



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

Permanency Roundtable Project

Participant Evaluation Report

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I. Executive Summary

In the fall of 2008, Georgia's Department of Human Services (DHS),¹ Division of Family and Children Services (DFCS), and Casey Family Programs (Casey) developed a Permanency Roundtable Project to address permanency for children who had been in foster care for long periods of time (most for 24 months or longer). Permanency roundtables included case presentations and discussion among agency casework staff, Casey permanency experts, and others related to a child's case.

The Georgia project involved roundtable discussions on nearly 500 children over a six-week period at two locations in the metro Atlanta area. This primarily qualitative report focuses on roundtable team member feedback obtained via on-site debriefings, evaluation forms, and focused group discussions.

The primary roundtable participants and their roles included:

- **DFCS master practitioners who facilitate the case consultation and provide consultation.**
- **DFCS case managers who present the case and respond to questions.**
- **DFCS supervisors who provide supplemental information and respond to questions.**
- **Casey permanency experts who provide consultation.**

Other DFCS participants included field program specialists, regional adoption coordinators, and state office/program representatives.

The Georgia Permanency Roundtables Project overall was well received, and early successes were encouraging for both Casey and DFCS participants. As might be expected for an innovative, first-time project of this scope, there was room for improvement. In particular, case managers as a group were less prepared than other participants; they had the lion's share of the work and did not feel they had sufficient follow-up support in implementing roundtable team-recommended action plans. As a result, case managers, while overall positive and supportive, tended to be more critical and to rate specific aspects of the process less positively than did other participants.

DFCS participants generally felt that they were sufficiently prepared to participate in the process and more knowledgeable about permanency planning as a result of their participation. They indicated that the roundtables helped them identify new strategies and actions to move a child towards permanency and that their participation had a positive impact on their ongoing casework or supervision of casework.

Permanency Roundtable Preparation

The aspects of preparation that worked best were the two-day orientation and training event, the detailed research into case histories, and the pre-staffing of cases. What did not work as well was not having included case managers in the two-day orientation and an extensive case summary form, which was considered too long and complex.

Permanency Roundtable Implementation

Participants clearly appreciated the roundtable discussions, brainstorming, and planning, especially having a team to discuss the case and support decision making. They felt it was helpful to have people with expertise and without prior experience with the case. They also appreciated having on-site/on-call resource personnel (e.g., legal, policy, mental health). The recognition of case managers and their strengths during the roundtables also worked well.

What did not work as expected was the scheduling that overloaded some case managers with multiple roundtables in a short period of time and did not always take case managers' schedules into account. In addition, some of the proposed action steps or timeframes for completing them were considered unrealistic.

Permanency Plan Implementation and Follow-Up

Master practitioners felt that the permanency plans that seemed to work best included strategies to revisit previous contacts, ideas, and permanency options; engaging children and youth in permanency discussions and reconnecting them with siblings after the roundtables; and supporting case managers in working with treatment and placement providers after the roundtables.

There was some participant disappointment in the waiver approval process, including the time it took to get waivers approved and communication about waiver status. Case managers would have appreciated more support in plan implementation, especially for case managers with multiple cases and plans with many action steps.

Participant Recommendations for Improvement

Participants provided many suggestions for improving the process, and several key themes emerged:

- **Training:** Have more/better training and preparation, especially for case managers and master practitioners; include case managers in orientation and mock roundtables; have more time for preparation and gathering information; ensure roundtable team members are prepared; prepare workers statewide; provide additional case practice training/support in diligent search, family and child assessment, case planning, and state policy.
- **Paperwork:** Condense/shorten/simplify paperwork; eliminate overlap with existing forms; improve the permanency status rating scale.
- **Scheduling:** Improve scheduling; avoid holidays and rescheduling; hold fewer roundtables per day/week; avoid scheduling large blocks of staff time out of the office; check case manager schedules; schedule earlier in the life of a case (e.g., at start, after assessments are completed, within first two weeks, within first two months).
- **Participants:** Include additional parties—legal, mental health, service providers, foster parents, relatives, advocates, previous case manager (when assignment recently changed); involve other parties without preconceived notions about the child.
- **Action plans and timeframes:** Develop more realistic goals, recommendations, and timeframes; limit and/or prioritize strategies and action steps.
- **Implementation and follow-up:** Improve/expedite the waiver process; support case managers in action plan implementation.

Because of the debriefings that occurred on-site and the various opportunities provided for feedback, some of these changes have already been incorporated in subsequent Georgia roundtables, and it is hoped that the information in this report will serve Georgia and other jurisdictions implementing permanency roundtables.

II. Introduction

In the fall of 2008, Georgia’s Department of Human Services (DHS),² Division of Family and Children Services (DFCS), and Casey Family Programs (Casey) developed a Permanency Roundtable Project to expedite permanency for children who had been in foster care for long periods of time (most for 24 months or longer). Roundtables differed from the usual case staffing in that teams included outside (Casey) permanency experts; the focus was specifically on permanency; structured sessions included brainstorming and a focus on thinking outside the box; case managers, in consultation with supervisors, were expected to prepare case summaries and presentations in advance; and roundtable teams developed aggressive permanency action plans with action steps that could be accomplished within six months.

The Georgia Permanency Roundtables Project was the first project of its type for Casey Family Programs and the state, and it was implemented for nearly 500 children over a six-week period. The Georgia project focused primarily on children in Fulton and DeKalb counties (in the Atlanta metro area), as these two counties account for a large proportion of the state’s children in care and fall under a federal consent decree.³ The tight timetable was established due in part to the consent decree permanency deadlines.

Georgia’s Permanency Roundtable Project included three phases: permanency roundtable preparation, implementation, and follow-up. The preparation included a two-day orientation kick-off for state and regional managers and supervisors, training sessions for case managers, completion of a detailed case summary form for each child by case managers and supervisors, and the preparation by case managers of an oral case presentation.

Georgia Permanency Roundtable Project Timeline	
2008	
Initial Project Planning Meetings	November 6, 12, 24
Leadership Presentation	December 4
Orientation and Training	December 9 – 10
Case Manager Trainings	December 17 – 18
2009	
On-Site Orientation	January 5
Permanency Roundtables	January 6 – February 11*
On-Site Debriefings	January 6 – February 11*
Roundtable Follow-Up	March – ongoing
Process Evaluation Report	March – October
DFCS Participant Evaluation	June – September
DFCS Participant Discussion Groups	October 17, 19
DFCS Master Practitioner/ Permanency Expediter Meeting	November 12
Casey Permanency Expert Evaluation	November – December
*Excluding week of January 12	
2010	
Outcome Evaluation Data Collection	January – March
12-Month Outcome Report	October

Roundtable implementation consisted of ten teams who conducted 381 permanency roundtables at two sites for 496 children.⁴ Each roundtable included a case presentation; a rating of the child's current permanency status; discussion and brainstorming; and the development of a specific permanency action plan that included permanency goal(s), strategies, and actions. Roundtable follow-up included meeting monthly with the case manager for each "roundtable" case to discuss progress on action plan implementation, addressing roundtable-requested waivers (i.e., policy, legal, or financial waiver requests), additional training and technical assistance, and tracking of the children's permanency status.

Participant Evaluation

The Permanency Roundtable Project process evaluation report (Rogg, Davis, & O'Brien, 2009), completed in October 2009, includes a more detailed description of the project than is provided here and describes the children included in the project; roundtable participants, preparation, implementation, and follow-up; perceived permanency barriers; and the permanency action plans developed in the roundtables.⁵

This report focuses on feedback from the primary roundtable team members. The participants and their roles were as follows:

- **DFCS master practitioners, internal consultants who facilitate the case consultation and provide consultation.**
- **DFCS case managers who present the case, respond to questions, participate in team brainstorming and action plan development.**
- **DFCS supervisors who provide supplemental information, respond to questions, participate in team brainstorming and action plan development.**
- **Casey permanency experts, external Casey consultants who provide consultation.**

This report is primarily qualitative and includes feedback gathered from:

- **On-site debriefings held almost daily with DFCS master practitioners and Casey permanency experts at the time of the project roundtables.**
- **An evaluation form completed by participants.**
- **Follow-up discussion groups with DFCS case managers and supervisors to further explore evaluation form responses.**
- **A brief, informal meeting with DFCS master practitioners and permanency expeditors.⁶**

The topics covered in this report include participant feedback on the preparation, implementation, and follow-up of the roundtables as well as the permanency action plans created in the roundtables and subsequent agency and individual practices.

III. Respondent Profile

The following is a brief description of each of the participant evaluation components listed previously.

On-Site Debriefings

(January – February 2009)

The on-site debriefings were held almost daily following each day's project roundtables. The debriefings were facilitated by the DFCS and/or Casey project managers; participants were the DFCS master practitioners and the Casey permanency experts. The number in attendance varied each day, with an estimated 8-10 participants at the DeKalb site and 12-15 at the Fulton site.

DFCS Participant Evaluation

(June – September 2009)

From a list of 226 scheduled DFCS roundtable participants, some of whom did not actually participate in the roundtables due to schedule conflicts, 162 (72%) returned an evaluation form; of those, 15 indicated they had not participated in a project permanency roundtable. An additional 4 participants not on the list (presumably substitutes for some who were scheduled but did not participate) also submitted evaluation forms. Thus, 151 completed evaluation forms were included in this analysis.

The evaluation form requested feedback on various aspects of the roundtable preparation, implementation, and follow-up phases, including recommendations for improvements and background information on the participants.

The respondents were fairly evenly divided among DeKalb County (31%), Fulton County (36%), and the other counties/regions of the state combined (31%). More than half (54%) were case managers, with the balance being mostly field program specialists, supervisors, administrators, and master practitioners.

For a profile of the 151 DFCS participant respondents who participated in at least one project permanency roundtable, see Table 1 in the appendix.

DFCS Follow-Up Discussion Groups

(October 2009)

Once the paper evaluation forms were received and read, four discussion groups were conducted, two in Fulton and two in DeKalb, with a supervisor group and a case manager group in each county. Participants

came to these discussion groups as they were available and interested. Following are the attendance counts for each group with an estimate of the number of project participants in each group:

- **DeKalb case managers—24 (30% of 80 participants)**
- **DeKalb supervisors—14 (52% of 27 participants)**
- **Fulton case managers—27 (23% of 116 participants)**
- **Fulton supervisors—8 (23% of 35 participants)**

DFCS Master Practitioner/Permanency Expediter Meeting

(November 2009)

The state has 17 master practitioners and 17 permanency expeditors, one each per region. The master practitioners participated in the roundtable project; the permanency expeditor position was created after the project was completed, in part as a response to the identified need for clinical expertise in the roundtable process. The permanency expeditors are DFCS staff with a clinical background and/or specialized clinical training to help with planning for children with identified mental, emotional, and/or behavioral health needs. Fourteen master practitioners and eight permanency expeditors from 15 of the state's 17 service regions attended the meeting and provided feedback.

Casey Permanency Expert Evaluation

(November – December 2009)

The roundtable consultations included permanency experts from Casey from outside Georgia. These participants brought a fresh perspective, additional permanency strategies, and resource knowledge to the process. Eight (42%) of the 19 Casey permanency experts who participated in the project roundtables returned an evaluation form. This evaluation included similar questions to the DFCS participant evaluation form, with added questions about the preparation and participation of DFCS participants, the barriers to permanency in Georgia, and additional skills/training needed for DFCS staff.

IV. Participant Evaluation Results

The Georgia Permanency Roundtable Project overall was well received, and early successes were encouraging for both Casey and DFCS participants.

As might be expected for an innovative, first-time project of this scope, there was room for improvement. In particular, case managers as a group were less prepared than other participants; they had the lion's share of the work and did not feel they had sufficient follow-up support in implementing roundtable team-recommended action plans.

Participants were provided with multiple opportunities to provide feedback, and they shared comments and suggestions for improvement in a number of areas. Participant feedback is divided into the following sections:

- 1. Permanency roundtable preparation—training and orientation, preparation of case summaries and oral presentations.**
- 2. Permanency roundtable implementation—case presentations and discussions, permanency planning, concurrent planning, strategies that work, barriers to permanency.**
- 3. Permanency roundtable follow-up—monthly meetings, tracking, waivers.**
- 4. Changes in practices—individual/agency practices, post-project roundtables.**
- 5. Recommendations for improving the process.**

1. Permanency Roundtable Preparation

Prior to the roundtables, the project was introduced at a statewide leadership meeting. Additionally, DFCS state and regional supervisory and management staff and Casey permanency experts participated in a major two-day orientation and training event. This event included presentations by DFCS and Casey leaders, overviews of the project, skills training sessions, a roundtable demonstration, and mock roundtables.

Supervisor Comment:

“This was a great process, so much so that even during family team meetings, I always have my staff thinking about permanency [vs. placement] from the beginning of the child entering foster care.”

Case Manager Comments:

“The process was great and helpful. It appears to have been well-planned and very few improvements could be made.”

“This process should become a vital resource for placement and permanency of foster care children.”

Subsequently, half-day training sessions held for DFCS case managers included an overview of the project and focused on the case manager's role and responsibilities, including preparation of the detailed case summary form and an oral case presentation.

Prior to the roundtables, each county/region prepared case summary forms on each child to be included in the project. Supervisors worked with staff on completing/reviewing case summary forms and preparing oral case presentations in advance of the roundtables. Some counties (including Fulton and DeKalb) also pre-staffed their own cases and/or conducted mock roundtables.

Training and Orientation

DFCS participants submitting 9-month evaluation forms indicated whether they had attended the leadership meeting, the two-day orientation, or one of the half-day training sessions. As expected, few case managers had attended the leadership meeting or two-day orientation, since they were not specifically included in those events. However, only 41% of the case managers participating in the project had attended one of the half-day training sessions intended for them; more than half (53%) of the case managers indicated they had not attended any of these orientation and training events. See Table 2 in the appendix for participation in orientation and training by work title.

Debriefing comments from Casey permanency experts and DFCS master practitioners at the time of the roundtables noted that, in general, case managers were well-prepared and did a good job in presenting their cases.

Most (76%) of the DFCS participants submitting 9-month evaluation forms agreed that the training and preparation they received prior to the roundtables was sufficient to support their participation in the process. Although case managers tended to agree that training and preparation were sufficient (mean of 3.83 on a 5-point Likert agreement scale), they were less likely to agree than were other DFCS participants (mean of 4.22).⁷ (See Table 3 in the appendix.) Case managers who attended a training session were more likely to agree (73% agreed strongly or somewhat) that the training and preparation were sufficient than those who did not (65%).

The Casey permanency experts also tended to agree that preparation for DFCS staff and for themselves was sufficient, with one noting that training and preparation were more sufficient for supervisors and less sufficient for case managers.

When DFCS participants were asked what aspect of the preparations was most helpful, the most common aspects cited in the 127 responses were the advance case review and presentation preparation (33%). It is important to note that many of the children had been in foster care for extended periods of time (the median length of stay was 4 years), with extensive case files that might not have been reviewed in total by the current case manager.

Cited next most often were the December orientation (9%), mock/practice roundtables (8%), and training (6%).

When asked what additional preparatory training was needed, of 101 responses, 45% indicated no additional training was needed. Those providing suggestions most often mentioned additional training/

Field Program Specialist Comment:

“[The two-day orientation] was the most helpful; I wish staff outside of Fulton and DeKalb could have attended.”

Permanency Expert Comment:

“It was most helpful to get everyone to see the vision and that there was room to innovate and move youth to permanency who had been languishing.”

practice on completing the case summary and the case consultation/permanency action plan forms (12%). Next most often mentioned was additional lead time (7%). The following list summarizes other areas in which participants felt they could have used additional training or preparation:

- **Roundtable preparation (more mock roundtables, preparing presentations, setting expectations).**
- **The roundtable discussion/process (what is a roundtable, roundtable roles, brainstorming, facilitation, child-centered planning).**
- **Available resources (financial, medical assessment/medication, community services/agencies, follow-up, etc.).**
- **Identifying existing family services/supports.**
- **Permanency strategies, helping family members become resources, success stories.**
- **The process of stepping down to a less restrictive care setting.**
- **Waivers and the appeal process.**

While case managers indicated on the evaluation forms that they agreed they had sufficient preparation for the roundtables, in the follow-up group discussions, case managers indicated they did not have a good idea of the overall purpose of the roundtables when they began, and many had not attended any of the orientation or training sessions. In their follow-up group discussions, supervisors recommended that case managers be included in future orientations so they would have an overall understanding of the purpose of the roundtables. Master practitioners noted that there was some tendency for some DFCS participants, especially case managers, to see the permanency status rating scale as a reflection of their work rather than an indicator of the child's status, suggesting a need for additional training on using the scale.

Casey permanency experts indicated areas in which DFCS staff could have used additional training or preparation. They suggested additional training/preparation on the roundtable process itself, including brainstorming skills, case and concurrent planning, presentation skills, and permanency strategies and resources. They also indicated training needs in diligent search, family and child assessment (including clinical diagnoses and psychotropic medications), family and youth engagement, and advocating for families and children.

Recommendations for master practitioners and supervisors included team facilitation, mentoring, conflict management, and employee development. The Casey permanency experts also indicated that they could have used additional training themselves in permanency resources as well as state policies and legal issues.

Comments on the most helpful aspects of roundtable preparation

Case Manager:

“Reviewing VERY OLD history.”

Field Program Specialist:

“The practice roundtable—you got to see how the meeting should go.”

Master Practitioner:

“The 2-day [orientation and] training in December prior to beginning the roundtables.”

Administrator:

“I normally would not personally prepare the paperwork; however, one of my case managers and supervisor were both out, and I did do the preparation for two children. I certainly learned a lot about those two children in the process.”

Preparation of Case Summaries and Oral Presentations

Debriefing comments on the written case-summary forms completed in advance of the roundtables indicated that the forms were too long, had some redundant information, and were not completed consistently. This was due at least in part to the inability to pre-populate the forms with information from the state's child welfare data system (SHINES).⁸ However, the Casey permanency experts and DFCS master practitioners did feel the information contained in the forms was useful to the roundtable process; they noted that when the information was incomplete and/or the case manager was unprepared, the roundtable process was very difficult.

Case managers tended to rate preparation of forms as helpful, but to a lesser degree than did other DFCS participants. (See Table 4 in the appendix.)

In their written comments, most DFCS participants recommended shortening and simplifying the case-summary form and providing more time for completing forms and preparing for the roundtables. (There was less than a month between the orientation and the start of the roundtables.) They generally felt the oral presentation outline was helpful and did not require any changes.

Case managers and supervisors also recommended that they be part of the case selection process, as they felt some of the cases selected were not appropriate for the roundtable process due to the child's situation (being already close to permanency) and/or age (nearing 18).⁹ Casey permanency experts recommended that key documents (e.g., treatment plans and diagnoses) be readily available during the roundtables; they would also have liked earlier access to case summaries.

2. Permanency Roundtable Implementation

Each permanency roundtable was scheduled as a structured two-hour session.¹⁰ The roundtable phases included the case presentation and discussion, brainstorming of permanency strategies, and development of a written permanency action plan, which included strategies, actions, responsibilities, deadlines, and identification of potential barriers.

Case Presentations and Discussion

During the on-site debriefings, Casey permanency experts and DFCS master practitioners reported that, overall, case presentations in the roundtables were excellent and that presenters (usually case managers) were well informed about their cases, even some who had been assigned to a case for only a short period of time. They described the DFCS participants as dedicated, respectful, receptive to new ideas, and well prepared. Casey permanency experts were considered helpful, knowledgeable, and well informed about national resources, foster care, and permanency strategies. Debriefing participants indicated that case managers reported that they generally felt supported in their decision making and that everyone was making an effort to think outside the box.

County Administrator Comment:

“The brainstorming and thinking outside of the box. The staff really grabbed the concept and seemed excited about trying new ideas. The variety of panel [roundtable team] members and wealth of knowledge were invaluable.”

Permanency Expert Comment:

“The majority of the staff that presented were very well prepared and did an outstanding job.”

On the 9-month evaluation, nearly all DFCS participants (87%) agreed they were comfortable presenting and/or discussing cases in the permanency roundtables. The mean agreement for case managers was 4.51, compared to a mean of 4.75 for other DFCS participants. (See Table 5 in the appendix.) Casey permanency experts agreed that case presentations were well prepared (mean of 4.38) and presented effectively (mean of 4.25).

DFCS participants were asked to rate the helpfulness of various aspects of the roundtables and other roundtable participants. Although all participants were likely to see the information provided, the discussions, the planning, and the other participants as helpful, case managers were less likely than other DFCS participants to agree strongly. (See Table 6 in the appendix.)

In the Fulton case manager discussion group, participants indicated that they had felt some pressure both before and during the roundtables. They said the mock roundtables had served to create anxiety, whereas the actual project roundtables were more positive in nature. They also indicated they felt pressure not to embarrass the county or express a different opinion in the roundtable, and the presence of “management” in the roundtables made them feel “like we were being watched.”

As part of the roundtable discussion, participants, led by the master practitioner, were asked to rate the child’s permanency status on a specific scale. It proved challenging for some case managers to understand the scale as an indication of the child’s permanency status rather than a rating of the case manager’s work. While participants generally considered the scale helpful, at the debriefings and subsequently, there was some discussion about the clarity of the scale and whether ratings had been biased positively or negatively—positively to reflect better on the case manager or negatively to provide more room for improvement.

Master Practitioner Comment:

“The [case summary] form is long, but it does help the case manager really dig through the case, especially if the case manager has not been on the case for the duration of the case.”

Case managers and supervisors generally indicated that they felt the child’s current permanency status ratings completed during the roundtables overall were accurate. Master practitioners, however, felt that some interpreted the scale as a reflection on the case manager’s work and thus rated the child’s status more positively than might have been warranted at the time. Some indicated that the child’s status had been rated after, rather than prior to (as intended), brainstorming permanency strategies for the child.

Casey permanency experts indicated the rating scale helped define the child’s status, but they varied in their assessment of the scale, with some agreeing the scale was clear and easy to use and others disagreeing somewhat. Suggestions included revising the wording so the scale could be used by anyone in child welfare, making a distinction between the “social scenery” [child’s situation as it relates to permanency] and the legal permanency status, and shortening the descriptions.¹¹

The Casey permanency experts felt the brainstorming, discussion, and planning in the roundtables were extremely helpful and that the DFCS participants and on-site/on-call resources were generally very or extremely helpful.

Permanency Planning

The majority of participants (84%) agreed that the roundtable discussions helped them or their staff “identify new strategies and actions that can be used to help move a child towards permanency.” Case managers were less likely to agree strongly and more likely to agree somewhat (4.03) compared to other DFCS participants (4.55). (See Table 7 in the appendix.)

Both DFCS participants and Casey permanency experts tended to agree that the permanency action plan form was helpful, with case managers less likely to agree (3.49) than other DFCS participants (4.01). Casey permanency experts indicated the form was very or extremely helpful. (See Table 8 in the appendix.)

DFCS participants were asked how they would improve the roundtable discussion and planning process. The 86 responses varied widely with 16% indicating they had no suggestions for improvement. Suggestions ranged from scheduling to general recommendations for ongoing practice. Following are the main suggestions from participants:

- **Improve scheduling with a better balance of cases statewide, by avoiding the holiday period and by holding roundtables locally and earlier in the case.**
- **Improve roundtable preparation with more training (e.g., on resources, how to write an action plan, facilitation) and pre-roundtable staffing.**
- **Reduce paperwork; have online forms.**
- **Improve roundtable implementation discussion with clear procedures and a focus on the child's permanency and creating a realistic plan.**
- **Select roundtable participants to include more front-line workers, partners, and stakeholders; ensure state office staff and permanency experts have up-to-date knowledge and expertise.**
- **Guide permanency planning so that plans are focused on the child and have clear goals, multiple tactics, and realistic timeframes; consider safety and reduce pressure to close the case.**
- **Provide additional resources on-site during roundtables and for follow-up; create tools, resource banks, and help lines dedicated to permanency.**
- **Be committed to individualizing services.**
- **Provide feedback from Casey permanency experts on how case staff are doing.**

Case Manager Comments:

“Staffing the cases with others that were not familiar with the case [and] hearing the different ideas from the roundtable participants [was helpful].”

“I would like for the roundtable [team] to listen to the case manager; we know these families and know what we are working with; I would like for them to be more realistic in their ideas; their ideas would be great in a perfect world, but most of the time this is not the case.”

“[The roundtables] helped sharpen my skills in presentations. Also, [they] really assisted in being able to look at cases with a different perspective.”

“The roundtables were good; however, the time frames could be unrealistic. They do not take into account that the caseworkers have other deadlines, including the roundtables for their other cases.”

“Some of the recommendations were unreasonable; e.g., going into the most drug- and crime-infested area of Atlanta to look for the mother of a 17-year-old, a mother who has not completed a case plan and [who] appeared in court inebriated.”

The Casey permanency experts suggested improvements as well: more preparation regarding the process for case managers, more preparation time for case managers, better access to resource personnel (hard to access with several simultaneous roundtables), using an LCD projector to display the permanency plan as it is being developed, having a scribe to take notes during the roundtable, more time for cases with multiple children in care, having related documentation available during the roundtable (e.g., clinical evaluation, court report), and supports for master practitioners so they can assist in plan implementation.

Most DFCS participants felt they were more knowledgeable about permanency planning as a result of participating in the roundtables, with case managers somewhat less likely to agree (3.95) than other DFCS participants (4.39). (See Table 9 in the appendix.)

In the follow-up discussion groups, participants were asked about evaluation comments related to unrealistic permanency plan actions. In all four groups, this generated much discussion of specific examples where the supervisor or case manager thought the suggestions put into the plan were unrealistic, often because the timeframe created pressure on staff. This was especially a concern for case managers with a larger number of cases staffed in roundtables, making it difficult to manage plans with overlapping action due dates. Among case manager evaluation respondents, 31% participated in only one roundtable, 30% in 2-4 roundtables, 10% in 5-7 roundtables, and 7% in 8-12 roundtables; 21% did not report the number of roundtables in which they participated.

It is important to note that the action plan asked for anticipated barriers to action steps and how they could be addressed; however, in some cases, case managers reported that they did not feel they could question the actions/strategies proposed by experts or “higher-ups.”

Some examples of suggestions perceived as unrealistic included:

- **Turning a youth over to a parent who came to court intoxicated.**
- **Changing a child’s permanency goal at the next hearing when it requires two hearings to do so.**
- **Asking a judge for guardianship when previously turned down.**
- **Working on a reunification with no plan to handle parental substance abuse relapse.**
- **Suggesting lessons or extracurricular activity with associated costs when there is no funding for it and the foster parents cannot afford it.**
- **Talking to a school counselor who may have seen the child only once about being a permanency resource.**

■ ■ One example cited as “unrealistic” turned out to be both a positive and a negative: the recommendation that the child/youth take Tae Kwon Do. In one case, the child used the new skills to harm the foster parents; in another case, this new activity helped a child improve his attitude and self-discipline.¹² ■ ■

In the master practitioner meeting, one master practitioner noted a strategy that proved difficult: it was hard to locate children who had been adopted and “done well” to serve as mentors for children in care.

Concurrent Planning

Concurrent planning is the process of working towards one legal permanency goal (typically reunification) while at the same time establishing and implementing an alternative permanency goal and plan that are worked concurrently to move children more quickly to a safe and stable permanent family. Historically, concurrent planning has not been widely used in Georgia, and the state is in the process of developing new policy, tools, and training to support concurrent planning.¹³ The permanency roundtable planning form allowed for the inclusion of a concurrent plan, but there were relatively few concurrent plans created.¹⁴ In the follow-up discussions with case managers and supervisors, participants were asked why this was the case.

Supervisors noted that many recommendations had already been attempted, and it was difficult to come up with back-up plans because the children had been in care for long periods of time and many things had been tried. Also, in many cases, parental rights had been terminated, although in at least one case the recommendation was to petition the court to overturn the termination of parental rights.

Case managers indicated some lack of clarity about concurrent planning, permanency planning and court-approved plans, and confusion about which plan they should implement. They felt in some cases there were no options for a concurrent or back-up plan, or the permanency plan created during the roundtable was the alternative plan to what they were already doing.

Case Manager Comment:

“It is not that case managers were not working toward permanency, but often with teens, medically fragile children, and other difficult cases, it can be very hard to find permanency.”

3. Permanency Roundtable Follow-Up

DFCS participants generally agreed that the permanency action plans were helpful in moving children towards permanency, with case managers agreeing to a lesser degree (3.45) than other DFCS participants (4.02). (See Table 10 in the appendix.)

The DFCS participants on average said they were well supported in implementing the permanency action plan steps following the roundtables (3.78, with case managers at 3.75 and other DFCS participants at 3.82). (See Table 11 in the appendix.)

Strategies That Work

In their meeting, master practitioners were asked what they felt were the most helpful strategies toward achieving permanency. They noted that revisiting old options to see if there were changes (e.g., in policy or in the family situation), re-evaluating a child who might have been misdiagnosed or labeled inappropriately, and addressing child behavior issues were effective strategies. Other strategies considered effective included:

- **Educating staff and caregivers about realistic expectations for the child.**
- **Helping staff in working with treatment/placement facilities.**
- **Reconnecting the child with sibling(s).**
- **Including parents in permanency planning.**

- **Asking the child who is important to him or her in order to identify potential permanency resources.**
- **Discontinuing conversations about adoption with children who are ambivalent about adoption; letting/helping them decide whether they want a family.**

Barriers to Permanency in Georgia

Casey permanency experts were asked to indicate what they felt were the three biggest barriers to permanency in Georgia currently and to indicate whether they felt the barrier cited was unique to Georgia. Most of the barriers these experts identified had to do with staff knowledge, skills, mindset, and clinical issues and were not considered barriers unique to Georgia. Two were considered more predominant in Georgia: having children in extremely long-term psychiatric hospital placements and a historical culture that says institutions, including group homes, are an acceptable place to grow up.

Additional barriers identified by Casey permanency experts included:

- **Finding family barriers, including not knowing how to conduct a diligent search for family members (where to go, technology) and not actively pursuing maternal and paternal relatives.**
- **Clinical barriers, such as mental health misdiagnosis and lack of knowledge or skills in assessing youth clinical needs by staff, relying on heavy medication to support behavior management, and a lack of staff advocating on behalf of the youth with providers and systems.**
- **Placement barriers, including residential/congregate care barriers and the lack of step-down facilities and community-based services.**
- **Case staff knowledge/skills/mindset barriers:**
 - Focusing more on placement than permanency.
 - Feeling intimidated by or powerless to disagree with treatment providers/therapists.
 - Lack of proactive and creative thinking around permanency.
 - Limited family engagement skills.
 - Limited knowledge about community resources.
- **Other barriers mentioned included:**
 - Case plans and interventions not reviewed often enough by supervisors.
 - Underutilization of outside resources (e.g., Habitat for Humanity, Big Brothers/Big Sisters, recreation programs, advocacy organizations, community college programs).
 - High caseloads and high case-manager turnover.
 - Insufficient legal services (e.g., full-time attorneys who answer to the agency rather than contracted attorneys reporting to another authority).

Roundtable Follow-Up

Since the project roundtables were completed, the state has engaged in a regular, comprehensive follow-up process to track the permanency status of the children, the action plans developed in the roundtables, and any waivers that were requested. This has included follow-up case staffing in the counties, state office tracking of waivers, and monthly status reports (telephone conferences or meetings) from each region to the state permanency project administrator. Each region has implemented its own tracking process and reports to the state monthly.

In the subsequent discussion groups, participants recognized the need for follow-up and appreciated follow-ups as a reminder of plan items and deadlines. Concerns raised in the discussion groups included:

- **The frequency/redundancy of the required follow-up reports, especially when there are no changes (e.g., child remains incarcerated) or everything is completed (e.g., cutting and pasting the same report each month).**
- **The amount of time required for follow-up reporting (considered tedious and taking time away from casework).**
- **The length of time that waiver requests were pending and a lack of information about the status of waiver requests; greater difficulty in getting waiver requests approved from subsequent roundtables.**
- **Case managers feeling the burden of implementation falls to them alone (e.g., everyone else tells them what to do but doesn't help them do it).**

4. Changes in Practices

Individual/Agency Practices

Case managers were likely to agree somewhat that their participation in the roundtables had a positive impact on their ongoing casework or supervision of casework. Other DFCS participants—supervisors, master practitioners, field program specialists, administrators and others—were most likely to agree strongly (mean of 4.61) compared to case managers (mean of 3.94). (See Table 12 in the appendix.)

When DFCS participants were asked what changes they had observed, 106 provided responses, the most common of which were better brainstorming/thinking outside the box (21%) and an increased focus on permanency (16%); only 10% indicated they had observed little or no change.

Other changes cited ranged from improvements in case practice and permanency planning to more training. Improved case practice included more diligent searches and work to overcome barriers, improved family/child contact and engagement, more of a team approach and openness to other ideas, and improved case staffing. Participants also noted an improved movement of and ability to see progress in cases as well as more follow-up and follow-through on case plans.

Post-Project Roundtables

Since the project roundtables were completed, the state has implemented roundtables in nearly all of the agency's 17 service regions. On the evaluation forms, respondents were asked if they had participated in any of these subsequent roundtables.

At the time of the evaluation, Fulton County had not completed any subsequent roundtables. Case managers in other regions were less likely than other DFCS participants, who were typically in supervisory and regional positions, to have participated in subsequent roundtables. (See Table 13 in the appendix.)

In general, DFCS participants indicated that subsequent roundtables were very similar to project roundtables. The participants differed and were fewer in number, and there were no Casey permanency experts or state office staff. Paperwork was shorter and simpler, and the sessions were shorter and less structured. They found that it was harder to come up with new ideas, but the goals and timeframes established were more realistic. (Participants were not asked to indicate whether the above differences were positive or negative.)

In their discussion, DFCS master practitioners indicated that in subsequent roundtables, they have often skipped the introduction of the process or the ground rules if the team has participated previously. These roundtables also had less in-depth case history preparation and shorter forms; some have been conducted more like a case staffing.

In the DeKalb discussion groups, supervisor participants commented that, in some of the subsequent roundtables, agency staff were the only participants. They noted that there was not as much attention focused on these roundtables as there was on the project roundtables; they also questioned why family members were not included in the roundtables.

DeKalb case-manager participants commented that, in the subsequent roundtables, they were less likely to be asked to go beyond what they are allowed to/normally do (e.g., go directly to judge, place siblings separately). They felt the roundtable format was essentially the same as for the project roundtables, but that roundtables for children in care for 3 to 6 months were treated more like a regular case staffing.

In both the supervisor and case-manager discussion groups for DeKalb, participants brought up the inclusion of child advocates in subsequent roundtables. Reaction to the inclusion of child advocates was mixed, in part due to concerns that information gained in the roundtable might be used adversely in court. Case managers also felt the child advocates were more inclined to keep children in care.

5. Recommendations for Improving the Process

On both the paper evaluation forms and in the follow-up discussion groups, DFCS participants provided a number of recommendations for improving the process for future roundtables and similar projects. Of the 94 DFCS participant responses, 84% provided recommendations and 16% indicated no improvements were needed.

Participants provided many suggestions for improving the process, and several key themes emerged:

- **Training:** Have more/better training and preparation, especially for case managers and master practitioners; include case managers in orientation and mock roundtables; have more time for preparation and gathering information; ensure roundtable team members are prepared; prepare workers statewide; provide additional case practice training/support in diligent search, family and child assessment, case planning, and state policy.
- **Paperwork:** Condense/shorten/simplify paperwork; eliminate overlap with existing forms; improve the permanency status rating scale.
- **Scheduling:** Improve scheduling; avoid holidays and rescheduling; hold fewer roundtables per day/week; avoid scheduling large blocks of staff time out of the office; check case manager schedules; schedule earlier in the life of a case (e.g., at start, after assessments are completed, within first two weeks, within first two months).
- **Participants:** Include additional parties—legal, mental health, service providers, foster parents, relatives, advocates, previous case manager (when assignment recently changed); involve other parties without preconceived notions about the child.

Supervisor Comment:

“Get mental health and juvenile justice departments to the table to take responsibility for children who are in care because they need mental health services.”

- **Action plans and timeframes:** Develop more realistic goals, recommendations, and timeframes; limit and/or prioritize strategies and action steps.
- **Implementation and follow-up:** Improve/expedite the waiver process; support case managers in action plan implementation.

In the case-manager and supervisor follow-up discussion groups as well as at the master practitioner meeting, DFCS participants were asked what recommendations for future efforts they would make to Casey and DFCS leadership. Additional suggestions from the paper evaluation forms and from the discussion groups organized by topic included:

- **Approach to roundtable discussion**
 - Be open to new approaches.
 - Focus on needs of youth rather than needs of agencies/institutions.
 - Recognize expertise of case managers and supervisors.
 - Be just as concerned with safety as with permanency; discuss safety.
- **Case selection**
 - Focus on difficult cases.
 - Staff sibling groups together.
- **Roundtable implementation**
 - Eliminate duplication between roundtables, other reviews and/or Family Team Meetings (FTMs).
 - Ensure the case manager has an opportunity to present the child's case; have a consistent format.
 - Have roundtables more often.
 - Include case managers and supervisors in on-site debriefings.
 - Maintain "kudos" board for case managers, who need, but do not always receive, encouragement and positive reinforcement.
 - Provide on-site approval of waiver requests.
- **Permanency planning**
 - Create better understanding by participants of why permanency has not yet been achieved in the case.
 - Be more consistent/provide more training on writing plans (e.g., some teams included all brainstorming ideas in action plans; others focused on prioritized strategies/actions).
 - Don't force solutions or try to resolve every issue in the child's life.
 - Create a better expedited waiver approval process.
 - Improve follow-up process/protocol; have tracking process/form in place from the start; eliminate need to re-type action plan into tracking tool.
 - Hold follow-up roundtables rather than monthly calls.
 - Increase support/ideas after roundtable (e.g., have interns do legwork for diligent search).
 - Hold supervisors and managers accountable as well as case managers.

- **Resources**

- Provide more access to specialized resources; more knowledge about resources; more resources for young adults ages 18 and over.
- Ensure jurisdictions have similar access to experts, expertise, and outside participants.
- Give case managers more time to do case work (e.g., reduce time required for administrative activities, paperwork).
- Update managers and supervisors about the current nature of work in the field.

Casey permanency experts also provided improvement suggestions. They felt that additional preparation should include permanency values training for all participants and roundtable skills training for master practitioners and permanency expeditors. They also noted that all relevant case information/documents should be brought to the roundtables, particularly in cases with a long case history. They also suggested improvements to the roundtable process:

- **Alternate roundtable teams so the same group is not together each time to increase the mix and sharing of ideas.**
- **Include observers from other counties to increase understanding and integration of process.**
- **Include a foster parent or parent “alumnus/a” perspective in the roundtable.**
- **Have a scribe and/or facilitator in each roundtable.**
- **Limit the number of action items that can be included in the plan to improve focus and not overwhelm case managers.**
- **Tailor roundtables to specific jurisdiction needs.**

V. Conclusions and Recommendations

Overall, the Georgia Permanency Roundtable Project was well received by the various participants. In general, DFCS participants felt that they were sufficiently prepared to participate in the process and more knowledgeable about permanency planning as a result of their participation. They felt that the roundtables helped them identify new strategies and actions to move a child towards permanency and that their participation had a positive impact on their ongoing casework or supervision of casework. As a group, participating case managers agreed that the roundtables helped and had a positive impact, but not as strongly as other DFCS participants, primarily supervisors, master practitioners, managers, and specialists.

Based on the participant feedback received, the following are key project aspects that worked or did not work as expected, and recommendations for improvement.

Permanency Roundtable Preparation

What worked:

- **Two-day orientation and training.**
- **Researching case histories and pre-staffing cases.**

What did not work as expected:

- **Lack of orientation and insufficient training for case managers.**
- **The case summary form (length, complexity, inability to pre-populate).**

Areas for improvement:

- **Provide more and better roundtable preparation, including orientation, training, and role-play/mock roundtables for all participants; specifically, more advance training on:**
 - Permanency strategies and planning, including writing the plan.
 - Roundtable roles (all roles) and facilitation.
 - Brainstorming; distinguishing brainstorming from planning.
 - Resources for child, including permanency resources.
 - Provide lists of national, state, and local resources to roundtable teams and case managers.

- Allow more time for planning and preparation.
- Anticipate and put into place at the outset ongoing tracking/follow-up mechanisms.
- Provide additional case practice training/support in diligent search, family and child assessment, case planning, and state policy.

Permanency Roundtable Implementation

What worked:

- The roundtable discussions, brainstorming, and planning.
- Having a team to discuss the case, support decision making, and plan for permanency.
- Internal and external expertise around achieving permanency for youth.
- Including participants not familiar with the child's case.
- Having on-site/on-call resource personnel (e.g., legal, policy, mental health).
- Recognition of case managers and their strengths during the roundtables.

What did not work as expected:

- Overloading some case managers with multiple roundtables/children in a short period of time; scheduling of case managers.
- Some of the planning was considered unrealistic in terms of the proposed action steps or the timeframe for completing them.

Areas for improvement:

- Conduct roundtables earlier in the life of the child's case (suggestions included at the beginning of the case, when a child enters foster care, at the 2-month or 6-month marks).¹⁵
- Schedule roundtables across a longer period of time; reduce the number of roundtables per day/week.

Permanency Plan Implementation and Follow-Up

What worked:

- Revisiting previous contacts, ideas, permanency options.
- Engaging children and youth in permanency discussions and reconnecting them with siblings after the roundtables.
- Supporting case managers in working with treatment and placement providers after the roundtables.

What did not work as expected:

- **Follow-up and approval of waivers.**
- **Support for case managers following roundtables.**

Areas for improvement:

- **Streamline/simplify paperwork as much as possible; provide for electronic completion of forms and someone to take notes during roundtable.**
- **Limit/prioritize plan strategies and actions.**
- **Include input/participation from others involved in the child's case, such as providers and family members.**
- **Expedite waiver process and include feedback to case manager on waiver status.**
- **Provide additional supports for plan implementation so that case workers are not overwhelmed with multiple plans and multiple action steps within those plans.**

Because of the debriefings that occurred on-site and the various opportunities provided for feedback, some of these changes have already been incorporated in subsequent Georgia roundtables, and it is hoped that the information in this report will serve Georgia and other jurisdictions implementing permanency roundtables.

Appendix

**Table 1:
Respondent Characteristics**

	Number	Percent
Position		
Case manager	81	54%
Placement supervisor	15	10%
Field program specialist	14	9%
Supervisor	14	9%
Administrator	12	8%
Master practitioner	10	7%
Other	3	2%
No response	2	1%
County (region)		
DeKalb (Region 14)	46	31%
Fulton (Region 13)	55	36%
Other county (region)	46	31%
No response	4	3%
Tenure with DFCS		
Less than a year	2	1%
1-2 years	29	19%
3-5 years	45	30%
6-9 years	30	20%
10 years or more	42	28%
No response	3	2%
Age Group		
22-29	22	15%
30-39	64	42%
40-49	0	0%
50-59	50	33%
60 or over	5	3%
No response	10	7%

	Number	Percent
Education		
BSW	38	25%
Other Bachelor's	41	27%
MSW	47	31%
Other Master's	14	9%
PhD	1	1%
No response	10	7%
Gender		
Male	14	9%
Female	126	83%
No response	11	7%
Race		
White/Caucasian	42	28%
Black/African American	98	65%
Two or more races	3	2%
No response	8	5%
Ethnicity		
Hispanic	1	1%
Non-Hispanic	133	88%
No response	17	11%
Language other than English ever used on the job		
Spanish	16	11%
African language	2	1%
Other	4	3%
No response	129	85%
Total Respondents	151	100%

**Table 2:
Reported Orientation/Training Event Participation**

Event	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
State and regional leadership meeting (12/4/2009)	7%	43%	50%	24%
Roundtable project orientation and training for state and regional supervisory and management staff (12/9-10/2009)	10%	74%	50%	39%
Half-day roundtable project training session for case managers (12/17-18/2009)	41%	13%	0%	28%
Any of the above events	47%	81%	50%	62%
Total respondents	81	68	2	151

**Table 3:
Agreement That Roundtable Training and Preparation Were Sufficient***

“The training and preparation I received prior to the roundtables was sufficient to support my participation in the process.”

	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	3.83	4.22	4.50	4.01
Number of respondents (excludes n/a responses)	76	65	2	143

*Average on 5-point scale ranging from strongly disagree to strongly agree (1 to 5)

**Table 4:
Helpfulness of Forms for Roundtable Preparation***

“How helpful was the Case Summary (Form 1) in preparing you/your staff for the roundtables?”

“How helpful was the Oral Case Presentation Outline (Form 2) in preparing you/your staff for the roundtable case presentation?”

	DFCS Case Managers		Other DFCS Participants		No Title Provided		Total	
	Mean	n**	Mean	n**	Mean	n**	Mean	n**
Case Summary (Form 1)	3.57	79	3.73	64	4.50	2	3.66	145
Oral Case Presentation Outline (Form 2)	3.74	78	4.20	61	4.50	2	3.95	141

*Average on 5-point scale ranging from not at all to extremely helpful (1 to 5)

**Total number responding to question

**Table 5:
Comfort in Roundtable Presentation and Discussion***

"I was comfortable presenting and/or discussing my/my staff's cases in the permanency roundtables."				
	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	4.51	4.75	5.00	4.61
Number of respondents (excludes n/a responses)	81	55	2	138

*Average on 5-point scale ranging from not at all to extremely comfortable (1 to 5)

**Table 6:
Helpfulness of Roundtable Information, Phases, and Participants***

"How helpful was the . . ."								
	DFCS Case Managers		Other DFCS Participants		No Title Provided		Total	
	Mean	n**	Mean	n**	Mean	n**	Mean	n**
Information provided on the Case Summary (Form 1) during the roundtable process?	3.63	78	3.83	63	4.00	2	3.72	143
Oral case presentation during the roundtable process	3.83	77	4.37	62	4.50	2	4.08	141
Discussion/brainstorming session in thinking about permanency options?	3.86	79	4.31	67	4.50	2	4.07	148
Permanency action planning in identifying actions needed to move a child towards permanency?	3.68	78	4.27	67	4.00	2	3.95	147
Participation of DFCS master practitioners in the roundtables?	3.67	79	4.22	64	3.50	2	3.91	145
Participation of Casey permanency experts in the roundtables?	3.69	78	4.33	66	4.00	2	3.99	146
On-site/on-call access to resource personnel to address legal, policy, services, and other concerns as they arose in the roundtables?	3.75	75	4.19	63	4.50	2	3.96	140

*Average on 5-point scale ranging from not at all to extremely helpful (1 to 5)

**Table 7:
Roundtable Identification of New Permanency Strategies and Actions***

“The permanency roundtable discussions helped me/my staff identify new strategies and actions that can be used to help move a child towards permanency.”

	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	4.03	4.55	5.00	4.27
Number of respondents	80	66	2	148

*Average on 5-point scale ranging from strongly disagree to strongly agree (1 to 5)

**Table 8:
Helpfulness of Form for Permanency Roundtable Planning***

“How helpful was the Permanency Action Plan (Form 3/3R) for documenting actions needed to move a child towards permanency?”

	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	3.49	4.01	4.00	3.74
Number of respondents	76	67	2	145

*Average on 5-point scale ranging from not at all to extremely helpful (1 to 5)

**Table 9:
Knowledge of Permanency Planning***

“I am more knowledgeable about permanency planning as a result of my participation in the roundtables.”

	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	3.95	4.39	4.50	4.15
Number of respondents	81	66	2	149

*Average on 5-point scale ranging from strongly disagree to strongly agree (1 to 5)

**Table 10:
Helpfulness of Permanency Action Plans***

“How helpful were the action plans developed in the roundtables in moving children towards permanency?”

	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	3.45	4.02	4.00	3.72
Number of respondents	75	66	2	143

*Average on 5-point scale ranging from not at all to extremely helpful (1 to 5)

**Table 11:
Support of Permanency Plan Implementation***

“How well have you been supported in implementing the permanency action plan steps following the roundtables?”				
	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	3.75	3.82	4.00	3.78
Number of respondents	73	55	1	129

*Average on 5-point scale ranging from not at all to extremely well supported (1 to 5)

**Table 12:
Impact of Roundtable Participation**

“My participation in the roundtables had a positive impact on my ongoing casework or supervision of casework”				
	DFCS Case Managers	Other DFCS Participants	No Title Provided	Total
Mean	3.94	4.61	5.00	4.24
Number of respondents	81	62	2	145

*Average on 5-point scale ranging from strongly disagree to strongly agree (1 to 5)

**Table 13:
Participation in Any Subsequent Roundtables by County/Region and Title**

	DeKalb (Region 14)		Fulton (Region 13)		Other County/Region		Missing County/Region		Total	
	% Yes	n*	% Yes	n*	% Yes	n*	% Yes	n*	% Yes	n*
DFCS Case Manager	42%	24	0%	30	64%	22	0%	0	32%	76
Other DFCS Participant	74%	19	30%	20	91%	22	100%	4	68%	65
No Title Provided	100%	1	0%	0	0%	0	0%	0	100%	1
Total	57%	44	12%	50	77%	44	100%	4	49%	142

* Total number responding to question

End Notes

1. The Department of Human Services (DHS) changed its name from the Department of Human Resources (DHR) effective July 1, 2009.
2. The Department of Human Services (DHS) changed its name from the Department of Human Resources (DHR) effective July 1, 2009.
3. 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.
4. Permanency for some sibling groups was addressed in combined roundtables; therefore, the number of children was greater than the number of roundtables.
5. See <http://www.casey.org/Resources/Publications/garoundtable.htm>.
6. “Permanency expediter” is a DFCS casework position created after the initial roundtable project; these are casework staff with specific expertise and/or training in clinical issues, which was a need identified during the roundtable project.
7. All Likert scales ranged from one to five, with five indicating greater endorsement.
8. This was because of data system identification and compatibility issues.
9. In some jurisdictions, roundtables have been conducted on youth in care over age 18.
10. Originally, each child was scheduled for a two-hour time slot; this was revised to accommodate sibling groups, with an additional hour added for each additional sibling in care (rather than a separate two-hour slot).
11. The permanency status rating scale has since been modified to improve clarity and internal consistency.
12. While this may be viewed as an issue of safety rather than being unrealistic, the examples were cited by case managers as unrealistic strategies/action steps.
13. Historically, concurrent planning was developed as an alternative to reunification, so that if the reunification plan fails, there is a timely alternative for permanency. At the time of the roundtable project, concurrent planning was considered to include alternative permanency goals (e.g., adoption, guardianship). Since the roundtable project, Georgia has received technical assistance and is developing new policies and training on concurrent planning that defines concurrent planning as working on a reunification plan and an alternative goal plan concurrently.
14. See the process evaluation report for a full discussion of the permanency action plans and concurrent plans created during the project roundtables: <http://www.casey.org/Resources/Publications/garoundtable.htm>.
15. In Fulton and DeKalb counties, because of the consent decree, a permanency staffing is conducted when a child has been in care 13 months and again at 23 months.



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Casey Family Programs is the nation's largest private foundation focused entirely on foster care and improving the child welfare system. Founded in 1966, we work to provide and improve—and ultimately prevent the need for—foster care in the United States. As champions for change, we are committed to our 2020 Strategy for America's Children—a goal to safely reduce the number of children in foster care and improve the lives of those who remain in care.

Casey Family Programs

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