

## August 28, 29 and 30, 2007 Mini CFSR Report Cheyenne Department of Family Services (DFS) – D1R3

# S U M M A R Y

### Three strongest review areas:

- Safety 1 (100 %): There is timely response to reports of child maltreatment and there are not repeat occurrences of similar reports on families. This would suggest that responses to reports are appropriate and effective.
- Well Being 2 (94%): Children are being successful educationally because of available resources, effective use of those resources and collaborative efforts between DFS and schools. There were examples of home schooling, early childhood services, school personnel investment in children and exceptional, inclusive, well functioning Individual Education Program (IEP) teams.
- Well Being 3 (94%): Children's medical and mental health needs are being assessed and met without delay. Resources within the community and in residential treatment facilities are effectively meeting children's medical needs. There is strong evidence of flexibility and effective collaboration between multiple providers serving the same family as well as a high level of commitment of therapists in serving children.

### Community strengths identified from stakeholder interviews:

- Memorandum of understanding between the Department of Corrections, Department of Health/Substance Abuse and Mental Health and the Department of Family Services;
- Introduction of the Barriers to Permanency Project in Laramie County, looking at barriers to permanency for children in Juvenile Court;
- Family Court commencing in Laramie County, and
- Youth Alternatives, a diversion program and municipal court probationary program run by the City of Cheyenne has shifted to require participation of the entire family.

### Review challenge areas:

- Well Being 1 (38%): Failure to locate and involve absent parents and lack of face to face contact with parents by the caseworker were identified as areas needing improvement. There was also a lack of visits in the home and involvement of all children for in home service cases.
- Permanency 1 (63%): Delays in establishing permanency goals, lack of concurrent planning and delayed filing of Termination of Parental Rights (TPR's) were identified as areas adversely effecting permanency for children. Adoption and guardianship fees beyond what DFS can fund also contribute to delays in this area.

### Issues for DFS administrative level consideration:

- Clear policy regarding diligent search and engagement of absent parents;
- inclusion of juvenile services in relevant child protection training;
- contracts to spell out clear deliverables;
- caseworker turnover, and
- high case loads in juvenile services; 40 – 50 cases per worker,

### Issues requiring local DFS office attention:

- Improved communication with community partners;
- diligence in seeking out and involving absent parents;
- better communication between juvenile services and child protection, and
- attention to permanency planning.

## Case Ratings:

**#D1404** - *Eight areas needing improvement:* Item 3 - Services to family to protect child(ren) in home and prevent removal; Item 4 - Risk of harm to child(ren); Item 17 - Needs and services of child, parents and foster parents (overall rating); Item 18 - Child and family involvement in case planning; Item 19 - Worker visits with child; Item 20 - Worker visits with parent(s); Item 21 - Educational needs of the child and Item 23 - Mental health of the child. (**We failed to get to the underlying reason for children not attending school**).

**#D1405** - *Five areas needing improvement:* Item 13 - Visiting with parents and siblings in foster care; Item 14 - Preserving connections; Item 16 - Relationship of child in care with parents; Item 17 - Needs and services of child, parents, foster parents (overall rating); Item 18 - Child and family involvement in case planning and Item 20: Worker visits with parent(s). (**Worked to find a placement for her as an adult**).

**#D1406** - *Perfect scoring case.* (**Significant medical needs were addressed**).

**#D1407** - *Perfect scoring case.* (**Great effort by two states for permanency**).

**#R3400** - *Four areas needing improvement:* Item 7 - Permanency goal for child; Item 8 - Reunification, guardianship, or permanent placement with relatives; Item 17 - Needs and services of child, parents, foster parents (overall rating) and Item 19 - Workers visits with child. (**Moms efforts were significant**).

**#R3401** - *Three areas needing improvement:* Item 17 - Needs and services of child, parents, foster parents (overall rating); Item 18 - Child and family involvement in case planning and Item 20 - Worker visits with parents). (**Case could have fallen through the cracks but wraparound and caseworker involvement made the difference**).

**#R3402** - *Three areas needing improvement:* Item 17 - Needs and services of child, parents, foster parents (overall rating); Item 18 - Child and family involvement in case planning and Item 20 - Worker visits with parent(s). (**Work of the case worker, mom, therapist, mentor and school were good**).

**#R3403** - *Three areas needing improvement:* Item 17 - Needs and services of child, parents, foster parents (overall rating); Item 18 - Child and family involvement in case planning and Item 20 - Worker visits with parent(s). (**Fathers enabling behavior influenced the case negatively**).

**#D1413** - *Seven areas needing improvement:* Item 7 - Permanency goal for child; Item 9 - Adoption; Item 13 - Visiting with parents and siblings in foster care; Item 16 - Relationship of child in care with parents; Item 17 - Needs and services of child, parents, foster parents (overall rating); Item 18 - Child and family involvement in case planning and Item 20 - Worker visits with parent(s). (**Extended family made the difference in this case**).

#D1414 - One area needing improvement: Item 4 - Risk of harm to child(ren). (**This family's extensive referrals finally got the ball rolling and needed services for the child**).

#D1415 - One area needing improvement: Item 7 - Permanency goal for child. (**Very good casework, but systemic barriers**).

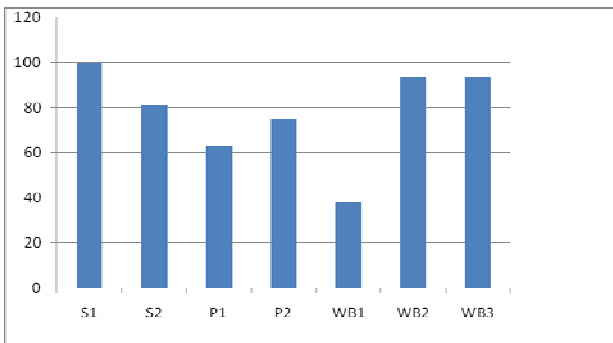
#R3408 - Two areas needing improvement: Item 19 - Worker visits with child and Item 20 - Worker visits with parent(s). (**Child had same therapist throughout the case**).

#R3409 - Three areas needing improvement: Item 17 - Needs and services of child, parents, foster parents (overall rating); Item 18 - Child and family involvement in case planning and Item 20 - Workers visits with parent(s). (**ISP case worker was on top of this case**).

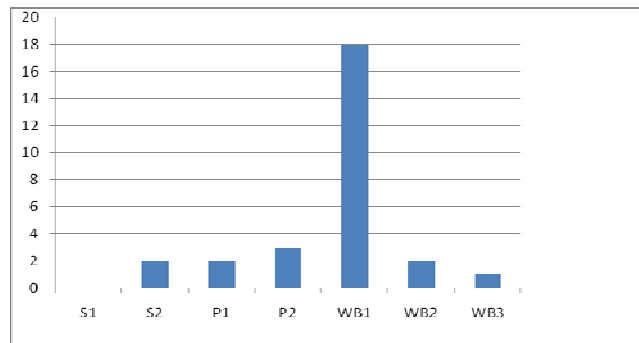
#R3410 - Perfect scoring case. (**Initiation and persistence by Carey Junior High Principal got services going for the child**).

#R3411 - Five areas needing improvement: Item 4 - risk of harm to child(ren); Item 17 - Needs and services of child, parents, foster parents (overall rating); Item 18 - Child and family involvement in case planning; Item 19 - Worker visits with child and Item 20 - Worker visits with parent(s). (**Strong family involvement**).

#R3412 - Perfect scoring case. (**Continued response and commitment of the case worker made all the difference**).



The graph above shows the percentage composite scores of this Mini CF SR review with the greatest strength being in the area of Safety 1 and the lowest area being in Well Being 1.



The graph above shows the number of Mini CF SR instrument items rating as "areas needing improvement" in the broad outcome categories of safety, permanency and well-being. A total of four cases were reviewed.

**Trend:**  
Lack of searches for non custodial parents and other relatives influenced the review.

## Strengths:

- Collaboration and communication:
  - “Multiple service providers working together for the child and family’s best interest;”
  - “child did community service with their mentor at the animal shelter;”
  - “team of caseworkers from two states doing effective interstate case work;”
  - “frequent Multi Discipline Team (MDT)s occurred in the case;”
  - “good MDT meeting that moved child from FCS to Cathedral Home;”
  - “great team approach to the case;” and
  - “everybody’s efforts saved my daughter’s life.”
- Education:
  - “Good Individual Education Plan (IEP) team with support from teachers and therapist;”
  - “IEP team was exceptional (East High School);”
  - “mentor home schooling of the child was very effective;”
  - “case manager provided by school for IEP;”
  - “child is now getting all A’s;”
  - “oldest child in school and doing better;”
  - “only child in home to ever graduate from high school;”
  - “child had an educational 504 done; but child chose to stay in regular track;”
  - “principle and social worker at Carey Junior High School were very beneficial;” and
  - “child received necessary tutoring.”
- Effective case planning and work:
  - “Nothing but positive reports on the case worker;”
  - “never knew when the case worker would show up at home (probation case);”
  - “demonstrated good modeling structure for mother;”
  - “got mom to move from negative consequences to a reward system;”
  - “good caseworker efforts;”
  - “dedicated case worker established good relationship with child;”
  - “good case management;”
  - “more than twice a month contact between case worker and child;”
  - “frequent contacts with school;”
  - “good documentation in the case file;”
  - “good face to face contact;”
  - “lots of visits by the caseworker;”
  - “realistic expectations established by the caseworker;”
  - “speedy interventions by the case worker when child had an alcohol overdose;”
  - “staff at C-V (treatment center in Teton County) and DFS worked well together to find placement of child when she became an adult;”
  - “monthly face to face visits with ongoing assessments for child placed in Teton County;”
  - “good efforts to maintain contact with child by phone;”
  - “seamless transition in case with 7 case workers;”
  - “good case worker and follow-ups;”
  - “positive reports on current case worker;”
  - “extensive research of all relatives;”
  - “takes skill to engage ICPC in another state; good personal skills required;”
  - “multi disciplinary team meetings (MDT’s) were productive;”
  - “family partnerships were used and effective;”
  - “father spoke highly of the caseworker and had prior experience of being a caseworker;”

- “ISP case worker did a great job of partnering with the child’s parents and not being an authoritarian figure;”
- “family partnerships were used;”
- “parents knew they needed help and trusted DFS;”
- “case worker has maintained a level of enthusiasm throughout the case;”
- “child is connected to the DFS worker;”
- “family assistance worker (FAW) modeled very good behavior during supervised visits;”
- “case worker was diligent in finding mother using blotter briefs in local newspaper;”
- “services offered to both child and parents;”
- “good supervision and monitoring of the family;”
- “DFS tried reunification very hard, but dad backed out;”
- “proximity placement for the child was good;”
- “caseworker stayed in close contact;”
- “detailed case file,” and
- “case worker did a good job of notifying absent parent.”
- Effective use of service array:
  - “Psychological evaluation identified ineffective and effective consequences;”
  - “services offered to both child and parents;”
  - “therapist was a real strength and continued after case closed;”
  - “good psychological and risk assessment;”
  - “great foster parents who supported the efforts of the caseworker;”
  - “both formal and informal ongoing assessments;”
  - “good psychological evaluation of the oldest child;”
  - “extensive services provided to the child;”
  - “multitude of counseling, self counseling and family counseling provided in the case;”
  - “good therapist commitment for entire case;”
  - “effective use of assessments;”
  - “good counseling services;”
  - “individual counseling;”
  - “psychological assessment done;”
  - “several assessments done to determine needs;”
  - “family therapy was beneficial;”
  - “more than one psychological evaluation;”
  - “monthly treatment meeting was held;”
  - “foster care forms filled out monthly;”
  - “effective use of individual and family counseling;”
  - “parenting class for mother;”
  - “mother was referred to Peak Wellness and has done an assessment;”
  - “grandparents have obtained services from Peak Wellness,” and
  - “child was in therapeutic foster care.”
- Family Involvement and Support:
  - “Family was committed and remained involved;”
  - “mentor was used that was related to the family who also used the mentor for informal respite;”
  - “mother and child engaged and working hard together;”
  - “exceptional support to father and stepmother for visits to their child in Jackson; family committed to their child but needed resources to visit;”
  - “good parent involvement;”
  - “everyone who has been asked to be involved in the case was active;”

- “mom has turned around; she did not feel child in need of supervision (CHINS) was necessary at first but is glad for it now;”
- “parents were committed to the case plan;”
- “financial stability of parents was a help;”
- “strong, close knit family that was pleased with the case outcome;”
- “many extended family members willing to step up and be involved in child’s life; aunts, uncles and cousins,” and
- “family was committed and remained involved.”
- Legal:
  - “Better coordination with the Laramie County District Attorney’s Office since Scott Homar has taken over as District Attorney; this is helping to advance cases;”
  - “new Guardian Ad Litem (GAL) was assigned quickly when problems occurred with other GAL,” and
  - “GAL was responsive.”
- Medical:
  - “Medical needs of the child were met in a timely fashion;”
  - “child’s medicine being managed at Cheyenne Children’s Clinic;”
  - “good medication management;”
  - “children had many medical needs and they were met,” and
  - “good medical treatment for child with lazy eye.”

**Opportunities for improvement:**

- Collaboration and communication:
  - “Not a team sense in the case; there were a lot of “I” statements;”
  - “no contact with school personnel;”
  - “two case workers not communicating; one child protective services (CPS) and one juvenile services (JS), simultaneously involved with the same family for four months;”
  - “efforts for a community collaboration to find a facility sooner to move child back to the community and into a family setting rather than a group home;”
  - “more cohesive coordination and better communication with all involved in the case;”
  - “better follow-up with Carey Junior High to keep them in the loop; they got case going and then got dropped out of loop;”
  - “school felt that once DFS got involved, they were out of the loop on things;”
  - “school counselor stated that she had requested probation records but was told that it was against the law to have them;”
  - “more collaboration and communication between agencies,” and
  - “more communication between caseworker and service providers.”
- Effective case work:
  - “Incarcerated bio father with no documented efforts to include; child had need to resolve past conflict;”
  - “case report had child listed as Caucasian in four places and as Hispanic in four places;”
  - “felt a family partnership would have helped the case;”
  - “2006 case plan not updated to reflect changes in what was occurring in the case;”
  - “no reports in the file from the family therapist or individual therapist on oldest child;”
  - “no family partnership when one might have been beneficial;”
  - “did not look at paternal relatives;”
  - “needs a concurrent case plan;”
  - “more face to face visits with child needed;”

- “need contact with the bio mother;”
- “case worker has too many cases;”
- “needs a case plan; only one written;”
- “considering reunification within a few months, but mom still has house and transportation needs and the counselor has identified a possible substance abuse with mom;”
- “need to search out biological father;”
- “family partnership would be beneficial;”
- “case load of workers is high; slowed down getting case plan written;”
- “case worker had a caseload of over 40;”
- “no notes from Wyoming Behavioral Institute (WBI) in case file;”
- “didn’t seem like there was a team approach to the case;”
- “not a lot of two way conversations;”
- “no contact with other children in the home who may have been acting out (in home case);”
- “no contact with grandparents who had legal custody of the child;”
- “not a lot of home visits; someone was always taking somebody else’s word on how things were going;”
- “non custodial parent should be notified;”
- “traditional “probation case” management skills applied;”
- “adoption has not been completed in compliance with ASFA,” and
- files needed updated with educational and medical records.”
- Use of service array:
  - “Might have avoided Child in Need of Supervision (CHINS) petition if assessment of entire family in the first case had have been completed;”
  - “BIT team process at Attention Home would be good (educational evaluation/emotional disability versus learning disability),” and
  - “STRIDE did not feel connected with DFS.”
- Family Involvement and Support:
  - “No contact or involvement of father by system, but child has contact with the father and father’s family;”
  - “need for positive peer activates, but dad felt they were being met through him;”
  - “needed contact with bio mom, however lately they have established it and she is coming to the next meeting,” and
  - “contact with bio parents has been limited.”

### **Systemic Barriers:**

- Education:
  - “Did not do an Individual Education Plan (IEP) when they could have; if it had been earlier it might have avoided the child being CHINS; child also suffered from migraine headaches,” and
  - “school did not report substance abuse concerns regarding a parent.”
- Collaboration:
  - “Meetings occurred where case worker was not at or invited to; appears DFS may have been left out of meetings,” and
  - “more collaboration among all parties would be beneficial.”
- Financial:
  - “Dad needs medication help,” and

- “parents could not visit with child who was placed in Sheridan due to transportation costs and issues.”
- Legal system:
  - “No efforts to engage the parents to follow through with court ordered evaluations (psychological);”
  - “courts bogged down resulting in continuances, one year to adjudication in a child protection case;”
  - “moving from reunification to adoption; the district attorney’s practice is that they can’t recommend termination of parental rights (TPR) for 12 months;”
  - “case worker needed support on a revocation effort;”
  - “parents attorney advised them not to talk to DFS and develop a case plan until legal issues resolved;”
  - “confusion over whether there should be a court order or consent decree; now there is a routine practice expecting DFS caseworkers to get consent decrees signed by the parents;”
  - “court ordered that the mothers visits with the child had to be supervised; mom had not done anything and child could not see her;”
  - “GAL:
    - Confusion on who they represent;
    - no contact with the child;
    - pushing to return kids when parents not ready, and
    - grievance process needed.”
  - Family needs some sort of family services mandated;”
  - “DFS did act on TPR in a timely fashion, and then refilled when nothing was acted on after four or five months,” and
  - “12 months was too long to pursue reunification; it was clear early on it was not going to work.”
- Medical:
  - “Providers in other states do not accept Wyoming Medicaid:
    - Funding in the interim with DFS.”
- Treatment:
  - “Frontier Corrections Issues:
    - Child’s mattress was placed in a shower where the sewer had backed up; this was punishment for over sleeping;
    - child injured his hand; did not receive medical attention for 10 days, when hand was checked by medical personnel it was broken;
    - child ran out of ADHD medication; it took two weeks to get the child’s prescription refilled and get him back on medication;
    - child lost his pencil and had to use a crayon to write for a period of time, and a
    - child went in for a 30-45 day evaluation; he remained in for 80 days. Family eventually had to hire a private attorney; the tried to contact GAL, but he did not return calls and only saw child in court.”
  - “Hospital wanted to release a child after drinking; but parents did not feel they could control him; child ended up at FCS; juvenile detoxification facility is needed in area,”
  - “no residential treatment in proximity to meet the child’s need; Jackson, Colorado and Texas were the only options,” and
  - “level II service needed according to assessment; but services is not available in this area.”

**Additional contributing factors:**

- “Family would like DFS out of their lives;”
- “foster parent did not report suspected abuse,” and
- “terminal medical conditions of step parent.”

**Review process dynamics and considerations:**

- Citizen reviewers in this review consisted of:
  - Attention Homes director;
  - CJP representative from Iowa;
  - WYKA representative;
  - Cheyenne Chief or Police;
  - Casey Family Programs supervisor;
  - State of Iowa QSR representative
  - DFS trainee
  - Attention Homes worker;
  - State of Iowa district manager;
  - DFS public relations person;
  - Citizen and Wyoming Child Major Injury and Fatality Review chairperson;
  - DFS deputy director;
  - Iowa CASA worker, and
  - Laramie County CASA worker.
- The period under review was October 1, 2006 through August 8, 2007, and
- A total of sixteen (16) cases were reviewed.

**Trend:**

This case would have done very well as a traditional probation case; but lacked family centered practice.

**Comment:**

“Cumulative harm occurs to children when we have many, many referrals before any action can be taken;”

**Stakeholder Identified Promising Practices:**

- MOU between DOC, SA/MH and DFS;
- barriers project coming to Laramie County;
- family court commencing in Laramie County;
- Youth Alternatives shift to require participation of the family;
- CASI assessment tool, and
- Levels of Care program.

**Stakeholder Identified Issues:**

- **Funding:**
  - Resources for more frequent visitation;
  - resources for in-home services;
  - not being able to pay for urinary analysis;
  - flexible funding;
  - housing;
  - limited funding is available for contracting for preventive in home services;
  - transportation;
  - reallocation of existing resources to provide more upfront resources;
  - funding for more intensive services in home at the time of reunification;
  - funding for comprehensive in home visits;
  - case work decisions are driven by funding availability;
  - parenting models that go into the home are beneficial;
  - cutting funds and expecting the same level of services;
  - programs developed through grants not being sustained;
  - time consuming for workers and providers to obtain funding;
  - grants are given with no input from local offices, and
  - grant programs are oftentimes just dropped without any notice or focus on consequence to outcomes.

**Communication, coordination and collaboration:**

- Need for someone to pull all parties involved in the case together; some did not feel as if they were the member of “the team;”
- inclusion of everyone in MDT’s;
- notice to foster parents of meetings and hearings is inconsistency;
- number of family partnerships have subsided;
- opportunities for cross pollination between disciplines around child welfare and juvenile services issues;
- questions and suggestions around assessment tools; CASI assessment tool;
- information to participants before they attend a MDT;
- no access to court dockets by other parties, and
- confidentiality requirements is a block for sharing information.



**Office determined strengths:**

1. Improved face to face contacts;
2. improved relative placements;
3. good advocates for clients;
4. great staff;
5. advocate for families in spite of resistance, and
6. good outcomes despite high case loads.

**Office determined needs and concerns:**

1. Engage absent parents;
2. include other kids in assesement of services;
3. involvement of child and family in plan;
4. have coffee once a month with parents; face to face contacts;
5. improve communication with partners on cases;
6. accessing individual services;
7. training, and
8. case worker turnover.

**Office determined Program Improvement Plan for the upcoming year (PIP):**

1. Accessing individual services:
  - a. Increase the agency awareness of services available for families by having a monthly meeting with the CPS and JS supervisors to share information;
  - b. have the services be timely and seamless by exploring contracts with providers; Nell Brown will contact Iowa and see how they are doing it, and
  - c. prepare a plan outlining what services are needed, such as transportation and accessing medications and send to Rick Robb.
2. Involvement of child and family in planning:
  - a. Increase Family Partnerships in in-home cases and including the practice in case plan training;
  - b. provide funding for food and assure that markers and paper are available for family partnerships, and
  - c. reformat the case plan. Debra Hibbard and Lindee will meet on Tuesday at 10:30 to begin this process.
3. Improve communication with partners on cases:
  - a. Increase informal MDT's or Family Partnerships and insure that critical partners are invited;
  - b. check MDT lists from LifeNet to assure that the right partners are on the list;
  - c. have a meeting with the DA and Court regarding the TPR process;
  - d. increase communications with GAL's through the Barriers Project in November, and
  - e. Send thank you notes to providers for the assistance. Dana will contact Juliette Rule about cards with the DFS logo.