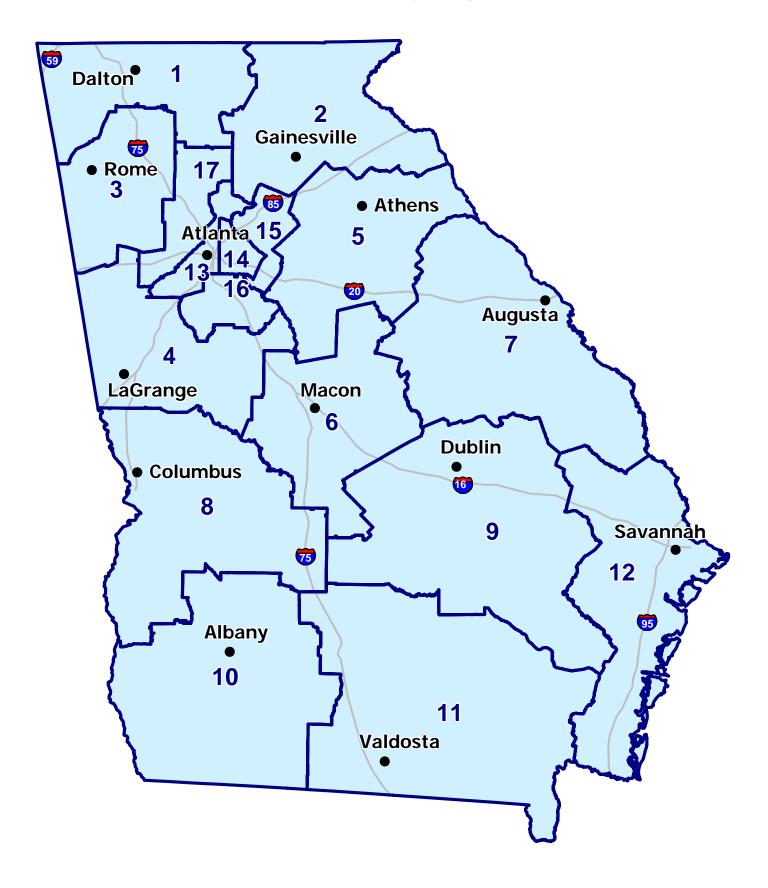
# **Georgia Permanency Roundtables Project**

**Process Evaluation Report** 

July 2009

# Appendices

# Georgia Division of Family and Children Services Service Delivery Regions



### Kenny A Consent Decree, Outcomes 9 and 10

**Outcome 9**: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 backlog pool"): For all children in the 24 month backlog pool, by the end of the second reporting period, at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain in custody at the end of the second reporting period, by the end of the third period at least 40% shall have one of the following permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain in the 24 month relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain in custody at the end of the fourth reporting period at least 40% shall have one of the fourth reporting period at least 40% shall have one of the fourth reporting period at least 40% shall have one of the fourth reporting period at least 40% shall have one of the following permanent placement with relatives, permanent placement with relatives, permanent placement with relatives, permanent legal custody, adoption, or guardianship.

**Outcome 10:** Children in custody for more than 24 months and still in custody upon entry of the Consent Decree (children in the "over 24 backlog pool"): For all children in the over 24 month backlog pool, by the end of the second reporting period, at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the over 24 month backlog pool, who remain in custody at the end of the second reporting period, by the end of the second reporting period, by the end of the third reporting period, at least 35 percent shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the over 24 month backlog pool, who remain in custody at the end of the third reporting period, by the end of the fourth reporting period at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the over 24 month backlog pool, who remain in custody at the end of the third reporting period, by the end of the fourth reporting period at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.

Source: Kenny A Consent Decree Period V Monitoring Report, Page A-3.





# DFCS-Casey Family Programs Permanency Roundtable Process Orientation & Training

# **Agenda**

### Tuesday, December 9, 2008

8:30 am Registration

9:00 am	Welcome and Introductions	Isabel A. Blanco, DHR/DFCS Deputy Director of Field Operations
9:10 am	Overview of the Day	Kathy Herren, DHR/DFCS, Deputy Director of Programs and Policy
9:20 am	Casey Family Programs Vision and Role	Page Walley, Ph.D. Managing Director, Casey Family Programs
9:40 am	Permanency Vision, Direction, Commitment	B.J. Walker, DHR Commissioner Mark Washington, DHR Assistant Commissioner of DFCS and OCSS
10:10 am	Overview of Key Strategies For Expediting Permanency	Sue Steib, Ph.D. Senior Director, Casey Family Programs
10:30 am	Overview of Permanency Roundtable Process	Millicent Houston, DHR,/DFCS, Permanency Project Administrator
10:40 am	Break-Out Group Charge	Linda Jewell Morgan Senior Director, Casey Family Programs
	10:45 – 11:0	0 am BREAK
11:00 am	Break-Out Group Discussions and "Shout-Out"	Facilitators Casey Family Programs
12:00 pm	Overview of Permanency in Georgia	Isabel A. Blanco and Sharon Hill, Ph.D., DHR/DFCS, Accountability Officer

12:30-1:30 pm LUNCH

	• •	
1:30 pm	Panel: Questions & Answers	Panelists
2:00 pm	Roundtable Roles, Process and Evaluation	Sue Steib Linda Jewell Morgan Millicent Houston
2:45 pm	Permanency Roundtable Demonstration	Linda Jewell Morgan
	3:30 – 3:45 pm	BREAK
3:45 pm	<ul> <li>Skill Enhancement Sessions</li> <li>Master Practitioners: Facilitation and Consultation Skills</li> <li>Permanency Experts: Georgia Policies and Practices</li> <li>Supervisors: Preparing Your Staff for the Case Consultation</li> </ul>	Facilitators, Casey Family Programs and DHR/DFCS
5:00 pm	Reconvene for Debriefing & Wrap-up	Isabel A. Blanco

# Tuesday, December 9, 2008

# 5:30 pm Adjourn

	Wednesday, Dece	mber 10, 2008	
8:00 am	Welcome	Kathy Herren	
8:15 am	Everyday Creativity, A Video	Linda Jewell Morgan	
8:45 am	<ul> <li>Skill Enhancement Sessions</li> <li>Master Practitioners and Permanency Experts: The Roundtable Case Consultation Process</li> <li>Supervisors: Supporting Implementation of the Permanency Action Plans</li> </ul>	Facilitators, Casey Family Programs and DHR/ DFCS	
	10:30 – 10:45 a	m BREAK	
10:45	Mini Roundtables	All	
11:45	Reconvene for Debriefing	Millicent Houston	
12:15	The Charge	Isabel A. Blanco	



### DFCS-CASEY FAMILY PROGRAMS PERMANENCY ROUNDTABLE PROCESS ORIENTATION & TRAINING DECEMBER 9-10, 2008

### FINAL REPORT

### SUMMARY REPORT

In 2008, the Georgia Department of Human Resources, Division of Family and Children Services (DFCS) in collaboration with Casey Family Programs (CFP), contracted with Care Solutions, Inc. to assist in the development, coordination, implementation, and evaluation of a Permanency Roundtable Process with the goal of providing case consultations to expedite permanency for approximately 480 children who are Kenny A class members, most of whom have been in foster care longer than 24 months. In an effort to begin this work, all parties involved were asked to attend one two day Roundtable Orientation & Training held at the Georgia Tech Conference Center on December 9-10, 2008.

The Roundtable Orientation & Training addressed topics such as:

- Permanency progress and challenges within Georgia
- The "Roundtable" case consultation process
- Permanency case factors of children who have been in foster care more than 24 months
- The role of internal and external stakeholders in achieving permanency

The orientation was six hours of training spread out over two days. The goal of this orientation was to train individuals taking part in the upcoming Roundtable process, including select Casey Permanency Experts, DFCS Master Practitioners and DFCS Supervisors from both DeKalb and Fulton Counties. It was crucial for all parties involved to have a thorough knowledge of their roles and what to expect when participating in a Roundtable case consultation.

Day 1 of the Orientation & Training focused on the vision, role, direction and commitment that would be involved in striving toward the goal of permanency for Georgia's children in care. After a brief overview of the Roundtable process, attendees were given the opportunity to sharpen their skills as they participated in pre-assigned Skill Enhancement Sessions. Participants were assigned to one of three groups, depending upon what their role would be in the Roundtables:

- 1) Master Practitioners
- 2) Permanency Experts
- 3) Supervisors



The first day concluded with an afternoon Permanency Roundtable process demonstration, allowing for participants to gain a better understanding for how an actual case consultation might occur.

Day 2 kicked off with a motivational video, *Everyday Creativity*, aimed at inspiring its viewers to take note of not just the "ordinary, but extraordinary" in their everyday work. An overview of permanency in Georgia was then delivered before participants were once again given the opportunity to break into their Skill Enhancement Sessions. Each group had specific learning objectives and supporting handouts to guide them as they prepared for their roles in the upcoming case consultations.

The Orientation & Training continued with an opportunity for all participants to take part in a Mini Roundtable, where each group spent some time putting into practice what they had learned about the Permanency Roundtable process over the duration of the Orientation & Training.

During the Orientation & Training, 186 participants received training; this included 19 Casey Permanency Experts, 16 Master Practitioners, 44 Supervisors as well as 107 other invited guests. Included in this report is an alphabetized master attendance list of all participants who received training, copies of sign-in sheets from both days, as well as the PowerPoint presentations, handouts and resource materials that were provided to each participant during the Orientation & Training.

Following the conclusion of the two day Orientation & Training, a total of 10 Permanency Roundtables have been scheduled to take place simultaneously at the DeKalb and Fulton County DFCS offices over a six-week period in January and February, 2009<sup>1</sup>. Care Solutions is serving as the project evaluator and will also assist with the organization and implementation of the Permanency Roundtables.

### CEUs

Care Solutions, as an authorized provider of continuing education units by the International Association of Continuing Education and Training (IACET), is providing CEUs to participants who successfully completed the Orientation & Training.

Attendees at the Orientation & Training were able to earn up to six (6) Professional Development credit hours (or .60 CEUs) in two days to meet their annual training requirements.

<sup>&</sup>lt;sup>1</sup> There were no Roundtables scheduled for the week of January 19, due to the MLK holiday. DFCS-Casey Family Programs Permanency Roundtable Process Orientation & Training 2008 ~ Final Report



To assure consistent registration and documentation of attendance, a Care Solutions staff member was on site both days to provide detailed management of all attendance sign-in sheets and materials provided. If at any time a participant should request a record of training, Care Solutions can easily and accurately verify a participant's training hours.

### **EVALUATION**

Following the Orientation & Training, participants were asked to complete a brief evaluation form rating a variety of aspects about the session and the degree to which they agree or disagree. The form uses a five-point Likert scale, with one being "strongly disagree" and five being "strongly agree." Evaluation at this level measures how participants react to the training.

The evaluation form also included a place for attendees to indicate which of the three Skill Enhancement Sessions they attended: Master Practitioners, Permanency Experts, or Supervisors.

Evaluation feedback was then broken down by session so that comments could be better understood as they applied to each session.

The overall rating for the Orientation & Training was highly favorable, with 85% of attendees feeling that "the meeting overall was well organized." Specific comments included:

- "Skill Enhancement Session and the actual roundtable demonstration were most helpful." Master Practitioner Session
- "The Day 1 break-out and Skill Enhancement Session helped to hear how things look here in Georgia." –Permanency Expert Session
- "Discussing a real case made a huge impact for me to see how the process unfolds. Our group had great suggestions and it made me appreciate this process!" –Supervisor Session

**ATTACHMENTS** (See Table of Contents for a list of attachments included with this report.)

# Permanency Roundtable Orientation & Training

**DHR and Casey Foundation** 

Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008



#### **Day One Evaluation** The morning presentations were helpful to my understanding of our 4.24 / 5.00 state's vision and commitment to permanency. The morning presentations were helpful to my understanding of 4.16 / 5.00 permanency strategies. The morning and afternoon presentations were helpful to my 4.01 / 5.00 understanding of the DFCS-Casey Permanency Roundtable Project. The morning small-group break-out session was useful for identifying 3.89 / 5.00 permanency strengths and barriers. The afternoon skill enhancement break-out session helped me 3.88 / 5.00 understand the individual roles and skills required for the Permanency Roundtable case consultations. The afternoon Permanency Roundtable demonstration furthered my 3.86 / 5.00 understanding of the Permanency Roundtable consultation process. **Day Two Evaluation** 3.82 / 5.00 The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how 4.29 / 5.00 the Permanency Roundtable consultations will work. **Overall Meeting Evaluation** The meeting overall was well organized. 4.23 / 5.00 The meeting overall was well worth my time and participation. 4.15 / 5.00

This meeting gave me enough information to understand and/or 4.04 / 5.00 participate in the Permanency Roundtable Project.

# Permanency Roundtable Orientation & Training

**DHR and Casey Foundation** 

Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

### **Master Practitioners**



### **Day One Evaluation**

	The morning presentations were helpful to my understanding of our state's vision and commitment to permanency.	4.61 / 5.00	
	The morning presentations were helpful to my understanding of permanency strategies.	4.39 / 5.00	
	The morning and afternoon presentations were helpful to my understanding of the DFCS-Casey Permanency Roundtable Project.	3.94 / 5.00	
	The morning small-group break-out session was useful for identifying permanency strengths and barriers.	4.00 / 5.00	
	The afternoon skill enhancement break-out session helped me understand the individual roles and skills required for the Permanency Roundtable case consultations.	4.11 / 5.00	
	The afternoon Permanency Roundtable demonstration furthered my understanding of the Permanency Roundtable consultation process.	3.89 / 5.00	
Day	v Two Evaluation		
	The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency Roundtable case consultations.	3.83 / 5.00	
	understand the skills I need to participate in the Permanency	3.83 / 5.00 4.28 / 5.00	
Ove	understand the skills I need to participate in the Permanency Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how		
Ove	understand the skills I need to participate in the Permanency Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how the Permanency Roundtable consultations will work.		
Ove	understand the skills I need to participate in the Permanency Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how the Permanency Roundtable consultations will work.	4.28 / 5.00	



## Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

### **Master Practitioners**

# Which session(s) did you find to be most helpful to your understanding of the Permanency Roundtable Process?

Skill enhancement session and the actual roundtable demonstration were most helpful.

The mini roundtable session allowed us to get a feeling for the process and a better understanding of the perspective of each participating member.

We had too many extra people in the meeting, which did not stay on target. Lots of whining going on at the process for CM.

The sessions most helpful to me were the mini roundtables, strategies to improve the task of permanency, skill enhancement case consultation and support.

The roundtable on the 2nd day in which a case was presented.

All aspects but mainly the break-out sessions.

The afternoon Master Practitioner session and mini roundtable.

All was good/energizing.

All sessions were very helpful, but as a Master Practitioner, the last session was not beneficial. The Creative Problem Solving video was also a way to renew my thinking with different ways to solve problems. I've been to a lot of trainings over the years and this is one of the best and gave us hope for positive change.

The first morning - creating the vision was inspiring and passionate and helpful. The final small group session was helpful to understand how difficult this process will be. The master practitioner/facilitator is a very critical role that can make or break this process.

Mini roundtables at the end - I would have liked to practice this more!

Day 2 afternoon.

All sessions.

Mini roundtable role play and permanency roundtable discussion.



Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

#### Master Practitioners

#### What additional information/supports do you need to help Georgia be successful?

Follow up, follow up, follow up. Support for Case Manager to achieve goals established during the roundtable.

Accountability and follow-up at all levels.

Supervisors/CMs need preparation and training on the case consultation. Mentoring the staff and following up the work being done.

Follow up to see what really worked and what we need to continue to work on for the children presented.

Ways to have policies or decisions tailored to meet specific cases - not only high profile cases or roundtable cases, but all of them.

Mentoring for new case workers and supervisors, 6 months follow-up, tracking, follow-up with new case workers and supervisors and support.

Let's talk about how we are tracking. How can we measure our success?

Engagement needs to be taught during the initial training for case managers and then there needs to be additional professional development courses for both CMs and Supervisors with engagement. Feedback I'm receiving from staff is that the engagement portion is missing from the skills for working with fathers - staff stated that this training is currently focused on searching for dads, but not teaching them how to engage those dads who have not been in the lives of the children.

Many of the cases we will be reviewing are the toughest of the tough. I am hopeful we will see some breakthrough with some of the kids. I think we need to be realistic that we won't get breakthrough on all the kids but a seed was planted for improvement. We do need policy waivers in some cases and it is helpful that we will have staff devoted to help do this. Overall, this was a very inspiring conference/training and a great network opportunity as well.

More time should have been spent on learning about our roles in this process and in practice than we had. We wasted time with long introductions leaving only a short time to do what was important. There should be more concrete information shared with the master practitioners and permanency experts regarding expectations and desired outcomes.

Support the staff with resources.

Schedule of when cases will be presented; confirmation of technical assistance that will be in place during roundtable to facilitate getting info to CMs and Supervisors regarding process suggestions; statewide support for process by leadership team - presented on local level via newsletter, email, etc.

# Permanency Roundtable Orientation & Training

**DHR and Casey Foundation** 

Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

### **Permanency Experts**



### **Day One Evaluation**

	The morning presentations were helpful to my understanding of our state's vision and commitment to permanency.	4.20 / 5.00
	The morning presentations were helpful to my understanding of permanency strategies.	4.40 / 5.00
	The morning and afternoon presentations were helpful to my understanding of the DFCS-Casey Permanency Roundtable Project.	4.00 / 5.00
	The morning small-group break-out session was useful for identifying permanency strengths and barriers.	4.00 / 5.00
	The afternoon skill enhancement break-out session helped me understand the individual roles and skills required for the Permanency Roundtable case consultations.	3.80 / 5.00
	The afternoon Permanency Roundtable demonstration furthered my understanding of the Permanency Roundtable consultation process.	3.75 / 5.00
Day	<sup>7</sup> Two Evaluation	
Day	Two Evaluation The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency Roundtable case consultations.	3.80 / 5.00
Day	The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency	3.80 / 5.00 4.75 / 5.00
	The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how	
	The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how the Permanency Roundtable consultations will work.	
	The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how the Permanency Roundtable consultations will work.	4.75 / 5.00



Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

### **Permanency Experts**

# Which session(s) did you find to be most helpful to your understanding of the Permanency Roundtable Process?

The information regarding Georgia child welfare was very helpful. The practice roundtable was also helpful.

Day 1 - breakout and skill enhancement. It helped to hear how things look here in Georgia.



Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

### **Permanency Experts**

#### What additional information/supports do you need to help Georgia be successful?

The complexity/level of clarity of the protocol presented might seriously compromise effective implementation. Is it possible to better "blend" the new forms into existing ones - for example, perhaps developing the info (at least some?) electronically.

More time could have been spent practicing the roundtable process to better understand the individual roles. It seems like smaller groups of the permanency experts and master facilitators would have been more effective in learning the process and roles. The "permanency expert" and "master practitioner" titles do not really seem to fit.

Support for staff carrying through recommendations. Suggestion - do a fishbowl exercise with social workers who will be presenting the case so they understand what to expect.

# Permanency Roundtable Orientation & Training

**DHR and Casey Foundation** 

Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

### **Supervisors and Others**



### Day One Evaluation

	The morning presentations were helpful to my understanding of our state's vision and commitment to permanency.	4.12 / 5.00	
	The morning presentations were helpful to my understanding of permanency strategies.	4.06 / 5.00	
	The morning and afternoon presentations were helpful to my understanding of the DFCS-Casey Permanency Roundtable Project.	4.04 / 5.00	
	The morning small-group break-out session was useful for identifying permanency strengths and barriers.	3.85 / 5.00	
	The afternoon skill enhancement break-out session helped me understand the individual roles and skills required for the Permanency Roundtable case consultations.	3.80 / 5.00	
	The afternoon Permanency Roundtable demonstration furthered my understanding of the Permanency Roundtable consultation process.	3.86 / 5.00	
Day	Two Evaluation		
	The morning skill enhancement break-out session helped me further understand the skills I need to participate in the Permanency	3.82 / 5.00	
	Roundtable case consultations.		
	Roundtable case consultations. The Mini-Roundtables role-play was helpful to my understanding of how the Permanency Roundtable consultations will work.	4.25 / 5.00	
Ove	The Mini-Roundtables role-play was helpful to my understanding of how	4.25 / 5.00	
Ove	The Mini-Roundtables role-play was helpful to my understanding of how the Permanency Roundtable consultations will work.	4.25 / 5.00	
Ove	The Mini-Roundtables role-play was helpful to my understanding of how the Permanency Roundtable consultations will work.		



Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

#### **Supervisors and Others**

# Which session(s) did you find to be most helpful to your understanding of the Permanency Roundtable Process?

Mini roundtables on day 2

The mini roundtable and the skill presentation session - this was helpful to prepare myself as well as preparing staff for this process.

I liked the roundtables that were done as a mock for what we would expect in 6 weeks.

Mini-roundtable process

Self-enhancement skill process

Skills enhancement breakouts

Permanency Roundtable demonstration

Discussing a real case made a huge impact for me to see how the process unfolds. Group had great suggestions & made me appreciate this process!!

The mini roundtable was most helpful although there was not enough time to really get into the discussion.

Mini roundtable role play

Mini roundtable

Mini roundtable portion - very helpful to my case.

The actual roundtable process with all "roles" participating.

Participating in the actual roundtable at the end of the training

The morning roundtable breakout, presenting the case

Roundtable reviews for supervisors involved a great wealth of valuable feedback and learning.

I found Page Walley and Commissioner Walker's speeches to be the most helpful in setting the vision. The mock roundtables this morning were also a good learning experience about the process.

The mock roundtable was most helpful.

The actual mini roundtables

Permanency roundtable demonstration and skill enhancement sessions

The breakouts could have been structured better. The purpose of the roundtable was very understandable. The speakers who did the presentations and the vision were the most helpful.

Mini roundtable

The actual mini roundtable simulation

The roundtable discussion and the film this morning

12/31/2008



Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

### **Supervisors and Others**

Which session(s) did you find to be most helpful to your understanding of the Permanency Roundtable Process?

The actual roundtable process. All was helpful Mini roundtables



Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

#### **Supervisors and Others**

#### What additional information/supports do you need to help Georgia be successful?

The state office needs to be patient and understanding of CMs. I would like them to make hands-on training for staff.

For the state to recognize the barriers the courts can have towards permanency.

Partnership between agencies

Support and commitment from mental health re: participation in roundtable process

More focus on those really difficult barriers such as 1. ICPC process; 2. mental health of children, working with service providers and hospitals to ensure common goal is to work towards improving child's emotional status and returning to family setting as soon as possible with no exceptions; 3. improving guardianship funding policies for more kinship placements

County offices need more staff to fully implement this initiative to get the best results from our efforts. More indepth training is also needed for staff.

Standardized practices delivered by state office

This process would be more beneficial for GA if case managers and supervisors were trained in the techniques. Outside parties (master practitioners and permanency experts) tend to diminish the authority, responsibility and skill set of what case managers and supervisors should be engaging in throughout the case.

State office support

The Regional Adoption Coordinators need to have a more active role in the permanency process. They need to review records, understand case history and give real assistance. The Independent Living Coordinators need to understand their roles in the Regional Support Networks. They need to be viewed/perceived as professional coordinators, rather than the holders of a pot of money.

Invite mental health partners and SAAGS to our trainings

To remain engaged in the process, holistically. Please share all communication, success stories for all to learn from. A permanency newsletter would be great.

Definition of permanency - I'm not sure this was made clear during the two days. I'm not sure everyone is on the same page with the broad range of definitions possible for permanency. I also think that the process for filling out the forms could be used as a case practice learning/modeling/coaching experience. The process was not as fully explored as I would have liked to see.

To achieve success, we must monitor the plans that come out of the January and February staffings. We will also need our community partner (mental health) involved in our process.



Atlanta, Georgia Georgia Tech Conference Center December 9-10, 2008

#### **Supervisors and Others**

#### What additional information/supports do you need to help Georgia be successful?

To iron out further all of the technical issues, such as: will the forms be typed while at the roundtable, can the facilitator keep time, document and be the master practitioner simultaneously, etc.

I think that Georgia is doing a great job but we are not there this time. I think we should implement and put into practice the good ideas that many people have offered.

Mini monthly sessions of the roundtable process as a lunch 'n' learn

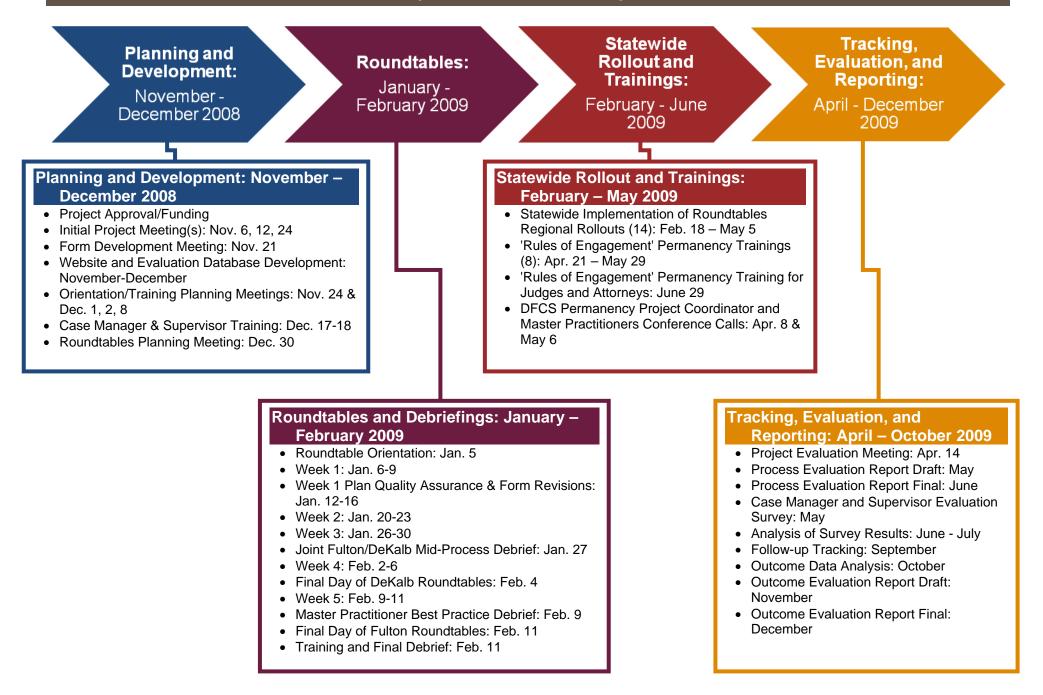
Change at the level of policy

Policy busters

Pay now or pay later - make \$ accessible

Motivators for staff. Help or guidance on how to change the culture of our work.

# Georgia Division of Family and Children Services—Casey Family Programs Permanency Roundtable Project Timeline



### PURPOSE

- To develop a permanent plan for each child/youth that can realistically be implemented over the next six months;
- To stimulate thinking and learning about pathways to permanency for these and other children; and
- To identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners.



### **ROLES OF ROUNDTABLE PARTICIPANTS**

### Everyone

Creative thinking that results in an effective Permanency Action Plan

### **Master Practitioners**

Facilitate the case consultation; Provide internal consultation

### **Case Managers**

Case Presentation; Respond to questions

### Supervisors

Provide supplemental information; Respond to questions

### **Permanency Experts**

Provide consultation

### CASE CONSULTATION PHASES

<ul> <li>I. Welcome and Overview (5 minutes)</li> <li>Facilitator welcomes team</li> <li>Team members introduce themselves</li> <li>Facilitator overviews purpose and process</li> <li>Facilitator overviews ground rules</li> </ul>	
<ul> <li>II. Present the Case (20 minutes)</li> <li>Case Manager presents case summary</li> <li>Facilitator invites additional comments on the case from other case-related team members (supervisor, provider, etc.)</li> <li>Form 1: Oral Case Presentation</li> <li>Form 2: Written Case Summary</li> </ul>	
<ul> <li>III. Clarify and Explore (15 minutes)</li> <li>Team members ask questions to clarify and expand upon information presented</li> <li>Team members ask questions to explore other aspects of the case</li> <li>Team rates child's current permanency status</li> <li>Form 3: Case Consultation Guide/Permanency Action Plan</li> </ul>	
<ul> <li>IV. Brainstorm (25 minutes)</li> <li>What will it take to achieve permanency?</li> <li>What can we try that has been tried before?</li> <li>What can we try that has never been tried?</li> <li>How many things can we do concurrently?</li> <li>How can we engage the youth in planning for permanence?</li> </ul>	
<ul> <li>V. Create Permanency Action Plan (35 minutes)</li> <li>Review and combine strategies developed during brainstorming</li> <li>Prioritize strategies</li> <li>Discuss strengths of each prioritized strategy</li> <li>Finalize strategies and timelines</li> <li>Discuss what it will take to successfully implement each strategy in the plan.</li> </ul>	

Form 3: Case Consultation Guide/Permanency Action Plan

## **Permanency Roundtable Forms: Instructions**

Permanency Roundtables are case consultations designed to improve the progress toward permanency of children in foster care. These consultations typically include a permanency expert/master practitioner, the case supervisor, and the case manager; they may also include other agency specialists (such as adoption coordinators) as well as a key service provider. Care Solutions, Inc., the tracking system consultant, working with SHINES, will provide case information to the roundtable and track and report on case progress based on roundtable recommendations.

Each Permanency Roundtable includes a permanency-focused discussion of a case based on a three-part case summary (Form 1 – Case Summary) and an oral presentation by the case manager (Form 2 – Oral Case Presentation Outline). This is followed by the development of an action plan (Form 3 – Case Consultation Review Guide/Permanency Action Plan). The responsibilities for completing the forms (see next page for form completion instructions) and staffing the roundtables are as follows:

### Permanency Roundtable Responsibilities

SHINES/Permanency Project Tracking System Consultant:

- Pre-populates Face Sheet (Section A) of Case Summary (Form 1)
- Provides Case Summary (Form 1) and Oral Case Presentation Outline (Form 2) to Case Manager prior to Roundtable

# Thank you, Case Managers & Supervisors!

While this process involves some work in the preparation of case information, it will be worth the effort if we can achieve permanency for these children!

Case Manager/Team:<sup>1</sup>

- Completes the Case Manager Summary (Section B) and Permanency Factors (Section C) of the Case Summary (Form 1)
- Make copies of recommendations from relevant assessments (child or family assessments, psychological or educational assessments, etc.) as well as case team meetings (family team meetings, multi-disciplinary team meetings, etc.) and attaches copies to the Case Summary (Form 1).
- Prepares an oral case presentation using the Oral Case Presentation Outline (Form 2)—this form does not have to be submitted; it is for your use in preparing your presentation
- Makes oral presentation at the Roundtable, supported by case team
- Submits completed Case Summary (Form 1) with attached recommendations to Case Supervisor
- Provides a copy of the completed Case Summary (Form 1 with attached recommendations) to Permanency Project Tracking System Consultant prior to Roundtable

<sup>&</sup>lt;sup>1</sup> Case Manager/Team may include the Supervisor, previous Case Managers, Master Practitioner and other agency staff involved in the case, such as a policy expert or mental health representative.

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## **Permanency Roundtable Forms: Instructions**

Permanency Project Tracking System Consultant:

- Provides Case Consultation Review Guide/Permanency Action Plan (Form 3) and a copy of the completed Case Summary (Form 1) with attached recommendations to Permanency Expert/Master Practitioner prior to Roundtable
- Enters form data into Permanency Project Tracking System
- Manages Tracking System information for project management, reporting and evaluation

Permanency Expert and/or Master Practitioner:

- Reviews Case Summary and attachments before Roundtable
- Facilitates Roundtable discussion
- Completes Case Consultation Review Guide/Permanency Action Plan (Form 3); obtains Case Manager and Case Supervisor signatures at conclusion of Roundtable

Note: If a sibling group is to be reviewed together, the Case Manager may prepare a joint presentation, noting child differences. However, there must be a separate Written Case Summary and a Case Consultation Review Guide/Permanency Action Plan completed for each child in DFCS custody.

### **General Form Completion Instructions**

### **First Things First**

You will receive the forms as Microsoft Word document files.

• Save a blank copy of the forms to your hard drive to have a copy as needed.

You will have the choice of printing the forms out and completing them in writing, or using Microsoft Word to complete them.

### **Printing Out and Completing Forms in Writing**

Here are some basic guidelines to follow if you are completing by hand:

- Use legible handwriting;
- Be clear and concise by using brief descriptive phrases. While correct grammar is pertinent, complete sentences are not required.
- Once you have completed the Case Summary (Form 1) and attached any relevant recommendations pages and your supervisor has signed the form, the entire document must be scanned and saved electronically as a .PDF file, named as follows:
  - CaseID\_PersonID\_County\_CaseMgrInitials.PDF
  - o Example: 12345678\_1238765\_Fulton\_JDR.PDF
- Follow your county office's instructions on submitting the paper forms and electronic files.

## **Permanency Roundtable Forms: Instructions**

### Using Microsoft Word to Complete Forms

If you choose to complete the forms using MS Word:

- Be clear and concise by using brief descriptive phrases. While correct grammar is pertinent, complete sentences are not required;
- Use Times New Roman in 10 point font size;
- To mark a checkbox, highlight the existing box and type a capital X in its place; try to maintain its location in the allotted field;
- Page breaks were set for each page in order to maintain the overall look and formatting of the Forms. If your typed answers overflow their allotted space, the page may run onto a new page—this is okay;
- Remember to save your work often!
- Once you have completed the Case Summary (Form 1), print a copy and submit to your supervisor for signature;
- Attach any relevant recommendations pages, then scan and save the Case Summary (Form 1) and the attached recommendations electronically as a .PDF file, named as follows:
  - CaseID\_PersonID\_County\_CaseMgrInitials.PDF
  - Example: 12345678\_1238765\_Fulton\_JDR.PDF
- Follow your county office's instructions on submitting the paper forms and electronic files.

Note: This form consists of three parts: (A) a four-page "Face Sheet," which is to be pre-populated with data from the SHINES data system, (B) a Case Manager Summary, and (C) a Permanency Factors section. Sections B and C are to be completed by the Case Manager in consultation with the Supervisor (and previous Case Managers if Case Manager is relatively new to the case).

#### Section A: Face Sheet

Instructions to Case Manager: Please review the Face Sheet information. If any data is missing or incorrect, please provide/correct it for the child's Permanency Roundtable, except for those items marked "from SHINES only" (you can cover those in the Case Manager Summary); you will want to be sure that any corrections to the Face Sheet are corrected in SHINES as well.

Child Demographics								
Case ID #:	Person ID #:		Child first	name (first 3 le	etters only):			
Date of Birth:	Gender:	Race: <i>(check all that apply)</i>	)				Origin/Ethnicity (any ra	ace):
	Male □ Female □				Asian ve Hawaiian/ cific Islander se specify):		Hispanic □ Non-Hispanic □	
Legal County:       Boarding County (if different from legal):       Legal Custodian (category):								
Maltreatment History (type, o	date, substantiated/unsu	ubstantiated):						
Child's case is in:	The Kenny A Outcor	ne 9 group 🗖	r	The Kenny A (	Outcome 10 g	group 🗖	Neither	
Child Placement								
Current/Most Recent Placem	Current/Most Recent Placement (provider/program, ORS license type): ICPC? Yes D No D							
First Foster Care Admission Date:# Entries into F			ster Care: <sup>1</sup> Complicating factors (such a out-of-state placement):			ctions or		
Most recent Foster Care Adn	nission Date:	# Moves since mos	st recent Fost	er Care admis	sion: <sup>‡</sup>	# Caseworkers since	e most recent entry:	

<sup>&</sup>lt;sup>1</sup> This SHINES data may not be accurate because many of the children to be reviewed have been in care for a longer period of time than the SHINES system has been in operation; please correct this information.

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### Section A: Face Sheet

Child and Family Assessments (Pa	rint or scan most recent recommendation.	s and attach to this Case Summary form.)				
Date of most recent CCFA:	Date of most recent Family Assessment	::				
Date of most recent Family Team Meeting (FTM):	Date of most recent Multi-Disciplinary Team meeting (MDT):	Date of most recent Local Interagency Planning Team (LIPT) meeting:				
Date of most recent medical/physical exam:	Date of most recent dental exam:	Date of most recent psychological assessment:				
Child's Characteristics						
DSM-IV Diagnoses and/or Codes (from	SHINES only):					
Other Emotional Issues (from SHINES	only):					
Other Behavioral Issues (from SHINES	only):					
Developmental Disabilities (from SHIN	ES only):					
Physical Disabilities, Medical Issues (fr	om SHINES only):					
Criminal Involvement:	Criminal Involvement:					
Education Status: Current School Name:						

### Section A: Face Sheet

Family and Other Adults Involved in Child's Life				
Primary Caregiver (PC) Person ID#:	PC Relationship to Child:			
Secondary Caregiver (SC) Person ID#:	SC Relationship to Child:			
Other Involved Persons' Person ID#s:	Other Involved Persons' Relationship to Child:			
Siblings' Person ID#s (all, whether living with child or not):	Siblings' Relationship to Child (sister/brother):			
Birth Parent Issues (from SHINES only):				
Out-of-Home Caregiver Issues (from SHINES only):				
Case Plans				
Date of most recent Permanency Plan:	Permanency Plan type:			
Date of most recent Concurrent Plan:	Concurrent Plan type:			
Date last Case Plan Approved:	Date Last Case Plan Updated:			
Date of Written Transitional Living Plan (WTLP):	Date began participation in Independent Living Program:			

### Section A: Face Sheet

DFCS Case Management			
DFCS Case Manager Name:	DFCS Case Manager Phone #:		Date Case Manager Assigned to Case:
Case Manager Email:	DFCS Supervisor Name:		DFCS Supervisor Email:
Secondary DFCS Case Manager (Boarding County, if a	pplicable):	Secondary DFCS Case Ma	anager Phone # (Boarding County, if applicable):
Services Currently Receiving:			
Services Referred To:			
Court History/Orders			
Mother's Termination of Parental Rights (TPR) Status:	Mother's TPR Petition Date	:	Voluntary Surrender Date:
Father's TPR Status:	Father's TPR Petition Date:		
Special Assistant to the Attorney General (SAAG) Name:	Guardian-ad-Litem or Child Name:	l Advocate Attorney	Court Appointed Special Advocate (CASA) Name:
Judge Name:	Date of last Court or Panel Review:		Date of last Permanency Hearing:
Affidavit to Release Child for Adoption Date:	Date child registered with C	Office of Adoptions:	

#### Section B: Case Manager Summary

**Instructions to Case Manager**: Please address – <u>briefly</u> – each of the items in this section,, without identifying specific individuals, service providers or facilities by name on this form.

Child Characteristics/Needs (Please complete this chart based on your knowledge about this child and his/her birth parents, caregivers and the services the child is receiving). If the child has no Rate the impact of Indicate ability of birth parent(s) to Indicate ability of current Is the child receiving How well are these special need in the these needs on the meet those needs: out-of-home caregiver(s) services from DFCS services addressing area listed. check the child's functioning: to meet those needs: or another the child's needs? N/A box. organization to No caregiver address these needs? Mother Father involved  $\Box$ Not involved at all  $\Box$ Very able  $\Box$ Yes Very well Medical/physical Severe Verv able  $\Box$ Somewhat able  $\Box$ No 🛛 Somewhat well Moderate Somewhat able  $\Box$ N∕A □ Don't know  $\Box$ Mild Not very able  $\Box$ Not very able  $\Box$ Not very well  $\Box$ Learning Severe Very able  $\Box$ Very able  $\Box$ Yes Very well Somewhat able  $\Box$ Somewhat able  $\Box$ No 🛛 Somewhat well Moderate N/A Not very able  $\Box$ Not very able  $\Box$ Don't know Mild Not very well **Developmental** Severe Very able  $\Box$ Very able  $\Box$ Yes Very well delays No 🛛 Moderate Somewhat able  $\Box$ Somewhat able  $\Box$ Somewhat well N/A Mild Not very able  $\Box$ Not very able  $\Box$ Don't know Not very well **Emotional/mental** Severe Very able  $\Box$ Verv well Verv able  $\Box$ Yes health Moderate Somewhat able  $\Box$ Somewhat able  $\Box$ No 🛛 Somewhat well  $\Box$ Don't know  $\Box$ Not very well  $\Box$ N/A Mild Not very able  $\Box$ Not very able  $\Box$ Yes 🛛 Severe Very able  $\Box$ Very able  $\Box$ Very well **Behavioral** No 🛛 Moderate Somewhat able  $\Box$ Somewhat able  $\Box$ Somewhat well Don't know  $\Box$ N/A □ Mild Not very able  $\Box$ Not very able  $\Box$ Not very well  $\Box$ Other special needs Severe Verv able  $\Box$ Very able  $\Box$ Yes Verv well (specify): No 🛛 Moderate Somewhat able  $\Box$ Somewhat able  $\Box$ Somewhat well N∕A □ Mild 🛛 Not very able  $\Box$ Not very able  $\Box$ Don't know  $\Box$ Not very well  $\Box$ 

### Form 1: Case Summary

#### Section B: Case Manager Summary

Please explain any child characteristics/needs you rated as severe or moderate in the preceding table on page 5:

Additional Child Information Describe:

Other child issues, challenges, if any:

Child strengths, available supports; positives in child's life:

Child's religious and cultural background and/or connections:

Please rate/comment on the child's	Very	Somewhat	Not very	Not at all	Comments:
<u>engagement</u> in case planning, family team	engaged	engaged	engaged	engaged	
meetings, visitation, etc.:					

### Section B: Case Manager Summary

Current Services & Supports Provided by DFCS/Other Community Agencies	
Describe any child needs being addressed insufficiently (or not at all) and explain why:	
Describe the services/supports the birth mother is currently receiving and indicate whether or not the services are meeting her needs: ( <i>N/A if court approved ermination of parental rights (TPR)</i> )	
Describe the services/supports the birth father is currently receiving and indicate whether or not the services are meeting his needs: (N/A if court approved TPR	)
Describe any birth parent needs being addressed insufficiently (or not at all) and explain why: (N/A if court approved TPR)	
Describe the services/supports the primary out-of-home caregiver is currently receiving and indicate whether or not the services are meeting his/her needs:	
Describe any out-of-home caregiver needs being addressed insufficiently (or not at all) and explain why:	

Section B: Case Manager Summary										
Restrictiveness of Living Environmental Scale (ROLES) <sup>2</sup>										
Please select the residential setting below that is the closest match for the residential setting of the child; if you do not find an exact match, please select the option that is the closest.										
Independent living by self			Speciali	zed foster care		Medical hosp				
Independent living with friend		Individ	ual-home eme	rgency shelter		Drug-alcohol rehabilitation cer				
Home of natural parents, for a child		Foster-fa	amily-based t	reatment home		Intensive				
School dormitory				Group home		Youth con	rrection center			
Home of a relative		I	Residential Jo	b Corps center		County de	etention center			
Adoptive home			Group eme	rgency shelter		State n	nental hospital			
Supervised independent living			Residential tr	eatment center			Jail			
Regular foster care		Wilderness	camp (24-hou	ır, year-round)						
If you could not find an exact match for the child's living environment, please select the closest option above and then describe it here: <b>The Family/Household</b> If current placement is family, relative placement, or foster family, list each member of the family/household by their relationship to										
child, gender and age (no names):	child, gender and age (no names):									
Relationship to Child		Gender (circle one)	Age (in years)		Relat	ionship to Child	Gender (circle one)	Age (in years)		
		M F	(in yours)		Iterut		M F	(in years)		
		M F					M F			
		M F					M F			
		M F					M F			
		M F					M F			
		M F					M F			
		M F					M F			

<sup>&</sup>lt;sup>2</sup> Adapted from Hawkins, R.P., Almeida, M.C., Fabry, B., and Reitz, A.L., "A Scale to Measure Restrictiveness of Living Environments for Troubled Children and Youths," *Hospital and Community Psychiatry*, 43, 54-58 (1992).

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### Section B: Case Manager Summary

Relationships	Please rate and comment on	the quality/nature of	the child's relationships/interacti	ons with each of the following groups:

	Very Good	Good	Fair	Poor	N/A	Is relationship (or lack thereof) a barrier to permanency?	Comments:
Birth mother:						Yes □ No □	
Birth father:						Yes □ No □	
Primary caregiver:						Yes □ No □	
Siblings (living with):						Yes □ No □	
Siblings (not living with):						Yes □ No □	
Other significant adult(s) in child's life in general:						Yes □ No □	
Peers in general:						Yes □ No □	
Case Manager:						Yes □ No □	

### Section B: Case Manager Summary

<b>Birth Parent</b> Describe the birth parents:	(N/A if termination of parental rights approved by the court)
---	---

		Iother		Birth Father						
Strengths:										
Issues, challenges:	Mental/emotional Medical/physical Alcohol/substance abuse Family violence Other ( <i>please specify</i> ):		Current inc	childhood Criminal arceration		l A	Mental/emotional Medical/physical lcohol/substance abuse Family violence (please specify):		Victim of maltreatment in childhood Criminal Current incarceration	
Primary Out-of-	Home Caregiver Des	cribe the priv	nary out-of-ho	ome caregiv	er:					
Strengths:         Issues, challenges:										
Please rate/commen each of the following family team meeting	Very engaged	Somewhat engaged	Not very engaged	Not at engag		Comments:				
	Birth mother:									
	Birth father:									
	Primary caregiver:									

#### **Section C: Permanency Factors**

Permanency Barriers				
What do you believe to be the	he primary barrier(s) to permanency for this chil	d?		
Permanency Resources	Already Explored and Excluded (Diligent	t Search)		
Date Contacted	Relationship to Child	Outcome		

#### **Section C: Permanency Factors**

Permanency Placements					
Has child ever been placed with a relative?	Yes $\Box \rightarrow \# \text{ of times:} \_\_\_$ No $\Box \rightarrow$	If no, why not?			
Has child ever had a pre-adoptive	Yes $\square \rightarrow \#$ of times:	If no, why not?			
placement?	No $\Box \rightarrow$				
Has child ever experienced a disruption in placement?	Yes $\Box \rightarrow \# \text{ of times:} \_\_\_$	If yes, please indicate type of placement (relative, foster, pre-adoptive, or any other) and			
	No 🛛	reason for disruption:			
Has child ever experienced an adoption dissolution?	Yes $\Box \rightarrow \# \text{ of times:} \_\_\_$	If yes, why?			
	No 🛛				
Court Involvement					
If the petition to terminate parental	rights has not been filed, what is the	compelling reason not to file?			
Describe any court factors that are a	affecting progress/permanency in this	s case and how/why they are affecting progress/permanency:			
Describe any other court involvement:					

#### **Section C: Permanency Factors**

# DFCS Factors

Describe any agency case work practices (e.g., visitation, diligent search, family team meetings) that seem to be working effectively and why you believe they are effective in this case:

Describe any agency case work practices that seem not to be working and why you believe they are not working in this case:

List any agency systemic factors (e.g., resources, staffing, policy, training, operations) that are positively affecting progress/permanency outcomes in this case and why you believe they are having a positive impact in this case:

List any agency systemic factors that are negatively affecting progress/permanency outcomes in this case and why you believe they are having a negative impact in this case:

**Other Environmental Factors** Describe any other factors that present barriers/challenges for progress toward permanency for this child in terms of:

Neighborhood/community:

School/employment:

Other (specify):

**Case Expectations** 

What is the child's vision of permanency?

What is the child's primary caregiver's vision for permanency?

What do you think is the best possible – but realistic – permanency outcome for this child in the next six months?

What supports would you as the Case Manager need to help the child achieve that permanency outcome in the next six months?

#### **Section C: Permanency Factors**

#### Additional Background

Please summarize any child background or maltreatment history that you feel is relevant to the permanency case consultation that is not reflected elsewhere on this form:

#### **Case Summary Documentation**

	Name:	Signature:	Date:
Case Summary completed by:			
Case Manager:			
Supervisor:			
Administrator or			
Program or County			
Director:			
Case Manager email	address:		

# Please submit this form to the Case Supervisor and provide a copy to the Permanency Project Tracking System Consultant prior to the Permanency Roundtable consultation.

### DFCS-Casey Family Programs Permanency Roundtable Project FY2009 Form 2: Oral Case Presentation Outline

*Instructions to Case Manager*: Use the topic outline on the left and the data from Form 1 to prepare your <u>15-minute</u> oral case presentation for the child's Permanency Roundtable consultation. You do not need to write anything on this form.

Instructions to Permanency Review Facilitator: Use the right-hand column to make notes as the Case Manager gives his/her oral presentation.

Торіс	Permanency Review Facilitator Notes
Briefly introduce yourself/your background, how long you have been assigned (1 minute)	ed to this child and your relationship with child/family
Background on the Child (Children if sibling group) and Family	(5 minutes)
Briefly describe the child (age, gender), the child's family (including any siblings in custody), and the child's current living situation.	
Explain why DFCS is involved with this family/child.	
Describe the child's strengths, supports, and other positive aspects of the child's situation.	
Describe the child's issues, challenges, needs (physical, social/emotional/behavioral, developmental) that may be affecting progress toward permanency.	
Describe the birth parent(s)' strengths, supports.	
Describe the birth parent(s)' issues, challenges, needs that may be affecting progress toward permanency.	
Describe the caregiver(s)' strengths, supports.	
Describe the caregiver(s)' issues, challenges, needs that may be affecting progress toward permanency.	
Describe other issues, challenges, needs that may be affecting progress toward permanency.	
Describe other significant relationships with caring adults in the child's life.	

### DFCS-Casey Family Programs Permanency Roundtable Project FY2009 Form 2: Oral Case Presentation Outline

Permanency/Concurrent Plan	(1 minute)
State the current permanency plan for this child; if it is not reunification, explain why not.	
State the concurrent plan for this child; if there is no concurrent plan, explain why not.	
Services and Supports (DFCS/Other)	(5 minutes)
Describe the services and supports being provided for this child, indicating what is/is not working and why.	
State which child needs are not being addressed and explain why they are not addressed.	
Describe the services and supports being provided for the birth parent, indicating what is/is not working and why.	
State which parent needs are not being addressed and explain why they are not addressed.	
State the services and supports being provided for the out-of-home caregiver, indicating what is/is not working and why.	
State which out-of-home caregiver needs are not being addressed and explain why they are not addressed.	
Describe any court processes that may be affecting progress toward permanency in this case.	
DFCS Factors	(2 minutes)
Describe any agency practices/factors that may be affecting progress toward permanency in this case.	
Next Steps	(1 minute)
Explain the next steps in the current case plan.	
Indicate how you expect this child's permanency status to change within the next six months and explain why.	

#### Instructions to Case Consultation Facilitator:

- 1. Review Case Summary (Form 1) prior to case consultation; request/fill in any missing information.
- 2. Complete case consultation (see chart, below).
- 3. Fill out documentation section.
- 4. Scan work plan summary into computer.
- 5. Attach this document to Form 2.
- 6. Return both documents to the on-site consultant or county lead.

Case Consultation Phases	<b>Relevant Forms</b>	For Reference	Team To Complete
I. Welcome and Overview (Facilitator)	N/A		
II. Oral Case Presentation (Case Manager)	<b>Oral Case Presentation Outline</b>	X	
	Case Summary	X	
III. Discussion: Child's Current Permanency Status	N/A		Χ
IV. Brainstorming: Steps to Permanency	<b>Case Consultation Review Guide</b>	X	
V. Create Permanency Action Plan	Permanency Action Plan		X

#### **Roundtable Documentation**

Child Information				
Case ID #:	Person ID#:			
Complete once Permanency and Concurrent Action Plans are finalized	and recorded on pages 4 and 5 of thi	s form.		
Form completed by (name):		Date:		
Title:	Email:			
	Name	Signature		
Case Manager:				
Supervisor:				
Master Practitioner or Permanency Expert (facilitator):				

Instructions to Consultation Team: Please rate the child's current permanency status at the end of Case Consultation Discussion (Phase III), before you begin to discuss any specific strategies or actions to take following the consultation (Brainstorming, Phase IV). This rating scale must be completed by the Master Practitioner/Facilitator and/or Permanency Expert; this scale will be used to update the child's permanency status periodically.

<b>Current Child Permanency Status</b> <sup>1</sup> Rate the child's current permanency status as described below based on e		
Child has legal permanency (adoption or legal guardianship).	Permanency achieved	
Child is in a family setting that the child, the caregivers and the casework team believe is lifelong; - OR - Child is in stable living situation with own parents (not a trial visit) and identified safety risks have been eliminated.	Very good permanency status	
Child is in a family setting that the child, caregivers and case workers believe is lifelong; a plan is in place to ensure safety and stability have been achieved; the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are near resolution.	Good permanency status	
Child is in a family setting that the child, caregivers and case workers believe will last until maturity; a plan is in place to ensure safety and stability is being achieved, and the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunificiation issues, if any, are being addressed; - OR – Child is in temporary placement but transition is planned and child is ready to move to identified safe, appropriate, permanent home; a child and family plan for safety and permanency is being implemented; and the child, if old enough, and caregiver(s) are committed to the plan.	Fair permanency status	
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 assessed; and concurrent permanency plan(s), if any, are uncertain or problematic.	Uncertain permanency status	
Child is living in a home that is not likely to endure or is moving from home to home due to safety and stability problems, failure to resolve adoption/guardianship issues, or because the home is unacceptable to the child; - OR - Child remains in temporary home without a realistic or achievable permanency plan; and concurrent permanency plan(s), if any, have stalled or failed.	Poor permanency status	

<sup>&</sup>lt;sup>1</sup> Scale adapted from Human Systems and Outcomes, Inc., scale used in Indiana Quality Service Review Protocol (2007).

Brainstorming Please consider the following questions during Phase IV: Brainstorming; feel free to use white space for notes.

What will it take to achieve permanency?

What can we try that HAS been tried before?

What can we try that has NEVER been tried before?

How many things can we do concurrently?

How can we engage the youth in planning for permanence?

Permanency Ac	Permanency Action Plan					
Permanency Goal:						
Strategy (e.g., family engagement)	Case Process (e.g., diligent search)	Action (the specific task planned, e.g., contact maternal aunt for current situation)	Anticipated Barriers to Implementation (if any)	Plan to Overcome Identified Barriers	Target Completion Date (month, yr)	DFCS Person Responsible
1.						
2.						
3.						
4.						
5.						
6.						

<b>Concurrent Pern</b>	Concurrent Permanency Action Plan					
Concurrent Permane	ency Goal:					
Strategy	Process	Action	Anticipated Barriers to Implementation (if any)	Plan to Overcome Identified Barriers	Target Completion Date (month, yr)	DFCS Person Responsible
1.						
2.						
3.						
4.						
5.						
6.						

Please be sure to complete documentation section on page 1 of this form once Permanency Action Plans are completed.

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#### Instructions to Case Consultation Facilitator:

- 1. Review Case Summary (Form 1) prior to case consultation; request/fill in any missing information.
- 2. Complete case consultation (see chart, below).
- 3. Fill out documentation section.
- 4. Return Form 1, Form 3 and the Case Consultation Documentation Form to the on-site consultant or county lead.

Case Consultation Phases	Relevant Forms	For Reference	Team To Complete
I. Welcome and Overview (Facilitator)	N/A		
II. Oral Case Presentation (Case Manager)	<b>Oral Case Presentation Outline</b>	X	
	Case Summary	Χ	
III. Discussion (and rating): Child's Current	N/A		Χ
Permanency Status			
IV. Brainstorming: Steps to Permanency	Case Consultation Review Guide	X	
V. Create Permanency Action Plan	Permanency Action Plan		X

#### **Roundtable Documentation**

Child Information	Child's Name:			
Case ID #:	Person ID#:			
Complete once Permanency and Concurrent Action Plans are recorded on pages 4 and 5 of this form. Make sure scale on page 2 is marked				
Form completed by (name):		Date:		
Title:	Email:	I		
	Name	Signature		
Case Manager:				
Supervisor:				
Master Practitioner:				
Permanency Expert:				
Other:				

Instructions to Consultation Team: Please rate the child's current permanency status based on the Case Manager presentation and Form 1 at the end of Case Consultation Discussion (Phase III), before you begin to discuss any specific strategies or actions to take following the consultation (Brainstorming, Phase IV). This rating scale must be completed by the Master Practitioner/Facilitator and/or Permanency Expert; this scale will be used to update the child's permanency status periodically.

Current Child Permanency Status <sup>1</sup> Rate the child's <u>current</u> permanency status as described below based on e	existing evidence:	
Child has legal permanency (adoption or legal guardianship).	Permanency achieved	
Child is in a family setting that the child, the caregivers and the casework team believe is lifelong; - OR - Child is in stable living situation with own parents (not a trial visit) and identified safety risks have been eliminated.	Very good permanency status	
Child is in a family setting that the child, caregivers and case workers believe is lifelong; a plan is in place to ensure safety and stability have been achieved; the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are near resolution.	Good permanency status	
Child is in a family setting that the child, caregivers and case workers believe will last until maturity; a plan is in place to ensure safety and stability is being achieved, and the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are being addressed; - OR - Child is in temporary placement but transition is planned and child is ready to move to identified safe, appropriate, permanent home; a child and family plan for safety and permanency is being implemented; and the child, if old enough, and caregiver(s) are committed to the plan.	Fair permanency status	
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 assessed; and concurrent permanency plan(s), if any, are uncertain or problematic.	Uncertain permanency status	٥
Child is living in a home that is not likely to endure or is moving from home to home due to safety and stability problems, failure to resolve adoption/guardianship issues, or because the home is unacceptable to the child; - OR - Child remains in temporary home without a realistic or achievable permanency plan; and concurrent permanency plan(s), if any, have stalled or failed.	Poor permanency status	

<sup>&</sup>lt;sup>1</sup> Scale adapted from Human Systems and Outcomes, Inc., scale used in Indiana Quality Service Review Protocol (2007).

Ask Case Manager:						
When was the last time	you talked with the ch	nild about with whom h	e/she would like to hav	ve permanency?	More than a year	ago 🗖
10-12 months ago $\Box$	7-9 months ago $\Box$	4-6 months ago $\Box$	2-3 months ago $\Box$	Within past month $\Box$	Don't know	N/A □
Brainstorming Plea	ase consider the follow	ing questions during P	hase IV: Brainstorming	g; feel free to use white sp	ace for notes.	
What will it take to ach	ieve permanency?					
What can we try that H	$\Delta S$ been tried before?					
what can we try that II						
What can we try that ha	as NEVER been tried b	pefore?				
How many things can v	ve do concurrently?					
now many times can v	we do concurrently.					
How can we engage the	e youth in planning for	permanence?				
How can we engage the	e youth in planning for	permanence?				

action steps for a po	<b>on Plan</b> You are not limited to the spo articular strategy or need more room to n the back of the page.									
CURRENT Permanency Goal: Adoption/relative Adoption/non-relative A										
Guardianship/relati	ve $\Box$ Guardianship/non-relative $\Box$	Live w/ f	it/willing relative $\Box$ Al	PPLA-Long-term foster can	re 🗖 🛛 Reur	ification $\Box$				
Primary Permanency	Goal Recommended by Roundtable Team:	Adopt	ion/relative  Adoption	n/non-relative  APP	LA -Emancipat	ion 🗖				
Guardianship/relati	ve □ Guardianship/non-relative □	Live w/ f	it/willing relative □ Al	PPLA-Long-term foster car	re 🗆 Reur	ification $\Box$				
Strategy/Goal (e.g., family engagement, youth involvement, individualized services, etc.)	Actions (the specific tasks planned, e.g., maternal aunt for current situation		Anticipated Barriers to Implementation (if any)	Plan to Overcome Identified Barriers	Target Completion Date (month, yr)	DFCS Person Responsible				
1.	a.									
	b.									
	с.									
2.	a.									
	b.									
	c.									

#### **Permanency Action Plan, Continued**

Strategy/Goal	Actions (the specific tasks planned, e.g., contact maternal aunt for current situation; )	Anticipated Barriers to Implementation (if any)	Plan to Overcome Identified Barriers	Target Completion Date (month, yr)	DFCS Person Responsible
3.	a.				
	b.				
	с.				
4.	a.				
	b.				
	с.				
5.	a.				
	b.				
	с.				

#### Please be sure to complete documentation section on page 1 of this form once Permanency/Concurrent Action Plans are completed.

Produced by Care Solutions, Inc., under contract with Casey Family Programs, for the State of Georgia, January 2009

**Concurrent goal may be different or the same as the primary permanency goal.** For example, if reunification is the primary goal and the concurrent goal is adoption, goals would be different with different action steps; if the primary goal is guardianship with a grandmother and the concurrent goal is guardianship with an uncle, goals would be the same but the action plans would be different.

**Concurrent Permanency Action Plan** You are not limited to the spaces provided on this page and the next; for example, you may have more than three action steps for a particular strategy or need more room to document the plan actions or plans to overcome barriers; feel free to use additional lines and/or write on the back of the page.

	U I U			
CURRENT Concurre	ent Permanency Goal: Ad	doption/relative □ Ado	ption/non-relative $\Box$	APPLA-Emancipation $\Box$
Guardianship/relative	e □ Guardianship/non-relative □ Live w/ fit/v	villing relative  Long	term foster care $\Box$ R	eunification  None  None
<i>Concurrent Perm. Ge</i> Guardianship/relative				LA -Emancipation $\Box$ Reunification $\Box$ None $\Box$
Strategy/Goal (e.g., family engagement, youth involvement, individualized services, etc.)	Actions (the specific tasks planned, e.g., contact maternal aunt for current situation; )	Anticipated Barriers to Implementation (if any)	Plan to Overcome Identified Barriers	Target Completion Date (month, yr)DFCS Person Responsible
1.	a.			
	b.			
	c.			
2.	a.			
	b.			
	с.			

#### **Concurrent Permanency Action Plan, Continued**

Strategy/Goal	Actions (the specific tasks planned, e.g., contact maternal aunt for current situation; )	Anticipated Barriers to Implementation (if any)	Plan to Overcome Identified Barriers	Target Completion Date (month, yr)	DFCS Person Responsible
3.	a.				
	b.				
	с.				
4.	a.				
	b.				
	с.				

#### Ask Case Manager once plans completed:

What have you learned from participating in this Roundtable that you can apply to your work in the future for other cases?

Please be sure to complete documentation section on page 1 of this form once Permanency/Concurrent Action Plans are completed.

## **DHR/DFCS – Casey Family Programs Permanency Roundtables**

### **Case Consultation Documentation Form**

**Instructions:** The DFCS Master Practitioner or Casey Permanency Expert must complete this form at the end of each case consultation; if no waivers are requested, leave those rows blank. The Casey Permanency Expert must complete the case presentation rating. You may use the back of this form for any additional notes/comments.

Child's Case ID#:			Day (circle)		Date		Start Time		
			M Tu W	Th F	( <i>mm/dd</i> )	_/2009			
Child's Person ID#:			Location		(mini da)				
			Fulton Co. DF	CS □	DeKalb Co. DFCS	5 🗆			
Organization		Title		Name					
Casey		Per	rmanency Expert						
DFCS		Ma	aster Practitioner						
DFCS			Case Manager						
DFCS			Supervisor						
(if other)									
(if other)									
(if other)									
(if other)									
	<b>Type of</b> (policy, l	<b>Request</b> legal, Med	licaid, etc.)	Specific Req	uest		Request St	atus	
Waiver Requests:		0	i				Granted Denied		Date:/2009 (mm/dd)
							Granted Denied		Date:/2009 (mm/dd)
							Granted Denied		Date:/2009 (mm/dd)
				I	Excellent	Above avera	ige Averag	e	N/A
Overall rating for t	his prese	ntation:							







### Permanency Roundtables DAILY DEBRIEFING FORM

Day: (circle)					Date:	Location:	
М	Tu	W	Th	F	/2009 (mm/dd)	Fulton Co. DFCS DeKalb Co. DFCS	

1. What is going well in the case consultations?

2. What could be improved in the case consultations? What would it take to make the improvement?

3. Are case managers and supervisors well-prepared and actively engaged?





4.	What themes – strengths, barriers/needs, or other – are emerging in the case
	consultations? (Consider the examples below.)

#### <u>Resources</u>

- People power
- Formal and informal services
- \$\$\$

**Policies and Practices** 

- Policy change or clarification
- Type of waivers needed
- Workflow

#### 5. Other thoughts or suggestions?

#### Professional Development

- Building skills
- Changing attitudes.
- Increasing relevant knowledge

#### Intersystem Issues

- Working relationships
- Demands

#### Georgia Division of Family and Children Services

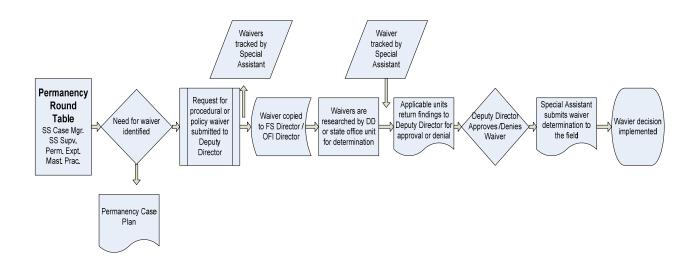
Permanency Round Table Waiver Process Deputy Director's Office, Programs and Policy

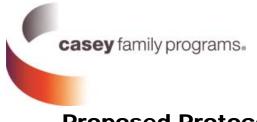
#### Purpose of permanency round tables

A "Permanency Roundtable" is a strategy used to help achieve positive permanency outcomes for child in care for 24 months or longer. Permanency roundtables are structured case consultations including: the social services (SS) case manager, SS supervisor, DFCS master practitioners, Casey permanency experts, and other related child welfare professionals. The roundtables are designed to stimulate thinking and learning about pathways to permanency, address barriers to permanency for children experiencing out-of-home care, and the development of permanency plans that can realistically be implemented.

#### The waiver process

- 1. The round table will convene with applicable participants.
- 2. At the conclusion of the round table next steps will be discussed and outlined.
- 3. If a procedural or policy waiver is required to move the case toward permanency, the request will be made by a program manager to the Deputy Director's Office for Programs and Policy (P&P):
  - a. Program manager will submit a waiver request to the Deputy Director for Programs and Policy via email (ksherren@dhr.state.ga.us) or fax (404-657-5101)
     "Roundtable Waiver" should be in the subject line.
  - b. Deputy Director will distribute to P&P Special Assistant for tracking with a copy to Family Services or Office of Family Independence Section Director.
  - c. Waiver requests will researched by Deputy Director or applicable state office unit for determination.
  - d. State office units will submit researched information to the Deputy Director within 72 hours of the initial request from the field.
  - e. Special Assistant will ensure decision is submitted to the field.







#### Scheduling and Managing Assumptions

1. There are 484 cases identified for consultations.

	24+ months	13-18 months	TOTAL	
Fulton	271	45	316 Fulton	
				= 316 cases at
				the Fulton site
DeKalb	88	35	123 DeKalb	)
Other				= 168 cases at
Regions	4	15	45 Other	the DeKalb site

2. There are 24 days alloted for Permanency Roundtables (shown in gray).

January											F€	ebrua	ary	
Sun	Mon	Tue	Wed	Thu	Fri	Sat		Sun	Mon	-ue	Wed	Thu	Fri	Sat
				1	2	3			2	3	4	5	6	7
4	5	6	1	5	У	10		8	9	10	11	12	13	14
11	12	13	14	15	16	17		15	16	17	18	12	20	21
18	19	20	21	22	23	24		22	23	24	25	26	27	28
25	26	27	28	29	30	31								

There will be no roundtables on Monday, January 5<sup>th</sup>, when Master Practioners and Permanency Experts are attending a briefing session. Otherwise, each week will begin at the individual's assigned field office at 1:00 pm on Monday (with the exception of the week of January 19<sup>th</sup>, which will start at 1:00 pm on Tuesday) and end at 1:00 pm on Friday.

- 3. Staff assignments for Week 2 and beyond will be made during the week of January 12 and managed on the designated website. The same Master Practitioner and Permanency Experts will work together and in the same field office for the full week.
- 4. Each child will be signed up for exactly one case consultation time slot. Sibling groups may be scheduled consecutively, but will not share a case consultation time slot (although they may be discussed together, at least in part.)
- 5. Some case consultation slots may not be filled for various reasons, e.g., court dates, emergencies, etc.





- 6. There will be:
  - Only 1 case consultation time slot on Mondays
  - 2 case consultation time slots on Fridays
  - 3 case consultation time slots on Tuesdays, Wednesdays, and Thursdays
  - Regularly scheduled debriefings
- 7. There will be one time slot per week (or as established) reserved at each location for staff development and/or technical assistance for case managers and supervisors.
  - On Tuesday, January 27, 2009, there will no case consultations scheduled after 12:45 pm. Instead, personnel from both the Fulton and DeKalb sites will reconvene at the hotel (hotel location TBD) for lunch and a Managerial and Logistical Debriefing session.
- 8. Fulton will have six teams (or six Roundtables) that will meet a maximum of three times a day (up to 18 case consultations per day). DeKalb will have four teams (or four Roundtables) that will meet a maximum of three times a day (up to 12 total case consultations per day).

Each roundtable will be staffed with the following individuals in the room:

- County Case Manager
- County Supervisor
- County Administrator
- County Practice Expert (Fulton County only)
- Master Practitioner
- Permanency Expert

In addition, the following individuals will be available at each location for questions, technical assistance, etc.:

- Designated County Lead
- Designated County Coordinator
- State Staff Social Services Representative
- State Staff Legal Representative (on-site first week, staffed by telephone in the following weeks)
- Mental Health Representative (Fulton County only)
- On-site Project Coordinator
- 9. Waivers and Legal Resolutions will be handled on-site by the county administrator in the room, who will document them on the *Daily Documentation Consultation Form* and notify Kathy Herren in the state office for waivers or the legal representative for legal







resolutions. State office will respond to the appropriate county administrator within 72 hours.

Each week, CSI will follow up with the administrator(s) to determine status. Individuals who will be copied on correspondence regarding waivers and legal resolutions include:

- Dannette Smith and Merita Roberts-Croll, Fulton County
- Walker Solomon, DeKalb County
- Millicent Houston, state office
- Care Solutions

#### Paperwork Trail

#### Week 1:

County completes forms and either uploads to designated website or provides Care Solutions a copy  $\rightarrow$  Care Solutions makes copies for Master Practitioner and Permanency Experts, who review information on their assigned cases  $\rightarrow$  Roundtable is conducted  $\rightarrow$  Master Practitioner or Permanency Expert completes Form 3 and the Daily Documentation Consultation Form  $\rightarrow$  County Administrator reviews file at end of session and hands to on-site project coordinator before next roundtable begins  $\rightarrow$  On-site project coordinator makes one copy and scans and post forms to the designated website  $\rightarrow$  Original form is handed to a designated county individual who keeps for child's file  $\rightarrow$  Copy is retained by Care Solutions

#### Week 2 through the end of the Roundtables:

County completes forms and uploads to designated website  $\rightarrow$  Master Practitioner and Permanency Expert review and print out case information on their assigned cases  $\rightarrow$ Roundtable is conducted  $\rightarrow$  Master Practitioner or Permanency Expert completes Form 3 and the Daily Documentation Consultation Form  $\rightarrow$  County Administrator reviews file at end of session and hands to on-site project coordinator before next roundtable begins  $\rightarrow$  On-site project coordinator makes one copy and scans and post forms to the designated website  $\rightarrow$ Original form is handed to a designated county individual who keeps for child's file  $\rightarrow$  Copy is retained by Care Solutions

#### Individual Office Responsibilities

- 1. The state office will:
  - a. Provide transportation, either by van or MARTA, between both the DeKalb and Fulton sites and the hotel and DFCS office.
  - b. Reimburse county offices for on-site lunches for participants. Lunch will not be provided on Mondays or Fridays due to the half day.





- c. Assign Permanency Experts and Master Practitioners (in consultation with Casey) weekly to cases by Thursday of the preceeding week.
- d. Provide a policy expert on-site (each location/each day or as needed) for support and follow-up; provide other experts (legal, mental health) as needed.
- e. Provide one project coordinator on-site, as needed, for support and follow-up (to be coordinated with CSI's project coordinator).
- f. Provide the necessary follow-up for requested waivers through either Kathy Herren or the DFCS legal representative.
- 2. Care Solutions will:
  - a. Provide calendar for scheduling to county offices.
  - b. Provide one project coordinator on-site for support and follow-up (to be coordinated with state office personnel who will provide the project coordinator for site 2).
  - c. (Week 1) Receive the case file prior to the roundtable from the local DFCS office, scan file and post to a secure website for access by the Master Practitioners and Permanency Experts.
  - d. (Week 2) Provide technical assistance to the county offices for their work in scanning and posting the file to the secure website.
  - g. Assign and manage passwords for the secure website.
  - e. Monitor and manage the daily process of handling forms and on-site logistics.
  - f. Print and provide forms, including pre-populated face sheet, to county office leads once database is established.
- 3. The local County DFCS office will:
  - a. Designate a lead from their office to act as liaison to the state office and Care Solutions.
  - b. Complete, manage, and compile the master schedule and provide copies to both the state office and Care Solutions.
  - c. Provide on-site lunches for participants. Lunch will not be provided on Mondays or Fridays due to the half day. (Counties will be reimbursed by the state office for their expenses related to meals/snacks.)
  - d. Arrange for meeting space, flip charts/markers, on-site access to SHINES and ODIS, and a copier and scanner during consultations.
  - e. Ensure that all forms (e.g., FTM, CCFA, MDT, Pysch Eval, etc.) for the week's roundtables are completed and necessary recommendations are printed, attached, and uploaded to the website by Wednesday of the preceeding week.
  - f. Assume responsibility for confirming case managers' presentations at least one week ahead of time (including designating backup personnel in the event the case manager cannot attend).
  - g. Ensure that follow-ups/updates are completed as requested.