

## Site Visit Report: Nevada Initiative to Reduce Long-Term Foster Care

<https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/PII>

**Award #: 90-CT-0157**

**Cluster: Permanency Innovations Initiative**

**Grantee: Washoe County Department of Social Services**

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## PROJECT DESCRIPTION

The Permanency Innovations Initiative (PII), a Presidential initiative, is a 5-year multisite demonstration project designed to improve permanency outcomes for children in foster care who have the most serious barriers to permanency. In 2010, the Children's Bureau within the Administration for Children and Families of the U.S. Department of Health and Human Services released a funding opportunity announcement (FOA) titled "Initiative to Reduce Long-Term Foster Care."<sup>1</sup> The purpose of the FOA was to fund demonstration projects that support the implementation and test the effectiveness of innovative intervention strategies to improve permanency outcomes for subgroups of children who have experienced the most serious barriers to permanency.

The following are the intended purposes of the projects funded through this FOA:

- Implement innovative intervention strategies that are informed by the relevant literature in order to reduce long-term foster care (LTFC) stays and improve child outcomes
- Use an implementation science framework enhanced by child welfare expertise to guide technical assistance activities
- Rigorously evaluate the validity of research-informed innovations and adapted evidence-based interventions in reducing LTFC
- Build an evidence base and disseminate findings to build knowledge in the child welfare field

The projects were to address site-specific issues in order to help children leave foster care in fewer than 3 years. The projects were to identify local barriers to permanent placement and implement the innovative intervention strategies that mitigate or eliminate those barriers throughout the continuum of services.

The Children's Bureau entered into cooperative agreements with six grantees from across the country, including the Washoe County Department of Social Services (WCDSS) for its project, the Nevada Initiative to Reduce Long-Term Foster Care (NV PII). NV PII is a collaboration among WCDSS; ACTION for Child Protection, Inc.; the Ruth H. Young Center for Families and Children at the University of Maryland School of Social Work; and the Children's Cabinet. In addition, NV PII is working closely with Catholic Community Services of Western Washington.

NV PII uses two interventions to address barriers to the timely establishment of permanency for three populations in Nevada. (See the Target Populations and Interventions sections for additional information.)

For more information about the PII approach and the other PII grantees, visit the [PII Project Resources](#) page on the Children's Bureau's website.

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<sup>1</sup> The FOA is available at <https://ami.grantsolutions.gov/view/HHS-2010-ACF-ACYF-CT-0022>.

## **Need for Service**

The NV PII partners determined the need for this project based on the high number of children in Washoe County who remained in foster care for extended periods of time or who were deemed unsafe in their homes. In addition, the partners wanted to improve upon the round 2 ratings given to Nevada in its Federal Child and Family Services Review.

During the first year of the grant, the project partners reviewed qualitative and quantitative data and conducted case reviews to determine why some children remained in foster care for long periods of time. They determined that the services offered to and required for children and families were often "cookie-cutter" services as opposed to those that were actually driven by the needs of the family. The partners also determined that the following factors contributed greatly to the lack of permanency for children in the target populations:

- Inadequate protective capacities of caregivers
- Complex family problems
- Lack of resources
- Insufficient visits between parents and their children in foster care

NV PII partners also reported that children were receiving services, but the parents or caregivers were not making changes or were not being provided the most appropriate services to alleviate the issues. The partners recognized that improvement would only be realized when the service providers identified and addressed what was contributing to the children's behaviors and the parents' circumstances (e.g., socioeconomic status, mental health issues). Therefore, the project sought to expand the efforts of child welfare services from the traditional set that focused on basic safety management to a set of services aimed at improving caregivers' protective capacities. By increasing the caregivers' protective capacities and the frequency of caseworkers' interactions with parents, the project hoped that children could return home sooner while the parents continued participating in services.

## **Project Goals**

Although all PII grantees have the overarching goal of improving permanency outcomes among children in foster care who have the most serious barriers to permanency, each grant can have its own specific goals. NV PII focused on the following:

- Preventing children from entering LTFC
- Improving permanency for children in foster care
- Decreasing the amount of time it takes for youth in foster care to achieve permanency
- Finding permanent caregivers or connections for children where reunification is not possible

## **Target Populations and Theories of Change**

NV PII selected three target populations and, with the assistance of the PII training and technical assistance team, developed a theory of change for each.

**Population 1.** This group includes families with children assessed as being unsafe due to impending danger following a new report of child abuse or neglect. The theory of change for population 1 is that safety and permanency outcomes will improve if the following occur:

- Impending danger is adequately assessed
- In-home safety services are provided when possible
- Caregivers are engaged to address safety threats and build protective capacities
- Safety is managed through in-home safety services or temporary out-of-home placements
- Specific, measureable, achievable, relevant, and time-limited (SMART) case plans facilitate intensive, purposeful, and change-focused services
- Services are provided to change the behaviors and conditions that would otherwise lead to placement in LTFC
- Goal achievement and changes in behaviors and conditions are regularly measured

Families who were new to the agency and whose children qualified for population 1 were randomly selected by Nevada's Statewide Automated Child Welfare Information System to receive either (1) the project intervention or (2) the services generally provided by WCDSS to families with children who remained in their homes or who were temporarily placed outside of their homes.

**Population 2.** This group includes families with children in foster care for 12 months or longer who, at the time of placement, presented with one or more of four risk characteristics: single parent household; parent substance abuse; homelessness or inadequate housing; or parental incarceration with an available parent or caregiver to participate in the intervention. The theory of change for this population is that time in LTFC will be reduced for these youth with a permanency goal of reunification if the following occur:

- Children are reassessed for impending danger
- Parents are reengaged to change behaviors and conditions that led to the need for foster care placement
- Parents receive an assessment of caregiver protective capacities
- SMART case plans facilitate intensive, purposeful, and change-focused services
- Services are provided to achieve goals that increase the likelihood of reunification
- Change over time is regularly evaluated
- Concurrent planning is implemented if caregivers are unable or unwilling to change the behaviors and conditions that contributed to lengthy stays in foster care

For population 2, instead of children and families being randomly selected to be served by the project, the caseworkers, including newly hired staff, were randomly selected to provide NV PII services. The children assigned to those caseworkers then received the NV PII intervention.

**Population 3.** This group includes families in which the parents are unable or unwilling to successfully work toward reunification. The theory of change for population 3 is that time in LTFC will be reduced for these youth who do not have a permanency goal of reunification if the following occur:

- Comprehensive searches conducted for kin or fictive kin
- Active engagement strategies with kin or fictive kin are implemented
- Assessments are completed and involve the child, alternative caregivers, and the family system to build a safe and stable home for the child
- Case plans are developed to identify outcomes for caregivers, children, and the family
- Intensive, change-focused services are delivered to support caregivers and children
- Frequent visits are arranged to facilitate outcomes and goals
- Change over time is regularly evaluated to adjust case plans to support permanency

### **Grant Partners**

The WCDSS Children's Services Division is collaborating with ACTION for Child Protection, Inc.; the Ruth H. Young Center for Families and Children at the University of Maryland School of Social Work; and the Children's Cabinet. ACTION for Child Protection and the University of Maryland provide the intervention services to populations 1 and 2. In addition, WCDSS worked closely with Catholic Community Services of Western Washington, the purveyor of the intervention for population 3.

### **Implementation**

All grantees in this cluster have followed the PII approach when implementing their interventions. The PII approach consists of four implementation stages:

- **Exploration:** This stage includes activities that help grantees define their target population, identify factors that put the target population at risk of LTFC, coordinate teaming structures, select and promote interventions, and plan for implementation and evaluation.
- **Installation:** During this stage, grantees ensure that the structural and functional changes to support implementation are in place, including, but not limited to, staff selection protocols, staff training and coaching, and data systems to monitor the fidelity of program processes.
- **Initial implementation:** During this stage, all implementation supports are at least partially in place, and children and families begin to participate in the intervention. Grantees test key processes and data collection activities. Additionally, grantees modify components as needed to improve intervention processes, ensure the implementation supports focus on the right processes, and ensure that formative evaluation can begin. Once project staff have the requisite skills for the intervention processes and have institutionalized the necessary organizational and systems changes, the grantees move into the full implementation stage.

- **Full implementation:** In this stage, grantees review and refine implementation teams. They also monitor and assess implementation supports and intervention fidelity.

When grantees determine that the intervention is stable and the formative evaluation shows the program outputs and short-term outcomes are trending in the proper direction, the grantees move to the summative evaluation.<sup>2</sup> (More information about the evaluation process is included in the Evaluation section of this report.)

For more information about the PII implementation process, refer to [The PII Approach: Building Implementation and Evaluation Capacity in Child Welfare](#) on the Children's Bureau website.

## Interventions

For populations 1 and 2, NV PII implemented SAFE-FC, a model based on two established interventions: Safety Assessment Family Evaluation (SAFE) and Family Connections (FC). SAFE, developed by ACTION for Child Protection, is an assessment and safety intervention that results in decisions that move the family through the child protective services process. FC, developed by the University of Maryland, is a community-based service program that works with families to help them meet the basic needs of their children and reduce the risk of child maltreatment.

SAFE-FC employs various safety assessments and the development of plans to ensure families receive necessary services from community partners. The assessments begin at intake and identify children who may be unsafe. The Nevada Initial Assessment, which is completed as part of the child protective services investigation, identifies the safety and service needs of children and caregivers and helps determine if children are safe. If necessary, the caseworker develops a safety plan with the family. In some cases, the children remain at home with a plan in place that identifies how threats to their safety will immediately be controlled and managed. In other cases, children must be removed from their homes to ensure their safety. Subsequent assessments include the Protective Capacity Family Assessment (PCFA) and Protective Capacity Progress Assessment (PCPA).

The PCFA assists the caseworker in engaging and building a partnership with the caregiver and in exploring the caregiver's perception of the issues, including child safety. It also helps determine if the safety controls in place are sufficient to address the identified safety factors. The PCFA also helps the caseworker determine how the caregiver can enhance cognitive, behavioral, and/or emotional caregiver protective capacities; assess the needs of the children; and, in collaboration with the caregiver, identify possible solutions for meeting the children's needs.

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<sup>2</sup> Permanency Innovations Initiative Training and Technical Assistance Project, & Permanency Innovations Initiative Evaluation Team. (2013). *The PII approach: Building implementation and evaluation capacity in child welfare* (Rev. ed.). Retrieved from <http://www.acf.hhs.gov/programs/opre/resource/pii-approach-building-implementation-and-evaluation-capacity-in-child-welfare>

Additionally, SAFE-FC utilizes the Computer Assisted Self-Interview (CASI), an array of computerized assessment instruments, to further support caregiver engagement and inform the development and progress of case plans. The CASI helps provide information that is used in the PCFA regarding factors that affect caregivers' behavioral, cognitive, and/or emotional protective capacities. It also allows the caregiver to discuss what must change for the children to be safe and assists the caregiver in understanding the findings of the assessment tools.

The outcomes of the PCFA drive the selection of case plan goals. The goals in the case plan are required to be SMART; enhance caregiver protective capacities; and address the physical, emotional, cognitive, behavioral, and social needs of the children. The plan should be developed with the family and extended family members. The initial case plan focuses on the SAFE-FC intervention for the first 90 days and identifies specific change strategies that involve the caregiver. It will be used by the caseworker and other service providers to support the change process through direct work with the family and by coordinating services with community service providers. The SAFE-FC caseworker should have personal interactions with the caregiver for a minimum of 1 hour per week to routinely and consistently foster successful changes in caregiver protective capacities. In addition, the caseworker should have a minimum of one contact per month with each treatment provider.

Subsequent case plans are developed following the administration of the PCPA, which assesses the family's progress in meeting the case plan goals and in improving the protective capacities of the parents. Although the progress of the family is continuously assessed throughout the case, the case plans are reassessed using the PCPA every 90 days until the case is closed or the permanency goals change. The PCPA consists of information collection, analysis and measurement of progress toward goal achievement, and assessment of changes in behaviors and conditions.

For population 3, which as of this site visit included 33 children, NV PII implemented Family Search and Engagement (FSE), which was developed by Catholic Community Services of Western Washington. FSE is a structured step-by-step approach to searching for and engaging family and fictive kin and for establishing permanent connections for children in foster care. FSE helps to establish both legal permanency (i.e., reunification, adoption, or guardianship) and nonlegal permanency (i.e., a relational commitment).

Using FSE, project staff established or reestablished connections between youth in LTFC and their biological relatives and/or fictive kin by making contact with these relatives on behalf of the youth. The Children's Cabinet conducts case mining and diligent searches for WCDSS on each youth's relatives and fictive kin and attempts to make contact with them. The Children's Cabinet caseworker provides the relative's contact information to the WCDSS caseworker who supervises the youth's case. The caseworkers from both agencies partner in an attempt to establish communication between the youth and his or her relatives using various mediums, including telephone, mail, social media, and in-person meetings. The caseworkers share the relatives' contact information with the youth, who, with assistance from the caseworkers, begins establishing connections with the relatives. The FSE caseworkers also create comprehensive family trees or genograms for the youth to help him or her know and preserve his or her ancestry. NV PII staff reported that the youth in population 3 welcomed the opportunity to locate and establish (or reestablish) connections with relatives and, in some cases, reunite with parents whose rights were terminated.

## Staffing and Training

NV PII built on the staffing resources already available within WCDSS and the Children's Cabinet. Washoe County DSS and Children's Cabinet caseworkers attended intense training to learn the skills necessary to successfully implement the interventions. The classroom training included instruction and experiential practice on the assessments and all aspects of the intervention. In addition, staff took competency tests. NV PII staff also attended follow-up training sessions and took part in frequent case consultations, ongoing coaching, direct observations, and fidelity testing of all aspects of the intervention. NV PII caseworkers received oversight and supervision from their direct supervisors while practicing the intervention. Supervisors modeled teambuilding and productive, ongoing communication with staff from the Children's Cabinet and other community providers.

## Dissemination

The following are examples of presentations and reports developed by NV PII:

- [\*Measuring the Implementation of Social Work Interventions: Options and Examples\*](#) (presented at the Society for Social Work Research Conference)
- [\*Permanency Innovations Initiative\*](#) (presented to a WCDSS community treatment service provider)
- [\*Adapting a Promising Multi-Faceted Child Maltreatment Preventive Intervention to Respond to Differences in Target Populations Paper 4: Families With Children Determined to be Unsafe \(SAFE-Family Connections\)\*](#) (presented at the 13th International Society for the Prevention of Child Abuse and Neglect European Regional Conference on Child Abuse and Neglect)
- [\*Washoe County PII SAFE-FC PCFA-SMART Case Planning Fidelity Assessment\*](#)
- [\*Family Search and Engagement Brochure\*](#)

Additionally, the 2014 National Foster Care Month website included an article, "[Social Services Helped Change My Story](#)," that was written by a parent who received services through the NV PII project. It describes how WCDSS staff assisted her in making the life changes necessary to have her children returned to her.

## Sustainability

The WCDSS leadership team, in consultation with its project partners, has sought ways to sustain the core components of the SAFE-FC intervention approach past the project period. Although the final evaluation outcome data are not yet available, WCDSS conducted an extensive review of its child welfare practice approach, staffing patterns, stakeholder opinions, and agency culture and adapted its practice approach with the "best fit" for the agency and community. Sustainability plans include developing implementation plans for after the project ends and the installation of an agency-wide adapted permanency practice. Toward that end, WCDSS developed new positions, revised its organizational structure, and continues to refine the funding streams necessary to fully install the new intervention model practice after the grant ends.

## **SITE VISIT DETAILS**

The virtual site visit occurred on June 30, 2015, via a telephone conference call. During the site visit, a panel interview was conducted with members of the NV PII team, including the following individuals:

- Mike Capello, ACTION for Child Protection
- Dena Corritore, WCDSS, NV PII evaluation liaison
- Diane DePanfilis, Ruth H. Young Center for Families and Children at the University of Maryland School of Social Work
- Jim Durand, WCDSS, NV PII project director
- Jacqueline Kleinedler, Children's Cabinet
- Stacy Lance, WCDSS
- Jeanne Marsh, WCDSS Children's Services Division, director
- Amy Reynolds, WCDSS

The panel interview lasted approximately 2 hours and focused on the target population and the interventions selected by NV PII to reduce LTFC for children in the State. Additional information to inform the site visit report was obtained from various documents that NV PII submitted to the Children's Bureau.

## **LESSONS LEARNED**

### **Successful Strategies**

NV PII site visit participants reported that the following strategies contributed to the success of the project:

- A long-term, ongoing partnership or working relationship among the partners, including an ongoing relationship with the purveyors of SAFE-FC, Action for Child Protection, the University of Maryland, and the Children's Cabinet
- The unique expertise each partner brought to the project
- Co-management of the SAFE-FC model added value to the project and to the model itself
- Team building and co-training across the agencies has improved collaboration between frontline staff and resulted in a systemic culture change
- Consistent supervision across the intervention has been very important to the success of the intervention, including creating a lower caseworker-to-supervisor ratio

### **Challenges**

NV PII partners reported several challenges during the project period. The training process was refined a number of times, which resulted in too much training for frontline staff. In addition, changes within WCDSS, including changes in leadership, presented challenges for the project. Staff also reported that the project should have made more effort to train court staff and other stakeholders on the SAFE-FC approach and the terminology used by project staff.

## EVALUATION

The evaluation approach for the PII grant cluster uses two processes to examine the implementation and effectiveness of each project: site-specific evaluations and a cross-site evaluation. The site-specific evaluations consist of two phases: a formative evaluation and a subsequent summative evaluation. The formative evaluation monitors relationships between program outputs and short-term outcomes to determine whether the interventions selected by the grantees resulted in the expected outcomes. When the formative evaluation shows that program outputs and short-term outcomes are trending in the right direction, the grantees proceed to the summative evaluation. The summative evaluation, a rigorous evaluation of the long-term effects of the interventions, determines whether long-term outcomes are achieved and the extent to which these outcomes can be attributed to the intervention.

For NV PII, only populations 1 and 2 were included in the formative and summative evaluations. To assess the impact on population 3, NV PII is conducting a descriptive study to measure and analyze relationships between the intervention approach and outcomes.

The cross-site evaluation uses a mixed-methods approach that includes an administrative data study, an implementation study, and a cost study. The administrative data study looks at information from the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and additional State data. The implementation study examines key implementation activities, and the cost study examines the costs of implementing the PII interventions. Additionally, the cross-site evaluation will examine key implementation activities and the context in which the programs operate.<sup>3</sup>

To learn more about the PII evaluation process, visit the [PII - Evaluation Team \(PII-ET\)](#) page on the Children's Bureau website.

To learn more about NV PII evaluation process, visit the [Washoe Evaluation Overview](#) page on the Children's Bureau website. Evaluation findings will be published on the PII page as they become available.

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<sup>3</sup> Washoe County Department of Social Services. (2014). *PII evaluation overview: Nevada Initiative to Reduce Long-Term Foster Care (Washoe County, Nevada)*. Retrieved from [http://www.acf.hhs.gov/sites/default/files/cb/pii\\_evaluation\\_overview\\_washoe.pdf](http://www.acf.hhs.gov/sites/default/files/cb/pii_evaluation_overview_washoe.pdf)

