing file review protocols. The next three months were devoted to selecting a random sample of cold cases for file review, and implementing the program protocol in selected study sites. A total of 214 files were reviewed in 46 counties during the eleven month period between April 2009 and February 2010. Reviews were standardized with a 20-page forms package completed on each case by a team of specially trained child welfare lawyers. The final program protocol can be summarized by the thirteen steps followed for each case review.

### Defining a “Cold Case”

Concerns about the lack of national information on foster care children led to the creation of the Adoption and Foster Care Analysis and Reporting System (AFCARS), administered by the Children’s Bureau of the U.S. Department of Health and Human Services. AFCARS includes case level information on children in foster care and children adopted under the authority of the state’s child welfare agency. Since 1995, child-specific data are reported by each state to the federal government. Both state and federal agencies use those data to monitor child welfare case outcomes. AFCARS data were used to define a foster care “cold case” for purposes of this project.

The state of Georgia was reviewed in 2007 for the second round of the federal Child and Family Services Review (CFSR). One portion of the CFSR assesses state conformity with national standards on a set of four “permanency composites.” The third of these composites measures state performance in “achieving permanency for children in foster care for long periods of time.” In Georgia’s Program Improvement Plan (PIP), efforts to improve CFSR permanency composite #3 proved most difficult. Staff from J4C asked DFCS if the Cold Case Project could be used to work on improving permanency composite #3, which was readily agreed upon.

For the purposes of this study, a foster care case was defined as “cold” if it would negatively impact state conformity with CFSR permanency composite #3. Composite #3 is a weighted average of three measures: exits to permanency prior to the 18th birthday for children in care for 24 months or more; exits to permanency for children with TPR (termination of parental rights); and children emancipated who were in foster care for three years or more. Each of the three measures is formulated as a percentage ratio, with 100% representing a positive outcome. In the current study, a case was defined as “cold” if it appeared in the denominator of one or more of the three composite #3 measures and did not also appear in a numerator. That is, the “cold” cases had a negative outcome as defined by the CFSR (turning 18 while in care, exiting without permanency with all parental rights terminated, or emancipating after a foster care stay longer than three years).

A set of 4,732 foster care cases from 2007 Georgia AFCARS data were examined to develop a model to predict whether a foster care case was statistically likely to become “cold.” Among the 4,732 cases, 55% met the

study definition of a cold case. To begin the development of a predictive model, 65 potential variables in the AFCARS data were examined for their relationship to the outcome of interest: turning 18 while in care, exiting without permanency with all parental rights terminated, or emancipating after a foster care stay longer than three years. Using multivariate logistic regression techniques, a final list of seven variables was identified that predict case outcomes (“cold” vs. not). Those seven predictors of a cold case, in order from the most influential to the least, are presented in Table 1.

The final model uses all seven variables as well as their two-way interactions (see Appendix A for complete statistical documentation of the multivariate logistic regression cold case predictive model). In other words, there is an added benefit in accurately predicting case outcomes knowing whether a case had both a TPR and was eligible for federal funding. Applying this model to the 2007 AFCARS cases accurately predicted the outcome in 90% of cases. The model was also validated on 2006 AFCARS data, achieving a prediction accuracy of 89%.

Finally, the model was used to predict CFSR composite #3 outcomes for current foster care cases that had been ongoing for at least 24 months on March 31, 2009. That resulted in a ranking of current foster care cases in terms of their likelihood of becoming a cold case. Next, the 500 “coldest” foster care cases in Georgia on March 31, 2009 (cases with the highest likelihood) were selected for file review. Of the list of 500, half would be randomly assigned (within county) for review and half would serve as comparison cases (not reviewed).

### Supreme Court Fellows

During the second month of the project, Supreme Court Fellows (lawyers with expertise in child welfare) were recruited and hired to review the sample of cold cases described above. Experts were recruited by posting notices on various child welfare list serves across the state. Interested candidates were directed to a website for fellowship details and application instructions. Resume reviews and interviews were conducted by the Project Director and staff from the Administrative Office of the Courts of Georgia (AOC).

AOC staff developed and administered an eight question test to all potential candidates for the purpose of assessing their knowledge of state and federal child welfare issues. Interviews were scheduled with the highest scoring candidates. Phone interviews were conducted with candidates during the first week of March. On March 12, 2009 eleven candidates were hired as Supreme Court Fellows. Two Fellows would split a fellowship with each working part-time, and one was selected to serve as the Project Lead. See Table 2.

The Fellows were a mix of Special Assistant Attorneys General (SAAG), who serve as the Social Service Agency’s attorney, and private attorneys. Each Fellow agreed to dedicate ten hours per week (five hours for part-time) to project tasks, including: file reviews, interviews with DFCS representatives, completing data collection forms, writing

**Table 1. Seven Predictors of a Cold Case**

1. Lack of federal funding reimbursement
2. Number of months in care since the current removal
3. Lack of termination of parental rights
4. Caretaker (in the removal home) year of birth
5. Current placement in an institution
6. Age of the child (on 3/31/09)
7. Number of placement settings in the current removal

**Table 2. Cold Case Project Supreme Court Fellows**

Patricia Ketch Buonodono  
 Melinda Cowan  
 Rachel Davidson (part-time)  
 Darice Good (part-time)  
 Karlise Grier  
 Diana Rugh-Johnson  
 Trân Lankford  
 Dorothy Murphy  
 Brooke Silverthorn  
 Leslie Stewart  
 Ashley Willcott, Project Lead

summaries, participating in conference calls and meetings, and traveling to DFCS sites. The Project Lead Fellow committed to 20 hours per week. The one-year fellowships began on April 1, 2009.

On April 2, 2009 a kick-off luncheon was held to welcome all Fellows to the project and introduce staff. Fellows continued to meet weekly on Fridays either in person or by telephone for training, panel presentations, group discussions, and case deliberations. Numerous hours were devoted by Fellows for these project tasks. Free Google applications served as the cornerstone of communication and information sharing throughout the project, including Gmail, Google docs (where documents can be shared and edited by a group), and Google calendar (which allows permission to be granted for others to view calendars).

### **Developing & Testing File Review Forms**

A series of file review forms were developed to systematically capture data on the cold cases. Numerous instruments were reviewed, including the federal CFSR data collection forms, the Georgia Court Improvement Project data collection instrument, and forms designed for the Georgia DFCS-Casey Family Program Permanency Roundtable Project. During April 2009 ARS conducted preliminary file reviews. Since the initial field testing represented the first examination of DFCS case files, there were many questions surrounding the availability and organization of data in the DFCS files. The purpose of the field test was to refine the instruments and define a file review protocol that could be implemented by the Fellows. A preliminary list of 88 long-term foster children in DFCS custody was selected for field testing of instruments.

Five test case reviews were conducted by ARS, the Project Lead Fellow, and a senior project advisor during the first week of April 2009 in Clayton and Carroll Counties. Reviews required approximately four hours each to complete. The information gained during these initial reviews was used to make extensive edits to the form. The form was reorganized, questions were edited, new questions were added, and many questions were deleted. The original draft of eleven pages with 100 questions was edited into an eight-page form with 66 questions.

The pilot forms, designed as the "Cold Case Packet," were presented to the Fellows for review. ARS selected a sample of 21 more cases for final field testing of the packet with the Fellows. The packet contained an array of documents required for each case review, including: Cold Case Data Collection Form, Interview Protocol (instructions and questions to ask case managers in post-review interviews), Narrative Summary Instructions (instructions for writing a narrative review of the case), Cold Case Activity Sheet (timesheet), and four pages of Psychological Assessment data collection forms. The 26 pilot cases in thirteen counties were distributed by geographic location (urban/rural), age, and sex. The pilot phase efforts culminated in the final Cold Case Packet, presented in Appendix B to this report.

### **Institutional Review Board (IRB) Approval**

Since the project involved evaluation research on human subjects (under the custody of DFCS), Department of Human Resources (DHR) Institutional Review Board (IRB) approval was required. An IRB is a committee formally

designated to approve, monitor, and review biomedical and behavioral research involving humans with the aim to protect the rights and welfare of the research subjects. The DHR IRB requires all researchers to clearly articulate the anticipated benefits and the importance of the knowledge to be gained through research, as well as an approved plan for the protection of subject privacy.

ARS prepared and submitted an IRB application package, complete with all file review and consent forms, to DHR and was granted approval to conduct the project. The final program protocol was required to include strict safeguards for the protection of the identity of the foster children under review and a signed consent form for each child. Permission for foster children participation in the study was required by a legal guardian, in this case DFCS. In order to proceed with a file review, the Fellow presented a consent form to the DFCS case manager or supervisor and requested permission to review files. If permission was granted, a signed copy of the consent form was left with the local DFCS representation for the case file; a second copy was forwarded to ARS by the Fellow to remain in a locked file. All remaining project documentation – file review forms, narratives, notes, discussions, data files – relied on a unique identifying number assigned to each child. To maintain the confidential identity of all cold case foster children, names and personal identifiers were strictly prohibited from all project documentation.

### **The Cold Case Program Protocol**

Fellows received official training by ARS on completing Cold Case Packets on May 1, 2009. They were divided into teams of two to conduct site visits and review files. Each team had a SAAG or former SAAG who would be experienced with the content and organization of DFCS case files. The Project Lead Fellow made initial contact with the DFCS directors in the pilot counties to introduce the project. ARS called or emailed the directors to schedule site visits and notified Fellows of scheduled reviews. All pilot case reviews were completed within six weeks. ARS attended random pilot case reviews to note any data collection problems, and to observe case manager interviews to ensure uniformity and fidelity to the program protocol.

The final cold case program protocol was articulated at the end of the pilot phase. The final 13 steps that summarize the protocol are presented in Table 3. By October all Fellows were working alone. By February 2010 a total of 214 files had been reviewed in 46 counties. Fellows completed Cold Case Packets and submitted them to ARS for review and data entry. Each case was then deliberated by all Fellows via a teleconference or in-person meeting. Next, follow-up calls were scheduled with each county DFCS office to discuss the review findings and present any case recommendations. A final summary for each case was posted on the Google Group site for DFCS review.

### **Table 3. Georgia Cold Case Project Protocol**

1. **Select Cases For Review.** Cases were selected for review from automated AFCARS data and were identified only by AFCARS identification numbers. Selection was based upon seven cold case criteria (federal funding eligibility, months in care, parental rights termination, age of caretaker, institutional placement, age of child, number of placements). The Office of the Child Advocate matched the AFCARS IDs to names of the children and provided names to ARS. ARS queried the Georgia Court Process Reporting System 2 (CPRS2), using name and

date of birth, to obtain the SHINES ID for each case, which was required to locate a file at the local DFCS office. ARS assigned each case a unique Cold Case ID (to maintain confidentiality, only the Cold Case ID was written on data collection forms).

2. **Schedule Case Reviews.** ARS identified counties with multiple cases for review, ensuring representation of both urban and rural counties, as well as counties distributed throughout the state geographically. After selecting counties for review, the Project Lead Fellow made initial contact with each county DFCS Director to introduce the project, answer questions, and advise that ARS would soon be calling to schedule reviews. Based on the project Google Calendar availability, Fellows were contacted directly to confirm their availability for reviews. ARS then contacted the DFCS offices and scheduled case reviews. Confirmation emails were sent to the Fellows to confirm the date and time of review, DFCS office location, DFCS contact person, and cases to be reviewed.

3. **Reminder Emails.** ARS sent reminder emails to the designated site contact at each county DFCS office 24 hours prior to scheduled case review.

4. **Conduct Case Reviews.** Fellows printed a copy of the Cold Case Review Packet from Google Documents for each case under review. Fellows arrived at the DFCS office on time, checked in at the front desk, and requested to meet with the contact person from their confirmation email. Before reviews could begin, the Fellows presented consent forms for signature. One copy was given to the DFCS representative with the Fellow retaining the other copy. Fellows were escorted to a conference room or empty office within the DFCS office and were provided case files. Files were reviewed on-site. Files were not copied nor removed from the DFCS office. At the completion of the review process, files were left in the same order as provided. Only the Cold Case File Number, provided by ARS, was placed on all forms. No other identifying information was captured on the forms package.

5. **Interview DFCS Case Manager.** During introductions with the DFCS contact, Fellows requested a meeting time with the child's current case manager at the end of the review process. A short 10-15 minute interview was conducted by the Fellow, following the Case Manager Interview Protocol included in the forms package. The case manager's name and contact information was captured on the Cold Case Review Checklist, which was submitted to ARS within 24 hours. If the case manager was not available, the Fellow made contact via telephone in the days following the review.

6. **Thank You Email.** ARS sent a "thank you" email to the DFCS Director, DFCS contact in charge of scheduling (if not the Director), and the DFCS case manager(s) interviewed. The email was copied to the Fellow assigned to the case and selected Cold Case Project personnel (including Project Director and Lead Fellow).

7. **Submit Cold Case Forms Package.** Fellows completed all forms in the package (one package per case). This included writing a case narrative covering 10 key points following the Narrative Summary Instructions. The 10 points were:

1. Diligent Search. See Q25, Q48-51.
2. Permanency Hearings. See Q31-34.
3. Efforts to Achieve Permanency. See full case review form & narrative.
4. Compelling Reason for Why APPLA Was Chosen. See Q35.
5. Signed WTLP. See Q36.
6. Evidence of Connection to ILP Services. See Q61 and narrative.
7. Evidence of Connection to an Adult. See full case review form and narrative.
8. Evidence of Plan for Education/Health/Housing. See full case review form and narrative.
9. Child Attorney/GAL. See Q19, Q20 and narrative.
10. Original Identification Documents (birth certificate, social security card) Provided to Child at Age 18. See case file.

Within 5 business days of the review, the narrative and key points were submitted to ARS via email in word processing format (not PDF). Within 5 business days of the review, the full forms package was faxed or mailed to ARS. Original consent forms were mailed or hand delivered to ARS.

8. **Process Cold Case Forms Package.** ARS reviewed all completed forms packages and contacted Fellows for any required clarification. When necessary to fill in gaps, ARS accessed case documentation in SHINES. Pertinent information located in SHINES was added to the review forms and emailed to the Fellow. All data and consent forms were alphabetized and stored in a secure filing cabinet. Due to the prevalence of sexual victimization, ARS created a supplemental checklist to be completed after reading case narratives and prior to data entry. ARS entered all data captured on the data forms, the supplemental checklist, and the 10 key points into an automated database for statistical analysis. The only identifying case information captured in the database was the cold case ID.

9. **Post Case Narratives For Review.** After case processing, ARS posted the case narrative and 10 key points for each case on Google Documents for review by all Fellows and Cold Case Project personnel.

10. **Present Cold Case to Fellows for Deliberation.** ARS created an agenda for each weekly project meeting which listed the cases to be deliberated. Fellows reviewed posted narratives in preparation for the weekly meeting. Each case was presented by the reviewing Fellow(s) and group deliberations ensued. The purpose of deliberation was to craft specific recommendations for action in each case to present to DFCS during the follow-up phone call. Final recommendations were approved by the Project Lead and/or Project Director.

11. **Schedule Follow-Up Telephone Conference.** ARS scheduled a county follow-up telephone conference (telcon) after deliberations of each county's cases. The Project Director or Project Lead served as the call moderator, and all reviewing Fellows were invited. ARS viewed Fellow and moderator schedules via Google calendar to determine availability. Prospective dates were emailed and all parties confirmed availability. Dates/times were forwarded to AOC to confirm availability of the AOC conference line. Next, emails were sent to the county DFCS Director suggesting dates/times for the telcon. Once receiving confirmation from a Director, the AOC conference line was secured and invitation emails were sent with the date/time and conference call instructions to: DFCS Director, Fellow(s) that reviewed cases in that county, Project Director, Project Lead, County SAAG(s), the DFCS Permanency Expeditor(s) for the county, and any other designated staff. The invitation also invited the Director to forward the invitation to any other interested parties.

12. **Conduct Follow-Up Telephone Conference.** The follow-up telcons lasted approximately 30 to 60 minutes, depending upon the number of cases reviewed in a county. The conversation closely followed the DFCS Case Review Follow-Up Telephone Conference Script (see Appendix C). The moderator led the call and the Fellows answered case-specific questions and discussed recommendations. The purpose of the telcons was to provide feedback to the DFCS office, answer questions, explore ideas for permanency, inform DFCS of the Cold Case Project mission and make final case summaries available for DFCS review. Fellows edited the 10 key points posted on Google Documents during or immediately following the telcon if any new information was discovered.

13. **Post Key Points.** After the telcon, the moderator emailed a note to the DFCS Director that included the edited 10 key points for each case reviewed in the county. ARS then posted the final version of the 10 key points on Google groups where they could be viewed by DFCS and other designated personnel.

## Chapter 3: Cold Cases In Georgia

The primary purpose of the cold case project was to develop and evaluate a method for improving permanency outcomes for children in foster care for long periods of time. File reviews conducted by Fellows allowed for a deeper understanding of the challenges to achieving permanency presented by cold cases. In addition, Fellows examined each case for the legal requirements placed on Georgia by law and the federal Child and Family Services Review. If all legal requirements were not met, or permanency options were not explored, case-specific recommendations were presented to DFCS for consideration. The analysis of collected data provides for a deeper understanding of cold cases and assesses Georgia's Program Improvement Plan efforts in the foster care permanency arena.

### Cold Case Project Sample

The final Cold Case Project sample consisted of 447 children. While the original sample described in Chapter 2 contained 500 children, 53 were dropped from the study because they were already adopted by the time file reviews began or their files could not be located for review. The final sample of 447 was fairly even in representation by gender and race (56% males/44% females; 55% non-white/45% white). The age of removal from the home varied from birth to age 17, with an average of age seven. Nearly four in five (79%) had some type of identified disability. When the sample was created, the children had been in DFCS care ranging from less than one year to 16 years. The average child in the sample was 13 years old and had been in care for six years. One half of the children resided in an institution, one third were in a non-relative foster home.

As described in Chapter 2, half of the sample was randomly assigned for review (the intervention group). The program plan included a target of 220 cases for review. Between April 2009 and March 2010, 214 cases reviews were completed (48% of the total Cold Case study sample), leaving 52% or 233 cases to serve as the comparison group. Counties ranged between zero and 63 cold cases each and were selected for case reviews on the

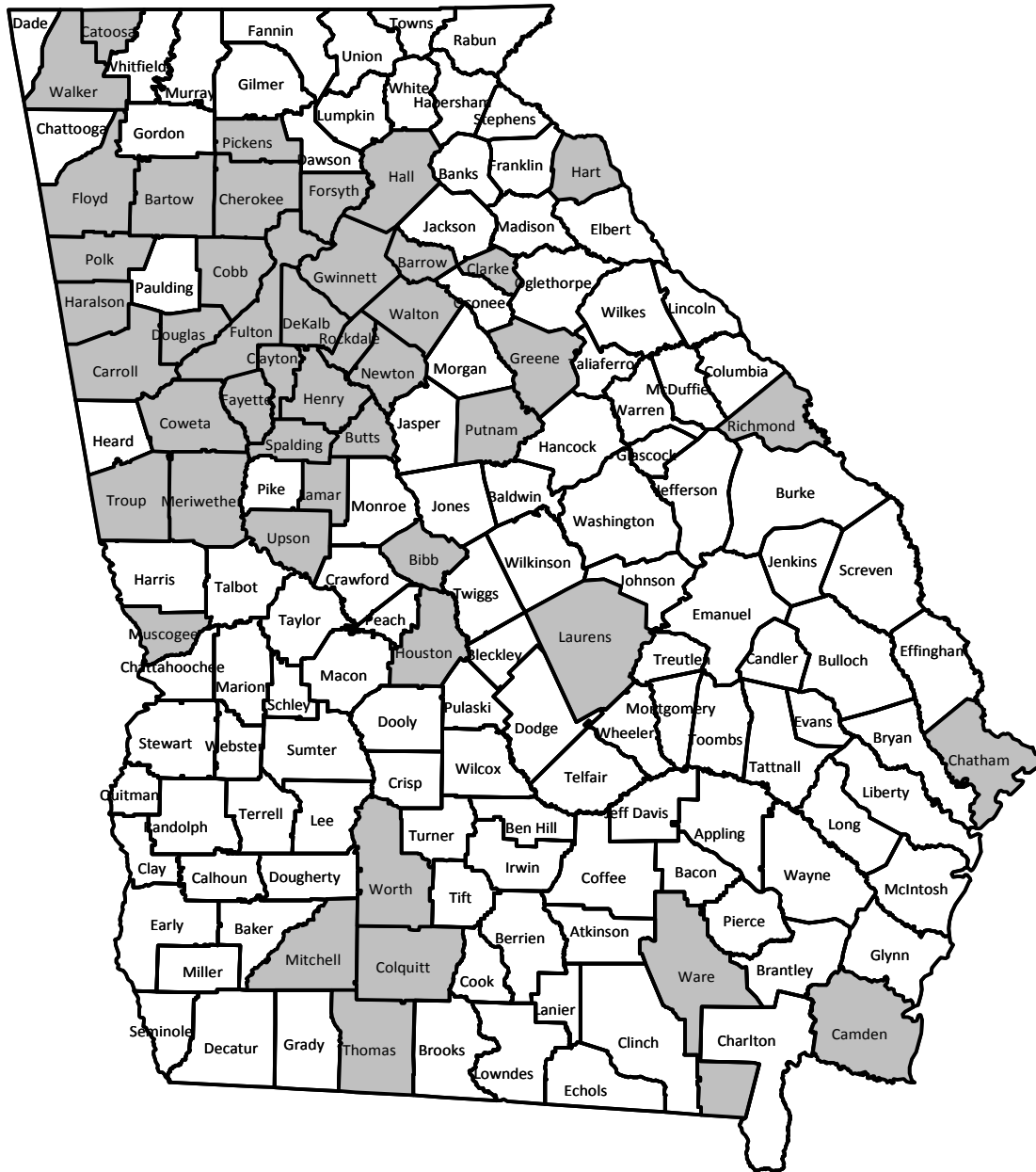
basis of their volume of cold cases and their location in the state. The goal was to represent all corners of the state, including urban, suburban and rural populations. Reviewed cases were geographically distributed across 46 Georgia counties and included each of the 17 DFCS regions, as illustrated in Figure 1 on the next page.

Within each selected county, cases were listed in random order and the first half of the county list was selected for review (unless a county had two or less cases, in which case all were reviewed). Table 4 demonstrates the similarities between the intervention and comparison group cases. While the randomization plan created

**Table 4. Comparison of Cold Case Project Intervention and Comparison Groups** (As Measured by AFCARS Data)

	<b>Intervention Group (n=214)</b>	<b>Control Group (n=233)</b>
Male*	61%	52%
Nonwhite	56%	56%
Average age	15 yrs.	13 yrs.
Average years in DFCS care	6.5 yrs.	6.7 yrs.
Institutional placement*	71%	33%
Parental rights terminated	49%	46%
Has identified disability	80%	78%

**Figure 1. Georgia Counties With Cold Cases Reviewed**  
 (Reviews occurred in highlighted counties)



generally equivalent groups, the intervention group (cases reviewed) had significantly more males and more institutional placements. However, while the AFCARS data indicate a high level of institutional placements for the intervention group this was not substantiated by file reviews, where the institutional placement rate was 14% by the time of file review.

The purpose of selecting both an intervention and comparison group was to ensure the review of a representative sample of cold cases as well as define a mechanism for tracking cases over time and comparing outcomes. Once a reasonable amount of time has passed since the completion of case reviews (March 2010), the Justice for Children Committee will be interested in comparing the achievement of permanency across the two groups. If the two groups are similar and if the program implemented produced its desired results, the hope is that the intervention group will achieve permanency at a higher rate than the comparison group. Since the achievement of permanency is a process and not the immediate result of file review, it is recommended that case outcomes be examined after a twelve month follow-up period has occurred.

**File Review Results**

Data captured during the file review process focused on: the child, including reasons for DFCS involvement, abuses suffered, and physical and mental health, disabilities, and special needs; the parents and family; DFCS care; barriers to achieving permanency; and whether legal requirements were met in the handling of the case. Highlights from each area are presented below.

On average it took Fellows 8.6 hours to complete each case review including travel, actual case review time, writing narrative, and participation in follow-up calls. A total of 1,811 hours were dedicated by eleven Fellows to review all 214 cases. The range for completing case reviews varied widely with one of the main variants being travel time. Once on-site at the DFCS office, paper file review time averaged four hours per case.

**The Children**

The 214 children reviewed were removed from their home from birth to age 17; the average child was eight years old at removal. The typical child was 14 years old and had been in care for six years (ranging from less than one year to 16 years). The vast majority (85%) had some type of identified disability.

At the time cases were reviewed, 189 children (88%) were still in DFCS custody. Of the 25 discharged children, one-third had aged out of care as legal orphans (without achieving permanency). Table 5 shows the

placement at the time of file review for the children in DFCS custody. Nearly two thirds of the children (64%) lived in some type of institution or group home; one third was in a family setting (foster family, foster relative, or pre-adoptive home). “Placement” is a rapidly changing situation, as the group had between one and 42 different placements, with an average of nine per child (25% of the children had a dozen or more placements).

By the end of the project (March 2010), 76% of the children were still in DFCS care. Of the 52 discharged from care, 40% had

**Table 5. Placement at Case Review for Children Still in DFCS Care**

	<b>Number</b>	<b>Percent</b>
Residential therapeutic treatment	46	24%
Group home	43	23%
Foster family	30	16%
Institution	26	14%
Pre-adoptive home	18	10%
Foster relative	15	8%
Juvenile justice placement	6	3%
Other	4	2%

achieved a positive outcome – they were adopted, reunified with a parent, or had a legal guardianship (see Table 6).

For 90% of the children there was more than one reason for DFCS involvement in their lives. The most common reasons were: neglect (55%), parental substance abuse (42%), inadequate housing (30%), physical abuse (26%) and abandonment (26%). Parental substance abuse was the most frequently observed primary reason, followed by child neglect. One third of the children (36%) had previously been removed from their home by DFCS.

The abuses suffered by the children of this study were overwhelming. They often involved the drug addiction or mental illness of parents; 10% of children were removed from homes where both drugs and mental illness were cited. Two-year-old Jim was born to a 17-year-old methamphetamine addict who had also been removed from her mother by DFCS. Born to an HIV-infected mother, Johnnie weighed three pounds at birth, testing positive for cocaine, hepatitis B, and diagnosed with fetal alcohol syndrome. Mom lost custody of Johnnie when he was sixteen months old. By the age of seventeen, he had been moved 27 times and spent the majority of his life in mental health facilities.

Nearly one in three (29%) children had been a victim of sexual assault, primarily by parents and family members. Two year old Annie was picked up at her foster home by her father who raped and then returned her; he was not prosecuted according to the file and interviews. Sue and Tom were raped by their parents, who forced the children to perform sex acts on them and each other. The parents, half-siblings who share the same father, were sexually molested and beaten by their own parents. One sibling group reported their mother's entire family would get together in a hotel room with all their kids and have sex with the children. Jerome, who had been molested by his brother, drew a volcano when asked during a treatment session to draw what he felt like on the inside.

The negative effects of sexual abuse permeate into adulthood. Traumatic sexualization can lead to hypersexual or sexual avoidance behaviors. The feelings of intense guilt can manifest as substance abuse, self-mutilation and suicidal gestures. Feelings of betrayal often manifest as anger, borderline functioning and manipulation. Finally, feelings of powerlessness may manifest as either aggressive or vulnerable behaviors including aggression, the exploitation of others, avoidance, phobias, sleep problems, eating disorders and re-victimization<sup>4</sup>.

The impact of abusive and difficult home lives is well researched. Cold case children have experienced numerous life traumas referred to as "adverse childhood events," traumas proven to be significantly associated with later life dysfunction. Such traumas include verbal abuse, physical abuse, sexual abuse, neglect, separated or divorced parents, a physically abused mother, living with an alcoholic or drug addict, living with a mentally ill family member, and living with a family member who went to prison. These traumas increase the chances of later problematic behavior, risky sexual practices, substance abuse, heart disease, and early death<sup>5</sup>. Already 38% of

**Table 6. Case Outcomes as of March 2010**

	Number	Percent
Still in DFCS care	162	76%
Emancipation	19	9%
Reunification	11	5%
Reside with relative	11	5%
Guardianship	6	3%
Adoption	4	2%
Case transferred	1	0%

children in our study had documented involvement with the juvenile justice system; one in five has been labeled a runaway. Four girls in the sample got pregnant while in DFCS care; two children were babies born to teen moms in DFCS custody.

Case reviews revealed that 85% of the children had some type of disability or special need. The most common was a mental health problem (56%), followed by behavioral issues (47%), medical/physical problems (34%), a history of sexual assault (34%), learning disabilities (22%), emotional problems (20%) and developmental delays (8%). Mental health problems are discussed in detail below (see Child Psychological Assessments). Behavioral issues very often centered around attachment-related issues and defiance. Nearly one half (47%) of the children with medical issues suffered from asthma. The most common learning issues involved ADHD and borderline intellectual functioning. Depression and anxiety were the most common emotional issues.

While assessing sexual activity was not an original project priority, the prevalence of activity discovered early in the study led the research team to add supplemental questions about sexual activity and sexual health to the file review form. Ten percent of the cold case children were consensually sexually active, according to file reviews. Of those, only one in five were known to use some form of birth control. Four of the females in our study were either currently pregnant or had given birth; one was pregnant for the second time. The files did not contain notations about children fathered by the males in the study. Of course, the true level of engagement in sexual activity and level of sexual health knowledge among cold cases is difficult to glean.

### **Child Psychological Assessments**

One out of three children (38%) in our study resided in an institution or residential therapeutic treatment setting for the treatment of mental health problems. Given the critical importance of understanding the connection between mental health and difficulties with permanency placement, file reviews included specific data collection from child psychological assessments completed by mental health professionals. Almost all children (93%) had at least one psychological assessment in their DFCS file, with an average of three assessments per child. Some children (18%) had assessments done prior to the current removal, often during a previous removal. If not completed prior to the current removal, the first assessment was typically conducted within 48 days from home removal. Fully 20% of the children did not have an assessment conducted until 18 months after removal from the home.

The assessments themselves varied in many ways, including by the type and number of psychological assessments administered and the level of detail of written recommendations provided by the clinician. It was clear from the assessments that some clinicians had been provided with background information and prior assessment results, while others were seeing a child for the first time and had little to no background information on the child or their history. In addition, some files contained evidence that assessments were conducted regularly, while others indicated that assessments were

done in a sporadic nature. Some of the assessments contained in the files were incomplete, thus complicating analysis.

In reviewing case materials, Fellows were asked to record the presenting problems (DSM-IV diagnoses, Global Assessment of Functioning, IQ scores), medications, assessment results, and treatment recommendations contained in both the earliest and the most recent psychological assessment located in the DFCS case file. Ninety-two percent (92%) of cold case children had a mental health diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) criteria. This would make sense, as abuse and neglect are DSM-IV diagnoses and all of the children were removed from the home for abuse and neglect. On average, the children had two diagnoses on their early assessment and three diagnoses on their most recent assessment. The most common diagnoses included: Attention Deficit/Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), and various cognitive issues (e.g., borderline intellectual functioning, various learning disorders). Table 7 shows the most frequent mental health diagnoses.

**Table 7. Most Frequent Mental Health Diagnoses**

	<b>% of Children with Diagnosis</b>
Attention Deficit/Hyperactivity Disorder (ADHD)	51%
Post Traumatic Stress Disorder (PTSD)	27%
Oppositional Defiant Disorder (ODD)	23%
Various Cognitive Issues	23%
Bipolar Disorder	20%
Various Depressive Issues	19%
Conduct Disorder	17%
Reactive Attachment Disorder (RAD)	14%
Psychotic Disorder or Features	7%

A key area of interest was the extent of stability or change in mental health over time during the foster care experience. However, the young average age of removal (eight years old on average) requires extreme caution with this type of analysis. Young children present unique diagnostic challenges for a number of reasons. Disorders often manifest themselves differently in children than in adults. Children are also constantly changing and developing, each at their own pace. They are learning how to adjust to the many changes they are experiencing. Finally, they are learning how to process and express emotions and other experiences, while at the same time learning how to interact with others. Differential diagnosis, the process of arriving at an accurate diagnostic picture by ruling out other, competing diagnoses, is especially difficult with young children. For example, a child with depression may present to the clinician as a child with ADHD. In addition, many children received their initial assessment near the time of their entry into the foster care system, when the nature of their trauma was acute and perhaps complicated the diagnostic process. Other factors can account for differences across assessments, particularly differences in training and perspectives of clinicians. It is also important to note the limitations of assessment and diagnosis, in that they represent the observation and recording of a sample of behavior during a typically limited window of time. Arriving at a clear diagnostic impression for children is challenging, potentially leading to a phenomenon known as “diagnostic drift” in which children present differently during subsequent psychological assessments, resulting in “drifting” diagnoses over time. Therefore, the fact that cold case children had more diagnoses on average during later periods of their stay does not conclusively point to deteriorating mental health.

Mental health presenting problems were also measured using a variety of intelligence and functioning scales. The measured IQs of cold case children ranged from 43 to 136, with an average of 84. Thus the sample is functioning below the IQ average of 100 in the general population. Approximately one in five (18%) of cold case children would, on the basis of their IQ score, fall in or below the borderline range of intellectual functioning. Children ranged from 5 to 85 on the DSM-IV Global Assessment of Functioning (GAF) Scale of 1-100; the average was 54. A score of 54 would reflect moderate symptoms or moderate difficulty in social, occupational, or school functioning. Forty percent (40%) of children had a GAF of 50 or below, indicating serious symptoms or serious impairment in functioning.

**Table 8. Most Frequent Mental Health Medications**

	<b>% of Children with Prescription</b>
Risperdal	24%
Seroquel	24%
Adderall	19%
Concerta	17%
Depakote	13%
Clonidine	11%
Zoloft	10%
Ritalin	9%
Trileptal	7%
Lithium	6%

Prescription treatment patterns emerge as well. On average, at the early assessment, children were taking one prescribed medication ostensibly diagnosed to treat one or more mental health issues. On the latest assessment, children averaged two medications. One in three children were never prescribed any medications. The most frequent medications prescribed were Risperdal, Seroquel and Adderall. Risperdal is most commonly prescribed for schizophrenia and bipolar disorders (it stabilizes moods and restores more orderly thinking). Seroquel is most commonly prescribed for bipolar and depressive issues (it works to stabilize moods), and Adderall and Ritalin are commonly prescribed for ADHD.

**A Method to Summarize Mental Health**

The research team devised a method of summarizing the state of mental health of cold cases. A rating system was devised in an attempt to quantify the degree of trauma, psychopathology, and behavioral issues presented by each child. The rating system, which utilized a six-point scale ranging from no discernable issues to profound issues, is described in Table 9 on the next page.

All children experienced some degree of trauma, not surprising given the fact that the children had been removed from their homes due to abuse and neglect. However, 81% of the cold case children experienced ongoing or profound trauma.

As noted above, the children in our sample presented with a host of diagnoses. About one half of the children (51%) had multiple DSM-IV Axis I disorders or both Axis I and Axis II disorders. One in five (19%) had chronic, serious, treatment resistant mental illness and/or cognitive issues. This latter level of pathology often requires fairly long-term inpatient care to stabilize and treat the child. A small number of children had suffered such insults in their early lives that they were profoundly cognitively impaired, incapable of speech or self-care.

Behavior issues were also prominent. One in three children (34%) exhibited behavior that was an issue in multiple settings with violence or serious criminality. An additional 16% of children exhibited behavior that was unmanageable in all but secure settings, with violence or serious criminality. These children often spent long periods of time in therapeutic settings and institutions as a result.

**Table 9. Child Psychological Assessment Rating Scales****Trauma Ratings (based on case narratives)**

- 0 No discernable trauma
- 1 One time traumatic event
- 2 Recurring trauma
- 3 Ongoing trauma in one area
- 4 Ongoing trauma in multiple areas
- 5 Profound trauma that remains unresolved

**Psychopathology Ratings (using DSM-IV diagnoses)**

- 0 No current psychopathology
- 1 Axis II only
- 2 Axis I – no psychotic symptoms or disorder
- 3 Axis I – psychotic symptoms or disorder
- 4 Axis I and Axis II or multiple Axis I disorders
- 5 Chronic, serious, treatment resistant mental illness and/or cognitive issues

**Behavior Ratings (based on case narratives)**

- 0 No current behavior problems
- 1 Behavior manageable with correction
- 2 Behavior an issue in one setting – no violence
- 3 Behavior an issue in multiple settings – no violence
- 4 Behavior an issue in multiple settings, with violence or serious criminality
- 5 Unmanageable in all but secure settings, with violence or serious criminality

It is important to acknowledge the interrelatedness of these dimensions, especially given our increasing knowledge of the impact of trauma on brain structure and function. These children and their clinical presentation represent the complex interplay of genetic endowment, intrauterine development, the birth process (presence and quality of medical care), early care and nutrition, bonding and attachment, exposure to trauma, behavioral models, the degree to which primary needs (sustenance, shelter, love) are met, and personality development. All of these factors interact with one another, and represent the incredible complexity of human development and behavior.

A critical component of this study was to create an objective summary measure of the mental health complexity of cold cases in Georgia. Table 10 presents the child psychological assessment rating measures created for the cold case study for the 196 children for whom complete data was available. Adding the three scales together results in a total possible score of 15. Cold cases scored an average of 10.2 on that scale.

It is interesting to note the pattern of total ratings by case outcomes that has emerged already (outcomes measured in AFCARS as of

**Table 10. Child Psychological Assessment Ratings of Cold Cases**

	<b>Rating Range</b>	<b>Average Rating</b>	<b>Number of Children</b>
Trauma	0-5	3.4	201
Psychopathology	0-5	3.6	201
Behavior	0-5	3.2	205
Total Score	0-15	10.2	196

March 2010). As described earlier (Table 6), 76% of the cold cases reviewed are still in DFCS care. For the 196 children with a psychological assessment rating, it appears that children with positive outcomes of adoption and guardianship have lower assessment ratings than children that still remain in care (see Table 11). As follow-up analysis is conducted on this study group as they discharge from care, it will be possible to test empirically the relationship between complex mental health issues and permanency outcomes.

**Table 11. Psychological Assessment Ratings by Case Outcomes**  
(as of March 2010)

	<b>Number of Children</b>	<b>Average Rating</b>
Still in DFCS care	150	10.6
Reunification	9	9.9
Emancipation	16	9.3
Adoption	4	8.8
Reside with relative	11	8.7
Guardianship	6	7.8
<b>Total</b>	<b>196</b>	<b>10.2</b>

**The Parents and Families**

One in three children came from a single female-headed home. Nine percent of mothers and 10% of fathers were deceased. At the time of review, 44% of mothers and 42% of fathers had their parental rights terminated by the state and 7% of mothers and 5% of fathers had voluntarily surrendered their rights. For 15% of cold cases, reunification with parents was the permanency goal.

The majority of children had siblings (70%). One in three was part of a sibling group that could be placed together, but only 25 kids in

our sample were in a placement with at least one sibling. Some children were originally placed with siblings but circumstances such as the adoption of one child or the severe mental health needs of a sibling necessitated them being placed separately. Often the reasons siblings were not placed together were not clear from the files. Thirty-one children had a sibling in care but they were not permitted to be placed together for reasons that included sexual abuse between siblings and emotional trauma caused by sibling contact.

**DFCS Care**

Of the 1,872 placements for this group, the most frequent was a foster home. The average child was placed in three foster homes; 25% of the children were placed in five or more foster homes. Added to the lack of stability in living arrangements was an average of five case managers per child. One in three children (36%) had six case managers or more; two children had 18 case managers each.

Research shows that children with more placements and longer stays in foster care are more likely to experience an adoption disruption<sup>6</sup>. Efforts to explore adoption or guardianship had already occurred for nearly two out of three children (62%) by the time of case review. Over one-third of the children (37%) had a pre-adoptive placement at some point, although adoption efforts were often problematic. Adoption disruptions and adoption dissolutions were a large problem among the sample. A disruption refers to an adoption which is never finalized and the child is returned to foster care. A dissolution refers to an adoption which fails after finalization and also results in the child being returned to foster care.

One out of four cold case children (27%) had at least one adoption disruption; 18% had at least one adoption dissolution during their time in

care. Statewide, 6% of all foster care children had an adoption disruption and less than ½% had an adoption dissolution in 2009<sup>7</sup>. The high rate of adoption difficulties in our sample confirms the serious and extreme nature of the cases identified as cold. Adoption disruptions may be under-reported in our study as some case files contained little to no information about the nature of placements and whether they were pre-adoptive in nature. The most common reason for adoption dissolution (69%) was the behavior of the child; one third of dissolutions were due to the actions of the adoptive guardian and their inability to continue caring for the children, or allegations of abuse against the guardian.

One adoption dissolution involved an elderly woman who returned her adopted children because “DFCS did not provide her with the services she required” to care for their needs. She also asserted that DFCS failed to inform her that one of the adopted children had a traumatic brain injury which caused him to be highly sexualized, resulting in her adoptive son molesting her grandchild. Another family brought the children they adopted from another state to DFCS saying they were afraid. The parents claimed that they were not informed about the extent of the children’s mental health problems. The children had tried to poison the mother, killed the family cat, and engaged in sex acts with each other.

The high rate of special needs and disabilities was addressed by DFCS, as 88% of the children were receiving some type of service. Three-fourths (76%) of the children were receiving multiple services. The most common services involved psychological and psychiatric treatment, as illustrated in Table 12. “Other” services involved anger management, substance abuse education and treatment, independent and special education, family therapy, speech and language therapy, occupational therapy, and dental work.

As foster children reach the age of 14, they are eligible for Independent Living Program (ILP) services. The mission of the Independent Living Program (ILP) is to provide eligible youth aged 14-17 with opportunities to successfully prepare for adulthood through the use of appropriate resources and connections to community partners<sup>8</sup>. The specific ILP services provided to each child are determined through the use of the Ansell-Casey Life Skills Assessment. Services include: education, employment, housing support, life skills, legal documentation, supportive relationships and cultural identity. Of the 125 eligible children, half (54%) were receiving some type of ILP services.

ILP services and other benefits can continue for foster children until the age of 25, if they choose to remain in DFCS care past the age of 18. During case reviews Fellows noted the way children were educated about the benefits of remaining in care beyond age 18 seemed to vary widely between counties. While one best practice noted was a standard ILP interview done by one regional manager for all children turning 14 in that region to make sure the child fully understood the ILP program and benefits, no state standard emerged for how and when this education process took place. Some case managers advised that DFCS maintains the right to refuse such a practice, with a child’s behavior as one possible reason for a denial of services.

**Table 12. Types of Services Received\***

	<b>Number of Children</b>	<b>Percent</b>
Psychological counseling	163	76%
Psychiatric treatment	116	54%
Independent living services	81	38%
Medical treatment	57	27%
Other services	50	23%
Tutoring	35	16%
Learning disability counseling	27	13%

\* children can receive multiple services

### **Barriers to Achieving Permanency**

Many uncontrollable factors impact the ability of the courts and DFCS to achieve outcomes of permanency for cold cases. These include family members who refuse to be involved in a child's life, the child's emotional and mental stability, the child's behavior, and unforeseen events such as the death of a caretaker. The typical cold case was very complex and challenging. The child welfare system is faced with the very difficult job of harmonizing a child's safety, his familial connections, his physical and emotional needs, and his educational needs. The goal of permanency must be achieved while balancing the best interests of the child.

The Fellows summarized the court, DFCS, and family factors affecting progress toward permanency. For one of three children, the courts presented barriers to permanency such as time delays, missing or inaccurate petitions and motions, lack of attorney action, and lack of judicial oversight (such as expired custody orders). Fellows described DFCS barriers to permanency in 49% of the cases, such as failing to pursue relatives, lack of timely intervention, failure to consider a broader range of placements, case manager turnover, and lack of resources. Family and caregivers were most likely to present permanency problems. For 53% of children this encompassed a lack of willingness to take custody or adopt, being ill-equipped to handle special issues and needs, lack of stability, and noncompliance with DFCS case plans.

In addition to the file review forms, Fellows wrote two-page narrative summaries of each file reviewed after conducting a short face-to-face interview with the case manager. Those narratives note practices believed to be unsatisfactory. In one-third of cases, Fellows describe problems with the completion of diligent searches or a lack of efforts in general to locate family members. Files often lacked diligent search information, or the information located was old and had not been updated in recent years. Also of concern was the lack of documentation of attempts made to locate absent fathers or paternal families to serve as potential resources. Further, there were several cases where relatives had expressed an interest in being a placement for a child, but no follow-up had been completed.

Case manager turnover is clearly a challenge to permanency for cold cases, in that they average five case managers each and one in three children had six or more case managers. Turnover can reduce the likelihood of case file knowledge. One case manager described steps she had taken to foster contact between a teen and her mother, despite the file containing orders expressly preventing any contact between the child and mother. Another case manager advised that she was not aware that the child under review had been sexually abused, despite psychological evaluations in the file documenting sexual abuse.

Other noted unsatisfactory practices included: disorganized files, a failure to maintain familial connections for children, generic WTLPs that did not address the specific needs of children, the unnecessary separation of siblings, failure to terminate parental rights so that children could be adopted, and an acceptance of a foster placement with a relative as "good enough." It is important to note that some of the issues noted by the Fellows were current case practices, but many of the issues were rooted in management of the case many years prior.

## Positive Permanency Practices

Despite the obstacles, many positive DFCS case management practices were documented by Fellows. The most common positive practice noted (13% of cases) were extensive efforts made by individual case managers to maintain familial contact for a child. This practice took many forms including tireless efforts to contact relatives and foster visitation, and providing transportation to ensure sibling and parental visits. In a few instances, case managers had followed up with the parents of children about to age out of care (parents whose rights were terminated). Upon determining parent stability, case managers attempted to foster contact and visits between the parent and child so that relationships could be forged and support systems established as the children prepared to exit DFCS care.

In 10% of the cases reviewed, Fellows documented great efforts by DFCS to provide assistance to families (pre-removal, upon reunification/adoption, and to non-parental caretakers). Assistance included mental health services, parenting aides, transportation, and anger management classes. In one case, a DFCS case manager helped an adult sibling obtain a larger apartment so that she could take custody of a minor sibling. In another case, a potential adoptive parent was provided assistance to get a van that could accommodate the handicapped child she wished to adopt.

In 10% of cases it was noted that case managers were exceptionally resourceful, creative, and took initiative to work difficult cases. Examples included finding back-up placements should initial placements fail and conducting very detailed *Accurint* searches to locate all possible family members. DFCS case managers have the ability to run *Accurint* searches which provide instant electronic access to an array of public records information and link analysis technology. *Accurint* is a powerful tool that helps case managers locate people, visualize complex relationships, and uncover assets. Two resourceful case managers even used Facebook to locate runaway youths and siblings.

Another innovative practice relies on adoption counselors or case managers to reduce resistance to adoption among teens. Case managers often cited “teens not wanting to be adopted” as one of the primary reasons for not selecting adoption as a permanency goal. After lives of chaos and disappointments it is not surprising that so many teens were leery of adoption. Mathew, a 14-year-old honor student, had a case plan goal of emancipation because he refused to be adopted. The Cold Case Project Director solicited Sue Badeau, a nationally recognized Child Welfare Professional, to engage in conversation with the youth about permanency. Ms. Badeau trains others on how to conduct such conversations with youth in a way that emphasizes building a relationship, listening skills, and asking questions and providing ideas instead of answers. When Ms. Badeau began her conversation with Mathew he reiterated his strong feelings against adoption. Over the course of their time together he agreed that he would be open to considering adoption if the right family was found. A few months later Mathew was placed in a pre-adoptive home and today achieving permanency looks very promising.

Court Appointed Special Advocate (CASA) reports located in the files painted a positive picture of the CASA network working for Georgia’s children.

However, the Fellows were unable to determine exactly how many of the children had a CASA, and voiced concern about the lack of CASA reports in the case files where an advocate was mentioned. It is unclear if DFCS does not regularly receive reports, or if CASA reports are not typically maintained as part of the DFCS case records. During case deliberations, it was often noted that the CASA reports provided some of the most detailed case narrative and history of all the documents found in the files. In addition to containing detailed information on the child and case, the reports also reflected that many CASA volunteers were providing strong advocacy for the children they represented. In one case a child communicated to his CASA that he wanted contact with family members not seen in a long time. The CASA volunteer worked closely with the court and DFCS to ensure that regular family visits between the child and family ensued. In another case, a DFCS case manager noted that a CASA volunteer was one of the only regular visitors for an institutionalized child. One CASA resigned as an advocate for a cold case child in order to begin the process of becoming her permanent placement.

Other positive permanency practices noted at DFCS included: case managers going to great efforts to keep siblings placed together, strong bonds between case managers and children, and detailed efforts contained in the record to show that DFCS made reasonable efforts to work with families prior to removal. Despite the difficulty of cold cases and the challenges the case managers faced, the Fellows found many examples of “good practice” to be applauded.

### **Legal Requirements of the Child & Family Services Review**

Fellows examined for each case eight of the legal requirements placed on Georgia by the federal Child and Family Services Review (as described in Chapter 2). A summary of the Fellows’ collective assessment of each issue is provided below. A few additional issues were included in this review, such as child representation and the practice of passing original documents (birth certificate, social security card) to foster kids as they age out of care.

A clear picture emerges of the cold case files reviewed – they would not fare well on a CFSR review. However, as noted earlier, many of the cold cases reflect outdated agency practices because the cases have been in the system for so many years. Key areas of weakness include diligent search documentation, signed WTLPs, documented connection to ILP services, and evidence of a plan for education/health/housing. A key component of this project was to use the follow-up phone calls to educate DFCS representatives of the importance of these areas in a CFSR file review. In that process, many county DFCS representatives volunteered to take corrective action with reviewed files in order to serve children and help the state meet federal standards.

#### *Diligent Search*

During a CFSR review, documentation of a diligent search is required. While current DFCS policy (2102.3a) requires that a diligent search be completed within 60 days of a child’s removal, many of the cold cases entered care under a former policy. This DFCS policy is soon to be changed to 30 days. Fellows searched DFCS files to determine if a diligent search had been

conducted within 90 days of the child coming into care, and if searches had been updated over time. Since the Fellows did not have on-site access to automated case information captured in SHINES, their examination was limited to the paper files. The vast majority of the cases reviewed were initiated prior to development of the SHINES database, so the assumption was that reports should have been contained in the files. If a Fellow was unable to locate a diligent search, the research team accessed SHINES and forwarded to the Fellow any located searches. In addition, a diligent search report is required by Georgia law to be submitted to the court and a record of that submission should be in the DFCS file.

In 41% of files reviewed there was no evidence of a diligent search. For 15% of the cases, a diligent search was completed within 90 days of removal. In another 19%, a diligent search was completed after 90 days (40% of which occurred within 180 days). In one suburban county, all cases reviewed were found to lack diligent search information. Despite the utility and value of *Accurint* searches, there was very little evidence that this tool was commonly used, or that diligent searches were being regularly updated. This pattern was statewide as opposed to localized in selected counties. In 21% of cases the Fellow was not able to locate information in the file but it was provided from SHINES or a case manager. During follow-up calls, DFCS representatives in ten counties volunteered to place the proper diligent search information in the reviewed files.

Of specific concern among Fellows was the lack of diligent searches to locate absentee fathers and paternal family members. An additional concern was the lack of documentation of children engaged in the process of identifying relatives. One child provided the name of a relative only to be told by a case manager that such a relative did not exist. During the file review, the Fellow found an old report documenting that the relative was indeed identified and interviewed during the initial assessment.

The Fellows also noted several files where family members had been located, but the file lacked any evidence of contact. In one case there were six diligent searches and two *Accurint* searches conducted yet no efforts were made for the child to meet unknown family members to see if relationships could be fostered that might lead to a relative placement or a family visiting resource.

### *Permanency Hearings*

Less than half (46%) of files reviewed had legal documentation to indicate that a permanency hearing was held within the required one year of the child coming into care. In 32% of cases permanency hearing orders were found, but the hearings were not held within one year. In another 6% of cases, there was a timely hearing held but it was not called a “permanency hearing” in the documentation. During follow-up calls, DFCS representatives in four counties indicated that they would locate or request from the court the proper documentation for inclusion in the files.

### *Reasonable Efforts to Achieve Permanency*

The majority of files (71%) contained documentation in court orders of “reasonable efforts” to achieve permanency. However, Fellows expressed concern that the reasonable efforts language used in 6% of cases would not

suffice during a federal audit. During follow-up calls, DFCS representatives in one county volunteered to ensure that future paperwork contains proper reasonable efforts language.

#### *Compelling Reasons for an APPLA Permanency Plan*

Under the Adoption and Safe Families Act (ASFA), child welfare agencies may choose “another planned permanent living arrangement” (APPLA) when preferable permanency options (reunification, adoption, legal guardianship, and permanent placement with a relative) are unavailable. APPLA is intended to be a permanent living arrangement, enduring beyond the expiration of the dependency case. This would entail a specific adult or adults who will act as permanent parental figures for the child.

If APPLA is the chosen permanency plan, the state must provide “compelling reasons” to the court as to why this plan was chosen over preferred options. An example of an acceptable compelling reason under ASFA would be an older teen that has a close bond and regular visitation with her mother, but due to disability the parent is unable to care for the child. Under an emancipation permanency plan, the teen resides with a stable and nurturing family that is committed to caring for her on a permanent basis.

APPLA was the plan for one third (36%) of cold cases reviewed. One in four of these cases did not have compelling reasons for choosing APPLA documented in their court orders. The most common compelling reason cited was that the child had behavioral problems (35%). The age of the child was the compelling reason in 19% of APPLA cases. Neither behavior nor age is a “compelling reason” according to ASFA regulations.

In 12% of APPLA cases compelling reasons were described in the file, but not documented in any court order. During follow-up calls, DFCS representatives in one county said they would include reasonable efforts to achieve permanency paperwork in the reviewed files.

#### *Signed Written Transitional Living Plan*

A written transitional living plan (WTLP) is required for all youth in care within 30 days of turning age 14, or for youth entering care at age 14 or older. Youth are administered the Ansell-Casey Life Skills Assessment, the results of which are used as the basis to develop the child’s WTLP goals. Family team meetings are used as a forum to both develop and implement the WTLP. The WTLP must be amended or revised at least every six months, or more frequently if new needs are identified, goals are achieved, or if the court orders new recommendations. Case managers are to review the WTLP with the youth at least every six months, and the plan has a place for the signatures of the child, case manager and coordinator to acknowledge that the WTLP information has been conveyed and agreed upon. More than half (58%) of cold case children were of age to require a WTLP. Of those, 90% had one in their file. Of the WTLPs located, only 45% had been signed by the child. During follow-up calls, DFCS representatives in one county said they would promptly secure the necessary WTLP signatures.

A common theme noted in case reviews was generic WTLP language. Some documents were vague and failed to address issues specific to the child.

Nonspecific goals included “doing chores” and “graduating high school.” Some plans were so vague that they lacked any meaningful detail, such as the signed WTLF found in one file that stated “The child will maintain at least a \_\_\_ average” (no letter grade filled in). This boilerplate language indicates children have little to no involvement in the drafting of plans. Most files contained information about hobbies, career interests, and personal struggles which could easily be incorporated into the WTLF.

#### *Evidence of Connection to Independent Living Program Services*

More than half (58%) of the cold case children qualified for ILP services. Of those, half (54%) show evidence in the file of a connection to services. Another 9% were receiving services according to their case manager, although undocumented in the file. Of those who qualify for services, 11% either refused to participate, were not stable enough to receive, or were not residing in a placement that provided ILP services.

Case reviews documented inconsistency in both the availability of ILP services statewide and in the receipt of services by eligible children. ILP services vary greatly by county and some of the children reviewed resided in areas where there were very limited or no ILP services available. At least one child was denied participation in ILP services due to his behavior. During follow-up calls, DFCS representatives in three counties said they would ensure that ILP services were discussed/offered/documentated for the eligible children reviewed.

#### *Evidence of Connection to an Adult*

Only half (54%) of the cold case children had a documented relationship with an adult family member. Another 24% had no connections to adult family, but had at least one connection to a non-familial adult. Six of the remaining children had only a case manager to serve as an adult connection. Research has shown that healthy child development requires a relationship with at least one nurturing adult that fosters feelings of trust and security<sup>9</sup>.

This form of adult connection and love can help a child overcome the trauma of abuse and neglect. For many cold case children the ability to overcome trauma, form healthy attachments, experience trust, and feel secure is impeded.

Case managers often located family members that the children did not know, and steps were never taken to foster these relationships. Other case management practices seemed to inhibit the process of forming family connections. Lisa’s grandmother was a long-distance truck driver who was denied visitation because her job prevented her from serving as a placement resource for the child. Instead of allowing the grandmother to serve as a supportive adult familial contact in Lisa’s life, it was determined that it was “in the best interest of the child” to have no contact with her grandmother. One aunt was told that she could not visit with a child if she did not serve as a placement resource because it would “give the child false hope.” Tina’s parents objected to her contact with an aunt and uncle who wished to be involved in her life. Without a court order, contact between Tina and the aunt and uncle was denied. Eventually the parents’ rights were terminated, leaving Tina with no biological familial connections.

During case reviews several instances were noted in which scheduled visits between children and family or siblings were withheld due to poor behavior on the part of the child.

Other case managers made extraordinary efforts. A case manager asked Jim, a 15-year-old with no family connections, for recommendations on adults with whom he felt comfortable. Once Jim discussed the family of a school friend, the case manager not only fostered a relationship between Jim and the adults, but they became his permanent guardians. During follow-up calls, DFCS representatives in four counties said they would try to foster an adult connection for the cases reviewed.

#### *Evidence of a Plan for Education, Health and Housing*

For the children that were still in DFCS custody at the time of file review, there was evidence in the file of a plan for future education, health, or housing needs for only half (48%) of the children. While 34% of files had a plan for educational needs, 22% had a plan for housing, and 20% had a plan for health needs, only 16% of cases included evidence of a plan for all three. During follow-up calls, DFCS representatives in five counties indicated that they would ensure that the files for the reviewed children would contain evidence of such plans.

#### *Child Representation and Court Attendance*

Only one in ten files reviewed contained a court order appointing an attorney for the child. File documentation and case manager interviews indicated that roughly one quarter (27%) of cold cases actually had an attorney. Nearly half of the children (47%) had a Guardian Ad Litem (GAL), usually an attorney appointed by the court to represent the child. The files lacked information to indicate that children were attending their own court hearings and contained many examples of children who had not attended court hearings regularly. One straight-A student resided in a group home in the same county of removal, yet never participated in a Citizens Review Panel or any court proceedings.

Case files also lacked documentation to indicate that children and their advocates were properly notified when legally required. Proper notice would include: notice of proposed placement changes; advisement of legal rights regarding WTLPs; and advisement of their right to obtain and consent to confidential reproductive health treatment. Also critical are the rights to stability in school placements and access to healthcare treatment providers and records. Omissions of court notice and access limit the effectiveness of a child's advocate.

The Pew Commission on Children in Foster Care recommends that children and their parents should have effective representation, trained special advocates, and the ability to participate in dependency court proceedings in a meaningful way<sup>10</sup>. Participation in the judicial process helps the child understand and have a feeling of control over the process. It is also valuable to the judge who can obtain information directly from the child<sup>11</sup>. The Children's Action Alliance in Arizona believes so strongly in the importance of involving children in dependency court that in 2008 they recommended the Arizona Supreme Court adopt rules to ensure children have the right to

attend all court hearings. “There should be a presumption that any child can attend court hearings unless the judge finds that it is not in the child’s best interest (due to maturity, developmental level or subject matter).”<sup>12</sup>

Finally, numerous cold case children had parents who voluntarily relinquished their parental rights. For those children, there was truly no consistent pattern of court attendance and judicial review. Unlike a TPR case, a VR (voluntary relinquishment) case does not require six month judicial reviews. Some children remained in DFCS care for years without the external review of the courts.

## Chapter 4: Feedback from the Field

After completion of the cold case file reviews, anonymous online surveys were conducted with two groups that work daily with foster children and have special insight into cold cases – Special Assistant Attorneys General (SAAGs) and DFCS case managers. The purpose of the surveys was to illicit qualitative detail on issues of concern, particularly areas where file review data was sparse or unclear. On March 23, 2010, an email message requesting participation with a link to the survey web site was sent to all SAAGs and County DFCS Directors in Georgia. Since a master list of Georgia DFCS case managers does not exist, the DFCS Director email contained a request to forward the message to all case managers within their county. Reminder emails were sent seven days following the introduction, and the survey web site remained open for three weeks.

A total of 177 completed surveys were received – 132 case managers and 45 SAAGs. Given an unknown number of case managers, a response rate cannot be calculated. Of the 132 case managers, one-third served an urban/suburban county and two-thirds were in a rural county (32% urban vs. 68% rural). Emails went out to 106 SAAGs, eight of which were returned with undeliverable addresses. Thus the 45 completed surveys reflect a 46% response rate. SAAG respondents were more evenly split across urban/suburban and rural locales (53% urban vs. 47% rural).

### Case Manager Survey

During the file reviews, 41% of cold cases lacked documentation of a diligent search (required by law within the first 90 days of care). In order to assess current practices, respondents were asked how many months a child is typically in care before a diligent search is conducted. Responses ranged from less than one month to six months, with an average of 1.5 months. Two-thirds of respondents said that diligent searches are currently conducted within one month of entering care. After the initial diligent search, 76% of respondents said they conduct new searches at least every six months; 9% said diligent searches are done annually and 15% said they are conducted ongoing as needed.

The file reviews revealed that one in four APPLA cases had no compelling reasons documented for choosing this permanency plan. When DFCS case managers were asked to list the most common reason they would choose APPLA as the permanency plan, the number one answer (30% of responses) was that the child does not want to be adopted. Some stipulated that the child needed to be of a certain age when they made this proclamation, ranging from age 14 to age 17 depending on the respondent. Of the remaining responses, 28% said when reunification is not an option for a child and no fit and willing relatives can be located, 17% said it was dependent on the age of the child, and 15% said it was their last choice to only be used when all other options for permanency are exhausted. Other less frequent reasons for choosing APPLA included the extreme behavioral/mental health/physical needs of a child (11%), when a child has consistently disrupted all of their placements (3%), when they believe it is in the best interest of the child (2%).

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As discussed in Chapter 3, 22% of cold case children lacked a connection to an adult (other than a case manager). When DFCS case managers were asked to estimate the percentage of children that age out of care without a connection to an adult, their answers ranged from 0% to 75%, with an average of 9%.

File reviews revealed that 18% of cold cases had experienced an adoption dissolution. In order to understand if this was the norm for children in DFCS care, or if the cold cases represented the extreme, case managers were asked what percentage of their caseload had experienced an adoption dissolution. Responses ranged from 0% to 50% of cases, with an average of 5%. When asked what could be done to reduce the number of adopted children returned to DFCS by adoptive parents, the most common answer was to provide proper support and services to families after the adoption occurs (41%). Four out of ten case managers responded that adoption dissolutions could be greatly reduced if parents were better educated about the children they want to adopt. They believe it is important for prospective parents to receive all information that DFCS has about a child, including their medical history, early exposure to drugs/alcohol, psychological reports, behavior problems, history of abuse, and all information known about the family of origin – especially mental health problems.

Case managers expressed concern that adoptive parents are not given all available information and are often unprepared when a child begins to exhibit severe behavioral problems and mental health issues. Preparing parents would help them better assess their ability to deal with such issues. More than one in five case managers believed they need to be more involved with families and children prior to adoption to ensure that families are truly a good fit for the child. Respondents often expressed frustration with the focus on “statistics” to get children out of care and into adoptive homes, which leads to case managers welcoming an adoption without truly ensuring that the situation is best for the child. Other ideas for ending the cycle of adopt-and-return included: conducting better background investigations on potential adoptive parents, longer pre-adoptive placements with families to ensure a good fit, changing laws so that adoptive parents are charged with abandonment if they return a child, and requiring adoptive parents go through the courts (TPR) instead of allowing them to simply “return” kids to DFCS.

Nearly one in three (29%) cold case children had a documented history of sexual abuse. To determine if this was the norm, DFCS case managers were asked to estimate the percentage of their caseload that had been the victim of sexual abuse. Answers ranged from 0% to 90%, with an average of 29% reportedly having been sexually abused (the same proportion documented in file reviews).

Case managers were asked about the process of educating children about the option of signing themselves back into care at the age of 18, allowing them to participate in ILP and other services until the age of 25. While the most common response was “children are educated by their case manager” (76%), details of the process varied widely. Some case managers advise children as soon as they turn 14, others have the conversation at age 16, 17, or a few months before turning 18. A standard for how and when this information is passed on to youths did not emerge; 40% of children

receive their information through the ILP coordinator and ILP program presentations, 15% are provided this information at a family team meeting, 12% are educated through the courts or CASA, 9% receive this information through their long-term foster care manager, and 8% at WTLP meetings.

Only half of the cold cases that qualified for ILP services have files that document the receipt of ILP services. To help clarify the types of available services, case managers were asked to describe the most common ILP services that teens in their county receive. The responses clearly illustrate that ILP services vary greatly by geographic location. Most case managers work in locations that offer multiple services; 8% indicated that their county either has none or very limited services. The most oft-cited ILP services that children receive are: job readiness (35%), educational assistance (28%), workshops (25%), money management/budgeting (18%), life skills (17%), tuition assistance (14%), skills to cook/clean/maintain a home (11%), and monthly meetings (11%).

File reviews led to the discovery of original identification documents for four teens that aged out of care. Thus the survey inquired if children were typically provided with their original birth certificate and social security card as they age out of care. For 88% of respondents, providing original documents was their typical practice; 12% indicated that this is not something usually provided.

To learn more about the involvement of children in their permanency planning and the receipt of services, case managers were asked to rate statements on a scale of 1 to 10 where 1 meant “completely disagree” and 10 meant “completely agree.” Table 13 presents the average response for each statement. The data illustrates that case managers feel children have at least moderate involvement in permanency planning and receive adequate levels of treatment.

	<b>Average</b>
Children in DFCS custody are personally involved in their permanency planning	6
Children in DFCS custody are involved with planning their WTLP	7
Children in DFCS custody receive appropriate mental health services	7
Children in DFCS custody who have been sexually abused receive appropriate treatment	7
Teens in DFCS custody receive adequate information about reproductive health issues	6

Case managers were asked to describe the biggest challenge to achieving permanency for children they face in their jobs (see Table 14). The most commonly cited challenges were large caseloads and a lack of permanency options. Case managers are overwhelmed with too many cases to manage and cannot adequately devote the necessary time required in each case to ensure permanency and the best placement. Large caseloads were often cited as the result of excessive staff turnover. Also noted was the lack of permanency resources for teens and children with special needs. More than one in five respondents (22%) cited conflict between the local and state DFCS offices as a challenge to permanency. This conflict was manifested in many forms, including pressure from the state DFCS office to move kids to

permanency under timelines that case managers did not view as reasonable for all children, to the regular changing of policies and priorities from the state DFCS office that impede the ability of case managers to effectively do their job. The third most cited response was a lack of quality services available for children, parents and prospective adoptive parents (21%). Deficiencies in a variety of areas were noted, but most notable was the lack of quality mental health services.

**Table 14. DFCS Survey: What is the Biggest Challenge that You Personally Face in Your Job in Achieving Permanency for Children in DFCS Custody?\***

Staff turnover/caseloads too large to devote ample time to each case	27%
Not enough permanency options for teens and children with special needs	27%
Conflict/pressure/changing priorities/unreasonable goals from State DFCS office	22%
Lack of services/funding for services needed by children & families	21%
Court process/delays/barriers	15%
Not enough quality placement resources/adoptive homes	11%
Entering info into SHINES is time consuming – takes CM away from other critical duties	6%
Parents not diligently working their case plans/lack of parental accountability	6%

\* multiple responses possible

When asked to consider system-wide, as opposed to personal, challenges the responses look similar (see Table 15). More than one-quarter of case managers believe that practices at the state level of DFCS pose a major challenge to achieving permanency for kids. Many examples were provided, ranging from outdated policies, pressure on local offices to “keep their numbers down” which can result in hasty placements, and a glut of mandated meetings and trainings which keep case managers out of the field working with children and families. Large caseloads and a lack of permanency options for special needs children surfaced again.

**Table 15. DFCS Survey: What do You See as the Biggest Challenges System-Wide to Achieving Permanency for Children in Georgia's Foster Care System?\***

Conflict/pressure/changing priorities/unreasonable goals from State DFCS office	26%
Staff turnover/caseloads too large to devote ample time to each case	22%
Not enough permanency options for teens and children with special needs	21%
Lack of services/funding for services needed by children & families	19%
Not enough quality placement resources/adoptive homes	15%
Lack of funding to DFCS	12%
Court process/delays/barriers	10%
Parents not diligently working their case plans/lack of parental accountability	8%

\* multiple responses possible

### Special Assistant Attorney General (SAAG) Survey

Timeliness of hearings and adequacy of court orders were key areas of interest during cold case file reviews, so the SAAG survey inquired about

each. While less than half of the files contained documentation that a permanency hearing was held within one year of removal, 91% of SAAGs indicated that permanency hearings in their county typically occur within one year. All respondents indicated that they include “reasonable efforts to achieve permanency” language in their permanency hearing orders; 95% felt adequately trained on the court order language required by the CFSR. Table 16 below summarizes key survey results.

**Table 16. Average Response of SAAGs to Survey Questions**

Permanency hearing orders contain “reasonable efforts” language	100%
County abides by “One Child One Judge” philosophy	95%
Percent of children in county with GAL/CASA	92%
Permanency hearings regularly held within one year of removal	91%
Percent of children in county that have an attorney	50%
Percent of children in county that regularly attend hearings	37%
SAAG regularly invited to attend permanency roundtables	21%

When asked about issues of child representation and children in the courtroom, the SAAGs reported between 0% (7 counties) and 100% (15 counties) of children in their county have legal representation, with an average of 50%. It was also reported that between 50% and 100% of children have a GAL or CASA, with an average of 92% having one or both. The range

for children attending hearings was from 0% to 100% (only two persons reported that 100% of children in their county attend hearings). According to SAAGs, 37% of children on average regularly attend court hearings. SAAG replies were very similar to those of case managers, who indicated 50% of children were represented by an attorney, and 43% attend hearings.

The vast majority of SAAGs (95%) indicated that their county abides by the “One Child One Judge” philosophy. Some said only one judge serves the entire county, so for some the practice simply reflected available resources. The SAAGs overwhelmingly believed in the benefits of a policy where one judge presides over a child’s entire case. They believed the familiarity with a case allows the judge to be in tune with case details, better address the needs of the child, make better determinations on appropriate placements for the child, and better assess the progress of parents on their case plan. There were a few concerns voiced about this policy – sometimes judges become too emotionally involved and lose objectivity, difficulties in scheduling hearings when only one judge can hear a child’s case, and concerns that sometimes a complex case needs fresh eyes in order to find creative solutions.

When asked to cite the biggest challenges SAAGs face in achieving permanency for children in care the most common response (29%) was case manager turnover. Many expressed frustration due to constant turnover which led to persons handling cases that were unfamiliar with the families and case details. Turnover was also thought to be at least partially responsible for slowing down the processing of cases because new staff was slow to make decisions or request hearings. Many felt this greatly impeded case progress and the achievement of permanency. Also widely noted was the lack of funding to provide for the needs of parents, children and potential caregivers (26%). Frustrations were voiced about the lack of services which prevented parents who were trying to work their case plans from doing so effectively and in a timely manner. Funding problems prevented many children from receiving the services they need to become stable and adoptable. A lack of funding for prospective caregivers often meant that the services required

for a caregiver to take custody of a child could not be provided, resulting in the child remaining in DFCS care.

One in five SAAGs cited “parents only partially working their case plan” as a problem that clogged the system and prevented permanency. These respondents believed that DFCS and judges should require parents to be more aggressive in meeting the requirements of their case plans because half-hearted attempts mean that children linger in care. Seventeen percent cited a lack of communication with DFCS as a major problem. SAAGs did not receive updates on case plans, hearing requests, and case updates which prevented them from effectively moving the case through the courts in a timely fashion. Other challenges included: DFCS not making appropriate permanency plans for children, court scheduling conflicts, the slow process to place children out of state, and challenges in finding permanency for children with severe physical/emotional disabilities.

Like case managers, SAAGs listed the biggest problems system-wide to achieving permanency for children (see Table 17). The number one answer was the lack of funding to address the needs of parents and children (36%), particularly funding for mental health services. Case manager turnover surfaced again, with 29% expressing concerns that the constant turnover of case managers leads to a DFCS workforce that lacks experience, knowledge of the system, knowledge of individual cases, and a slowing of decision-making and case processing. The next system-wide challenge was a lack of quality placements for children with special needs and for teens (19%). Other system-wide issues included: inter-generational DFCS involvement which makes families unable/unfit to take custody of children, federal guidelines/requirements that stymie creative solutions for permanency, the reluctance of judges and DFCS to TPR which delays cases, and large DFCS caseloads which prevent case managers from giving ample attention to each case.

**Table 17. SAAG Survey: What do You See as the Biggest Challenges System-Wide to Achieving Permanency for Children in Georgia’s Foster Care System?**

Lack of funding to address the needs of parents and children	36%
Case manager turnover (workforce lacking experience slows case processing)	29%
Lack of quality placement for children with special needs and teens	19%

Anonymous online surveys with Special Assistant Attorneys General (SAAGs) and DFCS case managers provided qualitative detail on issues where file review data was sparse. The 177 completed surveys offer a unique opportunity to incorporate recommendations from the field into Georgia’s efforts to improve the child welfare system that handles cold cases.

## Chapter 5: Recommendations

At the conclusion of the year of study, the following fifteen policy recommendations are presented in an effort to help Georgia improve permanency outcomes for children in foster care.

### **Recommendation #1: Make timely and detailed diligent searches a priority.**

Over 40% of the files reviewed had no evidence of a diligent search. Fellows described a statewide lack of documentation of relative searches and a lack of updated and current searches. Detailed searches should be an exercise in locating both maternal and paternal relatives and children should be engaged in the process. Timely action is needed to locate relatives, provide relatives with notification about children and care, and follow-up with interested parties.

Diligent searches provide an important familial link between the child and possible avenues of placement and permanency. Current DFCS policy (2102.3a) requires that diligent searches be completed within 60 days of removal. That policy states “conducting the search on the ‘front-end’ increases the likelihood of making sound placement decisions for the child as well as expediting permanency.”<sup>13</sup> Two-thirds of case managers surveyed report conducting an initial diligent search within 30 days or less; three-fourths report updating searches every six months or less. Thus improvements in practice appear to be on the rise.

Research demonstrates that children who reside with kin after removal fare better than children in foster care. They have fewer placements, are less likely to languish in care, and they are less likely to be involved with the juvenile justice system.<sup>14</sup> Family connections provide support and help children maintain connections to racial, ethnic, cultural, and community ties.<sup>15</sup> Family connections also can provide respite care, encouragement, emotional support, a connection to siblings and other family members, mentoring, and financial assistance.<sup>16</sup> Foster children themselves cite “expanding family finding efforts” as one of the most important ways to improve permanency outcomes for foster children.<sup>17</sup>

### **Recommendation #2: Limit the use of APPLA as a permanency plan.**

Child welfare agencies may choose “another planned permanent living arrangement” (APPLA) only when preferable permanency options (reunification, adoption, legal guardianship, and permanent placement with a relative) are unavailable. APPLA was the plan for one third (36%) of cold cases reviewed. One in four of these cases did not have compelling reasons for choosing APPLA documented in their court orders.

Specific criteria should be developed to guide case managers in selecting APPLA as a permanency plan. In addition, a child welfare review process should be developed to determine whether compelling reasons for choosing APPLA exist and that the permanency plan goal of APPLA is really in the best interests of the child. Any child 14 years of age or older should be involved in the review. Since the judiciary is the last line of review, the legal community

needs education about the legal requirements for selecting APPLA under the ASFA guidelines so they can better determine if compelling reasons are presented and hold the APPLA choice to a high standard of evidence. There are circumstances where APPLA can and should be applied. However, the inappropriate use of APPLA is not only a disservice to the child affected, but it is also costly as the state pays a fine for each child that ages out of care under an APPLA permanency plan.

**Recommendation #3: Ensure children have connections to family or other adults.**

Only half (54%) of the cold case children had a documented relationship with an adult family member. Another 24% had no connections to adult family, but had at least one connection to a non-familial adult. The critical link between a nurturing adult-child relationship and healthy child development is well documented. As described above, the improvement of familial connections can start with thorough diligent searches. If relatives are unable to provide permanency, strident efforts should be made to foster and maintain familial relationships and relative visitation. When family members are located, concrete steps are required to cultivate relationships.

When no family resources can be established, fostering relationships with committed adults can begin by contact with school officials, CASA workers, mentoring agencies, coaches, and church members. The children themselves should be consulted for possible adult connections. DFCS should develop a policy that, absent a court order that contact is not in the child's best interest, a child should have a right to continued contact with committed relatives and non-relative adults. The policy should cover all forms of contact – telephone calls, letters, and in-person visits. If an objection exists, the child should be given an opportunity to be heard before the court. Such a policy should also prohibit withholding of family contact as a form of punishment where safety is not an issue. No child should age out of care without a positive connection to a nurturing adult to provide the attachments and support required to deal with the trauma of abuse and neglect.

**Recommendation #4: Involve children in permanency planning and Written Transitional Living Plans (WTLP).**

Only 45% of eligible cold case children had a signed WTLP in their file. Boilerplate WTLP language indicates children have little involvement in the drafting of plans. The National Resource for Foster Care and Permanency Planning suggests that "All permanency policies programs, practices, services and supports should be developed and implemented in ways that ... are driven by the young people themselves, in full partnership with their families and the agency in all decision-making and planning for their futures, recognizing that young people are the best source of information about their own strengths and needs."<sup>18</sup> Youth should play an active role in permanency planning and the development of their WTLP.

**Recommendation #5: Improve consistency and availability of Independent Living Program (ILP) Services.**

Tremendous inconsistency exists in both the availability of ILP services statewide and in the receipt of services by eligible children. Only half of

eligible cold case children received ILP services. The reasons for not participating were varied and often unclear. Of case managers surveyed, 8% indicated their county had little or no ILP services. Clearly ILP services vary greatly by county. All eligible children should be educated about ILP services and the value of participation. Georgia should provide the same programs and services to all foster children regardless of their county of residence.

**Recommendation #6: Improve education to children about the benefits of remaining in care beyond age 18.**

File reviews uncovered widely varying practices of educating children about the benefits of remaining in care beyond age 18. According to case managers surveyed, no standard exists for how and when these conversations take place. The majority of case managers (76%) report responsibility for the education process, although they engage in conversations about benefits anywhere between the ages of 14 and 18. A specific protocol should be developed to address how and when children are educated about remaining in care beyond age 18. Some case managers insightfully suggested that a third party explain all the issues to a child in order to maximize the impact. Clear policies should also be established and conveyed to children about how they can be excluded from eligibility. This education process would allow foster children to understand their rights and better make decisions for their future.

**Recommendation #7: Ensure children receive meaningful representation and attend judicial proceedings.**

The Pew Commission on Children in Foster Care recommends that children and their parents should have effective representation, trained special advocates and the ability to participate in dependency court proceedings in a meaningful way.<sup>19</sup> Only one in four (27%) cold case children had an attorney. Files also lacked documentation of children attending their own court hearings. SAAGs estimated 37% and DFCS case managers estimated 43% of foster children regularly attend court hearings. Files typically contained insufficient information to determine if a CASA was appointed. Finally, case files lacked documentation to indicate proper legal notification of advocates.

Children should also always have contact information and never be denied access to their advocate. DFCS can improve the situation by updating and enforcing policies allowing advocates (non-attorney and attorney) access to the agency records and participation in selected staffings. In order to properly advocate for the needs of the child, advocates should be involved in all judicial hearings and panel reviews and should have proper notice of all legal court proceedings. In return, the advocate bears the responsibility of ensuring that the court and DFCS are aware of all of the child's needs. It is recommended that Georgia courts consider policies which would ensure that children are actively participating in their own court proceedings. If barriers such as institutional or out of county placement are a problem, avenues such as telephone or internet participation should be made available to the child (following the example of an innovative case manager who utilized free Skype communication services).

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**Recommendation #8: Improve legal advocacy for all parties involved in deprivation cases.**

In addition to low levels of child representation, the rate of parents with legal representation was also low – 57% of mothers and 19% of fathers had appointed counsel by the adjudicatory hearing. Files also reflected little action from counsel. Only one discovery motion was found in all the files, documents showed that very few witnesses were called on behalf of parents, and there was no documentation of any objections or amendments to case plans. Often the only discernable legal activity found in the files was done by the SAAGs. While DFCS never lacked representation by a SAAG in any of the files reviewed, the legal work lacked consistency and thoroughness. Court orders were often late and expired, factual inconsistencies were apparent from order to order, and new issues documented in the case were never adjudicated.

Improved legal advocacy for parent attorneys can include: conducting thorough reviews of all case plan goals to ensure that they relate to the causes of deprivation; reviewing all orders for accuracy before submission to the court for signature; mandating specialized training for persons to act as representation at deprivation hearings; requiring parent attorneys receive a minimum number of juvenile law continuing legal education (CLE) hours each year; and using subpoenas to ensure children are in court. Recommendations for SAAGS include: reviewing orders over the life of a case to find factual inconsistencies; improving case staffing procedures to include inquiry about new issues of deprivation; and using subpoenas, if necessary, to ensure children are in court. Recommendations to improve advocacy by GALs include: ensuring that children are brought to court for all hearings; conducting independent investigations on each case; submission of written GAL reports when appropriate; and conducting reviews of all orders for accuracy before submission to the court. Finally, efforts to expand the existing CASA network to all courts in Georgia would improve child advocacy practice for cold cases. Improvements in legal advocacy for all parties will help to ensure that deprivation proceedings are fair and just for all.

**Recommendation #9: Improve judicial oversight on permanency issues.**

Permanency for children in foster care is directly affected by the relationship between the courts, DFCS and legal representation of all parties. While the federal Adoption Assistance and Child Welfare Act succinctly placed responsibility for the best interest of the child on the shoulders of the court, file reviews revealed a lack of judicial oversight in many jurisdictions and in many forms. In one metro county, a child's case had rulings made by six different judges and custody orders had expired four times. Georgia deprivation courts should adopt the "One Child One Judge" philosophy which requires one judge to preside over a case for its duration. The vast majority of SAAGs surveyed believed this to be a beneficial policy.

Courts should hold all parties to a high standard to ensure that the required language is included in all deprivation orders, that all hearings are held in timely compliance with the law, and that all parties comply with state and federal regulations. Cold cases did not fare well on legal standards: 41% had no evidence of a diligent search, half had no legal documentation of a permanency hearing within one year of coming into care, only one quarter

had an attorney, and less than half had a Guardian Ad Litem. A nationwide survey of dependency court judges found that only half had received any specialized training specific to their dependency docket.<sup>20</sup> Georgia's juvenile court judges receive specialized training in child welfare cases and they should continue to do so to properly ensure legal compliance on deprivation cases. A state entity should provide "cold case lists" to all courts so that local efforts to manage cold cases can begin. A consistent approach to hold judicial reviews should be developed for cases in which parents voluntarily relinquish parental rights. When the court properly fulfills its role of oversight, permanency outcomes for foster children can only improve.

**Recommendation #10: Provide services and support to adoptive families to reduce adoption dissolution.**

One out of four cold case children (27%) had an adoption disruption and 18% had an adoption dissolution during their time in care. Failed adoptions have negative consequences on children in care "just when the child's chances for happiness and success seem to be greatest."<sup>21</sup> When queried for recommendations, case managers' number one response was to provide post-adoption support and services to families. Since the most common reason for adoption dissolution among cold cases was the behavior of the child, the need for family services appears critical. Adoptive families should be encouraged to seek help early, as providing services to families before a crisis can result in stronger family relationships.<sup>22</sup> Studies show that most adoption dissolutions involving special needs children are the result of a lack of information about where to get services and the cost.<sup>23</sup> Georgia should provide post-adoption mental health and other special services that children in adoptive families need.

Case managers also recommend educating prospective adoptive families about a child's medical history, early exposure to drugs/alcohol, psychological reports, behavior problems, history of abuse, and family of origin. Work priorities of case managers should allow them to be more involved with families and children prior to adoption to ensure a good fit.

An increased emphasis on concurrent planning is recommended as soon as the child enters state custody. Reunification with the parent may be the goal, but the case manager can plan concurrently for adoption or guardianship should the parents not follow through with their case plan. This strategy was seen in the cold cases as employed only after a child has been in care for a long time as a last ditch effort to prevent aging out. Finally, DFCS should expand and enforce early, quality child and family assessments to improve stable and permanent outcomes for children. This approach to permanency planning requires extensive legwork early in the case in order to find one "right" placement for a child during care (the "best placement"). Finding the best place first can end the endless placement shuffle and reduce the cycle of adopt-and-return.

**Recommendation #11: Prosecute child sex abusers and ensure sexual abuse victims receive proper treatment.**

Nearly one in three (29%) cold case children was a victim of sexual assault, primarily by parents and family members. Just as disturbing is the fact that many sexual perpetrators appear not to have been prosecuted. It

is incumbent upon the legal actors to not only remove a child from a sexual abuse situation, but to take the additional action to make sure law enforcement knows about the perpetrator. In situations of sexual abuse, it is strongly recommended that DFCS forward all documentation to the proper authorities, that forensic interviews are conducted to preserve evidence, and that there is an open line of communication and regular meetings as per local, mandated child abuse protocols between DFCS, law enforcement and the county District Attorney's Office. This will serve to protect the child and the community from the perpetrator and create a record of behavior which serves as notification of the perpetrator's propensity for sexual misconduct. Prosecution should lead to specialized treatment for offenders to reduce their risk of re-offending.

Children that have been sexually victimized need immediate evaluation and treatment by trained professionals.<sup>24</sup> Many cold case children were identified as victims of sexual abuse, but never received specialized treatment until they started acting out in inappropriate sexual ways. The legal actors in a deprivation case should require forensic interviews as soon as allegations of sexual abuse are known. These interviews must include specific treatment recommendations that are acted upon swiftly to ensure children receive the services needed to deal with the trauma of sexual abuse. Treatment may also help lessen the likelihood of abuse victims becoming perpetrators themselves. Research shows that there is a victim-to-victimizer cycle in some males, especially those that have experienced parental loss in childhood due to death, separation, or dysfunctional family relationships.<sup>25</sup> To end the cycle of abuse, sexual offenders must be prosecuted and children must receive the proper treatment to deal with the destructive effects of sexual abuse.

**Recommendation #12: Provide independent oversight for children receiving mental health treatment.**

One out of three cold case children resided in an institution or residential therapeutic treatment setting for mental health problems. A review of psychological assessments completed by mental health professionals indicates the most common diagnoses included Attention Deficit/Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), and various cognitive issues. Half of cold case children were diagnosed with ADHD; one in four was diagnosed with PTSD. Two thirds of children were prescribed medication at some point and those on medication average two drugs per child.

Given the high rate of mental health issues and their influence on permanency options, all children receiving institutional care for mental health issues should be regularly reviewed by an independent psychiatric entity to ensure proper care. Immediate action should be taken when a child's treatment is called into question. To promote quality care, advocates with mental health training should be encouraged to regularly visit institutionalized children and voice their needs.

**Recommendation #13: Improve access to information on reproductive health for children in DFCS custody.**

According to file reviews, 10% of the cold case children were consensually sexually active. Four females in our study were either currently pregnant

or had given birth; one was pregnant for the second time. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, the true prevalence of sexual activity is likely much higher. Almost half of youth in foster care engaged in sexual activity before turning 16, compared to 30% of youth outside of the foster care system.<sup>26</sup> The birth rate for girls in care is double that for girls outside of foster care (17% vs. 8%).<sup>27</sup> A University of Chicago study of youth transitioning out of foster care in three states found that foster care girls were more than twice as likely as the general population of youth in America to have at least one child.<sup>28</sup>

Focus groups about sexual activity conducted with foster care youth have revealed several themes of interest: foster youth have access to information about sex and pregnancy, but some feel it is offered too little, too late; foster youth face a lot of pressure to have sex; and foster youth see many benefits to having a baby.<sup>29</sup> These data show that not only is sexual activity a serious issue among foster youth, but the experiences and perspectives of foster youth may differ from youth not in care. This calls into question the effectiveness of standard sexual education programs on this population.

Georgia should develop an age-specific and medically appropriate reproductive health class for annual participation by foster teens in care. If possible, current and former foster youth should be included in the development and delivery of the message. Incorporating the connection to family and adults (Recommendation #3) is also critical, as research clearly demonstrates that strong relationships between teens and parents/adults can deter sexual activity.<sup>30</sup> Judges are becoming more proactive in this issue, having conversations with teens on the bench and off about preventing pregnancy, birth control, family planning, and pregnancy options.<sup>31</sup> If judges are aware of the services available in their community, they can provide appropriate referrals to youth in dependency court. With the courts, DFCS and other community agencies working together, teens in care can be provided with the information and support needed to make the best decisions possible about sexual health and family planning.

**Recommendation #14: Utilize adoption counselors and specially trained staff to reduce resistance to adoption.**

Case managers often cited “teens not wanting to be adopted” as one of the primary reasons for not selecting adoption as a permanency plan. After lives of chaos and disappointments it is not surprising that so many foster teens are leery of adoption. Expansion of the use of adoption counselors and training of DFCS case managers to work with youth that are resistant to adoption are strongly recommended. The “Talking With Youth: Preparing Everyone for Permanent Family Connections” is one such curriculum which can assist social welfare staff to develop the specialized skills to facilitate conversations about permanency with resistant teenagers.<sup>32</sup> Every child deserves to be a part of a loving family and specially trained professionals can help youth overcome their fears and open themselves to the possibility of finding a family.

**Recommendation #15: Expand family dependency treatment courts statewide.**

Family Dependency Treatment Courts (FDTC) are problem-solving courts that work with families with deprivation cases due to substance abuse. Using

a non-adversarial collaborative approach, the court, DFCS and treatment providers come together to determine the individual needs of substance abusing parents. The FDTCT team works together to help parents overcome their addictions and address the circumstances that led to the removal of their child to foster reunification within AFSA timelines. When reunification plans fail, the team quickly changes gears to establish permanency for the child. Since 42% of the cold cases involved parental substance abuse as a contributing factor for entering care, many families would be candidates for FDTCT participation.

Research demonstrates the success of family dependency treatment courts. They are successful in getting parents to enter and remain in drug treatment, and demonstrate significant decreases in drug use among participants.<sup>33</sup> Outcome evaluations show other promising benefits such as increased employment, receipt of mental health treatment services, and increases in the number of drug-free babies born to program females.<sup>34</sup> FDTCTs also save money. Treatment success is improved because participants begin treatment early and have the support of the court team throughout their recovery. Their children have shorter stays in foster care. One study found a 58% cost savings with the FDTCT model compared to the traditional family welfare court model.<sup>35</sup> Preliminary research on Georgia's FDTCTs suggests that they are also meeting with success. Georgia should expand the Family Dependency Treatment Court model around the state so that more substance abusing parents can have access to services.

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- 35 Ibid.

## Appendix A

### Multivariate Logistic Regression Models Predicting Cold Case Status: Main Effects Only & Interaction Effects (Final) Model

	<b>Estimate</b>	<b>Std. Error</b>	<b>z value</b>	<b>Pr(&gt; z )</b>
No Federal Reimbursement	-1.311	0.088	-14.976	< 2e-16 ***
# Months in Care	-0.013	0.001	-10.211	< 2e-16 ***
No TPR	0.653	0.081	8.043	8.79e-16***
Caretaker Year of Birth	0.023	0.003	7.298	2.92e-13 ***
Institutional Placement	-0.647	0.122	-5.321	1.03e-07 ***
Age of Child in Years	-0.037	0.008	-4.388	1.15e-05 ***
# Placements This Removal	-0.036	0.010	-3.619	0.000295 ***
(Intercept)	-43.954	6.206	-7.083	1.41e-12 ***

	<b>Estimate</b>	<b>Std. Error</b>	<b>z value</b>	<b>Pr(&gt; z )</b>
V1 No Federal Reimbursement	-31.740	18.560	-1.711	0.0872
V2 # Months in Care	-0.507	0.296	-1.711	0.0871
V3 No TPR	-9.861	17.570	-0.561	0.5746
V4 Caretaker Year of Birth	0.009	0.015	0.618	0.5367
V5 Institution Placement	-54.880	27.210	-2.017	0.04372 *
V6 Age of Child in Years	-0.716	1.812	-0.395	0.6929
V7 # Placements This Removal	2.964	2.134	1.389	0.1648
V1*V2	-0.009	0.003	-2.458	0.01398 *
V1*V3	-0.486	0.234	-2.078	0.03773 *
V1*V4	0.016	0.009	1.663	0.0963
V1*V5	0.239	0.332	0.720	0.4714
V1*V6	0.039	0.027	1.420	0.1556
V1*V7	-0.013	0.026	-0.489	0.6251
V2*V3	-0.009	0.003	-2.747	0.00601 **
V2*V4	0.000	0.000	1.022	0.3068
V2*V5	0.003	0.004	0.751	0.4526
V2*v6	0.013	0.001	21.588	< 2e-16 ***
V2*V7	-0.001	0.000	-1.933	0.0532
V3*v4	0.006	0.009	0.624	0.5327
V3*V5	-1.052	0.393	-2.676	0.00744 **
V3*V6	0.052	0.023	2.258	0.02393 *
V3*V7	-0.049	0.026	-1.905	0.0567
V4*V5	0.024	0.014	1.785	0.0743
V4*V6	0.000	0.001	0.018	0.9858
V4*V7	-0.002	0.001	-1.412	0.1578
V5*V6	0.415	0.090	4.607	4.08e-06 ***
V5*V7	-0.038	0.030	-1.275	0.2022
V6*V7	0.004	0.003	1.312	0.1897
(Intercept)	-7.511	28.720	-0.262	0.7937

\*\* statistically significant at  $p < .001$ , \*\* statistically significant at  $p < .01$  \* statistically significant at  $p < .05$ .

## **Appendix B: Cold Case Project Forms Package**

Package documents include the following:

- File Review Checklist
- Project Letter from Michelle Barclay
- Consent Forms
- DFCS Case Manager Interview Protocol
- Narrative Summary Instructions
- Activity Sheet
- Cold Case Review Form
- Earliest Psychological Evaluation
- Most Recent Psychological Evaluation

# Cold Case File Review Checklist

The following 8 steps should be followed to complete the packet of documents required for each Cold Case file reviewed. Check each item as completed. Submit this checklist with your completed packet.

- \_\_\_ 1. Review the Consent Form with the DFCS Case Manager. Fellow as “Investigator” and Case Manager must sign and date both copies. Leave one copy with the Case Manager.
- \_\_\_ 2. Read through the DFCS file and complete the Cold Case File Review Form. Feel free to write notes directly on the form.
- \_\_\_ 3. Locate the earliest and most recent child psychological assessment reports contained in the DFCS file. Complete the Cold Case File Earliest & Most Recent Child Psychological Assessment Review forms. Write the child’s Cold Case File# on the first page of each form. If only 1 report is in the file, complete only the “Most Recent” form.
- \_\_\_ 4. Interview the Case Manager using the Cold Case DFCS Case Manager Interview Protocol (in person at the time of file review, or follow-up on the telephone only if the case manager is unavailable). Case Manager Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(email this CM contact information to sharon.johnson.ars@gmail.com within 24 hours).
- \_\_\_ 5. Write a 1-2 page summary of the case using the Cold Case Narrative Summary Instructions. Be sure to include the 10 summary bullets at the top.
- \_\_\_ 6. Complete your Cold Case File Activity Sheet, reflecting all travel time, time spent at DFCS reviewing the case, interviewing the case worker, and completing the summary narrative.
- \_\_\_ 7. Email an electronic copy of your Narrative Summary to sharon.johnson.ars@gmail.com.
- \_\_\_ 8. Mail or fax the following documents to ARS: 1) Checklist, 2) Signed Consent Form, 3) Cold Case Review Form, 4) Child Psychological Assessment Review Forms, 5) Cold Case Narrative Summary, 6) Cold Case File Activity Sheet. Forms are **due within 5 business days** of your case review at DFCS. You may retain a copy of all documents for your file.

**Applied Research Services, Inc.**

Attn: Sharon Johnson  
663 Ethel Street, NW  
Atlanta, GA 30318  
fax: (404) 881-8998

*If you have any questions, please contact  
Sharon Johnson at ARS:  
(404) 881-1120 ext. 105*



**Supreme Court of Georgia  
Committee on Justice for Children  
244 Washington St.  
Atlanta, GA 30334  
[www.gajusticeforchildren.org](http://www.gajusticeforchildren.org)**

May 6, 2009

To whom it may concern:

Committee Members  
Justice P. Harris Hines, Chair  
Mr. Duaine Hathaway  
Judge Michael Key  
Ms. Kathleen Dumitrescu  
Judge Peggy Walker  
Judge James Morris  
Ms. Isabel Blanco  
Mr. Robert Grayson  
Judge Stephen Goss  
Mr. W. Terence Walsh  
Mr. Tom Rawlings  
Judge Kevin Guidry  
Dr. Normer Adams  
Judge Jackson Harris  
Ms. Lisa Lariscy  
Judge Desiree Peagler  
Judge Lawton Stephens

The Supreme Court of Georgia Committee on Justice for Children is sponsoring the Cold Case Project which will last one year starting in April 2009. This project is being done in full partnership and support with the Georgia Division of Family and Children Services and the Georgia Office of the Child Advocate. Eleven attorneys are serving as Supreme Court of Georgia Fellows to the Cold Case Project and will review cases of children in foster care for long periods of time.

The Fellows are listed in alphabetical order: Patricia Ketch Buonodono; Melinda Cowan; Rachel Davidson; Darice Good; Karlise Y. Grier; Diana Rugh Johnson; Tr an Lankford; Dorothy Murphy; Brooke Silverthorn; Leslie Stewart; and Ashley Willcott.

In addition to reviewing permanency options which have been explored legally, the Fellows will look for current diligent search reports, case plans, signed written transition living plans, referrals to independent living, permanency hearing orders, reasonable efforts to achieve permanency documentation, compelling reason documentation and more.

The Fellows represent a mix of agency (Special Assistant Attorneys General), parent, and child attorneys. Ashley Willcott is serving as the project lead. Periodic reports will be presented at the Justice for Children Committee meetings and a paper will be published at the project's end. Applied Research Services is serving as the project evaluator. Attorneys Robert Grayson and Tammy Griner will serve as Senior Fellows and provide technical assistance to this project.

For any questions or concerns, please contact me, Michelle Barclay, attorney and Project Director for the Committee on Justice for Children.

Sincerely,

Michelle Barclay  
[www.gajusticeforchildren.org](http://www.gajusticeforchildren.org)

Georgia Department of Human Resources Institutional Review Board

CONSENT FORM

for Participants in the  
Administrative Office of the Courts (AOC) Cold Case Study

I agree to allow \_\_\_\_\_ to participate in the AOC Cold Case Study, which is being conducted by Dr. Tammy Meredith of Applied Research Services, Inc. (404-881-1120, ext 106). I understand that participation is entirely voluntary. I understand that I can withdraw my consent at any time without penalty and can have the results of \_\_\_\_\_'s participation, to the extent that it can be identified as his/hers, returned to me, removed from the record, or destroyed.

The following points have been explained to me:

- 1. The reason for the research is** to see if specially trained attorneys working as Supreme Court Fellows can increase the likelihood of permanent placement and speed the permanency process (i.e., reduce the amount of time between identification as a cold case and achievement of a permanent placement).
- 2. The benefits that participants may expect for the research are** that participants may achieve permanency more quickly than had they not participated in the study.
- 3. The procedures involve** a comprehensive review of participant's DFCS and court files, as well as interviews with each participant's case manager and follow-up with DFCS and the appropriate parties involved.
- 4. No discomforts or stresses are foreseen.**
- 5. Participation involves the following risks:** In spite of numerous safeguards, information about study participants may be made available to those outside of the research team and study staff. All reasonable efforts will be made to preclude such accidental and inadvertent release of information. Should such information be disclosed, please call Dr. Tammy Meredith at (404) 881-1120, ext 106.
- 6. The results of participation will be confidential,** and will not be released in any individually identifiable form without my prior written consent, unless otherwise required by law. The names of those participating will be removed from the electronic database, and each participant will thereafter be identified only by an assigned identification number. All information will be provided in the aggregate, so that the identity of any individual participant cannot and will not be disclosed.
- 7. The Principal Investigator, Dr. Tammy Meredith, will answer any questions I have about the research, now or during the course of the study.**
- 8. I may contact the Principal Investigator, Dr. Tammy Meredith, directly at (404) 881-1120 x106 if I have any questions about my rights as a subject in this study.**

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Subject's DFCS Case Manager

\_\_\_\_\_  
Date

PLEASE SIGN BOTH COPIES OF THIS FORM.  
KEEP ONE COPY AND RETURN THE OTHER TO THE INVESTIGATOR.

DHR INSTITUTIONAL REVIEW BOARD

Project # 090505  
Consent Form Approval Period  
From: 6-15-09 To: 6-1-10  
Authorizations: mp

# Cold Case File

## DFCS Case Manager Interview Protocol

Upon completion of your File Review Form, please briefly interview the case worker who is managing the child's case. Use the questions below to guide your conversation. The purpose of this discussion is to gain a clearer understanding of the case that is often not reflected in the paper file. You are not the child's attorney in this conversation.

1. Should we expect to see court orders, case plans, and psychological assessments in the paper file or are they only captured in SHINES?
2. Can you give me a brief summary of this child's case and a description of his/her situation today?
3. What do you think the issues or challenges have been to achieving permanency for this child up until this point?
4. Are there any other avenues that have yet to be explored that you think might be viable options for establishing permanency for this child?
5. What do you think is the best possible and realistic permanency outcome for this child?
6. Is there any support you need to achieve that outcome?

# Cold Case File

## Narrative Summary Instructions

Prepare a 1-2 page, single-spaced summary document. Refer to the child by first name only. Place the Cold Case File# at the top of the report with your name and the date prepared.

1. Provide a brief summary of this child's "story" and a description of his/her situation today.
2. Is there evidence of (A) a connection to ILP Services, (B) a connection to an adult, (C) a plan for education/health/housing?
3. See the Cold Case File Review Form Q#71. Describe the issues, experiences, or your impressions of the reasons this child has not been placed in a permanent family. Why have any legal permanency options been ruled out (reunification, placement with other relative, adoption, guardianship)?
4. Describe what you think is the best possible and realistic permanency outcome for this child.
5. What are your recommended action steps for this case?
6. Summarize the following 10 points at the top of your report:
  - 1 - **Diligent Search.** See Q25, Q48-51
  - 2 - **Permanency Hearings.** See Q31-34
  - 3 - **Efforts to Achieve Permanency.** See full case review form & narrative
  - 4 - **Compelling Reason For Why APPLA Was Chosen.** See Q35
  - 5 - **Signed WTLP.** See Q36
  - 6 - **Evidence of Connection to ILP Services.** See Q61
  - 7 - **Evidence of Connection to an Adult.** See full case review form & narrative
  - 8 - **Evidence of Plan for Education/Health/Housing.** See full case review form & narrative
  - 9 - **Child Attorney/GAL.** See Q19, Q20 & narrative
  - 10 - **Original Identification Documents (birth certificate, social security card) Provided to Child at Age 18.** See case file

# Cold Case File Activity Sheet

Record all time spent completing Cold Case tasks on this sheet. Please use a separate sheet for each Cold Case. You may submit multiple sheets per Cold Case. This sheet will not be used for invoicing/payment purposes.

Fellow: \_\_\_\_\_

Cold Case File#: \_\_\_\_\_

Hours in ¼ hour increments, per task (ex: .25, 1.5, 2.0, etc.)								
Date	Telephone	Travel	Case Review	Caseworker Interview	Prepare Narrative	Copy/Mail/Fax Docs	Other	Total Hours

## Cold Case File Review Form

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

### Case Identifiers

1. Cold Case File# \_\_\_\_\_
2. DFCS Case File# \_\_\_\_\_
3. Court Case File# \_\_\_\_\_
4. County with custody \_\_\_\_\_
5. Removal Judge \_\_\_\_\_
  
6. Removal Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. Still in DFCS custody? Yes No If no, discharge date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Child Information

8. Gender Male Female
9. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
10. Current Age \_\_\_\_\_ years
11. Race Black White Asian Native Am. Other: \_\_\_\_\_
12. Hispanic Yes No Unknown
13. Parent(s), current situation married couple unmarried couple single female single male
14. Parent Name mom: \_\_\_\_\_ dad: \_\_\_\_\_
15. Parent Legal Status mom: \_\_\_\_\_ dad: \_\_\_\_\_

### Legal Documentation

16. If child was brought into custody, does the court record contain a valid shelter care order or other authority for placement?  
Yes No N/A - did not enter custody
  
17. Did the 72-hour hearing/detention hearing occur within 3 days from the date of removal?  
Yes No N/A - Consent in lieu of 72-hour hearing order in file
  
18. If yes, check all issues addressed in the 72-hour hearing order:  
\_\_\_\_ reasonable efforts were made to prevent out of home placement  
\_\_\_\_ child-specific details for the reasonable efforts finding  
\_\_\_\_ a “contrary to the welfare” finding  
\_\_\_\_ child-specific details for the “contrary to the welfare” finding  
\_\_\_\_ 72-hour hearing order not in file
  
19. Check if there are court orders appointing the following:  
\_\_\_\_ child attorney  
\_\_\_\_ CASA volunteer or GAL  
\_\_\_\_ mother attorney  
\_\_\_\_ father attorney

20. Place a check under each attorney/advocate to indicate the timing of their appointment:

	Child Attorney	Mother Attorney	Father Attorney	CASA/GAL
At or before 72-hour hearing	_____	_____	_____	_____
At or before adjudicatory hearing	_____	_____	_____	_____
After adjudicatory hearing	_____	_____	_____	_____
Cannot determine	_____	_____	_____	_____

21. Was the Adjudicatory Hearing held within 30 days of child's removal?

Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

22. Was the Initial Case Plan filed within 30 days of the child's removal?

Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

23. Is there a court order that references and incorporates a Case Plan?

Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

24. Was the Dispositional Hearing held within 60 days of the child's removal?

Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

25. Was there a Diligent Search Report filed within 90 days of removal?

Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

26. Did the first review occur within 6 months after the dispositional hearing?

Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

27. Check all issues documented in the Deprivation Petition or Adjudication Order:

- \_\_\_\_\_ Statement that it is in the best interest of the child for proceeding to occur
- \_\_\_\_\_ Listing of parties & representation present for the Adjudicatory Hearing
- \_\_\_\_\_ Specific facts to support the petition
- \_\_\_\_\_ Parent/guardian's names
- \_\_\_\_\_ Siblings
- \_\_\_\_\_ Deprivation Petition not filed
- \_\_\_\_\_ Child's name & age
- \_\_\_\_\_ Place where child has been placed
- \_\_\_\_\_ Reasonable efforts
- \_\_\_\_\_ Case dismissed prior to Adjudication

28. Check all parties who received notice for the Adjudicatory Hearing that you see listed in the file:

- \_\_\_\_\_ Child
- \_\_\_\_\_ Mother
- \_\_\_\_\_ Father
- \_\_\_\_\_ Attorney for child/Attorney GAL
- \_\_\_\_\_ Attorney for Mother
- \_\_\_\_\_ Attorney for Father
- \_\_\_\_\_ Putative Father
- \_\_\_\_\_ SAAG
- \_\_\_\_\_ DFCS
- \_\_\_\_\_ CASA or other Non-Attorney GAL
- \_\_\_\_\_ Foster Parent
- \_\_\_\_\_ Citizen Review Panel
- \_\_\_\_\_ Cannot tell
- \_\_\_\_\_ Other \_\_\_\_\_

29. Do you see any continuances documented in the file?

Yes No If yes, how many? \_\_\_\_\_

30. If continuances occurred, check all reasons you see listed in the file:

- One or more parties requested or was assigned counsel
- Allow more time to gather information
- Time needed for service/notice to be given
- Parties unavailable
- Witnesses unavailable
- Allow time to reach a settlement
- Cannot tell/no reason given
- Counsel unavailable
- Calendar conflict
- "In the best interest of the parties"
- Other \_\_\_\_\_

31. Was a Permanency Hearing held within one year from the date of child's removal?

Yes No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

32. What was the date of the most recent permanency plan? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

33. Did the Permanency Hearing orders address the permanency plan and reasonable efforts by DFCS to achieve permanency?

Yes No

34. What is the permanency goal of the most recent Case Plan?

- Reunification
- Adoption
- Custody to a fit & willing relative guardianship
- Another planned permanent living arrangement (APPLA)/long term foster care
- Another planned permanent living arrangement (APPLA)/emancipation
- Emancipation
- Not specified
- Other \_\_\_\_\_

Permanency goals of previous case plans in the file that differ from the current goal:

Goal	Date
_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____

35. If the child has an APPLA chosen as a permanency plan, are there compelling reasons documented in the court order as to why APPLA is in the best interest of the child?

Yes No N/A – APPLA is not the plan

If yes, reasons given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Is there a Written Transitional Living Plan or Independent Living Plan if the child is age 14 or older?

Yes No N/A If yes, date of most recent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If yes, is it signed by the child? Yes No

37. Is there a "CCFA (Comprehensive Child & Family Assessment)" or "First Placement-Best Placement" recommendation in the file?

Yes No If yes, date of most recent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
If yes, recommended placement type: \_\_\_\_\_

38. If the child has been in foster care 15 of the most recent 22 months, has the agency filed or joined a petition to terminate parental rights, or documented compelling reasons why TPR is not in the best interest of the child?

Yes No N/A - Not in foster care 15 of last 22 months

39. Has the court terminated parental rights (TPR) on the child's mother?

Yes No If yes, date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

40. Has the court terminated parental rights (TPR) on the child's father?

Yes No If yes, date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

41. Is there an Affidavit to Release Child for Adoption or other documentation of parent/s relinquishing custody?

Yes No If yes, date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DFCS Care

42. Check all reasons for DFCS involvement, then circle the primary reason:

- |  |  |
|--|--|
| <input type="checkbox"/> Physical abuse                | <input type="checkbox"/> Parent/caretaker unable to cope |
| <input type="checkbox"/> Sexual abuse                  | <input type="checkbox"/> Violence in home                |
| <input type="checkbox"/> Abandonment                   | <input type="checkbox"/> Inadequate housing              |
| <input type="checkbox"/> Neglect                       | <input type="checkbox"/> Child's behavior                |
| <input type="checkbox"/> Parent substance abuse        | <input type="checkbox"/> Child's disability              |
| <input type="checkbox"/> Parent mental/physical health | <input type="checkbox"/> Child's mental/physical health  |
| <input type="checkbox"/> Parent incarceration          | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Parent death                  |  |

43. Number of times this child been removed from their home by DFCS? \_\_\_\_\_

44. Date of first DFCS removal \_\_\_\_ / \_\_\_\_ / \_\_\_\_

45. Has this child ever been labeled a "runaway"?

Yes No If yes, check if any of the following occurred:

- |  |   |
|--|---|
| <input type="checkbox"/> Runaway report made | <input type="checkbox"/> Report filed with the Natl Center for M&E Children |
| <input type="checkbox"/> Warrant filed       | <input type="checkbox"/> Child was absent for more than a day               |

46. Current placement:

- |  |  |
|--|--|
| <input type="checkbox"/> Foster Family     | <input type="checkbox"/> Residential Therapeutic Treatment |
| <input type="checkbox"/> Foster Relative   | <input type="checkbox"/> Runaway                           |
| <input type="checkbox"/> Group Home        | <input type="checkbox"/> Juvenile justice placement        |
| <input type="checkbox"/> Institution       | <input type="checkbox"/> Supervised independent living     |
| <input type="checkbox"/> Pre-adoptive home | <input type="checkbox"/> Trial home visit                  |
| <input type="checkbox"/> Other _____       |  |



52. Has the child ever had a pre-adoptive placement?

Yes No

53. Has the child ever experienced an adoption dissolution?

Yes No If yes, why? \_\_\_\_\_

54. List the permanency resources (i.e. adoption by grandmother, adoption by foster parent) that have already been explored & excluded:

Permanency Solution	Reason for exclusion/failure to place
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

55. How many caseworkers have handled this case up to the date of this review? \_\_\_\_\_

Siblings

56. Are siblings mentioned in court orders resulting from the Probable Cause, Adjudicatory or Dispositional Hearing?

Yes No

57. Siblings:

Name	Gender		Date of Birth	Also in DFCS Care?		Currently Placed with?		Any Disability?	
	M	F		Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No
_____	M	F	___/___/___	Yes	No	Yes	No	Yes	No

58. Is this child in a sibling group that may be placed together?

Yes No If yes, circle the siblings above that can be placed with this child

59. Is this child's membership in a sibling group delaying permanency for this child?

Yes No

Child Characteristics

60. Does the child have any known issues, disabilities or special needs?

Yes No If yes, please describe the issues below:

Issue	Description	Severity (Mild, Moderate, Severe)
Medical/physical	_____	_____
	_____	_____
	_____	_____
Learning	_____	_____
	_____	_____
	_____	_____
Developmental Delays	_____	_____
	_____	_____
	_____	_____
Emotional	_____	_____
	_____	_____
	_____	_____
Behavioral	_____	_____
	_____	_____
	_____	_____
Mental Health	_____	_____
	_____	_____
	_____	_____
Sexual Assault	_____	_____
	_____	_____
	_____	_____

61. What type of services is the child currently receiving?

- Psychological counseling       Psychiatric treatment  
 Learning disability counseling       Medical treatment  
 Tutoring       Independent Living services  
 Other: \_\_\_\_\_

62. How many child psychological/psychiatric assessments are in the file? \_\_\_\_\_

63. Date of earliest psychological assessment in the file: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (please complete the Earliest Psychological Assessment Review Form)

64. Date of most recent psychological assessment in the file: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (please complete the Most Recent Psychological Assessment Review Form)

65. Has the child had any juvenile delinquency involvement (include prior to and during DCFS care)?

Yes No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Barriers to Permanency

66. Are there any court factors affecting progress to permanency in this case (attorney errors, court scheduling, judge, file errors)?

Yes No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

67. Are there any DFCS systemic factors affecting progress to permanency in this case?

Yes No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

68. Are there any environmental factors affecting progress to permanency in this case? (i.e. neighborhood/community, school/employment, other)

Yes No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

69. Are there any family/caregiver issues affecting progress to permanency in this case?

Yes No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

70. Has the case manager listed any supports needed to achieve permanency for the child?

Yes No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

71. Check all reasons the child has not been placed in a permanent family:

- Child does not want to be adopted
- Attachment to siblings in current placement
- Attachment to caregivers in current placement
- Funding streams
- Medical needs
- Behavioral issues/needs
- No permanent family identified
- Age/other demographic issues
- Other: \_\_\_\_\_

Please include in your narrative summary a description of these and any other issues, experiences, or your impressions of the reasons this child has not been placed in a permanent family.

## Cold Case File Earliest Child Psychological Assessment Review

Reviewer:

Date:

Cold Case File#:

Assessment Date:

Children are likely to have had a number of psychological evaluations if they have been in the system for any length of time. Begin by locating the earliest completed report in the file, whether that is a multi-page, stand-alone report completed by a community-based mental health practitioner or a one-page report completed by a mental health professional working in a residential setting. If you are unsure how to complete this form while reviewing the report, feel free to call Dr. Kevin Baldwin, Clinical Psychologist, at Applied Research Services (770) 286-8312.

DSM Diagnoses (all axes may not be present):

Numerical Code: Diagnostic Label:

Axis I: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Axis II: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Axis III: \_\_\_\_\_  
\_\_\_\_\_

Axis IV: \_\_\_\_\_  
\_\_\_\_\_

Axis V: Assessment of Functioning: \_\_\_\_\_

### Intelligence/Aptitude Testing

Name of IQ test administered: \_\_\_\_\_

Performance IQ: \_\_\_\_\_

Verbal IQ: \_\_\_\_\_

Full Scale IQ: \_\_\_\_\_

Standard Score

Other quotient 1 (specify name: \_\_\_\_\_) \_\_\_\_\_

Other quotient 2 (specify name: \_\_\_\_\_) \_\_\_\_\_

Other quotient 3 (specify name: \_\_\_\_\_) \_\_\_\_\_

Adaptive Behavior Testing

Vineland Adaptive Behavior Scale (ABS)	Standard Score
Adaptive Behavior Composite Score	_____
Communication	_____
Daily Living Skills	_____
Socialization	_____
Motor Skills	_____
Maladaptive Behavior	_____

Scales of Independent Behavior (SIB-R)	Standard Score
Broad Independence Total	_____
Motor Skills	_____
Social and Communication Skills	_____
Personal Living Skills	_____
Community Living Skills	_____
Maladaptive Behavior – General	_____
Internalized	_____
Asocial	_____
Externalized	_____

Name of other measure of adaptive functioning: \_\_\_\_\_  
Standard Score for overall level of functioning: \_\_\_\_\_

Measure of Personality/Psychopathology (e.g., Millon Adolescent Clinical Inventory)

Name of highest elevated clinical scale: \_\_\_\_\_ Standard Score \_\_\_\_\_  
Name of 2nd highest elevated clinical scale: \_\_\_\_\_ Standard Score \_\_\_\_\_

Medications

Name of medication prescribed-1: \_\_\_\_\_  
Name of medication prescribed-2: \_\_\_\_\_  
Name of medication prescribed-3: \_\_\_\_\_  
Name of medication prescribed-4: \_\_\_\_\_  
Name of medication prescribed-5: \_\_\_\_\_

Summary of Recommendations

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

## Cold Case File Most Recent Child Psychological Assessment Review

Reviewer:

Date:

Cold Case File#:

Assessment Date:

Children are likely to have had a number of psychological evaluations if they have been in the system for any length of time. Begin by locating the earliest completed report in the file, whether that is a multi-page, stand-alone report completed by a community-based mental health practitioner or a one-page report completed by a mental health professional working in a residential setting. If you are unsure how to complete this form while reviewing the report, feel free to call Dr. Kevin Baldwin, Clinical Psychologist, at Applied Research Services (770) 286-8312.

DSM Diagnoses (all axes may not be present):

Numerical Code: Diagnostic Label:

Axis I: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Axis II: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Axis III: \_\_\_\_\_  
\_\_\_\_\_

Axis IV: \_\_\_\_\_  
\_\_\_\_\_

Axis V: Assessment of Functioning: \_\_\_\_\_

### Intelligence/Aptitude Testing

Name of IQ test administered: \_\_\_\_\_

Performance IQ: \_\_\_\_\_

Verbal IQ: \_\_\_\_\_

Full Scale IQ: \_\_\_\_\_

Standard Score

Other quotient 1 (specify name: \_\_\_\_\_) \_\_\_\_\_

Other quotient 2 (specify name: \_\_\_\_\_) \_\_\_\_\_

Other quotient 3 (specify name: \_\_\_\_\_) \_\_\_\_\_

Adaptive Behavior Testing

Vineland Adaptive Behavior Scale (ABS)	Standard Score
Adaptive Behavior Composite Score	_____
Communication	_____
Daily Living Skills	_____
Socialization	_____
Motor Skills	_____
Maladaptive Behavior	_____

Scales of Independent Behavior (SIB-R)	Standard Score
Broad Independence Total	_____
Motor Skills	_____
Social and Communication Skills	_____
Personal Living Skills	_____
Community Living Skills	_____
Maladaptive Behavior – General	_____
Internalized	_____
Asocial	_____
Externalized	_____

Name of other measure of adaptive functioning: \_\_\_\_\_  
Standard Score for overall level of functioning: \_\_\_\_\_

Measure of Personality/Psychopathology (e.g., Millon Adolescent Clinical Inventory)

Name of highest elevated clinical scale: \_\_\_\_\_ Standard Score \_\_\_\_\_  
Name of 2nd highest elevated clinical scale: \_\_\_\_\_ Standard Score \_\_\_\_\_

Medications

Name of medication prescribed-1: \_\_\_\_\_  
Name of medication prescribed-2: \_\_\_\_\_  
Name of medication prescribed-3: \_\_\_\_\_  
Name of medication prescribed-4: \_\_\_\_\_  
Name of medication prescribed-5: \_\_\_\_\_

Summary of Recommendations

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# Appendix C. DFCS Case Review Follow-Up Telephone Conference Script

## Georgia Cold Case Project DFCS Case Review Follow-Up Telephone Conference Script

First introduce all participants on the follow up call within a couple of minutes after the starting time, including who they are.

### 1. Background.

The Supreme Court of Georgia Committee on Justice for Children is sponsoring a one-year Cold Case Project. This project is being done in full partnership and support with the Georgia Division of Family and Children Services and the Georgia Office of the Child Advocate, and is funded by Title IV-E money. There are eleven Cold Case Project Fellows who will review DFCS records of children in foster care for 2 years or more, where TPR has occurred and the PP is APPLA. The purpose of the project is two-fold: 1) to determine whether we can improve permanency outcomes for these kids; 2) to help the Supreme Court shape statewide child welfare policy based on what we learn from this experience.

The Supreme Court and DFCS share an interest in this area because research shows that aging-out of foster care leads to bad outcomes for children – they are less likely to complete their education, they are more likely to end up homeless and in prison. Further, Georgia faces large fines for these children, including those imposed if the Children and Family Services Review (“CFSR”) is not passed. We’re hopeful our combined efforts can improve the lives of foster kids.

A difference between Permanency Roundtables (PRT) which have and are being held, and the Cold Case Project (CCP) is that the PRT focus on the social work aspect of the cases, while this Project focuses on the legal aspects of the cases. In addition to reviewing permanency options which have been explored legally, the Fellows will look for current diligent search reports, case plans, signed written transition living plans, referrals to independent living, permanency hearing orders, reasonable efforts to achieve permanency documentation, compelling reason documentation and more. These are items which are going to be necessary for the federal government to see in the DFCS records during the next CFSR. If these items are not in the record, the State faces huge fines and penalties are paid for these children. The good news is, many of these items can be “fixed” if missing from the current records and can be included in all future records.

### 2. Questions. Do any of you have questions or concerns about the Cold Case Project?

### 3. Case Review Summary.

We reviewed # cases in your office on day , date .  
The cases were: [insert names here]  
The fellows who reviewed the record(s) are \_ who reviewed \_\_ and \_\_ who reviewed \_\_\_\_.

*[Let the attendees talk after you provide a very brief overview.]*

### 4. Here are the strengths of what we see in your files...

Here are some things we think we could use improvement... [Go through each of 10 points and say based on the review of the record, did or did not see. If did not see, can ask is perhaps they have more information about that point.]

*[Follow with questions to DFCS participants; let them talk.]*

Is there a permanency option that we haven’t explored?  
What is needed to help you achieve permanency for these kids?

5. The Next Step. A summary of the key points we have discussed will be emailed to you shortly. If there is anyone else with DFCS who you would like to have this information, please feel free to forward, or let us know to include them in the process. Thank you again for working with us and allowing our fellows to review your records. Throughout this year don’t hesitate to call us about the project!