

WYOMING CHILD AND FAMILY SERVICES REVIEW ROUND 3 PROGRAM IMPROVEMENT PLAN



Wyoming Department of Family Services

September 2018

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SECTION ONE: INTRODUCTION

State/Territory: Wyoming

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End of PIP Implementation Period:

End of Non-Overlapping Year:

Reporting Schedule and Format: Wyoming will implement the Program Improvement Plan (PIP) statewide, with specific project rollouts specified in throughout this document. Each strategy will be implemented with key activities in the quarters of the PIP period indicated in each strategy table. Wyoming will report progress and outcomes twice annually by submitting an update of key strategies and activities within 60 days of each reporting period end date.

Introduction

In July of 2016, the State of Wyoming Department of Family Services (DFS) underwent the Round 3 Child and Family Services Review (CFSR). The review week included on-site reviews in Natrona, Laramie, and Park Counties, as well as interviews with key stakeholders. The Children's Bureau issued the Wyoming CFSR Final Report (Final Report) January 2017, and included item-specific ratings as well as overall key findings. DFS began the conversation with the Children's Bureau with the first draft of the PIP in April of 2017. Since that time, DFS engaged with the Children's Bureau to integrate feedback and suggestions in subsequent draft documents. In March 2018 the PIP Measurement Plan was endorsed by the Measurement and Sampling Committee (MASC) and since that time, DFS has been conducting reviews to establish the baseline for measurement throughout the PIP period.

While undertaking development of the PIP, DFS engaged staff, stakeholders, and community partners to develop the goals, strategies, and key activities that DFS will implement during the PIP period. The consistent message of these conversations was the need to support getting back to basics with a focus on strong casework. This discussion was informed by CFSR performance and CQI data indicating the need to focus on several performance areas:

- A focus on safety, particularly through developing more comprehensive risk and safety assessments and quality contact in in-home (IH) cases, both in child protection service (CPS) and juvenile service (JS) cases;
- Increasing meaningful and active involvement of children and families, particularly parents; and
- Providing a structured system to support growth, skill development, and transfer of learning for staff and community partners.

The following PIP document organizes staff, stakeholder, and federal feedback in the following four areas to achieve strong and consistent casework:

1. Ensuring child safety, permanency, and child and family well-being through statewide implementation of practice processes rooted in Wyoming Practice Model (WPM) philosophy, skills, and tools;
2. Broadening and deepening the Continuous Quality Improvement (CQI) program with a focus on interventions and follow-up;
3. Strengthening court partnerships and case review processes to promote permanency for children and family well-being; and,
4. Tailoring local and state-level initiatives to identify gaps in service and improve access to services based on community need.

SECTION TWO: PIP GOALS, STRATEGIES, AND KEY ACTIVITIES

Goal 1: Ensure child safety; permanency; and child and family well-being through statewide implementation of practice processes rooted in Wyoming Practice Model philosophy, skills, and tools.

Rationale and Anticipated Improvements

DFS is using the PIP to continue implementation of the WPM statewide. In order to adopt a consistent practice model, DFS initially worked with the Signs of Safety (SOS) program. After several years of work in the program, DFS determined that, in order to address the needs of Wyoming, it would be more effective to incorporate elements from several programs under a similar philosophical umbrella. WPM incorporates SOS; Motivational Interviewing; and Solution-Based Casework philosophies and tools. WPM core principles and philosophies are outlined in twelve modules; the completion of these modules is a key activity in each of the strategies listed below. The WPM training modules provide direct casework practice and supervision-related guidance to inform the development of skills essential to promote child safety, permanency, and child and family well-being. In addition to the skill development in each module, the strategies below outline implementation of processes related to risk and safety, permanency, and well-being. These processes assist staff in applying WPM guidance to daily child welfare practice statewide.

Implementation and monitoring of strategies associated with this goal will support DFS staff in their work and drive implementation of the WPM. In addition to direct casework-focused strategies, implementing a formalized supervisory development process as described in Strategy 1.5 will support sustainability, skill development, and retention of a skilled workforce.

Within the WPM is a specific emphasis on solution-focused casework to ensure child safety. DFS supports the development and Statewide application of supportive techniques including solution-focused interviewing and motivational interviewing to increase child and parent engagement for more comprehensive and holistic assessments. Such assessments provide a better basis for child and family safety throughout the life of a case.

While DFS recognizes the importance of all stages of service delivery, CFSR results show a need to emphasize casework practice for IH CPS and JS cases, particularly those practices that ensure child safety. The results particularly indicate the need to focus on all children in the home rather than only the child who is the target of the report, particularly in IH CPS and JS cases. The strategies listed below focus on these types of cases, but the skills and tools carry throughout daily casework practice regardless of case type.

The safety of children and families is the first priority of DFS, and strategies that reinforce child safety are the first identified within the PIP. Continued implementation of the WPM strengthens this focus on safety through putting the safety of the child within the family system at the forefront of every activity practice tool and activity. This effort is carried consistently throughout each of the strategies in Goal 1 of the DFS PIP, with WPM, as a safety-organized practice, forming the philosophical and practical framework of each strategy. Within each strategy outlined throughout this document, a summary is included regarding how WPM is foundational in working with the child and the family to ensure the family is safe and free from abuse and neglect.

Finally, it is important to note that as WPM is evolving, it is not a perfect model. WPM was formed to fit the needs of Wyoming using evidence-informed and research-based tools. The nature of data-driven sources requires that the WPM evolve as DFS identifies developing needs. Throughout the course of the PIP and beyond, DFS will continue to work with recognized child welfare experts to develop and refine the WPM. For further discussion of WPM philosophy, practice, tools, and future development, please see Appendix A.

Strategy 1.1 Performance Context

Throughout the CFSR, DFS scored consistently higher for foster care cases than in IH cases. This finding is true in relation to Safety Outcomes, and particularly in relation to assessing and addressing risk and safety concerns. While foster care cases rated as Substantially Achieving Item 3 in 73% of cases, only 20% of IH cases rated as Substantially Achieved. In order to understand the underlying issues regarding challenges related to risk and safety in IH cases, DFS conducted analysis of the CFSR cases, including work done throughout the life of the case and the rating notes within the OSRI. This analysis focused on 16 CPS cases and 9 JS cases, and found:

Of the 16 CPS cases, 13 were rated area needing improvement and 3 strengths

- 31% of cases had safety plans;
- 25% of cases monitored safety plans;
- 50% of cases had initial safety and risk assessments;
- 19% of cases had on-going safety and risk assessments; and
- 13% of cases all children were seen and assessed alone.

Of the 9 JS cases, 7 were rated area needing improvement and 2 strengths

- 33% of cases had a safety plan;
- 22% of cases monitored the safety plan;
- 33% conducted initial safety and risk assessments;
- 33% conducted on-going safety and risk assessments; and
- 22% of cases had all children seen and assessed alone.

For IH CPS and JS cases, there is a lack of foundational knowledge regarding the use and application of risk and safety assessments throughout the life of the case. DFS has identified two needs that feed into this lack of foundational knowledge:

- Revising and redefining current risk and safety tools to more clearly include IH and JS cases; and,
- Utilizing Wyoming Practice Model (WPM) philosophies in structured supervision to better understand the case practice risk and safety elements within IH CPS and JS cases. Supervisory processes include safety-focused individual supervision; monthly field supervision to ensure fidelity to risk and safety processes; and monthly review of risk and safety assessments and safety plans.

Discussions with caseworkers regarding the CFSR results revealed that current assessments regarding risk and safety are inconsistently understood and applied in foster care and IH cases. The wording of these assessments and current understanding leads to inconsistent application in both IH CPS and JS cases.

An example of the necessary revisions to align the risk and safety assessments with DFS practice priorities is in the question regarding prior involvement with DFS. In both the risk and the safety assessments, the number of prior DFS investigations is an element that contributes to the risk score and safety factors in a case.

However, DFS utilizes differential response in CPS cases, and these tracks include Prevention, Assessment, and Investigation. The wording of these assessments asks for prior involvement of the family, but due to the use of the term “investigation,” there is confusion on if any prior involvement should be included or just those cases that are Investigation track cases. Cases assigned as Investigation are those where:

- Criminal charges appear likely;
- Children appear to be in imminent danger;
- Children are likely to be removed from the home; or
- Deals with child fatality, major injury, or sexual abuse.

Due to the higher level of physical danger in these cases and the wording of the risk and safety assessments, there is inconsistent understanding as to whether prior involvement at an Assessment or Prevention case level also contributes to the risk score or the safety factors in a case.

Beyond creating confusion regarding the application of these foundational tools, this type of misunderstanding creates a domino effect that creates underlying practice issues. The unintended consequences of this type of language error creates an underlying philosophy that Prevention and Assessment track cases are less important for consideration in assessing the risk and safety of the family unit. This assumption then helps to perpetuate a lack of focus on some IH cases.

Although at first blush this strategy appears to be limited to a policy issue, revisions to the risk and safety assessment tool has fundamental practice implications. The requirements and expectations of focus on IH cases is deeply rooted in policy, as field staff rely on clear, precise instructions on how to effectively use tools in day-to-day practice. DFS could provide clearer and more consistent direction related to the importance and priority of IH cases generally, and specifically in relation to revising language in the risk and safety assessment tools.

However, adoption of a comprehensive risk and safety assessment process does not replace judgment or skills of the worker, and this strategy is not dependent on the creation of a new form or policy. Instead, clarifying the risk and safety process is one element of the strategy, in addition to building on the skills and abilities of the worker through WPM philosophies and tools related to risk and safety. The second element of this strategy seeks to increase child and family safety through providing direct supervisory support and focus on use of job aides, or specific tools to assist in each step of the process, to ensure accurate risk assessment and safety planning to address identified risks. As previously noted, the CFSR results indicate inconsistent risk and safety assessment and safety planning. In additional analysis to determine the root cause of this inconsistency, a historic lack of support and direction in the consistent application of risk and safety assessment and safety planning was found to be a key element. With the second elements of Strategy 1.1, DFS intends to provide structured supervisory support with clearly defined tools and activities to address inconsistency in risk and safety assessment and safety planning. The structured supervisory support, as outlined below, includes three safety-focused elements:

- Monthly safety-focused individual supervision
- Monthly safety-focused field supervision to ensure fidelity to processes
- Monthly safety-focused documentation review to ensure accurate documentation of safety-related practice

DFS anticipates that this structured supervisory support paired with revised tools will increase the focus on safety in IH cases, resulting in increased safety outcomes for children with IH cases.

Strategy 1.1: Comprehensive Risk and Safety Process

Implement a comprehensive risk and safety assessment process performed in all case types every 30 days and at critical case junctures. Immediate safety assessment and safety plan required for all case types per agency policy (immediate, 24 hours, or 7 days) to address the immediate safety threats. Subsequent comprehensive risk and safety assessment required for all case types open 30+ days, with particular focus on IH CPS and JS cases (Item 1-3).

Key Activities

- Modifications to risk and safety assessments for more comprehensive understanding of how applied in IH and JS cases
- Staff completion of WPM modules¹
- Implement requirements to contents of safety plan
 - Safety threat
 - How addressing safety threat
 - Who is monitoring
 - Safety network
- Development of job aides with solution-focused casework in:
 - Safety assessment questions
 - Safety plan requirement checklist
 - Required times to complete the comprehensive risk and safety assessment throughout the life of the case
 - Supervision tip sheets for safety planning, comprehensive risk and safety assessments
 - Use of comprehensive risk and safety assessment in case planning
- Integration of safety plan and comprehensive risk and safety assessment into supervisory structure
 - Monthly field supervision to ensure implementation of risk and safety process to fidelity
 - Monthly narrative and form review to ensure appropriate use of risk and safety evaluations, development of adequate safety plan, and effective use of job aides
 - Monthly safety-focused individual supervision on key IH and JS cases

Project Timeline for Key Activities

Implementation of Comprehensive Risk and Safety assessment which provides definitions of safety and risk, to be completed in all cases	Quarter 1
WPM modules to be trained to increase knowledge and skills of the worker	Quarter 2
Implementation of the job aide to guide workers through key moments in a case to conduct safety and risk assessments	Quarter 2
Supervisory model for Comprehensive Risk and Safety process implemented, to include field supervision, narrative/form review, and coaching	Quarter 2
CQI oversight and monitoring of Comprehensive Needs Assessment and supervisory process for fidelity	Quarter 2

Strategy 1.2 Performance Context

DFS developed Strategy 1.2 in order to address two specific areas:

¹ Staff completion of WPM modules forms the basis of practice knowledge and is therefore cited as a key activity under each relevant strategy. The WPM modules will be completed as cited in Appendix A and have knowledge relevant to safety, permanency, and well-being practice.

- Increasing involvement with absent parents; and
- Increasing engagement with incarcerated parents

During the CFSR as well as in CQI reviews, a consistent area of challenge for DFS is in engaging absent and incarcerated parents. Absent parents are common factors in child welfare; this issue is compounded in Wyoming through a large portion of the economy being driven by shift work. Although absent parents may not be located during the case, many parents work in shifts that equate to long days or night work that takes them off site to places like coal mines or oil fields. As a result, DFS may struggle to be able to engage these parents actively throughout the life of the case. These parents are deemed “absent parents” even though their location may be known due to the difficulty of engaging them in the case. This challenge is compounded when maternal and paternal relatives are not evaluated or included in the case. Of the cases that scored as an Area Needing Improvement with fostering relationships, 57% indicated that absent parents and a lack of knowledge about one group of relatives presented difficulties in the cases.

Additionally, incarcerated parents present a challenge to DFS. In the CFSR, there were five cases with at least one incarcerated parent. While some of the cases had good work aimed at engagement, other cases did not have meaningful engagement with parents to support their relationship with their children. Further research and discussion with staff indicated that there is inconsistent knowledge in:

- Navigating the prison system; and
- Knowledge of how best to engage incarcerated parents and maintain meaningful connections with children.

As a result, DFS intends to focus on engagement with absent and incarcerated parents to enact meaningful change in relation to these outcomes for children and families. This strategy centers on two elements:

- Working with each correctional facility to ensure a single point of contact for workers to reduce barriers to engaging with incarcerated parents; and
- Increasing training regarding use of engagement tools to work with absent and incarcerated parents for staff, legal partners, and correctional facility staff.

The first of these elements reduces systemic barriers to engaging incarcerated parents. Currently, each caseworker must independently navigate the phone system in each of the correctional facilities within the State to locate the appropriate contact for the incarcerated parent. Each of the counties in Wyoming has a local county jail, and there are six additional correctional facilities throughout the State—one for women, and five (5) for men. Ensuring accurate contact information for incarcerated parents falls to the individual Caseworker. This challenge is compounded by the potential for transfer within each facility based on the level of custody during a given period of time. Frequent changes with the appropriate contact for each parent decreases the likelihood that the Caseworker will be able to consistently engage incarcerated parents to attend MDTs, ensure visitation with children, promote developing and updating the case plan, and address any needs that the parent may have. These inconsistencies contribute to challenges in maintaining a relationship with the child throughout the life of the case

In order to address this systemic challenge, DFS intends to enter into an agreement with Department of Corrections to ensure a single point of contact for workers. Additionally, DFS will partner with the Guardian Ad Litem (GAL) program and CJP to provide training and information to DFS Caseworkers, GALs, parent attorneys, and Department of Corrections contacts regarding tools to engage incarcerated parents.

In addition to working to address systemic barriers, DFS intends to focus on the use of two tools to maintain connections with incarcerated and absent parents: visitation plans, which outline and specify how visitation with family members will be achieved; and monthly connection mapping, a tool used with children and families to identify important connections and relationships in the child’s life. These tools are effectively used in cases without absent or incarcerated parents to establish and maintain relationships. In an effort to build on historic successes, this strategy outlines the plan to use these two tools to specifically engage absent and incarcerated parents, which is a focus that has not been previously established.

An essential element of engagement with parents is support and education for legal representation, as DFS staff are only one aspect of a broader picture within the legal system. This strategy supports training for staff, GALs, and parent attorneys in the importance of quality visitation as well as the use of engagement tools. GALs and parent attorneys must understand the need for frequent and meaningful parent-child contact in addition to active involvement to support case goals. Additionally, DFS staff need support and training opportunities in how to partner with often adversarial counsel to better engage absent and incarcerated parents. DFS will continue to partner with the GAL program and CJP to provide engagement-focused training sessions via a variety of methods, including BlogTalk Radio episodes; in-person regional training; parent attorney/prosecutor-specific training; and training at State conferences.

The process to focus on absent and incarcerated parents will also be integrated into the Strategy 1.5, Supervisory Development, to ensure that the process described in Strategy 1.2 is implemented with fidelity.

Strategy 1.2: Continuity of Relationships Process
Implement continuity of relationships process through progressive visitation plan and monthly connection mapping for absent and incarcerated parents, applicable for cases with a statewide rollout (Item 8, 9, 10, 11).
Key Activities
<ul style="list-style-type: none"> ▪ Completion of WPM modules ▪ Establishment of MOU with Department of Corrections regarding point of contact for incarcerated parents ▪ Education and training to DFS and Department of Corrections staff regarding point of contact processes ▪ Training for Department of Corrections point of contact regarding purpose of visitation plan for and incarcerated parents ▪ Develop joint training with DFS staff, GALs, and parent attorneys regarding purpose of visitation and successful visitation elements for absent and incarcerated parents to include: <ul style="list-style-type: none"> - BlogTalk Radio training as outlined in the DFS CFSP/APSR. This training format is free and web-based, with subject matter experts providing hour-long blog-type trainings that are archived on the State of Wyoming Supreme Court website - Integration of engagement techniques into targeted community trainings (see Strategy 3.1) - Training of engagement rationale and techniques for CJP parent attorney/prosecutor-specific trainings - Sessions on engagement at statewide conferences ▪ Implement requirements for progressive visitation plans at case inception and as needed throughout the life of the case, including: <ul style="list-style-type: none"> - Training in how to partner with legal counsel to increase parent engagement - How to increase absent and incarcerated parent participation throughout the life of the case - Plan for visitation with incarcerated parents

Strategy 1.2: Continuity of Relationships Process	
<ul style="list-style-type: none"> - Plan for non-visitation opportunities to participate in parenting activities and relationship building with the child ▪ Implement monthly required demonstration of assessed connections throughout the life of the case with special focus on absent and incarcerated parents through: <ul style="list-style-type: none"> - Connection Mapping - Safety Network - Safety Circles - Genograms - Other solution-focused casework tools 	
Project Timeline for Key Activities	
Implement progressive visitation plans and monthly required demonstration of assessed connections for absent and incarcerated parents	Quarter 5
Supervisory model for Continuity of Relationships process implemented, to include field supervision, narrative/form review, and coaching	Quarter 5
CQI oversight and monitoring of Continuity of Relationships process and supervisory process for fidelity	Quarter 5
Education and training efforts, including DFS, Department of Corrections, and legal representatives	Quarter 3

Strategy 1.3 Performance Context

As stated previously, DFS foster care cases have better outcomes than IH cases. This trend carries from accurately assessing risk and safety into providing accurate and comprehensive needs assessments for all family members in IH cases. Within the CFSR and CQI reviews, reviewers have observed that needs are not comprehensively assessed for all family members in IH cases.

Analysis of performance indicated that 12A scored as a strength in 85% of foster care cases and 24% of IH cases. Similarly, Item 12B rated as a strength in 57% of the applicable foster care cases and 28% of the applicable IH cases. This disparity in score indicates that comprehensive needs assessments, particularly in relation to children, are conducted on a more regular basis in foster care cases than IH cases.

Of the IH cases rating well in Item 12, formal tools and processes established by DFS were used to evaluate the needs of children and families. Caseworkers demonstrated skill in their use of evaluative tools that have been provided by DFS; however, most IH cases do not have a formal defined and required method for comprehensively evaluating the needs of children and families. This difference in score indicates that when tools are provided and required, Caseworker are able to accurately apply them in IH cases.

Additionally, in both JS and CPS cases, there was excellent casework in evaluating one child in the family, but cases were rated as needing improvement due to the lack of focus on assessment of sibling needs. To further reinforce this trend, of the five (5) IH cases rating as a strength, three (3) of the cases only had one (1) child in the home.

As a result of these findings, Strategy 1.3 was developed to help establish:

- Formal processes to comprehensively evaluate needs for children and parents in IH cases; and
- Formal processes and support for evaluating all members of the family rather than just a single child, particularly in IH CPS and JS cases.

DFS anticipates that providing staff with, first, the tools to effectively assess need in IH cases, and second, the supervisory oversight to ensure accurate application of those tools, rigorous assessment of the needs of case participants will increase. Accurate and comprehensive assessment is the basis of a successful visit with children and families, and helps to allow for appropriate provision of services for identified needs and improve case outcomes.

It is also important to note that this Strategy is not dependent solely on a process, form, or other tool for success. Supervisory oversight is an element that is central to the skill development of caseworker, and this Strategy is inherently linked with Strategy 1.5 below.

Strategy 1.3: Comprehensive Needs Assessment Process	
Implement comprehensive needs assessment process in all cases to accurately provide a holistic understanding of the needs of parents/caregivers and children and provide appropriate services to meet those identified needs. While a comprehensive needs assessment process is to be used in all case types, emphasis of comprehensive needs assessment process prioritizes the use in IH cases (both CPS and JS cases) for the project implementation period (Item 12, 14, 15, 16, 17, 18).	
Key Activities	
Implementation of comprehensive needs assessment process in all cases to include: <ul style="list-style-type: none"> ▪ Completion of WPM modules ▪ Use of solution-focused casework to complete the initial comprehensive needs assessment tool: <ul style="list-style-type: none"> - Within 30 days of case opening - In all case types - For all children in the case - For all parents/caregivers in the case ▪ Use of solution-focused casework to complete the 30-Day comprehensive needs assessment tool: <ul style="list-style-type: none"> - On a monthly basis - In all case types - For all children in the case - For all parents/caregivers in the case ▪ Use of comprehensive needs assessment tools to directly inform case planning ▪ Use of comprehensive needs assessment tools to directly inform MDT's and In-Home Family Meetings 	
Project Timeline for Key Activities	
Implementation of Comprehensive Needs Assessment to for all cases	Quarter 1
Supervisory model for Comprehensive Needs Assessment implemented, to include field supervision, narrative/form review, and coaching	Quarter 2
CQI oversight and monitoring of Comprehensive Needs Assessment and supervisory process for fidelity	Quarter 2

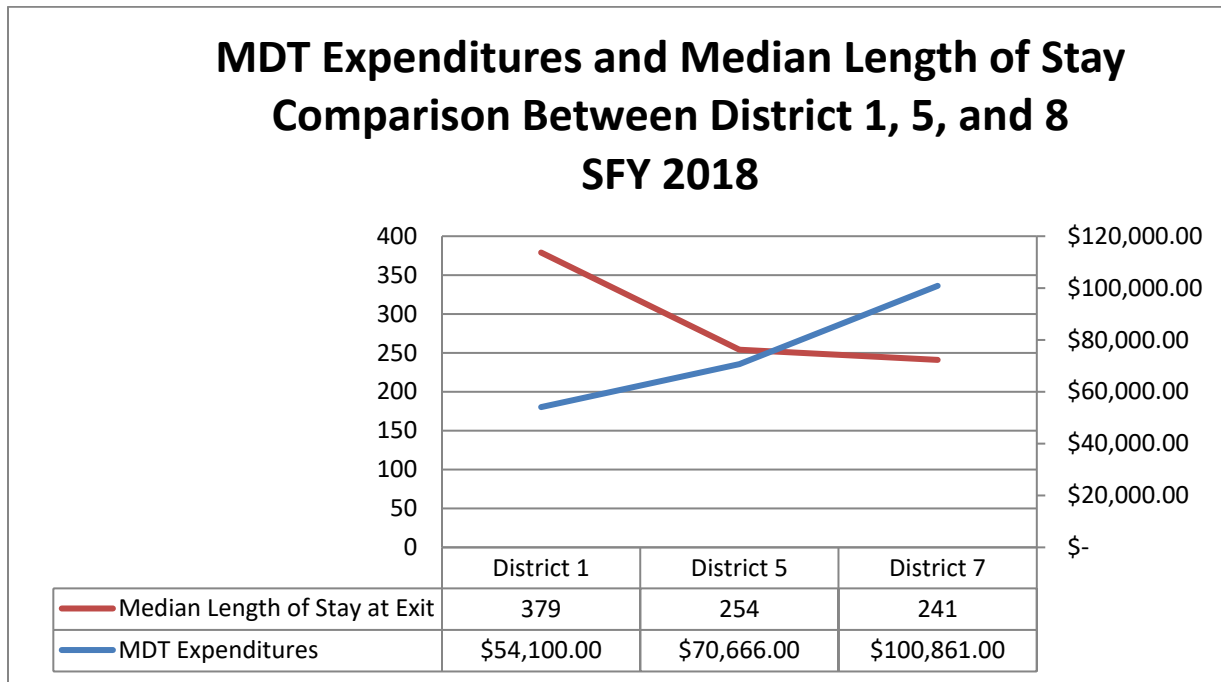
Strategy 1.4 Performance Context

The trend indicating disparity between foster care and IH case performance during the CFSR continued for child and family involvement in case planning. Of the cases reviewed, 73% of foster care cases were found to be substantially achieved while only 28% of IH cases were substantially achieved for Item 13.

When examining DFS performance, it is evident that Multidisciplinary Team Meetings (MDT's) have a positive impact on case outcomes when conducted with fidelity. Cases reviewed in the CFSR indicated that MDT's had a positive impact on outcomes in foster care cases. MDT's have proven to be a successful approach in

foster care cases to increase family engagement in the case planning process, evidenced not only by the CFSR but also by DFS CQI and CJP reviews.

A comparative test between Districts included in the CFSR demonstrates this point. A correlation is detailed in the following chart between the money spent on MDT coordination and the median number of days children are in care at the date of their exit.



The chart above indicates that there is a relationship in these three Districts between money spent on MDTs and a shorter median length of stay in foster care cases. Although dollars invested in MDT coordination is not a direct measure of MDT quality, it can serve as a proxy measure to illustrate the level of commitment to the MDT process in a particular District. This correlation supports the DFS argument that MDTs support positive outcomes for families, demonstrated here through children remaining in care for a shorter amount of time.

In addition to the above data set, specific cases reviewed during the CFSR supports MDTs leading to positive outcomes, in both FC and IH cases. Although MDTs are currently only formally required in FC cases, the seven (7) IH cases rating as a strength in Item 13 had ongoing documentation of various case planning activities that occurred over multiple settings which included MDT meetings and face-to-face visits with parents and children. Three (3) of the seven (7) IH cases had CFSR case notes that indicated ongoing use of an MDT process as a basis for the strength rating.

A fundamental challenge is in ensuring that MDTs are conducted with fidelity. Currently DFS does not have formalized policy and procedure for conducting MDTs. Wyoming statute currently outlines MDT requirements, such as ensuring that children, parents, schools, DFS staff, mental health professionals, foster parents, and legal representation for concerned parties form the MDT. However, while some MDT requirements are outlined in statute, it is necessary that DFS develop concrete policies and procedures as well as monitoring to ensure fidelity. As a part of this strategy, DFS intends to codify MDT policy and procedure for both FC and IH cases. MDTs will continue to be required in all court-involved cases, regardless of whether the case is a FC or IH case. Strategy 1.4 integrates core philosophies of the WPM into standardized MDT

requirements with clear expectations and elements to emphasize the importance of ongoing involvement of all children and parents in the case planning process and highlight the necessity of working to establish and strengthen a family’s support network. Emphasis on working with legal representation for children and parents is an essential element of MDTs and the WPM. These requirements will build on and formalize the positive outcomes of MDTs in court-involved cases.

For IH cases that do not have court involvement, Family Meetings will be implemented based on the MDT model used in court-involved cases. The membership of Family Meetings in IH cases without court involvement will vary from the MDT model in that legal representation is not required in these cases. However, if a parent requests legal counsel, these individuals are able to attend Family Meetings. The goal of Family Meetings in IH cases without court involvement is to provide a formal venue to bring together case participants, including parents and children, to discuss safety, permanency, well-being, and case plan goals. Currently, cases without court involvement do not have regular set times to have these discussions, which places the burden solely on the Caseworker to coordinate with all parties to ensure these conversations take place. Successful implementation of this practice will require supervisory oversight to ensure the IH Family Meetings are implemented to fidelity. DFS anticipates that the use of such meetings in IH cases will translate into increased participation by children and families in the case planning process, and increase positive outcomes for IH cases.

An essential element of this strategy is also tied to the CJP goal of updating the MDT Handbook for attorneys reflecting the updated DFS MDT policies. Training will be provided to counsel regarding the updated policies and Handbook as an element of this strategy. DFS will use concepts from evidence-based MDT programs to develop the policy and procedure, and track the fidelity of the model through Supervisory attendance of a minimum number of MDTs throughout the PIP period. Supervisors will conduct an evaluation of the MDT fidelity according to the supervisory process outlined within this document, through:

- Monthly individual staffing focused on effective use of MDTs;
- Monthly in-person attendance to ensure fidelity; and,
- Monthly review of MDT and Family Meeting documentation to ensure fidelity.

Strategy 1.4: Expand and strengthen the MDT Process

Expand MDT process to include:

- Implementing Family Meetings in high-risk IH cases to build on successful MDT practice.
 - Monthly Family Meetings in IH cases will serve to actively engage children and families in the development and ongoing review of case plans. This involvement will include an emphasis on working with families to identify needs and the appropriate services for those needs.
- Developing MDT policy and procedure
 - Policy and procedure to include consistent timeliness tracking and required notice to caregivers (Item 13, 21, 24).
- Updating MDT Handbook for use by counsel

Key Activities

- Parents, all children in the family, at least one safety network member, and the caseworker participate in a 1-hour minimum monthly Family Meeting in the home or DFS office in order to increase child and family involvement in the case planning process. The meetings build on the DFS model of MDTs for foster care cases, which has been successful in increasing family engagement. All meetings include the following:
 - For new cases, case plans development based on Comprehensive Needs Assessment using WPM tools and techniques to engage children and families in the process.

Strategy 1.4: Expand and strengthen the MDT Process

- For ongoing cases, case plans reviewed based on Comprehensive Needs Assessment through the use of WPM tools and techniques to engage children and families to determine:
 - Tracking progress on goals from the child and family’s perspective as well as DFS perspective
 - Listing jointly developed solutions and next steps agreed upon by the family
- For all cases, review of comprehensive assessment of needs of children and parents
 - Discussion of identified needs and appropriate services for those needs
 - Discussion and action planning around barriers to services for needs
- Institute MDT/Family Meetings policy to include specifics required to be covered in MDTs/Family Meetings
 - Tracking of dates for required 6-month review hearings to be provided to the court
 - Provision of right to be heard to caregivers at every MDT/Family Meeting
 - Diligent search of parents and clear diligent search requirements
 - Establishment of paternity and identified barriers
- Required training for all MDT/Family Meeting coordinators regarding required information
- Update MDT/Family Meeting Handbook and provide training to external stakeholders

Project Timeline for Key Activities

Establish MDT and Family Meeting Policy and Procedure	Quarter 2
Stage 1 implementation for Family Meetings to include District 1* and 5	Quarter 4
Stage 2 implementation for Family Meetings to include District 7*, 9, and 4	Quarter 5
Stage 3 Implementation for Family Meetings to include District 8, 6, and 3	Quarter 6
Implement Supervisory oversight and tracking for fidelity	Quarter 2

*District 2 consists of two (2) field offices. Due to supervisory structure, these offices are included in District 1 and District 7 respectively.

Strategy 1.5 Performance Context

As stated previously, DFS has historically lacked a comprehensive practice model to articulate agency values and guide interactions with clients, staff, and stakeholders. This trend is also true in relation to Supervisors. DFS currently depends on its Supervisors to guide staff without a coordinated effort to set clear and consistent supervisory expectations. Supervisors are the backbone of successful practice within DFS, and it is essential to provide support to Supervisors to improve outcomes for children and families.

The CFSR Stakeholder Interviews agreed with this perspective, stating a need for supportive and effective supervision of field practice. Both internal and external members of the Wyoming child welfare community recognize the importance of such an effort. Additionally, review of CFSR cases, most notably IH cases, indicate a need for more effective and consistent supervision of field practice and systems. Low ratings for IH cases indicate inconsistency in practice, which can be traced to a root cause of being personality-dependent in developing a strong workforce.

As a result, Strategy 1.5 is aimed at setting clear expectation in order to establish a common standard of supervision. Additionally, Strategy 1.5 is necessary to support other PIP efforts, particularly Strategies 1.1-1.4. The ongoing work and processes outlined in Strategy 1.5 will be ongoing with each of the previously listed strategies as a quality check to ensure compliance with new practice and procedure, and will also be key to Strategy 2.1, allowing to regular and ongoing work with the CQI program to identify and rectify challenges to effective practice.

Strategy 1.5: Supervisory Development Process	
Implementation of supervisory development process according to shared schedule and supervision strategies to support workers in development of consistent casework skills (1-18).	
Key Activities	
<ul style="list-style-type: none"> ▪ Support professional development of Supervisors according to shared calendar of topics across the state. Supervisory activities for Supervisors and District Managers shall include: <ul style="list-style-type: none"> - Monthly field supervision for observation of skill and tool use - Monthly narrative/form review on shared topics to ensure compliance - Monthly 1-on-1 coaching sessions for feedback and skill development ▪ Professional development will include learning packets to facilitate knowledge and skill transfer for each topics ▪ Supervisors and District Managers to complete supervision files for each of their direct reports ▪ District Managers to be provided with consistent tracking tool for supervisory development 	
Project Timeline for Key Activities	
Train, support, and coach supervisors and managers on the state’s supervisory model and implementation	Quarter 1
Supervisors will begin to implement supervisory model key activities	Quarter 2
Ongoing monitoring to ensure fidelity	Quarter 2
Tracking the supervisor implementation of the supervisory model and key activities by District Managers and State Office	Quarter 3

Goal 2: Expanding Continuous Quality Improvement implementation with focus intervention and evaluation

Rationale and Anticipated Improvements

Enhancements to the CQI system, implemented and refined over the course of the PIP, will follow the same agency schedule as described in Goal 1. CQI meetings, reports, and monitoring provide a structure to examine the improvement efforts in Goal 1, evaluate the effectiveness of the processes, and provide real-time adjustments needed to make these interventions successful.

Strategy 2.1 Performance Context

Based on information from Stakeholder Interviews, CFSR results indicated that the DFS CQI Program could improve by focusing on interventions and their effectiveness in addition to ensuring the CQI Program functions consistently on a statewide basis. In order to address this concern, DFS contracts with Results-Oriented Management (ROM) for data extraction and analysis that will form the basis of quarterly statewide CQI meetings.

In order to ensure that interventions are appropriate and tailored to the specific presenting issue root-cause analysis will be a central tenant in the development of District Action Plans. The CQI meetings will center on a consistent report structure and monitor District Action Plans on an ongoing basis. A set schedule for content focus in each meeting is pre-determined to ensure focus on specific goals and performance issues. Please see Appendix C for this document. Additionally, field-based CQI Coordinators will monitor District Action Plans between quarterly meetings to ensure the process is consistently tracked and evaluated.

Strategy 2.1: CQI Implementation	
Implement quarterly CQI meetings with ongoing focus on program improvements according to statewide schedule and make local CQI Coordinators responsible for support and monitoring to ensure accountability and oversight of improvements (Item 25).	
Key Activities	
<ul style="list-style-type: none"> ▪ Develop reporting system/standard reports in ROM to include: <ul style="list-style-type: none"> - Mock report with focus areas - Scheduled rollout for specific reports ▪ Implement quarterly state CQI meetings for development and monitoring of District Action Plans to include: <ul style="list-style-type: none"> - Development of District Action Plans during Quarterly State CQI Meetings <ul style="list-style-type: none"> ▪ Root cause analysis for effective interventions - Implementation of District Action Plans and ongoing monitoring between meetings - Updates to and review of performance during subsequent Quarterly State CQI Meetings ▪ Utilize field CQI Coordinators to continuously monitor district action plans: <ul style="list-style-type: none"> - ID field members and conduct training on CQI vision and process - Regular CQI unit meetings for ongoing monitoring of improvements - Use ROM reporting and real-time performance management information - Use targeted CQI reviews for qualitative information on an ad hoc basis 	
Project Timeline for Key Activities	
Develop consistent reporting system and standard reports in ROM	Quarter 1
Implementation of quarterly CQI meetings and monitoring of District Action Plans	Quarter 1

Strategy 2.1: CQI Implementation	
Implementation of CQI Coordinators to continuously monitor District Action Plans	Quarter 1

Strategy 2.1 Performance Context

Results from the CFSR indicated that programming changes are needed in WYCAPS to ensure that the most recent and accurate address of children in care is carried over between screens in the appropriate order. Annual CQI processes are also necessary to ensure the programming is successful in indicating the most recent physical address of children in care.

Strategy 2.2: SACWIS Physical Address Tracking	
Implement changes in WYCAPS to allow carry-over of address updates through multiple screens, regular action alerts for caseworkers to update the physical address of children in care, and allow for consistent supervisory oversight. Modifications will ensure that WYCAPS is routinely able to identify the accurate physical location of children in foster care (Item 19).	
Key Activities	
<ul style="list-style-type: none"> ▪ Implement the following changes in WYCAPS: <ul style="list-style-type: none"> - Link all address screens to allow for simultaneous address updates and associated testing of programming changes - Implement monthly alerts for Caseworkers to enter placement address updates if no changes to placement have already triggered a placement update, with associated testing - Implement monthly alerts for Supervisory work to ensure placement updates, with associated testing - Implement monthly alerts for District Managers to ensure placement updates, with associated testing 	
Project Timeline for Key Activities	
WYCAPS programming changes	Quarter 1
Annual CQI review to ensure accurate physical addresses	Quarter 2

Goal 3: Strengthening court partnerships and case review processes to promote permanency for children and family well-being

Rationale and Anticipated Improvements

Timely permanency for children and families is a challenging area for the Wyoming child welfare system. DFS recognizes the importance of work in this area to effect change for children and families, and has actively partnered with the Wyoming Court Improvement Program (CJP) to further examine available data, implement appropriate interventions, and evaluate their effectiveness. The strategies within this goal include community training, mentor judges, triage/midpoint checks, and fidelity monitoring through court observation.

These strategies build on proven successes for Wyoming through enhancing existing CJP and DFS CQI processes. CJP conducts annual case file reviews, and studying this data in addition to the CFSR results indicate the specific challenges Wyoming's child welfare system experiences in the court process. This data indicates that there are two touchstones for timeliness challenges in Wyoming: first, the time period after the shelter care or initial hearing and before the adjudicatory hearing; and second, the time period between the review hearing and prior to the first permanency hearing. For a visual depiction of the juvenile court processes and the highlighted problematic areas, please see Appendix D.

Delays during these time periods have a ripple effect, negatively impacting timely permanency throughout the life of the case. DFS and stakeholders have identified gaps in knowledge of roles and responsibilities as a major barrier to timely court action. During CJP annual case file reviews, data indicated that timely hearings were not being set or requested by responsible parties. DFS intends to implement community trainings, a mentor judge program, a triage system, and court observation to address the challenges to timely permanency.

To address these challenges, DFS intends to implement Strategies 3.1 and 3.2 to strengthen timely court action. Strategy 3.1 consists of the "front-line" interventions, including community training and establishing the mentor judge program. These community trainings and mentoring opportunities will close identified gaps in understanding that lead to delays in timely court action. An example of this coordinated action is in the lack of clarity in requesting timely court hearings. Further discussion during community training sessions revealed that there was confusion with all involved regarding whose responsibility it was to request timely hearings; as a result, no parties were requesting hearings. As a result of these findings, the Wyoming Supreme Court issued an opinion on the role of the Guardian Ad Litem, assisting in clarifying responsibilities, and Juvenile Court Rules were signed effective June 1, 2018, which clearly define the roles and responsibilities regarding individuals filing timely court motions.

Strategy 3.2 provides a "mid-point" check to ensure challenges to permanency are adequately identified and remedied at the systemic level, with midpoint checks in the permanency process to identify and address barriers. Triage of cases serves to pinpoint systemic barriers to permanency when Wyoming baseline time to permanency measures are exceeded. Court observation provides a variety of mid-point checks through evaluating court proceedings to ensure the necessary and required elements of hearings is present. In addition, court observation provides real-time CQI data to evaluate if interventions are achieving the intended result during the mid-point of cases rather than waiting to retroactively evaluate timeliness measures.

Strategy 3.1 Performance Context: Timely Court Action to Support Family Permanency

Strategy 3.1 addresses two specific challenges in relation to timely court action on the front end of cases. This strategy will assist in addressing:

- Lack of clarity from all parties in relation to required timeframes and responsibilities: Stakeholder Interviews for the CFSR indicate that staff turnover and lack of training regarding timeframes and responsibilities are significant barriers to timeliness.
- Lack of unified family court structure: Wyoming does not have a distinct family court structure; instead, District Court judges sit as Juvenile Court Judges in addition to their other responsibilities. Furthermore, District Court Judges are separate agencies over which the Supreme Court has no supervisory oversight. As a result, Wyoming often depends on informal relationships and peer-to-peer supports to enact change in the judiciary.

As a result, Strategy 3.1 was developed to support timely family permanency. It includes:

- Targeted community trainings in areas shown by data to be trending up in time to permanency. Every 6 months, data is pulled from ROM that demonstrates the median days to permanency. From this data, Judicial Districts that show median days to permanency in excess of Wyoming's 288 day baseline (see Strategy 3.2 for further discussion of the establishment of this baseline) receive targeted community training regarding the roles and responsibilities of each member of the child welfare system, as well as tailored training based on systemic challenges for the Judicial District, such as high turnover in the local DFS office or new members of the judiciary. These community trainings are conducted as a "preemptive check" on permanency issues; additionally, attendees will receive training on new juvenile court rules. For further discussion of community training learning objectives, see Appendix D.
- Development of mentor judge program to facilitate peer-to-peer mentoring. Mentor judges are selected from applicants who have received the Child Abuse and Neglect Institute (CANI) training and who have an established track record of positive permanency practices. The mentor judge is intended to act as a "preemptive check" on permanency issues.

It is anticipated that these community trainings in conjunction with the mentor judge program will serve to clarify roles and responsibilities within the child welfare system as well as provide a clear understanding of best practice in relation to timely permanency for children. This clarification will provide the necessary support to ensure that each child has a timely and appropriate permanency goal established and reviewed, and that the child welfare system makes concerted efforts to achieve timely permanency.

Strategy 3.1: Timely Court Action to Support Family Permanency	
Implement community training and mentor judge program for permanency interventions including permanency hearings and other judicial barriers to timely permanency (Item 5, 6)	
Key Activities	
<ul style="list-style-type: none">▪ CJP community training regarding:<ul style="list-style-type: none">- Juvenile court processes and procedures, including time frames- Timely hearings- Required court ordered language- Wyoming Supreme Court case law and statutory changes- Responsibility for requesting hearings- What documents to be submitted for TPR files- Data	

Strategy 3.1: Timely Court Action to Support Family Permanency

- CJP Mentor Judge to work with the judiciary on:
 - Managing court dockets
 - What to include in court documents (i.e. permanency hearing dates)
 - Judicial responsibilities and best practice in timely permanency

Project Timeline for Key Activities

Implementation of CJP community training and mentor judge program	Implement Date: Q2 Measurement Date: Q6
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Strategy 3.2 Performance Context: Mid-Point Checks for Systemic Challenges to Permanency

Strategy 3.2 addresses additional challenges in relation to timely court action. This strategy will assist in addressing:

- Lack of a “mid-point check” to assess and address current obstacles to permanency in specific cases and as broader systemic issues. Although community trainings and the mentor judge program are important and necessary, there is also a need to ensure that systemic barriers to permanency are being addressed. Rather than “front-line” work, these challenges to permanency can be addressed through identifying barriers to timely filing of TPR; obstacles to adoption are consistently identified early in the process; and regular communication regarding systemic issues is coordinated.

Strategy 3.2 includes two activities for mid-point checks:

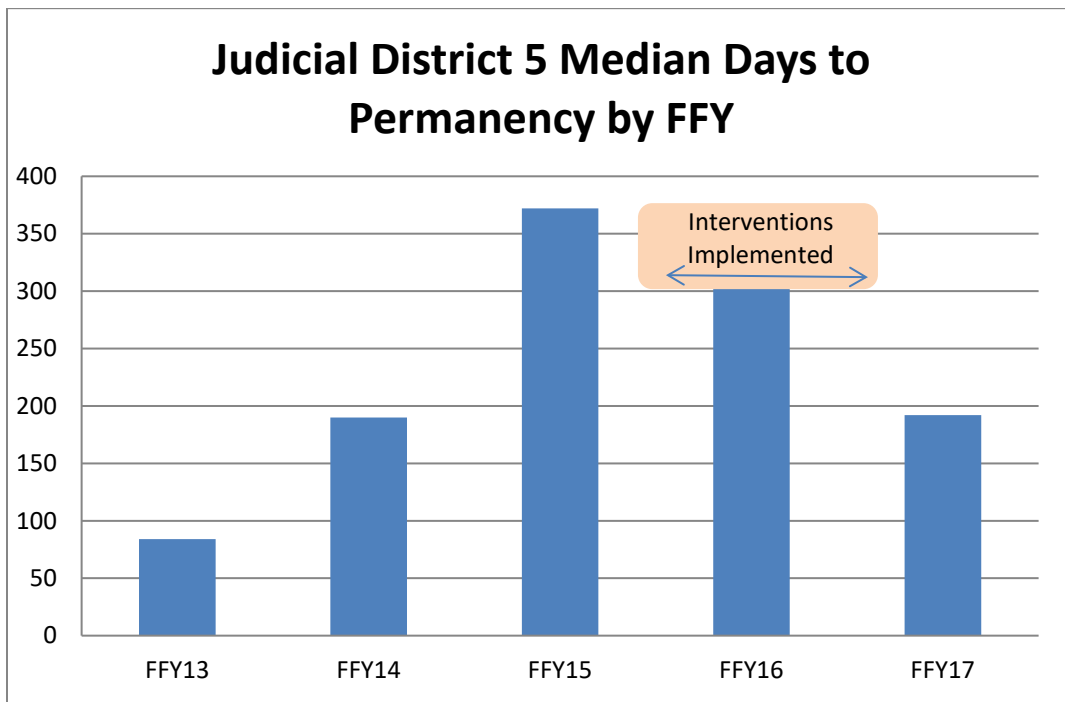
- Triage of cases with reunification and guardianship as the permanency goal at 288 and 445 days.² These case plan types and day counts were determined based on CJP CQI data from 2013-2018. This triage activity allows for a mid-point check on challenges to permanency by allowing individuals involved in the case to review and address barriers that may be in place to permanency before permanency deadlines occur. This element of Strategy 3.1 builds on and expands current processes. ROM contains reporting capacity to see real-time data from WYCAPS regarding timely permanency through the “Countdown to Permanency” report. Currently CJP pulls this report on a quarterly basis to review timeliness trends. The report stratifies by District, and trends are identified based on the Wyoming-specific timeliness baseline established by prior reviews as listed in the following table. As of the second quarter of the PIP implementation period, this process will be in place across all jurisdictions statewide. Based on results for each 6-month period, each Judicial District that has exceeded their timeliness measures will receive interventions based on analysis of their data. Prompt review of these specific cases with the District Manager and staff determine case-specific barriers to permanency as well as office and District trends. Inclusion of this process in the PIP is aimed at capacity building to develop the ability of District Managers and other DFS staff to utilize the process to address timely permanency in an ongoing manner.
- Ongoing CQI related to the effectiveness of these interventions through Court Observation conducted by DFS staff. The Court Observation is a monitoring mechanism to determine whether identified strategies are working as intended. The monitoring will provide information to check that the interventions are having the anticipated effect.

² In 2013, Wyoming established baselines for time to permanent placement. Median time to placement in 2013 was 288 days with the exits broken down as follows: 185 days for reunification; 445 for guardianship; and 886 days for adoption. These baselines were established based on the time it was taking Wyoming to achieve these types of exits. It is important to note that some of these baselines are more stringent than the national standards. However, Wyoming believes it is important to continue to maintain the 2013 baselines, and continues to use the 288 day median time to placement baseline for performance measurement.

This Strategy and key activities were chosen to expand on current successful processes as outlined in Attachment D, and to address the specific performance areas indicated through the CFSR as well as CJP data as needing further development and attention. An example of this process was found in work within the 5th Judicial District of DFS. In FFY15, there was a spike in median days to permanency in CPS cases. As a result of this spike, the following interventions were deployed 2015-2016:

- December 2015: Conducted call with DFS District Manager and Supervisors to triage cases (pulled actual cases to discuss on the call);
- January—February 2016: Review of all court cases identified a major prosecutor issue as a primary root cause;
- March 2016: Developed and sent memorandum to Judge regarding prosecutor issue;
- August 2016: Conducted community training to address prosecutor issue.

After these interventions, the median days to permanency dropped significantly over the course of the following two years, as demonstrated in the following chart.



DFS has elected to build on these processes to strengthen them in partnership with the CJP in Wyoming. The focus within this strategy is on building DFS capacity to conduct these processes as well as deepen the root cause analysis during the triage process. Furthermore, as identified in Strategy 3.1, ongoing community training will assist in providing timely, accurate information for identified topics, and the mentor judge will assist in providing peer-to-peer learning for the judiciary.

Strategy 3.2: Mid-Point Checks for Systemic Challenges to Permanency
Implement triage/midpoint check system and court observation project to ensure timely filing of Termination of Parental Rights (TPR), right to be heard, and other elements of timely permanency (Item 22, 23)

Strategy 3.2: Mid-Point Checks for Systemic Challenges to Permanency

Key Activities

- Triage reunification and guardianship cases with local offices and state stakeholders to inform DFS permanency efforts and determine if changes to permanency goals are necessary or appropriate:
 - Cases with reunification as a goal at 288 days
 - Cases with guardianship as a goal at 445 days
 - Triage meeting to include Caseworker, Supervisor, District Manager to:
 - Evaluate appropriateness of reunification goal
 - Identify barriers and how to address barriers
 - Evaluate barriers to guardianship and how to address barriers
 - Result of triage meeting may include as appropriate:
 - Requests for MDTs or hearings in the case
 - Facilitated call to AG’s office to prepare for guardianship or TPR
 - Training or support required by Supervisor or Worker
- Court Observation Project to conduct ongoing evaluation of triage action, community training focus, and mentor judge focus

Project Timeline for Key Activities

Implementation of triage/midpoint checks and court observation

Implement Date: Q2
Measurement Date: Q6

Goal 4: Balance local and state-level initiatives to promote service accessibility

Rationale and Anticipated Improvements

Service accessibility is a constant challenge in Wyoming due to the large geographic area of the state, small population, and limited resources. In order to address accessibility challenges, DFS has begun implementing “Together Facing the Challenge (TFTC)” for foster care providers to increase knowledge, skills, and tools for coping with challenging behaviors in children in care. DFS elected to implement TFTC because of the program’s ability to provide in-home coaching for foster parents and to promote positive support while also being flexible in the face of limited clinical support throughout the State. This evidence-based, trauma-informed program helps to address needs of foster parents, particularly in relation to children with behavioral and mental health concerns. Increasing foster parent preparation and skill decreases unplanned placement changes for the child, leading to stability and better well-being outcomes for children. The TFTC program provides outcomes and benchmarks for implementation, which are overseen by TFTC specialists in order to provide program certification. Furthermore, TFTC training sessions will be expanded to include local mental health service providers and other disciplines such as Court Appointed Special Advocates, MDT Coordinators, and other child welfare stakeholders in order to increase the capacity to address mental health behavioral issues in foster children. DFS has committed to implementing TFTC to certification requirements, which ensures fidelity to the model. For more information, please see Appendix B.

Additionally, as a part of the TFTC program, DFS is undertaking a co-location project to increase local service accessibility for mental and behavioral health provision. Discussions regarding how best to use co-location will be integrated into the provider discussion with TFTC training.

Strategy 4.1 Performance Context

In the CFSR, cases that scored well in assessing needs and providing appropriate services for foster parents (Item 12C) also tended to score well in having stable placement. Wyoming scored well in placement stability, with 80% of cases rating as substantially achieved. However, of the 20% without a stable placement, over half were moved due to the foster parents being unable to address the mental health and behavioral issues of the child. Stakeholder interviews disclosed that more children with challenging behaviors and mental health disorders are entering foster care and foster parents are having a difficult time supporting the needs of the children. As a result, children are then moved into residential treatment facilities to address the concerns. Substantial wait times and difficulty accessing mental health services were also highlighted as systemic challenges throughout the CFSR, both in the case reviews and in Stakeholder Interviews.

As a result, Strategy 4.1 will be implemented to increase the skills of foster parents and provide tools to address mental health and behavioral issues in foster children. Additionally, the co-location portion will allow for better access to local mental health professionals in areas that otherwise would have difficulty accessing services.

Strategy 4.1: Together Facing the Challenge Program

Implement TFTC evidence-based program to increase tools and support for Intensive Family Foster Care (IFFC) and specialized foster parents through in-home coaching sessions based on foster parent needs in addressing the behaviors of the child. TFTC will result in increased capacity of foster parents to cope with challenging youth behaviors in order to increase placement stability and ensure placement changes are in the best interests of the child (Item 12C, 4, 29, 30)

Key Activities

Strategy 4.1: Together Facing the Challenge Program

- IFFC and Specialized foster parents complete the evidence-based TFTC training curriculum to identify tools for building relationships with and managing the needs of foster children.
- DFS staff and stakeholders complete the evidence-based TFTC training curriculum per cohort schedule to identify tools for building relationships with foster parents, identifying their needs, and providing individualized monthly in-home coaching sessions based on their expressed needs.
 - Both CP and JS staff to complete the TFTC curriculum
- Fidelity to the TFTC model is monitored through ongoing work with the TFTC personnel and regular coaching sessions between TFTC personnel and the DFS implementation team.
- Evaluations of the quality of service foster parents receive per TFTC curriculum.

Project Timeline for Key Activities

Implement with Cohort 1, to include all DFS staff, specialized foster parents, IFFC foster parents, and mental health professionals. Each cohort to include: <ul style="list-style-type: none"> • Completion of TFTC training • Implementation of tools in the home with foster children • TFTC caseworker-foster parent coaching sessions • TFTC Supervisor-caseworker coaching sessions • Coaching sessions with TFTC team 	Quarter 1
Implement with Cohort 2, to include foster parents, new DFS staff, and mental health professionals	Quarter 3
Implement with Cohort 3, to include foster parents, new DFS staff, and mental health professionals	Quarter 5

Appendix A

APPENDIX A: WYOMING PRACTICE MODEL

The Children's Bureau Express of 2008 defines a practice model as a “conceptual map and articulated organizational ideology of how agency employees, families, and stakeholders should partner in creating a physical and emotional environment that focuses on the safety, permanency, and well-being of children and their families.” Furthermore, the Children’s Bureau identifies the following elements as crucial components of a successful practice model:

- Core principles, agency values, and standards of professional practice
- Strategies and functions to achieve the core principles, agency values, and standards of professional practice
- Plan for assessing service needs and engaging families
- Strategies to measure family outcomes
- Strategies to measure agency and worker outcomes
- Plan for measuring and sustaining organizational success
- Plan for supporting organizational and practice change

In an effort to develop and implement a successful practice model, DFS has integrated elements of Signs of Safety, Safety Organized Practice, and other evidence-informed tools and techniques. Elements of each of these programs form an overall philosophy and solution-focused practice consistent with the DFS mission to promote the safety, well-being and self-sufficiency of families through community partnerships through the WPM. The goal of DFS is to connect people with time-limited resources that promote healthy, safe, self-sufficient families so they can contribute to their communities.

In alignment with its mission and goals, DFS developed and implemented the Wyoming Practice Model (WPM) beginning in 2014. WPM is an encompassing term for the philosophy and tools of best practice casework. Core principles include:

- Identifying strengths in families and building on those strengths throughout the life of the case
- Increasing family engagement with an emphasis on collaboration
- Focusing on risk and safety in order to produce quality, behaviorally-based safety plans and case plans

Key components of the practice include:

- Use of Motivational Interviewing
- Use of Solution-Focused Interviewing³
- Documentation of harm, danger, and impact at case intake
- Three Houses tool for assessing risk and safety with child and family involvement
- Safety House tool for involving children in safety planning in a developmentally appropriate manner
- Mapping cases to clarify existing safety, identifying needs, and to create a clear action plan to resolve identified risk and safety needs
- Coaching

These principles and tools are adapted from evidence-informed efforts used by other states as well as practices in international child welfare, such as by Nicki Weld in New Zealand and the University of California, Davis team.

³ The use of Motivational Interviewing and Solution-Focused Interviewing within WPM views them as complementary and collaborative, as cited in Stermensky & Brown (2014) and in Lewis & Osborn (2004).

The basis of WPM theory, philosophy, and practice is rooted in a set of twelve training modules. These modules cover topics related to safety, permanency, well-being, and systemic issues, and provide core principles and values. Additionally, these modules provide direct casework practice and supervision-related guidance to help DFS staff develop the skills to be successful caseworkers. The twelve modules are outlined in the table below:

Table 1. WPM Training Modules

Module	Title
1	Interviewing for Safety and Danger & Three Questions to Organize Your Practice
2	Small Voices, Big Impact: Keeping Children at the Center of the Work
3	Solution-Focused Inquiry
4	Mapping with Families
5	Harm Statements, Danger Statements, and Safety Goals
6	Safety Networks
7	Safety Planning
8	Reunification and Visitation
9	Permanency
10	Landing Safety-Organized Practice in Everyday Work
11	Organizational Environments: Reflection, Appreciation, and Ongoing Learning
12	Summary and Looking to the Future

DFS is currently working towards full implementation of WPM. Because many WPM areas support the goals, strategies, and activities of this PIP, DFS views integration of WPM training modules with this PIP as a logical approach to address performance. DFS anticipates that at the end of the PIP, the WPM framework will be fully implemented and will show increased positive outcomes for children and families, as well as demonstrated organizational and practice changes.

Appendix B

APPENDIX B: TOGETHER FACING THE CHALLENGE

Together Facing the Challenge (TFTC) is an evidenced-based foster care program developed under the leadership of Maureen Murray, LCSW, within the Services Effectiveness Research Program in the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine. The program was developed as a collaborative effort between Mrs. Murray, Dr. Betsy Farmer, and Dr. Barbara J. Burns, and is based on nine years of treatment foster care (TFC) studies. In a 5-year randomized clinical trial funded by the National Institute of Mental Health, TFTC showed significant improvement in a range of youth-level outcomes compared to “usual care.” Ongoing work regarding TFTC includes a randomized trial, which was funded by the Duke Endowment, examining whether enhanced curriculum and training protocols can provide even more substantial improvements in practice and sustainability. Initial results indicate improvements in a range of practice and outcomes.

Given the limited resources of agencies as well as the increasing demands for evidence-based practice, TFTC was developed in an effort to provide a program that was both cost and time efficient. It is designed to be a low-cost approach to improving treatment within the existing structure and practice of a wide range of foster care agencies.

The training and consultation approach used by TFTC is to improve the skills of foster parents and agency staff. The model focuses specifically on the in-home intervention elements and creating adequate skill levels to implement these strategies effectively as well as on the important role of supervision and coaching in helping foster parents work effectively.

The goal of TFTC is to enhance what is already successful practice with foster parents and staff in order to build knowledge and expertise with evidence-informed approaches to improve practice and outcomes for children and youth in care.

The program applies practical parenting and supervisory techniques that are sustainable in a variety of foster care settings. The curriculum provides in-depth instruction, coaching, and consultation to enhance agency services, bringing together the strengths of evidence-based treatment with the realities of practice to offer an enhanced approach to meeting the needs of youth in care.

While working in foster care can be incredibly fulfilling, it can also be stressful and emotional taxing, causing daily routines to feel overwhelming and disheartening. Another core element in Together Facing the Challenge is the importance of self-care for both staff and foster parents. Participants learn new strategies and perfect existing tools for self care management, such as how to re-energize after a stressful event, or how to prevent the stressful event from occurring.

Appendix C

APPENDIX C: CQI MEETING SCHEDULE

The DFS CQI Strategy 2.1 focuses on establishing quarterly CQI Meetings to assess data, determine appropriate interventions, and evaluate the effect of those interventions. In order to facilitate that goal, the CQI Meetings will follow a set schedule to ensure action planning and evaluation stays on track. Each meeting will follow a similar format, with the following three areas of focus:

- Discussion of Key Performance Indicators (KPIs)
- Most recent Federal PIP Measurement Plan data submission
- CQI Focus Area

KPIs

The current list of KPIs has been determined by the administration as priority performance areas for DFS. Those KPIs include:

- Assessing Risk and Safety
- Completion of Case Plans
- 600 Series Expenditures
- Congregate Care Placements and Length of Stay
- CJP Time to Permanency
- Re-Entry
- Caseworker Visits with Children

CQI Focus Area

The CQI Focus Area will provide the main source of discussion, action planning, and evaluation for the CQI Meeting. The CQI Focus Area compliments the rollout schedule of PIP activities, and expands and deepens the discussion around complementary KPIs.

Table 2 details the CQI Meeting Schedule. The CQI Focus Area for Quarters 9-12 will be determined by data performance and agency priority.

Table 2. CQI Meeting Schedule

Meeting	Topics
Q1	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Safety Assessments
Q2	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Safety Assessments
Q3	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Caseworker-Parent Visitation

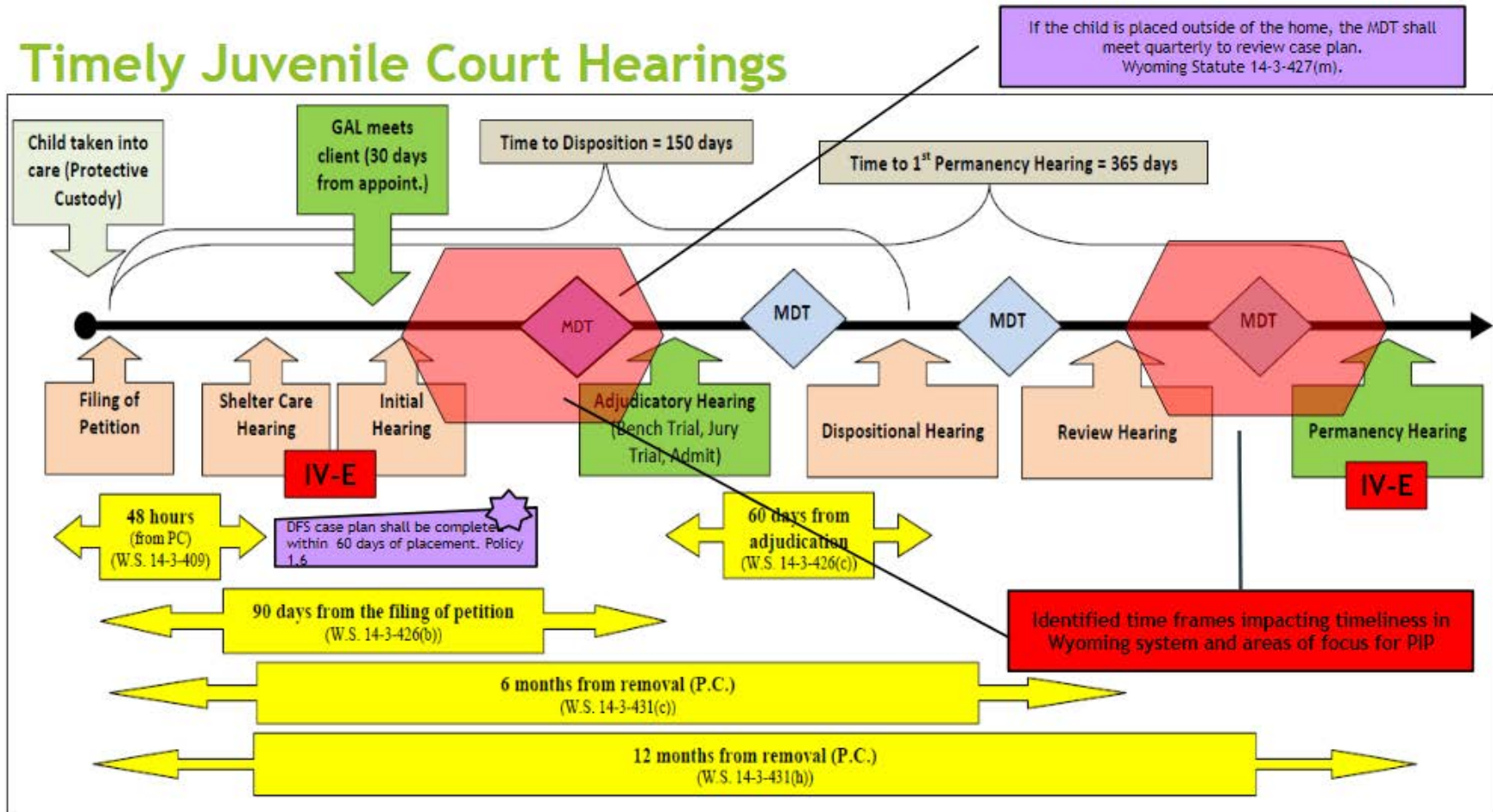
Meeting	Topics
Q4	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Caseworker-Parent Visitation
Q5	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Caseworker-Parent Visitation (assessing needs)
Q6	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Caseworker-Child Visitation (IH Cases)
Q7	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Caseworker-Child Visitation (IH Cases)
Q8	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: Caseworker-Child Visitation (IH Cases) (assessing needs)
Q9	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: TBD
Q10	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: TBD
Q11	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: TBD
Q12	Key Performance Indicators Federal PIP Measurement Plan CQI Focus Area: TBD

Appendix D

APPENDIX D: CHILDREN’S JUSTICE PROJECT DATA AND INFORMATION

The following illustrates the Wyoming Juvenile Court Process, with the identified timeline challenges highlighted in red.

Image 1. CJP Wyoming Juvenile Court Process



The following illustrates the current CJP CQI process. DFS partners closely with CJP throughout this CQI process. These interventions have demonstrated success in relation to increasing time to permanent placement over the past five (5) years. However, this progress has not been at a rapid enough rate to score as Substantially Achieved on the CFSR. As a result, CJP and DFS have identified elements of this CQI process to enhance as well as new interventions to “fill in the gaps” of the current process. For further discussion, see page 13 of this document.

Image 2. Annual CJP CQI Process

