



The Georgia Cold Case Project Executive Summary

Tammy Meredith, Ph.D.

Kevin Baldwin, Ph.D.

Sharon Johnson

June 15, 2010

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 suc-

cessful 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.¹

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.² 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 ill-

ness 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 CFSR 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.

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>.



Applied Research Services, Inc.
663 Ethel Street, NW
Atlanta, GA 30318
(404) 881-1120