Cold Case Project Annual Report for 2012 For Georgia's Child Welfare System

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Office of Children, Families and the Courts

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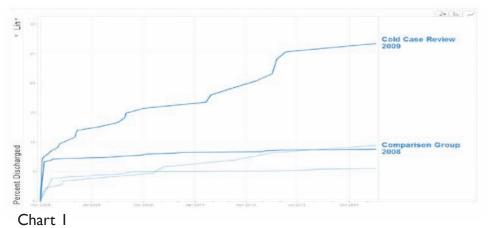
Introduction

The Cold Case Project (CCP) has now completed a third year thanks to the support and guidance of Casey Family Programs (CFP), the Supreme Court of Georgia's Committee on Justice for Children which is Georgia's Court Improvement Program (J4C), and the Georgia Division of Family and Children Services (DFCS). What began as a one year study in 2009 to improve permanency outcomes for children who have been in foster care for long periods of time, now continues as a project with the same goals, but with new methods for achieving those goals based on the lessons learned over the past three years.

Data analysis from 2011 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 and 2011 are posted on J4C's website, www.gajustice-forchildren.org). The percentage of children discharged to permanency is displayed in Chart I, below.

Having established the credibility and name recognition of the CCP across Georgia's child welfare system with three years of work, the CCP team in 2012 combined its work efforts with those of the DFCS Permanency Roundtable model (PRT) and staff. In past years, there seemed to be a Hawthorne effect,

some cases started to reach success even before they were reviewed. To take advantage of the phenomenon, the team broadly publicized the 2012



Cold Case list in partnership with DFCS leadership using emails, presentations and upgrading the Court Process Report System (CPRS) to generate a "Cold Case" report at a local level at any time. This year's data again shows a positive return on investment from merely creating and disseminating the Cold Case list, with the promise (or the threat) that a team of experts will be reviewing these cases. But we also confirmed this year that the reviewed cases were more likely to have earlier positive outcomes than cases that were only publicized, but not reviewed. After the Cold Case List was distributed in early 2012, case managers and supervisors focused their attention on these cases and, by the time the cases were reviewed later in the year, some of the children had already reached positive permanence. For those children who did not move off the list quickly, reviews then appear to give an extra push to everyone involved in a child's complex (i.e. cold) case. The reviews bring both legal and social work experts 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; and strengthening the 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).

Permanency Composite 3, Impetus for the Start of the Cold Case Project

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 2012, these three factors -- length of time in care, per diem costs, and type of placement -- are now the most predictive for a case to be or to become "cold" - that is, a case most likely to negatively impact our state's performance on the Child and Family Services Review federal measure of Permanency Composite 3. Another way to phrase this is to say the children on the Cold Case list are most vulnerable to aging out without legal permanency and without a close relationship with a family. Today, Georgia is meeting the federal standard on Permanency Composite 3, and while it appears by these measures

that Georgia's child welfare system is functioning better regarding permanency, continuous quality improvement, CQI, (or standard quality assurance work) will work to keep Georgia on this path.

Thus, in 2012, the Cold Case predictive model was able to identify over 400 cold cases (the model assigns a temperature and the "coldest" cases are pulled first for review) out of more than 7500 Georgia children in the overall foster care population. Reviews took place for 245 children in 2012. As stated above the combination of length of time in care, high per diem rates and placement type has proven to be very predictive of poor outcomes for children. Our studies also indicate that the more institutional the placement, the more likely it is that a child's case will be "cold" and will require focused intervention.

How the 2012 Funding Was Spent

Using CFP funding combined with a private grant from the Waterfall Foundation, Court Improvement Program funding and staff, and IV-E reimbursement funds (starting in July 2012), the CCP operated with seven attorney Fellows to review the children's files and to participate in a permanency roundtable plus for the children when designated. This year's funding also enabled the CCP team to hire a private investigator to find relatives; to seek advice and service from attorneys with social security application expertise, with immigration expertise and mediation experience; and to partially fund a DFCS statistician's salary. The CFP

funds covered the hourly rate of some of the team members above. Combined funds were also used for Cold Case needs such as: adoption parties to aggressively recruit families for these children; starting tutoring and visitation services for children; transportation costs for initial visits with relatives; one all-day meeting with over 100 representatives of Georgia's foster care providers; several follow-up services of "warm line" consulting and trauma-informed care trainings; and multiple trainings for Georgia CASA and local CASA programs designed to integrate CASAS into the project during 2012.

Demographics of the Children on the Cold Case List

In 2012, the ages of the children reviewed from the Cold Case list were younger than in previous years of the project's existence. The median age was 11.6 (on June 1, 2012), with 25% being under the age of seven. The median age was eight at the time of removal. The numbers of children reviewed were slightly more male than female (124 to 121), more non-white than white (41.0%-white, 49.2%-black, 9.8%-mixed) and the children's cases identified as cold

were fairly well-distributed across the entire state (a difference from past years). Fifty percent of the children on the list had been in custody for at least 36 months and seventy-three percent had an identified disability. Ninety-three percent of the children on the list had been removed from a single parent home and approximately eighteen percent had parental rights terminated for both parents.

The Cold Case Model and Process - Merged with Permanency Roundtable

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 2012, Ashley and her team worked closely with the Georgia DFCS Permanency Expeditors of the Georgia Permanency Roundtable Project (PRT) to identify the best cases on the list to benefit from a PRTPlus. A PRTPlus is a broader meeting of experts for the "hardest" or "coldest" cases. The Expeditors proved to be the key to the success of the 2012 merge of Cold Case work and PRTs. The Expeditors fully embraced the effort and took on much of the logistical work of getting dates and all parties and experts to the PRT Plus meetings. The Expeditors were very welltrained as facilitators for the structured meetings and they finalized all the paperwork and managed the action list with follow up contacts. As the process evolved, children were invited to the table to participate, as were service providers, dependent in part on the specific facts of the case. The Department's attorneys (SAAGs) attended almost all of their respective PRTPs to participate in the discussion of, and solutions to, legal barriers/issues.

With the Expeditors, Ashley prioritized the "cold-

est" cases, assigning children's cases to the Fellows who would review the cases, mostly online, using the state's SACWIS system, "Shines". Each Fellow has been provided access software and a user ID and password to the system with IT support by GA DFCS. 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 PRTPlus. All paperwork was shared in advance.

The PRTPlus would then proceed in a similar fashion to a regular PRT, but with more people invited to participate. The child's case manager would start the PRTPlus with a presentation of the child's history in the child welfare system; the Fellow would add the legal lens to the case; and the permanency expeditor would facilitate 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. Extra efforts this year were successful in including the child at the PRTPlus. If necessary, additional calls or emails occurred to monitor progress.

Other Changes and Initiatives during the 2012 Cold Case Project

Adoption Parties

Using Waterfall Foundation funds, the CCP contributed \$6,000 to four "adoption parties" held by DFCS with a strong event organizer/vendor where 112 different children attended (12 children attended more than one of these parties). Of these 112 children, 29 (25%) have already been placed for adoption; 19 (17%) are pending placement for adoption and finally 5 (4%) of these children have a case manager reviewing home studies for possible placements. The strong leadership and creativity of the state DFCS Permanency Unit Director, Deborah Burrus, has been an asset for the CCP.

Family Finding

The lack of a fully filled out diligent relative search reports continues to be a frustrating problem systemically. The recommendation from Family Finding Model created by Kevin Campell is to find a minimum 20 family members from each side of the family. Despite multiple trainings on family finding, Georgia's initial and later diligent relative search reports still do not show this number of family members. There is also still too much focus just on the mother's side of the family which happens for many reasons (mother's reluctance to get a distant father or his family involved, a case manager's effort to maintain a relationship with said mother, a bias against uninvolved fathers generally). Ian's case taught us how that lack of a search for connections can really impact a child's case.

Ian, four years in foster care, was a 17 year old child on the Cold Case list in 2012. Ian's paternal grandparents were located in Massachusetts. The grandparents had assumed Ian had been adopted and was living with a family. Their son, Ian's father, is deceased and they had lost contact with Ian's mother. Once these grandparents were contacted, they immediately wanted to see Ian. Waterfall Foundation grant funds allowed the CCP staff to purchase airline tickets quickly for Ian's grandparents to visit on two separate occasions. One ticket was donated by Southwest airlines through the National Association of Counsel for Children (NACC). The grant funds were also used to cover other incidental costs of travel such as a rental car, hotel rooms, and meals: critically important to Ian's grandparents living on a fixed income. While the state potentially could have paid for this travel, requesting and receiving approval could have taken months, a unreasonable delay for a child like Ian who was nearing his emancipation date from state custody as a legal orphan.

An adoption recruitment video that had been made for Ian last year is available here: http://www.redlasso.com/entertainment/wednesdays-child-ian-2/

Luckily, the video was not necessary, as Ian has now been adopted by his paternal grandparents, largely due to the flexibility and availability of the grant funds. The J4C staff plans to make improving relative searches again a systemic improvement priority in 2013 with CQI efforts and random file reviews.

Adoption Dissolution

Adoption dissolution cases are some of the hardest to read because of such tragic and cruel consequences to the child. There were 11 children on the Cold Case list in 2012 who had been previously adopted. These cases always present complex legal problems as well, especially in regard to opening a sealed adoption file to circle back to the original birth family.

In 2012, five files were opened for the purpose of reaching out to the birth parents as well as extended family. For two children, connections and visits have begun. In the three other cases, family members are still being tracked down by the CCP private investigator (PI).

Bradley's case (adopted at age 6 in Tennessee [TN], adoption dissolution at age 12 in GA) was very instructive in that DFCS staff believed we needed to open the birth file in TN. Using Casey funds, the CCP team hired a TN lawyer and petitioned a TN court to get the file opened. It took six months of work to get the petition before the court for a hearing. The TN court order had strong notice provisions (went beyond the law) to both birth parents to give them time to object to any extended family finding efforts. The TN social service agency would only allow the file to be read in a TN office which meant a whole day of transportation and reading, so Georgia DFCS allowed CCP to send its PI.

Once Bradley's parents were identified from the now opened file, it took a month to find them. Bradley's father is in jail, but his mother was willing to be contacted and to visit Bradley. A positive initial visit was set up in Bradley's therapist's office in December 2012.

Administration on Children, Youth, and Families (ACYF) Well-Being Memo

In April of 2012, ACYF Commissioner Bryan Samuels published a memo emphasizing a new priority for state child welfare systems: a more concentrated focus on children's well-being. This memo fit perfectly with where CCP with DFCS wanted to go and provided good guidance for getting there. As Georgia's permanency and safety numbers have improved, we need to turn our attention to strengthening our systems to better serve children's physical and mental health, education and human connection needs.

Toni's case is a good example for us on this point. She has been on the Cold Case list since 2009, a victim of severe trauma, institutionalized at an early age. Extensive family searches reveal no one available to be a connection. In 2012, multiple efforts were made by many people to get Toni out of an institution and into a family-like setting. Every time, a family placement gets close to fruition, something happens and Toni is deemed be at risk of harm to herself or others. Toni's case has many people thinking about new models for permanency, especially for children with long institutional stays.

Chris Kids, one of Georgia's strongest providers, is proposing a new model of having two "professional foster parents" in a family home setting for one child for a transitional period. The job of these professional foster parents is to get a child used to and prepared for a family-like setting. Some of the children on the list have not lived in family settings or are afraid of family settings which has to led to a high risk of failure of either getting the children out of an institution or a quick re-entry back into institutional care. We hope to get Toni into one of these new transitional homes during 2013.

Children Present at the PRTPlus

In 2012, extra efforts were made to include children in the PRTPlus meetings. This often meant coordinating with the transition roundtable date so a child would not have two separate meetings (one

meeting on transition to adulthood and one on permanency).

Brittany's case is one example in which everyone got it right and it was a positive experience.

Brittany will be transferring back to her father's custody before her 18th birthday and it has been a long and complex road to this point, but she now has a lot of support and services in place from GA DFCS to help make both her permanency and her future education possible.

For 2013, the CCP team has learned more about what questions to ask and services to offer in order to facilitate a child's

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Welcome
To the
PRIPHS

The welcome sign at Brittany's PRTPlus

presence with fewer burdens to the local DFCS staff.

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. One child who was

8 years old had been close to adoption.

When his adoption fell through, the result was a too long stay in foster care. The child was also discovered to be failing third grade during the Cold Case review. The E.P.A.C unit was contacted for tutoring support. The child was admitted to the 4th grade this year with special services to support his education, while a parallel track for adoption recruitment is also underway. In 2013, both GA DFCS and the CCP team are in agreement that the E.P.A.C. representative for each region be allowed and

encouraged to join the Friday Cold Case conference calls or meetings for the children in those regions. In addition, the CCP team will reach out to the Georgia Department of Education's "Homeless Children Liaisons" for each region as well. Most of these children are in need additional education support.

Mental Health Diagnoses and Psychotropic Medications

Each year the Cold Case Team has learned more about both the systemic problems and the individual needs of children who languish in the system. During the first year, the team collected information about the high level of trauma the children had experienced, the high number of mental health diagnoses given and psychotropic medications prescribed. During the second year, with the partnership of Emory University's Barton Child Law and Policy Center Director Melissa Carter and psychiatrist Dr. Brent Wilson, the team began to challenge some of those diagnoses and some of the high number of medications for those children with some success.

Of the 93 children referred to Dr. Brent Wilson for a medication review, many revealed records needing clarification and a small number of the children's medications were decreased quickly. Two children (19 meds/per day for one child and 12 meds/per day for another, both for over 5 years) were weaned off of their medications completely for a while to see the baseline problems. Later a small dose of Prozac was prescribed for each child for just six months. In 2012, the Barton Child Law and Policy Center released a paper detailing some of this work as well as the summarizing the national work being done on these issues. The paper also provided recommendations for systemic change which are being put in place by the current medical director at Georgia's Department of Human Services (DHS-umbrella organization which includes Georgia DFCS).

The new DHS medical director, Dr. Alka Aneja who is a Child and Adolescent Psychiatrist, was hired in January 2012 to improve many systemic issues for

families served by DHS, including setting up a review system for children in foster care on psychotropic medications. Michelle Barclay, Georgia Supreme Court Justice Harris Hines, Page Walley, and Melissa Carter met Dr. Aneja on February 1, 2012 while all testifying about psychotropic medications for children in foster care before the Georgia House Committee on Health and Human Services at the invitation of Georgia House Representative Mary Margaret Oliver.

To date, Dr. Aneja obtained data (Medicaid and billing records for the children in state custody from the Department of Community Health, DCH); conducted reviews of some of those records, beginning with 30 cases of children under the age of 5; has sought survey data about psychotropic medications for children in foster care from the DFCS field, receiving 555 responses; has hosted four webinars to teach and empower DFCS staff to become better health advocates; and has worked to standardize the informed consent procedure for children in foster care. For 2013, she plans to establish a "red flag" quality review system to ensure that outlier cases (children on more than five and high doses of medications) will be brought to the attention of additional experts for second opinions. This new position created in 2012 and Dr. Aneja herself will have a significant positive effect on institutionalizing healthcare reform and standards.

In addition, CCP team members have collaborated with Dr. Wilson and Melissa Carter on the due process rights of foster children regarding their medical and psychotropic regimens. The trainings emphasized the need to push for on-going evaluation, due to often fragmented medical care and diagnoses that are likely not static. Additionally, Fellows focused on: the due process concerns around the use of these psychotropic medications and whether the child has the capacity to

consent; the latest science and research on trauma and child brain development (especially with Dr. Bruce Perry's book *The Boy Who Was Raised as a Dog* and his presentations; Dr. Bryan Samuels' informative presentations and another ACYF memo); and the impact of a severe mental health diagnosis on finding permanency. For 2013, the Barton Center (with CFP's and the CCP support) plans to direct their attention and training to helping foster children learn to be better informed and better advocates for themselves and their own health care.

Finally, the DFCS System of Care Unit Director Ursula Davis has hired seven social workers with clinical backgrounds (clinical program specialists) who will help with this systemic problem into 2013 and who will work closely with the DHS medical director to improve health care (with an emphasis on mental health and trauma informed care) for children in foster care. In 2013, both Georgia DFCS and the CCP team are in agreement to request the clinical program specialist regional representative join the Friday conference calls or meetings for the Cold Case children in those regions.

Arrests

Often, the CCP team's work on one problem led us to discover an entirely new concern. As one child, Ethan, was weaned off medications as a direct result of Dr. Wilson's review in 2011, he had more trouble controlling his impulse reactions which often looked like post traumatic stress events. Ethan has a high Adverse Childhood Experiences score (or ACE score). Some of the child's actions in late 2011 and all through 2012 led to several arrests and one placement change, which in turn put Ethan at risk of moving further away from

finding permanency (which was a parallel effort of both searching for relatives and adoptive family recruitment). After an arrest for assault (spitting and swearing and trying to break a window), a pro bono juvenile justice attorney was obtained for this child by the CCP team (the child did end up spending several nights in juvenile detention).

After Ethan's case, the CCP team learned this was not an isolated incident for how providers managed poor behaviors. The CCP team began holding discussions with juvenile court judges and various providers to gather information about how often traditional law enforcement responses are used for children in Georgia's foster care system who exhibit behavior problems. It appeared from conversations and court observations that law enforcement is used fairly often (some places use it more than others), some judges strongly support using it ("trying to teach them a lesson"). One provider said law enforcement provides a consistent, dependable way of discipline ("we can no longer restrain, medicate or isolate foster children in facilities"). However, research shows that a traditional law enforcement response is not effective in children who have experienced toxic stress and trauma (high ACE scores) because of the cortisol levels and their brain development. See http://www.cdc.gov/ace/

Accordingly, a meeting with over a 100 Georgia foster care providers took place in August of 2012. Hosted by Twin Cedars CEO Mike Angstadt, the meeting provided discussions about the profile of Ethan's case, the latest science, and systemic improvements that could be made for improved trauma informed care. CFP's Page Walley was the facilitator for the meeting and Sue Badeau was one of the main speakers on the subject of science and trauma. The evaluations were very positive and two services have

been made available by the Cold Case team: a warm line (call will be answered within 24-48 hours) to brainstorm approaches for a child who appears out of control, and also trauma informed training, especially for weekend and night staff (which includes pizza). To date, nine calls have been made to the warm line and two trainings have been provided, and more are scheduled in 2013. These services will be provided for at least 90 more days and then assessed for value before continuing.

Cold Case Classes

Multiple classes related to the CCP and individual children's cases were taught by members of the Cold Case team. Ashley taught a class in person at a large statewide Georgia DFCS meeting and did a follow-up webinar six months later for the same invitees. Two Fellows went to a statewide meeting for Georgia DFCS Independent Living Plan (ILP) Coordinators to both discuss the project and generate a conversation about how the reviews could be better coordinated with the ILP staff. Michelle Barclay joined the Georgia DFCS Office of Adoptions to discuss the CCP during their "Operation Permanency" webinar last spring. In addition, Michelle has taught classes about starting a CCP in West Virginia, Florida, and Maine, and is in discussions with Idaho and Nebraska.

Engaging Court Appointed Special Advocates (CASA)

A commitment was made by the CCP team in early 2012 to engage local and state CASA more in the CCP, to make sure the local CASA programs knew about the CCP and knew their children on their county list, and to ensure the local CASAs were invited to any PRTPlus or group discussions regarding a child's case. In addition, many local CASA programs can now run their own cold case report locally through CPRS. See screen shot below.



In October 2012, Coweta County CASA staff wrote the CCP team to ask when and whether PRTPs would be arranged for the children on the Cold Case list in Coweta County (and they sent along the names of the Cold Case children in that county that they had obtained from CPRS). This is exactly the kind of advocacy we had hoped to generate with more local outreach and capacity. While the CCP team has not visited Coweta County yet, the CCP team plans to reach out and engage even more with the state CASA program and the locals in 2013. CASA might provide the best opportunity for institutionalizing the work of the CCP.

Title IV-E Funding

In early 2012, GA DFCS provided a contract with the AOC for the AOC to receive Title IV-E reimbursement for CFP funds used for Cold Case reviews. For 2012, every invoice presented to Casey allowed the AOC to receive the penetration rate of reimbursement for that quarter which was generally between \$10,000 and \$12,000 a quarter, with delays in the first two quarters. This funding will allow the CCP team to provide more outreach and training to providers and law enforcement (one of our many goals for 2013).

Initial Summary of Results from the 2012 Reviews

In 2012, 245 children's cases (mostly those with the coldest temperatures) were reviewed and 49 children had PRTPs. Analysis of the data showed that permanency outcomes for 2012 were better for children whose cold cases were reviewed than in 2011 (and 2011 outperformed 2010 and 2009 work).

Chart 2 uses AFCARS data to compare results from Cold Case 2012 (solid lines) to Cold Case 2011 (dashed lines). Time 0 represents the review date. Safe permanence (green lines) includes adoption, reunification, relative placements, and guardianship. Non-permanence includes almost entirely emancipation. The large difference between 2011 and 2012 in permanence arises from large increases in adoptions and reunifications.

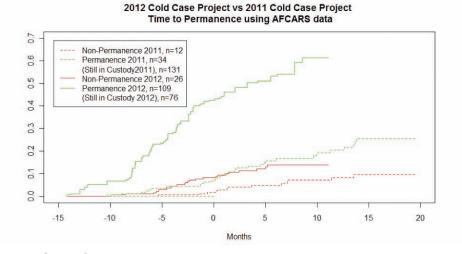


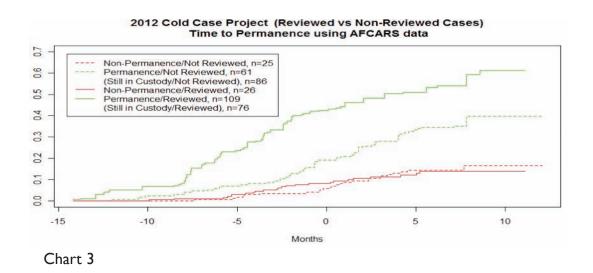
Chart 2

Reviewed v. Non -Reviewed Cases

Actively reviewing cases appears to pay off for improving permanency based on the Chart 3. Due to manpower and time, only 245 of the coldest cases were reviewed out of over 400 identified. This chart shows that reviewing cases appears to impact positive permanency outcomes, even though the "colder cases" were often harder. Thus, the "warmer cases" could likely benefit from a review as well.

An attempt was made this year to capture

improved (if any) health and education outcomes for children on the Cold Case list, but the information collected was not sufficient for analysis. Consequently only anecdotally can stories and cases be cited where well-being improvements were known to be made for specific children. Next year under the guidance of a statistician, the team will add defined measures for well-being, including education and health, to collect for the 2013 final report.



Other Lessons Learned from 2012

1. Online record reviews were adequate to move a child's case along, but Fellows still felt like they were missing too much information on an "old" case and kept expressing the desire to read the "whole paper file." It is a lot less expensive to review the cases online, so we only allowed on-site reviews in a few cases.

Our goal here is to streamline the amount of work needed to conduct a PRTPlus and then start continuous periodic follow-up. We think we have the right balance, but some team members are still worried about missing details. The structured paperwork for the PRT process provided good guidance for the discussion, the summary of the case, and the recommendations for the future.

- 2. DFCS legal counsel (SAAGs) were at the table for almost all the PRTPs. The SAAGs also took on quite a bit of follow-up work this year.
- 3. Reviews still reveal systemic defects: patterns of over-utilization of psychotropic medication (but fewer than last year); poorly executed relative searches; a troubling lack of attention to children's legal rights;

- and not enough effort to sustain relative and sibling connections. These are legal deficiencies as well as social work duties that must be rectified. Engaging the SAAGs is the first step on that path.
- 4. Identification of Cold Cases was an integral part of the project used to be considered the biggest return on investment for our state, but this year shows reviews themselves made a significant difference.
- 5. The cadre of experts developed by the CCP continues to grow and benefit the state of Georgia's child welfare system. The majority of the past and present CCP team members are working in the child welfare field taking cases and serving on various local and national boards.
- 6. The collaborative relationship continues to be strong between the judicial and executive branches with this work of this project which benefits others. Cold Cases are often complex and overwhelming, but these outlier cases also teach us all valuable lessons that inform all cases.

Next Steps for 2013

- 1. DFCS and J4C will continue the merge and alignment of PRT and CCP in 2013, resulting in a PRTPlus for identified highest risk children. The Cold Case List creation will move in-house at DFCS and a close proxy list creation within CPRS will continue to be available at the local level.
- 2. A new 2013 cold case list has been generated in order to capture the current cold cases that will be addressed in 2013.
- 3. We will continue and increase efforts to have the child present at the PRTPlus, but also to combine PRTPs with transition roundtable meetings and/or permanency court hearings.
- 4. We will continue and increase efforts to engage not only the SAAGs, but also child attorneys, parent attorneys and CASAs.
- 5. There will be a continued and increased effort to invite the providers to the table. We learned late this year that we are missing this voice. Support to the provider community of the warm line and trauma informed care training will continue for a while. Outreach to law enforcement organizations will be made in 2013.
- 6. The private investigator will be retained, possibly in an enhanced role in 2013.
- 7. Strict and routine monitoring of cases after the PRTPlus 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 PI or aggressive adoption recruiting.

- 8. There will be a greater effort to focus again on well-being issues of health, education, visitation and family connections, especially with EPAC (Director, Lamar Smith) and System of Care (Director, Ursula Davis), and to collect measures on related child outcomes.
- 9. Development will continue of a new "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.
- 10. A plan for project institutionalization within Georgia's government will be made, both for the project itself as well as the funding.
- 11. 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 2014.

Finally, again, we plan to work closely with our partners and experts at Casey Family Programs. We will invite CFP representatives to participate in PRTPs by phone or in person, to provide technical assistance. Representatives will also be invited to Georgia child welfare systemic meetings. We hope this will also benefit other states as we continue to work together to implement versions of these projects across the nation.

Acknowledgements

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