

**Permanency Roundtables:  
Challenging Barriers to Permanency  
for Children in Out-of-Home Care**



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When caseworkers, supervisors and managers from Allegheny County's Department of Human Services (DHS) gathered with other child welfare professionals in early November 2013 in a windowless training room at the agency's regional child welfare office in Pittsburgh's East End, the toddler who was the subject of the brainstorming session was miles away, happily attending her pre-school program. But for each of the two dozen adults in the room, she was the most important person there.

<sup>1</sup> Client names have been changed.

Rochelle's<sup>1</sup> case was particularly complex. She had been in the care of her aunt for more than half of her short life, as her mother struggled with schizophrenia and addiction challenges. The court had never wavered from family reunification as Rochelle's permanency goal, but the obstacles to finalizing this goal had persisted for 18 months. Her aunt had a large family of her own, and although she was willing to continue to care for her niece, she worried about the consequences of legally adopting Rochelle. Although an open adoption would give Rochelle's birth mother the right to visit and contact her daughter, the mother's behavioral health issues could affect both Rochelle's safety and the emotional balance of the aunt's household. Information on the mother's current housing and health prognosis was sketchy. The group's goal was to determine how this child could grow up in a safe, permanent home.

The two-hour discussion that followed, a deep dive into creative strategies for eliminating the roadblocks preventing Rochelle from being able to grow up in a legally "forever" home, exemplified the purpose of Permanency Roundtables. Now in the second year of implementation in Allegheny County, Permanency Roundtables are part of an initiative designed to help every child in out-of-home placement return home or, when that is not possible, find a permanent home through adoption or permanent legal guardianship.

DHS implemented Permanency Roundtables with technical assistance and support from Casey Family Programs, the nation's largest operating foundation focused entirely on foster care and improving the child welfare system; the foundation's goal is to increase permanency and safely reduce the number of children in foster care. During the past two years, DHS's Permanency Roundtables have focused on the cases of 132 children in foster care; the approach is part of a shift in attitude and philosophy that has resulted in a steady increase in the number of children who have moved from out-of-home placement into secure, loving and permanent homes.

Lauren Frey, a Casey consultant, explains the new goal simply: “Every contact that we have with youth should be focused on staying home, going home, or finding home,” she told child welfare administrators and practitioners in a summer briefing.

The new approach doesn’t change the existing tasks of the CYF team. Caseworkers must still address safety, behavior management, adjustments to placement changes, health and mental services, college preparation, and job and life skills for their charges. But those important tasks serve a larger essential goal: to help children find lifelong family connections.



The Permanency Roundtable process ensures that child welfare practices and operations are self-reflecting and self-correcting — the hallmark of both high-functioning families and high-quality human services. We face the roundtables with some anxiety and leave them with new ideas and reflections that emerge from a team of colleagues wanting the best for children, youth and families. Staff remark that they learn and grow from the roundtables and that it is the safety and structure of the process that makes this possible. They will be a permanent part of DHS’s ongoing efforts to make families safe and healthy places for children.”

— Walter Howard Smith, Jr., Ph.D.,  
DHS Deputy Director, CYF and DHS Clinical Director

“The goals are safety, permanency and well being,” stresses Fran Gutterman. As senior director for Systems Improvement at Casey Family programs, she has worked on Allegheny County’s roundtable program since 2011. “Aging out or growing up in foster care is not the goal — but it happens more often than it should. We must leave no stone unturned to find families for kids.”

It’s a common-sense idea whose time has come, bolstered by a body of compelling evidence. When children leave foster care without returning home to their families or without finding permanent, legal families, their adult lives can become a minefield. Those children are far more likely to suffer from post-traumatic stress, depression, drug dependence and other behavioral health issues. They are less likely to find employment and three times less likely to have earned a high school diploma or GED. Their average annual income of \$8,000 is far below the national average of \$27,500. While only one percent of the population experiences a period of homelessness, it is a frequent circumstance for these youth; 37 percent will become homeless or depend upon unstable living arrangements, such as “couch surfing” in a friend’s home.<sup>2</sup>

<sup>2</sup> 2010 study by Chapin Hall at the University of Chicago and Partners for Our Children at the University of Washington; <http://jimcaseyyouth.org/sites/default/files/Midwest%20study%204%207%2010.pdf>

<sup>3</sup> In kinship care, a child is placed with a close relative or family friend rather than with a non-related foster family or in a residential care facility or group home.

Allegheny County is proving that those outcomes can be prevented by strengthening a child’s permanent connection to family. Since 1999, DHS has engaged families to be part of decision-making for children at risk of placement or in out-of-home placements through the Family Group Decision-Making model. The department has also found lasting benefits in kinship care. DHS has dramatically reduced the number of children in foster care by safely reducing entries into the system and increasing exits. Since 2005, DHS has reduced those numbers by 48 percent, from 10.5 children per thousand to 6.0.

The result is particularly dramatic for a populous urban county, far exceeding the national reduction of 25 percent. “It’s just astounding — nothing short of that,” says Casey Family Programs’ Gutterman. Allegheny County is on track to achieve Casey’s national goal to safely reduce the need for foster care by 50 percent by the year 2020.

## ADOPTION AND SAFE FAMILIES ACT PROMPTS PERMANENCY

Twenty-two months is a proven tipping point for children in care. Their chances of reuniting with their families steadily dwindle as they approach that milestone, while their likelihood of achieving permanent placement or adoption begins to rise. If progress toward permanency is not made, children risk getting stuck in care.

Gutterman gives one example of the dilemma. “In many cases, the bar keeps rising. A child is brought into care because of abuse, but then, what keeps them in care might be the parent’s homelessness. So the next goal becomes finding housing. Meanwhile, the child continues to stay in care even though there are no active safety threats. So you have to keep pressing to come to legal permanency. You can’t just keep the situation as it is.”

**The roundtable process is structured, relentless and non-judgmental.**

Early training sessions described the roundtable process as a professional case consultation that is structured, in-depth, non-blaming and relentless. Each includes the assigned caseworker and supervisor, a lead practitioner, a roundtable facilitator, a scribe, and service providers from other agencies involved with the family. Casey Family Programs also facilitates the presence of a permanency expert from another jurisdiction who offers a national perspective on innovative strategies for achieving legal permanence.

Jean O’Connell Jenkins, Quality Improvement Administrator for DHS’s Office of Data Analysis, Research and Evaluation, emphasizes that roundtables are also a professional development process. They are not designed to find fault or add more work to a caseworker’s load. Rather, they encourage open conversation to identify stumbling blocks in permanency cases and draw in community providers and resources that can shoulder assignments concurrently.

The process, while taking time to fully imbed into organizational culture and practice, reinforces the sense of shared purpose and urgency that these complex cases require.

Bryn Albee, one of the participants in the November roundtable, is an Allegheny County caseworker who knows the permanency issue firsthand. Before earning a degree in social work and joining DHS, she spent her teenage years in foster care. “I came into care at age 12,” she explains, “I never achieved legal permanency. Independent living [at age 18] set me back.”

To Albee, the roundtable offers a way to improve communication and coordination of the services that her cases require. “I like the experience. It helps me prepare better,” she says.

For the roundtables completed thus far, DHS identified three groups of children whose cases needed additional attention in order to progress toward their permanency goal. The first cohort included youth ages 16 and younger who had spent more than 18 months in care. With judicial permanency goals of Other Permanent Living Arrangement (OPLA)<sup>4</sup>, these youth were approaching emancipation without a permanent family to ease that transition.

<sup>4</sup> Other Permanent Living Arrangement, or OPLA, is one of five legal permanency goals outlined in the Adoption and Safe Families Act. In the progression of these goals, OPLA is the final option for children who have not been able to achieve reunification, adoption, legal custodianship or permanent placement with a relative. Children whose goal is OPLA usually remain in care until they reach age 18 and/or age out without achieving legal permanency.

<sup>5</sup> Congregate care is a type of out-of-home placement that includes residential and community group home settings and group shelters, providing 24-hour staffing and services to children and youth placed through the child welfare system.

The second group included youth who had been in congregate care<sup>5</sup> for 12 months or longer. Though their permanency goal was reunification with family, these children were spending a long period of time in group homes and residential facilities bearing little resemblance to a family setting.

The final group included children like Rochelle: ages five and younger and in care 15 months or longer, with permanency goals of reunification. For these pre-schoolers, time away from their birth parents weakened that important bond. “As a child stays in care, he or she gets attached to the caregiver,” notes Gutterman. “That makes it harder. That’s why you have to keep your eye on the prize — don’t let them linger and get stuck.”

Preparations for these roundtable reviews began in early 2012, with training for DHS leaders and practitioners. In December 2012, the first roundtables began. For each child (reviews included siblings also in out-of-home care, regardless of where they were placed), an action plan was created that addressed barriers to achieving legal permanence.

The questions that guided each discussion were simple: What will it take to achieve permanency for this child? What can we try again that has been tried before? What can we do differently? What can we do concurrently? How can we engage the youth in developing and implementing the plan?

Above all, the process stressed the child’s safety. But safety and risk became the crux of difficult discussions. Rochelle’s case is illustrative of that dilemma. As the group pondered whether she could be reunited with her mother, who was receiving treatment for mental illness, hard questions demanded answers.

“What does [the mother’s] life look like day-to-day — her grooming, completing her tasks, holding a job?” asked one participant. “Do we know where she is living? Do incidents happen while she is on — or off — her meds? Have we established that she is able to function adequately to safely and independently care for her daughter?” To some questions, the caseworker could supply only anecdotal replies.

Fran Gutterman underscores the fundamental issue: “A parent may have completed every plan or task, like parenting class. But has their behavior changed? It’s hard to figure that out when child is not living in the home.



## THREE CHILDREN, THREE ROUNDTABLES

### Thomas

At fourteen, after living in out-of-home care most of his life, Thomas presented a challenge to the roundtable participants. During four years of placement in several residential facilities, he had exhibited severe behavioral problems. After he and a group of other children assaulted another resident, inflicting serious injuries, Thomas was moved to RESPOND, one of the county's most intensive therapeutic residential facilities, where he received around-the-clock wraparound<sup>6</sup> services from a team of professional and direct care staff.

Although Thomas's mother was unable to meet the requirements for reunification, she continued to visit her son. Acknowledging the bond between mother and son, professionals were reluctant to terminate her parental rights. Realistically, however, given the mother's situation and the severity of Thomas' behavioral issues, reunification was not necessarily in his best interest. OPLA seemed to be the only option for Thomas.

At the time of the roundtable, Thomas remained in RESPOND with no good permanency option in sight. The roundtable team created an action plan that focused on ways to engage Thomas and provide him outlets for his interests to help with his needs. Concurrently, the team planned to work on identifying potential caregivers through a number of avenues available in Allegheny County's child welfare system. The team also spent considerable time discussing what the transition to a family setting would look like and how long it would take.

As Thomas began to respond to his 24-hour treatment program, gradually requiring less intensive services, a caregiver at his placement facility expressed interest in giving him a home. Carefully, over several months, the treatment team helped Thomas transition from short visits with the caregiver to overnight visits to living in her home, while attending a private school for children with severe emotional disturbances. Now 15, he lives in a family setting with the caregiver and several other children. Even though Thomas's original goal of reunification was not achieved, he is doing well in a much less restrictive environment, and his permanency status has greatly improved.

Reflecting on the roundtable process, one multisystem specialist for DHS believes that the intensive team approach, first necessitated by Thomas's complex mental health issues, helped achieve permanency for him. "It was always an integrated approach," she notes. "Everyone came together on a monthly basis. We had email chains — everyone was notified immediately when something happened. People were thinking creatively for him."

### Kevon

Eight-year-old Kevon's mother was unable to care for him, in part because of his cerebral palsy and seizure disorder. His court-ordered goal was OPLA, and caseworkers knew that he had a strong bond with his foster mother, an older woman who had previously adopted several other children. Even before the roundtable process, they had approached her about the possibility of giving Kevon a permanent home. She was hesitant to formally adopt Kevon, in part because

<sup>6</sup> Wraparound services are intensive, individualized services designed to ensure that children with complex needs and their families are engaged in a comprehensive, coordinated planning process that brings together all providers involved with the child/family to create a plan that is tailored to the child's needs.



of the possibility that his birth mother would regain the ability to care for him and in part because she worried that her health would not allow her to raise him to adulthood. She was unwilling to obligate her other children to assume responsibility for his care. However, just prior to the roundtable, Kevon's caseworker began the process of looking for a home that would commit to adoption for Kevon. Faced with the prospect of his placement in an unfamiliar home, and thinking of Kevon's best interest, his foster mother expressed a desire to explore the options for keeping him with the home and family he knew best.

**Unpacking the “no’s” involves probing deeply and brainstorming solutions to permanency obstacles.**

The roundtable participants — and Kevon's birth mother — recognized the strong bond between Kevon and his foster mother. The roundtable participants focused on addressing the foster mother's concerns; an approach that Gutterman calls “unpacking the no's” — probing deeper and suggesting approaches to overcome obstacles to permanency. The action plan for Kevon outlined a process to educate his foster mother on her options for becoming his permanent caregiver and, concurrently, to explore placement in a new pre-adoptive home in case his current foster mother decided not to pursue permanency. The identified strategies helped the foster mother determine the best course of action for her family and Kevon, who is now living in her home under a legal custodianship arrangement.

Kevon's case supervisor views the approach positively. “The process gives you a working list of things to do, even things we had tried in the past. It was always helpful to get the group together for brainstorming and hearing ideas,” she says.

**Rochelle**

The toddler had always lived in the home that her mother and aunt shared. When the sisters quarreled, and Rochelle's mother left the home, Rochelle stayed with her aunt. This roundtable review demonstrated the wide variety of professional opinions that may complicate a difficult case.

A judge had ordered a goal of reunification. However, evaluating the mother's mental health status and finding her a permanent home required careful attention. When Rochelle's case was presented to the roundtable, case supervisors, citing a doctor's recommendation for adoption, suggested that a permanency goal change would be appropriate. Roundtable participants expressed a number of concerns about the mother's ability, given her mental health status and treatment compliance issues, to provide a stable environment for Rochelle. While acknowledging the close bond between the little girl and her mother, the roundtable team recommended a change in her permanency goal to adoption by her aunt.

In the months since the review, Rochelle has remained with her aunt with her legal permanency goal of reunification unchanged by the courts. Her mother has found housing that accommodates her daughter, allowing Rochelle to visit regularly. Mental health community treatment team members visit the mother daily and provide transportation to appointments, while other staffers

make unscheduled visits to evaluate her condition. The mother’s visits have increased, and the court is still interested in pursuing reunification, provided she continues to maintain her housing and attend her dual diagnosis treatment program.

**ONGOING FOLLOW-UP**

Every month since their cases were first presented at roundtables, child welfare staff have analyzed the circumstances of the 132 youth reviewed. Progress is measured on each of the following outcomes:

- Improved permanency status, or progress toward permanency for each individual child
- Movement to a less restrictive environment (for children in a group setting)
- Achievement of legal permanence through reunification, adoption or legal guardianship

**Improved Permanency Status**

Table 1 shows that measurable progress has been made toward permanency for 43 percent of the children. Permanency status is one of the measures developed by Casey Family Programs as part of the roundtable process. Each child’s permanency status at the time of the roundtable is assessed on a scale ranging from “poor” to “permanency achieved.” The measure includes consideration of whether the child is in a family setting, what progress has been made toward achieving permanency, and whether the barriers to permanency are being addressed. Each month, updates reflect changes in the child’s permanency status.

**TABLE 1: Changes in Permanency Status (N = 132)**

COHORT	IMPROVED PERMANENCY STATUS	NO CHANGE IN PERMANENCY STATUS	WORSENERD PERMANENCY STATUS	AGED OUT WITHOUT ACHIEVING PERMANENCY
OPLA	16 (34%)	18 (38%)	9 (19%)	4 (9%)
Group Care	9 (35%)	12 (46%)	2 (8%)	3 (11%)
5 and Under	16 (67%)	7 (29%)	1 (4%)	0 (0%)
Siblings	16 (46%)	14 (40%)	4 (11%)	1 (3%)
<b>Across all Cohorts</b>	<b>57 (43%)</b>	<b>51 (39%)</b>	<b>16 (12%)</b>	<b>8 (6%)</b>

### Less Restrictive Environment

Table 2 shows that nine percent of the children moved to a less restrictive setting, while 49 percent had no change in placement and had not yet achieved permanency. Concerned that almost half of all of these children remain in the same setting as at the time of the roundtable, and that their progress to permanency appears to be stalled, DHS plans to re-examine their cases to identify additional steps that will help move them toward permanency.

TABLE 2: Placement Changes by Level of Restrictiveness

COHORT	REDUCTION IN LEVEL OF RESTRICTIVENESS	PLACEMENT MOVE AT SAME LEVEL OF RESTRICTIVENESS	NO CHANGE IN PLACEMENT	INCREASE IN LEVEL OF RESTRICTIVENESS	NO LONGER IN PLACEMENT <sup>7</sup>
OPLA	7 (15%)	10 (21%)	15 (32%)	5 (11%)	10 (21%)
Group Care	5 (19%)	2 (8%)	6 (23%)	3 (12%)	10 (38%)
5 and Under	0 (0%)	1 (4%)	19 (79%)	0 (0%)	4 (17%)
Siblings	0 (0%)	0 (0%)	25 (71%)	3 (9%)	7 (20%)
<b>Across all Cohorts</b>	<b>12 (9%)</b>	<b>13 (10%)</b>	<b>65 (49%)</b>	<b>11 (8%)</b>	<b>31 (16%)</b>

<sup>7</sup> No longer in placement because of reunification, adoption, PLC, running away or aging out of the child welfare system.

### Legal Permanence

TABLE 3: Achievement of Legal Permanence, Post-Roundtable

	REUNIFICATION	ADOPTION	PLC	TOTAL ACHIEVING PERMANENCY
OPLA	4	0	1	5 (17% of cohort)
Group Care	7	0	0	7 (27% of cohort)
Age 5 and under	3	1	0	4 (17% of cohort)
Siblings	3	1	0	4 (11% of cohort)
<b>Total</b>	<b>17</b>	<b>2</b>	<b>1</b>	<b>20 (15% of all cohorts)</b>

Recognizing that finding a forever family for a child can be a time-consuming process, child welfare staff carefully measure progress, assessing events on a scale from poor to permanency achieved. “We follow up monthly, until legal permanence of the child is complete,” says quality improvement manager O’Connell Jenkins.

Compared to an analysis of permanency outcomes conducted just three months earlier, these results suggest that Allegheny County is catching up to other metro areas that have longer experience with implementing the roundtable model. For example, a Casey analysis of the outcomes of nearly 500 cases reviewed by roundtables in the Atlanta metro area found that half of the children achieved legal permanency within 24 months of a roundtable review. Fifty-eight percent had an improved permanency status rating.

O’Connell Jenkins believes that as the roundtables are further integrated into the DHS child welfare practice model, better outcomes lie ahead.

“We’re still conducting follow-up analysis on our three cohorts. With our leadership’s strong commitment and our enhanced practice model, it’s perfect timing for Permanency Roundtables to be institutionalized. The practice is a perfect fit with Conferencing and Teaming (DHS’s practice model). From the beginning of every case, we are empowering families, bringing partners to the table, and making sure that families have a strong voice at the very start of our involvement — not months or years down the road.”

### RE-ENTRY TO CARE

Re-entry into placement — an emotional blow for both families and caseworkers — was of particular interest to those examining the local permanency results. At 25 percent re-entry, Pennsylvania has the nation’s highest five-year average rate of children re-entering the system within 12 months of discharge. Allegheny County’s percentage has been slightly higher; about 26 percent of all children exited and re-entered care at least once. Twenty-seven percent of youth re-enter within the first year after exiting to family, including 34 percent of teenagers ages 13 through 17. The county’s African American children re-enter care at a higher rate than other children (29 percent versus 22 percent).

“Some might question the accuracy of the data,” says Fran Gutterman. “But it’s high no matter what. It’s high for older youth. It’s high for those who exited congregate care. I see the relationship between those two,” she notes. “When we looked at congregate care, we found the work is naturally focused on the child, less so on the parent. The youth goes home to the same environment, where issues have not been addressed. So there are questions that might be raised — are adequate reunification services being provided?”

We need to unpack the data. This is where the permanency roundtables benefit the system. In addition to examining individual cases, we can look at systemic themes rising to the top and address them as well.”

Child welfare managers were careful to track re-entries into care among the 20 roundtable youth who achieved reunification, adoption, or permanent legal custody. Four of those children subsequently re-entered care. Three of the four who re-entered had after-care services in place following reunification, while the other had his case closed at age 18 when he returned home; unfortunately, he re-entered placement through Juvenile Probation.

Self-examination is an important part of the roundtable process, changing the culture of the system in important ways. Among the issues caseworkers confront are their own perspectives, dubbed “arm-crossing”: the barriers created by their training, values, systemic pressures and legitimate fears for child safety. “Unpacking the no’s” applies to professional attitudes as well as to the concerns of the families.

Debriefings and participant evaluations helped DHS realize that issues of practice, policy, training and staff development all arose from the roundtable experience. “Although the process has not as yet fully taken hold, we are making headway in elevating permanency as a critical outcome for all children in care,” says O’Connell Jenkins. With the recent addition of two senior staff to coordinate roundtable findings and recommendations, along with other quality improvement strategies, she expects that the roundtable model will be increasingly integrated into everyday practice.

“I’ve heard more discussion about permanency in the past 18 months than I ever have,” O’Connell Jenkins notes. “One of our regional office directors has already begun using the roundtable process with her staff. KidsVoice [a court-appointed advocate program] supports efforts to improve permanency for children in care. For all of us, the roundtable process works on two levels: By continually tracking progress in regard to each child’s legal permanency plan, we discover what methods get traction from individual action plans. It also illuminates the systemic and practice barriers that prevent kids from having forever families and strong connections to kin throughout their lives.”