



Georgia Division of Family & Children Services

Bobby Cagle, Director

AGENDA

- Welcome
- PBP Summary
- Common Errors
- RPPS
- Policy Violation Assessment
- PBP FY17
- Recruitment & Retention
- Wrap Up



PBP Summary Scores

140 CCI SCORE SUMMARY

- **During Q2, 99% earned a grade of A-C as compared to Q1 97%.**
- 34% earned more than 100 points; scores ranged from 100.02 to 110.00 points.
- 1% scored below the threshold with grades of D or F.
 - No providers earned a grade of D.
 - 1 provider earned an F.
- 1 provider was not graded because of no placements or staff during the quarter.



Common Errors

Tiffany Cutliff, Monitoring Manager (Green Team)

- Admissions
- Discharges/Placement Moves
- Underage Placements

Michelle Williams, Monitoring Supervisor (Green Team)

- Academic Supports
- Purposeful Documentation

Shakaria Glass, Monitoring Supervisor (Red Team)

- Maintaining GA+SCORE
- Individualized Skills Plan
- Family Contact

Karsten Hartman, Monitoring Manager (Red Team)

- RPPS Reminders
- Significant Events
- Automated Emails



Admissions

- 4.1 Providers must only accept referrals for children with program designations for which they have been approved unless a waiver has been granted by OPM.
 - RBWO Contract
 - CCI Capacity Approval



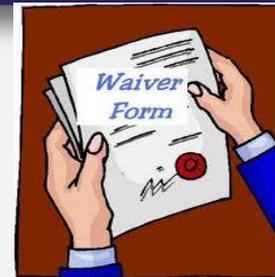
Discharges/Placement Moves

- Discharges
 - Whenever a youth leaves one placement to go to another.
 - A discharge can occur within the same program.
 - Whenever a youth is moved from one site to another, it is considered a discharge.
- A discharge summary is required at each discharge.
- RBWO Minimum Standard 5.9-A Discharge Summary must be provided to the DFCS case manager at the time of notification of placement move/disruption but no later than 24 hours from the provider.

DISCHARGED



Underage Placements



- **When is a waiver required?**

- Group Care or CCI Settings

a. No child younger than twelve (12) years of age (0-11) in the custody of Fulton or DeKalb County will be placed in a group care setting without the **express written approval of the state DFCS Foster Care Services Director** based upon his or her certification and specific finding that the individual child has needs which can be met by the particular group care setting and that the particular group setting is the least restrictive placement that can meet such needs.

b. For the other 157 counties, no child younger than 11 (0-10) will be placed in a group care setting without the **express written approval of the DFCS Foster Care Services Director** based upon his or her certification and specific finding that the individual child has needs which can be met by the particular group care setting and that the particular group setting is the least restrictive placement that can meet such needs. **Regional Directors can approve placements for children age eleven (11).**

c. No child under age twelve (12) that has been appropriately approved for a CCI placement will be placed in any group care setting that has a capacity in excess of twelve (12) children. This will not apply to a child who is under six (6) years of age (0-5) and who is also the son or daughter of another child placed in a group care setting.

***Note: The Regional Director has night and weekend approval authority until the next business day for waivers requiring the State Foster Care Services Director**

- **Waivers must be signed by the approving authority**
- **SHINES policy waiver printout is not sufficient**



Academic Support

- Definition - an educational activity, service or resource that assists the child with meeting learning standards, accelerates their learning process, and encourages and promotes the child's overall academic success.
 - Applies to children who are enrolled in grades K-12 or a GED program.
 - Two (2) required per month, per child. Six (6) required per month, per child for incentive credit.
 - A description of each academic support must be properly dated and documented in the child's case record.





Academic Support Examples

- *Tutoring*
- *Attendance at school meetings (IEP, PTA, conference, etc.)*
- *Digital and online learning applications*
- *Community enrichment activities*
- *Summer programs that include learning activities*
- *Homework Assistance*



Every Child, Every Month (ECEM)

- A purposeful, face-to-face monthly contact with the child placed.
- Must take place in the child's residence.
- Conducted by the Human Service Professional (HSP), Life Coach or Case Support Worker (CSW).
- Documented on the guided narrative in GA SHINES that addresses Safety, Permanency and Well-Being.
- Must be documented within 72 hours of the visit in GA SHINES.
- Applies during the child's first full month in the placement.
- A child is not required to receive an ECEM during partial months in care.
- However, the provider receives credit if a child is in care for a partial month and the provider nevertheless conducts an ECEM during the month.



Every Child, Every Month (ECEM) cont'd...

Documentation must include the following:

- a. Developmental, social, emotional progress and challenges
- b. Progress on Individual Service Plan goals
- c. Child's involvement in the permanency case plan
- d. Issues pertinent to safety, permanency and well-being
- e. Any concerns or red flags
- f. Any need for follow-up and next steps.



General Contact

- A purposeful, face-to-face monthly contact with the child placed.
- Does NOT need to occur in the residence.
- Generally focuses mainly on safety and well-being.
- Conducted during the first week of the child's placement then once per month.
- Conducted by the Human Service Professional (HSP), Life Coach, Case Support Worker (CSW) or Case Support Supervisor (CSS).
- Must be documented on the standard narrative or guided narrative in GA SHINES.
- Must be documented within 72 hours of the visit.
- Cannot be conducted on the same day as the ECEM.



Maintaining GA+SCORE

Information in GA+SCORE should be kept up to date per the timeframes outlined in the RBWO Minimum Standards.

- Provider Profile
- Child/Staff Rosters



Program Information

Rachel's Place (Test Only)

Group Home (5106) - Child Caring Institution (Active)

Profile

Monitoring

Services

Rosters

Reports

Risk Management

Program Information

Contact Information

Program Designations

Staffing

Contract Activity

Notes

Program Information

Program Name: Group Home **Status:** Active
Vendor ID: 98986 **License Type:** Child Caring Institution
Agency Type: CCI **Payment Center:** Region 4 DFCS Accounting
Phone Number: 404-241-6501 **Fax Number:** 404-241-6502
Site Capacity: 1 **SHINES Resource ID:** 87356419
Service Type: -not selected-
Resource Maintainer: Deborah Spaulding
Program Website: https://www.caresolutions.cor

Mailing Address:

Address 1: PO Box 545
Address 2: Suite D
City: Atlanta **State:** GA **Zip:** 30030

Site Address:

Address 1: 545 S West Blvd.
Address 2:
City: Bibb City **State:** GA **Zip:** 30030
County: MUSCOGEE **Region:** 8

Accreditations:

-none reported-



Division of Family & Children Services

Contact Information

Profile | Monitoring | Services | Rosters | Reports | Risk Management

Program Information | **Contact Information** | Program Designations | Staffing | Contract Activity | Notes

Contact Information

Currently Assigned Executive Director/CEO:
 [Mark Cook \(308510\)](#)
mark.cook@dhs.ga.gov

Currently Assigned Site/Program Director:
 [Dawn Reed \(247726\)](#)
dawnreed@caresolutions.com
404-241-6652

Currently Assigned Admissions Contact (1):
 [Elizabeth Lary \(249843\)](#)
elizabethlary2@caresolutions.com
770-642-6722

Currently Assigned Admissions Contact (2):
 [Charlie Brown \(272900\)](#)

Currently Assigned GA SCORE Reporting Contact:
 [Alex Redovian \(247727\)](#)
aredovian@gmail.com
404-241-6651

Currently Assigned After Hours Contact:
 [Carla Rogg \(ph\) 404-555-8716 -- \(em\) test2@caresolutions.com](#)



Child Roster

- RBWO
- Non-RBWO
- RBWO Referrals

Rachel's Place (Test Only)
Group Home (5106) - Child Caring Institution (Active)

Profile Monitoring Services **Rosters** Reports Risk Management

Daily Roster | Daily Non-RBWO Roster | RBWO Referrals

Daily Roster

This tab includes a comprehensive listing of RBWO children your program has admitted to GA+SCORE. Children indicated in green are known to GA+SCORE as MAAC-funded.

[Add New Admission](#)

Child ID#	Child Name	SHINES ID	Child Age	Admission Date	PD	Discharge
4459965	Johns (Test), Katelyn	MISSING	20	4/18/2010	BWO	X
4462853	Van Pelt, Linus	MISSING	8	8/12/2011	Base	X

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Individualized Skills Plan

RBWO Minimum Standard 10.0

Providers who care for youth ages 14 years and up will develop Individualized Skill Plans based upon the Casey Life Skills Assessment (CLSA). The individualized skill plan is a supportive component to the DFCS Written Transitional Living Plan (WTLP). The individualized skill plan must be updated every six months.



FAQ : Individualized Skills Plan

What is the Individualized Skills Plan? Is it the same as the service plan?

A: The Provider's service plan for youth age 14 years and up that focuses on independent living skills. The skills plan can be a component of the youth's Individual Service Plan (ISP) or a stand alone document.



FAQ : Individualized Skills Plan

What should be included in the plan?

A: The provider will use the results of the youth's completed Casey Life Skills Assessment (CLSA) to develop goals, objectives, and interventions for the youth.



FAQ : Individualized Skills Plan

How often should a youth retake the Casey Life Skills Assessment (CLSA)?

A: Youth complete the CLSA at ages 14, 16 and 17 ½ years and annually for youth ages 18 to 21 years.



Family Contact

Provider's role in permanency is to provide supportive services to assist DFCS in achieving permanency for children.

Family contact is a right, not a privilege.

Visits/phone contact **CANNOT** be canceled as a consequence for negative behavior.



Stronger Families for a Stronger Georgia



Division of Family & Children Services

RPPS Reminders





Number One:

ALL providers are required to have a policy and to put these standards into practice. There are no exceptions.



Number Two:

RPPS decisions must first and foremost be “reasonable” and “prudent.”



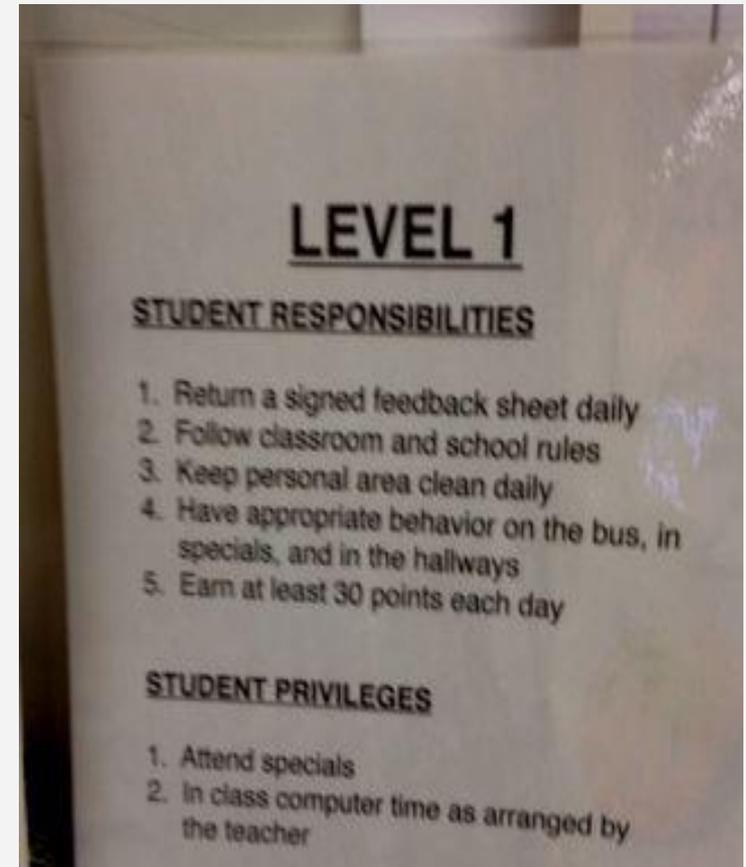


Number Three:

When making RPPS decisions, it must be clear that the child is benefitting in efforts to create normalcy. RPPS is not intended to be an advantage for the agency/caregiver.



Number Four:
Individual agency
practices and programs
do not supersede Child
Welfare Policy related
to RPPS.



Significant Events Review



STANDARD 1.12

Providers must notify OPM whenever there is a Significant Event relating to the provider's operation or to the care or protection of children in its care. Notification must be made as soon as possible but within **one business day** via GA+SCORE.

Additionally, based on circumstances and the severity of situations, providers should use good judgment in determining which Significant Events should also be reported verbally to OPM.



REPORTABLE EVENT CATEGORIES (1 of 2)

- Automobile Accident
- Child on Child- Sexual acting out
- Child on Child- Physical confrontation
- CPS Involvement
- Death
- Emergency Safety Intervention (10+) more than 10 times in one month for all children in the agency
- Emergency Safety Intervention (3+) 3 or more times in one month on the same child
- Emergency Safety Intervention (Injury)- any ESI resulting in injury
- Environmental Safety/Physical Plant
- Fire Department Involvement

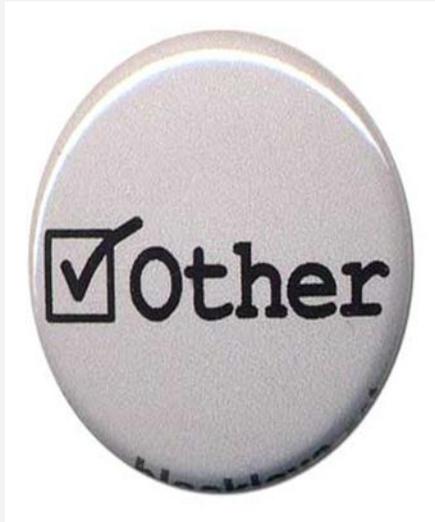


REPORTABLE EVENT CATEGORIES (2 of 2)

- Good News
- Impact from Natural Disaster, Fire, or Flood
- Inappropriate Discipline/Corporal Punishment
- Legal Action-Federal state or local litigation against agency or staff member
- Media coverage
- Medical Care, Emergency – Hospitalization, ER visit, injury requiring more than First Aid, serious injury
- Medical Care, Emergency – Resulting from a medication administration error
- Medical Care, Planned – Hospitalization, outpatient invasive procedure
- Medication Refusal
- Neglect
- ORCC Investigation Initiated
- Police Intervention (Assault, Community or school issue, Drugs, Other, Runaway, Theft)
- Psychiatric Emergency (1013)
- Staff to Child- Other confrontation
- Staff to Child- Physical confrontation
- Suicide/Homicide- Attempt
- Suicide/Homicide- Threat
- Temporary Closure of a Living Unit
- Other



“Other”



Please note that the use of “**other**” **should not be routine** as a Significant Event reporting type.

In addition, **under-reporting** could significantly impact your agency’s Comprehensive Review score.



And...???



You may be contacted by OPM if:

... your report was not clear about exactly what happened.

... your report did not include critical information (immediate corrective actions, safety plan, location of children, action against staff member, etc.).

... you used an inappropriate category.



Documentation Best Practices



- Be thorough, but to the point
- Avoid unnecessary information
- Stick to the facts, don't speculate
- Use full names of DFCS children and involved staff members



GA+SCORE's Automatically Generated Emails



- ❖ Please ensure that emails under the “Contact Information” tab are correct.
- ❖ Alerts regarding all available reports (Comprehensive Reviews, Safety Reviews, PBP Verification Reviews), PIPs, CAPs, and PVAs are sent to the two email addresses listed under “Currently Assigned Executive Director/CEO” and “Currently Assigned Site/Program Director.”
- ❖ The same person should not be listed under both of these categories.
- ❖ If you are not receiving these alerts, it means that either your email address is not correct or there is no one listed at all.



Policy Violation Assessments

- Points to Remember:
 - ✓ The PVA process is intended to allow you to share information you are already gathering through your internal quality improvement process.
 - ✓ The PVA template is recommended for use but is not required as long as the same basic information is covered via your own tool.
 - ✓ CPS and law-enforcement investigations take precedence over PVAs.



OPM PVA Responsibilities

1. OPM will notify agency of CPS alert and need for policy violation assessment (PVA) to be completed.
2. OPM will conduct “emergency” safety reviews when appropriate (based on circumstances and severity of incident)
3. OPM will review completed policy violation assessment within 10 days of receipt and inform provider of outcome.
4. OPM will provide technical support to providers as needed in the development of a CAP.
5. OPM will follow-up on incident/CAP during subsequent safety and comprehensive reviews.



Provider PVA Responsibilities

1. Provider will document incident in GA+SCORE (significant event) and initiate policy violation assessment within 24 hours of receiving notification from OPM.
2. Provider will make face-to-face contact with staff and any child impacted by the alleged policy violation within 24 hrs.
3. Provider will address any serious issues or concerns identified during the PVA immediately or as soon as practicable.
4. Provider will complete the PVA within 15 calendar days and forward the documented results to OPM via GA+SCORE.
5. Provider will develop a CAP (if needed) with input from DFCS SSCMs and implement within 72 hours (identify who, what, when, how, etc.).
6. Provider will notify OPM via GA+SCORE when the CAP is satisfactorily completed. If an admissions hold was in place, it will be removed pending completion of CPS investigation.





PBP FY17

- ❖ Minimum Threshold increased to 85% from 70%.
- ❖ For providers with the average quarterly score over the fiscal year was at least 85%, the every other year comprehensive review schedule will be applied. OPM will determine which year (of the two years) that the review will occur.
- ❖ Maltreatment in care measure will be changed to all or none to support the Division's stance on zero tolerance for maltreatment in care.



FY17 PBP Measures

PBP FY17 Changes - Microsoft Word

File Home Insert Page Layout References Mailings Review View

Clipboard Font Paragraph Styles Editing

FY 2017 PBP Measures	CCIs	CPAs
	Weight	Weight
OPM Monitoring Reviews		
Annual Comprehensive Review	25%	25%
Safety Reviews	15%	10%-15%
Foster Home Evaluation Qualitative Reviews		10%
Safety Measures		
Incidence of Maltreatment	10%	10%
Staff Training	4%	4%-10%
	10%	
Permanency Measures		
Placement Stability	15%	10%-15%
Sibling Contacts	5%	5%
Well-Being Measures		
EPSDT Medical Visits	4%	4%
EPSDT Dental Visits	4%	4%
Academic Supports	4%-3%	4%-3%
Provider Every Child Every Month Visit	7%	7%
Provider General Contact	7%	7%
Total = 100%		

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2016 Caregiver Recruitment and Retention Plan

Placement Operations --- refers to our system of caregiver recruitment and retention --- including DFCS & CPA foster and adoptive caregivers, relatives, group homes; placement matching , placement stability and support & training of caregivers.



Goal: A Successful Placement Operations System

Best caregiver match, community location, in the least restrictive environment and the most appropriate placement type available at the right time and that lasts for the entire FC episode for any child/youth or sibling group needing placement.

Current Issues

- **Lack of the right resources**
- **Lack of placement matching**
- **Lack of placement stability**
- **Use of Non-Contracted Providers**
- **Young children in CCIs**
- **State-funded PRTF / Crisis Beds**
- **Hoteling**
(James.Kizer@dhs.ga.gov)
- **Low rate of relative placements**
- **Children placed outside their community**



2016 Statewide Recruitment and Retention Goals, Objectives and Interventions

www.gascore.com

click DFCS RD-U Teams



2015-2019 CFSP Diligent Goal 1

Ensure that children and youth are placed in the least restrictive and most appropriate placement.

- **Objective:** Expand the number of foster and adoptive resources (in either the county, CPAs or CCIs) to ensure that each child needing foster care placement has at least two potential placements that reflect their need for the least restrictive and most appropriate environment by September 2019. Initial 5 Year Targets: Approve 2,500 Partnership Parents, 1,000 Resource Parents, 700 Adoptive Parents, and 300 Relative Foster Parents.
-
- **2016 Goal # 1:** Each region to increase its total number of approved foster caregiver (foster and relative) resources by 20% and increase by at least twice the number of bed spaces as newly approved resources by 12/31/2016. See Appendix C for baseline goals by region.
-
- **2016 Goal # 2:** Enlist the partnership of CPA providers to increase the number of their caregivers by 20% and at least twice the number of bed spaces as newly approved resources by 12/31/2016. See Appendix C for current CPA totals.
-
- **2016 Goal # 3:** Enlist the partnership of CCI and CPA providers to develop at least 50 “no reject, no eject” acute MWO bed spaces by 12/31/2016.



QUESTIONS?



Division of Family & Children Services