



# Permanency Innovations Initiative

Washoe County Department of Social Services

## Community Treatment Service Provider Seminar

PERMANENCY  
INNOVATIONS  
INITIATIVE

PII

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**ACTION** for Child Protection

UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK

**Ruth H. Young Center for Families and Children**

*Serving families, educating practitioners, generating knowledge*

# INTRODUCTIONS

**Introduce yourself/agency and briefly describe the services you are providing to Washoe County.**



# WASHOE COUNTY INITIATIVE

Implementation of a child safety intervention system that combines the values, philosophies and practices of two evidence informed models in order to:

- ✓ **Reduce the number of children who enter out-of-home care**
- ✓ **Reduce the length of time that children remain in care**
- ✓ **Reduce the number of children in long term foster care**
- ✓ **Promote Change Based Intervention**

*Share “best practice” approaches with  
child welfare agencies nationally*

# Seminar Objectives and Agenda



# SAFE-FC Intervention Process

## *Handout Review*



# SAFE-FC Practice Principles and Intervention Constructs

- Caregiver Centered/ “Person Centered” - Rogers
- Motivation for Meeting Needs- Maslow
- Solution Based Intervention- deShazer; Berg and DeJong
- Self Determination
- Trans-Theoretical Model (TTM)
  - Stages of Change
  - Process for Change
- Motivational Interviewing
- Safety Concepts: Impending Danger and Caregiver Protective Capacities

## Impending Danger

***Dangerous family conditions that represent situations/circumstances; caregiver behaviors, emotions, attitudes, perceptions, motives, and intentions which place a child in a continuous state of danger that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future.***



# Caregiver Protective Capacities

***Personal characteristics that are specifically and directly associated with protection of one's young. Caregiver protective capacities are observable qualities or characteristics that are understood to be part of the way a parent thinks, feels, and acts that contribute to vigilant child protection.***



# Three Types of Protective Capacities

## Cognitive

- Knowledge
- Understanding
- Perceptions

## Behavioral

- Actions
- Activities
- Performance

## Emotional

- Feelings
- Attitudes
- Identification



# Impending Danger and Diminished Caregiver Protective Capacities

***Dangerous family conditions (i.e. Impending Danger) exist within the child's home as a result of a caregiver having insufficient protective capacities (i.e. diminished Caregiver Protective Capacities).***



# SAFE-FC Concept for Change

## *Handout Review*



## The Protective Capacity Family Assessment Is Designed to...

- Build collaborative partnerships.
- Direct conversations with caregivers regarding identified Safety Threats.
- Raise awareness and seek agreement with caregivers regarding “what must change.”
- Focus case plans (change strategies) on enhancing diminished caregiver protective capacities.

# Protective Capacity Assessment Decisions

- Are safety threats being sufficiently managed?
- Can existing protective capacities (strengths) be built upon to make changes?
- What is the relationship between safety threats and diminished caregiver protective capacities?
- What is the caregiver's perspective or awareness regarding safety threats and diminished caregiver protective capacities?



# Protective Capacity Assessment Decisions

- What are caregivers ready, willing and able to work on in the case plan?
- What are the areas of disagreement regarding what needs to change?
- What change strategy (case plan) will be used to assist in enhancing diminished protective capacities.



# SMART Case Plan Meeting

- Areas of Agreement and Disagreement re: What Must Change (PCFA Discussions)
- Confirming/Finalizing SMART Goals for Change (Caregiver Protective Capacities)
- Identifying Appropriate Treatment Services



# SMART GOALS

- **Specific-** behavioral statements of “what must change” related to enhancing diminished protective capacities
- **Measurable-** Participants know exactly or to what degree progress occurs or goal is achieved.
- **Achievable-** related to necessary enhancement of caregiver protective capacities that could be met
- **Relevant-**goals are individualized and based on the unique family circumstances
- **Time Limited-**Goals are linked to a time period, usually not longer than 90 days for progress or goal achievement

# Protective Capacity Progress Assessment

- The PCPA is a formal SAFE-FC intervention that occurs on a scheduled basis following the PCFA and the implementation of the SMART Case Plan in order to provide a standardized approach for:
  - 1) Regulating the change focus intervention process**
  - 2) Assuring sufficient safety management**
  - 3) Assuring that SMART case plans are working effectively**
  - 4) Involving caregivers and providing feedback concerning SAFE- FC intervention**
  - 5) Determine progress related to enhancement caregiver protective capacities and elimination of impending danger**
  - 6) Determining the appropriateness of the permanency goal**
  - 7) Determining the achievement of family and child outcomes and the establishment of a safe environment**

# Protective Capacity Progress Assessment

## **Caregiver Progress Assessment Criteria**

Handout Review



# SAFE-FC Worker & Treatment Service Provider Communication

## Desired Outcome

*Through the provision of focused, targeted treatment services, the provider is able to assist the SAFE-FC Worker in evaluating caregiver progress towards case plan goal achievement, and thus case closure.*



# SAFE-FC Worker & Treatment Service Provider Communication

## Point of Referral

**Children's Cabinet staff will facilitate scheduling, arrange payment, and provide the voucher, which will include the following information:**

- **Summary of Impending Danger**
- **SMART case plan goals to be addressed**
- **Target of Treatment Services**
- **Protective Capacity Progress Assessment Date**



# Referral for Treatment Services

## Case Example



# SAFE-FC Worker & Treatment Service Provider Communication

## Monthly Status Updates

**Providers are asked to provide monthly status updates to the SAFE-FC Worker with the following information:**

- **Summary of Client Participation**
- **Therapeutic Treatment Goals (related to SMART Goals)**
- **Progress towards Therapeutic Treatment Goals**
- **Observations regarding progress towards SMART Goals**
- **Recommendations for adjusting treatment services**

# Treatment Service Provider Status Report

## Case Example



# SAFE-FC Worker & Treatment Service Provider Communication

## Preparation for Protective Capacity Progress Assessment

- **Formal Evaluation**
- **Criteria Informed**
- **Crucial Information Source**
- **Professional –Therapeutic Judgment**
- **Explicit observations related to status of change (associated with SMART Goals)**



# Community Provider Handbook

## Handbook Resource

Forum Agenda and PPT slides

SAFE-FC Process (flow chart)

SAFE-FC Concept of Change- Logic Model

Caregiver Protective Capacities Reference Guide (definitions, examples)

SMART goal examples

Example Treatment Service Referral Voucher

PCPA Measurement Criteria

Example Monthly Status Report



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