



Washoe County: Nevada Initiative to Reduce Long-Term Foster Care

In 2010, the Children’s Bureau (CB) awarded a [Permanency Innovations Initiative](#) (PII) grant to the Washoe County Department of Social Services (WCDSS) Children’s Services Division. The Children’s Services Division collaborated with ACTION for Child Protection, Inc., the Ruth Young Center at the University of Maryland, and The Children’s Cabinet, a contracted provider, to develop new approaches to permanency.

The PII grant program is a 5-year demonstration project designed to implement and evaluate interventions intended to improve permanency outcomes for children most at risk of remaining in long-term foster care. PII is building the child welfare evidence base by integrating evaluation research and implementation science. This integration is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and to provide evidence about program effectiveness. The federal government supported the PII Grantees as they implemented and evaluated their interventions through two offices within the Administration for Children and Families. Through the PII Training and Technical Assistance Project (PII-TTAP), the CB provided training and technical assistance (T/TA) to PII Grantees to strengthen their use of best practices in implementation. The Office of Planning, Research and Evaluation supported rigorous within-site and cross-site evaluations of PII Grantees’ interventions.

The following is a profile of the Washoe County initiative.

TARGET POPULATION(S)

The Washoe County project targeted three populations, which included families with children who:

- Population 1 Were assessed as unsafe due to impending danger following a new report of child abuse or neglect and had, at the time of placement, presented with one or more of four case risk characteristics: single parent household; parental substance abuse; homelessness or inadequate housing; or parental incarceration.

- Population 2 Were in care for 12 months or longer and who, at the time of placement, presented with one or more of four case risk characteristics: single parent household; parental substance abuse; homelessness or inadequate housing; or parental incarceration with an available parent or caregiver to participate in the intervention.

- Population 3 Were in foster care for 12 months or longer and did not have parents who were unable or unwilling to work successfully toward reunification.

BARRIERS TO PERMANENCY

In Washoe County, barriers to permanency included caregivers with inadequate protective capacities, complex family problems, lack of resources, and deficits in meaningful visitation when children are in care.

THEORY OF CHANGE

Three theories of change guided WCDSS's work with each target population.

Safety and permanency outcomes will be improved for children in Population 1 if:	Time in long-term foster care will be reduced for Population 2 with a permanency goal of reunification if:	Time in long-term foster care will be reduced for Population 3 <i>without</i> a permanency goal of reunification if:
<ul style="list-style-type: none"> (1) Impending danger is adequately assessed; (2) In-home safety services are provided when possible; (3) Caregivers are engaged to address safety threats and build protective capacities; (4) Safety is managed through in-home safety services or temporary out-of-home placement; (5) SMART case plans facilitate intensive, purposeful, change-focused services; (6) Services are provided to change the behaviors and conditions that would otherwise lead to placement in long-term foster care; and (7) Goal achievement and changes in behaviors and conditions are regularly measured. 	<ul style="list-style-type: none"> (1) Children are reassessed for impending danger; (2) Parents are re-engaged to change behaviors and conditions that led to the need for foster care placement; (3) Parents receive an assessment of caregiver protective capacities; (4) SMART case plans facilitate intensive, purposeful, change-focused services; (5) Services are provided to achieve goals that increase the likelihood of reunification; (6) Change over time is regularly evaluated; and (7) Concurrent planning is implemented if caregivers are unable or unwilling to change the behaviors and conditions that contributed to lengthy stays in foster care. 	<ul style="list-style-type: none"> (1) Comprehensive searches are conducted for kin/fictive kin; (2) Active engagement strategies with kin/fictive kin are implemented; (3) Assessments are completed and involve the child, alternative caregivers, and the family system to build a safe and stable home for the child; (4) Case plans are developed to identify outcomes for caregivers, children, and the family; (5) Intensive change-focused services are delivered to support caregivers and children; (6) Frequent visits are arranged to facilitate outcomes and goals; and (7) Change over time is evaluated regularly and case plans are adjusted as needed to support permanency.

INITIATIVE AND ASSOCIATED INTERVENTION(S)

For Populations 1 and 2, WCDSS implemented SAFE-FC, a model based on two established interventions: Safety Assessment Family Evaluation (SAFE) and Family Connections (FC). SAFE is an assessment and intervention approach that results in decisions that move the family through the child protective services process. Family Connections (FC) 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 neglect.

For Population 3, WCDSS implemented Family Search and Engagement (FSE), a structured step-by-step approach to searching for and engaging family and fictive kin connections and establishing permanent connections for the child in foster care. FSE works to establish both non-legal and legal permanence.

INTERVENTION START DATE AND NUMBER SERVED

WCDSS began initial implementation of SAFE-FC for Population 1 in August 2012. Population 1 received a case-specific intervention, with some cases including and serving more than one child. Washoe has served 320 cases in Population 1.

WCDSS began initial implementation of SAFE-FC for Population 2 in August 2012. Population 2 was a static target population¹ that included 12 cases with one child each throughout the initiative.

Children in Population 3 began receiving FSE in August 2013. Twenty-six children in Population 3, a static population,² received FSE services. Population 3 was a child-specific population receiving FSE, which is a child-specific intervention.

INTERVENTION STATUS UPDATE

Safety Assessment Family Evaluation—Family Connections (SAFE-FC)

During the first year of the initiative, WCDSS worked to define their target populations, determine barriers to permanency, coordinate a teaming structure, select and promote buy-in for the interventions, and plan for implementation and evaluation of the intervention. During Years 2 and 3, WCDSS worked to adapt, install, and implement SAFE-FC. This also included developing and implementing a coaching plan and implementing fidelity reviews, and using the results of assessments of organizational capacity and the implementation supports to develop and implement action plans to improve the implementation of SAFE-FC. By Year 4 WCDSS SAFE-FC was in full implementation. WCDSS worked with the purveyors of SAFE and FC to refine the roles and responsibilities, and decision-making structure, for the SAFE-FC workers and Children's Cabinet case managers. This included the process of moving the training, coaching, and fidelity assessment functions from the purveyors to WCDSS supervisors.

In Year 5, WCDSS decided to scale up the SAFE intervention. WCDSS began scaling up by engaging in installation activities such as training supervisors and selecting and hiring additional staff. WCDSS also began making changes to the fidelity assessment to include the services provided by the Children's Cabinet staff as well as WCDSS staff. In addition, in December 2015, WCDSS successfully transitioned from purveyor-led fidelity reviews to 100% agency-led fidelity reviews. This included training new reviewers from the agency and communicating the purpose,

¹ Population 2 included children who were already in care for 12 months as of August 2012 and met one of the risk characteristics described above. Based upon the evaluation plan, Population 2 would not be refreshed throughout the initiative.

² A total of 56 children met the criteria for Population 3, of which 35 were offered FSE services. Based upon the evaluation plan, Population 3 would be a static population that would not be refreshed throughout the initiative.

process, and plan for sharing the results with staff. WCDSS continues to provide SAFE services to new, eligible families.

Family Search and Engagement (FSE)

Data mining revealed a subset of children in foster care for more than 1 year who did not have an available caregiver, making SAFE-FC an inappropriate intervention for this population. The Children's Bureau asked WCDSS to explore and implement a different intervention more suited to this population. In 2012, the Children's Bureau approved WCDSS's decision to implement FSE. In Year 3, WCDSS developed an intervention manual, fidelity criteria, and a coaching plan for FSE. They also trained staff and completed usability testing.

In Year 5, WCDSS made the decision not to continue FSE after the evaluation data collection period ended because there were other goals and priorities in addition to scaling up SAFE.

EVALUATION STATUS

Each PII intervention is undergoing independent evaluation, overseen by the Office of Planning, Research and Evaluation (OPRE). The evaluation plan for WCDSS for both Populations 1 and 2 was an experimental design using random assignment to treatment and comparison conditions. Final numbers for Population 1 included 799 families randomized into treatment (n=320) or control (n=479). Final numbers for Population 2 included 35 cases with one child each, 12 in the treatment and 23 in the comparison group³. For Population 3, random assignment of cases was not feasible; therefore, the evaluation is a descriptive study.

The PII Evaluation Team continued to collect primary data on all open summative cases through the end of April 2015, and the evaluation officially concluded on April 30, 2015. As of the date of this publication, evaluation results were forthcoming. See the Permanency Innovations Initiative page on the OPRE website in late 2016 for more information

(<http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation>).

³ Populations 1 and 2 were served at the case level. The intervention was targeted toward caregivers, and therefore assignment to treatment or control occurred at the case level. The intervention for Population 3 occurred at the child level, so individual children were served.