



Georgia Department of Human Services/Division of Family and Children Services
and Casey Family Programs

Permanency Roundtable Project

Process Evaluation Report

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**This document can be accessed on the Web at:
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I. Executive Summary

In the fall of 2008, Georgia's Department of Human Services (DHS),¹ Division of Family and Children Services (DFCS) and Casey Family Programs (Casey) developed a Permanency Roundtable Project to address permanency for children who had been in foster care for long periods of time. The project focused primarily on children in Fulton and DeKalb counties, as these two counties account for a large proportion of the state's children in care, and they are under a federal consent decree.²

Background

Because of the consent decree and the results of the state's 2007 federal child and family services review, on which the state missed most of the federal outcome targets, the agency's new leadership was keenly aware of the need for change. Under this new leadership, DFCS made significant changes in agency culture and practice, including a paradigm shift from an incident-based, child-centered focus to a family-centered, permanency-focused practice. Much of this shift was accomplished through the agency's newly established G-Force process. This continuing process includes monthly state, regional, and program leadership meetings to review agency practices and outcomes with the goal of improving outcomes. The process also facilitates open discussion and a learning environment within the agency.

In addition, DFCS recognized the need to develop a career ladder for casework staff with effective outcomes. Master practitioner positions (regional supervisory positions) were created to provide leadership to case managers and supervisors in the field.

The permanency roundtable project described in this report was designed to capitalize on these changes already underway, with the roundtables designed for the dual purposes of addressing permanency for children and serving as a "learning lab" for casework staff.

Goals and Outcomes

The primary goals of the project were to expedite safe permanency for the children and to increase staff development around expediting safe permanency. The key child outcomes, to be measured approximately 12 and 24 months after the conclusion of the project roundtables, are (1) the children's progress toward and/or achievement of legal permanency; (2) changes, if any, in the level of restrictiveness of the children's living arrangements; and (3) reentry into placement by any of the children. Staff development outcomes (e.g., changes in practice based on the roundtable experience) will be measured via a participant evaluation distributed about three months after the end of the project roundtables.

The Children

Permanency roundtables were completed on 496 children and youth in care. These children were mostly pre-teens and teens with behavioral and/or mental health needs. Most of the children (63%) had been in foster care for over two years since their most recent foster care admission; the median length of stay was four years. Many of these children were considered “stuck” in foster care.

Roundtable Staffing and Preparation

The core roundtable teams typically consisted of a Casey permanency expert (staff or consultant), a DFCS master practitioner, the child’s case manager and supervisor, and a DFCS administrator or practice expert.

A two-day orientation to the permanency roundtables and additional training sessions were conducted in December 2008. The orientation, which included presentations by DFCS state leadership as well as Casey leadership, set the stage for the project.

The Roundtables

The roundtables were held in January and February 2009 at two DFCS county offices, one in Fulton and one in DeKalb. Ten roundtable teams staffed 496 children over a six-week period. Prior to participating in the roundtables, case managers and supervisors prepared a detailed written case summary and an oral case presentation. Roundtable teams accessed the case summaries in advance of the consultations via a secure project Web site.

During the two-hour roundtables, case managers presented the child’s case, and then the roundtable team discussed the permanency barriers and brainstormed permanency strategies for the child, using a structured format. A permanency action plan was then developed for the case manager to implement following the roundtable.

Master practitioners and permanency experts provided case managers and supervisors with support in planning and decision-making and modeled case consultation skills. These consultants, who could easily have been perceived as threatening, were accepted by casework staff because of the culture change groundwork that had been laid and because the roundtables were positioned as a tool to achieve permanency for children and improving staff skills, not as a review or assessment of previous work.

Besides the inclusion of external permanency experts, a unique feature of this project was the on-site and telephone availability of legal, policy, adoption, and other state staff resources for immediate consultation and “barrier-busting.”

Data Collection and Tracking

To assist with data collection, tracking, and evaluation, the state recommended a partner with a long history of working with DFCS, including work on the state’s federal child and family services review and resulting program improvement plan. The firm’s expertise in both child welfare and technology, includ-

An Early Success:

Anthony, age 14, had lived in foster care since 2004 due to neglect by his mother. His mother’s rights were terminated when he was 12, and his sister was adopted.

The roundtable team recommended that the case manager explore the father of Anthony’s half-sisters, ages 18 and 19, as a permanency resource, as Anthony visited his half-sisters monthly and had fond memories of those visits.

The case manager followed up with the siblings’ father, who agreed to legal guardianship of Anthony. Guardianship was finalized on July 15, 2009.

ing Web and database design, facilitated the project's implementation. The firm assisted in the development of roundtable evaluation forms, developed the project tracking system, and served as the project evaluator.

Following the roundtables, all of the case summary and roundtable consultation data were entered into a project tracking system to support the project's implementation and outcome evaluation. This system was used to manage the roundtable scheduling and staffing, the up-front case documentation, the strategies and action plans developed by the roundtable teams, and subsequent follow-up.

Post-Roundtable Follow-Up

To facilitate the permanency process internally, DFCS and Casey recognized the need for a state-level permanency coordinator to monitor and track the progress of the roundtables, the implementation of the permanency action plans, and the results for the children staffed. This permanency coordinator supervised project implementation and follow-up and continued to support positive permanency practices.

Following the roundtables, DFCS master practitioners and the child's case manager and supervisor met and continued to meet monthly to discuss and support progress to ensure follow-through on roundtable recommendations. The permanency coordinator conducted monthly conference calls and meetings on an ongoing basis to track each child's status, the status of any waiver requests (such as policy or legal), and action plan implementation.

Because of the positive feedback from case managers and the increase in permanency planning, and inspired by early indications of success, DFCS master practitioners implemented permanency roundtables in each region statewide. As of June 30, 2009, an additional 1,628 roundtables had been conducted, and DFCS plans to continue roundtable implementation in all regions.

Permanency Barriers

Case managers were asked to indicate up to three key barriers to the child's permanency on the Case Summary Form. Note that these descriptions of barriers preceded the roundtable process and may reflect case managers' preconceived notions about the case or what actually constitutes a barrier. In some cases (for example, "child's situation improving"), it seems the case manager used the field to provide information for the roundtable team rather than identify a specific barrier. Highlights regarding barriers include:

- **The identification of 841 barriers.**
- **For nearly two-thirds of the children, a key barrier had to do with a child issue, most commonly the child's behavior, social and emotional issues, age, and/or mental health issues.**
- **For just over one-third of the children, a key barrier was a birth family barrier, with a birth parent's lack of employment, income, and/or housing being most commonly cited, followed by poor cooperation in working the case plan, and ongoing maltreatment.**

Leadership Comment:



"If we had not used a group like Care Solutions with a clear understanding of our business and the technological know-how to develop the evaluation tools and tracking system database in a short period of time, we would not have been able to implement the roundtables project as quickly as we did. This would be difficult to duplicate... the existing relationships, trust, and competence made it work."

- For nearly one-third of the children, a key barrier related to the potential permanency resource or lack thereof. Note that “resource” in this situation can be a person willing to care for the child on a more permanent basis.
- For nearly one-third of the children, a key barrier was a child welfare system barrier, most commonly waiting on a court or legal process, such as termination of parental rights or the appeal of a termination of parental rights.

Permanency Goals and Action Plans

The key output of the roundtable consultations was the development of permanency action plans with specific strategies and actions designed to move each child toward permanency. For most of the children (78%), the permanency roundtable team did not recommend a change in the child’s permanency goal (e.g., reunification, adoption, guardianship), just strategies and actions designed to expedite legal permanency for the child. For nearly one in five children (18%), the permanency roundtable team recommended a change in the child’s permanency goal (see Table 14).

Permanency action plans were developed for 487 children with 3,147 action steps, an average of seven steps per plan. The action steps most commonly dealt with (1) improving the child’s well-being, (2) providing supports/resources for caregivers so that they might become a permanency resource for the child, and (3) locating and engaging permanency resources (27%, 21%, and 18% of the action steps, respectively).

 Overall, the key strengths of the permanency roundtables were the involvement and commitment of all involved—from DFCS state, regional, and local leadership to supervisors and front-line staff, as well as the Casey project leadership and permanency experts. 

Strengths, Challenges, and Recommendations of the Roundtable Process

The project generated many lessons for other such efforts. Following is a list of key strengths, challenges, and recommendations of the roundtable process divided into the following categories: logistics, training, technical assistance and quality assurance, and data collection.

While specific to the Georgia project, these lessons learned will assist replications in Georgia and elsewhere.

Logistics:

A. Roundtable Locations

- **Strength:** Holding roundtables at two county DFCS offices reduced travel and time costs for case managers and supervisors.
- **Challenge:** Holding roundtables at two sites resulted in some participants comparing locations. There were perceptions that one site had more human and technological resources available than the other site.
- **Recommendation:** If multiple locations are used, ensure equitable resource and support allocation. For example, wireless connections could increase efficiency by allowing for access to online resources and uploading of current materials.

B. Resource Availability

- **Strength:** Having state-level policy, legal, and other resources available on-site and by telephone for immediate access during the roundtables allowed for immediate advice and other assistance.
- **Challenge:** Some teams were not aware of resource availability, and resource availability varied by site and by day.
- **Recommendation:** Publish or announce resource availability in advance and how it can be accessed prior to roundtables, provide all groups with contact information for off-site resources, and have a message board for posting updates.

C. Intense Scheduling

- **Strength:** The roundtable scheduling allowed for the staffing of a large number of cases in a short time span.
- **Challenge:** The intense schedule and process took its toll on participants.
- **Recommendation:** Limit roundtables to three or four days per week and eight hours per day.

D. Sibling Groups

- **Strength #1:** Identified sibling groups were scheduled in adjacent time slots so that those consultations could be done together by a single team with adequate consultation time.
- **Challenge #1:** Some sibling groups with similar situations only required one time slot; other sibling groups with dissimilar situations (different fathers, different placements, etc.) required more time.
- **Recommendation #1:** Try to identify these differences ahead of time and schedule accordingly.

Debriefing Comment:

“It is important to make sure the focus is not just on permanency, but instead on positive, beneficial permanency. Staffing cases that are close to permanency is a great way to focus on making sure the child has, and will continue to have, access to the necessary post-adoption resources.”

- **Strength #2:** Every attempt was made to staff siblings together if any member of the sibling group was in the target population, so that they all would benefit from the roundtable permanency expertise and planning.
- **Challenge #2:** The resulting last-minute insertions and schedule changes led to some confusion about whether a few of the children had been staffed and to incomplete paperwork and documentation on some of these children.
- **Recommendation #2:** Identify sibling groups that may not fall into the target cohort and include them in advance so case summaries and child information are readily available at the roundtable and time can be allocated accordingly.

E. “On-Deck Cases”

- **Strength:** Having the roundtables at the county DFCS offices allowed “on-deck” cases (cases previously prepared for consultation) from those counties to be inserted into the schedule as time permitted.
- **Challenge:** Last-minute rescheduling due to real-life situations (e.g., case emergencies) and adding cases that were not prepared to be “on-deck” led to paperwork and information gaps that hindered the roundtable discussion.
- **Recommendation:** Establish an “on-deck” procedure to ensure availability of information (including prior review of case summaries) for roundtable team in advance of adding a case when time permits.

F. Secure Web Site

- **Strength:** A secure Web site with limited permissions allowed for online posting of the master schedule, case summaries, and project forms so that roundtable team members could access these in advance while child privacy was maintained; it also provided a location to post resource information for staff and teams.
- **Challenge #1:** Frequent schedule changes that affected staffing meant that sometimes roundtable participants could not identify and access their cases in time to prepare for the next day’s roundtables.
- **Recommendation #1:** Minimize schedule changes with earlier and more targeted scheduling of cases, and set up Web site security permissions so that those with case staffing responsibilities are able to view any child’s record.
- **Challenge #2:** Although designed to facilitate communication, the Web site was under-utilized.
- **Recommendation #2:** Provide hands-on trainings and demonstrations for roundtable participants prior to implementation on how the Web site can increase communication and preparation.

Master Practitioner Comment:

“The process seems magical. It brings everyone together to consider what is best for all children in care, and gives us permission to consider everything as being possible in securing what is best for our children.”

Training:

A. Two-Day Orientation

- **Strength:** A two-day orientation with presentations by top agency leadership served to generate excitement and enthusiasm for the project among DFCS regional leadership, master practitioners, and supervisors as well as Casey permanency experts; subsequent case manager trainings provided smaller forums for familiarizing staff with the process, forms, and answering questions.
- **Challenge:** Caseworkers did not receive the same level and intensity of training (and networking opportunities with experts) since they did not participate in the two-day orientation.
- **Recommendation:** Provide equivalent level and intensity of training for case managers, including their participation in orientation and more training on completing forms and preparing for case presentations. Case managers are ultimately responsible for implementing the action plans and moving the child toward permanency.

B. Sharing Learning

- **Strength:** Participation of Casey permanency experts, availability of on-site expertise, and the roundtable group discussion format provided many opportunities for field casework staff to learn within the roundtables and at informal lunch discussions.
- **Challenge:** Sharing learning on the fly effectively.
- **Recommendation:** Provide additional opportunities for sharing learning across roundtables and with non-participating staff in person or online including “lunch-and-learn,” message boards, and blogging.

Technical Assistance and Quality Assurance:

A. Action Planning

- **Strength:** The structured planning phase of the roundtable consultations encouraged creative thinking and solutions to overcoming permanency barriers for children.
- **Challenge:** There was a wide range in the quality of the action plans, with some lacking in substance and clarity in the documentation. While all action plans developed during the first week of roundtables were reviewed by experts who gave feedback to the teams, this practice was not continued through the four subsequent weeks.
- **Recommendation:** Provide more up-front training on writing action plans and build in time for ongoing reviews and quality checks of the action plans. For example, expert staff who are not participating in roundtables could review plans as they are generated and provide immediate feedback.

B. Roundtable Forms

- **Strength:** The roundtable forms provided participants with a wealth of information about each child being staffed and a way to document the status, permanency goals, and plans for the child.
- **Challenge #1:** The tight time frame in planning and implementation of the roundtables did not allow for field testing of the forms.

- **Recommendation #1:** Pilot-test forms with case managers and supervisors.
- **Challenge #2:** There were too many open-ended questions and some redundancy on the forms, due in part to the assumption that a section of the form would be pre-populated with data from the state's data system, which did not occur.
- **Recommendation #2:** Streamline forms; pre-code responses wherever possible to reduce the amount of hand-coded data.
- **Challenge #3:** Forms were sometimes missing and/or incomplete.
- **Recommendation #3:** Have supervisors check case summary forms for completeness before submission to the roundtable team; provide on-site checking of roundtable forms at the conclusion of each roundtable to ensure completeness of the documentation.

Data Collection:

A. Data Tracking

- **Strength:** A project data-tracking system allowed for the collecting and storing of extensive project data on the roundtables and the children staffed. It also allowed for the addition of tracking child status, plan changes, and implementation status.
- **Challenge #1:** The inability to download data from SHINES, Georgia's statewide automated child welfare information system, resulted in (1) the case managers having to complete additional paperwork and (2) additional data entry costs.
- **Recommendation #1:** Specific requests for data and technical assistance from the state data system should be made as early as possible so that any additional work required to extract needed data can be completed in advance. This will reduce the volume of information that case managers must complete and the amount of data entry and data cleaning required, and will help avoid confusion created by inconsistencies in form completion wherever possible.
- **Challenge #2:** The short development time frame led to insufficient database and data entry testing, which resulted in re-entering of data.
- **Recommendation #2:** Allow more time for development and testing of databases.

B. Roundtable Staffing and Documentation

- **Strength:** Roundtables included both a Casey permanency expert and a DFCS master practitioner, and some roundtables had two master practitioners.
- **Challenge:** Some roundtable sessions did not have a designated note-taker.
- **Recommendation:** Assign a note-taker as part of scheduling and leave time at the end of each session to review the written goals, strategies, and actions to ensure completeness and clarity. The designated note-taker could be the second master practitioner if two are assigned to each team. Relieving the core participants of the burden of note-taking would allow them to be more creative and maintain the momentum of the discussion.

Formula for Success

Based on participant feedback and evaluator observation, the following are offered as keys to success for similar endeavors:

- Leadership support and visibility in all phases of the project are critical to implementation.
- Clearly communicating that the roundtables would be prospective and innovative rather than retrospective and fault-finding is essential in obtaining buy-in from front-line staff.
- Orientation and training, with leadership participation, can set the stage for a positive approach to the project.
- Outside expertise, technical assistance, and support are critical to the project.
- Having a group process that includes experts and practitioners not previously involved in the case is helpful to identifying alternative resources and strategies.
- The roundtable process itself creates a significant focus on the children and their individual situations as well as the work of the case managers.
- A clear structure and format for the case consultations promotes balanced discussion and thorough consideration of permanency options.
- A project data-tracking system to manage and track scheduling, project data, and consultation outputs is a must for project implementation and follow-up.
- Ongoing positive feedback maintains enthusiasm throughout the project.
- Additional (1) up-front planning, training, and technical assistance, and (2) ongoing quality assurance and technical assistance—especially in the areas of documentation, data collection, and permanency plan development—will facilitate and strengthen the process.
- A process within the agency for ongoing monitoring and support of permanency plan implementation is essential.

Conclusions

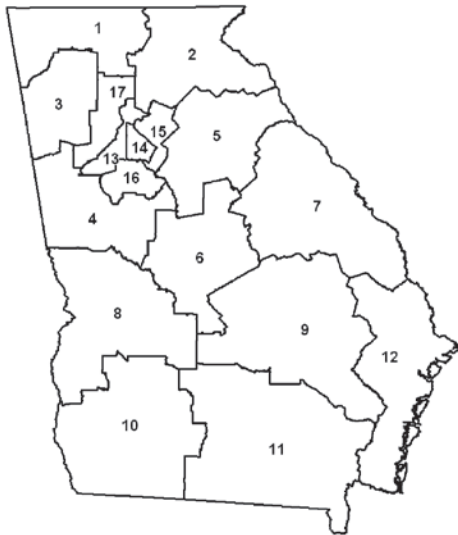
The Permanency Roundtable Project represented a significant effort to move children in care for longer periods of time to permanency and to increase staff skills in permanency strategies and planning. A total of 496 cases were staffed with DFCS personnel and external experts in a very short time. The roundtables led to identifying 841 barriers and the creation of 3,147 action steps, and there were some early success stories that supported the optimism and enthusiasm of all involved. According to DFCS, as of July 10, 2009, five months after the completion of the roundtables, 82 (17%) of the children staffed had already achieved positive legal permanency (33 reunifications, 13 in the custody of a fit and willing relative, 15 adoptions, and 21 guardianships). There were also 28 emancipations, with 27 signing voluntary agreements to remain in foster care. These early successes may be attributed to immediate work on implementing action plans, ongoing monitoring and tracking, and staff and consultants who remained flexible and positive when adjustments were necessary. It is hoped that the successful project implementation and hard work of all participants will translate into greater permanency for youth in DFCS care.

II. Background

The state of Georgia's Department of Human Services (DHS),³ Division of Family and Children Services (DFCS), under new leadership since 2004, had implemented a statewide monitoring process that included focused monthly statewide leadership meetings where agency data on outcomes and trends related to children with reports of maltreatment were reviewed. After addressing "front door" issues (screening and intake and a differential response alternative for reports not rising to the level of investigation), the agency leadership turned its focus to its "back door" to address permanency for children in foster care.

In addition to its overall concern with permanency, the state was concerned about permanency for specific groups of children in custody in Fulton and DeKalb counties, which were under a consent decree (referred to as Kenny A.) as the result of a class-action lawsuit brought in June 2002 after the death of a child in state custody. In Fiscal Year 2007, these two counties had the highest monthly average number of children in foster care compared to other counties in the state (1,559 and 935, respectively). As of January 2009, there were 10,592 children in DFCS legal custody statewide; Fulton and DeKalb represented nearly one-fifth (19%) of the state's children in custody (see Table 1 and Figure 1).

Figure 1
Georgia DFCS Regions



See Appendix A for a map of DFCS regions with major cities identified.

Table 1
Children in the Custody of DFCS, January 2009

Region	Number of Counties	Number of Children	Percent of Children
1	9	604	5.7%
2	13	551	5.2%
3	6	1,027	9.7%
4	10	757	7.1%
5	12	512	4.8%
6	11	627	5.9%
7	14	368	3.5%
8	16	372	3.5%
9	17	240	2.3%
10	14	387	3.7%
11	18	563	5.3%
12	9	729	6.9%
13 (Fulton)	1	1,208	11.4%
14 (DeKalb)	1	806	7.6%
15	2	467	4.4%
16	3	465	4.4%
17	3	909	8.6%
Total	159	10,592	100.0%



Source: Georgia DFCS Evaluation and Reporting Section

The consent decree for Fulton and DeKalb included 31 outcomes associated with groups of children in foster care and time frames for meeting those outcomes. At the time the consent decree was signed, one of the outcomes related to permanency for children in foster care for up to 24 months (Outcome 9) and a second related to permanency for children in foster care for more than 24 months (Outcome 10). Each of these outcomes identified the proportion of children who must achieve one of five specific permanency outcomes—reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship—by the end of specified six-month reporting periods. (See Appendix B for full descriptions of these outcomes.)

These permanency outcomes are the same as the state’s definitions of permanency for a child in foster care: reunification with the birth parent(s); guardianship or adoption by a relative or non-relative; living with a fit and willing relative; or “another planned permanent living arrangement” (APPLA), which could be either long-term foster care or emancipation. APPLA goals are the least preferred permanency options because they are the least likely to achieve lifelong or meaningful community connections.

Because of the difficulties Georgia was having in meeting Outcomes 9 and 10, DHS/DFCS sought assistance from Casey Family Programs (Casey). A logical choice for support, Casey’s mission is to provide and improve—and ultimately prevent the need for—foster care. Part of Casey’s 2020 strategy includes working

with child welfare systems around the country to safely reduce the number of children in foster care. The Seattle-based national operating foundation has served children, youth, and families in the child welfare system since 1966, providing direct services and promoting advances in child-welfare practice and policy.

 There was a sense of urgency because these children seemed to be “stuck” in foster care. 

Casey agreed to partner with Georgia to work towards greater permanency for these children because the objectives fit the mission of Casey and because Georgia leadership had demonstrated significant improvement efforts in the state and was committed to achieving safe permanency for children in Outcomes 9 and 10. This project was intended to enhance the development of staff knowledge and skills in permanency planning and ultimately to improve outcomes for children and families throughout the state.

To move children to permanency, DFCS and Casey jointly developed and implemented an intensive Permanency Roundtable Project designed to provide facilitated case consultations for approximately 500 cases, primarily Kenny A. cases in foster care for 24 months or more in Fulton and DeKalb counties where permanency had not yet been achieved. Because of its long history of working with DFCS, Care Solutions, Inc. (Care Solutions), a management consulting firm, was engaged to serve as the project evaluator.

III. Project Evaluation

The Permanency Roundtable Project was developed with an evaluation component to determine the impact of the roundtables on the children's permanency status. Roundtable forms were developed by Care Solutions for the purposes of (1) documenting the case summaries and the case consultations, and (2) providing the data for this evaluation. The evaluation team includes Casey, DFCS, and Care Solutions, and the project evaluation includes the process evaluation, a case manager and supervisor evaluation, and an outcome evaluation. This report focuses on the process of the project.

A. Logic Model

Based on the two primary goals of the project—permanency for the children and development of staff regarding permanency planning—the evaluation was designed to measure improvements in the child's permanency status as a result of the roundtables and improvements in staff knowledge of permanency planning and actual case practice. Documenting the process for future applications was an additional goal.

The project sought to answer the following questions for the process evaluation:

1. What did project participants consider to be helpful and unhelpful in the roundtable process? How could the process be improved?
2. How were the project case consultations different from regular case management?
3. What were the demographics and background characteristics of the children included in the case consultations?
4. What was the permanency situation of the children prior to the roundtable?
5. What barriers to achieving permanency were identified?
6. What solutions to achieving permanency were identified?
7. What types of plans were created to achieve permanency?

Based on information collected at follow-up, the project also seeks to answer the following questions for the outcome evaluation:

1. How well were the permanency plans that were developed in the case consultations followed?
2. Did the children's permanency status improve?
3. Did the children's living situations become less restrictive?
4. What were the differences between the children whose permanency status improved and those whose permanency status did not improve?

5. What were the differences between the children whose living situation became less restrictive and those whose living situation did not become less restrictive?
6. How have DFCS staff changed the ways in which they supervise and manage permanency efforts for youth?

Two logic models, presented in Tables 2 and 3, were developed to describe the assumptions regarding the impact of the project on (1) project outcomes for children, and (2) staff development and case practice.

Table 2
Logic Model for Permanency Roundtable Project Impact on Children Included in Permanency Roundtables

Population	Strategy/ Intervention	Short-Term Effects	Intermediate-Term Effects	Long-Term Effects
Children and youth in foster care for long periods of time (Kenny A. Outcomes 9 and 10 and similar cases)	Permanency roundtables, which include: <ul style="list-style-type: none"> • Permanency experts • Master practitioners • Case summaries and oral presentations • Facilitated brainstorming • State experts on call (on-site or by phone) • Permanency planning • Debriefings • Follow-up 	Increased focus on: <ul style="list-style-type: none"> • Family and child • Paternal relatives • Others in the child's life (relatives and non-relatives) • Creating permanent ties for the child • Developing permanency resource alternatives • Providing appropriate services/supports • Reassessing/ identifying appropriate permanency goals/ plans • Clarifying or modifying policy barriers 	<ul style="list-style-type: none"> • Improved permanency status for children in foster care* • Less restrictive living environment for children in foster care* 	Contributes to: <ul style="list-style-type: none"> • Shorter stays for children in foster care • Improved timeliness to permanency • Fewer children in foster care • Permanency and permanent connections for children

* Permanency Roundtable Project evaluation outcome measures.

Table 3
Logic Model for Permanency Roundtable Project Impact
on Staff Development and Case Practice

Population	Strategy/ Intervention	Short-Term Effects	Intermediate- Term Effects	Long-Term Effects
DFCS case managers and supervisors	<p>Permanency roundtables, which include:</p> <ul style="list-style-type: none"> • Permanency experts • Master practitioners • Case summaries and oral presentations • Facilitated brainstorming • State experts on call (on-site or by phone) • Permanency planning • Debriefings • Follow-up 	<ul style="list-style-type: none"> • Case managers and supervisors more knowledgeable about: <ul style="list-style-type: none"> • Case presentations • Permanency strategies • Timeliness (of permanency) • Case managers supported in planning/decision-making 	<ul style="list-style-type: none"> • Case practices reflect increased use of strategies: <ul style="list-style-type: none"> • Family engagement • Youth involvement • Comprehensive assessments (individualized) • Concurrent planning • Individualized service planning • Improved follow-through on assessments, recommendations, and case plans • Improved/more aggressive permanency planning • Improved responsiveness to the child's situation 	<p>Contributes to:</p> <ul style="list-style-type: none"> • Reduced caseloads • Improved job satisfaction • Case manager sense of accomplishment, making a difference • Reduced turnover/increased staff experience/tenure

B. Evaluation Design

The project evaluation was designed to answer the previously listed questions and includes a descriptive analysis of the process (included in this process evaluation report) as well as a quantitative analysis of the project results (to be included in the outcome evaluation report). The quantitative analysis includes a post-evaluation of the process by roundtable participants as well as a pre-/post-evaluation of the child's status.

The key child outcomes, to be measured approximately 12 and 24 months after the conclusion of the project roundtables, are (1) the children's progress toward and/or achievement of legal permanency; (2) changes, if any, in the level of restrictiveness of the children's living arrangements; and (3) reentry into placement by any of the children. Staff development outcomes will be measured via a participant evaluation distributed about three months after the end of the project roundtables. The evaluation will also include the implementation status of permanency plan action steps as well as the status of requested waivers.

Data Collection and Analysis

To facilitate the collection and analysis of project data, Care Solutions developed a secure project Web site and online database system to allow real-time access by local and out-of-state project leadership and roundtable participants.

The Web site was designed to:

- Provide project participants with easy online access to project forms, information, and resources
- Provide secure, password-protected, remote access by DFCS staff, Casey staff, and consultants to case information, case forms, and the roundtable schedule

The secure online database was designed to:

- Collect and store information and data from project forms for project evaluation
- Allow for the coding of open-ended responses, including permanency action plan strategies and actions
- Provide secure, password-protected, remote access to the project data by Care Solutions and Casey evaluation staff as well as the DFCS Permanency Unit Coordinator

IV. The Permanency Roundtables

A. Partners, Roles, and Purpose

The primary partners in the Permanency Roundtable Project included DFCS, Casey Family Programs, and Care Solutions. DFCS identified the children and provided the staff and facilities for the roundtables, training, project management, and logistical support. Casey provided funding, project management, training, permanency experts (consultants), and technical assistance. Care Solutions provided project evaluation, including Web site and online database development, management, and support.

The purposes of the permanency roundtable consultations were:

- To develop a plan for each child to achieve permanency that could realistically be implemented over the next six months
- To stimulate thinking and learning about pathways to permanency for these and other children
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners⁴

B. Roundtable Preparation

Planning

Once the project was approved, several planning meetings were held in November 2008 to coordinate the development and implementation of the project among Casey project consultants; DFCS leadership, the DFCS Permanency Unit Coordinator, and DeKalb and Fulton county staff; and Care Solutions. From the start, all partners were involved in all aspects of project development. (See Appendix D for project timeline.) These meetings covered planning for logistics, developing roundtable and evaluation forms, and planning orientation and training.

Orientation and Training

In preparation for the roundtables to be held in January and February 2009, an intensive two-day roundtable orientation with training sessions was held in Atlanta on December 9 and 10, 2008. There were 186 orientation and training participants, including 19 Casey permanency experts, 16 DFCS master practitioners, 44 DFCS supervisors, and 107 other individuals, such as state and regional field leadership, program heads, Kenny A. court monitors, and other invited external stakeholders.

The first day of the orientation included presentations by Casey and DFCS leadership on the visions for permanency and the roundtable project, an overview of key permanency strategies, and overviews of the project, roundtable process, and project evaluation. In addition to these presentations, there was a roundtable demonstration and a skill enhancement session. The second day of the orientation included additional skill enhancement sessions and role-play in mini-roundtables.

Participants completed evaluations of the orientation, which were mostly very positive. Participants generally agreed that, in addition to being well organized, the presentations and sessions were helpful to their understanding of the project, roundtable process, and permanency strategies. In sum, the orientation and training generated enthusiasm and excitement about the prospects of the project, along with some reservations about the short time frames for development and implementation. (See Appendix C for the two-day agenda, final summary report, and evaluation summary on the orientation.)

Following the orientation, additional training sessions were held for DeKalb and Fulton supervisors and case managers, who needed to prepare case summaries and oral presentations for the January and February roundtables.

An Early Success:

Siblings Deshane and Antonio,* 16 and 17 years old, had been in care since 1998 with the same foster mother, who had been unwilling to make a legally binding commitment to the children.

The children, however, wanted a more permanent connection and began to reach out to their birth mother, who had surrendered rights in 2001 and could not provide a stable home for them.

Just prior to the roundtable consultation, the foster mother was invited in and informed about the roundtable process and its focus on addressing barriers and achieving permanency for the youths. She then agreed to guardianship, even though previously she had not!

The roundtable team assisted with barrier-busting by obtaining a financial waiver and developing a support plan to address the youth's special needs.

* Names changed to protect privacy.

C. Roundtable Participants and Roles

The core roundtable participants included a Casey permanency expert, a DFCS master practitioner, the DFCS case manager and supervisor for the child who was the subject of the consultation, and a second-line supervisor or practice expert(s). Casey permanency experts included Casey staff and consultants with experience and expertise in permanency for children in foster care. DFCS master practitioners were DFCS supervisory and administrative staff (one from each of the agency's 17 regions), who were selected for this enhanced role because of their experience and the quality demonstrated in their work.

The roles of the roundtable participants were as follows:

- **Everyone**—develop creative thinking that results in an effective permanency action plan
- **Master practitioners**—facilitate the case consultation; provide consultation
- **Case managers**—case presentation; respond to questions
- **Supervisors**—provide supplemental information; respond to questions
- **Permanency experts**—provide consultation
- **Administrators (there were not enough to staff every roundtable team)**—provide supplemental information

- **Practice experts (Fulton County only)—provide supplemental case information**

(See Appendix E for the Casey handout on the consultation purpose, roles, and phases.)

Others who participated in the roundtables included regional adoption coordinators from the State Adoptions Unit; service providers; other agencies that may have been involved in a child's case, including mental



Permanency experts and master practitioners brought a fresh perspective, additional permanency strategies, and resource knowledge to the roundtables.



health and juvenile justice; and on-site resources, such as representatives from DFCS Program and Policy, Legal, Education and Training, Interstate Compact on the Placement of Children and Provider Relations (for providers of non-DFCS out-of-home care) sections/units.

Because the roundtables were designed as professional consultations for case managers, and because other case review processes included youth and families (multi-disciplinary team staffing, family team decision-making meetings), they were intentionally not included in the permanency roundtables.

D. Roundtable Forms

A critical part of the roundtable planning process involved the development of forms to support and guide the roundtable case consultations as well as provide the information needed for the roundtable project evaluation.

An instrument development team met and reviewed forms developed in Georgia and in other states. Led by Care Solutions, this team included representatives from DFCS (including the permanency project manager and representatives of the agency's evaluation and reporting, quality assurance, statewide data system, and Kenny A. data reporting sections); Casey (project and evaluation managers); and Care Solutions (evaluation manager).

Following this meeting, Care Solutions drafted three forms: case summary form, oral presentation outline, and case consultation guide/permanency action plan. These forms were distributed to the instrument development team via email for comments and suggestions and were revised accordingly.

Due to the tight time frame, the forms were not pretested. They were presented as drafts at the first day of the December orientation, providing participants the opportunity to make suggestions. A meeting to review these forms was held the second day of the orientation with Fulton and DeKalb administrators and project staff from Care Solutions, Casey, and DFCS.

Pre-Roundtable— One Child's Story:

Sixteen-year-old Alex* is one of five siblings removed from their mother's care due to her drug abuse, lack of housing, and medical neglect. He has been in foster care for more than three years and does have supervised visits with his siblings.

Alex, who was also a victim of sexual abuse and suffered from depression, had been the primary caretaker for his siblings.

He gets along well with his foster family, enjoys high school and music, and wants to go to college, but he needs educational supports as well as intensive therapy to help him with appropriate expression of difficult thoughts and emotions, as his inappropriate sexual behavior has been a barrier to permanency.

* Name changed to protect privacy.

Case managers and supervisors had the opportunity to provide feedback on the presentation outline and case summary draft forms at the December trainings. The following forms were finalized and distributed (see Appendices F-L):

- **Case Summary (Form 1).** This form included three sections:
 1. **Face Sheet**—demographic information, maltreatment history, child characteristics, placement, and assessment information
 2. **Case Manager Summary**—child needs, birth parent/caregiver ability to meet those needs, services, child/parent/caregiver strengths/issues, restrictiveness of child’s living arrangement, and child’s relationships with others
 3. **Permanency Factors**—permanency resources previously identified and explored, prior permanency placements, permanency barriers, and child/caregiver/case manager permanency expectations
- **Oral Presentation (Form 2).** This form provided an outline of the key points to cover in the case manager’s oral presentation to the roundtable consultation group, including child background, current permanency and concurrent goals, services and supports being provided, next steps, and permanency expectations.
- **Case Consultation Guide/Permanency Action Plan (Form 3).** This form included the rating of the child’s current permanency status, a brainstorming guide, and permanency and concurrent goals and plans including strategies, actions, anticipated barriers and plan to overcome identified barriers, target completion date, and DFCS person responsible. (The format of the goal and plan sections of this form were revised after the first week of consultations based on a quality assurance review; the final version is Form 3R.)
- **Case Consultation Documentation Form.** Prior to the start of the roundtable consultations, it was determined that additional documentation was needed to track roundtable participants and signatures and waiver requests, so a one-page case consultation documentation form was developed to collect information on the roundtable participants, track waiver requests, and rate the case manager/supervisor case presentations (for internal staff development purposes).
- **Daily Debriefing Form.** Finally, to structure planned daily debriefings and allow for the documentation and sharing of roundtable consultation experiences, a Daily Debriefing Form was developed by Casey staff.

E. Roundtable Consultation Process

Each roundtable consultation was scheduled for a two-hour period and included the following components:

- Overview of purpose, process, and ground rules (5 minutes)
- An oral case presentation (20 minutes)
- Question-and-answer period (15 minutes)
- Brainstorming and discussion based on five specific questions (25 minutes)
- Permanency action plan development (35 minutes)

Following its development, the permanency action plan was printed out and each roundtable team member signed it. The plan was then emailed to the case manager and his or her supervisor.

The actual length of the components and roundtables depended on:

- The complexity of the issues of the case
- How long the child(ren) had been in care
- The number of children included in the consultation (siblings were staffed together where possible)

Sibling groups were staffed together. The first child was scheduled for a two-hour time slot. Each sibling who was part of the initial pool of children was also initially scheduled for a two-hour slot following the first child to ensure adequate time for consultation regarding each child. Other siblings not in the initial pool were included in their sibling's scheduled time slot. As the work progressed, it was determined that a full two-hour slot per sibling was not needed in most cases. (See Appendix E for the Casey description of the case consultation phases.)

A key part of the roundtable process was the concentration of resources and tools for “barrier-busting.” Participants had immediate access, on-site and via telephone, to state-level resource staff from the legal, policy, and mental health arenas for consultation and the ability to request waivers. For example, a barrier to permanency might be a relative caregiver's need to continue to receive the same or a higher level of financial assistance and/or services from the state after obtaining legal guardianship of the child. These waiver requests were documented on the Case Consultation Documentation Form, which was provided to the county administrators, who determined whether to submit the waiver request to the state. (See Appendix M for a copy of the state's waiver process.)

While multi-party staffing is a normal casework process in Georgia, the DFCS-Casey Permanency Roundtable Project case consultations differed from routine case staffings in a number of ways:

1. **Permanency Focus:** The roundtable consultations were specifically focused on permanency strategies and planning, compared to the usual staffings, which focus primarily on the child's placement, services, and other aspects of case planning. Fulton and DeKalb counties, because of the Kenny A. consent decree, hold permanency staffings on each child at the 13th and 25th months of care. These staffings differed from the roundtables in that they occurred at specific points in care and did not include the focus on external permanency expertise and consultation.
2. **Permanency Expertise:** The roundtable consultations included permanency experts from outside the state and DFCS regional master practitioners from outside the legal county for the case.

These participants, with state office and other roundtable participants, brought a fresh perspective, additional permanency strategies, and resource knowledge to the process.

3. **Staff Development and Support:** The roundtable consultations served as a learning lab for case managers and supervisors and provided case managers with support in planning and decision-making. In addition, staff were recognized immediately for their efforts.
4. **Structured Format:** The five phases of the roundtable consultations were designed to lead team members through a thorough case review, brainstorming, and action planning.
5. **Directed Brainstorming:** The roundtable brainstorming phase included “five key questions” on permanency (listed on page 3 of the Case Consultation Guide/Permanency Action Plan [Form 3R], Appendix J).
6. **Time frame:** The two-hour roundtable session allowed for a deeper discussion of the case and more thoughtful planning. Typical case staffings review multiple cases in the same amount of time.
7. **Innovative Thinking:** Participants were specifically encouraged to be creative; identify ways to “bust barriers” to permanency; and request legal, policy, and other waivers as needed.

F. Roundtable Logistics

The logistics of this project involved scheduling roundtables for approximately 500 children and managing communications with all of their case managers and supervisors as well as the “standing” members of 10 consultation teams, including out-of-town permanency experts and master practitioners from around the state. Roundtables occurred at two sites over a six-week period in January and February 2009 that included a one-week break. This timetable was driven in part by the state’s need to be prepared to meet Kenny A. permanency outcome targets by June 2009.

Logistics also included:

- On-site resources—personnel and technology—needed to support both the execution of the roundtables and the flow of paperwork
- Project data-tracking system to manage scheduling and documentation
- On-site meeting spaces (including a room for on-site resources and coordination), meals, and snacks

Kudos to Case Managers:

“Thanks... for advocating with providers for services that will actually meet the child’s needs and for giving a perspective as to why a child can stay in a foster home and not be happy.”

“Thanks for your compassionate spirit and dedicated work ethic. The families you serve are fortunate to know you.”

“She has a positive and open attitude and truly cares about the families she works with.”

“Your staff are wonderful. All are very committed to making sure children are safe, stable, and have permanency.”

- Local transportation, lodging, and meals for out-of-town roundtable participants
- Hotel meeting space for joint meetings and debriefings

The DFCS Permanency Unit Coordinator (who was and is a “unit of one”) had overall project responsibility for DFCS and coordinated logistics and DFCS participants (including the 17 master practitioners), with the support of Care Solutions and the county DFCS offices.

Once the time slots were established, the DeKalb and Fulton county offices scheduled the case manager and supervisor into the allocated time slots. Care Solutions then posted the master schedule, which could be accessed by project participants on a secure Web site.

At the same time, case managers were completing the case summary forms and preparing their case presentations on the identified children. Completed case summary forms were posted online by Care Solutions so that permanency experts and master practitioners could access and review them prior to the child’s scheduled roundtable.

In addition to the project-directed protocols and logistics, each county carried out some of its own preparations as well, which differed in part because of the different sizes of the staff and facilities at each site. For example, Fulton County prepared information binders for the teams at its site and provided someone to escort teams to their consultation rooms; DeKalb County provided tours of the relevant locations. Both sites had an opening greeting by county directors and/or administrators at the start of each day’s roundtables.



For the first week of roundtables, the county administrators scheduled cases that had been previously prepared and reviewed with the strongest case managers to provide a strong start for the roundtable project. To further maintain momentum, counties initiated the posting of kudos for roundtable participants who had done a particularly good job.

Once each roundtable was completed, the Case Consultation Review Guide/Permanency Action Plan (Form 3/3R) and the Case Consultation Documentation Form were scanned and entered into the project evaluation database (For a description of the original protocols, please see Appendix N.)

G. Quality Assurance: Early Lessons Learned

Quality assurance was conducted on various aspects of the roundtable project at different points in the process:

- Providing feedback and technical assistance on action plans created by teams during the first week based on reviews of these action plans by the Casey and DFCS project leads
- Cross-referencing of child IDs to ensure that data were labeled and grouped correctly⁵
- Contacting county offices for missing forms
- Reviewing specific data fields on the forms to ensure key project evaluation data were as complete as possible, particularly the two outcome measures (restrictiveness of living environment and current permanency status)
- Encouraging and rewarding case managers whose presentations were rated highly
- Almost daily debriefings of the permanency experts and master practitioners

 The debriefings proved a valuable tool for providing feedback to improve the process, sharing information on key themes, and generating creative permanency strategies. 

The quality assurance review and feedback specific to the permanency action plans were limited to the plans developed in the first week of the project; the quality of the plans for subsequent weeks and the quality of the data would have benefitted from additional quality assurance had time been allowed for this, especially since stronger case managers and previously prepared cases were selected for the first week of consultations.

Daily debriefing sessions were conducted at the Fulton and DeKalb sites after the completion of the day's case consultations. Participants included DFCS administrators, Casey permanency experts, master practitioners, regional/county program directors/leads, placement supervisors, on-site resources, and project staff from DFCS, Casey, and Care Solutions. (See Daily Debriefing Form, Appendix L.)

The debriefings proved a valuable tool for providing feedback, sharing information, and generating creative permanency strategies. Debriefings covered positive practices, overall themes, logistical concerns, case concerns, and recommendations for improving the process.

H. Roundtable Feedback

Based on review forms, feedback from participants was very positive. Case managers reported the following as strengths of the roundtables:

- Support in planning and decision-making
- Having fresh, outside perspectives and experts knowledgeable about national resources, permanency, and foster care
- A focus on the child's strengths as well as issues and needs
- Planning for difficult cases
- Having on-site resources available to provide information and participate in discussions

Participants reported that overall, case managers and supervisors were well prepared, dedicated, professional, and knowledgeable about the child's case, presented the case well, and were receptive to trying new strategies and tactics, and exploring alternative permanency resources in order to achieve permanency.

Core roundtable team members identified several areas for improvement:

- Better and more complete information in a limited number of cases, where insufficient preparation/form completion or a last-minute schedule change hampered the roundtable presentation and/or discussion of a child's case
- The ability to obtain and review the case summary in advance of the consultation for "on-deck" cases (cases added to the schedule when another is rescheduled or completed early)
- Similar resource allocation at all roundtable sites (e.g., technology, human)
- Inclusion of family members and youth in roundtables
- More information about assessments, existing plans, and waivers prior to or during the roundtable
- Shorter, more streamlined and less duplicative forms

- Include the child’s photo with roundtable paperwork to personalize the discussion for participants
- A note-taker to document roundtable sessions so that participants can remain engaged
- Action plans written for and available to case managers immediately following the case consultation
- Additional information/training on:
 - Working with children of various nationalities
 - Advising guardians/adoptive parents on accessing services for children
 - “Real” (lifelong connections to caring adults) vs. legal permanency
 - Independent living resources
 - Diligent search methods
 - Medicaid
 - Social Security

Some barriers to achieving permanency that were identified by participants included:

- The Interstate Compact on the Placement of Children (ICPC), which regulates the placement of children across state lines, can be a barrier because of the delays often encountered in the completion of home studies and reports by agencies in other states
- Barriers related to termination of parental rights (TPR)
 - TPR pending appeal for extended periods of time—creates a barrier when the permanency goal is adoption
 - Waiting to file for TPR until an adoptive resource is identified—causes considerable delay in completing an adoption
- Courts—may create a barrier by refusing to grant TPR, repeated continuances, judicial view of long-term foster care as an adequate plan, resistance to concurrent planning, etc.
- Medicaid waivers—the lack of a Medicaid waiver may create or contribute to the reluctance of a potential permanency resource to adopt or become a guardian
- Adoption and guardianship assistance rates—when lower than foster care rates, may create and contribute to foster parent reluctance to adopt or become a guardian
- Child’s lack of cooperation or willingness—for older children, the child must agree and be willing to accept the permanency resource
- Adoption recruitment—more potential adoptive parents are needed, particularly for older children and children with special needs
- Not reaching out to the birth father—limits the ability to identify paternal family members who may be permanency resources
- Provider relations—can be a barrier when the child-caring institution or other out-of-home placement provider is not on board with the permanency goal
- The quality of case records—incomplete case records make identifying relatives and other potential permanency resources difficult

- “Cookie-cutter” diagnoses, treatment plans, and medication—creates a problem when the diagnosis, treatment plan, and/or medication (type or amount) is not appropriate for the child
- Labeling children—creates difficulties in recruiting potential permanency resources
- Placement disruptions resulting from normal child behavior—creates negative perceptions of child

(See Table 11b for a more detailed listing of barriers identified by case managers in advance of the roundtables by category.)

Several suggestions for improving permanency work emerged from the debriefings:

- Participate in MySpace, Facebook, and other social networking sites to stay connected with the children
- Use teencentral.net, a site to share information about teen issues
- Create a large master resources list available for case managers, children, foster parents, and others; examples of resources included Web sites and organizations, information on mental health, educational, vocational, and extracurricular activity resources
- Identify and make accessible information on local and national resources beyond what is available through the child welfare system
- Offer mentoring programs for DFCS workers
- Create a set of trainings and information packets for DFCS workers (including information on finding relatives; identifying permanency resources; overcoming barriers, especially financial; online resources for children and families; options for waivers)

Debriefing Comment:

“There has been a great deal of talk about relatives, but there needs to be a push to find neighbors, friends, teachers, etc., who have played an important role in a child’s life—during the entire time the child is in foster care.”

V. The Children

Consultations were planned initially for 484 cases: 316 from Fulton County, 123 from DeKalb County, and 45 from other regions. While most children had been in foster care for more than 24 months, 80 of these children had been in care for shorter periods ranging from 13 to 18 months.

At the end of the roundtables, there were 504 children who had been listed on the master schedule for a roundtable or for whom one or more of the roundtable forms had been completed. Most of the additional children were siblings not originally scheduled for a roundtable but included in their sibling's roundtable consultation. The intense implementation schedule and the desire to include siblings, even if they were not part of the initially selected groups, led to (1) some confusion about whether a few children were actually staffed or when they were staffed, and (2) incomplete case summary and/or roundtable consultation/ permanency action plan forms for some siblings.

Given the tight timeframe, the large number of children to be staffed during that timeframe, the massive documentation requirements, and the last-minute changes to include siblings and ensure maximum benefit of the roundtable consultants and teams, it is not surprising that there were some gaps in the information collected during the process.

Significant efforts were made to obtain completed forms on every child before, during, and after the roundtable process. This included quality assurance on the forms submitted as well as dozens of emails and several on-site visits to the Fulton and DeKalb county offices to obtain missing forms and some missing data on forms submitted.

Table 4 displays the number of children who were staffed and the number of children for whom various forms were received (and whose information is therefore included in this report).⁶

Pre-Roundtable— Another Child's Story:

Fourteen-year-old Jennifer* has been in foster care for eight years due to maltreatment by her mother and possible sexual abuse by her mother's boyfriend.

Jennifer has a history of running away and suffers from learning disorders. She has put up emotional walls and is reluctant to talk to her therapist. She refuses to visit with potential adoptive parents and has strong bonds to her biological family, although she has been separated from them for a long time.

Jennifer is sweet, athletic, and very friendly. She likes to go to the mall, listen to music, sing, and talk with her friends on the phone.

* Name changed to protect privacy.

Table 4
Numbers of Forms 1 and 3 Received*

Forms		Corresponding Report Section	Number of Forms Received
Case Summary Form (Form 1)	Part A (Face Sheet)	V-A. Demographics V-B. Foster Care Placement and Stability	493
	Part B (Case Manager Summary)	V-C. Child Needs V-D. Parent/Caregiver Relationship to Child and Ability to Meet Child’s Needs	494
	Part C (Permanency Factors)	VI-A. Permanency Barriers	493
Roundtable Consultation Guide/Permanency Action Plan Forms (Form 3/3R)		V-E. Child’s Living Arrangements and Permanency Status VI-C. Permanency and Concurrent Goals VI-D. Permanency Action Plans VI-E. Concurrent Action Plans	494
Total number of children staffed			496

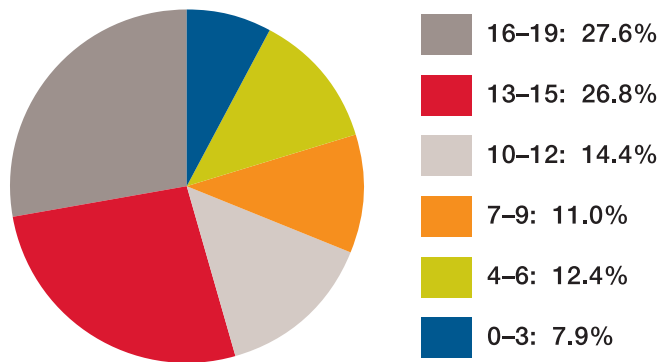
*Forms received in advance of this report. Evaluation consultants are continuing to work with project staff to obtain the appropriate forms and documentation.

A. Demographics

Following is a demographic profile of the children staffed based on information contained in the face sheet section of the case summary forms completed by case managers (n=493).

There were more males (57%) than females (43%) in the group. The children were typically pre-teens and teens, although there were children of all ages (see Figure 2). There were 27 children under the age of 3; three of these had a teen mother in foster care; eight were born to mothers with a substance abuse problem. At the top of the age range, there were three 18-year-olds and one 19-year-old.

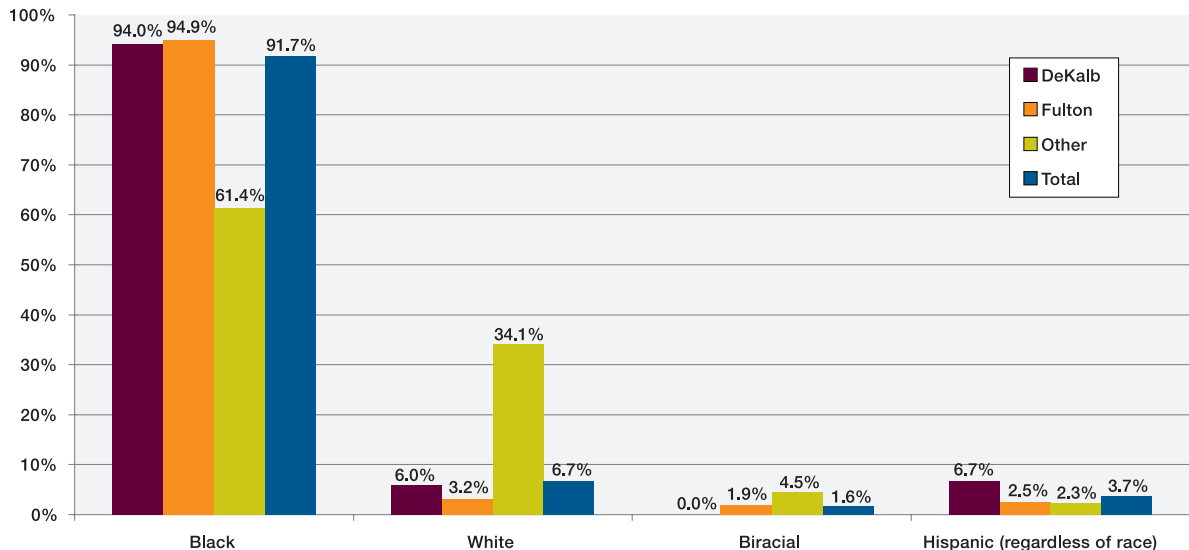
Figure 2
Age of Children (n=493)



As seen in Figure 3, the overwhelming majority of the children (92%) were black/African American. This was surprising, even given the large proportion of black/African American children in the general population of Fulton and DeKalb counties (52% of children ages 0-19 in 2008).⁷

For both the country and the state, the proportion of black children in care is higher than the proportion in the child population. In 2006 nationally, 32% of the children in care were black compared to 15% of the child population.⁸ In Georgia, 47% of the children in care were black, compared to 34% of the state's children.⁹

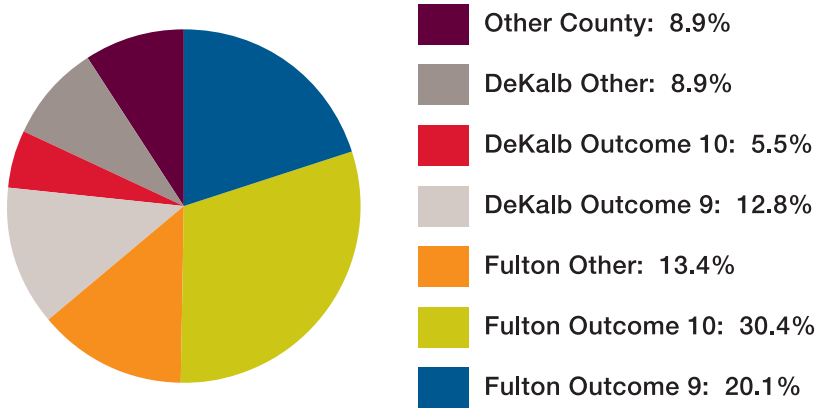
Figure 3
Child Race/Ethnicity by County (n=493)



B. Foster Care Placement and Stability

As shown in Figure 4, the 493 children in the Permanency Roundtable Project were primarily from DeKalb (27%) and Fulton (64%) counties; 9% were from other Georgia counties. Of the youth, 33% represented Outcome 9, 36% represented Outcome 10, and the remaining 31% represented other youth (e.g., youth outside DeKalb and Fulton counties, siblings of Outcome 9 and 10 youth).

Figure 4
Child Legal County and Kenny A. Consent Decree Outcome Group (n=493)



Kenny A. Outcome 9: In foster care for up to 24 months when consent decree was signed.

Kenny A. Outcome 10: In foster care for 24 months or more when decree was signed.

Fulton and DeKalb Other: Mostly Outcome 8 (entered custody after decree was signed); also includes some siblings and some children for whom the outcome group item was missing.

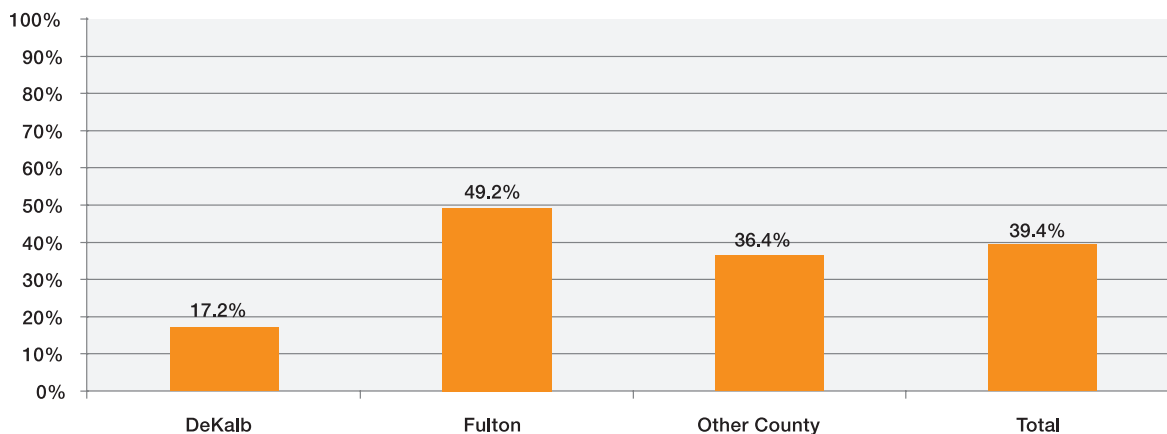
As seen in Table 5, most of the children (63%) had been in foster care for over two years since their most recent foster care admission (15% had no length of stay reported); the median length of stay since the most recent admission was four years.

Table 5
Years Since Most Recent Foster Care Admission (n=493)

Years	Percent
0-2	21.9%
3-5	42.0%
6-8	12.0%
9-11	5.1%
12-14	3.0%
15-17	1.0%
No response	15.0%
Median	4 years
Average	4.3 years
Range	0-17 years

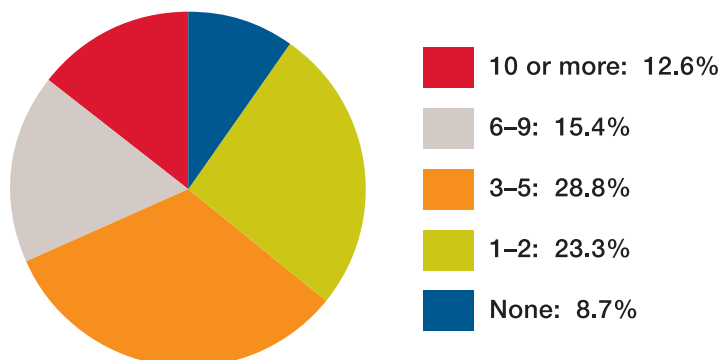
As seen in Figure 5, about two in five children (39%) were boarding in a county other than their legal county; children whose legal county was DeKalb were less likely than those whose legal county was Fulton to be boarding in a different county. Sixteen of the 493 children (3%) were in an interstate (ICPC) placement.

Figure 5
Boarding County Different from Legal County (n=493)



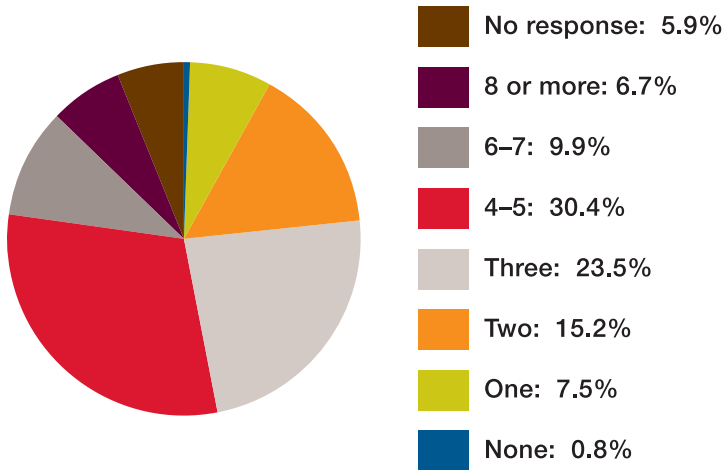
Nearly half (43%) of the children had been in foster care for five years or more across all of their foster care admissions. Most of the children had had only one (63%) or two (14%) foster care admissions, 3% had three or more admissions, and the number of admissions was not reported for 21%.¹⁰ While most had one or two admissions, many had had several moves since their most recent admission. Figure 6 displays the number of moves since the most recent admission, which ranged from zero (child remained in the home or facility where initially placed) to more than 30, with a median of three moves.

Figure 6
Number of Moves since Most Recent Admission (n=493)



Case managers reported that most of the children (86%) had had more than one caseworker since their most recent entry into foster care; 71% had had more than two; 47%, more than three; and 17%, more than five (see Figure 7). The median number was three, with a range of zero to 15 caseworkers.

Figure 7
Number of Caseworkers since Most Recent Admission (n=493)



Case managers were asked to indicate the child's current education status, and many case managers also volunteered that the child had an Individualized Education Program (IEP) or was in special education. Over one-third (34%) were in high school and two in five (40%) were in grades 1-8. Table 6 displays education status of the youth, including grade level and special education notations.

Table 6
Child Education Status (n=493)

Grade Level	Percent
Childcare	3.2%
Preschool	0.6%
Pre-kindergarten	3.9%
Kindergarten	3.2%
Elementary (1st-5th grades)	19.9%
Middle school (6th-8th grades)	19.9%
High school (9th-12th grades)	33.5%
GED/alternative/technical program	1.2%
GED completed	0.2%
College freshman	0.2%
Not applicable (e.g., not school-aged)	1.2%
Reported something about child's education but did not specify child's grade level	6.7%
No answer	6.3%
Special Education Notations	
IEP (Individualized Education Program)	2.2%
Special education (assumes IEP)	9.3%
On-site program	0.8%
Psycho-education	1.0%

C. Child Needs

Case managers were asked to rate the level of impact of a child's needs on his or her functioning in specific areas, to indicate whether the child was receiving services to address those needs, and to evaluate how well services were addressing the needs. As seen in Table 7, based on case manager reports, about two-thirds of the children had behavioral or mental health needs that affected their functioning to some degree—and, for more than 40%, that impact was moderate to severe.¹¹

Table 7
Impact of Child Needs on Child Functioning (n=494)

Needs	Any	Mild	Moderate	Severe	None Indicated
Behavioral	67.6%	23.3%	24.3%	20.0%	32.4%
Mental health	65.0%	24.5%	24.7%	15.8%	35.0%
Learning	48.0%	19.8%	18.8%	9.3%	52.0%
Medical	29.8%	15.6%	7.7%	6.5%	70.2%
Developmental delay	25.5%	9.1%	8.9%	7.5%	74.5%
Other (not specified)	7.7%	1.6%	3.4%	2.6%	92.3%

Case managers reported that these children were generally receiving services in proportion to their needs, with 74% to 83% receiving services for needs. As seen in Table 8, from 6% to 18% of the children were not receiving services for identified needs affecting their functioning.

Table 8
Receipt of Services for Children with Functioning Affected by Needs*

Needs	Receiving Services	Not Receiving Services	No Response or Unknown	Children with Functioning Affected by Needs
Behavioral	77.2%	9.3%	13.5%	334
Mental health	83.2%	5.6%	11.2%	321
Learning	78.5%	7.6%	13.9%	237
Medical	78.9%	9.5%	11.6%	147
Developmental delay	75.4%	11.1%	13.5%	126
Other (not specified)	73.7%	18.4%	7.9%	38

*Case manager indicated impact of needs as mild, moderate, or severe.

Case managers tended to report that, in their view, the services being provided met the child’s needs “very well” or “somewhat well” (see Table 9).

Table 9
DFCS/Other Organizations' Services to Meet Child's Special Needs (n=494)

Needs	Children with Functioning Affected by Needs	How Well Services Are Addressing Needs			
		Very Well	Somewhat Well	Not Very Well	Not Receiving Services or No Response
Behavioral	334	53.0%	24.0%	5.7%	17.4%
Mental health	321	57.0%	24.9%	3.1%	15.0%
Learning	237	52.3%	21.5%	4.2%	21.5%
Medical	147	70.1%	6.8%	3.4%	19.7%
Developmental delay	126	56.3%	10.3%	3.2%	30.2%
Other (not specified)	38	57.9%	2.6%	10.5%	28.9%

D. Parent/Caregiver Relationship to Child and Ability to Meet Child’s Needs

Typically, case managers reported that the birth parents were not involved at all with the child or youth. For 62% of the children, the birth mother was not involved; for 72%, the birth father was not involved.

About one-third of the children’s mothers and fathers had had their parental rights terminated, and an additional 3% and 4%, respectively, were in court process. For 32% of the children, both parents’ rights had been terminated. Table 10 summarizes the case managers’ descriptions of the parents’ TPR status.

Table 10
Birth Parent Termination of Parental Rights (TPR) Status (n=493)

TPR Status		Mother	Father
TPR achieved*	Granted/achieved/completed	23.9%	25.6%
	Date indicated; assume granted	7.5%	7.3%
	On appeal	1.0%	0.2%
	Voluntarily surrendered	0.6%	0.4%
In court process	Continued	0.6%	0.6%
	Pending/scheduled	1.8%	2.2%
	Filed, not granted	0.2%	1.0%
In agency process	In process of filing/will file	0.0%	0.4%
	Giving mother more time	0.4%	N/A
No current TPR action	Petition withdrawn/expired	0.6%	0.6%
	Not terminated/none	10.1%	8.3%
	Not filed	1.2%	1.6%
	No plan to file on mother	1.0%	N/A
Parent not available	Parent deceased	3.2%	1.4%
	Parent whereabouts unknown	1.2%	1.8%
	Parent living out of country	0.2%	0.2%
	Father unknown	N/A	0.6%
Other	Don’t know/not in record	0.2%	0.4%
	Other	0.8%	0.4%
	N/A	11.0%	11.0%
No response		33.7%	35.3%

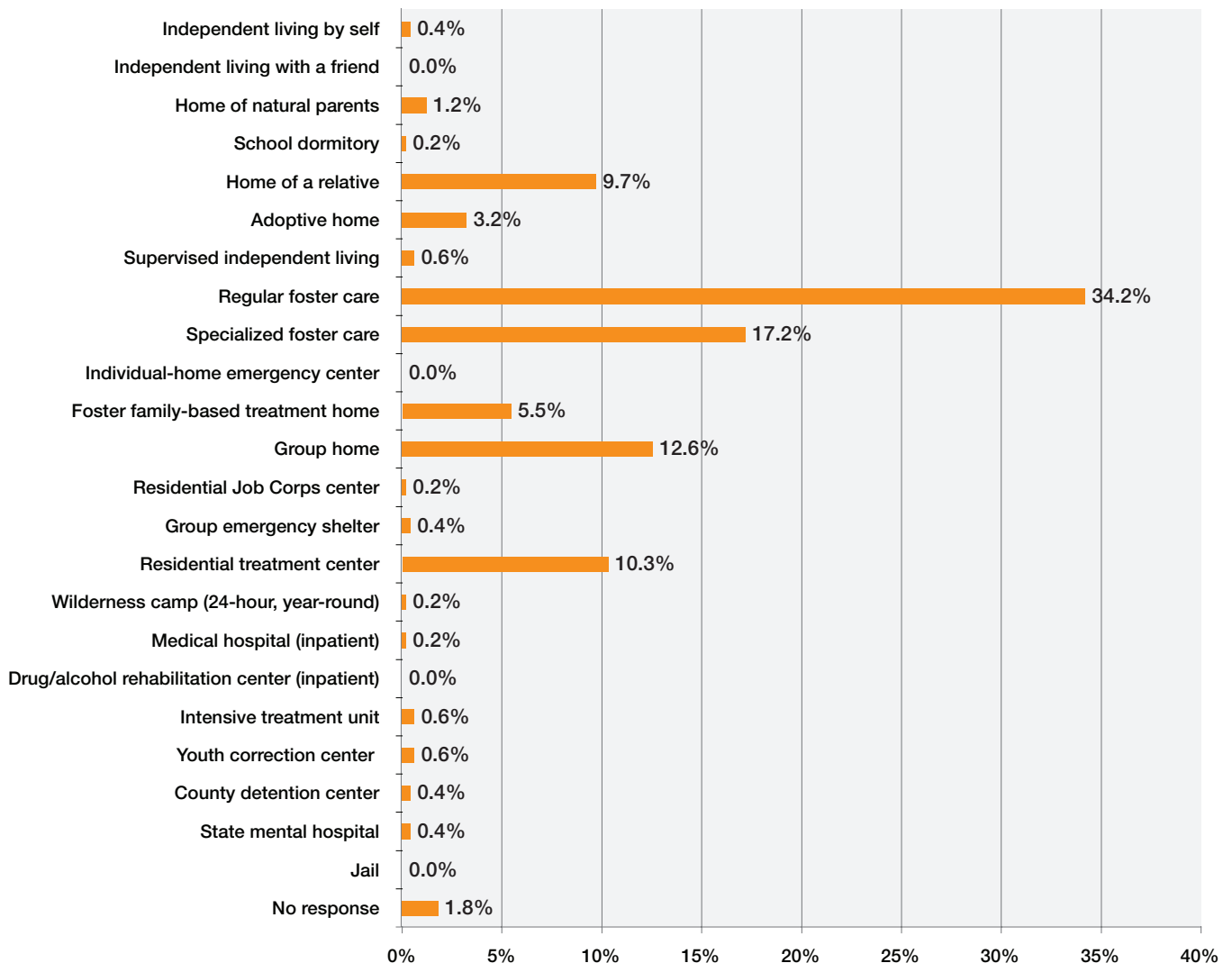
*Both mother and father had rights terminated: 32.3%.

E. Child's Living Arrangements and Permanency Status

The primary goal of the Permanency Roundtable Project was to move children toward the achievement of permanency. Thus, the two key outcome measures for this project are measures of (1) the restrictiveness of the child's living environment, and (2) the child's permanency status. The case manager rated the restrictiveness of the child's living arrangement using a standardized scale (ROLES¹²), and the roundtable group rated the child's permanency status at the time of the roundtable on a six-point scale.¹³ (See Form 3R, Appendix J.)

The most common living arrangements for these children were regular foster care and specialized foster care, followed by group homes, residential treatment facilities, and the home of a relative, as depicted in Figure 8. Of the children, 1% were living with their natural parent(s) (that is, birth parents), possibly on a trial basis; 3% were in an adoptive home. These children were included because of the state's desire to include all of the children in the Outcome 9 and 10 groups, regardless of permanency status.

Figure 8
Restrictiveness of Living Environment Scale (ROLES)



At the roundtables, each child was given a permanency status rating by the group prior to the brainstorming and planning phases of the discussion. The child's permanency status was rated on a 6-point scale: permanency achieved, very good permanency status, good permanency status, fair permanency status, uncertain permanency status, and poor permanency status. Each point had a specific description of the child's situation as well as the point label. (See Form 3R, page 2, Appendix J.)

The child's permanency status was most likely to be rated as "uncertain," which was defined as follows:

"Child is in a family setting that the child, caregivers, and casework team feel could endure lifelong, and they are developing a plan to achieve safety and stability;

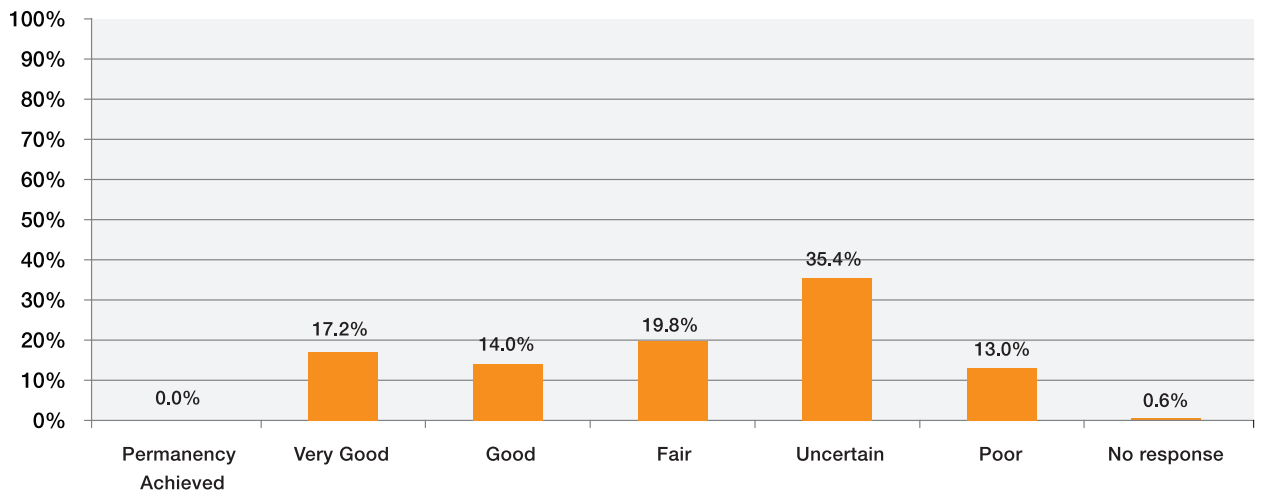
OR

Child is in a temporary placement, and likelihood of reunification or permanent home is uncertain; adoption/guardianship issues are being addressed; and concurrent permanency plan(s), if any, are uncertain or problematic."

Despite specific descriptions of the child's status for each permanency status rating, feedback from some case managers indicated they had trouble with the "uncertain" label. This scale point would have been better labeled as "marginal" or "not very good." In addition, there were a few who reported difficulties after completion of the roundtables in discriminating between the "very good" and "good" ratings.

As seen in Figure 9, fewer than one-third of the children (31%) were rated as having a "good" or "very good" permanency status at the time of the roundtable, and nearly half (48%) were rated as having an "uncertain" or "poor" permanency status.

Figure 9
Child Permanency Status at Time of Roundtable (n=494)



Brief descriptions of permanency points on scale:

- Permanency Achieved = Legal permanency (adoption or legal guardianship)
- Very Good = Family setting is believed to be lifelong and guardianship/adoption issues resolved, or living with own parents and safety risks have been eliminated
- Fair = Family setting may be lifelong, have plan for safety and stability and any issues are being addressed; or child in temporary placement and transition to permanent home is being planned
- Uncertain = Family setting is possibly permanent but working on safety and stability plan; or child is in temporary placement and likelihood of reunification or permanent home is uncertain
- Poor = Home not likely to endure, child moving from home to home, unresolved adoption/guardianship issues, or home unacceptable to child; or, child is in temporary home with no real permanency plan

(See page 2 of Form 3R in Appendix J for complete scale description.)

VI. The Roundtables: Permanency Barriers, Resources, and Action Plans

A total of 381 roundtables were held for 496 children between January 6 and February 12, 2009; 204 children were staffed in 86 multiple-child (sibling) roundtables.

For the first four weeks of roundtables, six teams conducted roundtables at a Fulton County DFCS office site and four teams conducted roundtables at a DeKalb County DFCS office site. For the final week, three teams conducted roundtables at the Fulton site only.

The typical schedule was for each team to conduct one roundtable on Monday, three roundtables each day Tuesday through Thursday, and two roundtables on Friday morning, which allowed out-of-town permanency experts and master practitioners to travel Monday mornings and Friday afternoons.

Two key outputs of the permanency roundtable project were identification of the primary barriers to permanency for these children who appeared to be “stuck” in care, and action plans to move the children toward permanency.

A. Permanency Barriers

On the case summary (Form 1, Appendix G), case managers were asked to indicate up to three key barriers to the child’s permanency. Note that these descriptions of barriers preceded the roundtable process and some may reflect case managers’ pre-conceived notions about the case or what actually constitutes a barrier. In some cases, for example, “child’s situation improving,” it seems the case manager used the field to provide information for the roundtable team rather than identify a specific barrier. Highlights include:

- The identification of 841 barriers.
- For nearly two-thirds of the children, the barrier had to do with a child issue, most commonly the child’s behavior, social and emotional issues, age, and/or mental health issues.
- For just over one-third of the children, the barrier was a birth family barrier, with a birth parent’s lack of employment, income, and/or housing being most commonly cited, followed by poor cooperation in working the case plan, and continued maltreatment.
- For nearly one-third of the children, the barrier related to the potential permanency resource or the lack of a resource or a willing resource. Note that “resource” in this situation can be a person willing to care for the child on a more permanent basis.

- For nearly one-third of the children, the barrier was a child welfare system barrier, most commonly waiting on a court or legal process, such as termination of parental rights.

The case manager’s open-ended responses were coded (up to three barriers were coded per response) and then grouped into categories and subcategories. See Table 11a for a summary of key barrier categories; Table 11b provides a detailed list of key barriers included within each category.

Table 11a
Summary: Reported Key Barriers to Permanency (Prior to Permanency Roundtable)

Major Category	Category	Percent
Birth family barrier (34.7%)	Birth parent issues	29.0%
	Sibling issues	5.7%
Potential permanency resource barrier (non-birth parent) (31.0%)	Lack of permanency resources	18.1%
	Financial issues	2.6%
	Other issues	10.3%
Child barrier (63.1%)	Child characteristics	51.9%
	Child willingness	11.2%
Systems barrier (30.6%)	Providers/placement	2.6%
	Court/legal	16.8%
	Casework	11.2%
Other barrier		1.0%
No barriers		4.9%
No barriers listed (no response)		5.3%
Total number of key barriers cited*		841
Total number of children		493

*Total is more than the number of children because up to three barriers were coded for each open-ended response.

Table 11b

Detail: Reported Key Barriers to Permanency (Prior to Permanency Roundtable)

Major Category	Category	Barrier	Percent
Birth family barrier (34.7%)	Birth parent issues (29.0%)	Birth parent/family medical issue/concern	0.6%
		Birth parent disability	0.4%
		Birth parent incarcerated	0.4%
		Birth parent lack of employment/income/housing	9.5%
		Finding birth parent(s)	1.0%
		Birth parent mental health issues	1.2%
		Birth parent not working case plan or doing so slowly	3.7%
		Birth parent substance abuse	2.6%
		Birth parent uncooperative (e.g., with treatment)	2.8%
		Birth parent(s) out of country	0.2%
		Birth parent(s) out of state	0.6%
		Birth parent criminal history	2.4%
	Birth parent continued maltreatment	3.4%	
	Sibling issues (5.7%)	Finding resource willing to take sibling group	4.7%
Sibling group not all free for adoption		0.4%	
Sibling unwillingness to be adopted		0.6%	
Potential permanency resource barrier (non-birth parent) (31.0%)	Lack of permanency resources (18.1%)	Finding relatives	0.4%
		No adoptive resource of specific type (e.g., having no other children or able to meet specific needs)	2.4%
		No adoptive resource/finding adoptive resource	5.9%
		No available relative	0.6%
		No willing relative	7.5%
		Questionable adoptive resource	0.4%
		Finding resource to take both child and child's infant	0.8%
	Financial issues (2.6%)	Financial circumstances of potential permanency resources	1.4%
		Foster parent concern about reduced support following adoption or legal guardianship	1.0%
		Insufficient financial assistance/per diems	0.2%
	Other issues (10.3%)	Foster parent reluctance or inability to provide permanency	4.3%
		Needs childcare	0.4%
		Permanency resource wants more time to evaluate fit/indecisive	2.4%
		Permanency resource's ability to handle child's behavioral issues	2.4%
		Undocumented permanency resource or household member	0.8%

Major Category	Category	Barrier	Percent
Child barrier (63.1%)	Child characteristics (51.9%)	Child age (older teen)	4.7%
		Child behavior issues	18.7%
		Child criminal history	1.8%
		Child disruption of placements	1.4%
		Child lack of education/educational difficulties	2.6%
		Child legal status/undocumented	0.4%
		Child medical issues/needs	3.0%
		Child mental health issues/needs	3.7%
		Child runaway status	1.2%
		Child sexual issues	3.0%
		Child social/emotional issues	7.5%
		Child strong ties to biological parents, siblings, or prior foster parents	1.6%
	Child situation improving	2.2%	
	Child willingness (11.2%)	Child refusal of permanency without siblings	1.6%
Child comfortable in current placement/institution/foster home		2.6%	
Child reluctance to return to biological parents/family		1.2%	
Child unwilling/does not want to be adopted/ambivalent about adoption		5.7%	
Systems barrier (30.6%)	Providers/ placement (2.6%)	Recent move or disruption in placement	1.4%
		Other placement issues (lack of placement provider support)	0.2%
		Child considered not ready to step down from current treatment facility	0.8%
		Treatment provider/therapist concerns, issues	0.2%
	Court/legal (16.8%)	Need to file for guardianship	1.4%
		Need TPR/TPR not achieved	4.5%
		TPR just recently achieved	1.6%
		Waiting on legal appeal/other legal process/court date/adoption finalization	7.9%
		Other/judicial/legal	1.4%
	Casework (11.2%)	Completing Interstate Compact on the Placement of Children (ICPC) process; requirements of another state	3.2%
		Completing paperwork/home study/conversion	4.3%
		Need guardianship/assistance/childcare waiver	1.6%
		Case manager issues (individual attitude/perception)	0.2%
		Need more time to accomplish home evaluation	0.2%
		Need more time to complete agency process (e.g., staffing)	1.6%
	Other barrier (1.0%)	Other (1.0%)	

Major Category	Category	Barrier	Percent
No barriers (4.9%)	No barriers (4.9%)	Adoption/permanency already achieved	0.6%
		Case manager stated no current barriers	4.3%
No barriers listed (5.3%)	No barriers listed (5.3%)	No response	5.3%
Total key barriers cited*			841
Total number of children			493

*Total is more than the number of children because up to three barriers were coded for each open-ended response.

B. On-Site Resources

Table 12 summarizes the availability of roundtable on-site resources to help address barriers quickly; note that for some days, when resources were not available on-site, they were available immediately by telephone.¹⁴ Despite the availability of on-site and telephone resources, roundtable debriefing comments indicated that some roundtable resources were not aware of, or did not know how to access, these resources.

Table 12
Number and Percent of Days State Resource Personnel Available to Roundtable Teams On-Site* (n=20 days)

Resource	Fulton		DeKalb	
	Days Available	Percent	Days Available	Percent
State Adoption Coordinator	1	5%	0	0%
Constituent Services representatives	8	40%	2	10%
Education and Training representatives	4	20%	5	25%
Executive Assistant	9	45%	0	0%
Field Program Specialist	3	15%	0	0%
Interstate Compact on the Placement of Children (ICPC) representatives	6	30%	3	15%
Legal Services Officers	3	15%	8	40%
Logistical support staff	2	10%	0	0%
Permanency Project Administrator	5	25%	0	0%
Policy Unit representatives	2	10%	6	30%
Provider Relations Unit representative	1	5%	2	10%
Regional Adoption Coordinator	13	65%	9	45%

*Information compiled from daily sign-in sheets from each site. (No sign-in sheets were provided for two of the days; on three days, no resources were listed.)

C. Permanency and Concurrent Goals

As shown in Table 13, the most typical pre-roundtable permanency goals for the children were adoption with a non-relative (27%) and reunification (17%), although no permanency goal was reported for one-third (34%) of the children. Those two goals also had the highest proportions in the roundtable-recommended goals (34% and 14%, respectively), followed closely by guardianship with a non-relative (13%).

Prior to the roundtable, primary permanency goals were reported for 66% of the children; after the roundtables, primary permanency goals were reported for 90% of the children.

Table 13
Pre-Roundtable and Roundtable-Recommended Goals (n=494)

Permanency Goal	Pre-Roundtable		Roundtable-Recommended Permanency Goal	
	Primary Permanency	Concurrent	Primary Permanency	Concurrent
Adoption with non-relative	26.5%	6.5%	33.8%	0.6%
Adoption with relative	4.3%	0.8%	7.9%	0.0%
Another planned permanent living arrangement (APPLA): Emancipation	2.6%	0.2%	8.3%	0.2%
APPLA: Long-term foster care	7.7%	0.6%	3.8%	0.0%
Guardianship with non-relative	2.4%	0.6%	12.8%	0.4%
Guardianship with relative	1.4%	0.4%	4.7%	0.6%
Live with relative	3.8%	0.6%	5.1%	0.0%
Reunification	17.2%	0.8%	13.6%	0.0%
No goal listed	34.0%	89.5%	10.1%	98.2%

For most of the children (78%), the permanency roundtable team did not recommend a change in the child's permanency goal, and the action plan was designed to move the child toward the existing permanency goal. Table 14 shows the pre-roundtable permanency goals and whether the roundtable team recommended that the goal remain the same or change. The goals most likely to have a recommended change were the two APPLA goals, emancipation and long-term foster care.

Table 14
Comparison of Previous and Roundtable-Recommended Permanency Goals

Permanency Goal	Roundtable Recommendation			Total
	Same	Changed	Not Listed	
Adoption with non-relative	87.0%	11.5%	1.5%	131
Adoption with relative	81.0%	14.3%	4.8%	21
Another planned permanent living arrangement (APPLA): Emancipation	46.2%	46.2%	7.7%	13
APPLA: Long-term foster care	28.9%	52.6%	18.4%	38
Guardianship with non-relative	83.3%	16.7%	0.0%	12
Guardianship with relative	71.4%	0.0%	28.6%	7
Live with relative	57.9%	31.6%	10.5%	19
Reunification	51.8%	42.4%	5.9%	85
No pre-roundtable goal listed, but roundtable-recommended goal listed	N/A	N/A	N/A	138
Neither goal listed	N/A	N/A	N/A	30
Total pre-roundtable permanency goals	78.1%	17.8%	4.0%	326
Total children	386	88	20	494

D. Permanency Action Plans

Another key output of the roundtable consultations was the development of a permanency action plan with specific strategies and actions designed to move each child toward permanency. Permanency action plans were developed for 487 children with 3,147 action steps, an average of seven steps per plan. Each action step and strategy was coded into specific categories, summarized in Table 15a and listed in Table 15b. The action steps most commonly dealt with (1) improving the child’s well-being (which might include addressing emotional and behavioral problems that impair the child’s ability to live in a family setting), (2) providing supports/resources for caregivers so that they might become a permanency resource for the child, and (3) locating and engaging permanency resources (27%, 21%, and 18% of the action steps, respectively).

Table 15a
Summary: Action Plans and Strategies Created during Roundtables

Permanency Strategy Category	Percent
Convene other case meetings that may or may not involve the child/family	2.7%
Engage family members and critical supportive adults in permanency planning	11.4%
Engage child in permanency planning	6.7%
Increase child's well-being and preparation for permanency	26.9%
Locate, explore, and engage potential permanency resources for the child	18.2%
Request and/or provide critical supports to caregivers to enable them to become a permanent resource for the child through reunification, guardianship, or adoption	20.5%
Request court actions and/or changes in child's legal permanency goal	6.6%
Strengthen child's connections to his or her siblings and other family members	6.0%
Other	0.8%
Total coded action steps in permanency action plans	3,147
Total number of children with permanency plans	487
Total number of children	494

Table 15b
 Detail: Action Plans and Strategies Created during Roundtables

Permanency Strategy Categories	Action Step Categories	Percent
Convene other case meetings that may or may not involve the child/family (2.7%)	Convene discharge planning meeting/participate in discharge planning, transition planning	0.6%
	Convene other family meeting (not Family Team Meeting (FTM) or Multi-Disciplinary Team meeting (MDT) or youth-focused meeting)	0.2%
	Convene/attend a case staffing or permanency roundtable	1.7%
	Other	0.2%
Engage family members and critical supportive adults in permanency planning (11.4%)	Convene FTM to plan for child's permanency	6.5%
	Convene MDT or Local Interagency Planning Teams (LIPT) meeting to plan for child's permanency	0.1%
	Discuss permanency plans and resources with family member(s) or critical supportive adults	4.1%
	Obtain information on and photographs of child from family members	0.1%
	Obtain interpreter (religious, cultural, language) to participate in meetings	0.1%
	Provide permanency training, coaching, etc., for child/youth residential treatment staff, therapeutic providers, independent living staff, and/or legal services team	<0.1%
	Other	0.4%
Engage child in permanency planning (6.7%)	Ask child to identify other persons to participate in an FTM or MDT meeting to discuss permanency	0.3%
	Convene a child-focused meeting (not an FTM)	0.2%
	Discuss permanency options and resources with child (e.g., guardianship, adoption, etc.)	2.1%
	Discuss specific permanency resources with child (aunt, mentor, etc.)	0.3%
	Encourage child to participate in FTM or other case meeting	0.3%
	Prepare Lifebook/Real Life Heroes book/Eco-Map with child	3.0%
	Other	0.6%

Permanency Strategy Categories	Action Step Categories	Percent
Increase child's well-being and preparation for permanency (26.9%)	Advocate for increased educational services/supports to meet child's needs	1.4%
	Arrange counseling to address child's sexual identity issues	0.1%
	Arrange/effect more appropriate placement for child with no change in the level of restrictiveness (example: a move that would expedite progress toward permanence or increase safety) or change in restrictiveness not specified	1.0%
	Assist/obtain assistance for child with college processes (e.g., visit, application, enrollment, etc.)	0.3%
	Begin/increase/maintain child visitation with non-relative connection or potential permanency resource	1.5%
	Connect child to other services/supports to improve his or her well-being (e.g., peer support, parenting)	0.5%
	Connect child with mentor	2.1%
	Discuss more restrictive placement to better meet child's needs	0.1%
	Discuss "step-down" in level of restrictiveness of child's current placement with current caregivers to better meet child's needs	0.7%
	Engage child in sports, arts, or other extracurricular activity, or a summer program or camp	1.6%
	Engage child in foster child support groups, Web sites, etc.	0.1%
	Enroll child in vocational training or internship; help child explore vocational career/education options	0.9%
	Initiate/refocus/continue or work with therapeutic/counseling services to meet child's needs; change therapist	6.2%
	Involve teen in independent living program; work with independent living coordinator	2.8%
	Locate part-time job for teen; help seek employment	0.3%
	Obtain educational advocate for child; involve caregiver (or potential caregiver) in educational advocacy	0.3%
	Obtain medical/dental/developmental evaluation and/or treatment for child	0.7%
	Obtain special needs/special education advocate for child	0.0%
	Request complete medical evaluation/work-up for child to rule out underlying medical or biological factors related to child behaviors and to ensure that child's medical needs are being met	0.2%
	Request psychosocial, psychological, or psychiatric evaluation to determine child's needs	1.0%
	Request review of diagnosis and/or medications; educate child regarding medication	0.9%
	Other	4.1%

Permanency Strategy Categories	Action Step Categories	Percent
Locate, explore, and engage potential permanency resources for the child (18.2%)	Adoption recruitment (My Turn Now, Wednesday's Child, etc.)	3.4%
	Begin/increase/maintain child's visitation/contact with non-relative permanency resource/connection	0.1%
	Connect/re-connect foster parents to birth parents (or maternal relatives to paternal relatives) for sharing information, coordinating parenting	0.2%
	Identify/contact family member/relative/sibling (maternal/paternal not specified or both) not previously contacted (or previous contact not specified)	3.6%
	Identify/contact fictive kin or other non-relative connection not previously contacted (or previous contact not specified)	1.0%
	Identify/contact maternal family member/relative not previously contacted (or previous contact not specified)	1.0%
	Identify/contact paternal family member/relative not previously contacted (or previous contact not specified)	2.4%
	Mine/review case record for contacts (including other/other state's/county's case record/legal or birth records)	1.7%
	Re-establish contact with/re-contact current or former foster parent(s) or other foster family member of child or child's sibling(s)	1.2%
	Re-establish contact with/re-contact family member/relative (maternal/paternal not specified or both)	0.5%
	Re-establish contact with/re-contact fictive kin or other non-relative connection	0.3%
	Re-establish contact with/re-contact incarcerated family member/relative	0.1%
	Re-establish contact with/re-contact maternal family member/relative	0.6%
	Re-establish contact with/re-contact paternal family member/relative	0.3%
	Work through Interstate Compact on the Placement of Children (ICPC) (other state) or other county to contact/engage foster parent or other non-relative caregiver	0.1%
	Work through ICPC (other state) or other county to contact/engage relative	0.3%
	Other	1.5%

Permanency Strategy Categories	Action Step Categories	Percent
Request and/or provide critical supports to caregivers to enable them to become a permanent resource for the child through reunification, guardianship, or adoption (20.5%)	Arrange/provide transportation for visitation, medical visits, or other purposes	0.1%
	Clarify what continued financial support is available to the resource family and to the child post-legal guardianship, post-reunification, or post-adoption	1.5%
	Clarify what continued services are available to the child post-legal guardianship, post-reunification, or post-adoption	0.4%
	Clarify what continued services are available to the resource family post-legal guardianship, post-reunification, or post-adoption	0.3%
	Conduct home evaluation(s)/background check(s)/home conversion	2.9%
	Conduct or obtain caregiver (or potential caregiver) family assessment	2.0%
	Connect caregiver (or potential caregiver) to non-child-welfare-specific services related to their own or the child's needs (e.g., Medicaid, treatment, wrap-around, parent aid)	4.0%
	Connect caregiver (or potential caregiver) with non-child-welfare-specific support and/or advocacy organizations for parents/caregivers of children with special needs	0.9%
	Ensure that caregiver (or potential caregiver) has access to all non-child-welfare-specific financial supports and resources related to his or her own or the child/teen's special needs (e.g., Supplemental Security Income, SSI)	2.3%
	Explore caregiver (or potential caregiver)'s existing resources/supports; seek commitment from existing supports	0.6%
	Provide/arrange training for caregiver, especially if child has special medical or mental health needs or if caregiver has specific needs (e.g., parenting, job interview skills)	2.2%
	Request waiver to continue services post-legal guardianship, post-reunification, or post-adoption	0.3%
	Request waiver to increase financial support/provide specialized rates post-legal guardianship or post-adoption	2.0%
	Other	1.0%

Permanency Strategy Categories	Action Step Categories	Percent
Request court actions and/or changes in child's legal permanency goal (6.6%)	Contact child's attorney or court advocate or Special Assistant Attorney General (SAAG) or other attorney	1.6%
	File for/complete Termination of Parental Rights (TPR)	1.3%
	Recommend change in legal permanency goal	0.2%
	Request change in child's legal custody/status or court hearing on legal custody/status	0.4%
	Request legal waiver	0.2%
	Request/attend court hearing/panel review regarding permanency goal, visitation, plan, etc. related to child's permanency	0.9%
	Request/file for non-reunification order	0.1%
	Schedule court hearing prior to next scheduled court hearing to request change in permanency goal, visitation, etc., that would expedite permanency	0.0%
	Other	1.9%
Strengthen child's connections to his or her siblings and other family members (6.0%)	Begin/increase/maintain child's visitation and other contact with extended family members	1.8%
	Begin/increase/maintain child's visitation and other contact with his or her sibling(s)	2.5%
	Begin/increase/maintain child's visitation with his or her biological parent(s)	1.1%
	Plan to place child with his or her sibling(s)	0.1%
	Other	0.4%
Other (0.8%)	Other	0.8%
Total coded action steps in permanency action plans		3,147
Total number of children with permanency plans		487
Total number of children		494

E. Concurrent Action Plans

In addition to a permanency goal and action plan, a concurrent goal and action plan could be established for a child. The concurrent goal/plan is an alternative to be worked simultaneously in case the permanency goal/plan cannot be carried out. The plans are worked concurrently to reduce the time it takes to achieve permanency for the child.

Compared to permanency action plans, there were relatively fewer concurrent action plans developed at the roundtables, with plans created for 98 children with a total of 273 action steps, as shown in Table 16a and 16b. Coding for the concurrent action plan was identical to the permanency action plan.

Table 16a

Summary: Concurrent Action Plans and Strategies Created during Roundtables

Permanency Strategy Category	Percent
Convene other case meetings that may or may not involve the child/family	1.1%
Engage family members and critical supportive adults in permanency planning	12.1%
Engage child in permanency planning	4.8%
Increase child's well-being and preparation for permanency	13.9%
Locate, explore, and engage potential permanency resources for the child	34.4%
Request and/or provide critical supports to caregivers to enable them to become a permanent resource for the child through reunification, guardianship, or adoption	13.2%
Request court actions and/or changes in child's legal permanency goal	13.6%
Strengthen child's connections to his or her siblings and other family members	4.8%
Other	2.2%
Total coded action steps in concurrent plans	273
Total number of children with concurrent plans	98
Total number of children	494

Table 16b

Detail: Concurrent Action Plans and Strategies Created during Roundtables

Concurrent Strategy Categories	Action Step Categories	Percent
Convene other case meetings that may or may not involve the child/family (1.1%)	Convene discharge planning meeting/participate in discharge planning, transition planning	0.4%
	Convene/attend a case staffing or permanency roundtable	0.7%
Engage family members and critical supportive adults in permanency planning (12.1%)	Convene Family Team Meeting (FTM) to plan for child's permanency	5.5%
	Discuss permanency plans and resources with family member(s) or critical supportive adults	6.2%
	Obtain information on and photographs of child from family members	0.4%
Engage child in permanency planning (4.8%)	Discuss permanency options and resources with child (e.g., guardianship, adoption, etc.)	2.2%
	Prepare Lifebook/Real Life Heroes book/Eco-Map with child	2.2%
	Other	0.4%

Concurrent Strategy Categories	Action Step Categories	Percent
Increase child well-being and preparation for permanency (13.9%)	Advocate for increased educational services/supports to meet child's needs	0.7%
	Arrange/effect more appropriate placement for child with no change in the level of restrictiveness (e.g., a move that would expedite progress toward permanence or increase safety) or change in restrictiveness not specified	0.7%
	Begin/increase/maintain child visitation with non-relative connection or potential permanency resource	1.1%
	Connect child to other services/supports to improve his or her well-being (e.g., peer support, parenting)	0.4%
	Connect child with mentor	1.1%
	Discuss "step-down" in level of restrictiveness of child's current placement with current caregivers to better meet child's needs	0.7%
	Engage child in sports, arts, or other extracurricular activity, or a summer program or camp	0.4%
	Engage child in foster child support groups, Web sites, etc.	0.4%
	Enroll child in vocational training or internship; help child explore vocational career/education options	1.1%
	Initiate/refocus/continue or work with therapeutic/counseling services to meet child's needs; change therapist	3.7%
	Involve teen in independent living program; work with independent living coordinator	1.5%
	Locate part-time job for teen; help seek employment	0.4%
	Request psychosocial, psychological, or psychiatric evaluation to determine child's needs	0.4%
	Request review of diagnosis and/or medications; educate child regarding medication	0.4%
	Other	1.1%

Concurrent Strategy Categories	Action Step Categories	Percent
Locate, explore, and engage potential permanency resources for the child (34.4%)	Adoption recruitment (My Turn Now, Wednesday's Child, etc.)	5.1%
	Connect/re-connect foster parents to birth parents (or maternal relatives to paternal relatives) for sharing information, coordinating parenting	0.4%
	Identify/contact family member/relative/sibling (maternal/paternal not specified or both) not previously contacted (or previous contact not specified)	6.2%
	Identify/contact fictive kin or other non-relative connection not previously contacted (or previous contact not specified)	4.4%
	Identify/contact maternal family member/relative not previously contacted (or previous contact not specified)	2.9%
	Identify/contact paternal family member/relative not previously contacted (or previous contact not specified)	3.7%
	Mine/review case record for contacts (including other/other state's/county's case record/legal or birth records)	4.8%
	Re-establish contact with/re-contact current or former foster parent(s) or other foster family member of child or child's sibling(s)	0.7%
	Re-establish contact with/re-contact family member/relative (maternal/paternal not specified or both)	0.7%
	Re-establish contact with/re-contact fictive kin or other non-relative connection	1.1%
	Work through Interstate Compact on the Placement of Children (ICPC) (other state) or other county to contact/engage foster parent or other non-relative caregiver	0.4%
	Work through ICPC (other state) or other county to contact/engage relative	0.7%
	Other	3.3%

Concurrent Strategy Categories	Action Step Categories	Percent
Request and/or provide critical supports to caregivers to enable them to become a permanent resource for the child through reunification, guardianship, or adoption (13.2%)	Arrange/provide transportation for visitation, medical visits, or other purposes	0.4%
	Clarify what continued financial support is available to the resource family and to the child post-legal guardianship, post-reunification, or post-adoption	1.1%
	Conduct home evaluation(s)/background check(s)/home conversion	2.6%
	Connect caregiver (or potential caregiver) to non-child-welfare-specific services related to their own or the child's needs (e.g., Medicaid, treatment, wrap-around, parent aid)	2.9%
	Connect caregiver (or potential caregiver) with non-child-welfare-specific support and/or advocacy organizations for parents/caregivers of children/youth with special needs	0.4%
	Ensure that caregiver (or potential caregiver) has access to all non-child-welfare-specific financial supports and resources related to his or her own or the child's special needs (e.g., Supplemental Security Income, SSI)	2.9%
	Explore caregiver (or potential caregiver) existing resources/supports; seek commitment from existing supports	0.7%
	Request waiver to continue services post-legal guardianship, post-reunification, or post-adoption	0.4%
	Request waiver to increase financial support/provide specialized rates post-legal guardianship or post-adoption	1.8%
	Request court actions and/or changes in child's legal permanency goal (13.6%)	Contact child's attorney or court advocate or Special Assistant Attorney General (SAAG) or other attorney
File for/complete Termination of Parental Rights (TPR)		8.4%
Recommend change in legal permanency goal		0.7%
Request legal waiver		0.4%
Request/attend court hearing/panel review regarding permanency goal, visitation, plan, etc. related to child's permanency		2.6%
Request/file for non-reunification order		0.4%
Strengthen child's connections to his or her siblings and other family members (4.8%)	Begin/increase/maintain child's visitation and other contact with extended family members	2.6%
	Begin/increase/maintain child's visitation and other contact with his or her sibling(s)	0.7%
	Begin/increase/maintain child's visitation with his or her biological parent(s)	0.4%
	Plan to place child with his or her sibling(s)	0.7%
	Other	0.4%
Other (2.2%)	Other	2.2%
Total coded action steps in concurrent permanency plans		273
Total number of children with concurrent plan		98
Total number of children		494

F. Waiver Requests

In addition to having resource personnel on-site for the roundtable consultations, another component of “barrier-busting” was the option of requesting specific waivers to remove a policy barrier, legal barrier, or other barrier to a child’s permanency. These waivers were documented on the case consultation documentation form (Appendix K).

There were 143 waivers recommended by roundtable teams. Following the roundtables, county administrators reviewed the waiver recommendations and submitted those deemed appropriate to the appropriate state office for approval. Waiver requests submitted were then tracked at the state level by the Policy and Programs’ office. The state did not provide information on how counties decided which waivers to submit.

Most of the action plans (77%) did not include a waiver request; other plans included multiple requests. The largest numbers of requests were for policy waivers and guardianship payment waivers (see Table 17).

Table 17
Waiver Request Categories Listed on Roundtable Case Consultation Documentation Forms (n=494)

Type of Waiver Request*	First Waiver	Second Waiver	Third Waiver	Total
Policy**	30	2	1	33
Guardianship payments	16	3	1	20
Legal***	11	3	0	14
Medicaid	8	4	0	12
Adoption assistance	7	1	0	8
Childcare	3	1	0	4
Housing	2	0	0	2
Other	26	12	2	40
Not categorized	11	1	1	13
Total waivers requested	114	27	5	143
No waiver requested				380

*As categorized on the Case Consultation Documentation Form.

**For example, to place a child in an out-of-state treatment program to be near a relative who is a permanency resource, or to add texting to a case manager’s state-issued cell phone to make it easier to maintain contact with youth.

***For example, to unseal an adoption record or to change an adoption timetable due to an older child’s age.

As of July 2009, 36 waivers had been submitted to the state office for approval: 18 for a specialized adoption subsidy with a services waiver, 17 for a guardianship subsidy, and one for adoption assistance. Of those submitted, 50% were pending additional information from the county that submitted the request and 44% were approved; one was awaiting approval and another had been withdrawn.

VII. Follow-Up and Next Steps

A. DFCS State and County-Level Follow-Up

The state recognized that ongoing follow-up would be a critical component of the initiative to achieve the best possible permanency outcomes for the children. Immediate state office efforts included:

- Monthly tracking and follow-up regarding implementation of the roundtable-developed action plans
- Monthly telephone conference calls with master practitioners to review plan implementation and update child permanency status, although this is not being done on every child who was staffed as part of the project
- Ongoing tracking of the status of the waiver requests
- Development of staff permanency expeditors, ideally with some clinical experience, to support the master practitioners and roundtables for cases of children with high-cost, intensive treatment needs
- Continued technical assistance and training from Casey to support master practitioners, permanency expeditors, supervisory and casework staff in plan implementation

B. Casey's Continuing Involvement and Support

To date, Casey has provided ten Rules of Engagement trainings that focused on how to engage families and children and the link between that engagement and successful permanency outcomes for children. Nine of the sessions were for DFCS staff, and a tenth session was held for court/legal stakeholders, including judges, court-appointed special advocates, and attorneys.

In addition to providing ongoing training and technical assistance to the state, Casey is consulting with Care Solutions on the outcome evaluation. The outcome evaluation will focus on the primary goals of increased permanency and greater caseworker knowledge; to that end, it will include (1) a survey of case managers and supervisors to get their feedback and assess their learning and changes in case practice resulting from roundtable participation and (2) a 12- and 24-month follow-up to assess the status of the action plans/steps and changes in child permanency status and restrictiveness of the child's living situation. The first outcome evaluation report is expected to be completed in the summer of 2010.

C. Taking the Roundtables Statewide

Even before the project roundtables were completed, the state—positive about the short-term project impact and optimistic about the longer-term project impacts—began implementation of permanency roundtables in each region statewide. This statewide implementation includes region-level implementation plans, targeted cases, training, and tracking; the continuing involvement of DFCS master practitioners; and involvement of permanency expeditors where appropriate. Permanency expeditors are new DFCS job responsibilities created following the completion of the project roundtables. Compared to master practitioners, who focus on case practice generally, permanency expeditors are specifically focused on permanency strategies and outcomes. To date, master practitioners statewide have completed more than 1,600 additional roundtables on children in care.

VIII. Recommendations and Conclusions

The Casey-DFCS Permanency Roundtable Project generated a great deal of enthusiasm and excitement about the possibility of moving children to permanency. Despite the short time frame, increased paperwork and time commitments involved for all parties, DFCS staff and the project consultants remained flexible and positive throughout the process to ensure its success.

Early case successes served to reinforce the enthusiasm for and commitment to this work (as told in some of the sidebars in this report). Casey selected the Georgia project as one of five funded efforts to feature in its 2009 annual report, currently available at www.casey.org.

As might be expected with a project of this scope with such a short planning and implementation time frame, adjustments had to be made along the way, and there were lessons learned. Key recommendations would be (1) more lead time for planning, training, scheduling, preparing case summaries and presentations, pre-testing forms, and implementation; (2) earlier involvement and pre-training of front-line case staff; and (3) ongoing technical assistance and quality assurance throughout the roundtables on documentation, barrier-busting, and training.

Strengths, Challenges, and Recommendations of the Roundtable Process

The project generated many lessons for other such efforts. Following is a list of key strengths, challenges, and recommendations of the roundtable process divided into the following categories: logistics, training, technical assistance and quality assurance, and data collection. While specific to the Georgia project, these lessons learned will assist replications in Georgia and elsewhere.

Logistics:

A. Roundtable Locations

- **Strength:** Holding roundtables at two county DFCS offices reduced travel and time costs for case managers and supervisors.

Debriefing Comment:

“It is important to make sure the focus is not just on permanency, but instead on positive, beneficial permanency. Staffing cases that are close to permanency is a great way to focus on making sure the child has, and will continue to have, access to the necessary post-adoption resources.”

- **Challenge:** Holding roundtables at two sites resulted in some participants comparing locations. There were perceptions that one site had more human and technological resources available than the other site.
- **Recommendation:** If multiple locations are used, ensure equitable resource and support allocation. For example, wireless connections could increase efficiency by allowing for access to online resources and uploading of current materials.

B. Resource Availability

- **Strength:** Having state-level policy, legal, and other resources available on-site and by telephone for immediate access during the roundtables allowed for immediate advice and other assistance.
- **Challenge:** Some teams were not aware of resource availability, and resource availability varied by site and by day.
- **Recommendation:** Publish or announce resource availability in advance and how it can be accessed prior to roundtables, provide all groups with contact information for off-site resources, and have a message board for posting updates.

C. Intense Scheduling

- **Strength:** The roundtable scheduling allowed for the staffing of a large number of cases in a short time span.
- **Challenge:** The intense schedule and process took its toll on participants.
- **Recommendation:** Limit roundtables to three or four days per week and eight hours per day.

D. Sibling Groups

- **Strength #1:** Identified sibling groups were scheduled in adjacent time slots so that those consultations could be done together by a single team with adequate consultation time.
- **Challenge #1:** Some sibling groups with similar situations only required one time slot; other sibling groups with dissimilar situations (different fathers, different placements, etc.) required more time.
- **Recommendation #1:** Try to identify these differences ahead of time and schedule accordingly.
- **Strength #2:** Every attempt was made to staff siblings together if any member of the sibling group was in the target population, so that they all would benefit from the roundtable permanency expertise and planning.
- **Challenge #2:** The resulting last-minute insertions and schedule changes led to some confusion about whether a few of the children had been staffed and to incomplete paperwork and documentation on some of these children.
- **Recommendation #2:** Identify sibling groups that may not fall into the target cohort and include them in advance so case summaries and child information are readily available at the roundtable and time can be allocated accordingly.

E. “On-Deck Cases”

- **Strength:** Having the roundtables at the county DFCS offices allowed “on-deck” cases (cases previously prepared for consultation) from those counties to be inserted into the schedule as time permitted.
- **Challenge:** Last-minute rescheduling due to real-life situations (e.g., case emergencies) and adding cases that were not prepared to be “on-deck” led to paperwork and information gaps that hindered the roundtable discussion.
- **Recommendation:** Establish an “on-deck” procedure to ensure availability of information (including prior review of case summaries) for roundtable team in advance of adding a case when time permits.

F. Secure Web site

- **Strength:** A secure Web site with limited permissions allowed for online posting of the master schedule, case summaries, and project forms so that roundtable team members could access these in advance while child privacy was maintained; it also provided a location to post resource information for staff and teams.
- **Challenge #1:** Frequent schedule changes that affected staffing meant that sometimes roundtable participants could not identify and access their cases in time to prepare for the next day’s roundtables.
- **Recommendation #1:** Minimize schedule changes with earlier and more targeted scheduling of cases, and set up Web site security permissions so that those with case staffing responsibilities are able to view any child’s record.
- **Challenge #2:** Although designed to facilitate communication, the Web site was under-utilized.
- **Recommendation #2:** Provide hands-on trainings and demonstrations for roundtable participants prior to implementation on how the Web site can increase communication and preparation.

Debriefing comment:

“Having an administrator present was beneficial, because the administrator was able to inform the case manager about the ability to override or provide waivers on specific policy issues.”

Training:

A. Two-Day Orientation

- **Strength:** A two-day orientation with presentations by top agency leadership served to generate excitement and enthusiasm for the project among DFCS regional leadership, master practitioners, and supervisors as well as Casey permanency experts; subsequent case manager trainings provided smaller forums for familiarizing staff with the process, forms, and answering questions.
- **Challenge:** Caseworkers did not receive the same level and intensity of training (and networking opportunities with experts) since they did not participate in the two-day orientation.
- **Recommendation:** Provide equivalent level and intensity of training for case managers, including their participation in orientation and more training on completing forms and preparing for case presentations. Case managers are ultimately responsible for implementing the action plans and moving the child toward permanency.

B. Sharing Learning

- **Strength:** Participation of Casey permanency experts, availability of on-site expertise, and the roundtable group discussion format provided many opportunities for field casework staff to learn within the roundtables and at informal lunch discussions.
- **Challenge:** Sharing learning on the fly effectively.
- **Recommendation:** Provide additional opportunities for sharing learning across roundtables and with non-participating staff in person or online including “lunch-and-learn,” message boards, and blogging.

Technical Assistance and Quality Assurance:

A. Action Planning

- **Strength:** The structured planning phase of the roundtable consultations encouraged creative thinking and solutions to overcoming permanency barriers for children.
- **Challenge:** There was a wide range in the quality of the action plans, with some lacking in substance and clarity in the documentation. While all action plans developed during the first week of roundtables were reviewed by experts who gave feedback to the teams, this practice was not continued through the four subsequent weeks.
- **Recommendation:** Provide more up-front training on writing action plans and build in time for ongoing reviews and quality checks of the action plans. For example, expert staff who are not participating in roundtables could review plans as they are generated and provide immediate feedback.

B. Roundtable Forms

- **Strength:** The roundtable forms provided participants with a wealth of information about each child being staffed and a way to document the status, permanency goals, and plans for the children.

- **Challenge #1:** The tight time frame in planning and implementation of the roundtables did not allow for field testing of the forms.
- **Recommendation #1:** Pilot-test forms with case managers and supervisors.
- **Challenge #2:** There were too many open-ended questions and some redundancy on the forms, due in part to the assumption that a section of the form would be pre-populated with data from the state's data system, which did not occur.
- **Recommendation #2:** Streamline forms; pre-code responses wherever possible to reduce the amount of hand-coded data.
- **Challenge #3:** Forms were sometimes missing and/or incomplete.
- **Recommendation #3:** Have supervisors check case summary forms for completeness before submission to the roundtable team; provide on-site checking of roundtable forms at the conclusion of each roundtable to ensure completeness of the documentation.

Data Collection:

A. Data Tracking

- **Strength:** A project data tracking system allowed for the collecting and storing of extensive project data on the roundtables and the children staffed. It also allowed for the addition of tracking child status, plan changes, and implementation status.
- **Challenge #1:** The inability to download data from SHINES, Georgia's statewide automated child welfare information system, resulted in (1) the case managers having to complete additional paperwork and (2) additional data entry costs.
- **Recommendation #1:** Specific requests for data and technical assistance from the state data system should be made as early as possible so that any additional work required to extract needed data can be completed in advance. This will reduce the volume of information case managers must complete, the amount of data entry and data cleaning required, and avoid confusion created by inconsistencies in form completion wherever possible.
- **Challenge #2:** The short development time frame led to insufficient database and data entry testing, which resulted in re-entering of data.
- **Recommendation #2:** Allow more time for development and testing of databases.

B. Roundtable Staffing and Documentation

- **Strength:** Roundtables included both a Casey permanency expert and a DFCS master practitioner, and some roundtables had two master practitioners.
- **Challenge:** Some roundtable sessions did not have a designated note-taker.
- **Recommendation:** Assign a note-taker as part of scheduling and leave time at the end of each session to review the written goals, strategies, and actions to ensure completeness and clarity. The designated note-taker could be the second master practitioner if two were assigned to each team. Relieving the core participants of the burden of note-taking would allow them to be more creative and maintain the momentum of the discussion.

Formula for Success

Based on participant feedback and evaluator observation, the following are offered as keys to success for similar endeavors:

- Leadership support and visibility in all phases of the project is critical to implementation.
- Clearly communicating that the roundtables would be prospective and innovative rather than retrospective and fault-finding is essential in obtaining buy-in from front-line staff.
- Orientation and training, with leadership participation, can set the stage for a positive approach to the project.
- Outside expertise, technical assistance, and support are critical to the project.
- Having a group process that includes experts and practitioners not previously involved in the case is helpful to identifying alternative resources and strategies.
- The roundtable process itself creates a significant focus on the children and their individual situations as well as the work of the case managers.
- A clear structure and format for the case consultations promotes balanced discussion and thorough consideration of permanency options.
- A project data-tracking system to manage and track scheduling, project data, and consultation outputs is a must for project implementation and follow-up.
- Ongoing positive feedback helps maintain enthusiasm throughout the project.
- Additional (1) up-front planning, training, and technical assistance, and (2) ongoing quality assurance and technical assistance—especially in the areas of documentation, data collection, and permanency plan development—will facilitate and strengthen the process.
- A process within the agency for ongoing monitoring and support of permanency plan implementation is essential.

Master Practitioner comment:

“The process seems magical. It brings everyone together to consider what is best for all children in care, and gives us permission to consider everything as being possible in securing what is best for our children.”

Conclusions

The Permanency Roundtable Project represented a significant effort to move children in care for longer periods of time to permanency and to increase staff skills in permanency strategies and planning. A total of 496 cases were staffed with DFCS personnel and external experts in a very short time. The roundtables led to identifying 841 barriers and the creation of 3,147 action steps, and there were some early success stories that supported the optimism and enthusiasm of all involved. According to DFCS, as of July 10, 2009, five months after the completion of the roundtables, 82 (17%) of the children staffed had already achieved positive legal permanency (33 reunifications, 13 in the custody of a fit and willing relative, 15 adoptions, and 21 guardianships). There were also 28 emancipations, with 27 signing voluntary agreements to remain in foster care. These early successes may be attributed to immediate work on implementing action plans, ongoing monitoring and tracking, and staff and consultants who remained flexible and positive when adjustments were necessary. It is hoped that the successful project implementation and hard work of all participants will translate into greater permanency for youth in DFCS care.

End Notes

- 1 The Department of Human Services (DHS) changed its name from the Department of Human Resources (DHR) effective July 1, 2009.
- 2 In 2006, county defendants and lawsuit plaintiffs entered into a consent decree approved by the United States District Court in the Northern District of Georgia. The Kenny A. consent decree required DFCS defendants to make system changes and to comply with 31 specific outcome measures regarding children in foster care.
- 3 The Department of Human Services (DHS) changed its name from the Department of Human Resources (DHR) effective July 1, 2009.
- 4 From orientation materials (see Appendix C).
- 5 Because Georgia did not complete implementation of its SHINES statewide child welfare data system until July 2008, many case managers were still using child identification numbers from the previous internal data system. Additionally, the usual errors were encountered from handwriting multi-digit numbers onto forms.
- 6 Some of the children were identified by case numbers from a prior data system, which created some difficulty in relating child records to forms. Evaluation consultants are continuing to work with project staff to obtain the appropriate forms and documentation.
- 7 Based on U.S. Census population estimates by county as of July 1, 2008.
- 8 Of the estimated 510,000 children in foster care on September 30, 2006, 32% were black/non-Hispanic. "Foster Care Statistics," Child Welfare Information Gateway, February 2009.
- 9 "Georgia's Children 2008," Child Welfare League, State Fact Sheets for 2008 (race statistics based on 2005 data).
- 10 The number of non-reported admissions may be due in part to the state's changeover to the SHINES data system in 2008; some historical case information continues to be stored in the state's legacy data system.
- 11 The case managers simply indicated the child's needs in the broad areas – these were not defined for the case managers in any specific way.
- 12 Hawkins, R. P., Almeida, M. C., Fabry, B., & Reitz, A. L. (1992). A scale to measure restrictiveness of living environments for troubled children and youths. *Hospital and Community Psychiatry*, 43, 54-58
- 13 When forms were submitted without one or both of these ratings, Care Solutions made several attempts to obtain these ratings but was unable to obtain missing ratings in all cases.
- 14 For information on the various DFCS programs and units, please visit the DFCS Website: <http://dfcs.dhs.georgia.gov/portal/site/DHS-DFCS>.



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