The Multi-Site Accelerated Permanency Project Technical Report

12-Month Permanency Outcomes

casey family programs

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Executive Summary

Background and Purpose. In 2010, almost 28,000 youth emancipated from foster care.[1] Youth who emancipate from foster care have poorer outcomes as adults than their peers in the general population. One strategy that may mitigate these poor outcomes is connecting youth with a family through *legal permanency* (defined here as reunification, adoption, or guardianship). The Multi-Site Accelerated Permanency Project (MSAPP) was developed to increase legal permanency rates for older youth in foster care through *permanency roundtables* (PRTs).

Permanency Roundtables. PRTs are structured meetings intended to expedite legal permanency for youth by involving internal and external experts (the PRT team) and encouraging thinking "outside the box." PRTs include (1) oral case presentation, (2) rating of the child's current permanency status, (3) discussion and brainstorming of current barriers to permanency, and (4) development of a specific action plan that includes permanency goal(s), strategies, and action steps.[2]

Participants. The target population for this project included older youth who faced the most challenges in finding legal permanency. Most jurisdictions chose to conduct PRTs on youth who had a case goal of *another permanent planned living arrangement* (APPLA), along with any siblings who were also in care. These were youth for whom the agency, at least temporarily, was not pursuing a case goal of permanency. For some jurisdictions, inclusion criteria included older children who had been in care the longest or who had been in care for at least one year.

A total of 726 youth participated in PRTs in Alabama, Colorado, Florida, and Ohio in 2010. Almost half (45.0%) were female, just over half (56.2%) were African American, and the median age was 17 years. On average, youth had been in care for 5.6 years and had experienced 8.5 placements. Nearly three in five (58.7%) had a mental health diagnosis, more than one-third had issues with substance abuse, and 28.5% had a history of criminal behavior.

Hypotheses and Outcomes. One year after the roundtables, 8.5% of the youth achieved legal permanency. The vast majority of the youth (61.6%) were still in care, 27.0% had exited state custody, and 2.9% had run away.

The study had three primary hypotheses:

1. First, after controlling for demographic characteristics, youth with more protective factors (e.g., having a positive, lifelong connection with at least one adult); fewer risk factors (e.g., substance abuse), fewer limiting characteristics (e.g., developmental disabilities), fewer barriers to permanency (e.g., lack of viable permanency resources), and less placement instability would be more likely to achieve legal permanency.

   This hypothesis was partially supported by the study results. Youth who had at least one positive, lifelong connection to an adult were significantly more likely to achieve permanency. Youth whose action plans included a psychosocial, psychological, or psychiatric evaluation to determine their needs, which suggests that they had emotional or behavioral problems, were less likely to achieve permanency.

2. Second, controlling for demographic characteristics, youth whose case managers have more positive attitudes towards permanency, who score higher on measures of

organizational climate and culture, and have greater adherence to the PRT model (fidelity) would be more likely to achieve legal permanency.

This hypothesis was not supported.

3. Finally, for youth who do not achieve permanency, PRTs would be associated with progress towards permanency, as indicated by increased permanency status ratings, reduced restrictiveness of living situations, and increased number of positive adult connections.

This hypothesis was partially supported. For youth who remained in care 12 months after the PRT, permanency status increased and the restrictiveness of living situation decreased. However, the number of positive adult connections did not increase.

Discussion and Recommendations. Rates of achievement of legal permanency within 12 months ranged from 0% to 26% across jurisdictions. This variance could be explained by a multitude of contextual factors, including case selection criteria, leadership, and policies.

Overcoming the challenges of finding legal permanency for older youth in foster care will require a new level of alignment among practice, agencies (representing multiple service sectors), policy, and research. Following are recommendations in five areas: practice, agency, PRTs, policy, and research:

1. Practice

   - Make permanency the focus early in a child's placement—and throughout the placement until permanency is achieved.
   - Focus on permanency and well-being concurrently.
   - Strengthen ties between youth and their biological parents, siblings, relatives, fictive kin, and prior foster parents.
   - Build connections in the community to provide opportunities for youth to connect to adults.

2. Agency

   - Require case managers to have a well-rounded understanding of legal permanency and its importance.
   - Create bolder goals around permanency—and hold staff and courts accountable for reaching those goals.
   - Provide consistent, strong agency leadership.

3. PRTs

   - Re-conceptualize the PRT model as an adaptive, ongoing process.
   - Dedicate at least one full-time position to coordinating PRTs with other permanency efforts.
   - Ensure that jurisdictions are ready for PRTs prior to implementation.

4. Policy

- Ensure that funding eligibility requirements do not de-incentivize legal permanency.
- Enact policies, such as subsidized guardianship, to reduce the overrepresentation of youth of color in care.
- Eliminate APPLA as a case goal.

5. Data and Evaluation

- Carefully craft data collection and create incentives for providing high-quality data. Include PRTs and other permanency-related activities as tracked services in case management systems.
- Evaluate PRTs with a randomized control trial.
- Identify milestones towards legal permanency, such as identification of a fit and willing permanency resource.
- Conduct follow-up studies for PRT-served youth for a longer period of time (e.g., 24 months).
- Conduct follow-up studies for youth who achieve legal permanency to monitor child and family well-being outcomes.

Conclusions. The youth who were included in the PRTs represented a challenging population for achievement of legal permanency. Given the relatively low rate of achievement of legal permanency within 12 months of the PRTs, it can be concluded that the PRTs were not particularly effective for this population. Nevertheless, jurisdictions report that PRTs have caused staff to have a greater awareness of the definition of legal permanency, the importance of permanency, and "thinking outside the box" regarding permanency options for youth. The child welfare field, however, must continue to seek out, improve, and evaluate the most effective and appropriate interventions to improve youth's well-being and increase their likelihood of achieving legal and emotional permanency; this includes ongoing education and training for social workers, agency leadership, and judges, and resources and incentives to help achieve and maintain permanency.

Background

In September 2010, roughly 408,500 youth were in foster care in the United States; one in three (35%) were teenagers and one in five (21%) were older than 16.[3] Despite passage of the Adoption and Safe Families Act (ASFA) in 1997, a substantial number of these youth continue to emancipate (that is, age out of care without legal permanency).[4] In 2010, 11% of youth exiting foster care did so through emancipation, representing almost 28,000 youth.[5] These youth have often experienced considerable foster care placement instability, significant time living in congregate care facilities (e.g., group homes), and high levels of involvement with other systems.[6]

This trend is disquieting in light of the poor outcomes found for many young adults who were formerly in foster care (*alumni*). Compared to their peers in the general population, foster care alumni (most of whom in research samples have emancipated from care) experienced higher rates of incarceration and criminal justice involvement; unintended pregnancy; food, housing, and income insecurity; unemployment; educational deficits; receipt of public assistance; and mental health problems.[7]

One strategy that may mitigate poor outcomes is connecting youth with a family through legal permanency (defined here as reunification, adoption, or guardianship). Older youth, however, have a more difficult time achieving permanency than younger youth; the odds of achieving permanency decrease by 12% for every additional year of a youth's age at the time of their first placement.[8] In addition to age, achieving permanency may also be affected by the youth's gender,[9] race/ethnicity,[10] maltreatment history,[11] foster care experiences,[12] and other characteristics, such as mental and emotional disorders.[13] Barriers also exist that can significantly affect permanency achievement, such as the youth's willingness, difficulty locating placement resources, and legal impediments.[14]

Child Welfare Agency Climate and Culture

In addition to the variables described above, characteristics of child welfare agencies and organizations may impact youth permanency. Organizational climate (the employees' subjective perceptions of the work environment[15]) and organizational culture (the way things are done in that work environment, e.g., norms, expectations, and assumptions)[16] may provide a missing link between knowledge, practice, and outcomes. Organizational climate and culture (OCC) have been shown to be associated with tangible outcomes in child welfare agencies.[17] Glisson and Hemmelgarn (1998), for example, found that organizational climates that included less conflict, greater cooperation, clearly defined roles, and personalized work were found to predict positive service outcomes within children's service offices.[18] Organizations with the highest OCC scores (as measured by the Organizational Social Context profiling system) give workers input into management decisions, allow for flexibility to do work while holding high expectations, encourage innovation, and provide buffers for emotional and work overloads.[19] Compared to organizations with low OCC scores, those with high OCC scores have lower annual turnover rates and are able to sustain new service or treatment programs for twice as long.

High rates of turnover in child welfare agencies can lead to undermanaged cases, increased caseloads for case managers, high costs to the agencies and the system, and negative impacts

for youth (such as poor permanency outcomes).[20] Shifting the OCC of child welfare agencies from a culture in which older youth are considered unadoptable, without hope of achieving permanency, to a culture in which legal permanency options are actively and rigorously pursued may have significant effects on outcomes for youth in care.

Attitudes towards Permanency

Case managers' attitudes and beliefs about the importance and attainability of legal permanency for older youth in care may affect permanency outcomes. To a certain degree, having a permanency goal of APPLA indicates that a foster care agency is not pursuing permanency for a particular youth. One study of youth who had been waiting the longest for an adoptive placement found that case managers believed only 19% of these youth were adoptable.[21] Beliefs about adoptability (or the ability to achieve permanency through reunification or guardianship) may impact whether and how rigorously case managers pursue permanency for these youth in care.

Legal Permanency

The sense of belonging from a permanent, lifelong connection can help youth develop relationships, connect with their community, and acquire life skills.[22] Adolescents who feel connected to a parent are better protected against a range of risks, including emotional distress and suicidal thoughts, alcohol use, smoking, violent behavior, early sexual activity, and early pregnancy.[23] Legal permanency, in the form of reunification, adoption, or guardianship, benefits children by providing them the social status and legal privileges of family membership (such as health insurance coverage) as well as lifelong connections to siblings, extended family, and their birth culture.[24] Furthermore, legal permanency can provide youth with a sense of belonging and family attachment where they may otherwise experience doubt and uncertainty.[25]

Despite the evidence that brief and intensive family-centered services can achieve up to 75% reunification rates within one year,[26] these services may not be being implemented widely or effectively; the percent of youth who exit foster care through reunification has decreased from 60% in 1998 to 51% in 2010.[27]

When reunification is not an option, adoption is often the preferred goal for youth in care.[28] Evidence suggests that ASFA, which requires that permanency hearings are conducted within 12 months for a child entering foster care, has not improved the rate of adoption of children age 9 and older; in fact, the gap in adoption rates between older and younger children is widening.[29]

Guardianship with a relative or non-relative can be another permanency option for older youth. One study found that in a two-year timeframe, more than twice as many youth age 13-18 achieved permanency through guardianship (12%) than reunification (5%) or adoption (6%).[30] Randomized controlled trials have shown that the option of subsidized guardianship, made possible through U.S. DHHS waivers of Title IV-E funds,[31] may significantly increase the likelihood of permanency.[32]

Unfortunately, a goal of legal permanency is often not in place for older youth. Rather, these youth are often assigned case goals of APPLA, long-term foster care, or emancipation.

APPLA, Long-Term Foster Care, and Emancipation

In 2000, over 28% of youth in care nationally age 13-17 had a case goal of long-term foster care or emancipation,[33] meaning that over 44,000 youth had case goals that did not consider permanency. As of 2010, little has changed, as nearly 38,000 youth in care age 13-17 (representing 29% of youth) had case goals of long-term foster care or emancipation.[34]

Long-term foster care and emancipation are often confusingly classified as APPLA, even though these goals do not imply the same characteristics of permanency.[35] Judges, lawyers, and agency professionals are trained to choose APPLA as a case goal only when compelling reasons make other options inappropriate (e.g., a child's needs are so great that he or she requires an institutional setting rather than any other permanent family setting). Under ASFA, long-term foster care and emancipation were prohibited from being included as permanency options; thus, experts argue, APPLA has replaced long-term foster care as the default goal for adolescents who face additional barriers to achieving legal permanency.[36]

A summary of interviews with adolescents whose case goal was APPLA reveals how the goal can fail youth:

> Overall, a lack of confidence in the system's ability to find an adoptive family and unrealistic expectations associated with being independent and free from the child welfare system were the common threads found throughout the interviews. Youth appear to have lost hope of finding a permanent family and instead have adopted an attitude of acquiescence that they will age out of the foster care system and will have to primarily depend on themselves to move ahead in life.[37]

The resignation to aging out of care held by youth whose case goal is APPLA has been echoed in case manager focus groups as well.[38] These findings suggest a diminishing standard of care for older youth in the child welfare system. Older youth are more likely to be placed in residential facilities or group homes than with stable foster families, and these group care facilities can be detrimental to adolescent development and increase the risk of youth running away.[39]

Permanency Roundtables

An emerging strategy for increasing the number of youth who achieve legal permanency is the permanency roundtable (PRT), which is a structured meeting designed to reinforce the use of permanency practices by decision-makers associated with a youth's case. PRTs are intended to expedite legal permanency for youth by involving internal and external permanency consultants (the PRT team), encouraging thinking "outside the box," and identifying and addressing systemic barriers to achieving permanency. Early research has yielded positive results. In one study in Georgia, 50% of the nearly 500 children in foster care (who had been in care for a median of 52 months) who received PRTs achieved legal permanency within 24 months.[40]

A youth's permanency status may improve through the PRT process by increasing his or her positive connections to adults (e.g., establishing relationships with potential permanency resources) and improving his or her living situation (e.g., moving to a less restrictive environment).[41] For youth who do not ultimately achieve legal permanency, experiencing positive changes in permanency status may still yield benefits. Youth outcomes improve across the board when youth report feeling a positive connection with at least one parent.[42] Connections with

parents and adults remain critical during emerging adulthood (age 18-25), which is usually characterized by a prolonged period of dependence on parents.[43]

Additionally, PRTs seek to improve the staff competencies (attitudes, knowledge, and skills) needed to expedite permanency. They also seek to enhance local capacity to sustain the process and to facilitate the collection of data to address systemic barriers to permanency. The PRT model encourages creativity and flexibility, but it also requires fidelity to a set of processes that ensure that each youth has the greatest chance of achieving legal permanency. Participants learn about the importance of permanency through a permanency values training, followed by a PRT skills training to learn about the PRT process. PRTs include (1) oral case presentation; (2) rating of the child's current permanency status; (3) brainstorming of creative strategies to accelerate permanency; (4) development of a specific short-term action plan that includes permanency goal(s), strategies, and action steps; and (5) regular follow-up with the case manager, supervisor, and master practitioner (an experienced agency staff member) to assess progress and make updates to the action plan as needed.[44]

This report describes the processes and outcomes of the Multi-Site Accelerated Permanency Project (MSAPP), which used PRTs to improve the permanency status of older youth who had been in care for long periods of time.

Purpose and Hypotheses

The primary purpose of the PRTs was to increase the number of youth achieving legal permanency. Youth demographic characteristics, risk factors, barriers, and foster care experiences, as well as case manager attitudes, organizational climate, availability of services, judicial attitudes, court review delays, and fidelity to the program model were identified as predictors for the success of PRTs. After controlling for demographic characteristics, it was hypothesized that:

1. Legal permanency would be more likely for:
   a. Youth with more protective factors (e.g., having a positive, lifelong connection with at least one adult); fewer risk factors (e.g., substance abuse), fewer limiting characteristics (e.g., developmental disabilities), fewer perceived barriers to permanency (e.g., lack of viable permanency resources); and less placement instability.
   b. Youth whose case managers have more positive attitudes towards permanency, score higher on the OCC scales, and have greater adherence to the PRT model (fidelity).
2. For youth who do not achieve permanency, PRTs would be associated with progress towards permanency as indicated by an increase in the permanency status ratings, a reduction in the restrictiveness of living situations, and an increase in the number of positive adult connections.

Method

Participants

Youth Eligibility Criteria

The target population for the intervention included older youth who face the most challenges in finding legal permanency. Four states (11 counties) participated in the study: Alabama, Colorado, Florida, and Ohio. Jurisdictions could choose specific criteria for identifying which cases would have a PRT meeting. The majority of child welfare agencies chose youth who had a case goal of APPLA, along with their siblings who were also in care, if applicable. This is an important study dimension because for many of the youth in this study, the agency, at least temporarily, was not pursuing permanency. For some jurisdictions, the criteria included older children who had been in care the longest or had been in care at least one year. The number of children who participated in PRTs varied based on internal public child welfare agency capacity (ranging from 40-110 youth per jurisdiction). A total of 726 youth were included in the study.

Youth Demographics and Educational Characteristics

Of the 726 youth, 45.0% were female, and the median age was 17 years (see Table 1 for youth demographic information). More than half of the youth's case managers (56.2%) indicated the youth's primary race/ethnicity as African American and 33.6% as White. Most youth were in school or had graduated high school at the time of the PRT; however, 11.0% of youth were not attending school. Given that the PRTs were primarily held for older youth, approximately three-quarters of the youth were in high school. Nearly half of the youth were located in Alabama; Colorado, Florida, and Ohio counties constituted 20.5%, 16.0%, and 16.5% of PRT-participating youth, respectively.

Table 1. Demographic and Educational Characteristics of Youth and Case Managers

	N	Youth	*N*	Case Manager[a]
Female	327	45.0%	243	83.4%
Median age (mean)	--	17.0 (16.2)	--	36.0 (38.0)
Primary race				
White	244	33.6%	89	30.0%
Black/African American	408	56.2%	188	63.5%
Hispanic/Latino	64	8.8%	12	4.0%
Other	10	1.4%	7	2.5%

	N	Youth	*N*	Case Manager[a]
Education status				
In school or pursuing GED	594	81.8%	--	--
Graduated H.S./Completed GED	52	7.2%	--	--
Not attending school	80	11.0%	--	--
Bachelor's degree (other than BSW)	--	--	156	52.9%
BSW	--	--	34	11.4%
Master's degree (other than MSW)	--	--	28	9.5%
MSW	--	--	78	26.2%
Jurisdiction (county)				
Alabama				
Madison	80	11.0%	19	6.4%
Marshall	34	4.7%	8	2.7%
Mobile	128	17.6%	35	11.8%
Montgomery	50	6.9%	17	5.7%
Tuscaloosa	49	6.7%	13	4.4%
Colorado				
Boulder	50	6.9%	22	7.4%
Denver	99	13.6%	36	12.2%
Florida				
Alachua	40	5.5%	11	3.7%
Broward	40	5.5%	14	4.7%
Duval	36	5.0%	21	7.1%
Ohio				
Franklin	120	16.5%	100	33.8%
Sample size	726		296	

[a]Data for case managers was imputed. No data were imputed for jurisdiction variable because no data were missing. More information on the imputation method is available in the Analysis section below.

Case Manager Characteristics

Demographics. Of the 296 case managers, 83.4% were female and the median age was 36 years (see Table 1 for case manager demographic information). More than half of the case managers (63.5%) identified their primary race/ethnicity as African American and 30.0% identified as White. All of the case managers held at least a bachelor's degree, with 35.7% holding a post-graduate degree (26.2% with an MSW). While 46.9% of the youth were located in Alabama, less than one-third of the case managers were in Alabama. Furthermore, Franklin County, Ohio, assigned a sole case manager to nearly every PRT youth; thus, while only 16.5% of youth were in Ohio, more than one-third of case managers in the sample worked there.

Experience and Caseload. On average, case managers had 8.3 years of experience in the child welfare field. Case managers' caseloads averaged 19.0 youth at the time of the PRT, 16.7 youth at 6 months following, and 18.8 youth at 12 months following the PRT.

Measures

Youth Measures

Three PRT forms were completed to track youth information and document outcomes:[45]

Case Summary Sheet. The Case Summary Sheet was completed by the case manager and approved by the supervisor prior to a youth's PRT. The sheet included demographic characteristics, risk factors, foster care experiences (including placement history), and perceived barriers to permanency.[46] The Case Summary Sheet also included an adaptation of the Restrictiveness of Living Environment Scale (ROLES),[47] which identified the living situation of the youth ranging from least restrictive (independent living) to most restrictive (jail).

Action Plan. The action plan was completed by the PRT team during the PRT. It included permanency strategies (e.g., identify permanency resource) and action steps (e.g., conduct diligent search).[48] It also included the permanency status rating scale that was used to assess the youth's permanency status, ranging from *poor* to *permanency achieved*.[49]

Monthly Follow-Up. The monthly follow-up was designed to be completed by the case manager and approved by the supervisor each month following the PRTs for one year.[50] Outcomes on the monthly follow-up included the permanency status rating scale, the ROLES scale, the number of new adult connections, legal permanency status, and reasons the youth had or had not achieved legal permanency.

Case Manager Measures

Attitudes towards Permanency. To assess case managers' attitudes towards permanency for older youth in foster care, the Attitudes towards Permanency Scale (ATPS) was developed (see Appendix A). This scale used a 5-point Likert-type scale to measure staff levels of agreement for 25 items.

Organizational Climate and Culture (OCC). A modified version of the Butler Institute for Families' Comprehensive Organizational Health Assessment tool was used to assess OCC (1990). The

OCC survey included questions about individual psychological protective factors, local-level climate, and organizational-level climate (see Appendix B). It used a range of existing subscales including *psychological capital*,[51] j*ob satisfaction*,[52] s*upervisor competence* and s*upervisor support*,[53] s*hared vision*,[54] *leadership*,[55] and *readiness for change*[56] (Barth & Chintapalli, 2009). Each of the items was measured using a 6-point Likert-type scale, with high scores indicating strong agreement and low scores indicating strong disagreement.

Fidelity. The PRT Fidelity Checklist was created to measure adherence to the most critical elements of the PRT process (see Appendix C). One month following the PRT, participants responded to questions on several aspects related to PRT implementation.

Table 2 summarizes the types of information collected and data collection time points.

Table 2. Data Collection Time Points

Information Collected			Prior to PRTs	At PRTs (Baseline)	Months after PRTs		
					1	6	12
Youth	Case Summary Sheet	*Demographics*	X				
		Risk Factors	X				
		Foster Care Experiences	X				
		Perceived Barriers to Permanency	X				
	Action plan	*Strategies to Achieve Permanency*		X			
	Case Summary Sheet, action plan, and monthly follow-up	*Outcomes*	X[a]	X		X	X
Case Manager	*Demographics*		X				X[b]
	Attitudes towards Permanency			X		X	X
	Organizational Climate and Culture			X		X	X
	Fidelity Checklist				X		

[a]If a youth exited care prior to 6 or 12 months after the PRTs, outcomes were collected the month he or she exited.

[b]Case manager demographics were collected at 12 months for case managers who did not complete baseline surveys.

Procedure

To facilitate collection of the case summary sheet, action plans, and monthly follow-ups, a secure, online data-entry system was utilized. Although the secure data-entry system and web-survey were designed to minimize data entry errors and maximize response rates, missing forms and missing data still occurred. When possible, county staff were contacted to supply missing data. Additionally, multiple imputation procedures were run (described in detail in the *Analysis* section below).

Most case managers provided information on demographics, attitudes towards permanency, and organizational climate and culture via a paper-and-pencil survey administered at a PRT orientation; case managers who did not attend the orientation provided the information via a web-based survey. Six and 12 months following the PRTs, data were collected via a web-based survey (Survey Monkey). At the 12-month follow-up, case managers were also asked to report the number of times they had met with their supervisor or a master practitioner to discuss the PRT case in the past year. Data presented here are from the baseline case manager surveys.

Analysis

Qualitative Coding

Reasons youth did or did not achieve permanency, perceived barriers to permanency at the time of the PRT, and action steps to be taken (as part of a youth's case plan) were coded into broad categories based on case managers' responses to open-ended questions. The initial categories drew upon the coding scheme developed by Rogg, Davis, and O'Brien.[57] For example, a youth who did not achieve permanency because he or she "has no adults in his/her life" was coded as having a *lack of a permanency resource*. (Categories for reasons youth did achieve permanency are described in the Results section below. The collapsed categories of perceived barriers to permanency, action steps, and reasons youth did *not* achieve permanency can be found in Appendices A, B, and F, respectively.)

Bivariate Analyses

Intermediate outcomes were explored using bivariate analyses. Specifically, changes in youth' permanency status ratings and living environments (ROLES) were examined. Using the numeric values (described above under *Youth Measures*), average permanency status ratings and average ROLES were calculated for youth and significant changes were examined between baseline and 12-month measures.

Scoring of Case Manager Measures

Confirmatory factor analyses using Analysis of Moment Structures (AMOS)[58] were used to check subscales for the case manager measures. The items comprising these scales are included in Appendices A, B, and C. Four subscales were developed for the ATPS: efficacy, actions, support, and beliefs.[59] Although the OCC consisted of existing scales, analyses indicated that many items did not fit well in the established scale; therefore, for the analyses in this study, the items comprising some scales were adjusted. In addition, four subscales were developed from 16 items on the Fidelity Checklist: *engagement*, *resources*, *identifying relatives*, and *focus*. Furthermore,

two standalone items were used, which address whether all PRT steps were always followed and whether all required participants were always in attendance.

Imputation of Missing Data

Data on youth characteristics and outcomes was mostly complete, due to an intense work effort following up with jurisdiction staff on all missing youth data by phone and email. However, a significant proportion of case manager data was missing. Completion rates for the ATPS and OCC scale were 71.3% at baseline, 49.0% six months after the roundtables, and 51.7% twelve months after the roundtables. Just over three-quarters (77.4%) of case managers completed a Fidelity Checklist. The majority of missing data were at the form level (that is, an entire survey was missing), but some completed forms were missing data at the item level.

Multiple imputation procedures were run in SPSS 19 using the PASW Missing Values Add-in. Variables in the imputation included case manager characteristics (jurisdiction; age; gender; race/ethnicity; highest education level; year received highest educational degree; number of youth on caseload at baseline, 6, and 12 months; number of PRT evaluation forms completed; number of times met with supervisor; number of times met with master practitioner; selected youth characteristics and outcomes (e.g., whether the youth achieved permanency, number of days until case closure, number of action steps, number of barriers); and all factor weight and mean scores from the Fidelity Checklist one month after the PRTs and the ATPS and OCC scale at baseline, 6 months, and 12 months after the roundtable. To account for missing data, 40 multiply imputed datasets were created; per standard protocols, these datasets were all treated as one dataset when running analyses.[60]

Multivariate Analyses

A Cox regression analysis was used to examine the relation between predictors and time to achievement of legal permanency. To determine which predictors to include in the Cox regression analysis, logistic regression analyses were first conducted to see which variables predicted achievement of legal permanency at the bivariate level. Variables and their categories (sets) included:

1. Youth demographic characteristics (jurisdiction, age at roundtable, gender, primary race/ethnicity)
2. Risk factors and foster care experiences (primary permanency goal on action plan, current living situation, number of total years in foster care, number of entries into foster care, placements per year, number of reasons for most recent entry into foster care, ever experienced an adoption disruption, number of risk factors, number of connections with adults at baseline, permanency status rating at baseline)
3. Action steps (each of the 86 action steps listed in Appendix D was tested separately)
4. Barriers (each of the 67 barriers listed in Appendix E was tested separately)
5. Case manager background (gender, race/ethnicity, highest education level, years in child welfare)
6. Fidelity Checklist (factor weight scores for number of times met with supervisor; number of times met with master practitioner; total score; *engagement*, *focus*, *identifying*, and

resources subscale scores; always followed all PRT steps; always had all required participants in attendance; see Appendix C).

7. Attitudes towards Permanency Scale (factor weight scores for total score; *actions*, *support*, *efficacy*, and *beliefs*; see Appendix A)

8. Organizational Climate and Culture Scale (factor weight scores for *psychological capital total score*; *psychological capital efficacy*, *hope*, *resilience*, and *optimism* subscale scores; *supervisor competence*; *supervisor support*; *shared vision*; *leadership*; *readiness for change*; and *job satisfaction*; see Appendix B)

If a predictor was significant at the bivariate level, it was entered into a set of similar predictors and a multivariate logistic regression was conducted. Predictors that remained significant within their set were then included in a final logistic regression, and significant predictors from that final logistic regression were then entered into the Cox regression analysis. The significance threshold was set to 0.10 for each of these steps to be more inclusive of potential predictors. Both the overall model and hazard ratios are presented.
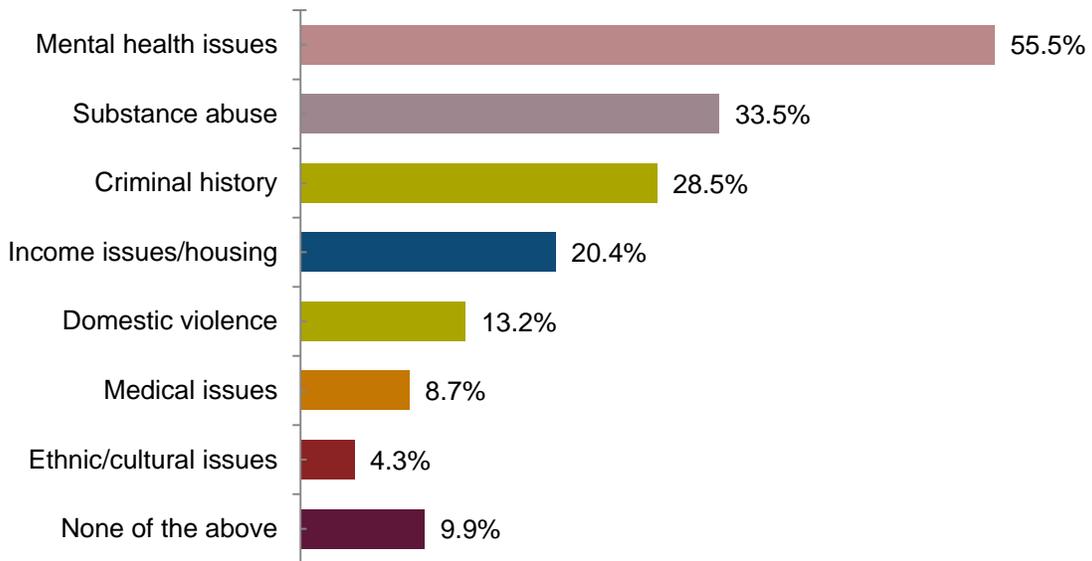
Results

Youth and Case Manager Characteristics

Youth Characteristics

Risk Factors. Figure 1 displays the risk factors of youth noted by their case managers.[61] The majority of youth were reported to have mental health or behavior issues, more than one-third had issues with substance abuse, 28.5% had a history of criminal behavior, and 20.4% were from a family with income or housing issues. Less than one-tenth of youth (9.9%) were reported to have none of the risk factors listed in Figure 1.
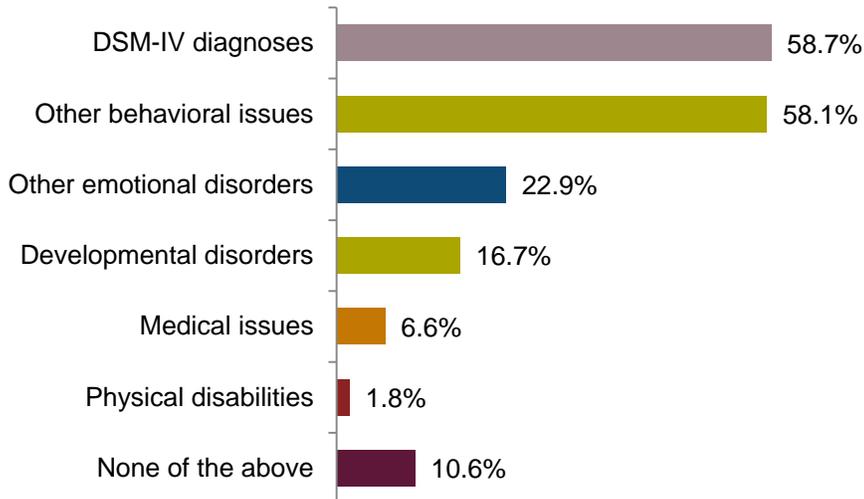
Brad, age 16, first entered care as a 6-year-old due to exposure to domestic violence, exposure to substance abuse, abandonment, and inadequate supervision. According to his case record, he had lived in 49 placements during nine years in and out of foster care. Brad struggled with mental health issues and behavioral problems, including defiance. His case goal at the time of the roundtable was APPLA: long-term foster care. The action plan included steps towards reengaging his mother and assessing for trauma. There was no response from relatives located during the diligent search, and Brad indicated that he did not want to have any contact with his mother. Twelve months after the roundtable, Brad was living in a group home.

Figure 1. PRT Youth Risk Factors (%)

Risk Factor	Percentage
Mental health issues	55.5%
Substance abuse	33.5%
Criminal history	28.5%
Income issues/housing	20.4%
Domestic violence	13.2%
Medical issues	8.7%
Ethnic/cultural issues	4.3%
None of the above	9.9%

Additional Youth Attributes. Youth attributes documented by case managers showed that more than half of the youth had on record at least one Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) diagnosis and/or behavioral issues (see Figure 2). A significant number of youth also exhibited other emotional disorders and/or developmental disorders.

Figure 2. PRT Youth Characteristics (%)

Characteristic	Percentage
DSM-IV diagnoses	58.7%
Other behavioral issues	58.1%
Other emotional disorders	22.9%
Developmental disorders	16.7%
Medical issues	6.6%
Physical disabilities	1.8%
None of the above	10.6%

Foster Care Experiences. Table 3 displays the youth's experiences with the child welfare system prior to the PRT. The median number of years youth spent in foster care was 5.0 years (average = 5.6 years), with a median of six placements across foster care episodes (average = 8.5 placements). Participants had a median of 1.4 placements per year in foster care across placement episodes (average = 2.0 placements/year). These values are comparable to results from a study of foster care alumni in the Pacific Northwest who spent at least one year or more in foster care as adolescents; they averaged 6.1 years in care, with 6.5 placements across multiple episodes and 1.4 placements per year.[62]

Table 3. Foster Care Experiences of Youth

Foster Care Experiences of Youth	Median	Mean
Number of years since first entry into foster care	5.6	6.9
Number of entries into foster care	1.0	2.1
Number of years in foster care across multiple episodes	5.0	5.6
Number of placements across multiple episodes	6.0	8.5
Number of placements per year in foster care	1.4	2.0
Experienced an adoption disruption	10.3%	
N	726	

Youth in the current study experienced a median of one entry into foster care (average = 2.1 entries) prior to the PRT, with 10.3% of youth experiencing an adoption disruption. Figure 3 displays the reason(s) listed by case managers for a youth's most recent entry into foster care. Nearly half of the youth had physical neglect or abandonment listed as one of the reasons for their most recent entry into foster care; one-third of the youth had emotional and behavioral problems listed as a reason for entry, nearly one-fourth listed physical abuse, and nearly one-fifth listed sexual abuse.

Tiffany, age 17, was first referred for child welfare services at the age of 5 due to physical abuse. By the time of the PRT, she had been in and out of care many times—very often running away—and had most recently entered care just before her 14th birthday due to emotional/behavioral problems. She was diagnosed with bipolar disorder, conduct disorder, poly-substance dependence, PTSD, and borderline personality disorder. Tiffany also had a criminal history (prostitution), substance abuse, and a history of serial relationships. At the time of the PRT, her case goal was APPLA: long-term foster care. The action plan developed included establishing and maintaining connections for Tiffany (including diligent search) and planning for her return from runaway status. Tiffany emancipated from a group home ten months after the roundtable.

Figure 3. Reasons Listed for Most Recent Entry into Foster Care

Reason	Percentage
Physical neglect or abandonment	47.9%
Child's emotional or behavioral problems	34.4%
Physical abuse	23.1%
Sexual abuse	18.5%
Emotional maltreatment	10.2%
Substance abuse	9.1%
Caregiver inability or relinquishment	7.6%
Other	11.4%
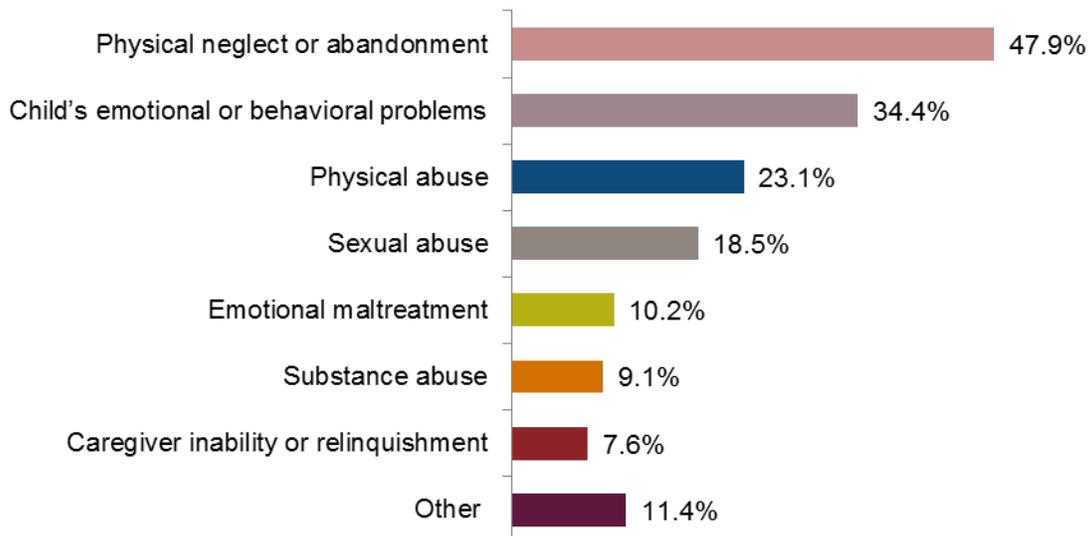
Note that the percentages for reasons for most recent entry into foster care total more than 100% because case managers were allowed to specify more than one reason for entry. Other category reasons listed for a youth's most recent entry into foster care include domestic violence, youth disability, economic hardship, criminal activity, death of a caregiver, and court decisions.

The majority of youth had APPLA listed as their primary case goal in their case plan, with 33.5% reporting emancipation as the primary goal and 44.2% reporting long-term foster care. Other primary case goals listed included reunification (5.1%), adoption (12.4%), and guardianship (4.7%).

Perceived Barriers to Permanency. Collapsed categories of the barriers to permanency faced by youth, as noted by case managers, are displayed in Table 4 (see Appendix E for the entire list of coded barriers). The average number of barriers listed was 2.2 per child. Most youth (69.4%) had at least one child-related barrier to achieving permanency, which was more than twice as common as the next most often-cited category, barriers related to permanency resources (26.6% of youth had at least one permanency resource barrier). Child-related barrier subcategories included child characteristics (e.g., behavior issues, criminal history/activities, and medical issues/needs: 59.5%) and child willingness (e.g., child unwilling to be adopted, child reluctant to return to biological family: 18.7%).

The two most often-cited barrier subcategories related to child characteristics were child behavior issues (29.1%) and child mental health issues/needs (10.1%). Permanency resource barrier subcategories included lack of a permanency resource willing and able to take the child (18.0%), financial issues (4.0%), and other resource issues (e.g., ability to handle child: 6.3%). System barriers (24.4%) included court/legal issues (13.6%), placement/provider issues (8.4%), and casework barriers (5.2%). Birth family barriers (20.8%) included birth parent issues (17.8%), such as lack of employment, substance abuse, or incarceration, and sibling issues (3.4%), such as

difficulty finding a resource willing to take the sibling group. About one-tenth of case managers (10.7%) indicated that a specific youth faced no barriers to achieving legal permanency.

Table 4. Categories and Frequencies of Perceived Barriers to Permanency Cited by Case Manager

Category	Frequency
Average number of barriers to permanency per case	2.2
Child barrier	69.4%
Child characteristics	59.5%
Child willingness	18.7%
Permanency resource barrier	26.6%
Lack of a willing/able permanency resource	18.0%
Financial	4.0%
Other resource issue (e.g., willingness, ability to handle child)	6.3%
System barrier	24.4%
Court/legal issues	13.6%
Placement/ provider issues	8.4%
Casework	5.2%
Birth family barrier	20.8%
Birth parent issues	17.8%
Sibling issues	3.4%
No barriers	10.7%
Other barrier[a]	8.1%
N	726

Luke entered foster care shortly after his 17th birthday due to physical neglect and emotional/behavioral problems. A child welfare agency from a different state had transferred him to the state to live with his mother even though she did not have a stable living situation and had mental health problems. Custody was transferred to the state agency and he was placed in a therapeutic foster home. Luke's behavioral problems included ADHD, Asperger's syndrome, and adjustment disorder; in addition, he had a learning disability. His case goal was APPLA: long-term foster care. No family members were willing or able to take him in. One year later, he was still in treatment foster care. However, the therapeutic foster parents pledged to maintain contact with him once he emancipated.

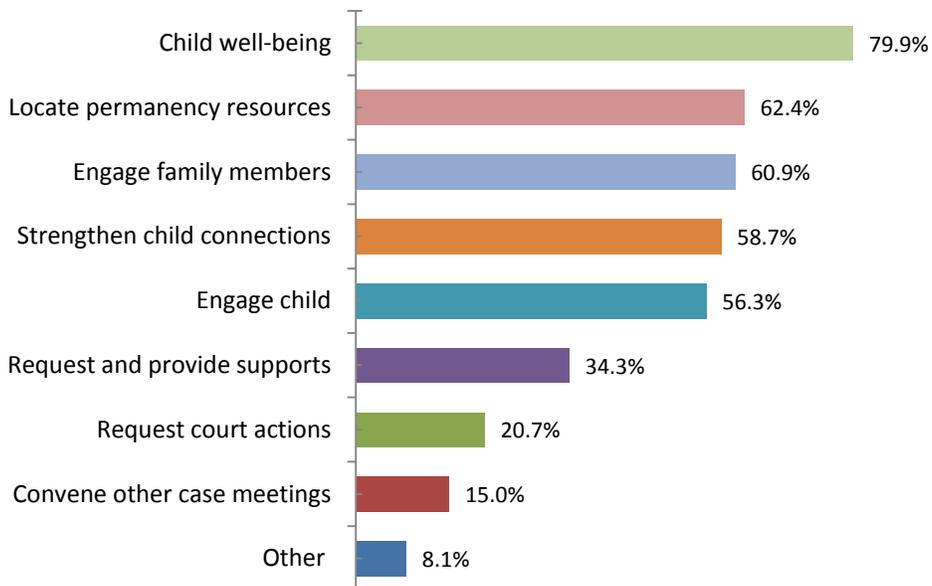*Note.* The percentages for categories and subcategories of barriers to permanency total more than 100%. Case managers were allowed to specify more than one barrier. Similarly, the subcategories (e.g., child characteristics and child willingness) may not sum to the categories (e.g., child barrier) because case managers could specify more than one barrier.

[a] *Other barrier* category included issues such as APPLA being the permanency plan, requiring background checks on relatives, and youth lack of employment or housing stability.

Action Steps. The collapsed categories of action steps and their frequencies are shown in Figure 4 (see Appendix D for the entire list of coded action steps). Case managers listed a mean of 6.7 types of action steps per case on the Action Plan (range 0 to 18). Action steps related to child

well-being were the most common category cited, which included initiating or refocusing therapeutic counseling services (27.7%), connecting the youth with a mentor (24.2%), or involving the youth in independent living preparation (22.5%). The two most common action steps, prior to collapsing the categories, were (1) discuss permanency plans and resources with family members or other critical adults (45.9%); and (2) strengthening non-relative (other) child connections (35.7%), which were collapsed into the locate *permanency resources* and *engage family members* categories, respectively.

Figure 4. Action Steps towards Permanency

Category	Percentage
Child well-being	79.9%
Locate permanency resources	62.4%
Engage family members	60.9%
Strengthen child connections	58.7%
Engage child	56.3%
Request and provide supports	34.3%
Request court actions	20.7%
Convene other case meetings	15.0%
Other	8.1%

Note. The percentages for categories of action steps towards permanency total more than 100%. Case managers were allowed to specify more than one action step. Action steps towards child well-being included medical evaluation, education advocacy, employment services, visitation with permanency resources, suitable placement evaluation, counseling services, mentoring, support groups, and psychological evaluation. Other action steps included case planning, locating a youth who had run away, researching legal options, and coordinating across systems.

Case Manager Surveys

Attitudes towards Permanency

The Attitudes towards Permanency Scale items and scores are included in Appendix A. Mean subscale scores were as follows: *beliefs* (3.69), *support* (3.55), *efficacy* (3.30), and *actions* (3.48), with possible scores ranging from 1 to 5. Sample items from each subscale included the following:

1. *Beliefs* (8 items): It is often a waste of time and resources to pursue legal permanency for youth who wish to emancipate from foster care (reverse-coded); it is a better use of time and resources to pursue legal permanency for younger youth since they have a better chance of achieving legal permanency than older youth (reverse-coded).

2. *Support* (6 items): I feel supported by my agency to explore all legal permanency options for older youth; my agency provides resources to maintain the connections between older youth and their siblings.

3. *Efficacy* (4 items): I have expertise in working with older youth to achieve legal permanency; I know how to engage the community to support the legal permanency of older youth.

4. *Actions* (7 items): In the last six months, how often have you… attempted a permanency strategy with an older youth that had previously failed to work for them; involved older youth in discussions regarding their legal permanency options?

Organizational Climate and Culture (OCC)

A variety of scales were used to measure OCC; these scores are included in Appendix B. The mean score on the psychological capital scale (possible scores ranging from 24 to 144) was 113.6. Mean scores on the job satisfaction subscales ranged from a low of 9.0 (*pay*) to 20.5 (*supervisor*); scores could range from 4 to 24. In this sample, case managers' satisfaction with pay was lower than the normed sample (9.0 vs. 13.0), while their ratings of satisfaction with their supervisor was higher than the normed sample (20.5 vs. 18.8).[63]

Scores on the five other scales (*supervisor competence*, *supervisor support*, *shared vision*, *leadership*, and *readiness for change*) ranged from 3.8 (*readiness for change*) to 4.9 (*supervisor support*); scores could range from 1 to 6. Because these scales have not been used widely, and because some items were dropped to improve model fit (see Measures section above), comparison data are not presented.

Fidelity Checklist

The Fidelity Checklist items and scores are included in Appendix C. Subscale scores were as follows: *engagement* (3.20), *resources* (2.37), *focus* (3.53), and *identifying relatives* (3.37), with possible scores ranging from 1 to 4. The *resources* subscale had the lowest score (2.37), while the *focus* subscale had the highest score (3.53). Sample items for each of the subscales are as follows:

1. *Engagement* (5 items): I engaged in creative thinking during the structured brainstorming phase.

2. *Focus* (4 items): The roundtable focused on providing appropriate services and supports.

3. *Identifying* (3 items): The roundtable focused on identifying and/or engaging nonrelatives in the child's life.

4. *Resources* (4 items): I had access to a legal consultant /consultation.

Christina, age 18, entered care at age 15 when her mother requested agency assistance, given that her mental health insurance benefits were exhausted. Christina had severe mental health issues, including borderline personality disorder and PTSD. She had previously attempted suicide through a drug overdose, had jumped out of a second-story window, and had set her hair on fire. In addition, she had been charged with arson and assault. Christina experienced numerous placements in treatment facilities, foster homes, and hospitals. At the time of the PRT, her case goal was APPLA: emancipation. The action plan included developing a permanency pact between Christina and her family, including holding a family team meeting. Her mental health continued to be a barrier to permanency, and her mother and aunt were both not willing to take her in. At the time of her emancipation, Christina was on runaway status.

For the vast majority of cases (84.0%), respondents indicated that all six roundtable steps were followed, and in seven in ten cases (69.8%), it was indicated that all five required participants attended the roundtable.

The mean number of meetings with supervisors and master practitioners reported by case managers in the past year were 7.8 and 3.3, respectively.

Youth Outcomes

At 12 months, 61.6% (*n*=447) of youth were still in care, 27.0% (*n*=196) of youth had exited state custody through emancipation or other case closure, 8.5% (*n*=62) achieved permanency, and 2.9% (*n*=21) were on runaway status (see Figure 5).[64]

Of the 62 youth who achieved permanency within 12 months of the PRT (and did not re-enter care), 43.5% (*n*=27) achieved permanency through reunification with a family member or former caregiver. Over one-third achieved permanency through guardianship (37.1%; *n*=23), and 19.3% (*n*=12) achieved permanency through adoption (mostly by a non-relative). Most of the youth who achieved permanency through guardianship or adoption did not have the process subsidized.

On a scale from 1 to 5 on which participants were asked to rate how much the PRT contributed to the achievement of permanency for youth (with 1 being "none" and 5 being "a great deal"), case managers typically indicated that the PRT contributed "some" (average = 3.21).

Figure 5. Youth Outcomes at 12 Months (*N*=726)
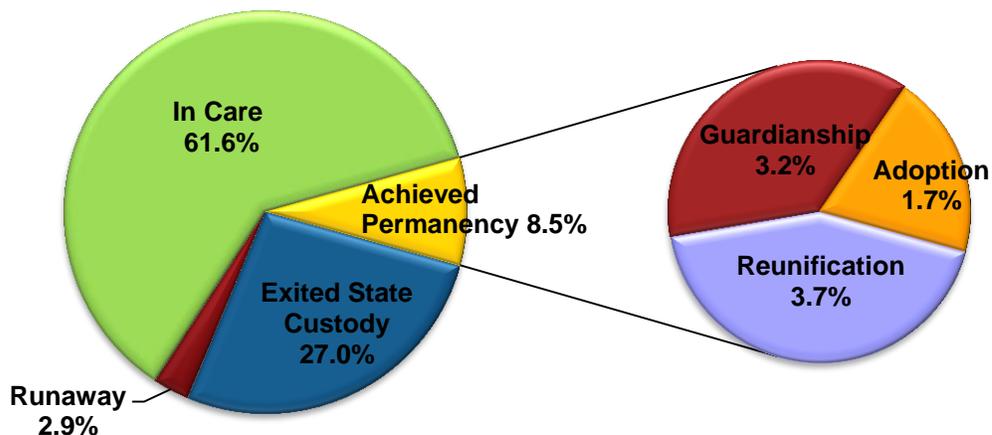
Reasons for Achieving Permanency

Case managers were prompted to answer up to five open-ended questions related to why they felt that the youth successfully achieved permanency. The most common reasons for successful achievement of permanency were the youth's acceptance of the permanency plan (e.g., commitment to the adoption process), finding a relative willing to care for the youth, and collaboration among the involved parties (e.g., increasing cooperation between family members, the courts, counselors, and other sources of support). Other often-cited reasons included successfully finding someone (relative or not) to provide a permanent home and providing supportive services and resources to the caregiver.

Reasons for Not Achieving Permanency

Case managers were asked to record their thoughts about why youth had not achieved permanency. Responses ranged from the youth's residency status to substance abuse to teen pregnancy. While reasons were provided for only half of the youth who did not achieve permanency, the following reasons were the most often cited by case managers (in descending order): youth's unwillingness/indecision about permanency, youth's negative behaviors, a lack of agency efforts (often in the past) to recruit

At the time of the PRT, Tina was 17 and had been on runaway status for nearly three months. This was her second episode of foster care. Tina entered care because of emotional and behavioral problems, including PTSD and an unspecified mood disorder; she was also the victim of sexual abuse. Her case goal was APPLA: emancipation, and her concurrent goal was APPLA: long-term foster care. During the PRT, specific action steps were developed to try to locate Tina, find an appropriate placement, and provide her with trauma therapy to address previous sexual abuse. Her case goal was changed to reunification, and plans included involvement of supportive friends, family members, and treatment providers. After the roundtable, Tina was located and reunified with her biological mother. The case manager said that the roundtable contributed a great deal to Tina's achievement of legal permanency.

potential permanency options, a lack of permanency resources for adoption or guardianship, youth age, youth mental or emotional health issues, and youth's tendency to run away or leave care. A complete list of the reasons for youth not achieving permanency can be found in Appendix F.

Foster Care Re-Entry

Three youth who achieved permanency (4.6%) subsequently re-entered care within the 12-month study timeframe (note that this percentage may be an underreporting given that data collection ended and was therefore censored 12 months after the PRTs). All three youth had achieved permanency within three months of their PRT but re-entered care shortly thereafter. The youth were from three separate jurisdictions, aged between 14-16 years, with similar foster care experiences and risk factors as other youth who participated in the PRTs. All three youth had DSM-IV diagnoses; however, this characteristic is not unique to youth who re-enter care (58.7% of youth who participated in PRTs had DSM-IV diagnoses). The youth who re-entered care were classified as *in care* for the purposes of the data analyses (because they were in care at the 12-month follow-up).

Secondary Outcomes

As Figure 5 demonstrates, 61.6% of youth remained in care 12 months following the PRT. For those youth, permanency status ratings significantly improved, on average, as did the ROLES (see Figures 6 and 7). Whereas the average youth permanency status rating at the time of the PRT was between "poor" and "marginal," this status rating increased over time to fall between "marginal" and "fair" at 12 months following the PRT. Similarly, the average ROLES rating became less restrictive by month 12.

Figure 6. Average Permanency Status Rating at PRT and Follow-Up for Youth Remaining in Care
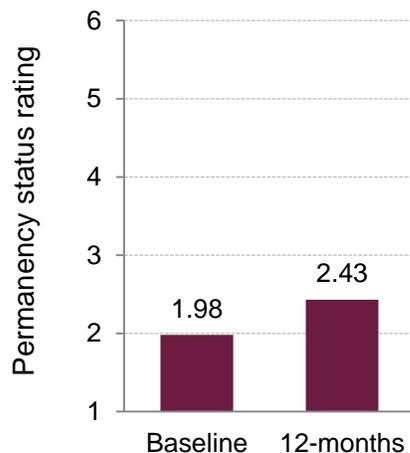
Note. Significant differences ($p<0.05$) were observed between status ratings at each time point.

**Figure 7. Average Restrictiveness of Living Situation (ROLES)
at PRT and Follow-Up for Youth Remaining in Care**
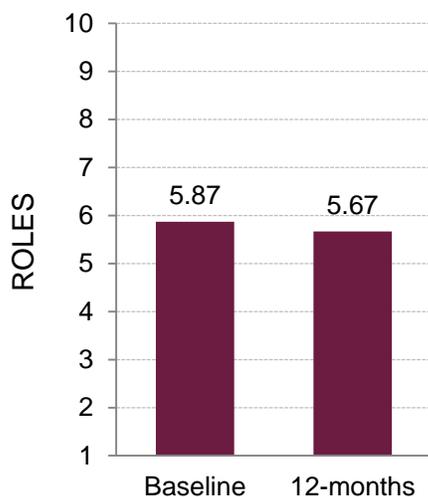
Note. Significant differences (*p*<0.05) were observed between ROLES at each time point.

Among youth who remained in care at 12 months, the mean number of connections with adults did not increase significantly from baseline (mean = 1.78) to 12 months (mean = 1.84).

Multivariate Analyses: Predictors of Legal Permanency

The overall Cox regression analysis model was statistically significant (–2 log likelihood = 704.8; $\chi^2(13)$ = 117.1; *p*<0.05). For each predictor, the reference group, regression coefficient (*B*), hazard ratio, and prevalence are presented (see Table 6). Given that this was a multivariate analysis, each estimate of a predictor's effect is presented after adjusting for other predictors in the model. The reference group is the group to which the predictor is being compared. For example, youth who have the permanency goal of reunification are compared to youth whose goal is APPLA.

Not surprisingly, the positive regression coefficient (*B*) of 1.34 indicates that permanency is more likely for youth with reunification as their goal than for youth with APPLA as their goal. The hazard ratio shows that youth whose goal was reunification, compared to youth whose goal was APPLA, were 3.82 times more likely to achieve legal permanency. The prevalence shows that, in total, 8.8% of youth in the study had a permanency goal of reunification.

Table 6. Cox Regression Results and Prevalence Rates for Predictors of Legal Permanency

Predictor	Reference Group	*B* (SE)	Hazard Ratio[a]	Prevalence
Age at roundtable (in years)	(continuous)	-0.08 (0.04)	0.92*	Median = 17.0
Race/ethnicity: Black	White	-0.53 (0.31)	0.59[†]	56.2%
Race/ethnicity: Hispanic/Latino	White	-0.09 (0.42)	0.91	9.0%
Race/ethnicity: Other	White	2.46 (0.58)	11.65	1.2%
Permanency goal: Reunification	APPLA	1.34 (0.36)	3.82*	8.8%
Permanency goal: Adoption	APPLA	-0.35 (0.41)	0.71	21.2%
Permanency goal: Guardianship	APPLA	0.26 (0.41)	1.30	12.8%
Youth has a positive, lifelong connection with an adult	No connection	2.33 (1.03)	10.24*	86.9%
Action step: Obtaining an educational advocate and/or involve the caregiver in educational advocacy	No such action step	1.70 (0.63)	5.47*	1.4%
Action step: Requesting psychosocial, psychological, or psychiatric evaluation to determine child's needs	No such action step	-2.37 (1.09)	0.09*	9.2%
Action step: Identifying and contacting a family member/relative/sibling who may or may not have been previously contacted	No such action step	0.56 (0.29)	1.76[†]	28.5%
Action step: Requesting a court action to change the youth's legal case goal	No such action step	1.33 (0.67)	3.78*	1.5%
Barrier: Strong ties to biological parents, siblings, or prior foster parents	No such barrier identified	1.15 (0.38)	3.17*	5.9%

*$p<0.05$, [†]$p<0.10$

[a]A hazard ratio of less than one indicates a reduction in the likelihood that legal permanency will be achieved compared to the reference group; conversely, a hazard ratio greater than one indicates an increase in the likelihood that legal permanency will be achieved compared to the reference group.

Youth Characteristics as Predictors of Legal Permanence

Youth characteristics that significantly predicted achievement of legal permanency at any given time point included (1) age at time of the roundtable – with each additional year of age, youth were 8.0% less likely to achieve permanency; and (2) primary race/ethnicity – compared to White youth, African American youth were 41.0% *less* likely ($p<0.10$) and youth of other racial/ethnic groups were 11.6 times *more* likely to achieve permanency. The percent of youth achieving permanency within each racial/ethnic group was White, 11.1%; African American, 4.9%; Hispanic/Latino, 16.9%; and other, 44.4% (note that only nine youth were categorized in the other racial/ethnic group).

Action Plan Steps That Were Predictors of Legal Permanence

Compared to youth whose primary case goal was APPLA (on their action plan), youth whose primary case goal was reunification were 3.8 times more likely to achieve legal permanency. The percent of youth achieving permanency within each primary case goal was APPLA, 5.8%; reunification, 29.7%; adoption, 6.5%; and guardianship, 9.7%. Youth who were reported to have at least one lifelong connection to an adult (on the action plan) were 10.2 times more likely to achieve legal permanency than youth who did not have at least one connection. *Nearly 1 in 10 youth who had at least one lifelong connection to an adult (9.7%) achieved permanency, compared to only 1.1% of youth who did not have such a connection.*

Of the 86 action steps, four were related to achievement of legal permanency in the final model:

1. Youth whose action plan included obtaining an educational advocate and/or involving the caregiver in educational advocacy were 5.5 times more likely to achieve legal permanency than youth whose action plans did not include this step. Three in 10 youth who had this action step (30.0%) achieved permanency, compared to 8.2% of youth who did not.

2. Youth whose action plan included a psychosocial, psychological, or psychiatric evaluation to determine the child's needs were 90.7% less likely to achieve permanency than youth whose action plans did not include this step. Only one youth who had this action step (1.5%) achieved permanency, compared to 9.3% of youth who did not.

3. Youth whose action plan included identifying and contacting a family member, relative, or sibling who may or may not have been previously

David, 17, entered care most recently at 15 due to emotional/behavioral problems. Previously, he had entered care at 14 after assaulting his stepfather. He was diagnosed with Asperger's Syndrome and ADHD and had a long history of aggression towards adults. At the time of the PRT, his case goal was APPLA: emancipation. At the PRT, this goal was changed to reunification. The action plan included a number of steps towards achieving reunification, including exploring supportive in-home services, exploring community connections, and developing a "survival guide" with David and his mother. Permanency was achieved through reunification three months after the PRT, and the case manager said that the PRT contributed a great deal to the reunification.

contacted were 1.8 times more likely to achieve permanency than youth whose action plans did not include this step. This predictor did not achieve statistical significance at the *p*<.05 level; *p*=0.052, suggesting that it would likely achieve significance with a slightly larger sample size. Nearly one in eight youth who had this action step (11.6%) achieved permanency, compared to 7.3% of youth who did not.

4. Youth whose action plan included requesting a court action to change the youth's legal case goal were 3.8 times more likely to achieve permanency. More than one in four youth who had this action step (27.3%) achieved permanency, compared to 8.3% of youth who did not.

Note that the action steps listed in Appendix D can inform future PRTs and other permanency-related training and coaching efforts.

Perceived Barriers

Of the 67 barriers, one was related to achievement of legal permanency in the final model. Youth whose strong ties to biological parents, siblings, or prior foster parents were considered a barrier to permanency were in fact 3.2 times more likely to achieve permanency than youth who did not have this listed as a barrier. One in five youth who had this barrier (20.9%) achieved permanency (2.3% adoption, 7.0% guardianship, and 11.6% reunification), compared to 7.8% of youth who did not.

Case Manager Characteristics, Attitudes towards Permanency, Organizational Climate and Culture, and Fidelity

None of the case manager background variables and none of the scales from the Attitudes towards Permanency Scale, Organizational Climate and Culture Scale, or Fidelity Checklist were significant predictors of permanency outcomes.

Discussion

Summary of Findings

Hypotheses

As described above, this study had three primary hypotheses:

1. Controlling for demographic characteristics, youth with more protective factors (e.g., having a positive, lifelong connection with at least one adult); fewer risk factors (e.g., substance abuse), fewer limiting characteristics (e.g., developmental disabilities), and fewer barriers to permanency (e.g., lack of viable permanency resources); and less placement instability would be more likely to achieve legal permanency.

This hypothesis was partially supported by the study results. Youth who had at least one positive, lifelong connection to an adult were significantly more likely to achieve permanency. Youth whose action plans included a psychosocial, psychological, or psychiatric evaluation to determine their needs, which suggests that they had emotional or behavioral problems, were less likely to achieve permanency.

2. Controlling for demographic characteristics, youth whose case managers have more positive attitudes towards permanency, score higher on the OCC scales, and have greater adherence to the PRT model (fidelity) would be more likely to achieve legal permanency.

This hypothesis was not supported.

3. For youth who do not achieve permanency, PRTs would be associated with progress towards permanency as indicated by increased permanency status ratings, reduced restrictiveness of living situations, and increased number of positive adult connections.

This hypothesis was partially supported. For youth who remained in care 12 months after the PRT, permanency status increased and the restrictiveness of living situation decreased. However, unsupportive of the study hypotheses, the number of positive adult connections did not increase.

Permanency Achievement Rates

While fewer than 1 in 10 youth who had a PRT achieved legal permanency overall, rates ranged from 0.0% to 26.0% across jurisdictions. This variance could be explained by a multitude of contextual factors, including the following:

1. *Selection criteria*. Selection criteria differed by jurisdiction. For example, only one county included children with a permanency plan of adult custodial care (i.e., long-term care and services for adults with developmental and/or medical challenges), while another allowed case managers to include any cases that they felt would benefit from the PRT process, regardless of their case goal. As a result, youth in the PRTs faced a range of challenges, which was reflected in the permanency rates.

2. *Policies.* Each state was implementing new child welfare initiatives, in addition to the implementation of PRTs, which may have affected permanency rates. Changes in departmental structures, budget cuts, and the courts' varying levels of knowledge about permanency also may have affected permanency rates.

Overall, the 8.5% rate of legal permanency achieved was much lower than expected. When the same intervention was implemented in Georgia just two years earlier, 22.7% of youth age 13 to 18 had achieved legal permanency one year after the PRT.[65] This discrepancy may be partially explained by differences in the two populations. Youth in the current sample were older, had been in care longer, experienced more placement moves, faced more barriers to permanency (e.g., DSM-IV diagnoses), and had more extensive histories of criminal behavior and substance abuse than youth in Georgia. Furthermore, the youth who *did* achieve permanency tended to have better permanency status ratings and less restrictive placement settings at the time of the PRT; the youth who remained in care may represent the more difficult cases. Some jurisdictions have conducted additional PRTs since the time of those included in this report; they have included younger children and youth in the PRTs and report higher levels of achievement of legal permanency. In addition, rates of permanency reported here were achieved within 12 months of the PRTs; rates may rise after 12 months.

Lack of Predictive Ability of the Measures

It is important to understand why the case manager measures (Fidelity Checklist, Attitudes towards Permanency Scale, and Organizational Climate and Culture Scale) were not significant predictors of permanency. It is possible that the relatively low number of youth achieving permanency (n=62) did not provide sufficient statistical power to detect the impact of these measures on rates of legal permanency. Alternatively, the scales used may not have measured what they intended to measure, or these factors do not substantially impact achievement of legal permanency in the study population.

Limitations

The primary limitations encountered in this study were (1) data quality issues (e.g., retrospective data, low survey response rates); (2) low statistical power; (3) the exclusion of potential predictors of permanency, such as agency leadership and resources; and (4) the lack of a comparison group. The time and effort required to obtain complete, valid youth data were extensive. The online data collection tool created for the evaluation was useful for some jurisdictions, but the majority of case managers did not log in regularly to complete monthly follow-up forms. Consequently, some data had to be collected retrospectively, which is subject to recall errors. Additionally, despite repeated requests, many case managers did not complete the Fidelity Checklist, the Attitudes towards Permanency Scale, or the Organizational Climate and Culture survey. Consequently, missing data prevented a truly comprehensive examination of these variables.

The second limitation was low statistical power. Because of the relatively low number of youth who achieved permanency (N=62; 8.5%), analyses were lacking in statistical power. As a result, predictors that might legitimately predict outcomes in a larger sample size were not significant. Further, it was not possible to explain why rates of permanency differed by jurisdiction (ranging from 0 to 26%).

The next limitation was the exclusion of potential predictors of permanency. It is likely that some unmeasured variables were associated with achieving legal permanency. For example, qualities of leadership may impact a jurisdiction's approach to permanency. In addition, differences between jurisdictions in (1) the interaction between child welfare agencies and juvenile courts, and (2) the accessibility of services to youth with emotional and behavioral disorders can impact rates of achieving legal permanency.[66] These and other variables should be included in future examinations.

Lastly, the study design lacked a matched comparison group, making it difficult to discern whether the PRTs appreciably changed a jurisdiction's legal permanency rates. The nature of the PRTs makes creating comparison groups challenging because of contamination, whereby benefits of an intervention may be provided to groups not directly receiving the intervention. For example, case managers in this study had caseloads that included both youth whose cases were included in PRTs and youth whose cases were not included. The evaluation team attempted to create a comparison group using case-level data from AFCARS, but it was not possible to satisfactorily match the cases on demographic characteristics and placement history variables. Creating a comparison group was particularly challenging given that jurisdictions participating in the PRTs did not have a common set of inclusion criteria for participants.

Recommendations

This study examined one of the hardest challenges facing child welfare professionals today: finding legal permanency for high-risk adolescents in foster care. Overcoming this challenge will require a new level of alignment among practice, agencies (representing multiple sectors), policy, and research. The child welfare field as a whole must take a collective approach to engaging stakeholders at all levels and aligning all work towards the common goal of achieving legal permanency for youth in care. Following are recommendations in each of five areas: practice, agency, PRTs, policy, and research:

Practice

Make permanency the focus early in a child's placement—and throughout the placement until permanency is achieved. The longer a youth is in out-of-home care, the more difficult it is for him or her to achieve permanency. Age strongly influenced the likelihood of achieving permanency in this study, and youth had been in care an average of almost seven years. Permanency-seeking efforts such as PRTs will be most successful when a youth has recently entered care and retains connections to siblings, family, and other caring adults who have been a part of his or her life.

Focus on permanency and well-being concurrently. For the vast majority of youth in this study, case managers were working on at least one action step related to ensuring the youth's well-being. Focusing on youth well-being should not preclude the exploration of permanency options, nor should a focus on permanency preclude a focus on well-being. Improvements in youth well-being can increase the likelihood of permanency (e.g., obtaining an educational advocate), and vice versa.

Strengthen ties between youth and biological parents, siblings, or prior foster parents. Relationships among foster parents, biological parents, and child welfare agencies are often contentious (this may be why relationships with biological families were seen as a barrier to permanency). Maintaining the attachments between youth and their biological families, however, may not only provide a sense of stability and consistency for youth but also contribute to permanency. Additionally, youth whose action steps included the agency contacting a family member (who may or may not have been previously contacted) were more likely to achieve permanency, which reinforces the important role of family ties. Lastly, youth often return to their birth families after emancipating from care, highlighting the need for agency staff to help prepare youth for these relationships.

Build connections in the community to provide opportunities for youth to connect to adults. Youth who were reported to have at least one lifelong connection to an adult (at the time of the PRT) were ten times more likely to achieve legal permanency than youth who did not have at least one connection. Jurisdictions have commented on the helpfulness of having a network of resources from which to draw for assistance. Child welfare staff should create partnerships with community organizations, groups, and leaders to increase opportunities for youth to be in situations where they can meet caring adults.

Agency

Require a well-rounded understanding of legal permanency and its importance. There is a clear difference between what some case managers consider to be permanency and what is legally defined as permanency. In some jurisdictions, the original number of cases reported as achieving legal permanency was somewhat inflated; many of the case managers were reporting achievement of permanency when a youth had actually emancipated. Resolving this disconnect is vital if the child welfare system is going to make progress in reducing the number of youth in out-of-home care. Schools of social work should incorporate instruction around legal permanency in their curriculum – not as a single lecture but as a central tenet in both bachelor's level and graduate degree programs.

Create bolder goals around permanency—and hold staff and courts accountable for reaching those goals. By establishing expectations and a culture of accountability, greater progress can be made. Goals could include the following: no child will spend more than two years in foster care before achieving legal permanency, or no child will age out of foster care without achieving legal permanency. By establishing these types of goals, the expectations for performance can be raised across agencies and the need for resources to achieve these goals will be more apparent. Strong partnerships with the courts are vital in achieving higher rates of legal permanency.

Provide consistent, strong leadership. Some of the jurisdictions included in this study experienced leadership changes over the course of the study. Finding permanency for older youth is a time-sensitive endeavor and must be prioritized by agency leadership. Allowing youth to age out of the system should be viewed as a failure, while the successful pursuit of permanency should be shared and celebrated. This requires passion, drive, and persistent support from directors and supervisors as well as the recognition that leadership can come in many forms and from different levels of the organization.

PRTs

Re-conceptualize the PRT model as an adaptive, ongoing process. Achieving permanency for youth in foster care can be viewed in a dose-response framework. In the current study, the "dose" administered by the PRT meeting may not have been strong enough to influence the desired response in this particularly marginalized population. The PRT model should be re-conceptualized as an ongoing process that can adapt as youth make progress towards permanency. Increasing the frequency of exposure to elements of the PRT model, such as meeting regularly with supervisors and master practitioners after the PRT to discuss progress towards permanency, would allow efforts to be intensified and targeted as necessary. In this study, case managers reported meeting to discuss the PRT cases with their supervisors an average of only 7.8 times and with master practitioners an average of only 3.3 times in the past year.

Dedicate at least one full-time position to coordinating PRTs with other permanency efforts. Case managers spend a lot of time addressing immediate needs to ensure the well-being of older youth in care. Cases involving older youth tend to be more complicated than those of younger children in care. Having staff dedicated to PRTs and other permanency-related efforts will expedite this process and allow case managers to spend more time providing other services. Jurisdictions in the current study suggest having a dedicated PRT coordinator whose tasks include assisting with

data collection and follow-up, addressing systemic barriers with leaders, and assisting case managers in completing PRT action plan steps.

Ensure that jurisdictions are ready for PRTs before implementation. A readiness assessment must be conducted prior to implementation so that PRTs are most likely to succeed. Several jurisdictions in the current study likely were not ready to implement PRTs. Issues to consider when planning for implementation include leadership stability, staffing infrastructure and buy-in, whether funding streams support permanency, how PRTs complement current interventions, and relationships with courts and legal staff. PRTs represent an appealing strategy towards achieving permanency and can result in a positive culture shift. However, great care needs to be taken to ensure that they are implemented in such a way that they will lead to success.

Policy

Ensure that funding eligibility requirements do not de-incentivize legal permanency. One-third of action steps reported by case managers were about clarifying the availability of resources and supports for the resource family post-permanency and requesting additional support, suggesting that access to and information about resources is a common challenge. Agency leaders may need to work at the policy level, perhaps with legislators, to address de-incentivizing of legal permanency.

Enact policies, such as subsidized guardianship, to reduce the overrepresentation of youth of color in care. While overrepresentation of youth of color was not a focus of the present study, it is a national problem that merits attention. African American youth in this sample were less likely to achieve permanency than White youth, a fact that maintains already high levels of overrepresentation. The U. S. Government Accountability Office (GAO) has called for additional assistance from the Department of Health and Human Services in reducing the proportion of African American children in foster care; the GAO recommends, among other things, reforming child welfare funding to permit subsidized legal guardianship. Some states providing subsidized legal guardianship through Title IV-E waivers have reported higher levels of permanency.[67]

Eliminate APPLA as a case goal. Having a case goal of *another planned permanent living arrangement* does not provide youth a clear route to achieving legal permanency. It is likely viewed in some jurisdictions as a replacement for long-term foster care. In the current study, only 6% of youth with a primary case goal of APPLA achieved permanency, compared to 30% of youth with reunification as a goal. While circumstances of the APPLA youth may have varied, efforts must be made to prevent the need to use APPLA as a case goal. This will help changing the mindset that all youth can still find permanency.

Data and Evaluation

Carefully craft data collection and create incentives for providing high-quality data. Child welfare workers are often burdened by reporting demands and are not always able to prioritize the time it takes to provide data, as evidenced by the amount of missing data in this study. Case managers may also lack incentive to provide data if useful findings are not disseminated back to them. Data required from case managers must be carefully and thoughtfully chosen to avoid unnecessary requests; ideally, most background information can be exported from a SACWIS dataset. Data collection tools should be piloted in the field and incorporate feedback from stakeholders.

Findings should be shared in accessible formats that are meaningful to case managers and their supervisors so the findings can be used to help youth.

Include PRTs and other permanency-related activities as tracked services in case management systems. Case managers in this study did not have a way to record permanency-related activities in their case management systems. The frequency and extent to which PRT meetings have been implemented, and their success in achieving permanency, is largely unknown in jurisdictions outside this study because tracking data is lacking.

Evaluate PRTs with a randomized control trial. Even though PRTs have been widely implemented, they have not undergone rigorous evaluation in the form of a randomized control trial. By randomizing the youth who receive a PRT, evaluators will be able to gain added insight into why PRTs are successful for some youth and not others.

Identify milestones towards legal permanency. Certain milestones, such as identification of a fit and willing permanency resource, must occur before legal permanency can be achieved. While the current study indicated a few milestones—such as having a case goal other than APPLA and having at least one connection with an adult—the full list of these precursors of permanency has yet to be developed. It would be helpful to research the milestones of permanency so that case managers and others working to achieve legal permanency for youth in care can have a concrete set of actionable goals, ultimately leading to the achievement of legal permanency.

Follow up for a longer period of time. The current report tracks youth outcomes for 12 months after the PRTs occurred, which is a relatively short timeframe in which to evaluate case outcomes. While establishing a connection between the intervention and permanency outcomes is more difficult as time elapses, future studies should track youth longer (e.g., for 24 months) after the PRTs.

Follow up on youth who achieve legal permanency. There is a dearth of research about outcomes for youth who achieve legal permanency, as most alumni studies have focused on young adults who emancipated from care. Monitoring young adult outcomes can demonstrate that legal permanency results in better well-being outcomes (e.g., education, employment, and mental health). To date, better outcomes among those who have achieved legal permanency are assumed but not documented.

Conclusion

Past permanency roundtables have demonstrated effectiveness in some settings and with certain youth.[68] Although some jurisdictions demonstrated a successful permanency rate, overall, effectiveness of PRTs in the current study was limited. As with most studies, methodological and implementation challenges limit the generalizability of the findings. However, one of the most important takeaways from this study is the difficulty faced by child welfare professionals in finding legal permanency for the population served in this study—primarily older youth who have spent extended periods of time in care.

Jurisdictions report that PRTs have caused staff to have a greater awareness of the definition of legal permanency, the importance of permanency, and "thinking outside the box" regarding

permanency options for youth. The child welfare field, however, must continue to seek out, improve, and evaluate the most effective and appropriate interventions to improve youth's well-being and increase their likelihood of achieving legal permanency. PRTs have demonstrated success, including for some of the jurisdictions in this study. Other approaches to increasing permanency rates must also be sought, developed, and incorporated into practice. Lastly, all professionals in the child welfare field must adopt a common approach towards permanency that includes more ambitious goals. Once that happens, we will experience greater progress towards achieving legal permanency for youth.

Endnotes

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