



Dear CAPTA Panel Members,

Thank you for your service to the children and families of Georgia. Recent changes in federal and state law and policy, as well as changes to child welfare practice resulting from the COVID-19 pandemic, have created a number of opportunities for the Division to pursue systemic improvements in the State's response to child abuse and neglect. As we undertake the challenging work of implementing the new laws and policies, we value your role in evaluating the extent to which the State is effectively fulfilling its child protection responsibilities. Your contributions made through formal Panel recommendations and extensive collaborative work are appreciated.

Attached you will find the agency's response to the 2019 Panel recommendations. I am pleased to recognize that many of the areas highlighted in your report are ones that the agency is already working to improve. We will incorporate your feedback into existing plans and engage with you to align and strengthen our efforts to achieve the desired outcomes.

Thank you again for your commitment to the citizens of Georgia.

Sincerely,

A handwritten signature in black ink, appearing to read "T.C.R.", written over a horizontal line.

Tom C. Rawlings

Division Director

Georgia Division of Family and Children Services

2019 Child Abuse Prevention and Treatment Act
(CAPTA) Panel Recommendations and Agency
Response

June 29, 2020

Contents

Recommendations: Child Abuse Protocol.....	3
Recommendations: Mandated Reporters.....	5
Recommendations: CAPTA Plan and Grant Funding.....	6
Recommendations: Child Representation.....	7
Recommendations: Plans of Safe Care.....	9
Recommendations: Child Death Reviews and Reporting.....	11

Recommendations: Child Abuse Protocol

The CJA Task Force (Child Abuse Protocol Committee) has previously recommended that the development of a mobile friendly version of the Child Abuse Protocol (CAP) be considered. The Task Force further recommends that the Division and the Office of the Child Advocate (OCA) investigate the viability of this as a more cost effective, efficient option for the CAP.

Division Response: The Child Abuse Protocol (CAP) outlines in detail the procedures to be used in investigating and prosecuting cases arising from alleged cases of child abuse (physical, emotional and sexual) and child sexual exploitation and to assist counties with the development of local protocols which reflect the best practices in investigation and management in these cases. The purpose of the protocol is to *ensure coordination and cooperation* between all agencies involved in a child abuse case so as to *increase the efficiency of all agencies* handling such cases, to *minimize the stress created for the allegedly abused child* by the legal and investigatory process, and to *ensure that more effective treatment is provided* including counseling.

The Division recognizes the barriers to consistent utilization of the CAP throughout the state and agrees that alternate methods of disseminating information regarding the child abuse protocol and a mobile friendly version would alleviate some of them. The Division is open to working with the Office of the Child Advocate, the CJA Task Force, and additional stakeholders and partners in this development.

There are elements of Georgia Code §19-15-2 related to the Child Abuse Protocol that are outdated, and in need of review and update. The CJA Task Force (Child Abuse Protocol Committee) recommends that the Division undertake such a review to identify inconsistencies, deficiencies or dated information that may need to be addressed legislatively to improve the coordinated response to child abuse and neglect by all parties involved.

Division Response: The Division will support the Office of the Child Advocate and other stakeholders in the review to identify and address elements of the protocol in need of updating.

The CJA Task Force (Child Fatality Investigation Committee) recommends that each professional discipline or agency with a role in the investigation of a juvenile death review the CAP in conjunction with its own policies and procedures, and conduct an evaluation and update of policies/procedures in light of “Best Practice” guidelines, as may be necessary. This may require legislative action associated with an update of the Georgia Code §19-15-2.

Division Response: The Office of the Child Advocate provides training on the Child Abuse Protocol to ensure agencies are familiar with all areas, including legislative updates, mandated reporting, current DFCS policy, best practices, the new Juvenile Code, obtainment and payment of the forensic medical examination, commercial child sexual exploitation, new contact information and referral forms and prosecution areas governing charging decisions, evidence, discovery, child hearsay and child testimony. The training also covers the Protocol Committee’s mandated purpose, mission and responsibilities as outlined in O.C.G.A §19-15-2 including the biannual meeting and preparing the Annual report.

The Division acknowledges that each agency’s adherence to the CAP Best Practice guidelines can be improved following a review and assessment of its own policies and procedures. The Division fully supports the agencies’ actions in this effort and if any legislative action is required, will work collaboratively toward crafting and supporting the passage of such legislation.

The CJA Task Force (Child Fatality Investigation Committee) has previously recommended that first responders/EMS be incorporated into the state model CAP. The Task Force recommends that the Division collaborate with OCA to facilitate this enhancement of the state model CAP. It also recommends, if necessary, that the Division support legislative activities related to Georgia Code §19-15-2 that would facilitate this or any other Task Force recommendation that impacts the multidisciplinary response to child abuse and neglect.

Division Response: Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. The Division appreciates the importance of involving first responders/EMS in a consistent response to child abuse and neglect and is willing to work with the Office of the Child Advocate, the Georgia Office of EMS and Trauma, and other appropriate stakeholders in pursuing this opportunity. It is critical that all professions

who are involved in providing some level of response to child abuse and neglect be included in the state model CAP.

The CJA Task Force recommends that the proposed model protocol for the “Multidisciplinary Investigation of Juvenile Death” be incorporated into an update of the state model Child Abuse Protocol

Division Response: In the 2018 CAPTA Panel Report response, the Division expressed agreement that there would be considerable benefit to having a consistent protocol for investigating child fatalities. Having received the proposed model protocol in 2019, the Division is willing to work with the Office of the Child Advocate and other stakeholders to incorporate the protocol into the state model.

In addition, the Special Investigations policies were updated this year and include:

Policy 6.1 Preparing for a Special Investigation, which requires DFCS to adhere to the local Child Abuse Protocol. This includes determining the need and manner of response with law enforcement and/or the oversight authority and when a forensic interview is appropriate; and also includes practice guidance concerning both the local child abuse protocol and joint investigations with law enforcement.

Policy 6.7 Conducting Special Investigation of Child Death, Near Fatality, or Serious Injury, which requires DFCS to conduct a joint investigation with law enforcement in accordance with the local Child Abuse Protocol on child death cases. This policy also includes Practice Guidance on Child Deaths and Joint Investigations with Law Enforcement and DFCS.

Recommendations: Mandated Reporters

The CJA Task Force (Mandated Reporter Training Committee) recommends that the state-level, multi-agency Mandated Reporter Training Standards work group include in its scope of work:

1. Developing standards for mandated reporter training for specific agencies/roles.
2. Institutionalizing the Division’s role in the approval of mandated reporter training content.

3. Developing appropriate protocols for interviewing child victims to minimize duplication and trauma to the child and to improve communication and information-sharing when suspected child abuse or neglect is reported.

Division Response: The Division welcomes the opportunity to partner with stakeholders to continue progress on this work. Prevent Child Abuse Georgia convened the committee meeting in March 2020 and helped develop the Mandated Reporting in the Time of Crisis webinar in mid-April 2020. The group will be reconvening in July 2020 to continue the work of formulating draft recommendations by Sept. 30, 2020.

The Division strives to build community partnerships to increase local awareness of child maltreatment and related issues. Current Policy 3.24 Mandated Reporters requires DFCS to ensure mandated reporter training is available, and practice guidance includes facilitating mandated reporter training, including web-based trainings and specific training opportunities for medical personnel. Investigation policies 5.1 and 6.2 Purposeful Contacts During a Special Investigation require DFCS to limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization. Policy 6.2 includes enhanced Practice Guidance on minimizing trauma to children during an investigation, which will also be incorporated into corresponding Purposeful Contacts policies.

Recommendations: CAPTA Plan and Grant Funding

The CAPTA Panels recommend that the Division develop and implement a protocol that institutionalizes engagement of its stakeholders, with mutual interests and expertise in these priority areas, to ensure that the use of CAPTA state grant is consistent with the CAPTA mandate and CAPTA plan goals and objectives. This would include developing a process for evaluating the effectiveness of activities as well as for the overall effectiveness of its CAPTA plan to affect system improvement in the priority areas.

Division Response: The Division recognizes the importance of developing a process to ensure effectiveness of the CAPTA State Grant in alignment with the CAPTA mandate. In 2019, the CAPTA Plan was revised to create a plan with clear and measurable goals. Allocation of CAPTA State Grant Funds will be driven by the content of this plan. Requests for funding must demonstrate relevancy to the articulated goals and activities, and a plan for evaluation of each project supported by funds. The Division intends to start issuing an annual solicitation for proposals, structured similarly to the one currently issued for the state's Children's Justice Act Grant funds, to ensure the timely and appropriate use of

CAPTA funds and to enable the Division and CAPTA Panels to measure the efficacy of the funds in improving identified priority areas.

To support this endeavor, a standardized operating protocol is being developed to enhance joint collaboration, as well as formalize the process for requests of CAPTA grant funds and the evaluation of CAPTA-funded activities. The protocol will ensure utilization of best practices and institutionalize stakeholder engagement throughout the process. The Division welcomes the opportunity to partner with the CAPTA Panels in this endeavor.

To further the institutionalization of processes to support the objectives of the state CAPTA plan, the Child Protective Services Advisory Committee recommends developing a standardized decision-making process for determining how the grant is utilized involving internal and external stakeholders, and developing a plan for evaluating supported projects or activities to ensure that they are consistent with CAPTA Plan objectives and support the federal mandate.

Division Response: A standardized operating protocol is being developed to enhance the process of CAPTA grant fund requests and evaluation of CAPTA-funded activities, in order to improve alignment with CAPTA Plan priorities and objectives. The protocol will ensure utilization of best practices and institutionalize stakeholder engagement throughout the process. The Division welcomes the opportunity to partner with the CPSAC and additional stakeholders in this endeavor.

Recommendations: Child Representation

The Child Protective Services Advisory Committee recommends that the Division convene a work group that includes, in addition to members of the Child Representation Committee, its General Counsel, Court Improvement Project, Office of the Child Advocate, CASA and other relevant stakeholders to assess current practice and coordinate efforts among the various state plans. Current child representation data, CAPTA requirements, and degree of compliance with CAPTA assurances should be evaluated to identify gaps, areas needing improvement and additional opportunities. Based on the results of the evaluation, a plan should be developed to address any legislative changes needed, documentation and reporting requirements, inter-agency data-sharing expectations, training standards and targets for improvement.

Division Response: The Children’s Bureau released Information Memorandum 17-02 to emphasize the importance of child representation and encourage all child welfare agencies, courts, administrative offices of the courts, and Court Improvement Programs to work together to ensure parents, children and youth, and child welfare agencies, receive high quality legal representation at all stages of child welfare proceedings.

- In the 2018 CAPTA Panel Report response, the Division agreed that such an assessment would be beneficial and pledged to work with the appropriate stakeholders to undertake it. In doing so, the Division incorporated child representation and compliance with CAPTA requirements in the 2020-2024 CFSP and revision of the CAPTA Plan. A new objective for the Division is to begin initial exploration of the viability of claiming title IV-E funding to support the quality legal representation of candidates for title IV-E foster care, title IV-E eligible children in foster care, and the child’s parents to prepare for and participate in dependency proceedings. This activity was chosen because, notwithstanding clear policy and statutory directives, the practice of children’s representation throughout the state remains inconsistent, and the quality of both parent and child representation varies due to lack of financial and institutional supports. Encouraged by the January 2019 change to federal policy allowing states to claim title IV-E administrative costs for legal representation, Division leadership and court and university-system partners have been in conversation about strategies to strengthen existing practice by creating a legal representation workforce model and tools to support consistent quality.

The Division plans for the following activities:

Fall 2020: Establish a multi-sector leadership group including Division leadership, CIP, Georgia CASA, OCA, and University partners to develop a plan for collection and synthesis of information on the variety of local approaches to parent and child representation adopted in Georgia, national models of legal representation offices, other state strategies for leveraging the title IV-E funding opportunity, ethical and professional rules, training standards, best practice guidance, and legal requirements relevant to competent, quality legal representation for children.

Spring/Winter 2020: Children’s Justice Act Task Force will conduct a stakeholder survey to assess stakeholder perspective on what constitutes “quality representation” and gather information on representation practices across local jurisdictions as part of the panel’s required three-year assessment.

2020-2021: University partners will conduct research and prepare a report setting forth a research foundation and recommendations for the sequence of steps, range of activities, and system design that would enable the state to take best advantage of the momentum and resources available to promote quality legal representation for children. In addition, a tool for evaluating the quality of representation during court observations of individual cases will be developed in collaboration with practitioners and system leaders.

By 2024, the Division and its partners will have developed a MOU with local jurisdictions that allows for claiming of title IV-E funding to support legal representation of parents and children consistent with a model approach that ensures quality of practice.

The Division will continue to engage stakeholders on this work.

Recommendations: Plans of Safe Care (POSC)

The Child Protective Services Advisory Committee recommends that the Division convene a task force of influential representatives from each of the identified stakeholder groups to clearly outline roles and responsibilities, agency specific POSC requirements and standards including assessment (including identification), service referrals, monitoring and reporting standards, community supports, and interagency relationships and expectations including policy, communications, data collection and sharing, and program evaluation. This should include a timeline and outcome measures.

Division Response: The Division agrees that improved POSC outcomes are dependent on a committed group of representatives who can clearly outline roles and responsibilities, agency requirements and standards, and identify gaps in community supports such as service referrals and data sharing.

The Division has been working with the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Office of the Child Advocate (OCA), and the Department of Public Health (DPH) regarding Plans of Safe Care and ways to enhance practices. The Division has regular meetings with partners including the Court Improvement Project, OCA, DBHDD, DPH, Department of Education, and CASA to discuss barriers and resolution. The Division continues to work with the Douglas County Juvenile Court and WellStar Health System, along with other state agency partners to develop Plans of Safe Care for substance exposed infants. The Division continues to

review recommendations regarding Plans of Safe Care in policy and practice. A change in practice was implemented in 2019 specifying that prenatal exposure cases will no longer be substantiated for the use of marijuana. Additionally, the Division was provided the opportunity to participate in a survey and review of practice regarding our work around prenatally exposed children. This survey involved individual interviews with front line staff, stakeholders, providers, caregivers, and senior leadership. A review of over 200 records was also included in the process. At the conclusion, the Division was provided with a detailed written report that was very useful and assisted in the process of developing next steps for our Plan of Safe Care work, as well as identifying gaps in working with older children who were prenatally exposed.

The Division will continue to work with the appropriate stakeholders to review state and federal recommendations to develop and implement these recommendations.

The Child Protective Services Advisory Committee recommends that the Division revisit and clarify criteria for identifying POSC children/infants, including legislative and policy changes if necessary, to improve consistency and inclusivity in the identification of infants by respective stakeholder groups and to ensure that infants/children who meet the criteria receive the supports and services needed to ensure the safety of children.

Division Response: The Division agrees that improving consistency in the identification of infants/children who meet the criteria for POSC can help to ensure they receive the necessary supports and services. Policy 3.7 Intakes Involving Substance Use or Abuse, Prenatal Exposure, Prenatal Abuse or Fetal Alcohol Spectrum Disorder went into effect in May 2019 and includes DFCS requirements for receiving intakes involving prenatal abuse and exposure. The Division will work with the CAPTA Panels and stakeholder groups to review current policy and practice so that improvements and supports can be implemented as necessary.

The Child Protective Services Advisory Committee recommends that the Division develop a plan for communicating:

1. The objectives and benefits of POSC meant to increase the likelihood that public and private sectors will see the benefits of a POSC program, increase referrals, and reduce the stigma of involvement; and
2. The requirements for reporting suspected prenatal exposure by medical professionals.

The Division should also consider universal reporting of all prenatally exposed infants to a central call line to improve collection of data, identify resource needs, and objectivity of reporting

Division Response: The Division agrees that a communication plan on the benefits of POSC may increase referrals and involvement from the public and private sectors. The Division will work with stakeholders to develop a plan to implement these recommendations.

Policy 3.7 Intakes Involving Substance Use or Abuse, Prenatal Exposure, Prenatal Abuse or Fetal Alcohol Spectrum Disorder went into effect in May 2019, and includes DFCS requirements for receiving intakes involving prenatal exposure and abuse. All reports are made to CICC, DFCS statewide Centralized Intake Communication Center. Policy 3.24 Mandated Reporters procedure outlines that DFCS will provide a specific training opportunity for medical personnel concerning infants born identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder.

Recommendations: Child Death Reviews and Reporting

The Child Fatality Review Panel Maltreatment Committee recommends that, in the spirit of transparency and to identify opportunities for system reform, the Division develop a reporting framework from lessons learned to support CAPTA's public disclosure intent.

Division Response: In the 2018 CAPTA Panel Report response, the Division initiated quality improvement efforts as part of a Nationwide Partnership for Child Safety collaborative (NPSC). The Division continues to be a contributing member of the NPSC. As such, aggregated findings from a systems-focused review of maltreatment-related fatalities will be shared within the framework of this collaborative. Once final data elements are established and a data sharing protocol is in place, improvement opportunities will be highlighted from a systemic perspective and lessons learned from case reviews will be available to be shared.

The Child Fatality Review Panel Maltreatment Committee recommends that the Division consider convening a broader state level multidisciplinary group periodically to review, utilizing the same process, high profile child deaths to identify prevention or intervention opportunities that may have altered outcomes.

Division Response: The Safety Systems Improvement Tool (SSIT) is now being utilized and by design, highlights systemic influences, internal cultures and processes that may impact decision making and actions taken during intervention efforts. This unique lens allows improvement opportunities to be examined in a non-punitive manner and by its nature, incorporates a review of external partners working with the Division. This process utilizes safety science, supports just culture, and begins to incorporate an MDT approach to these reviews within the analysis of prior decision making and actions. OCA continues to partner with the Division and case reviews often extend to interviewing professionals in other agencies such as law enforcement or medical personnel. As data are gathered and analyzed, the most identified areas for improvement will be highlighted and findings will be available to be shared as we continually look for ways to reduce maltreatment related deaths.

The Child Fatality Review Panel Maltreatment Committee recommends that the Division partner with the Office of the Child Advocate and the Georgia Bureau of Investigation to review current child fatality review legislation, conduct research on legislation and best practices for child fatality review in other states, and develop recommendations to revise Georgia code. Based on Committee survey experience, it is evident that child fatality legislation needs updating both with respect to the state panel composition, purpose, operations, and obligations as well as local child fatality review protocols and procedures.

Division Response: In the 2018 CAPTA Panel Report response, the Division agreed with the recommendation and pledged to work with OCA and GBI as suggested. The Division continues to partner with the appropriate stakeholders.

The CJA Task Force (Child Fatality Investigation Committee) recommends that doll re-enactments be conducted on the scene of all sleep-related deaths. The committee further recommends that CJA funds should be made available to jurisdictions that do not have access to this resource.

Division Response: A careful investigation of the scene where an infant or child dies is critical to determining why infants and children die suddenly and unexpectedly away from the hospital. Despite the reliance on the autopsy to determine the causes of these sudden deaths, often the only explanation for a death can be found in a careful scene investigation. Not only must the scene be carefully documented and photographed, but

those caring for the infant or child need to be carefully interviewed to understand exactly what happened prior to the death. Often the infants and children suddenly dying at a scene are no longer present at the scene at the time of the investigation. Therefore, it is necessary to accurately recreate the environment the infant or child was in at the time of death. This can be done best as part of a well-documented doll reenactment.

The Division agrees that doll re-enactments could provide enhanced investigation supports for juvenile death reviews. The Division will work with appropriate stakeholders to implement these recommendations.