

COLD CASE PROJECT ANNUAL REPORT FOR THE WORK OF 2013

January 2014



Prepared by the Administrative Office of the Courts
Courts Services Division
Office of Children, Families and the Courts

"I learned that the world of men as it exists today is a bureaucracy. This is an obvious truth, of course, though it is also one the ignorance of which causes great suffering.

But moreover, I discovered, in the only way that a man ever really learns anything important, the real skill that is required to succeed in a bureaucracy. I mean really succeed: do good, make a difference, serve. I discovered the key. This key is not efficiency, or probity, or insight, or wisdom. It is not political cunning, interpersonal skills, raw IQ, loyalty, vision, or any of the qualities that the bureaucratic world calls virtues, and tests for. The key is a certain capacity that underlies all these qualities, rather the way that an ability to breathe and pump blood underlies all thought and action.

The underlying bureaucratic key is the ability to deal with boredom. To function effectively in an environment that precludes everything vital and human. To breathe, so to speak, without air.

The key is the ability, whether innate or conditioned, to find the other side of the rote, the picayune, the meaningless, the repetitive, the pointlessly complex. To be, in a word, unborable.

It is the key to modern life. If you are immune to boredom, there is literally nothing you cannot accomplish."

~ David Foster Wallace, The Pale King

Authored by:

Michelle Barclay, J.D., Assistant Director, GA AOC, Office of Children, Families and the Courts
Michael Fost, Statistician, Georgia Division of Children and Family Services
Ashley Willcott, J.D., C.W.L.S., Cold Case Project Lead, ED Georgia Office of the Child Advocate

Edited by:

Melissa Carter, J.D., ED Barton Child Law and Policy Center
Patricia Buonodono, J.D., C.W.L.S., Child Support Project Director,
GA AOC, Office of Children, Families and the Courts

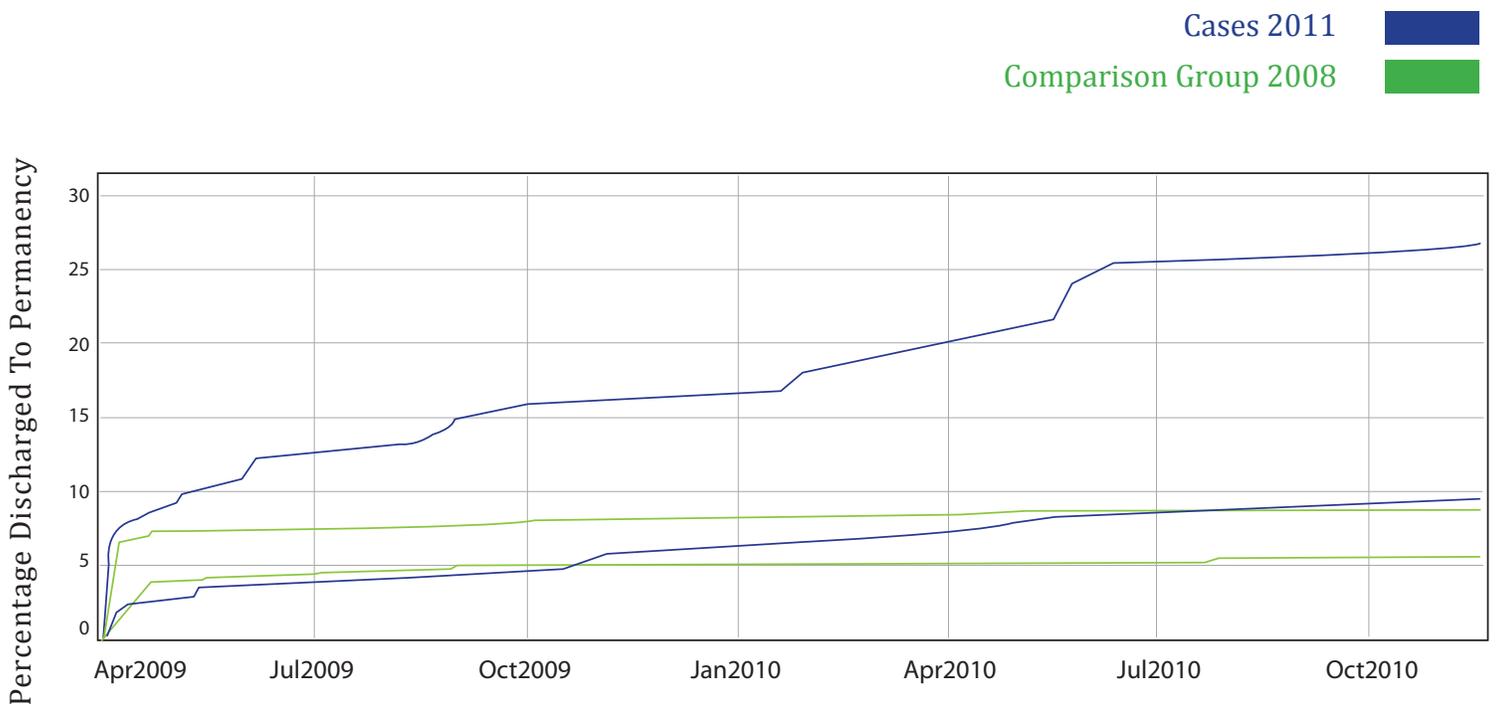
Introduction

The Cold Case Project (CCP) has now completed its fourth year and is beginning a fifth. The Cold Case Fellows have read over 1000 children’s cases. While this work is never boring, the sadness and cruelty witnessed in the files can feel defeating and one must work to stay hopeful and on task. However, our Cold Case team has acquired enough knowledge and experience to feel hope that these children will get to a better place even though it will take time. Our data bears witness to that hope, and those outcomes keep the project and the people going. The CCP is no longer a study and a study is no longer needed. We know today that diligent quality assurance checking and re-checking works to help children in some of our state’s most incredibly complex cases move out of state custody to permanent families. The cases of the children that show up on the Cold Case list have become complex and/or “stuck” for a variety of reasons (severe trauma in the child’s background, parents who were so close for so long to completing their legally required case plan goals that the case dragged on, children who were deeply bonded

to a parent and kept hoping that said parent would improve enough to reunify with them, foster or adoptive parents getting divorced or other tragedies that somehow landed their children back in the foster care system). In hospitals, cases like these might be compared to “Never Events” which are a list of inexcusable actions in a health care setting, the “kind of mistake that should never happen.” Never events still occur in hospitals, but it is the constant quality assurance monitoring (i.e. boring) efforts that are the best hope of preventing and reducing the frequency of these events.

We have been able to do our state’s quality assurance project for so long thanks to the support and guidance of Casey Family Programs (CFP), the Supreme Court of Georgia’s Committee on Justice for Children (J4C) which is Georgia’s Court Improvement Program, and the Georgia Division of Family and Children Services (DFCS).

Data from 2011 (the project began in late 2009) showed that children who received a review and/or a visit or a call from the Cold Case team were 25%



more likely to achieve permanency before they aged out than a comparison group in 2008. (Previous year end reports for 2010, 2011, and 2012 are posted on J4C’s website, www.gajusticeforchildren.org). The percentage of children discharged to permanency from the 2011 data is displayed below. This 2011 analysis has proven to be our most dramatic change. But every year has shown us that doing the detailed review work improves outcomes for children.

After four years, the CCP is well known and recognized across Georgia’s child welfare system. This past year, faces and voices were familiar in almost every meeting and/or review about a child and thus work proceeded with ease and very little friction. Missing documents like social security cards and birth certificates were rare this year, files and documents that needed to be uploaded generally were in place, relative searches were generally documented (although this is still a place where improvements could be made). Many of the state staff sitting around the review table welcomed the brainstorming and the creative thinking when the Cold Case team walked in to a permanency roundtable meeting or joined a conference call. In fact, a number of counties requested cold case file reviews, or assistance from the Cold Case team on files reviewed.

The Cold Case list (run twice during 2013), which is produced by a statistical predictive model, allows our team to identify the children most likely to languish in state custody. The list is sent out to all appropriate stakeholders. As in past years, perhaps due to the Hawthorne effect, some cases started to reach

success even before they were reviewed. To take advantage of this effect, the team broadly publicized the 2013 Cold Case lists in partnership with DFCS leadership using emails, presentations and promoting the Court Process Report System (CPRS) which can generate a “Cold Case” report at a local level at any time. The reviews bring both legal and social work expertise together to re-focus attention not only on achieving permanency, but also on increasing visitation; creating better connections with relatives; providing more opportunities for children in group homes to interact with the community; brainstorming creative ideas to overcome barriers; re-visiting the legal issues and possible legal actions; and strengthening services to meet the health and educational needs of the children on the Cold Case list (which includes a number of due process rights for children in state custody). A highlight of 2013 was the launch of a Cold Case Court in one of our largest metropolitan counties.

Creating the Cold Case List from a Statistical Predictive Model

The CCP statisticians continue to create, publish, and update the Cold Case list using a predictive model developed from DFCS data that identifies children, through multivariate regression, using three main factors. In 2013, these three factors continued to be most predictive for a case to be or to become “cold” - length of time in care (long), per diem costs (high),

Table 1 Permanence Putcomes for Reviewed and Non-Reviewed Cases

	Cases	Safe Permanence	Non-Permanence*	Still in Custody
Reviewed Cases	222	28.37% (n=63)	9.46% (n=21)	62.16% (n=138)
Non-Reviewed Cases	326	19.33% (n=63)	30.68% (n=100)	50% (n=163)

*Among the reviewed cases, 8 emancipated youth (Non-Permanence) signed themselves back into custody, and 8 more approaching their 18th birthday announced plans to sign back in.

and type of placement (institutional). Our studies indicate that the more institutional the placement and the longer the child stays in that setting, the more elusive a permanent family becomes for that child. Thus the children on the Cold Case list are statistically most vulnerable to aging out without legal permanency and without a close relationship with a family. Today, Georgia is meeting the federal standard on CFSR Permanency Composite 3.

Demographics of the Children on the Cold Case List in 2013

The median age of the children reviewed from the Cold Case list was 14.4 (on June 1, 2013), and 25% were over 16.6. The youngest was just three years old. These youth had spent an average of 4 years in custody. One child had been in state custody for over 14 years. Nearly two thirds were male (64.9%). African Americans and Caucasians were nearly equally represented (44.6% White, 47.3% African American, 8.1% Mixed Race), and 3.6% overall were Hispanic. Forty-four percent of the children had an identified disability.

The cold cases were spread over 36 counties, with a relatively large portion coming from northwest of Atlanta (49 youth in Cobb, Cherokee, and Bartow

Counties). About half had parental rights terminated for both parents. About half came from homes with married couples and 40% from single female homes.

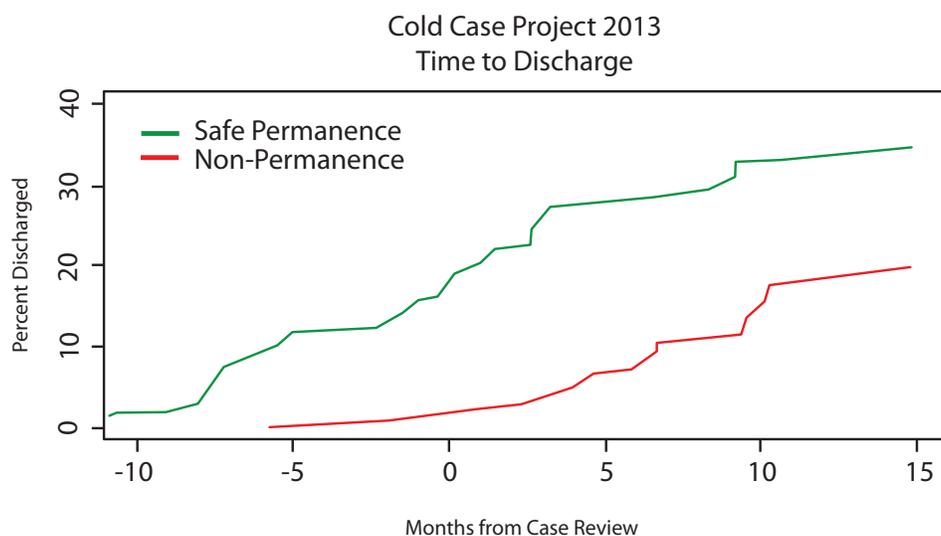
The Results of the Data for Reviews and the Permanency Roundtable Meetings for 2013

In 2013, 222 children's cases (mostly those with the coldest temperatures) were reviewed and 70 children had PRT meetings. Analysis of the data showed once again that permanency outcomes for 2013 were better for children whose cold cases were reviewed than for those children whose cases were not reviewed (*see Table 1 on page 2*).

Reviewed v. Non-Reviewed Cases

Actively reviewing cases again appears to pay off for improving permanency based on the chart below. Due to manpower and time and complexities of the cases and file reviews, only 202 of the coldest cases were reviewed out of over 400 identified. In addi-

Figure 1 Time until Discharge from Review Date



tion, 20 others were reviewed because of requests from the counties. Seventy children received Permanency Round Table meetings. Table 1 shows that reviewing cases appears to impact positive permanency outcomes - even though the “colder cases” were often harder, they generally fared better than the next coldest group. Thus, the “cool cases” would likely benefit from a review as well.

The children whose cases were reviewed were more likely to reach positive safe permanence than the children whose cases were not reviewed. However, we believe that the non-reviewed cases likely benefited from distribution of the Cool Case List. The majority of the Cold Case successes were adoptions (45), ten children reunified with families, six more with relatives, and two gained guardians.

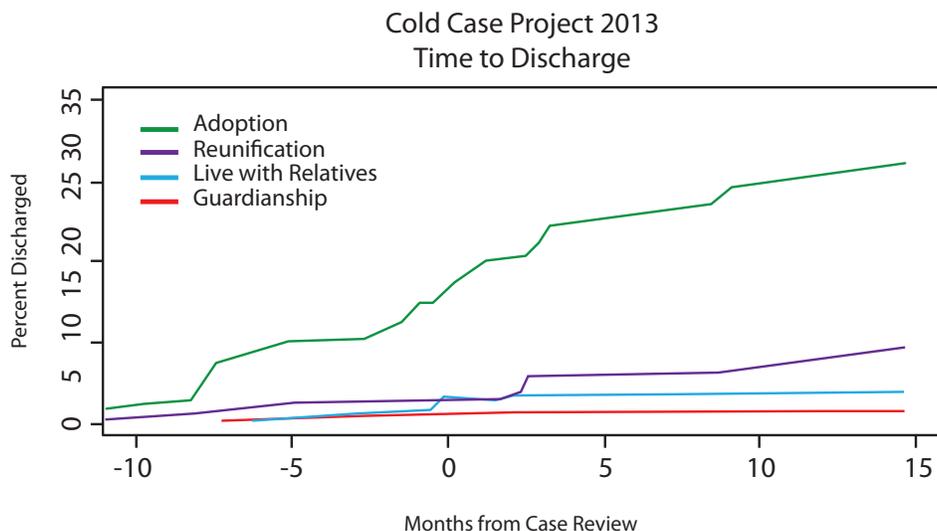
Figure 1 (page 3) shows the time from the review to the outcome. Note that some cases reached successful outcomes even before the review. Some of these moves may be related to the distribution of the cold case list. Because some youth were already 16 and 17 years old at the time of their scheduled reviews, Cold Case Fellows and DFCS staff had to work quickly. Twenty-five percent to 30% of the children found positive permanence within 6 to 12 months of the review date.

The Cold Case Project strives to provide well-being benefits in addition to permanence. As a result of these efforts, the Educational Programming, Assessment and Consultation Unit of DFCS (E.P.A.C.) participated in every cold case review and call and made recommendations for every child on the list. In addition, clinical social workers also participated in every call and review and made health recommendations for every child on the list. One child needed hormone therapy growth treatment, which he received in the middle of 2013; he is already showing progress and responding favorably to the treatment both mentally and physically. Visitation with family, siblings, and friends increased for about 50% of the children in 2013 (including several Fellows themselves taking on children with no visitors). In 2014, the Cold Case team plans to make visitation a priority for children who have no visitors and are in congregated care. There are still children in our child welfare facilities with no visitors during holidays and birthdays.

How the 2013 Funding Was Spent

Using primarily Casey Family Program funding, but combining it with a private grant from the Waterfall Foundation, Court Improvement Program funding and staff, and IV-E reimbursement funding (which

Figure 2 shows that the positive outcomes in Figure 1 were mostly adoptions. Both charts were created using AFCARS data.



started in July 2012 and continues today), the CCP operates regularly with seven attorney Fellows who review the children's files and participate in permanency roundtable meetings for the children when needed. Other expertise on call and under contract to the CCP include attorneys with social security application experience, immigration law knowledge and mediation practice; a private investigator; and a DFCS statistician. Waterfall funds were used to set up several visits for children with family and friends when no funding could be obtained otherwise or the funding would be too delayed to make a special date. Permanency counseling has been provided for children identified in need of additional understanding of the legal options and ramifications of permanency in their lives.

This year's team also included a pro bono attorney loaned by the Barton Child Law and Policy Center who was called when a foster child was arrested (whether on the cold case list or not). He was unfortunately called quite often during 2013 but he was instrumental in helping get children released without having to make bail and his stories and experiences will help us shape some policy and law around this important issue in the future.

The Fellows are able to suggest and flush out creative steps toward and solutions to permanency. The relationship between the CCP and DFCS has deepened, as evidenced by survey results from state office DFCS employees. The majority of 30 respondents found the Cold Case Project overall very helpful, with the nar-

ative, the identification of barriers (both legal and non-legal) and access to the private investigator being of the most value. Limitations or improvements needed of the CCP listed by the survey respondents was the expenditure of so much time getting many people to the PRT meeting, not enough improvement of connections for children to family and communities and not enough training or engagement of law enforcement and providers.

Funding was also spent on a number of trainings for the Cold Case Fellows, for county staff upon their request (lunch and learns) and for the DFCS Master Practitioners and Program Specialists. These trainings are described in greater detail later in this report.

New! Cold Case Court

In 2013, the first Cold Case Court was launched in Fulton County (part of Atlanta, Georgia) with two presiding judges: Chief Judge Bradley Boyd and Judge Willie Lovett. Cold Case Fellow, Tom Rawlings, was appointed as a Special Master by court order which allowed him to run the Cold Case list, do reviews on all the cases, and to convene meetings. The action list produced by those meetings would then be brought before the judges and made into court orders. The court got started later than we hoped in 2013, so we must wait until next year to analyze the data for outcomes for 60 Cold Cases from the new



A screen shot for how the Fulton cold case report is created within minutes using real time data.

court, but know of a number of cases where permanency was achieved after many years in foster care. We are also aware of some cases that are still in very serious trouble but with many people working on them.

The Cold Case Model and Process

The Cold Case Fellows still represent a mix of agency (Special Assistant Attorneys General), parent, and child attorneys. Ashley Willcott, a Special Assistant Attorney General, was and is the Project Lead. In January 2014, Ashley was appointed by Governor Nathan Deal as Georgia's State Child Advocate. She has pledged to continue her leadership in the Cold Case Project as an executive/judicial branch partnership.

In 2013, Ashley and her team worked closely with the Georgia DFCS local leadership and Permanency Expeditors to identify the best cases on the list to benefit from a Permanency Roundtable (PRT) meeting (in addition to a review). A PRT meeting is a broad meeting of experts and invested stakeholders for an individual child for the "hardest" or "coldest" cases. The children themselves were present for most every meeting and the expectation was set for the children to be present unless there was a very good reason to exclude them. CASAs were also present for most of the reviews. The Department's attorneys (SAAGs) attended almost all of the PRT meeting meetings relevant to their counties to participate in the discussion of, and solutions to, legal barriers/issues.

Ashley prioritized the "coldest" cases, assigning children's cases to the Fellows who would review the cases, mostly online, using the state's SACWIS system, GA SHINES. Each Fellow has been provided access software and a user ID and password to the system with IT support by GA DFCS. GA SHINES has its limitations with downtime, frequently expiring passwords, and problems with connections, but the Fellows pushed on to do their work and expressed

empathy for the case managers who are also affected by these limitations. The downtime of GA SHINES was a barrier to the number of cases reviewed by Fellows throughout the year. Upon reviewing the files of children and discussing them with DFCS case managers and Permanency Expeditors, the assigned Fellow filled out a standard instrument to identify legal barriers to permanency. After each case review, the Fellow wrote up a brief narrative of the case to help with brainstorming at the PRT meeting. All paperwork was shared in advance.

The PRT meetings were often quite large in 2013, which everyone agreed was helpful. The meeting is designed to flag this child's troubled case, and thus "all hands on deck" are needed to help. The child's case manager starts the PRT meeting with a presentation of the child's history in the child welfare system; the Fellow then adds the legal lens to the case; and the permanency expeditor facilitates a guided discussion, with others joining in after the opening. The CCP also adopted the structured PRT paperwork to guide the conversations, a process which generally took two hours per case. If necessary, additional calls or emails occurred to monitor progress.

Other Changes and Initiatives during the 2013 Cold Case Project

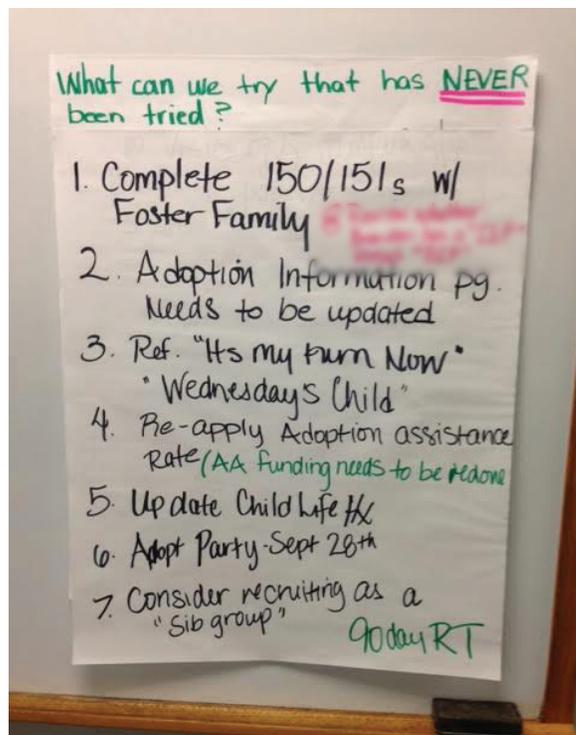
Creating the List More Often and Asking Counties to Create Their Own Local Lists

The Cold Case Team had statisticians prepare the Cold Case list twice this year, knowing that the team would not have enough resources to review all the children. Dr. Sharon Hill, Director of Georgia DFCS, called the 'warmer' half of the list "The Cool Case List" and asked every regional director to work up the cases on the Cool Case list. Our data still shows that the detailed reviews done by the Cold Case Fellows and the subsequent Permanency Roundtable meetings do more to move the child to permanency

than just circulating the list identifying the children. Thus, we must continue to find a way to do more reviews and spread out our network of reviewers.

Children Present at Most Every PRT

In 2013, having children present at almost every PRT meeting became a reality. All the Fellows reported in our end of the year meeting that having the children present tremendously improved the project this year. The Fellows reported that the children's files are often filled with the children's worst days, so it helps everyone to overcome any preconceived ideas or potential bias when a child comes through the door into the meeting. As one Fellow remarked, "the children always present better than their files," which is another good reason why it is so important to have the children in the room to help all decision making about their own lives.



Action planning for a cold Case Child

Family Finding

Meeting the legal requirements of a diligent search has improved this year but it still is not strong enough. The Family Finding Model created by Kevin Campbell recommends finding a minimum 20 family members from each side of the family. This is a high bar for all children in foster care. We are considering recommending a repeat and deeper (40 relatives) search for any child who stays in foster care past nine months. Every court should have the strongest relative search documentation in preparation of the permanency hearing.

However, there were some cases that needed special attention, time and expense in regard to family finding. During one permanency roundtable in 2013, a child strongly expressed his desire to find out what happened to his mother and father. The Cold Case PI spent hours tracking down his mother who is in a pretty bad place using drugs and prostitution (facts that were reported back to the child); however, during the search for the child's father, the PI learned that the legal father was not the biologi-



Two brothers, the older child is on the Cold Case list.

cal father. Through more research, the PI was able to find the biological father who turned out to be relatively stable, owning a house with a wife and son. The PI talked to the biological father who said that he thought this child might come looking for him one day. He was willing to talk to the child and play a role in his life. This connection is just beginning but the quest for so much detailed information took over 45 hours to complete. It also took the unique skill set of the PI in getting people to confide some pretty big family secrets, and yet this investment of time and expense appears to have paid off for this case as well as others. We all acknowledge this sort of sleuthing is likely above and beyond what a local county case manager can do and we need to have access to this level of expertise for certain cases.



Sister found two brothers, resulting in a visit.

ACYF Memos and Their Influence on the Cold Case Project

In April of 2012, ACYF Commissioner Bryan Samuels introduced a memo emphasizing a new priority for state child welfare systems: a more concentrated focus on children's well-being. This memo moved Georgia to pay more attention to well-being services and outcomes (in addition to safety and permanency).

On July 11, 2013, three federal agencies within the U.S. Department of Health and Human Services (HHS) - Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS), and Substance Abuse and Mental Health Services Administration (SAMHSA) - came together to issue a letter to state directors of child welfare, Medicaid, and mental health authorities encouraging them to strengthen their efforts to address complex trauma among children and youth known to child welfare. The letter provides information about federal authority and funding streams, strategies for coordinating cross-system efforts, and good practices for integrating evidence-based screening, assessment, and interventions related to complex trauma.

See: <http://tinyurl.com/mcc9g94>

Education

In 2012, the CCP team reached out to the fairly newly created E.P.A.C. (Educational Programming, Assessment and Support) unit created within Georgia DFCS on a number of cold cases. During 2013, E.P.A.C. began participating in every single Cold Case review and PRT meeting. E.P.A.C. has been a huge asset to helping children on the cold case list get what they need, at least via education. The CCP/E.P.A.C. liaison offers insightful questions and ways to proceed for the child to receive assessments, tutoring and special services available. However, we are still learning that underlying complex trauma issues of the children often need to be addressed first (child may need help just getting to sleep or getting exercise) before tutoring or other educational services can effectively be put in place.

See Casey Practice Digest Issue 4-Trauma:
<http://tinyurl.com/lzv57qx>

Mental Health Diagnoses and Psychotropic Medications

Since the first year of the Cold Case Project, we have noted that children on the Cold Case list often have

a high number of both mental health diagnoses and psychotropic medications. They are often the victims of severe complex trauma as well. During the Project's second and third year, with the help of Casey Family Programs and the Barton Child Law and Policy Center at Emory University, a psychiatrist was brought onto the Cold Case team to help with managing the requests for second opinions and to get advice for how to proceed to protect the due process rights of the children.

A number of the children on the Cold Case list during the past two years were able to reduce their high number of medications. Additionally, some of the Fellows and DFCS staff were able to challenge or question various mental health diagnoses with some success. Often a child on the cold case list would present with a long list of mental health diagnoses, with little specificity or continuity of care. These diagnoses sometimes work against a child finding permanency and are not revisited to account for changes in the child's brain development after some healing and just with time. The end result of this work was reported out in 2012 in a policy paper published by the Barton Center,

see: <http://tinyurl.com/bw35r9m>

During the fourth year, the CCP did see improvement in the children's files (more clear diagnosis and more connection of medications to diagnoses) but there is still much work to be done. The clinical social workers hired by DFCS were also very helpful in 2013 and one of them joined every call or meeting. The medical director hired in January 2012 by the Department of Human Services has worked for the past 2 years on systemic changes and recently released a paper,

see: <http://tinyurl.com/k3hh748>

The summary of this paper shows improvement in the development of meaningful oversight of the administration of psychotropic medications in the foster child population. Georgia's overall utilization rate is staying relatively consistent. The 2010 DCH report documented utilization at 32.5%; the DHS 2013 investigation confirmed a 27% utilization. Furthermore, this rate is consistent with national av-

erages, which range from 13-52% (according to the 2010 Tufts Multi-State Study,

see: <http://tinyurl.com/4yqggdy>

The report also states that poly-pharmacy (prescribing multiple psychotropic medications at one time) remains a concern. A 2010 Georgia Department of Community Health (DCH) report found that 5% of youth in foster care were prescribed 4 or more psychotropic medications; Georgia's DHS's most analysis found 4.03%. There was also a significant decline in the utilization of antipsychotic medications for this population. The 2010 DCH report indicated almost 1 in 3 children in foster care were prescribed an antipsychotic; the DHS analysis shows a decline in this rate. One hypothesis to explain this decline is that DCH's prior authorization has been effective at curbing over-utilization of these substances.

The profile of a child who is vulnerable to improper prescribing is well-established:

- o The top 6 diagnoses remain the same and consistent with patterns found in research. They include: depression, anxiety, ADHD, conduct and oppositional defiant disorders ("behavior"), and bipolar.

- o Though valid concern exists about younger children because of the unknown efficacy and safety data on psychotropic meds, the children who are impacted the most are older (10-17) and placed in group homes/CCI's. This is where we should focus system improvement efforts going forward. Several recommendations from Barton's 2012 report (which builds on AACAP guidelines) have been followed by DHS, including standardizing the informed consent process, providing clinical support for the DFCS field, education (with DFCS and providers), support for the development of non pharmacological alternatives, exploration of electronic health records, and increased data-sharing. However, there is still more work to be done to build a robust oversight system, including addressing the roles of biological parents and children/youth, development of information-sharing protocols with the legal community and placement providers, expanding training to additional system stakeholders (foster parents, judges, attorneys, CASAs, etc.), development of a "red flag" review process for cases that fall outside of the DB-

HDD medication utilization parameters, coordinating a multi-agency response to problematic prescribers, and establishing routines for data collection and public reporting.

The Amerigroup Insurance Company has recently been awarded the sole contract as the managed health care provider for the foster and adoptive child population and could be part of the solution for both building a stronger oversight system as well as setting up an easier payment system for trauma screening and treatment. The Cold Case team will be working with Amerigroup in 2014 to explore these possibilities.

One positive development observed from multiple trainings on the issues of complex trauma, multiple diagnoses and psychotropic medications is the empowerment of case managers to ask more questions about the reasons for the different medications and to request the diagnosis match the medications. In one case, a Cold Case fellow observed a case manager pushing for a child to attend a potential adoption match party even though the clinicians at the institutional care facility expressed great concern that the child was “not ready” to meet a potential family. The case manager cited the rationale (similar in Dr. Bruce Perry’s book, *The Boy Who Was Raised as a Dog*) that a family is likely the only thing that gets a child “ready” to start healing. The child did attend the adoption party, behaved well, and while no matches are apparent at this writing, the child and the case manager are continuing their pursuit for permanency for her.

Arrests

The CCP began tackling the issues of arrests of youth in foster care last year and held several meetings with providers and staff to address the issues of complex trauma and high Adverse Childhood Experiences (ACE) scores.

See: <http://www.cdc.gov/ace/>

During 2013, multiple children (both on and off the Cold Case list) were arrested mostly for behavioral issues and detained in jail or jail-like settings. Georgia DFCS pulled data on arrests of foster children and found that over 1500 foster children have been arrested in 2012 and 2013. The evidence appears to show that arrest and detainment has become a systemic way of managing behaviors in Georgia for foster children even though the science does not support its effectiveness, and despite the damage this action further causes traumatized children. One foster child with severe trauma in his background spent 52 days in an isolated cell before bail could be obtained for his release, mostly because the county DFCS office did not have a place for him to go after being released. The Cold Case team found out about the incarceration during a routine check and brought in our pro bono attorney to obtain this child’s release. If this child had not been on the Cold Case list, he would have likely stayed in his cell much longer. The child missed a year of school because of this action and is not doing very well today.

In 2014, all arrests of foster children must be reported to the state office where action will be taken to secure their release. However, due to the diffuse responsibility and structure of city, county, and state jails and detention facilities, which are all managed locally, it is very hard to get children released. Legislation will be needed to change the number of arrests and the capacity to get children out of jail or detention.



Child who was arrested in 2013

Cold Case Classes

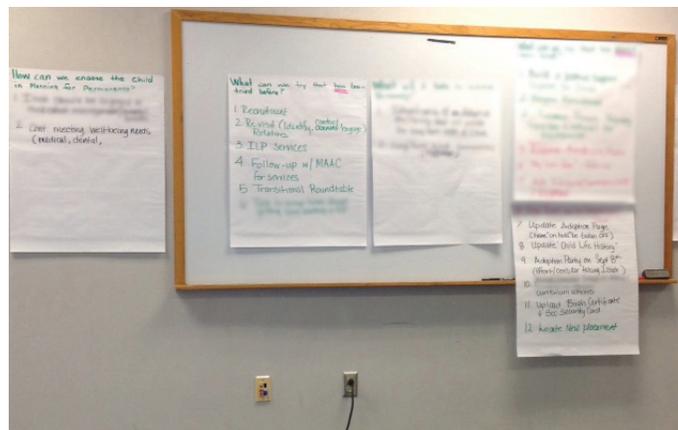
Classes on Cold Case and Cold Case related issues continued in 2013. Michelle Barclay and Ashley Willcott did a repeat of Sue Badeau's Permanency Counseling class just for Cherokee County. And Sue Badeau herself was brought in for a larger North Georgia Seminar. Michelle and Sue also did a presentation about the Cold Case Project, Permanency Counseling and Complex Trauma for the North American Council on Adoptable Children in August. In addition, Ashley Willcott, Michelle Barclay and Cherokee County DFCS director, Charity Kemp, flew to Florida to talk about the Cold Case Project and how legal and social work experts can work together. In addition, Michelle went back to Florida to be part of an ethics panel for Florida's child welfare conference where she again brought up specific cold case children as ethical examples for the audience.

This past summer Michelle assisted Casey with a Federal Region IV (mostly southern states) meeting in Atlanta focusing on all legal orphans at risk of aging out of foster care. Over 60 people attended and the attendees were urged to go home and make a list of every legal orphan who had been in foster care over one year-no analysis needed. Finally, several articles were written by and about the Cold Case Project including one in Youth Today.

http://www.youthtoday.org/view_articlecfm?article_id=5965

Engaging CASA

In 2013, having CASAs present at almost every PRT meeting also became a reality. Children's CASAs have proved to be some of our best partners on checking and re-checking work. Their diligence and perseverance keeps tasks on track and gets children's cases moving again. We are all committed to having CASA locally as part of the Cold Case Project team.



Action plans for a Cold Case child.

Title IV-E Funding

In early 2012, Georgia DFCS provided a contract with the Administrative Office of the Courts (AOC) for the AOC to receive Title IV-E reimbursement for CFP funds used for Cold Case reviews. Those reimbursement funds continued through 2013 and were used to fund the Cold Case Court. In 2014, the reimbursement funds will be used to expand the Cold Case Court to several other jurisdictions.

Other lessons learned in 2013

1. Online record reviews were somewhat easier in 2013 than in 2009 and 2010 or even last year. It saves so much time and expense to review a child's record from a desk. Also, the records are getting better (although there is still room for improvement).
2. Creating the Cold Case list has not completely moved in-house at DFCS although we have a close proxy for it. Having the list created by an outside statistician allows for more specificity and better targeting of resources. However, if we lost the statistician, the proxy model could be used to continue the project but it would cast a wider net and thus make a bigger list.
3. The rules and the inconsistent enforcement of the rules around confidentiality continues to be a barrier for getting work done quickly, even though

the Cold Case team has a court order to cover Cold Case work. Our team will be exploring some of these problems in a series of classes during 2014.

4. Complex trauma is still a big part of the children's history on the Cold Case list. In 2014, a number of stakeholders will be hosting four Complex Trauma summits around the state of Georgia.
5. Reviews still reveal systemic defects (poor management of mental health services and drugs, poorly executed diligent searches, not enough effort to make visitation happen) and yet the team also saw a lot of improvement as well. The improvements and deficiencies appear to be so localized with diligent efforts and close monitoring could institutionalize positive change.
6. Identification of Cold Cases was an integral part of the project –but this year again shows reviews themselves made a significant difference.
7. The cadre of experts developed by the CCP continues to grow and benefit the state of Georgia's child welfare system. Our Project Lead was just appointed by Georgia's Governor to head the Office of the Child Advocate, another one has become a judge pro tem in one county and many are representing Georgia nationally at workshops and more.
8. The collaborative relationship continues to be very strong between the judicial and executive branches with this work which benefits other parts of the child welfare system as well. For example, we are now working to set up a similar (although much harder) project to try to predict the highest risk to child safety cases.
9. Some of our Fellows have bonded with children they have reviewed over the past 4 years. A number of them are visiting and writing and encouraging the children, now over 18. One Fellow had a former Cold Case list child, Kikki, at her house for this past Thanksgiving and Christmas and the child expressed that she only felt safe with Leslie and her family. Leslie and family may end up adopting her. Our Fellow first met this child through a Plexiglas jail window over three years ago. We used to worry about these sorts of developing relationships because they could end up being a conflict for our review project (and they still may), however these Fellows often really believe these children can thrive and that is the kind of human connection we are trying to achieve. At the

moment, it is a risk we are taking. Kikki just finished her GED and is getting certified to do dry wall work. In addition, Sandy Corbin, one of our Cold Case consultants, ended up fostering one child on the Cold Case list and may end up adopting her.

10. An outside expert such as an attorney Fellow provides a fresh set of eyes towards permanency with creative solutions and suggestions, as well as suggested resources available for use by DFCS to help these kids most in need.

Next Steps for 2014

1. We have created a plan for project institutionalization within Georgia's government, both for the project itself as well as the funding. The judicial branch will be submitting a budget request for 2015 by March of 2014. We will continue to manage the project as a joint initiative between the executive and the judicial branches of government.
2. We will continue to run the Cold Case list at least two times per year at a statewide level and it is available at a county level anytime with the Court Process Report System.
3. We will continue to increase efforts to have the child present at the PRT meetings and will continue to work to minimize the duplicity of meetings (like transition meetings, panel reviews, etc).
4. We will continue to increase efforts to engage a larger group of stakeholders to include the therapists, group home providers, CASAs, and other potential community connections.
5. Strict and routine monitoring of cases after the PRT meetings will continue, by email or phone. Fellows will stick to the established protocol of escalating matters when cases are not moving. Through collaboration with CFP, additional resources will continue to be available for local communities to utilize, such as the private investigator or aggressive adoption recruiting.
6. There will be a continued effort to focus again on well-being issues of health, education, visitation and family connections, especially with E.P.A.C. and System of Care (Director, Ursula Davis), and to collect measures on related child outcomes.

7. A complex trauma expert will be sought and added to the Cold Case team.
8. Development will continue of the “Cold Case Court” in one urban county. This model began in January 2013 in Fulton County (Atlanta) Juvenile Court. It will be studied for efficacy for both Georgia as well as national replication if it shows promising results. Two rural judges have asked for a presentation on whether development of a Cold Case Court makes sense in their communities.
9. An annual report written jointly by Cold Case team members, J4C staff and DFCS staff with continued data analysis by DFCS, will be published in early 2015.

Conclusion

The reviews and the permanency roundtable meetings are effective in positively effecting permanency for children whose cases have slowed down and become complex. Our data from the past four years becomes more convincing every year. Our challenge is to do more reviews, to help our state’s child welfare system improve itself both at the systemic and individual child level, bringing both legal and social work expertise together focused on troubled children’s cases. We also need to study the Cold Case court closely in 2014. We are grateful to Casey Family Programs for this opportunity to take risks and to innovate our government’s responses to hard problems. We look forward to sharing our results again next year and to getting this work institutionalized as part of our normal operating procedure in 2015.

Acknowledgments

Special thanks goes to Dr. Page Walley and Lien Bragg of Casey Family Programs whose knowledge and encouragement helped make this project possible; to the transparency and collaborative work with so many leaders at state and local Georgia DFCS offices, but especially to Georgia DFCS Director Dr. Sharon Hill and all her state staff who met with CCP staff monthly in 2013 to work on children's cases, and Rachel Davidson, our state office DFCS court liaison; to all the Fellows, DFCS Expeditors and Private Investigators and Consultants for their weekly work; to the Object Resource Group for all the CPRS software changes; to all the Special Assistant Attorneys General who took on even more than their normal work for the Cold Case children; to state and local CASA staff and volunteers who came to the PRT meetings when asked; to Judge Bradley Boyd and Judge Willie Lovett who undertook the tasks to create and sustain the new Cold Case Court; to the Emory University's Barton Child Law and Policy Center for its continuous work on systemic solutions for the systems that serve children; to the Multi-Agency Alliance for Children (MAAC) and all the Georgia providers who took risks and kept working with the CCP; to the Waterfall Foundation and the Community Foundation of Greater Atlanta for flexible grant funds; to the Supreme Court of Georgia and Administrative Office of the Courts, organizations that provide the platform for this project; and finally once again to Justice P. Harris Hines whose unwavering support inspires people to work harder.

2013 Cold Case Fellows

Jennifer Carreras
Melinda Cowan
Mary Hermann
Aver Oliver
Thomas Rawlings
Brooke Silverthorne
Leslie Stewart
Ashley Willcott

Private Investigator: Rick Chambers
Pro Bono Attorney for Arrests: Steven Reba

Administrative Office of the Courts
244 Washington Street, SW
Suite 300
Atlanta, GA 30334

www.georgiacourts.gov
www.gajusticeforchildren.org