

Cold Case Project 2016 Introduction

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- CCP is a collaboration between DFCS, Office of the Child Advocate and the Supreme Court of Georgia, a joint project between the executive and judicial branches of government
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The Cold Case Project: Digging Deep to Achieve Permanency

from Winter 2014 *Adoptalk*

by Michelle Barclay

Michelle Barclay is director of the Supreme Court of Georgia's Committee on Justice for Children, which manages the state's federal Court Improvement Grant. She started the Cold Case Project with 11 other lawyers. To learn more about the Cold Case Project, visit www.gajusticeforchildren.org.

Now entering its fifth year, the Georgia Cold Case Project is designed to change outcomes for children who have been in care for years and are likely to age out of care without achieving permanency. The project is a joint effort of the Georgia Division of Family and Children Services (DFCS) and the Supreme Court of Georgia Committee on Justice for Children (J4C), supported with funding and expertise from Casey Family Programs and other private funders.

Like the police teams after which the project is named, the goal is to bring fresh eyes and attention to individual cases that may not have progressed. In addition to seeking permanent families for the children deemed likely to age out, the project makes concerted efforts to learn from the children's cases in order to make broader systemic improvements.

Implementing Quality Assurance

When a committed group of people in Georgia's child welfare system decided to start the Cold Case Project, we looked to hospitals' quality assurance (QA) teams as a model. QA teams constantly survey and monitor hospital infection rates, mistakes, and general functioning of the health system. When they find mistakes, a team reviews what happened and either corrects the mistake or works to put processes in place to prevent the problem in the future. Hospitals have labeled certain mistakes as "never events"—errors that should never happen. While never events still occur, constant QA monitoring efforts are the best hope of preventing and reducing the frequency of these events.

Child welfare systems do not have this level of rigor and discipline in checking, double checking, and triple checking their work. Professor Eileen Munro, who has a background in economics, has written extensively about the need for QA in the child welfare system (including a book titled *Effective Child Protection*). In a [New York Times article](#)* and the book *Reforming Child Welfare*, former Washington, D.C. Child Welfare Director Olivia Golden urges child welfare systems to create a culture where reporting mistakes is encouraged and rewarded, not punished. The federal government is urging states to adopt continuous quality improvement (CQI) efforts in all strategic and funding plans. But rigorous CQI work has been slow to take hold.

This slowness may be due to the lack of leadership stability in most child welfare systems (the average tenure of a child welfare director is 18 months) or systems' orientation toward crisis work (although hospitals are certainly built to handle crisis as well), but most likely the reason is the newness of the concept of scientific monitoring in child welfare systems. The very first Child and Family Services Review for states' children welfare systems began in 2001 while hospitals' QA leader and accrediting body—The Joint Commission—has been in place and had the force of law since 1965.

Georgia's Cold Case Project was set up to monitor one part of the child welfare system—and to improve permanency and well-being outcomes for children who are languishing in care.

Operating the Cold Case Project

The process begins by using statistical analysis to identify which of the 7,000 children in Georgia's foster care system appear to be at greatest risk of aging out without permanency. A computer model assesses the factors most likely to indicate a child will leave care without a family, which are currently:

- length of time in care
- placement type — The more institutional a child's placement is, the more likely a child is to age out.
- per diem rate — A high per diem increases a child's risk of aging out. When a child's per diem is high it means medical staff or shift workers are caring for the child as their profession. In a family or small group home, a child is more likely to be cared for by people with whom they can build ongoing relationships.

Each factor alone does not predict how cold a case is; it is the combination of these three factors together that are highly predictive of a child's risk of aging out of care.

When the project started in 2009, the coldest cases were those of children who had been bouncing around in care for more than eight years. Now the coldest cases are closer to three to five years old. In 2012, the children served by the Cold Case Project had a median age of 11.6, with one-quarter younger than 7. The children and youth were ethnically diverse and came from all around the state. Half of the children had been in state custody for at least 36 months, and 73 percent had an identified disability.

Once cold cases are identified, a team of lawyers takes over. These Supreme Court fellows first receive about 30 hours of training on funding streams, child welfare legislative history, complex trauma, and the education and health rights of foster youth. Then they take a test to ensure they are knowledgeable about child welfare.

While changing a possible bad outcome for a child can be exciting, the day-to-day work of the project is not always riveting. Cold Case teams spend hours and hours carefully reading case files, recording information and discrepancies they find, writing up reports, updating spreadsheets, tracking tasks, and periodically discussing cases with one another. This work, while sometimes tedious, is necessary to change and improve systems that, in turn, can improve children's lives.

As part of the review, the fellows use a pre-designed instrument to identify legal barriers to permanency. In addition to summarizing the child's reason for being in care and changes in placements and case plans, the instrument tracks if scheduled hearings took place, whether reasonable efforts were made, if the child or birth parents have attorneys or advocates, and what efforts were made to achieve permanency. It also lists all family members found during any diligent searches. The reviewers then write a narrative of the case and discuss it with the child's workers and others involved. Often, they host a permanency roundtable where all involved parties discuss a child's case, brainstorm ideas for permanency resources, and develop recommendations to improve the likelihood of permanency for the child. Whenever possible, the youth attends the roundtable too.

The project's lawyers can also turn to other team members for help. A retired Atlanta police officer and current private investigator can identify children's family connections and track down important people in

a child's life. A psychiatrist, a public defender (for children who have been arrested), social workers, an adoption recruiter, a mediator, and a public relations expert are also available when their help is needed.

Beyond digging into files, the Cold Case Project undertakes a number of other activities to help children achieve permanency, including arranging counseling to help children consider adoption or guardianship, and continuing to monitor the case over time. The project has hosted adoption parties to recruit families for children, offered children tutoring, supported visits with prospective families, hosted trainings on trauma-informed care, and paid for transportation to visits with relatives.

B's case illustrates the process of the Cold Case Project. B's records appeared on the Georgia Cold Case list in 2010 when he was 16. He had been adopted in another state, but his adoptive parents abandoned him and he had spent many years in a group home at a fairly high per diem with no adult connections outside of child welfare system employees. After the Cold Case team reviewed, summarized, and discussed B's large case file, they reached consensus that B's original adoptive file should be opened to see what had happened to his biological family. The effort to open the file took more than seven months, with the team responding to legal hurdles and often unnecessary objections. From the original file, the team identified some family members, and a private investigator was able to locate them. Once B's biological parents were found (along with a big network of extended family), B's mother immediately got in touch with B, and they began building a solid relationship. B's case manager said B is doing better just by knowing his mother, his family, and his human connections, stating recently, "I can see now that B really needed to belong to somebody in order to feel better."

Another case highlighted the different resources the Cold Case Project can bring to bear. Seventeen-year-old Ian had been in care for more than four years. As part of the review, the case manager located Ian's paternal grandparents in Massachusetts. The grandparents had lost touch with Ian and assumed he had been adopted already. Once they learned Ian was still in care, they wanted to see him right away. Using funds from a foundation grant, the Cold Case Project was able to cover the grandparents' travel expenses to Georgia so they could visit Ian without delay. After the visits, the grandparents adopted Ian, and he moved to Massachusetts to live with them.

From the start, the Cold Case Project has helped children achieve permanency. Children served by the project in 2009 were more likely than a 2008 comparison group to exit to permanency and had shorter stays in care. Children served in 2011 were 25 percent more likely than a comparison group to exit care to a permanent family.

Lessons Learned

During their reviews, the fellows have identified a number of barriers to permanency, with problems caused by the child welfare system, the courts, and family members. For the child welfare system, the reviews found issues with:

- failing to diligently pursue relatives or other key individuals as placement resources
- lack of timely intervention with the child's birth family
- failure to consider a broader range of placements (such as with an older sister or brother or returning to a birth parent after a number of years)
- case manager turnover
- overuse of psychotropic medication
- not enough attention paid to children's legal rights
- lack of resources

Problems found in courts included delays, missing or inaccurate petitions and motions, lack of attorney action, and insufficient judicial oversight. Family problems primarily involved failure to follow case plans and inability to address children's special needs. As a result of its first year of reviews, the project made 15 recommendations for system-wide reforms, including:

- make timely and detailed diligent searches a priority
- limit the use of another planned permanent living arrangement as a permanency plan
- ensure children have connections to family or other important adults
- involve children in permanency planning
- improve judicial oversight of permanency issues
- provide services and supports to adoptive families to reduce adoption dissolution
- use adoption counselors and specially trained staff to reduce a child's resistance to adoption
- expand the use of family dependency treatment courts to help birth parents address the circumstances that brought them in contact with child welfare

Simply identifying the cold cases and talking about the issue also returned gains. By virtue of announcing and describing the project, people changed their practices to mirror the message and values of the Cold Case and Permanency Roundtable projects. Once we developed a tangible list of children in state custody and promised that a review by the Supreme Court team was coming, some children on the list began to move toward permanency. By design, the project prioritized these children for increased attention and work effort—attention they needed and deserved.

Conclusion

During 2013, the Cold Case Project revived and reviewed 250 children's cases from the cold case list. The work the team does isn't difficult, although it can be time-consuming. By investing the team and effort, we have improved many children's chances of achieving permanency and building long-term family connections. We have also learned lessons we can implement to improve the system for other children.

We have also learned that we need to catch cases earlier. In the future, the team will begin to review "cool" cases as well as cold ones. As Georgia continues to refine and expand its Cold Case Project, other states are creating their own programs—both West Virginia and Florida have recently begun similar efforts.

For those of us working in Cold Case Projects, the goal is that a case like B's will become a "never event." No child should wait seven years for the system to help him find permanent family connections. By investing time in quality assurance monitoring, attention to detail, reviewing and checking back again and again, we can ensure that children's needs are much better served. We hope that we can institutionalize the efforts of the Cold Case Project, making these efforts part of the routine business of child welfare in Georgia—and nationwide.

* <http://www.nytimes.com/2011/04/08/opinion/08golden.html>

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Name:	ARS ID #:	County:
AFCARS ID #	DOB:	Reviewed By:
Summary of Key Legal Issues	Indicate whether Item is in SHINES or elsewhere	
1. Diligent Search	Is it in SHINES <i>Who is on the diligent search, are other relatives mentioned in CCFA or elsewhere in the record</i>	
2. Permanency Hg	<i>Are they occurring, is court finding reasonable efforts,</i>	
3. Efforts to Permanency	<i>What is the court ordered permanency plan, Recruitment efforts</i>	
4. Compelling Reason for APPLA	<i>What does the court order say are the compelling reasons</i>	
5. Signed WTLP	<i>Is there a child specific WTLP</i>	
6. Connect to ILP	<i>Is the child participating</i>	
7. Connect to Adult	<i>Does the child have any lifelong connections</i>	
8. Plan for Ed, Health, Housing	Education: Health: <i>Foster care Medicaid</i> Housing: Psychotropic medications:	
9. Child Atty. / GAL	SAAG GAL- Child Atty CASA –	
10. ID docs given to Child @ 18	<i>Is the birth certificate & SS card in the record, if not state not found so that can be a goal</i>	

Case Summary

- Brief overview of how child came into care, siblings, relatives, why a relative was not pursued
- Overview of placements & length of time in placements, particularly if there is a succession of PRTFs, pre-adoptive, ICPC issues
- Overview of mental health services, diagnosis, medications, current status,
- Education issues if any
- Look for any legal red flags – ie – no permanency hearings, delay in TPR,
- Identified Barriers
- Case Specific to this child or family
- Systemic Issues examples: Delay in filing TPR, No recruitment efforts, Numerous PRTF placements
- Recommendations for discussion during the PRTplus

Appendix D

PERMANENCY ROUNDTABLE CASE CONSULTATION PHASES

<p>I. Welcome and Overview (5 minutes)</p> <ul style="list-style-type: none"> • Facilitator welcomes team • Team members introduce themselves • Facilitator overviews purpose and process • Facilitator overviews ground rules 	
<p>II. Present the Case (20 minutes)</p> <ul style="list-style-type: none"> • Case Manager presents case summary • Facilitator invites additional comments on the case from other case-related team members (supervisor, provider, etc.) 	
<p>III. Clarify and Explore (15 minutes)</p> <ul style="list-style-type: none"> • Team members ask questions to clarify and expand upon information presented • Team members ask questions to explore other aspects of the case • Team rates child's current permanency status 	
<p>IV. Brainstorm (25 minutes)</p> <ul style="list-style-type: none"> • What will it take to achieve permanency? • What can we try that has been tried before? • What can we try that has never been tried? • How many things can we do concurrently? • How can we engage the youth in planning for permanence? 	
<p>V. Create Permanency Action Plan (35 minutes)</p> <ul style="list-style-type: none"> • Review and combine strategies developed during brainstorming • Prioritize strategies • Discuss strengths of each prioritized strategy • Finalize strategies and timelines • Discuss what it will take to successfully implement each strategy in the plan. 	

Appendix F
Common Permanency Action Plan Strategies

1. Engage youth in permanency planning
2. Engage family members and critical supportive adults in permanency planning
3. Locate, explore and engage potential permanency resources for the child
4. Strengthen child's connections to his/her siblings and other family members
5. Increase child's well-being and preparation for permanency
6. Request court actions and/or changes in child's legal permanency goal
7. Request critical supports to caregivers to enable them to become a permanent resource for the child through reunification, guardianship or adoption

DFCS-CASEY Permanency Roundtable Project One-Year Follow-Up Form

Current Permanency Status²

Please rate the child's current permanency status (as of the status date in the first box on this form) based on the (updated) descriptions to the left of the rating. This rating must be determined by the Master Practitioner in consultation with the Case Manager and Supervisor.

Current Permanency Status

<p>Child has legal permanency (adoption, legal guardianship, or reunification with no further DFCS involvement; does not include emancipation).</p> <p>Child is in a family setting that the child, caregivers and casework team believe is lifelong (adoption/ guardianship/reunification issues resolved);</p> <p>Child is in a stable living situation with own parents (not a trial visit) and identified safety risks have been eliminated (child welfare agency still has custody).</p> <p>Child is in a family setting that the child, caregivers and casework team believe is lifelong; a plan is in place to ensure safety and stability have been achieved; the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are near resolution.</p> <p>Child is in a family setting that the child, caregivers and casework team believe could endure lifelong; a plan is in place to ensure safety and stability are being achieved, and the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are being addressed; (may include long-term foster care);</p> <p>Child is in temporary placement,* but transition is planned and child is ready to move to identified safe, appropriate, permanent home that the child, caregivers and casework team believe could endure lifelong; a child and family plan for safety and permanency is being implemented; and the child, if old enough, and caregiver(s) are committed to the plan.</p> <p>Child is in a family setting that the child, caregivers and casework team believe could endure lifelong, and they are developing a plan to achieve safety and stability;</p> <p>Child is in a temporary placement,* and likelihood of reunification or permanent home is uncertain; adoption/guardianship issues are being assessed, and concurrent permanency plan(s), if any, are uncertain or problematic.</p> <p>Child is living in a home that is not likely to endure or is moving from home to home or is on runaway status due to safety and stability problems, failure to resolve adoption/guardianship issues, or because the home is unacceptable to the child;</p> <p>Child remains in temporary placement* without a realistic or achievable permanency plan; concurrent permanency plan(s), if any, have stalled or failed.</p> <p>Youth has emancipated (whether or not signed back into care voluntarily). Date of emancipation: ___/___/___ (mm/dd/yy)</p> <p>Youth was under 18 and DFCS was relieved of legal custody (e.g., for runaway, incarceration, DJJ custody).</p>	<p>Permanency achieved <input type="checkbox"/></p> <p>Very good permanency status <input type="checkbox"/></p> <p>Good permanency status <input type="checkbox"/></p> <p>Fair permanency status <input type="checkbox"/></p> <p>Marginal permanency status <input type="checkbox"/></p> <p>Poor permanency status <input type="checkbox"/></p> <p>Emancipated <input type="checkbox"/></p> <p>DFCS custody terminated <input type="checkbox"/></p>
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* Temporary placement setting may be a home, child caring institution, or residential treatment facility.

² Scale adapted from Human Systems and Outcomes, Inc., scale used in Indiana Quality Service Review Protocol (2007).

PROGRAMS THAT WORK

Georgia's Cold Case Project: Improving Outcomes for Children in Foster Care

by Tom C. Rawlings

"T" suffered severe trauma and abuse at the hands of her parents starting at a young age. She entered foster care at age six and, although foster care brought her safety, it did not bring her stability and recovery. She bounced from home to home and then to institutional care, picking up multiple diagnoses and being treated with various psychotropic drugs that did not always match the diagnoses. At age 13, she seemed destined to spend her youth and adulthood in institutional isolation. In any state foster care system, there are many children like her.

Despite its challenges, the U.S. foster care system works to move most children in care from placement to permanency promptly. For the over 230,000 children who exited foster care in 2013, the median stay in care was 13.4 months, and 86% of children exiting that year were reunified with parents, placed with a relative or guardian, or adopted.¹ But those positive outcomes are of no consolation to the 14% of children who remain in care for more than three years or the approximately 10% of youth who age out of foster care without permanency.² Georgia's Cold Case Project improves outcomes for that small but significant percentage of children who become lost in the system.

Focusing on the Hard Cases

In 2009, Michelle Barclay, an attorney and former nurse who leads Georgia's federally-funded Court Improvement Project (CIP), began focusing on these harder cases. From her work with attorneys, judges, and case managers

Georgia's Cold Case Project improves outcomes for that small but significant percentage of children who become lost in the system.

around the state, she knew that cases like that of T frustrated those attempting to find safe, permanent families for these children. Each time these children made progress, the next court review revealed another disruption in placement or a mental health crisis requiring hospitalization. Difficult behaviors and long lists of psychotropic drugs made potential relative or adoptive placement caregivers wary. Adoptions disrupted and preadoptive placements fell apart. Case managers, having exhausted their social work interventions, came to court with no new suggestions.

As a result, about 10% of Georgia's children lingered in foster care

with little hope of connecting with a family. From Barclay's nursing work with difficult medical populations such as diabetics, she knew that focusing on a small, hard-to-serve population could produce major benefits while conserving resources in the long run.

Identifying Cold Cases

Michelle's husband Andy, a statistician who specializes in child welfare, used historical state child welfare data to develop a computer model predicting which children in foster care were most likely to age out without

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Table 1: Discharges of Cold Case Children by Year of First Review

Discharge Type	2012	2013	2014	3 Year Total
Adoption	74	63	26	163
Custody To Other	2	3	1	6
Death	1	1	0	2
Emancipation	37	47	19	103
Guardianship	8	7	9	24
ILP	7	5	2	14
None	6	3	6	15
Relative	8	8	3	19
Reunification	24	13	6	43
Runaway	0	2	0	2

(Cont'd from front page)

permanency. That model is based on three factors that strongly predict the likelihood that a child will age out: (1) placement in more restrictive, “deep-end” institutions; (2) higher per diem rates; and (3) longer length of time in care. A data-sharing agreement reached among the CIP, Georgia’s Office of the Child Advocate, and DFCS (Georgia’s child welfare agency) opened the State Automated Child Welfare Information System’s database to the effort, and a computerized search automatically flagged cases matching the model’s criteria.³

Applying this model, a list of cases considered “cold” is generated twice a year using SHINES, which is Georgia’s version of the State Automated Child Welfare Information System. The model has over the past years identified around six percent of the state’s foster care population as eligible for cold case review, amounting to 500 or more cases at any given time. Because there is not sufficient capacity to review all such cases, the Cold Case Project’s lead attorney prioritizes those cases on the list and assigns each one to a cold case attorney fellow, who then reviews the case file online through the SHINES database. The attorney fellow will work with local DFCS staff and leadership to recommend approaches that may not have been considered.

Funding/Staffing

Funding from DFCS, the CIP, and Casey Family Programs allowed the CIP to contract with a team of highly-experienced child welfare attorneys who could review these files in detail and work to improve outcomes for these children. Early on, as the team’s members began breathing new life into cases that had lingered with little progress, the effort gained a moniker that has stuck: The Cold Case Project.

How the Project Works

Cold Case Team

Since its start in 2010, the Cold Case Project has benefitted from a team of between four and seven attorney “fellows,” each highly experienced in child welfare cases and including a mix of agency attorneys, child attorneys, and parent attorneys. The attorneys work part time for the project under a contract with the CIP.

Additionally, the team has access to:

- a child and adolescent psychiatrist with expertise in assessing proper use of psychotropic medications;
- attorneys with expertise in social security benefits, immigration, and education;
- a private investigator who has successfully tracked down biological

relatives of children for whom there were no identified placement options; and

- a pro bono attorney from Emory University’s Barton Child Law and Policy Clinic to call when a foster child is arrested, whether the child is on the “cold case list” or not.

Services and Supports

Funds from the state, Casey Family Programs, and private foundations have provided support for transportation costs, additional therapies, permanency mediation, and other services to improve the child’s well-being and prospects for permanency. In the case of children such as T with serious trauma issues, the team helps push for more intensive therapy, reviews of psychotropic medications, and special educational services. In other situations where a child lacks a potential family or adoptive home, the team has used private investigators to track down additional relative resources and provided funds for travel to visit with potential placements.

Permanency Roundtable

In many cases, the cold case fellow will help convene a permanency roundtable. These structured meetings often involve everyone involved in the child’s case—the case manager, foster parent, child and agency attorney, guardian ad litem, service providers

and therapists— and, whenever possible, the child. The participants review the child’s history, walk through a guided discussion of the child’s needs and obstacles to permanency, and consider and adopt recommended steps to advance the child’s case. The cold case fellow then follows up with phone calls and office visits to make sure the agreed-on steps are accomplished.

Project Results

Five years after the program’s launch, the attorney fellows working with the Cold Case Project have reviewed over 1,300 foster care files from the “cold case” list from across Georgia, 300 in calendar 2014 alone. In 2014, the median age of a child on the cold case list was 14, with 25% under age 10 and 20% aged 17 or older. These children had spent an average of four years in state custody at the time of their review. Over the past three years, the work of the Cold Case Project has helped move 163 children to adoption, 43 to reunification with family, 19 to relative placements, and 24 to permanent guardianship.

Outcomes for children involved in the project and who exited the system since 2012 are shown in Table 1. Twenty percent of cases reviewed have resulted in permanency within a year, and 30% of children and youth achieve permanency within two years. Statistical analysis of the project, comparing identified cold cases that were reviewed by the team with cold cases not reviewed, demonstrates that the review process increases positive permanency outcomes by 20 to 25%. The statistics also suggest that simply flagging the case as a “cold case” improves permanency outcomes, perhaps by causing local staff to give fresh attention to these children’s cases.

Even for those youth for whom a permanent family is not achieved, the Cold Case Project has produced results. Many of these youth, originally slated to emancipate at age 18, have been encouraged to remain in care and to take advantage of transitional living benefits. Others have been connected

through the program with a family member or adult mentor who can help them make the difficult transition to living outside foster care.

“The Cold Case Project has been so impactful, not just for the immediate child being reviewed, but also for the children’s cases that come afterward,” says Ashley Willcott, whose State Office of the Child Advocate now houses the program. “The reviews and roundtables move us out of hopelessness and group-think back to creativity and passion for the children we serve.”

Cold Case Courts

Several juvenile courts have adopted the Cold Case Project model and launched cold case court dockets. The first court was Fulton County, where Chief Judge Bradley J. Boyd and Judge Willie Lovett, Jr. have placed cold cases from their counties on special dockets and handle those cases through a more intensive, therapeutic approach. Juvenile courts in west Georgia’s Tallapoosa Circuit and South Georgia’s Tift Circuit have also experimented with the model. The identified cases benefit from the same roundtable approach used in the Cold Case Project but also from increased oversight by a judge with the ability to order additional services and encourage collaboration among agencies.

“I did not know how much impact

Statistical analysis of the project, comparing identified cold cases that were reviewed by the team with cold cases not reviewed, demonstrates that the review process increases positive permanency outcomes by 20 to 25%.

we had with the Cold Case calendar until the end of one year, and then I was impressed,” notes Judge Boyd. “I reflected on how this calendar felt a little bit like the wild west at times, pushing for more risk-taking for the children, but it paid off.”

Georgia’s “Court Process Reporting System,” an online service of the Administrative Office of the Courts,

allows these judges to generate their own list of “cold cases” from cases already on their juvenile court dockets. The judges then assign the case to a special master, who – like the cold case fellows – has extensive experience working with child welfare cases. Using tools developed through the Cold Case Project, the special master staffs the case with the attorneys, case-workers, and service providers, and creates a plan that the court reviews, approves, and monitors.

“The cold case court presents a powerful and unique opportunity to intervene positively in these difficult, most serious cases,” explained Leslie Stewart, JD, CWLS, a special master for Fulton’s cold case court. “Holding hearings on a more frequent basis than is statutorily required, juvenile court judges are able to exercise their judicial authority and hold all stakeholders accountable. The detailed information before the court allows all parties to deconstruct each cold case; the children’s well-being is improved, thus leading to permanency.”

Since Fulton County Juvenile Court began its cold case court in 2013, over 125 children’s cases have been assigned to this specialized court docket. Approximately one-third of these children have found a permanent home through adoption, guardianship, relatives, or return to family. Among the 20% of children who left care

without a permanent home, two-thirds have been successfully encouraged to remain in care.

Project Expansion

The Cold Case Project continues to expand through new projects such as specialized court dockets, efforts to improve the well-being of these children and youth, and increased

funding. A new, “cold case coaching team” of experts in different fields will help troubleshoot difficult cases. This team will also help cold case attorneys navigate educational, medical, and permanency roadblocks and better address the complex trauma many of these children have experienced. In the most recent session of the Georgia General Assembly, the legislature for the first time made a direct budgetary grant of state funds to the project.

Conclusion

“T” has received services from the Cold Case Project for five years now and is now approaching her 18th birthday. While she has not yet achieved permanency, the judge overseeing her case has marveled at the progress she has made due to the team’s collaboration. Cognitive behavioral therapy helped her achieve some control over her stress reactions, and special psychiatric care has weaned her off many of her medications. A volunteer group, “Faithful Visitors,” began building a strong relationship with her and five women from that group now serve as her mentors. Special educational services have helped achieve steady climbs in her IQ and other test results. She has decided to remain in care after her 18th birthday, and she recently was placed in a regular foster home. The court and team continue to seek a permanent family for her.

Tom C. Rawlings, JD, CWLS is a practicing child welfare attorney and consultant in Georgia. He previously served as a circuit juvenile court judge and state child welfare ombudsman. He has served as a special master and cold case fellow for the Cold Case Project.

Endnotes

¹ Child Welfare Information Gateway. *Foster Care Statistics 2013*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau, 2015, 6-7.

² Ibid.

³ For the technically savvy, the model is a “Generalized Boosted Regression Model.”

CHILD LAW RESOURCES

ABA Directory of Children’s Law Programs

The online ABA Directory of Children’s Law Programs is now available after its first update in three years. It is published by the Section of Litigation, Children’s Right’s Litigation. The directory was originally created “to provide pro bono opportunities for attorneys in their communities,” said Cathy Krebs, Children’s Rights director. “But now it’s grown far beyond that.”

Krebs said the directory is used:

- by lawyers looking for referrals and assistance in other states,
- prospective law students check it to see which law schools have legal clinics, and
- by allied legal professionals and members of the public to find resources.

The directory lists children’s law centers, children’s legal clinics (associated with a law school) and children’s resource centers (that provide litigation support to children’s lawyers). The directory’s program listings can be searched online by state, and is also available as a PDF.

The directory was first published in 1993 and Krebs says she’s seen big changes over the years: “It has grown so much since the first edition...the biggest jump has been in children’s legal clinics—that number grew by leaps and bounds.” Krebs is also pleased that now there are “only a handful of states without programs.”

Access the directory online: <http://bit.ly/1QI2iyP>

To report changes, updates, or additions to the directory, contact Cathy Krebs, Cathy.Krebs@americanbar.org. —Sally Inada, CLP Contributor

At Your Fingertips: Termination of Parental Rights Statutes

Looking for state statutes on termination of parental rights? Two resources to check out are:

National Center for State Courts Adoption/TPR Statutes Web Page

<http://www.ncsc.org/Topics/Children-Families-and-Elders/Adoption-Termination-of-Parental-Rights/State-Links.aspx>

Links to termination of parental rights statutes in all 50 states. Listings include the statutory citations, grounds for termination, and special exceptions.

Child Welfare Information Gateway Grounds for Involuntary Termination of Parental Rights

<https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/groundtermin/>

A 2013 publication discussing state laws that provide the legal basis for terminating the rights of parents found unfit to parent their children. It addresses the circumstances under which the court may find that termination may not serve the child’s best interests and under which a parent’s rights may be reinstated. It also includes summaries of laws for all States and U.S. territories.

Name:	ARS ID #:	County:
AFCARS ID #	DOB:	Reviewed By:
Summary of Key Legal Issues	Indicate whether Item is in SHINES or elsewhere	
1. Diligent Search	Is it in SHINES <i>Who is on the diligent search, are other relatives mentioned in CCFA or elsewhere in the record</i>	
2. Permanency Hg	<i>Are they occurring, is court finding reasonable efforts,</i>	
3. Efforts to Permanency	<i>What is the court ordered permanency plan, Recruitment efforts</i>	
4. Compelling Reason for APPLA	<i>What does the court order say are the compelling reasons</i>	
5. Signed WTLP	<i>Is there a child specific WTLP</i>	
6. Connect to ILP	<i>Is the child participating</i>	
7. Connect to Adult	<i>Does the child have any lifelong connections</i>	
8. Plan for Ed, Health, Housing	Education: Health: <i>Foster care Medicaid</i> Housing: Psychotropic medications:	
9. Child Atty. / GAL	SAAG GAL- Child Atty CASA –	
10. ID docs given to Child @ 18	<i>Is the birth certificate & SS card in the record, if not state not found so that can be a goal</i>	

Case Summary

- Brief overview of how child came into care, siblings, relatives, why a relative was not pursued
- Overview of placements & length of time in placements, particularly if there is a succession of PRTFs, pre-adoptive, ICPC issues
- Overview of mental health services, diagnosis, medications, current status,
- Education issues if any
- Look for any legal red flags – ie – no permanency hearings, delay in TPR,
- Identified Barriers
- Case Specific to this child or family
- Systemic Issues examples: Delay in filing TPR, No recruitment efforts, Numerous PRTF placements
- Recommendations for discussion during the PRTplus