Permanency Roundtable Project
Process Evaluation Report—Executive Summary

October 2009

Prepared by Care Solutions, Inc.
5555 Glenridge Connector, Suite 150
Atlanta, Georgia 30342

Principal Investigators:
Carla S. Rogg, MSW,
President, Care Solutions, Inc.

Cynthia W. Davis, PhD,
Senior Manager, Research & Evaluation, Care Solutions, Inc.

Kirk O’Brien, PhD,
Director of Foster Care Research, Casey Family Programs
Acknowledgements

The Georgia Permanency Roundtable Project was truly a partnership of Casey Family Programs (Casey); the Georgia Department of Human Services (DHS), Division of Family and Children Services (DFCS); and Care Solutions, Inc.

The Care Solutions, Inc. and Casey Family Programs research team would like to thank the DFCS case managers, supervisors, and field program specialists for the work that they do for Georgia’s children and for sharing their information, insights and experiences; their contributions to helping youth in foster care move toward permanency were, and are, significant.

The research team is grateful to Casey Family Programs for its support of the DFCS-Casey Permanency Roundtable Project, commitment to evidence-based practice, and funding of this research.

Special thanks go to Linda Jewell Morgan, Casey Family Programs, Senior Director, Strategic Consulting, and Millicent Houston, the DFCS Permanency Project Administrator, whose commitment to the youth and families in Georgia, the design and execution of the roundtables, and the project evaluation was essential.

The research team would also like to thank the following people who provided assistance at various stages of the project and its evaluation and/or provided feedback on this report:

Georgia Department of Human Services, Division of Family and Children Services Leadership Team

B.J. Walker, DHS Commissioner
Mark Washington, DHS Assistant Commissioner
Isabel A. Blanco, DFCS Executive Director, Family Outcomes and Practice Standards
Kathy Herren, DFCS Deputy Director, Practice Standards

Georgia DFCS County Directors and Administrators

Walker Solomon, DeKalb County Director
Jane Cooper, DeKalb County Administrator
Dannette Smith, Fulton County Director
Merita Roberts-Croll, Fulton County Administrator
Elsie Matthews, Fulton County Program Director

Georgia DFCS Master Practitioners

Aileen Blacknell Audrey Brannen Robert Brown Sherry Carver Amanda Chapman
Charlotte Denson Cavelle Forrester Yolanda Fripp Fran George Kimberly Mobley
Nancy Mock Deana Motes Mark Newman Tammy Reed Helen Jill Rice
Shannon Stokes Rhonda Wheeler

Care Solutions, Inc.

Dawn Reed, Senior Manager, Client Services and Systems Administration
Mike Stephens, Lead Systems Developer
Rachel Wahlig, Manager, Program & System Analysis
Kathy Ortstadt, Project Coordinator
Casey Family Programs
Page Walley, Managing Director, Strategic Consulting
Sue Steib, Senior Director, Strategic Consulting
Peter Pecora, Managing Director, Research Services
Catherine Roller White, Research Analyst, Research Services
Katrina Meza, Office Administrator
Katherine Evanson, Communications Specialist
Peter McKeown, Graphic and Web Designer

Casey Permanency Experts
Susan Ault, Senior Director, Strategic Consulting
Sue Hoag Badeau, Director, Knowledge Management
Kathy Barbell, Senior Director, Technical Assistance
Berisha Black, Constituency Engagement Liaison, Los Angeles County
Phyllis Duncan-Souza, Systems Improvement Analyst
George Gonzalez, Deputy Director, Seattle Field Office
Lisa Gossert, Clinical Supervisor, Cheyenne Field Office
Fran Guterman, Senior Director, Strategic Consulting
Cindy Hamilton, Systems Improvement Analyst
Connie Hayek, Child Welfare League of America
Kary James, Methodology Advisor - Systems Improvement Technical Assistance
Rebecca Jones Gaston, Manager, Systems Improvement Methodology
Bob Luft, Community Supervisor, Phoenix Field Office
Paula Neese, Child Welfare League of America
Traci Savoy, Manager, Systems Improvement Methodology
Mike Scholl, Senior Director, Boise Field Office and Strategic Consulting
Bruce Thomas, Director, Knowledge Management

For more information about this report, contact Research Services at Casey Family Programs,
1300 Dexter Avenue North, Floor 3, Seattle, WA 98109-3547
206.282.7300

www.casey.org

I. Executive Summary

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

Background

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

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

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

Goals and Outcomes

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

---

1 The Department of Human Services (DHS) changed its name from the Department of Human Resources (DHR) effective July 1, 2009.

2 In 2006, county defendants and lawsuit plaintiffs entered into a consent decree approved by the United States District Court in the Northern District of Georgia. The Kenny A. consent decree required DFCS defendants to make system changes and to comply with 31 specific outcome measures regarding children in foster care.
The Children

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

Roundtable Staffing and Preparation

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

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

The Roundtables

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

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

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

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

Data Collection and Tracking

To assist with data collection, tracking, and evaluation, the state recommended a partner with a long history of working with DFCS, including work on the state’s federal child and family services review and resulting program improvement plan. The firm’s expertise in both child welfare and technology, includ-
ing Web and database design, facilitated the project’s implementation. The firm assisted in the development of roundtable evaluation forms, developed the project tracking system, and served as the project evaluator.

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

**Post-Roundtable Follow-Up**

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

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

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

**Permanency Barriers**

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

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

**Leadership Comment:**

“If we had not used a group like Care Solutions with a clear understanding of our business and the technological know-how to develop the evaluation tools and tracking system database in a short period of time, we would not have been able to implement the roundtables project as quickly as we did. This would be difficult to duplicate... the existing relationships, trust, and competence made it work.”
• For nearly one-third of the children, a key barrier related to the potential permanency resource or lack thereof. Note that “resource” in this situation can be a person willing to care for the child on a more permanent basis.

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

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

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

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

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

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

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

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

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

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

Debriefing Comment:

“It is important to make sure the focus is not just on permanency, but instead on positive, beneficial permanency. Staffing cases that are close to permanency is a great way to focus on making sure the child has, and will continue to have, access to the necessary post-adoption resources.”
• **Strength #2:** Every attempt was made to staff siblings together if any member of the sibling group was in the target population, so that they all would benefit from the roundtable permanency expertise and planning.

• **Challenge #2:** The resulting last-minute insertions and schedule changes led to some confusion about whether a few of the children had been staffed and to incomplete paperwork and documentation on some of these children.

• **Recommendation #2:** Identify sibling groups that may not fall into the target cohort and include them in advance so case summaries and child information are readily available at the roundtable and time can be allocated accordingly.

E. **“On-Deck Cases”**

• **Strength:** Having the roundtables at the county DFCS offices allowed “on-deck” cases (cases previously prepared for consultation) from those counties to be inserted into the schedule as time permitted.

• **Challenge:** Last-minute rescheduling due to real-life situations (e.g., case emergencies) and adding cases that were not prepared to be “on-deck” led to paperwork and information gaps that hindered the roundtable discussion.

• **Recommendation:** Establish an “on-deck” procedure to ensure availability of information (including prior review of case summaries) for roundtable team in advance of adding a case when time permits.

F. **Secure Web Site**

• **Strength:** A secure Web site with limited permissions allowed for online posting of the master schedule, case summaries, and project forms so that roundtable team members could access these in advance while child privacy was maintained; it also provided a location to post resource information for staff and teams.

• **Challenge #1:** Frequent schedule changes that affected staffing meant that sometimes roundtable participants could not identify and access their cases in time to prepare for the next day’s roundtables.

• **Recommendation #1:** Minimize schedule changes with earlier and more targeted scheduling of cases, and set up Web site security permissions so that those with case staffing responsibilities are able to view any child’s record.

• **Challenge #2:** Although designed to facilitate communication, the Web site was under-utilized.

• **Recommendation #2:** Provide hands-on trainings and demonstrations for roundtable participants prior to implementation on how the Web site can increase communication and preparation.

---

**Master Practitioner Comment:**

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

A. Two-Day Orientation

- **Strength:** A two-day orientation with presentations by top agency leadership served to generate excitement and enthusiasm for the project among DFCS regional leadership, master practitioners, and supervisors as well as Casey permanency experts; subsequent case manager trainings provided smaller forums for familiarizing staff with the process, forms, and answering questions.

- **Challenge:** Caseworkers did not receive the same level and intensity of training (and networking opportunities with experts) since they did not participate in the two-day orientation.

- **Recommendation:** Provide equivalent level and intensity of training for case managers, including their participation in orientation and more training on completing forms and preparing for case presentations. Case managers are ultimately responsible for implementing the action plans and moving the child toward permanency.

B. Sharing Learning

- **Strength:** Participation of Casey permanency experts, availability of on-site expertise, and the roundtable group discussion format provided many opportunities for field casework staff to learn within the roundtables and at informal lunch discussions.

- **Challenge:** Sharing learning on the fly effectively.

- **Recommendation:** Provide additional opportunities for sharing learning across roundtables and with non-participating staff in person or online including “lunch-and-learn,” message boards, and blogging.

Technical Assistance and Quality Assurance:

A. Action Planning

- **Strength:** The structured planning phase of the roundtable consultations encouraged creative thinking and solutions to overcoming permanency barriers for children.

- **Challenge:** There was a wide range in the quality of the action plans, with some lacking in substance and clarity in the documentation. While all action plans developed during the first week of roundtables were reviewed by experts who gave feedback to the teams, this practice was not continued through the four subsequent weeks.

- **Recommendation:** Provide more up-front training on writing action plans and build in time for ongoing reviews and quality checks of the action plans. For example, expert staff who are not participating in roundtables could review plans as they are generated and provide immediate feedback.

B. Roundtable Forms

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

- **Challenge #1:** The tight time frame in planning and implementation of the roundtables did not allow for field testing of the forms.
• **Recommendation #1:** Pilot-test forms with case managers and supervisors.

• **Challenge #2:** There were too many open-ended questions and some redundancy on the forms, due in part to the assumption that a section of the form would be pre-populated with data from the state’s data system, which did not occur.

• **Recommendation #2:** Streamline forms; pre-code responses wherever possible to reduce the amount of hand-coded data.

• **Challenge #3:** Forms were sometimes missing and/or incomplete.

• **Recommendation #3:** Have supervisors check case summary forms for completeness before submission to the roundtable team; provide on-site checking of roundtable forms at the conclusion of each roundtable to ensure completeness of the documentation.

**Data Collection:**

A. Data Tracking

• **Strength:** A project data-tracking system allowed for the collecting and storing of extensive project data on the roundtables and the children staffed. It also allowed for the addition of tracking child status, plan changes, and implementation status.

• **Challenge #1:** The inability to download data from SHINES, Georgia’s statewide automated child welfare information system, resulted in (1) the case managers having to complete additional paperwork and (2) additional data entry costs.

• **Recommendation #1:** Specific requests for data and technical assistance from the state data system should be made as early as possible so that any additional work required to extract needed data can be completed in advance. This will reduce the volume of information that case managers must complete and the amount of data entry and data cleaning required, and will help avoid confusion created by inconsistencies in form completion wherever possible.

• **Challenge #2:** The short development time frame led to insufficient database and data entry testing, which resulted in re-entering of data.

• **Recommendation #2:** Allow more time for development and testing of databases.

B. Roundtable Staffing and Documentation

• **Strength:** Roundtables included both a Casey permanency expert and a DFCS master practitioner, and some roundtables had two master practitioners.

• **Challenge:** Some roundtable sessions did not have a designated note-taker.

• **Recommendation:** Assign a note-taker as part of scheduling and leave time at the end of each session to review the written goals, strategies, and actions to ensure completeness and clarity. The designated note-taker could be the second master practitioner if two are assigned to each team. Relieving the core participants of the burden of note-taking would allow them to be more creative and maintain the momentum of the discussion.
**Formula for Success**

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

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

**Conclusions**

The Permanency Roundtable Project represented a significant effort to move children in care for longer periods of time to permanency and to increase staff skills in permanency strategies and planning. A total of 496 cases were staffed with DFCS personnel and external experts in a very short time. The roundtables led to identifying 841 barriers and the creation of 3,147 action steps, and there were some early success stories that supported the optimism and enthusiasm of all involved. According to DFCS, as of July 10, 2009, five months after the completion of the roundtables, 82 (17%) of the children staffed had already achieved positive legal permanency (33 reunifications, 13 in the custody of a fit and willing relative, 15 adoptions, and 21 guardianships). There were also 28 emancipations, with 27 signing voluntary agreements to remain in foster care. These early successes may be attributed to immediate work on implementing action plans, ongoing monitoring and tracking, and staff and consultants who remained flexible and positive when adjustments were necessary. It is hoped that the successful project implementation and hard work of all participants will translate into greater permanency for youth in DFCS care.
Casey Family Programs' mission is to provide and improve—and ultimately prevent the need for—foster care. Established by UPS founder Jim Casey in 1966, the foundation provides direct services and promotes advances in child welfare practice and policy.