



Child and Family Services Reviews

Statewide Assessment Instrument

April 2014



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb.>)

Integration of the CFSP/APSR and CFRS Statewide Assessment

The CFRS process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFRS.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFRS. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFRS process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument Section I: General Information

Name of State Agency: Wyoming Department of Family Services

CFSR Review Period

CFSR Sample Period: April 1, 2015-September 30, 2015

Period of AFCARS Data: 12B to 15A per CFSR 3 Data Profile issued November 2015

Period of NCANDS Data: FY13 and FY14 per CFSR 3 Data Profile issued November 2015

Case Review Period Under Review (PUR): 4/1/15 through the week of 7/11/16

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Insert names and affiliations of statewide assessment participants

Please refer to pages 94-98 of this document and pages iv, v, and vi of the 2015 APSR for a full list of Statewide Assessment participants. These individuals participated in the development of the Statewide Assessment through data and information obtained through ongoing focus group meetings, surveys, and APSR group meetings. Furthermore, the individuals contributed to survey information in the CFSP/APSR process referenced within this document.

Tribal Participants

Larry McAdams
Percille McLeod
Clarence Thomas
Chuck Anderson
Susan Crazythunder
Aline Kitchin
Jamie Moss
James Trospen

Parent Participants

Charla Ricciardi
Rachael Byram
Ken Burke

Youth Participants

Carissa O'Malley

Additionally, other current foster care youth participated in focus group meetings and in response to surveys. Of particular note was the 2014 youth and foster parent survey. This survey was sent to current caregivers and foster children, and 73 individuals and 102 couples responded to this survey anonymously.

Due to the public nature of this report and confidentiality concerns, the names of youth currently in care and current foster parents have been withheld.

Section II: Safety and Permanency Data

Data profile has been deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

Several sources of information were examined to develop a response to the performance of Wyoming Department of Family Service (DFS) in relation to Safety, Permanency, and Well-Being Outcomes for children and families. First, the federally issued CFSR Round 3 Data Profile includes information on all three (3) outcome areas, including both National Child Abuse and Neglect System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) data.

Second, DFS has developed a Continuous Quality Improvement (CQI) program that initiated a case review system in late 2014. The CQI Team has reviewed a total of 165 cases; those eligible for review were open under a rolling timeframe that spans September 2013 through September 2015. The requirements for eligibility for review mirror the federal CFSR case eligibility requirements found in the CFSR Procedures Manual issued in November 2015.

The 165 cases reviewed as of February 2016 represent a sampling from each of the nine (9) Judicial Districts in Wyoming. The sampling and case selection process is also similar to the process used to sample and select cases for the federal CFSR. In-home services cases are randomly sampled from SACWIS data and foster care cases are randomly selected from a specified AFCARS submission for each office using the sampling parameters described in the CFSR Procedures Manual. The CQI Team also utilizes a case selection process that selects similar proportions of in-home and foster care cases to those proportions found in the federal CFSR.

The CQI review process closely replicates the federal CFSR and incorporates all of the key components of the CFSR process, including interviews with the family, the child, the caseworker and stakeholders; quality assurance; and exit conferences with the reviewed offices. Additionally, an aggregate report of the scored results of each review and a summary of the stakeholder comments is provided after each review. Each CQI review utilized the federal Onsite Review Instrument (OSRI) to determine the ratings related to CFSR Items and Outcomes. No modifications have been made to the OSRI for CQI reviews.

The CQI Team consists of a core team of eight (8) State staff as well as 30 members of the field, including District Managers, Supervisors, Caseworkers, and Foster Care Coordinators. Each of the CQI Team members have participated in multiple reviews to hone their skills as well as undertaking a State training on the OSRI and federal training with Round 3 Resources provided online through the Children's Bureau. Each case reviewer is paired with a quality assurance partner and every case is put through a rigorous quality assurance process that mirrors CFSR processes.

Due to the factors described above, DFS is confident that the State CQI reviews and the federal CFSR process share enough commonality that the scores obtained from the State CQI reviews should be a reliable indicator of performance on the CFSR Outcomes and Items, and in conjunction with the ACF Data Profile serve as the primary source of quantitative data for the Statewide Assessment. Additional data sources, such as SACWIS data, the 2015 APSR, and other reports are referenced where applicable throughout the Statewide Assessment.

Safety Outcome 1: Children Are, First and Foremost, Protected From Abuse and Neglect

The CFSR Round 3 Data Profile information on page 6 of this document indicates that DFS has met the National Standard for both elements related to Safety Outcomes. DFS scored a Risk-Standardized Performance of 4.84 for the rate of maltreatment in foster care, which is below the National Standard of 8.5 and is within the Risk-Standardized Performance Range of 2.91 to 8.04.

DFS scored a Risk-Standardized Performance of 4.8% for the rate of recurrence of maltreatment. This rate also met the National Standard of 9.1% as well as falling within the Risk-Standardized Performance Range of 3.5% to 6.6%.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

DFS Case Initiation Policy

Reports of abuse and neglect are received at the local office level and the determination regarding accepting or rejecting the intake and track assignment is required to be made within 24 hours of completion of the intake. DFS receives and responds to reports of abuse and neglect 24 hours a day, 7 days a week through local on-call procedures; Wyoming does not have a centralized intake process and does not contract with private providers to conduct child protection intakes, investigations, or assessments.

Within 24 hours of an accepted report of abuse or neglect, Wyoming requires case assignment to Investigation, Assessment, or Prevention Track. At the time of track assignment, cases are considered initiated and the priority levels as described below are in effect. Activities following initiation include: attempting contact with the victim and the alleged perpetrator, interviewing the reporter, and conducting criminal and child abuse/neglect background checks. Investigations are required when criminal charges could be filed, children are in imminent danger, child major injury or fatality has occurred, sexual abuse allegations where it is indicated that removal of the child from the home will be necessary. There are two (2) priority levels: Immediate/24 Hour Response and 7-Day Response.

For the priority level of Immediate Response in any accepted case, DFS policy requires that immediate face-to-face contact must be attempted and face-to-face contact must be made with the alleged victim and or family within 24 hours from the time of the accepted report. Immediate response is utilized for:

- Major injuries;
- Children under the age of six (6);
- Acute untreated medical conditions;
- Bizarre parental behavior;
- Parents under the influence of drugs or alcohol;
- Bizarre punishment or torture;
- Child is suicidal;
- Child is abandoned;
- Complaint from a physician or emergency room;
- Self reporting by parents concerned about hurting their children; and
- If families are likely to flee the area.

Caseworkers are required to conduct a safety assessment and develop a safety plan, if appropriate, during the initial contact with the family and may conduct interviews with the alleged victim and perpetrator if law enforcement does not have a criminal investigation and approves DFS conducting the interviews.

Seven (7) Day Response Criteria

For all cases that do not fall under the above categories, DFS policy requires that face-to-face contact be attempted with the alleged victim within seven (7) calendar days from the time of the accepted report. Cases are assigned to this level of response when they do not fall within the requirements for Immediate Response. Caseworkers are required to conduct interviews with the alleged victim and perpetrator, conduct a safety assessment, and develop a safety plan during the initial contact with the family.

Case activities are coordinated with law enforcement in which imminent danger, sexual abuse, or major injury to the child is suspected or if the report suggests situations necessitating the removal of the child from the home. In accordance with Wyoming statute, judges, law enforcement personnel, or medical doctors are the only State entities with the authority to take immediate protective custody of a child, which necessitates the inclusion of law enforcement personnel during the aforementioned investigations. DFS policy requires that DFS immediately contact the appropriate law enforcement agency if the report involves criminal activity in order to coordinate criminal child abuse proceedings. DFS policy requires a new intake on any new allegations of abuse or neglect discovered during the course of a case.

DFS Differential Response

Wyoming has a multiple response system consisting of three (3) separate tracks: Investigation, Assessment, and Prevention. Reports are assigned to the Investigation track when criminal charges could be filed; children appear to be in imminent danger; or it is likely children will need

to be removed from their home. In addition, reports alleging a child fatality, major injury or sexual abuse are assigned to the Investigation track.

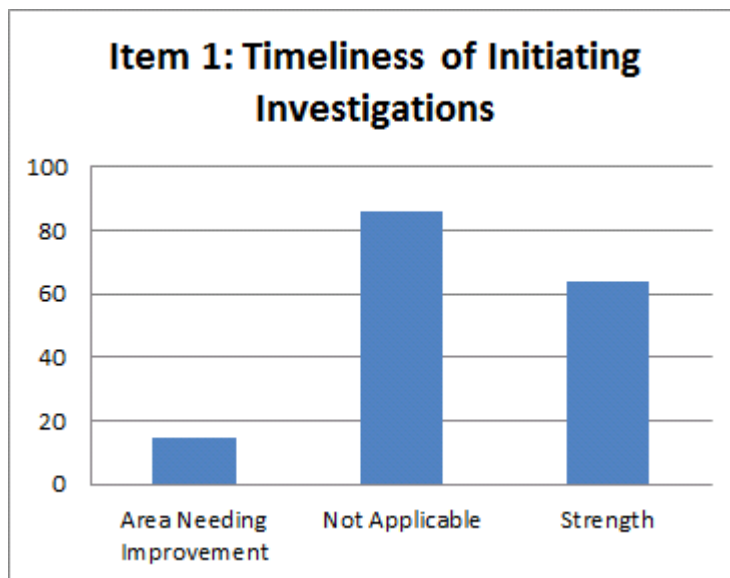
Reports are assigned to the Assessment track when child abuse or neglect allegations are reported but criminal charges appear unlikely; children do not appear to be in imminent danger; and it appears unlikely that children will have to be removed from the home. Unlike the Investigation track, Assessment track cases do not contain a substantiation finding related to abuse or neglect. The allegations contained in the report serve only as a reference point to assist the family in identifying problems that may be hampering family functioning and do not need to be substantiated or unsubstantiated.

Cases are eligible for Prevention Track when a report has been received where there are no allegations of abuse or neglect, but there are identified risk factors that might indicate the need for services. In Prevention cases, similar to Assessment cases, there is no formal finding of abuse or neglect.

DFS policy allows the transfer of cases from Assessment to Investigation or from Investigation to Assessment within seven (7) days of initiation. If during the course of the Assessment it appears that the incident meets the criteria for the Investigation Track, or if the results of the safety assessment indicate the child is unsafe, then the case must be moved from the Assessment Track to the Investigative Track. If during an investigation it is determined that a case would be appropriate for assignment to the Assessment Track, this transfer must be approved by a Supervisor and the case must not contain any of the elements described above in regards to the Investigative Track.

CQI Review Results

A total of 165 cases were reviewed by the CQI Team; of that total, 79 were applicable for evaluation of Item 1. Of that 79 cases, 64 or 81% of the cases scored Item 1 as a Strength while 15 or 19% of the cases scored as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

The majority of cases reviewed by the CQI Team rate as a Strength in relation to Item 1. Adherence to policy has been noted in these cases, and contact is appropriately made with children within the 24-hour or 7-day timeframe per priority level determination. Additionally, in these cases if there was a request by law enforcement to refrain from contacting families due to criminal proceedings, these requests were clearly documented as beyond control of the agencies.

However, some cases do not contain that clear documentation. DFS considers documentation the primary obstacle for Item 1 rating as a Strength in every case.

Safety Outcome 2: Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

Item 2: Services to Family to Protect the Children in the Home and Prevent Removal or Re-Entry into Foster Care

DFS Policy

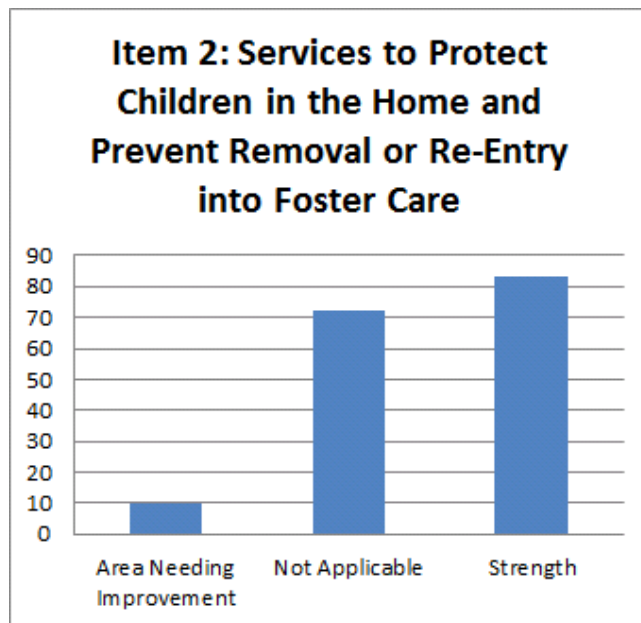
DFS policy emphasizes the importance of maintaining children in their home whenever safe and appropriate. The Wyoming Practice Model (WPM) initiative described on page 12 of the 2015 APSR reinforces this emphasis with tools and practice for caseworkers to accurately identify and evaluate risk and safety issues and develop specific, meaningful case plans aimed at reducing and eliminating active risk and safety issues to help children remain safely in the home.

Additionally, a variety of services within DFS are aimed at protecting children in the home and preventing removal or reentry into care. Family Preservation funds are available for the purchase of services designed to prevent the removal of children from the home; services specific to the needs of the case are identified through the formal case planning process within the Family Services Plan, which is required in all in-home cases open for 30 days and all foster care cases open for 60 days; family partnership meetings and Multidisciplinary Team Meetings

are available in all cases. For a further discussion of these services, please see the response to Item 29: Service Array as well as Item 30: Individualizing Services.

CQI Review Results

Of the total 165 cases reviewed, 93 were applicable for evaluation of Item 2. Of that total, 83 cases or 89% of cases rated as a Strength in this area while 10 cases or 11% of cases rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

The case review results obtained through the CQI process indicate that efforts are consistently made to maintain children in the home when safe and appropriate. Additionally, as can be seen on page 6 of this document, DFS has met the National Standard related to re-entry into foster care.

Efforts in these areas are driven by the focus family preservation through the WPM referenced above. The WPM rollout began in 2014 and continues to improve casework practice within DFS. The emphasis on comprehensive case plans to address safety assists families in becoming self-sufficient and in building healthy relationships that will continue post-DFS involvement with the family.

Item 3: Risk and Safety Assessment and Management

DFS Policy

DFS policy requires both Risk and Safety Assessments to be completed during specific timeframes in the case, as outlined below. The Safety Assessment is completed by the assigned

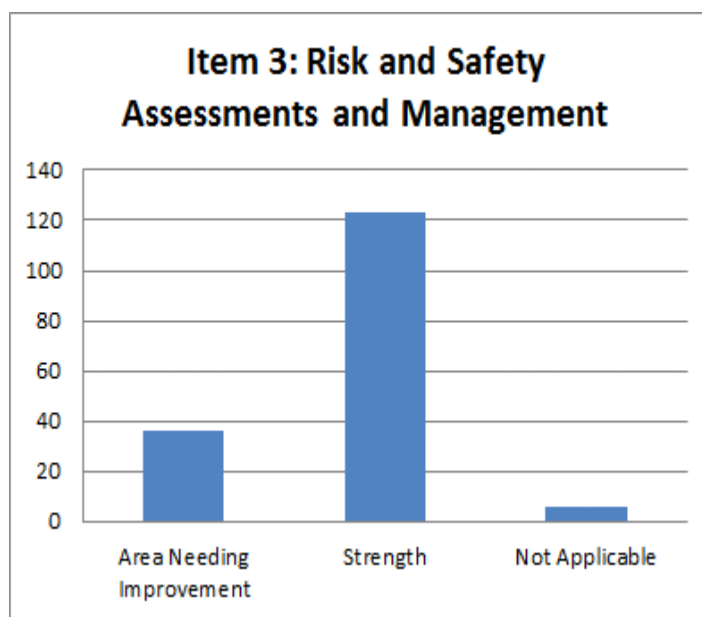
caseworker for all accepted CPS reports, which includes cases assigned to the Investigation, Assessment and Prevention track, and is to be completed within seven (7) calendar days of receipt of the report. The Safety Assessment is comprised of an assessment containing 14 questions evaluating for immediate danger to the children; a safety plan that identifies resources and interventions designed to ensure the safety of the child; and a safety decision that rates the child as being safe, conditionally safe, or unsafe. The Risk Assessment is required for all cases assigned to the Investigation, Assessment and Prevention Track and is to be completed within 30 calendar days from the initiation of the case. The Risk Assessment is comprised of two (2) scales. The neglect scale is composed of 10 questions that assess potential risk for the occurrence of neglect, and the abuse scale contains 10 questions for the purpose of assessing the potential risk of abuse. Both tools are required to be completed on the entire family and are automated and required to be entered into WYCAPS. A Risk Re-Assessment is required on regular intervals throughout the life of the case and is required to be completed at a minimum of every six (6) months or when factors or events in the case would create a potential for increased risk, such as prior to case closure, change in family composition, reunification, or any other event that may increase the risk to the children within the family.

Prior to and during the Round 2 CFSR, DFS faced challenges regarding risk and safety assessment for its Juvenile Services (JS) cases. Since that time, DFS has developed and implemented the use of the Positive Achievement Change Tool (PACT) within every JS case. The PACT consists of questions asked within 12 Domains: (1) Criminal History; (2) Gender; (3) School; (4) Use of Free Time; (5) Employment; (6) Relationships; (7) Family/Current Living Arrangements; (8) Alcohol and Drugs; (9) Mental Health; (10) Attitudes/Behaviors; (11) Aggression; and (12) Skills. Caseworkers are certified in Motivational Interviewing as a part of initial staff training and use Motivational Interviewing techniques to illicit the responses from children. Upon completion of the PACT the caseworker receives the top three protective factors and risk factors for the child, which is then used to develop the Youth Empowered Success (YES) case plan.

From February 1, 2015, through September 30, 2015, WYCAPS showed 291 probation intakes and case assignments. Of those, 258 or 89% had initial PACT assessments done. The remaining 33 cases or 11% that did not receive a PACT assessment fall into one of two categories. One, cases opened during the time frame, but the disposition fell after the time frame. In those circumstances the cases would have received a PACT, but not during the time period. Second, a number of those cases would have been dismissed prior to or after the adjudicatory hearing, therefore the PACT would not have been completed.

CQI Review Results

Of the 165 cases reviewed, 159 were applicable for evaluation under Item 3. Of that total, 123 cases or 77% of cases rated as a Strength and 36 cases or 23% of cases rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

As referenced on page 6 of this document, DFS has met the National Standards regarding safety in care. Additionally, the use of the PACT assessment as indicated above has assisted in regular assessment of risk and safety concerns in JS cases. CQI case reviews, however, demonstrate that 77% of cases are rated as a Strength in this area while 23% rate as an Area Needing Improvement.

Trends noted in CQI case reviews include two challenges in this area. First, although initial risk and safety assessments are often thoroughly documented in the file, ongoing safety assessments that are updated during key case milestones are documented less often. Second, DFS contact with children is a strength; however, demonstrating that this contact included thorough and comprehensive safety assessments is less frequently documented in case file narratives. One reason for this trend uncovered during CQI reviews is that caseworkers are thoroughly familiar with DFS policy regarding quality face-to-face visits and documented that those visits occurred without also documenting how the visits fulfilled policy requirements in relation to safety assessments.

DFS has already undertaken initiatives to address these areas. The WPM initiative is focused on regular, thorough, comprehensive safety assessments through a variety of caseworker tools. These tools are tangible activities completed with the family that fulfill documentation requirements; additionally, the completed activities can be inserted into the file and do not require duplicative documentation in narrative, which addresses a major concern with caseworkers across the State. Additionally, as referenced in the response to Item 14 below, face-to-face forms have been updated to provide more efficiency in documenting assessment of safety during visits.

It is also important to note that re-reviews conducted by the CQI Team has already seen improvements in relation to safety and risk assessments. Please see Item 25 for an example of this improvement.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency Outcome 1: Children Have Permanency and Stability in Their Living Situations

Data Profile Performance for Permanency Outcomes 1 and 2

The CFSR Round 3 Data Profile on page 6 of this document indicates that DFS has met the National Standard for the five (5) elements related to Permanency Outcomes 1 and 2. DFS met the National Standard required for children in care achieving permanency within 12 months. The Risk-Standardized Performance of DFS indicates that 47% of children who entered care during the 12B-13A AFCARS period exited to permanency within 12 months. This number is above the National Standard of 40.5% as well as within the lower and upper Risk-Standardized Performance range of 44.2% to 49.7%.

The Data Profile also indicates that of children who were in care 12 to 23 months prior, 54.2% exited to permanency within 12 months during the 14B-15A AFCARS period. This number exceeds the National Standard of 43.6% and falls within the Risk-Standardized National Performance Range of 48.3% to 59.9%.

Similarly, 40.5% of children who were in care 24 or more months prior exited to care during the 14B-15A AFCARS period. This number meets the national standard of 30.3% and falls within the Risk-Standardized National Performance Range of 34.5% to 46.5%.

DFS also met the National Standard regarding re-entry into care in 12 months. A total of 8.6% of children re-entered care during the 12B-13A AFCARS period, which is no different than the National Standard as it falls within the Risk-Standardized National Performance Range of 6.7% to 10.9%.

Finally, DFS met the National Standard related to Placement Stability. Children in DFS custody for the 14B-15A AFCARS period changed placements at a rate of 3.33 per 1,000 days in care. This number meets the National Standard of 4.12 placement changes per 1,000 days in care and falls within the Risk-Standardized National Performance Range of 3.05 to 3.64 placements per 1,000 days in care.

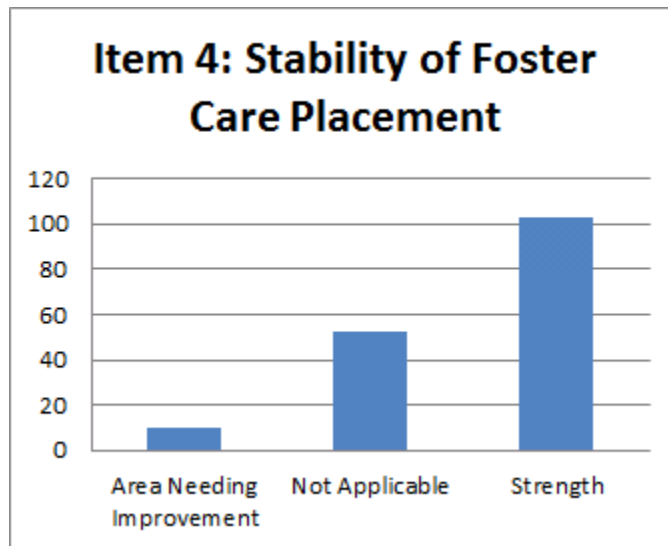
Item 4: Stability of Foster Care Placement

DFS Policy

DFS has a policy framework that requires oversight of decisions regarding changes in placements. A court order is required for changes to a placement setting that is more restrictive, which would include moving a child from a family foster care setting to a congregate care setting, such as from non-relative foster care to a group home or residential treatment facility. A move to a less restrictive or similar setting is initiated with a 10 day written notice to the child, parents, county attorney, GAL and out of home care provider. The notice may be delivered personally or by certified mail. The appropriateness of the placement setting is reviewed during each three (3) month Quarterly Review Report, and Six Month Review and Permanency Review Hearings. DFS also has specific policy that describes the goal of reducing the need for unnecessary placement disruption in order to create consistency in the lives of children who experience out of home placement.

CQI Results

Of the 165 cases reviewed by the CQI Team, 113 were eligible for review with Item 4. Of that total, 103 cases or 91% of the cases scored as a Strength while 10 cases or 9% of the cases scored as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Stability of foster care placement is a priority for DFS. As can be seen in Data Profile information located on page 6 of this document, DFS has met the National Standard regarding placement stability. Additionally, the CQI case reviews conducted over the past two (2) years indicate that 91% of cases rated as a Strength in this area. This combination of data demonstrates the results of the DFS focus on placement stability. Of note in this area is the work

DFS has done in coordination with CJP and the GAL program to ensure a full assessments of needs are performed in addition to identifying the most appropriate placement in order to minimize unnecessary placement moves.

Of course, an ongoing challenge in Wyoming is limited capacity and resources due to the rural nature of the State. Many of Wyoming's communities have fewer placement options due to their size and location. Caseworker must therefore utilize individualized services and creative solutions to address the needs of these children in addition to ensuring that children are able to maintain connections to their families, schools, and social activities when placed outside the community.

However, given these limitations it is significant that Wyoming rates highly in CQI case reviews for Item 4 as well as meeting the National Standard.

Item 5: Permanency Goal for Child

DFS Policy

DFS policy requires that permanency goals are established for every child that enters out of home care and that the goal is established within 60 days of placement. DFS policy also requires that a permanent home be found for each child in out of home placement and describes reunification with the biological family as the preferred outcome. When reunification is not possible, DFS policy requires that another permanent home be found for the child, with an emphasis on the importance of placement with relatives and developing potential adoption or guardianship resources for children who cannot be reunified. Also included in policy is the requirement that the above permanency options must be explored before considering a permanency goal of long-term foster care.

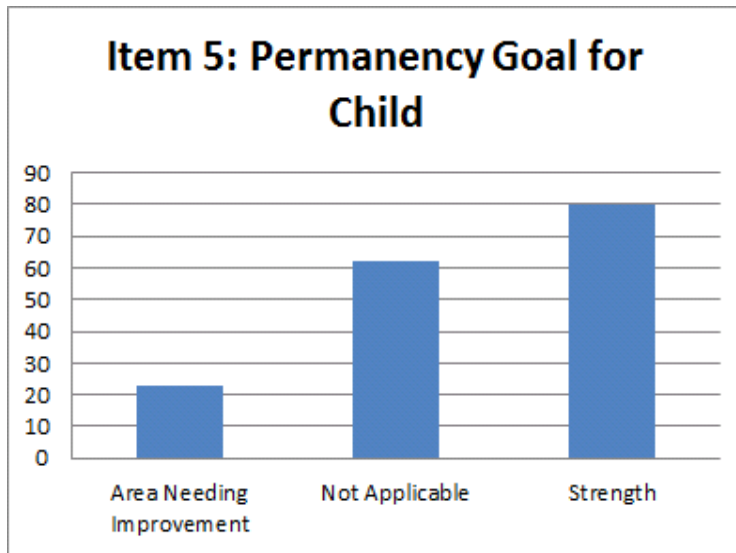
Permanency goals for each child are required to be reviewed quarterly and updated in the Family Service Plan or YES case plan based on the specific requirements of the case. For a further discussion of permanency goals and reviews, please see the response to Items 21-23 on pages 46-54 of this document.

Permanency goals are established by the court based on recommendations from the Multidisciplinary Team (MDT) and are documented in the court order. DFS policy requires that the agency monitor compliance with ASFA requirements regarding 15/22 regulations and file a petition to seek termination of parental rights unless there is a valid exception to the requirements. For further information about the functioning of this requirement, please see the response to Item 23 on page 53 of this document.

DFS policy requires that each placement case be assessed for the appropriateness of developing a concurrent plan. Concurrent plans are to be developed as part of the Family Service Plan or YES case plan and progress is to be monitored during permanency reviews and case planning meetings. DFS requires that if a concurrent plan is established it must be simultaneously pursued along with the primary permanency goal.

CQI Review Results

Of the 165 cases reviewed by the CQI Team, 103 cases were eligible for evaluation under Item 5. Of this total, 80 cases or 78% of the cases rated as a Strength while 23 cases or 22% of cases rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Timeliness is an ongoing issue for DFS. Case reviews have demonstrated that efforts to establish Permanency Goals within the required timeframes often occur but sometimes the documentation does not rise to the level to demonstrate concerted efforts. Additionally, DFS has identified timeliness as an across-the-board training and education issue and has been working with CJP and the GAL program to develop interventions for both DFS and the courts in an effort to address these issues.

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

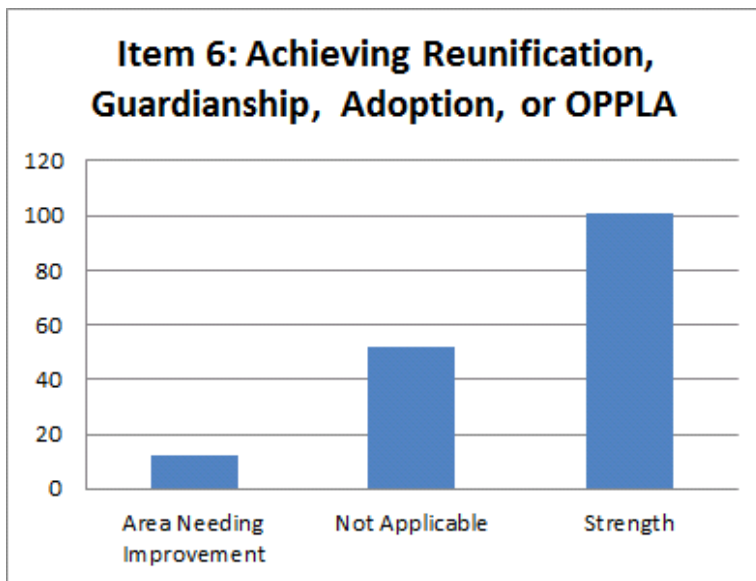
DFS policy requires that permanency goals be established within 60 days for a child who enters out of home care. Family Service Plans and YES case plans establish family reunification as the first permanency goal within the case. However, if reunification can not be achieved, DFS policy requires that another permanent home be found for the child, with an emphasis on the importance of placement with relatives. Adoption or guardianship are permanency goals for all children who can not be reunified with caregivers. For older youth, Another Planned Permanent Living Arrangement (APPLA) is considered as a permanency option, but all of the above options must be exhausted before considering a permanency goal of long-term foster care.

As referenced previously, the CFSR Round 3 Data Profile demonstrates that DFS has met all of the National Standards regarding achieving permanency within a 12-month period for the cohort groups measured. Additionally, the National Standard related to reentry into care within 12 months was also met, indicating that reunifications efforts in DFS are contributing to the goal of

assisting the development of safe, healthy, and stable families. DFS considers this Item to be a particular strength as safe and timely permanency is of utmost importance for children and families.

CQI Review Results

Of the 165 cases reviewed by the CQI Team, 113 were eligible for evaluation for Item 5. Of that number, 101 cases or 89% of the cases rated Item 5 as a Strength while 12 cases or 11% rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Although establishing Permanency Goals is an ongoing issue, once they are established, achieving those goals in a timely manner is routinely documented within DFS files. Case reviews demonstrate that Item 6 is rated as a Strength in 89% of the cases reviewed. Due diligence on behalf of caseworkers to achieve these goals within specified timeframes is found in case files.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children

Item 7: Placement with Siblings

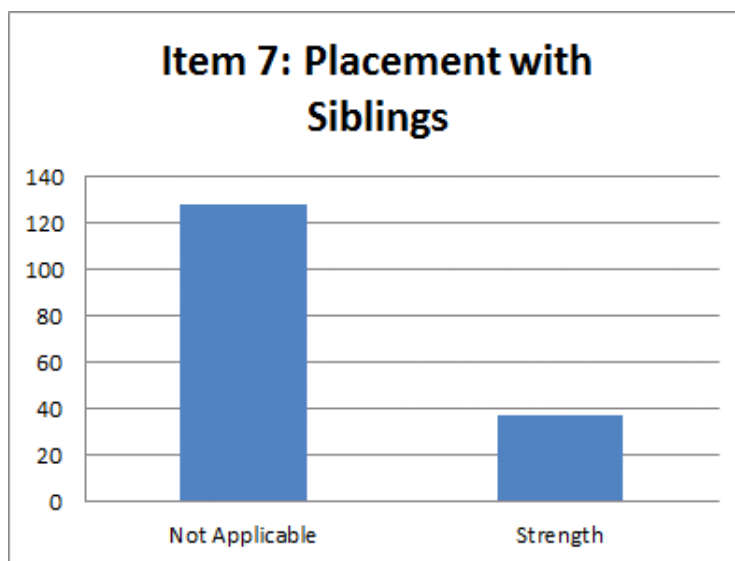
DFS Policy

DFS policy requires that sibling groups be placed together unless it is not in the best interest of the children and that DFS should strive to find homes that can accommodate sibling groups. DFS continues to recruit homes that will accommodate larger sibling groups to keep siblings

together. Refer to page 107 for more information on the Foster Care Retention and Recruitment plan. DFS also works diligently to locate relatives and kinship for placement of children as it is best for children who are going into foster care to be placed with a fit and willing relative. DFS also acknowledges that relatives are more willing to care for the sibling groups.

CQI Review Results

CQI Reviews indicate that DFS functions particularly well in placement with siblings. Of the total 165 cases reviewed, all 37 that were eligible for evaluation under this Item rated as a Strength. These results are outlined in the chart below.



Item Trends

The CQI Team noted that a high level of documentation was recorded in files to indicate when siblings were separated for reasons such as specialized treatment or safety requirements. Additionally, all efforts to place sibling groups together where appropriate were thoroughly documented in files. Item 7 rating as a strength is of particular note, as Wyoming is a frontier state that often faces the challenges of limited resources over a large geographic space. Placing siblings together, particularly if there are large sibling groups, requires caseworkers to work diligently to identify appropriate placements, particularly in relation to working to identify potential relative or kinship placements to receive sibling groups. During case reviews, this work to identify those placement options and follow through with assisting with arrangements to facilitate siblings placed together were identified as particular strengths.

Item 8: Visiting with Parents and Siblings in Foster Care

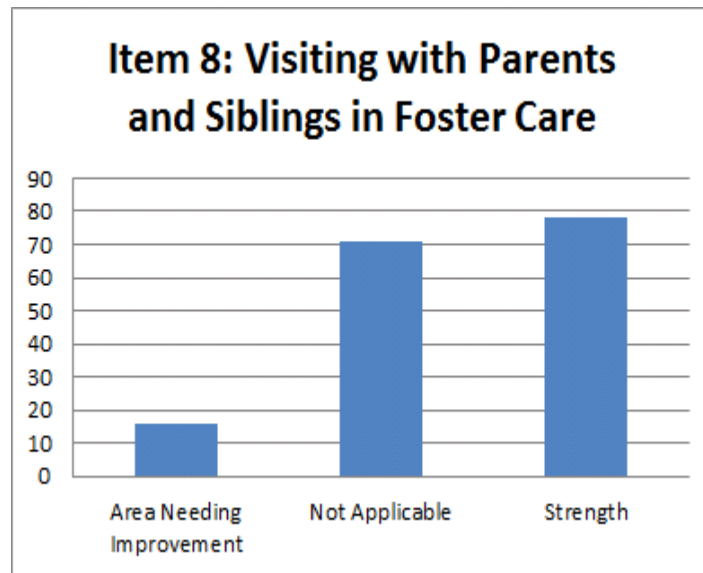
DFS Policy

DFS policy requires that a written visitation plan be developed for every child in out of home care and that the visitation plan be updated throughout the life of the case. The visitation plan is to be developed with the child and family.

Policy regarding visitation plans recommends weekly contact and encourages contact between children, parents, siblings, and extended family members. The policy states that the preferred location of visitation should be in the home of the parent, and that visits can only be denied due to identified safety risks or a court order that restricts visitation. Additionally, policy requires that visitation focus around activities that create opportunities for families to bond and have meaningful interaction and requires caseworkers to involve parents in activities such as medical appointments for the child, school activities, and other functions. Policy also requires DFS to assist with transportation issues when appropriate.

CQI Review Results

Of the 165 cases reviewed, 94 cases were applicable for evaluation of Item 8. Of that total, 78 or 83% rated as a Strength while 16 or 17% rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Visitation requirements and limitations are often provided through court orders and are specified in written case plans. DFS offices coordinate visitation efforts, usually through Foster Care Coordinators; this DFS staff position has a presence in each community. The quality and frequency of visitation of documented clearly in files with particular notes regarding the quality and type of interactions between parents and children as well as between siblings.

However, two challenges arise in relation to visitation. First, parents are often unable or unwilling to complete their visitation per court orders or case plans. Restrictions may be placed on parental visitation through the courts, such as requiring proof of ongoing sobriety prior to visitation. These restrictions can inhibit or prevent visitation from occurring. In some cases it is unclear with whom the onus for continued visitation efforts lies. Additionally, noncompliant

parents may often drop out of contact and efforts to facilitate visitation in these cases may be less frequently documented.

Second, an ongoing challenge with DFS is in locating and involving noncustodial or absent parents. Most cases clearly document visitation arrangements with the parents from whom the child was removed but may not include noncustodial parents who did have a previous relationship with the child. Involvement of these parents is an area of focus for future interventions within DFS.

Item 9: Preserving Connections

DFS Policy

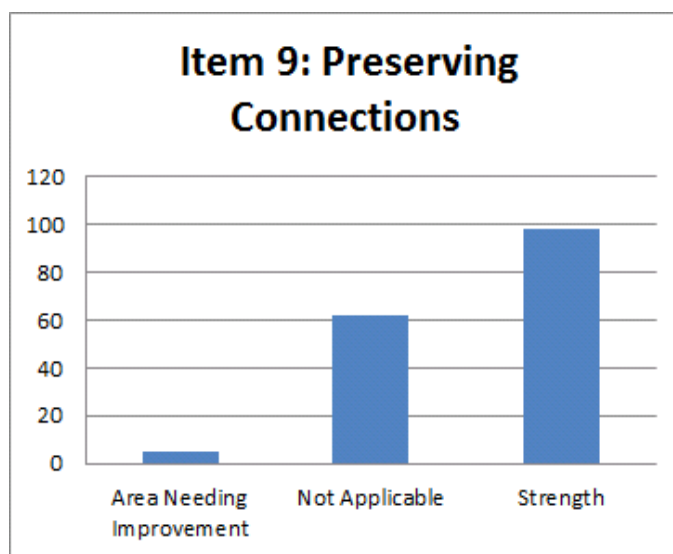
DFS policy clearly describes the necessity for children in placement to be able to meet their spiritual, cultural and emotional needs and describes the agency requirements to ensure that these needs are met. Additionally, DFS policy also includes specific guidance for foster parents and other placement providers to ensure that these needs are met for children in out of home placement. Guidance regarding proximity of placement, maintenance of family connections, school and extracurricular connections, linguistic and cultural connections, and other important connections is provided in policy.

DFS policy also contains a specific section describing procedure for ICWA cases to ensure that ICWA requirements are met as well as preserving and maintaining a connection to the child's identified tribe.

Additionally, DFS has focused the Foster Parent Recruitment and Retention campaign outlined on pages 136 of the 2015 APSR as well as in the response to Item 35 of this document on page 107 on recruiting ethnically diverse foster homes to address the cultural needs of children in foster care.

CQI Review Results

Of the 165 cases reviewed, 103 were eligible for evaluation under this Item. Of that total, 98 cases or 95% of cases were rated as a Strength and five (5) cases or 5% of cases were rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Item 9 is an area of particular strength for DFS. The rural nature of Wyoming communities often functions as an asset when preserving connections for children in care. When children are maintained in their communities, they may stay in their same school due to the limited availability of additional schools. Additionally, most communities have extensive school bus routes for children with transportation needs. For children involved in Boys and Girls Clubs, Big Brothers Big Sisters programs, and other after-school or mentoring programs, a placement or placement change may not alter the arrangement, as there may be only one such provider within the community.

However, that fact should not detract from the extensive work that caseworkers undertake to ensure children in care preserve their connections. Caseworkers often make arrangements for children to be picked up by buses near their placements in order to resolve transportation challenges to maintaining continuity in schools as well as fostering strong, positive relationships with school contacts in order to facilitate an immediate return to school when children are not able to be maintained within their communities. Additionally, caseworkers work to identify and foster extended family relationships, facilitating visits and contact with grandparents, aunts, uncles, cousins, and other kinship relations when appropriate.

Item 10: Relative Placement

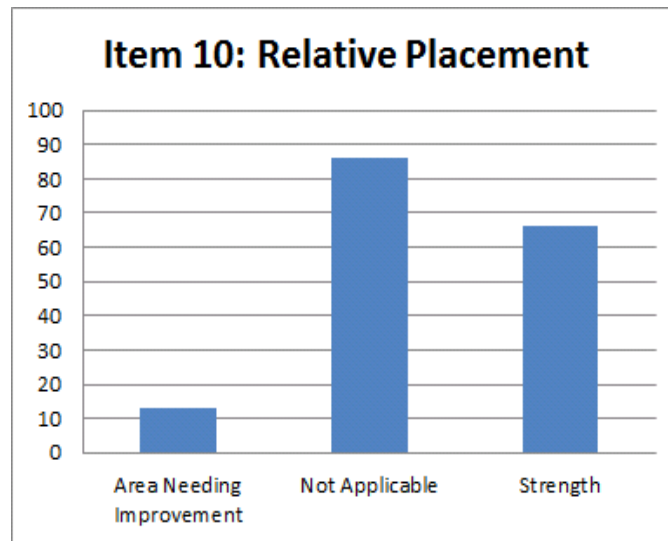
DFS Policy

DFS policy requires that relative placements be given first priority when a child must be removed from the home. DFS policy also encourages the use of placement with close family friends or non-blood relatives when appropriate in order to place a child in a familiar environment. Biological parents should be active participants in placement decisions for their children when appropriate per policy, and caseworkers must conduct an ongoing diligent search for relatives and kin for any child in DFS custody until permanency is achieved. DFS considers

relative/kinship families as both temporary and permanent resources for children who are unable to live safely with a parent. DFS policy requires documentation of diligent efforts to identify and contact relatives within 60 days of the initial placement and to continue attempting to identify relatives throughout the life of the placement.

CQI Review Results

Of the 165 cases reviewed, 79 were applicable for the evaluation of this Item. Of that total, 66 cases or 84% of the cases rated as a Strength for the Item, while 13 cases or 17% of cases rated as an Area Needing Improvement for this Item. These results are outlined in the chart below.



Item Trends

As stated above, DFS caseworkers are exceptionally diligent regarding identifying extended family and fostering those relationships for children in care. This strength is also true in relation to identifying relatives as potential placement options. However, one challenge to Item 10 being rated as a strength can be found in not always pursuing relative placement with noncustodial or absent parent family members. An additional complication can come when the parent is the perpetrator in the case, which may create reluctance to pursue family members as placement options. Another difficulty is in ensuring that these efforts are documented within the case file.

Education and clarification will be interventions to focus on in increasing the relative placement numbers, as well as assisting caseworkers in ensuring that documentation of efforts to identify and contact relative placement options within the case file. DFS has also undertaken some clarification in forms used by offices in an effort to assist with improving these elements.

Item 11: Relationship of Child in Care with Parents

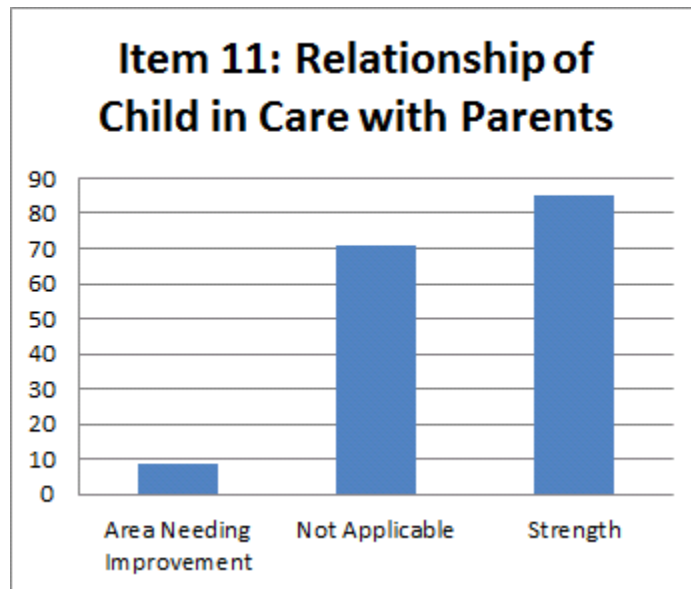
DFS Policy

Caseworkers are required to encourage parents to participate in activities and events that are important to the child and family, such as school related activities, medical appointments and

counseling appointments per DFS policy. DFS policy also requires that staff encourage parents to assume responsibility for managing these activities when appropriate. Additionally, policy requires that DFS create opportunities for the parent(s) (including absent parents), siblings, and the children to bond and have meaningful interactions during visitation and that contact be maintained through letters, phone, and other forms of communication with family members and other people who are meaningful to the child. DFS policy also allows the agency to reimburse families for transportation and lodging for the purpose of facilitating contact between the child and their parents and siblings. The importance of the role of foster parents in supporting the relationship between foster children and their families as well as foster parents serving as role-models for biological parents is also outlined in DFS policy.

CQI Review Results

Of the 165 cases reviewed, Item 11 was applicable to 94 cases. Of that total, 85 cases or 90% of the cases rated as a Strength in this area while 9 cases or 10% rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

As stated previously, maintaining parent-child relationships is a key goal of DFS. Foster Care Coordinators facilitate therapeutic activities for children and parents during visitation and clearly document these activities in visitation notes. Additionally, DFS places high emphasis on parental involvement in medical appointments for their children. Flexible funding is available and utilized for parents with transportation issues, which is particularly important as the majority of communities in Wyoming do not have reliable and extensive public transportation.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children's Needs

Item 12: Needs and Services of Child, Parents, and Foster Parents

DFS Policy

DFS policy reflects a family-centered approach to casework that focuses on assessing the needs of children, parents, and foster parents and providing appropriate services to meet those needs. The needs and appropriate services are assessed in a variety of ways that are individualized to the unique demands of each case.

WPM, described on page 12 of the 2015 APSR, provides caseworkers with specific tools that can be adapted to each case and allow a thorough assessment of the strengths and needs of the participants in each case. These tools also engage children and families in the evaluation and case planning process to elicit information and increase active ownership over and engagement in the case planning process.

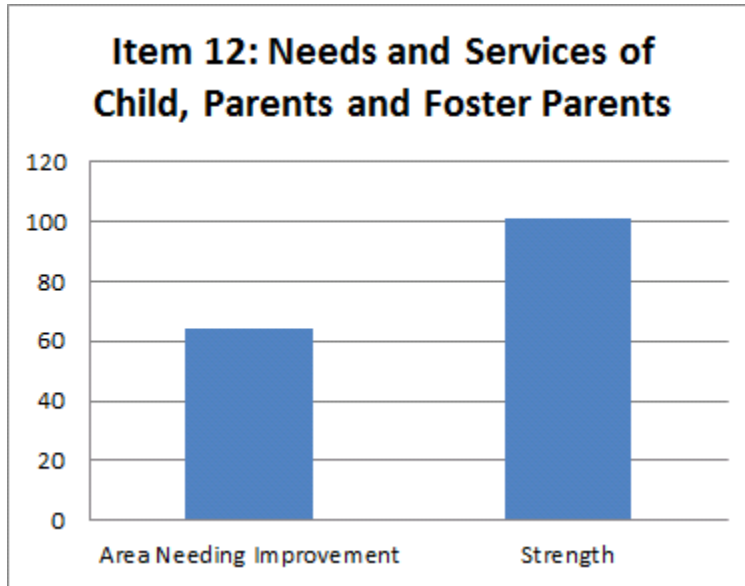
DFS policy requires Safety and Risk Assessments for all cases as outlined above in the response to Safety Outcomes 1 and 2 on pages 8-14. These assessments focus on the needs the family might have in ensuring a safe home environment for children. Risk and Safety Assessments are required to be conducted both at the beginning of the case and throughout the life of the case and drive the services provided to children and families.

For child protection cases, DFS policy requires a Family Service Plan case plan to be developed within 60 days of a child entering DFS custody or within 30 days of an in-home case opening. For JS cases, the PACT assessment and YES case plan are required to be completed within 30 days of adjudication for in-home cases and 60 days for placement cases. These tools explore the environmental, emotional, social, economical, and physical domains of the family's functioning.

Additionally, MDTs are required by policy in every case. These meetings include children, parents, and other case participants, and allow for an opportunity to determine the needs of the child and the family and make any suggestions to the provision of services identified by team members.

CQI Review Results

Of the 165 cases reviewed, 101 cases or 61% of cases rated as a Strength in this Item while 64 cases or 39% of cases rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Although DFS currently devotes considerable time and resources to identifying needs and relevant services for children, parents, and foster parents, DFS also faces some challenges in this area. Generally the needs of children are thoroughly evaluated, but parent and foster parent needs may be less consistently evaluated. As stated above, needs and services may be challenging in relation to the noncustodial or absent parents, particularly with doing ongoing or periodic assessments. Furthermore, discussions with and reports from foster parents very clearly document the needs of children in care sometimes to the detriment of ensuring that foster parent needs are also clearly documented and addressed. DFS has demonstrated diligence in providing resources to foster parents when needs are vocalized, but can do a better job in regularly assessing for and identifying those need rather than depending on foster parents to assert them independently.

Item 13: Child and Family Involvement in Case Planning

DFS Policy

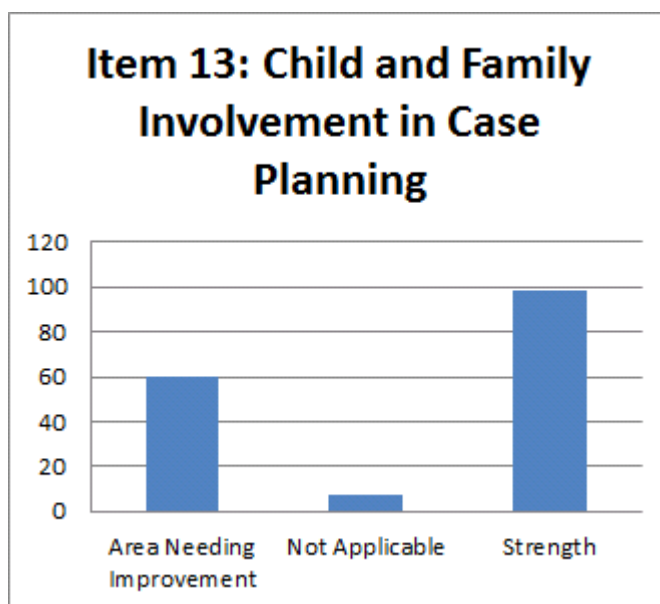
DFS policy requires that the case plan be developed with active involvement from the youth, the family, and their selected support team. The case plan should engage youth and families both initially and on an ongoing basis throughout the life of the case. Specifically, DFS policy requires all youth who are age 14 and above to both actively engage in case planning and to sign the case plan. DFS policy also states that case plans should be family-centered, strength-based, individualized, culturally competent, comprehensive, reflective of community partnerships, and outcome-based. Case plans are required on any case opened for services, including foster care and in-home services cases. For further information regarding the functioning of the case plan per federal requirements, please see the response to Item 20 on page 36 of this document.

In order to achieve the standard of active engagement with youth and families in the case planning process, DFS has developed the WPM, a theory and method of casework that emphasizes family engagement and safety-focused, strength-based outcomes for children and families. A further discussion of WPM can be found on pages 12 of the 2015 APSR, as well as a discussion of the rollout and training that has been received Statewide. Additionally, see the response to Items 26 and 27 regarding integration of WPM into initial and ongoing State training.

The core components of WPM include hands-on training regarding the use of family engagement tools. This emphasis has helped to increase the level of child and family involvement with case planning as well as providing caseworkers with concrete methods to document this involvement. Further training in WPM tools is anticipated to increase the levels of family involvement as well as the documentation of that involvement.

CQI Review Results

Of the 165 cases reviewed, 158 were applicable for evaluation regarding Item 13. Of that total, 98 cases or 62% of cases rated as a strength in this area, while 60 cases or 38% of cases rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Child and family involvement in case planning is an area for improvement as well as an area in which DFS is currently undertaking interventions. Currently DFS has several strengths in relation to child and family involvement in case planning. By statute, MDTs are required to be held in cases with court involvement. These meetings are generally well-documented and include parents and often the child or children involved in the case. Additionally, written case plans have spaces for the signatures of children and parents to indicate involvement in the case development. However, these two strategies do not guarantee active involvement. Not all jurisdictions allow children to participate in the MDTs; additionally, there is inconsistent documentation regarding active involvement and consultation during MDTs rather than simple attendance. Likewise, the signature line on the written case plan does not guarantee active involvement in the case planning process. Finally, as stated above, the noncustodial or absent parent challenge DFS faces is also relevant to involvement in case planning.

However, DFS has also implemented the WPM, which specifically advocates for child and parent involvement in case planning, as well as providing tools to demonstrate that active involvement.

Item 14: Caseworker Visits with Child

DFS Policy

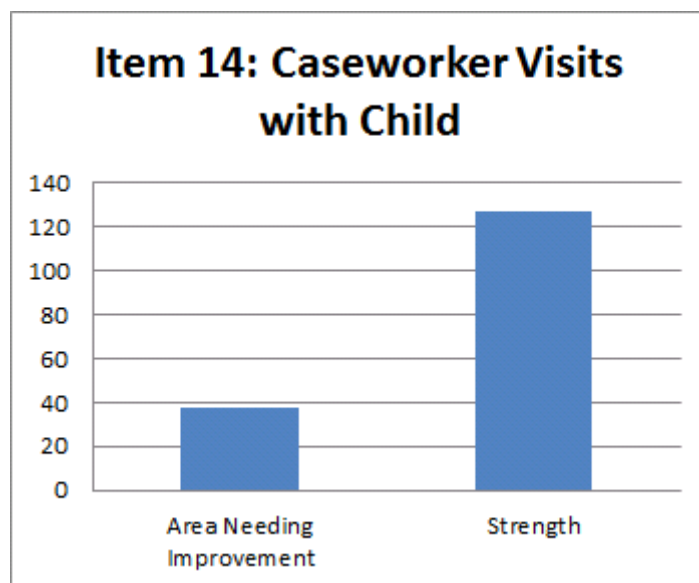
DFS policy states that caseworkers must visit all children who have an open case with DFS at least monthly, primarily in the residence of the child. The caseworker must address issues pertaining to safety, permanency, and the well-being of children, as well as case planning, service delivery, and goal achievement for the family/parents.

DFS policy allows for alternate workers to occasionally visit children in out of community placements, but requires the primary caseworker to maintain monthly phone contact with the child. DFS policy also allows face-to-face contact to occur by video conference if the conference occurs at a DFS video conferencing site.

DFS policy also requires that the caseworker and the child meet privately in order to address the child's safety and address any other needs. The policy specifically requires the caseworker to address safety, physical health, mental health, relationship issues, education, case planning, and court-related issues. Additional contacts are encouraged for both placement and in-home services cases.

CQI Review Results

Of the 165 cases reviewed, 127 of the cases or 77% of the cases rated as a Strength in this area, while 38 cases or 23% of cases rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

It is important to note that Item 14 consists of two specific measures regarding caseworker visits with children: frequency and quality. DFS also collects data regarding caseworker visits with children, and that data regularly indicates that children in care receive monthly caseworker visits from 95% to 100% of the time. Case reviews also indicate that in relation to frequency, DFS scores highly with child visits.

However, DFS does not rate as reliably when it comes to documenting the elements of quality within those visits. Children are often seen in a variety of circumstances but it is not always noted in files that they are seen alone. Additionally, as DFS policy very specifically defines the policy requirements for a quality face-to-face visit, some caseworkers do not document all of the elements captured during the visit. This inconsistency in documentation presents difficulty in accurately determining to what extent the face-to-face visits addressed essential elements. DFS

contends that children are consistently seen on a monthly basis but that Item 14 can be improved through increased documentation regarding quality of visits.

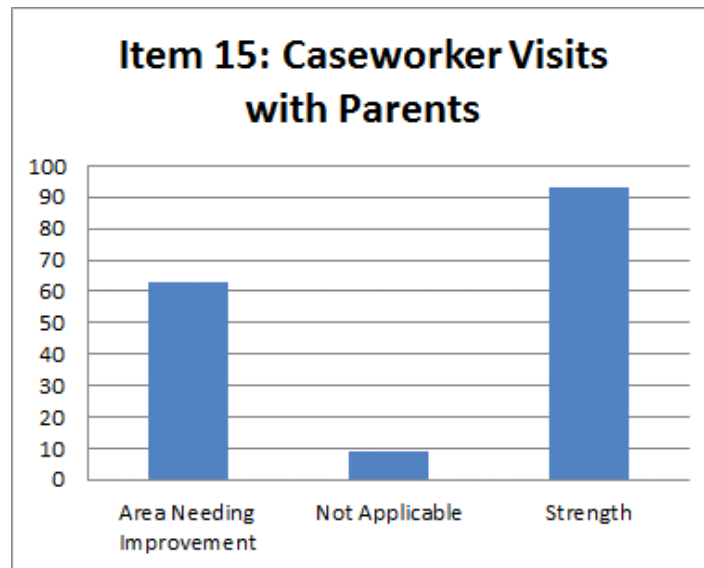
Item 15: Caseworker Visits with Parents

DFS Policy

DFS policy states that the designated caseworker shall have at least monthly face-to-face visit with the biological parent(s) of the child in the family home to address issues pertaining to safety, permanency, and the well-being of the child as well as case planning, service delivery, and goal achievement for the family/parents. If monthly face-to-face contact is not possible due to unusual circumstances, monthly telephone contact must be made and those circumstances be documented in the case file. If the worker is unable to locate a biological parent or the parent refuses contact with the worker, the circumstances must be documented in the case file and caseworkers must continue to attempt to make monthly contact. Face-to-face contact requirements apply to any case open for services and therefore include both foster care and in-home services cases.

CQI Review Results

Of the 165 cases reviewed, 156 cases were applicable for the evaluation of this Item. Of that total, 93 cases or 60% of cases rated as a Strength while 63 cases or 40% rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Caseworker visits with parents is an area where DFS can improve. Three elements contribute to challenges with caseworker and parent visits. First, child welfare as a general practice is highly focused on the well-being of children; with limited resources and time, work with children often takes precedence over work with parents. However, this focus can be detrimental to the family

unit, and DFS is currently working toward being more family-focused through its work with the WPM. Second, as stated previously, noncustodial and absent or itinerant parents present challenges for caseworker visits, and DFS can further support efforts to identify, locate, and consistently attempt visits with these individuals. Third, frequency of parental visits is often not the challenge for caseworkers, but instead the difficulty is documenting the quality of those visits, similarly to challenges in relation to Item 14. Further efforts can be made to educate staff regarding documentation requirements for visits with parents.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs

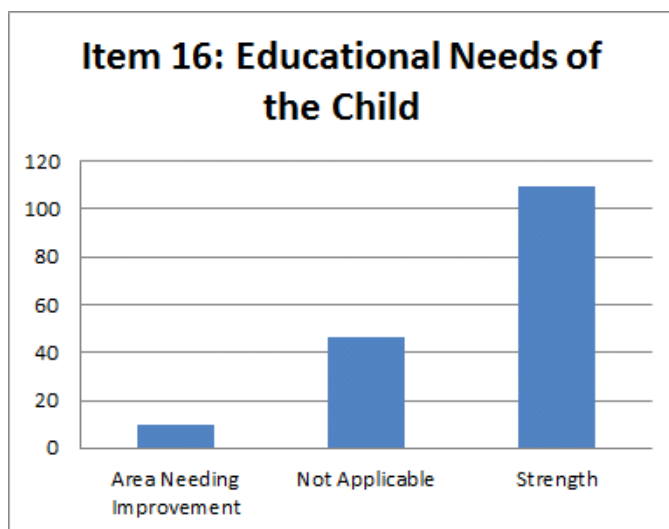
Item 16: Educational Needs of the Child

DFS Policy

Educational needs are identified for children through the assessment process and educational services are required to be specified in the case plan. DFS does not have a separate or specific policy that describes procedures related to educational needs; rather, these needs are incorporated in the overall assessment of family strengths and needs and addressed during the creation of the case plan in both child protection and JS cases. Educational providers are often members of MDTs and provide professionally trained expertise during MDT meetings that can contribute to the case plan. DFS training is provided regarding the importance of addressing educational needs during initial worker training. The assessment of educational needs and provision of services to address educational needs are required for both foster care and in-home services cases.

CQI Review Results

Of the 165 cases reviewed, 119 were applicable for the evaluation of this Item. Of that total, 109 cases or 92% of cases rated as a Strength while 10 cases or 8% of cases were rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Ensuring that comprehensive and accurate educational assessments are performed and follow-up services are provided are priorities within DFS. Per statute, an educational representative is required to be appointed to the MDT. This requirement allows for educational needs to be addressed at every MDT meeting. Additionally, educational assessments are a part of the PACT assessment and are addressed in both the Family Service Plan and in the YES case plan.

Another element contributing to consistent educational support is the strong relationship DFS has with educational providers in the community. DFS works closely with teachers, administration, and support staff in providing necessary services for children, and therefore has a high level of rapport with educational representatives.

Addressing educational needs of children is considered a strength within DFS.

Well-Being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

Item 17: Physical Health of the Child

DFS Policy

When a child has been taken into protective custody by law enforcement, a judge, or medical personnel, DFS is responsible for assessing the child's physical health needs and providing for the child's ordinary and emergency medical care.

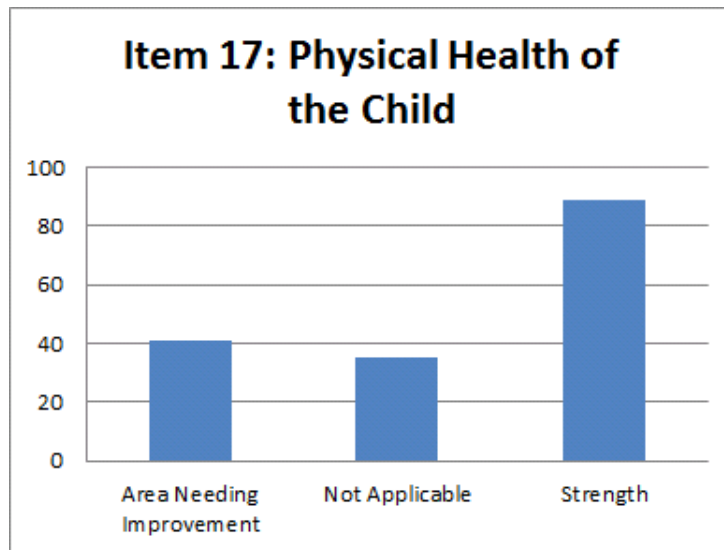
Specifically, DFS policy requires the completion of a Health Check, a comprehensive evaluation to include medication, vision, and hearing screening within 30 days of placement. Additionally, policy requires that records and documentation be maintained in the case file and that efforts be made to maintain health providers established by the family prior to placement.

In addition to the Health Check, DFS policy requires children to have a dental examination prior to the child's first birthday or eruption of the child's first tooth, whichever comes first, and then subsequent dental exams every six (6) months with documentation to be maintained in the case file.

DFS policy requires that caseworkers notify parents as to the medical needs and services of their children and that caseworkers obtain consent for medical care from parents. If the parents cannot be located or refuse to consent and the County or District Attorney is not available or refuses to provide assistance, and law enforcement refuses to consent, the caseworker should, with the attending physician, contact a District Court judge or District Court Commissioner to request an emergency order.

CQI Review Results

Of the total 165 cases reviewed, 130 were eligible for evaluation of this Item. Of that total, 89 cases or 69% of cases rated as a Strength while 41 cases or 31% of cases rated as an Area Needing Improvement. These results are outlined in the chart below.



Item Trends

Initial well-child checks are performed for all children who enter custody, and the physical health of children is a priority of DFS. Ongoing appointments are documented in quarterly reports completed by caregivers as well as discussed during MDTs. The facilities in Wyoming are particularly meticulous about ensuring that medical records are included in updates regarding children in their care.

However, two elements contribute to Item 17 providing challenges to DFS. First, dental and optical appointments are sometimes not documented unless there is a pressing health issue that has presented for the child. Second, although medical records are required to be in the file, there is some inconsistency in how those records are obtained between communities due to challenges with providers.

DFS has clarified policy and updated policy in relation to medical appointments, particularly with dental and optical health. Additionally, discussions are underway with Foster Care Coordinators to create a strategy to ensure that medical records are submitted by foster parents with the required quarterly reports regarding the health and well-being of children in care.

Item 18: Mental/Behavioral Health of the Child

DFS Policy

DFS policy requires that a pre-dispositional report be prepared for both JS and child protection cases prior to the disposition hearing. The pre-dispositional report documents current mental

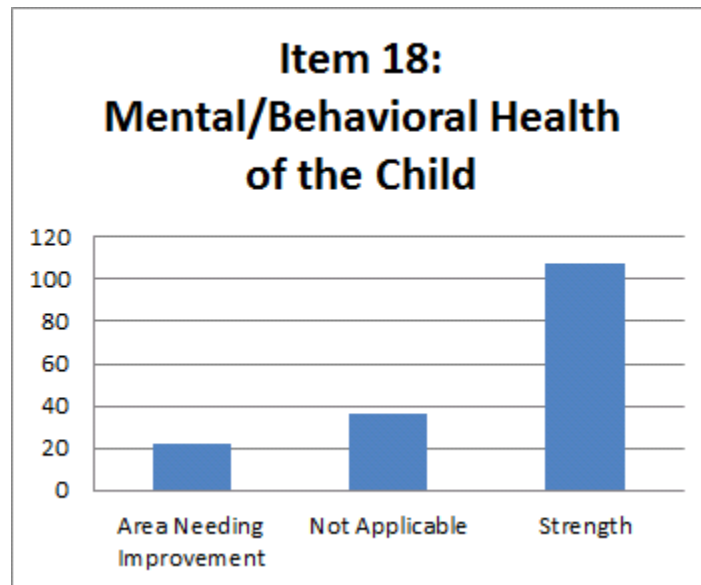
health and mental health histories for the family and child. The assessment process described in the Safety Outcomes section above also relates to mental health assessments, and the PACT includes mental health assessments in its domains. In addition to the assessments provided above, DFS may request a mental health screening for children in out of home placement if needed.

DFS policy requires that treatment plans for mental and behavioral health be specified in the Family Service Plan or the YES case plan. Caseworkers are required by policy to facilitate informed and shared decision making between mental health professionals, the child, parents and caregivers, other health care providers, key stakeholders, and prescribers of psychotropic medications.

Further, DFS policy stipulates that ensuring effective medication monitoring is required of the caseworker. The caseworker is required to document prescribing provider oversight in the file regarding psychotropic medications; furthermore, the worker is responsible for conducting regular discussions with the child regarding side effects as well as discussing with the prescribing provider any concerns about medication side effects. Finally, parents and caregivers are also required to be included in conversations regarding concerns with medication side effects per DFS policy.

CQI Review Results

Of the 165 cases reviewed, 129 were applicable for evaluation of this Item. Of that total, 107 cases or 83% of cases were rated as a Strength while 22 cases or 17% of cases were rated as an Area Needing Improvement. These results are outlined below.



Item Trends

Supporting the mental and behavioral health needs of children in care is a strength of DFS due to the partnerships and resources available to caseworkers. Assessments of mental health are done for each child in care and further evaluations are purchased after the screening process if deemed necessary. Additionally, ongoing support for mental health needs is reinforced through DFS partnerships with the Wyoming Department of Health medication oversight and University of Washington evaluations as described in the response to Item 29: Service Array.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Statewide Information System

SACWIS General Information

DFS is currently operating a Statewide SACWIS system (WYCAPS) that has the ability to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. DFS policy provides specific guidelines and timeframes for data entry for intake, track assignment, allegations, case planning, placements, permanency review, face-to-face contacts and case closure. DFS policy requires that data is entered within the prescribed timeframes for every case for both child protection and JS cases.

WYCAPS also captures data for in-home services cases including child protection and JS. WYCAPS captures a wide array of data related to allegations of abuse and neglect, assessments, demographic data, foster care provider data, and data related to service provision. WYCAPS has the ability to document the physical location of children in DFS custody, including unpaid placements and relative placements. WYCAPS contains a functioning case management system for both placement and in-home services cases that is available and utilized by Managers, Supervisors, and caseworkers for both child protection and JS cases within the agency. WYCAPS has the ability to produce case-specific as well as aggregate reports by District; these reports are available and accessible Statewide. Currently, DFS does not use private agencies to perform case management functions; however, WYCAPS does have the functionality to allow secure access to outside entities.

Longitudinal data aggregated from WYCAPS is reported monthly to Managers, Supervisors, State Office staff, and DFS Administrators. Longitudinal reports include placement trends per 1000 youth by county, IV-E penetration rates, face-to-face contacts with children in placement, lengths of time in stay, length to adoption, case contacts, fiscal data, staffing and caseload data, intake flow, and tracking of foster care providers. Reports are available for the State, District, and office and by program affiliation (child protection and JS).

Methodology

In order to determine the consistency of WYCAPS information compared to information contained within the physical case file, a random sample of 77 cases open as of December 8, 2016, was pulled from WYCAPS. At least one (1) case from each Judicial District was included in the sample to ensure that each District was represented; for a further breakdown of the relevance of Judicial District within the Wyoming child welfare system, please see page 5 of the 2015 APSR.

Within the sample, cases were identified using the unique person ID assigned to an individual in the case within WYCAPS. The corresponding status, demographic characteristics, location, and goals entered into WYCAPS were pulled for the person ID and inserted into a spreadsheet. In order to achieve the most accurate information possible, status, demographic characteristics, location, and goals were defined within the sample as Status (open/closed), Race/Ethnicity, Last Address (defined as address last entered for child), and Case Plan Goal fields from WYCAPS.

After obtaining the sample, the WYCAPS Manager separated the person ID and requested that each District Manager review the physical file only and report the Status (open/closed), Race/Ethnicity, Last Address, and Case Plan Goal recorded in the file.

Upon receipt of the file information from each District Manager, the WYCAPS Manager then compared the WYCAPS documentation with the physical file documentation, tallying match/mismatch information. Missing information either in WYCAPS or in the physical file was counted as a mismatch.

Results

Table 1
WCAPS and Case File Comparison Results

Item	Match	Mismatch
Status	61 (79%)	16 (21%)
Race	72 (93.5%)	5 (6.5%)
Ethnicity	72 (93.5%)	5 (6.5%)
Last Address	27 (35%)	50 (65%)
Case Plan Goal	63 (82%)	14 (18%)

Out of the 77 cases, 16 cases or 21% appear to have no data consistency issues.

Of the 77 cases, 61 cases or 79% had at least one data mismatch between WYCAPS and the physical files.

Analysis

Although WYCAPS has the capacity to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care, the results of the file review indicate that a data quality issue exists between the maintenance of data in the physical

case file versus the maintenance of data within WYCAPS. When examining the data, it appears that the static information in a case such as the race or ethnicity of a child is highly accurate, while the information more vulnerable to fluctuation such as address is less consistently updated. However, case plan goal and status both may fluctuate during the life of the case and scored relatively highly as a match.

It is important to note that this sample is relatively small compared to the total population of cases in WYCAPS. The sample consisted of 77 cases out of approximately 1,000, which does not provide statistically representative results. The sample does include cases from every District throughout the State, but as DFS does not currently have a functioning data quality oversight system, it is difficult to say if the sample's data consistency results are generalizable. However, due to the high number of data mismatches within the small sample, WYCAPS may need further investigation of data quality, particularly in the highly fluctuating fields such as address.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

DFS Written Case Plan Policy and Practice

Written case plans, also known as Family Service Plans or YES case plans, are created in partnership with the family and in collaboration with formal and informal supports. The Family Service Plan or YES case plan may be created during a family team meeting, Family Partnership or MDT, or other appropriate meeting. The Family Service Plan or YES case plan establishes measurable goals and steps that specifically address the needs of the entire family while incorporating the safety, well-being, and permanency of the children. Family Service Plans and YES case plans are family-centered, strengths based, individualized, culturally competent, comprehensive, reflective of community partnerships, and outcome-based. DFS policy requires that a Family Service Plan or YES case plan be developed for all cases that are opened for services within 30 days for in-home and 60 days for foster care of case opening.

Evaluation of Functioning of Written Case Plans

In order to evaluate the extent to which each child has a written case plan developed with the child's parents and which fulfills federal requirements, the DFS CQI Team conducted a targeted review of cases throughout the State of Wyoming. The following contains a description of the sample framework, the review process, and a discussion of the results of the review.

Sample Framework

The sample pulled for the written case plan review was a simple random sample stratified by Judicial District. It was determined that this stratification would be most appropriate to evaluate practice as related to written case plan development due to the relative consistency of practice under a single District Manager. Similarly, evaluating by District provides a convenient structure through which to track trends and potential avenues for improvement.

The sample period was identified through the CQI sample framework that has been applied to past reviews. Cases were pulled that were open April 1, 2014, through September 30, 2014, with a foster care placement of at least 24 hours. In-home cases were also pulled and reviewed,

though evaluated with a different tool. It is important to note that this response applies only to the foster care cases reviewed.

The sample consisted of 42 foster care cases. The following table breaks down the number of cases reviewed in each District.

Table 2
Cases Reviewed by Judicial District

Judicial District	Number of Cases Reviewed
District 1	6
District 2	3
District 3	6
District 4	4
District 5	4
District 6	5
District 7	6
District 8	4
District 9	4
Total	42

Review Process

The CQI Team developed a review checklist from the federal regulations regarding written case plan requirements. Those requirements included:

- A description of the type of home or institution in which a child is to be placed, including a discussion of the safety and appropriateness of the placement.
- A plan for assuring that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents' home, facilitate return of the child to his own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.
- The health and education records of the child, including the most recent information available regarding:
 - Names and addresses of the child's health and educational providers;
 - Child's grade level performance and school record ;
 - Record of the child's immunizations and medications; and
 - Any other relevant health and education information concerning the child determined to be appropriate for the agency.
- For a child age 16 or over, a written description of the programs and services which will help such child prepare for the transition from foster care to independent living.
- For a child with a permanency plan of adoption or placement in another permanent home, documentation of the steps to find an adoptive family or other permanent living arrangement for the child; to place the child with an adoptive family, a fit and willing relative; a legal guardian, or in another planned permanent living arrangement; and to finalize the adoption or legal guardianship.

- For a child whose permanency plan is placement with a relative and receipt of kinship guardianship assistance payments, a description of:
 - Steps taken to determine that it is not appropriate for the child to be returned home or adopted;
 - Reasons for any separation of siblings during placement;
 - Reasons why a permanent placement with a fit and willing relative through a kinship guardianship assistance arrangement is in the child's best interest;
 - Ways in which the child meets eligibility requirements for a kinship guardianship assistance payment;
 - Efforts to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons; and
 - Efforts made to discuss with the child's parent or parents the kinship guardianship assistance arrangement, or the reasons why the efforts were not made.
- A plan for ensuring the educational stability of the child while in foster care, including:
 - Assurances that each placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled in at the time of placement; and
 - An assurance that the agency has coordinated with local educational agencies to ensure that the child remains in the school in which the child enrolled at the time of each placement; or if remaining in such school is not in the best interests of the child, assurances to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

The checklist in Appendix A of this document was completed for each identified foster care case. In order to complete the checklist, case file documents relevant to the development of the written case plan were sent the State Office for review. Some of these documents included:

- Family Service Plan;
- PACT;
- YES case plan;
- MDT meeting notes;
- Monthly report forms;
- Level of care evaluations;
- Medical records; and
- Other relevant case planning documents and tools.

For each case, a reviewer from the CQI Team assessed the documents to determine compliance with the checklist requirements. The results were then tabulated and are recorded in the tables below.

Written Case Plan Scoring

Home/Institution Description	Yes	No	NA
Description of type of home/institution	42 (100%)	0	0
Discussion of safety of the placement	41 (98%)	1 (2%)	0
Discussion of appropriateness of the placement	41 (98%)	1 (2%)	0
Reasons for any separation of siblings during placement	19 (45%)	3 (7%)	20 (48%)

Safe and Proper Care	Yes	No	NA
Plan for safe and proper care	40 (95%)	2 (5%)	0
Services provided to the parents, child, and foster parents to improve conditions of parents' home	35 (83%)	7 (17%)	0
Services to facilitate return of child to own safe home/permanent placement or maintain permanent living arrangement	39 (93%)	3 (7%)	0

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Safe and Proper Care	Yes	No	NA
Plan to address needs of child in foster care (education, physical, dental, mental health)	38 (90%)	4 (10%)	0
Discussion of appropriateness of services provided to the child	37 (88%)	4 (10%)	1 (2%)

Health and Educational Records	Yes	No	NA
Names and addresses of the child's health providers	35 (83%)	7 (17%)	0
Names and addresses of the child's educational providers	37 (88%)	3 (7%)	2 (5%)
Record of the child's immunizations	19 (45%)	22 (52%)	1 (2%)
Record of the child's medications	32 (76%)	6 (14%)	4 (10%)
Other relevant health and education information	25 (60%)	1 (2%)	16 (38%)

Transitional Programs and Services	Yes	No	NA
Program utilized to transition to independent living	11 (26%)	2 (5%)	29 (69%)

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Transitional Programs and Services	Yes	No	NA
Services utilized to transition to independent living	10 (24%)	3 (7%)	29 (69%)

Adoption	Yes	No	NA
Steps taken to determine that it is not appropriate for the child to be returned home or adopted	7 (17%)	0	35 (83%)
Find an adoptive family or other permanent living arrangement for the child	7 (17%)	0	35 (83%)
Place the child with a fit and willing relative	6 (14%)	1 (2%)	35 (83%)
Place the child with an adoptive family	5 (12%)	2 (5%)	35 (83%)
Place the child with a legal guardian	1 (2%)	4 (10%)	37 (88%)
Finalize the adoption	1 (2%)	6 (14%)	35 (83%)

Guardianship	Yes	No	NA
Efforts to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship	5 (12%)	2 (5%)	35 (83%)

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Guardianship	Yes	No	NA
In the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons	3 (7%)	4 (10%)	35 (83%)
Find a permanent living arrangement for the child	7 (17%)	1 (2%)	34 (81%)
Place the child with a fit and willing relative	9 (21%)	0	33 (79%)
Reasons why a permanent placement with a fit and willing relative through a kinship guardianship assistance arrangement is in the child's best interest	3 (7%)	5 (12%)	34 (81%)
Efforts made to discuss with the child's parent or parents the kinship guardianship assistance arrangement, or the reasons why the efforts were not made	3 (7%)	5 (12%)	34 (81%)
Ways in which the child meets eligibility requirements for a kinship guardianship assistance payment	2 (5%)	6 (14%)	34 (81%)
Place the child with a legal guardian	3 (7%)	5 (12%)	34 (81%)
Finalize the legal guardianship	1 (2%)	7 (17%)	34 (81%)

OPPLA	Yes	No	NA
Place the child in another planned permanent living arrangement	1 (2%)	3 (7%)	38 (91%)

Ensuring Educational Stability	Yes	No	NA
Assurances that each placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled in at the time of placement	31 (74%)	5 (12%)	6 (14%)
An assurance that the agency has coordinated with local educational agencies to ensure that the child remains in the school in which the child enrolled at the time of each placement	29 (69%)	4 (10%)	9 (21%)
If remaining in such school is not in the best interests of the child, assurances to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school	16 (38%)	5 (12%)	21 (50%)

Analysis of Results

The review conducted for written case plan requirements produced results that are consistent with CQI results noted in reviews across the State (for a further discussion of CQI review results, see the above discussion related to Safety, Permanency, and Well-Being Outcomes). The results are largely positive, indicating strong documentation of a description of the type of home or institution, with 100% of written case plans documenting this information. Additionally, specifying a plan for safe and proper care was present in 40 or 95% of the sampled cases. Discussion of the appropriateness of the placement and the safety of the placement was documented 41 or 98% of the cases sampled. Of the total of 42 cases reviewed, only three (3) cases, or 7%, did not have adequate documentation of rationale for separating siblings. These results indicate that DFS holds the safety of the child to be paramount within each DFS case, and clearly documents specific information related to the safe and proper care of children per DFS policy and philosophy.

Additionally, positive results were seen in relation to the well-being of children within the written case plans. Documentation indicated that when appropriate, transitional or independent living services were offered and utilized. The Independent Living (IL) Program was utilized in 11 or 26% of the cases sampled; was not utilized in 2 or 5% of the cases; and was not applicable to 29 or 69% of the cases. Transitional services were utilized in 10 or 24% of the cases; were not utilized in 3 or 7% of the cases; and were not applicable in 29 or 69% of the cases. This high level of utilization when appropriate indicates that DFS identifies situations where the IL Program and services may be applicable and facilitates the use of those services with youth in need. As DFS works closely with IL Coordinators throughout the State, access to these services is readily available for youth both currently and formerly in custody.

Efforts to ensure educational stability through ensuring that placement took into account proximity to the school was documented in 31 or 74% of the reviewed cases; coordination with local educational entities was documented in 29 or 69% of the cases reviewed; and assurances to provide enrollment in a new school if in the best interests of the child was documented in 16 or 38% of cases reviewed. Educational stability is an essential element in a child's growth and development and written case plans at DFS reflect that priority. The cases reviewed demonstrate that the case plans thoroughly documented a plan for the continuing education of children and reflect efforts to maintain consistency in education for children in DFS custody.

Although the overall results of the review were positive, there are also several areas that can be improved upon. A record of the child's immunization records was documented in 19 or 45% of the cases reviewed. It will be important for DFS to increase training and support to ensure that the child's immunization records are included in the written case plan. Additionally, a record of the child's medications was documented in 32 or 76% of the cases reviewed, but not found in 6 or 14% of the cases. Increased attention to medication records will be a focus for DFS.

It is also of note to include documentation of services to improve the living conditions of the parent's home. Of the cases reviewed, 83% documented services to parents, children, and foster parents to improve the conditions of the parents' home. Although all services provided to DFS clients are intended to help in improving living conditions, it will be important to emphasize documenting that rationale for services.

Additionally, documentation of kinship guardianship assistance was not common in the files reviewed. Of the total cases, 3 or 7% had documented rationale as to why placement with a kinship guardianship assistance arrangement was in the child's best interest, while 5 cases or 12% did not. Of the total cases, 2 cases or 5% had documented the ways in which the child met eligibility requirements for kinship guardianship assistance payments, while 6 cases or 14% did not. Education and training regarding kinship guardianship assistance may be an area for further attention for DFS, as well as ensuring these elements are documented in the written case plan files.

The results of this review have allowed DFS to examine the strengths and areas for improvement in relation to requirements of written case plans. The above information has been provided to DFS District Managers to promote further quality case work as well as address areas that can be improved upon. This CQI review will aid in the development of a specific and targeted PIP that best addresses the needs and strengths of DFS.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Insert state response to Item 21: Periodic Reviews

DFS Periodic Review Policy

DFS Policy 2.8: Court Progress Reviews, Reports, and Timelines states that review reports are to be conducted at three (3) months from the date of initial placement; a six (6) month review hearing/report is to be filed and reviewed by the appropriate parties of the case and reviewed in court from the date of the child(ren)/youth's removal from the home and every six (6) months thereafter. The same policy requires a continuation of the previously mentioned report at nine (9) months from removal as well as a Permanency Hearing no later than 12 months from the removal and not less than once every 12 months thereafter if the child(ren)/youth remains in the custody of the State.

475(5)(B) of the Social Security Act requires that reviews occur periodically but no less frequently than once every six (6) months from the date on which the child entered foster care by either a court or by administrative review. The review must determine the child's safety, review the continuing necessity for foster care placement, review the extent of compliance with the case plan and progress made toward alleviating or mitigating the causes necessitating placement in foster care, and project a likely date for reunification, legal guardianship, or adoption.

Analysis of Functioning

Methodology

In order to determine if periodic reviews were conducted for children in foster care both initially and on an ongoing basis, the DFS CQI Team partnered with the Wyoming Court Improvement Program entity, the Children's Justice Project (CJP), to conduct a review of hearings, including Six Month Reviews, Permanency Hearings, and subsequent Permanency Hearings. This review is being utilized for assessment of Item 21, as Wyoming statute contains specific requirements of permanency hearings that closely align with the above listed requirements for periodic review. In addition, Wyoming has no other administrative body performing periodic reviews, so review of court documents produces the most accurate and meaningful information.

W.S. §14-3-431(f) requires that the Court must determine if reasonable efforts were made to reunify the family and determine if the permanency plan is in the best interests of the child. The courts must also determine whether DFS has made reasonable efforts to finalize the permanency plan per W.S. §14-3-431(k). Within each hearing, DFS has to present:

- Efforts made to effectuate the permanency plan for the child;
- Address options for permanency;
- Examining reasons for excluding permanency options;
- Set forth proposed plan to carry out the placement decision, including specific times for achieving the permanency plan; and
- If a permanency plan other than reunification, adoption, or guardianship is proposed, DFS must present a compelling reason for such plan.

Furthermore, court documents include an evaluation of the safety of the child, progress on the case plan, and an examination of the necessity of continuing foster care.

A total of 47 cases were reviewed. These cases represent the total termination of parental rights (TPR) cases filed during FFY2015.

During the review, the cases were reviewed on three (3) levels; an initial review was conducted by a CJP member and two (2) levels of quality assurance were conducted by CQI Team members, Attorney General staff, or members of the Guardian Ad Litem program. The layering of quality assurance increased consistency in ratings and decreased the likelihood of reviewer error.

Several criteria were used in determining if reviews occurred. The cases were examined for a dispositional hearing, a Six-Month Review, and an initial Permanency Hearing held within 12 months of removal or from the filing of the abuse and neglect petition. The cases were then reviewed for a second Permanency Hearing, defined as being held within 12 months of the initial permanency hearing. In order to determine if these hearings were held, the court dockets for each case were reviewed as the primary documentation.

Additionally, court information was reviewed to determine if these Permanency Hearings were held in accordance with the law.

Within the cases under review, court documentation was reviewed to ensure the conditions were met for each hearing. Any hearing that was not in compliance with the cited statutes was not counted as valid for the purposes of this review.

Results

Initial Review

Of the cases reviewed, 41 or 87% of the 47 cases had a Six Month Review. Of that number, six (6) cases or 13% of all cases (6/47) were held on time and 35 cases or 75% (35/47) were late. The remaining six (6) cases or 13% (6/47) did not have a Six Month Review.

Of the total 47 cases reviewed, 43 cases or 92% (43/47) had an initial Permanency Hearing. Of the total cases reviewed, six (6) cases or 13% were held on time and 37 cases or 79% (37/47) were late. The remaining four (4) cases or 9% (4/47) did not have an initial Permanency Hearing.

Of the total 47 cases, 24 cases or 51% had a second Permanency Hearing; 18 of the 47 cases reviewed or 38% were held on time and 6 of the 47 cases or 13% were late. The remaining 23 cases or 49% did not have a second Permanency Hearing.

The median time to the Six Month Review is 266.5 days.

Data Limitations

While the information gathered from the review is quality information, DFS also recognizes potential limitations in the data. First, although the 47 cases that were reviewed were from a Statewide sample and from a variety of locations, the review was performed in conjunction with CJP for the express purpose of evaluating cases that have TPR filed during FFY2015. Thus the sample was not randomly selected. This methodology allows for an examination of cases that have likely been with DFS for an extended time period, allowing analysis of these often more difficult and involved cases; however, the sample does also not account for those cases in which TPR was not filed. Despite these limitations, however, the cases reviewed within this sample come from a variety of areas across the State and provide insight into the workings of DFS and the court system. These cases indicate that there is variance in practice across the State as well as issues with timeliness in relation to court action, which has been confirmed by case file reviews and feedback from stakeholders. Therefore the cases reviewed provide relevant information despite the limitations noted above.

Conclusions

This review indicates that timely periodic reviews are an area of continuing challenge for DFS. However, it is also important to note that 87% of cases had a Six Month Review, and 92% had an initial Permanency Hearing. These results indicate that periodic reviews are occurring, but that timeliness is a challenge and should be a high priority for DFS. Timely periodic reviews are an area that could be improved upon within DFS.

To that end, DFS has partnered with CJP and the GAL Program to support initiatives aimed at increasing the timeliness and frequency of periodic reviews. One such initiative is the involvement of DFS with the development of the Children's Justice Conference (CJC). The CJC is a large-scale annual conference aimed at increasing outcomes for Wyoming's children and families. A variety of stakeholders attend, including DFS workers, members of the GAL Program, parent attorneys, judges, and other interested parties. Members of the DFS CQI Team participate in planning the event, and through sharing data and information with the CJP assist in developing specific data-driven educational sessions. These sessions are aimed at addressing the specific challenges and opportunities facing Wyoming's child welfare efforts.

A second effort coordinated by the CJP is peer-to-peer learning sessions for judges throughout Wyoming. The CJP has approached judges in areas with particularly strong data to request that they share strategies and processes for increasing outcomes with their peers from other areas. This educational element is key in improving the timeliness of reviews.

Furthermore, DFS has worked closely with CJP to develop regular educational seminars broadcast through the CJP website. Staff from DFS, the GAL Program, the Wyoming Attorney General's office, and other stakeholders have collaborated on these seminars, titled BlogTalk Radio, throughout the past several years. Recent BlogTalk Radio seminars related to timely reviews are outlined in the table below.

Table 3
BlogTalk Radio Sessions

Session Topics
Permanency for Children and Youth
Timely, Thorough, and Complete Court Hearings
State and Federal Laws
Wyoming Supreme Court Decisions Related to Permanency Hearings in Juvenile Services Cases
Reunification as a Permanency Option

DFS will continue the above efforts in conjunction with CJP, the GAL Program and Attorney General's office in an effort to increase the timeliness of reviews for all children in care.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

DFS Permanency Hearing Policy and Practice

DFS caseworkers are required to complete Quarterly Progress Review Reports for the courts every three (3) months in all open court cases to indicate whether the child(ren) or youth should remain in custody and indicate the efforts made to preserve or reunify the family. All subsequent reviews build off the initial Quarterly Reports to provide an ongoing history of the case and are submitted quarterly to juvenile court, GAL, public defender, District or County Attorney, and family. Per policy and Wyoming State Statute, specifically W.S. §14-3-431(d), the Permanency Hearing report and hearing are required to be conducted no later than 12 months from the date the child(ren) or youth's removal from the home and not less than once every 12 months thereafter if the child(ren) or youth remains in custody of the State. The Permanency Hearing Review documents the efforts to return the child(ren) or youth home or to permanent placement. If the permanency plan is not reunification, adoption, or legal guardianship, the caseworker must state the compelling reasons for establishing another permanency plan.

Wyoming has always advocated to have older youth attend court hearings and be included in the Permanency Hearing, but in September 2015, the new Preventing Sex Trafficking and Strengthening Families Act (PL 1133-183) requires youth who are 14 years or older to be able to voice his or her desired permanency plan at the Permanency Hearing. DFS revised its policy to reflect this requirement. DFS also added into policy "a judicial determination shall be made at each permanency hearing for youth age 16 years or older with APPLA being the permanency plan, that APPLA continues to be in the best interest of the youth and compelling reasons why it is not in his/her best interest to be reunified with a parent, or placed with a relative or in an adoptive or guardianship placement." DFS caseworkers are required to document in WYCAPS the date the hearing was conducted, who attended, and the outcome of the Permanency Hearing.

Evaluation of Functioning of Permanency Hearings

In order to determine that permanency hearings are conducted for children in foster care both initially and on an ongoing basis, the DFS CQI Team partnered with the CJP to conduct a review of foster care cases and permanency hearings.

Methodology

As stated previously, a total of 47 cases were reviewed. These cases represent the total termination of parental rights (TPR) cases filed during FFY2015.

During the review, the cases were reviewed on three (3) levels; an initial review was conducted by a CJP member and two (2) levels of quality assurance were conducted by CQI Team members, Attorney General staff, or members of the GAL Program. The layering of quality assurance increased consistency in ratings and decreased the likelihood of reviewer error.

Several criteria were used in determining if permanency hearings occurred. The cases were first reviewed for an initial Permanency Hearing, defined as being held within 12 months of removal or from the filing of the abuse and neglect petition. The cases were then reviewed for a second Permanency Hearing, defined as being held within 12 months of the initial Permanency Hearing. In order to determine if these hearings were held, the court dockets for each case were reviewed as the primary documentation.

Additionally, court information was reviewed to determine if Permanency Hearings were held in accordance with the law. Wyoming statutes contain specific requirements of Permanency Hearings. Specifically, W.S. §14-3-431(f) requires that the Court must determine if reasonable efforts were made to reunify the family and determine if the permanency plan is in the best interests of the child. The courts must also determine whether DFS has made reasonable efforts to finalize the permanency plan per W.S. §14-3-431(k). Within each hearing, DFS has to present:

- Efforts made to effectuate the permanency plan for the child;
- Address options for permanency;
- Examining reasons for excluding permanency options;
- Set forth proposed plan to carry out the placement decision, including specific times for achieving the permanency plan; and
- If a permanency plan other than reunification, adoption, or guardianship is proposed, DFS must present a compelling reason for such plan.

Within the cases under review, court documentation was reviewed to ensure the conditions were met for each hearing. Any hearing that was not in compliance with the cited statutes were not counted as a permanency hearing for the purposes of this review.

Results

Initial Permanency Hearing

Of the cases reviewed, 43/47 or 91% had a permanency hearing. Of that total, 37 or 86% were late (occurred greater than 12 months from date of removal or abuse/neglect petition), and 6 or 14% were held on time.

The median time from the filing of the original abuse and neglect petition to the first Permanency Hearing in Wyoming is 427 days.

Second Permanency Hearing

Of the cases reviewed, 18 or 38% had additional Permanency Hearings on time; 6 or 13% had additional permanency hearings late; and 23 or 49% did not have additional Permanency Hearings.

The median time between each subsequent Permanency Hearing is 351 days.

Data Limitations

While the information gathered from the review is quality information, DFS also recognizes potential limitations in the data. First, although the 47 cases that were reviewed were from a Statewide sample and from a variety of locations, the review was performed in conjunction with CJP for the express purpose of evaluating cases that had a TPR filed during FFY2015. Thus the sample was not randomly selected. This methodology allows for an examination of cases that have likely been with DFS for an extended time period, therefore allowing analysis of these often more difficult and involved cases; however, the sample does also not account for those cases in which TPR was not filed. Given these limitations, it is difficult to state to what extent the sample is representative of the overall population of cases requiring Permanency Hearings; however, it is a consistent theme that timeliness is an ongoing challenge for DFS. Therefore this sample, while perhaps not directly representative, provides an accurate depiction of some Permanency Hearing challenges within DFS.

Conclusions

Timely Permanency Hearings continue to be a challenging area for DFS as well as partnering agencies. It is important to note that 91% of the cases reviewed had a Permanency Hearing, which indicates that the hearings are occurring. However, with 13% being held in a timely manner, DFS considers Item 22 as one that can be improved upon. The GAL Program has also identified Permanency Hearings as one of its target measures to improve, particularly in relation to timeliness.

Please refer to the partnership efforts between DFS, the CJP, the GAL Program, and others in the above response to Item 23. Increased efforts regarding educational opportunities will fold timely Permanency Hearings into broader discussions about timely hearings for all children in care.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

DFS Policy and Wyoming State Statute

Wyoming statute specifies the circumstances under which a petition to terminate parental rights may be filed and adjudicated. Specifically, W.S. §14-3-431 provides that a petition to terminate parental rights is to be filed within 60 days of the judicial determination that reasonable efforts to reunify the child and parent are not required due to certain criminal behavior. Wyoming statute does not place a timeline to file a petition for termination of parental rights in the other situations where the Court finds that reunification with a family is not required for other reasons.

However, statute does mandate that for children having been placed in foster care under the responsibility of the state 15 of the most recent 22 months, the State is to file a petition to terminate parental rights or seek to be joined as a party to the petition if a petition has been filed by another party unless:

- The child is in the care of a relative;
- DFS has documented in the case plan a compelling reason for determining that filing the petition is not in the best interest of the child; or
- DFS has not provided services to the child's family deemed to be necessary for the safe return of the child to the home, if reasonable efforts are required to be made.

State statute requires that a TPR hearing shall be held within 90 days of the filing of a termination petition unless continued by the court for good cause. DFS policy permits a parent to voluntarily relinquish parental rights and consent to adoption or guardianship. The written relinquishment is required to be completed in the presence of a District Court judge. The County or District Attorney represents DFS in filing a petition for TPR. The Attorney General's Office assists the County or District Attorney in handling TPR proceedings. However, the Attorney General's Office is only involved when requested by the respective County or District Attorney. The Attorney General's Office does represent DFS in adoption actions and the TPR proceeding.

DFS identifies children who have been in care for 15 of the last 22 months using WYCAPS data. A report that monitors ASFA compliance is updated every week and made available to field staff. The report lists children who have been in care 15 of the last 22 months who do not have any applicable ASFA exceptions. DFS also provides a list of children who have a compelling

reason documented in WYCAPS so that field staff can review the compelling reason and determine its appropriateness in relation to ASFA requirements.

Analysis of Functioning

In order to determine compliance with the filing of TPR with required provisions, the DFS CQI Team participated in a joint case file review with members of the CJP. The goal of the review was to determine the median time from the filing of the original abuse and neglect petition to the filing of the TPR. Additionally, the review determined the median time from the filing of the original abuse and neglect petition to the actual TPR.

Methodology

As stated previously, in order to accomplish these goals, a total of 47 cases were reviewed. These cases represented all TPR cases filed in Wyoming during FFY2015. The TPR cases were reviewed as well as the underlying abuse and neglect cases.

The cases were reviewed on three (3) levels; an initial review was conducted by a CJP member and two (2) levels of quality assurance were conducted by CQI Team members, Attorney General staff, or members of the GAL Program. The layering of quality assurance increased consistency in ratings and decreased the likelihood of reviewer error.

Of the cases reviewed, the median time from the filing of the original abuse and neglect petition to the filing of the petition to terminate parental rights is 726 days. The median time from the filing of the original abuse and neglect petition to the actual TPR (Order Terminating) is 940.5 days or 31 months.

More specifically, five (5) of the 47 cases reviewed or 11% of cases fell at or below 15 months from first petition of abuse or neglect to filing of TPR. The remaining 42 cases or 90% exceeded the 15 month timeframe between first petition and filing of TPR.

Potential Data Limitations

DFS is cognizant of some limitations within the data. This review was conducted on all cases in which a TPR was filed in FFY2015; therefore the information gives an accurate indication as to how timely the petitions were in these cases. However, the data does not reflect those cases where TPR was not filed. Additionally, the review did not include an analysis of those cases to determine if there was or was not rationale for statutory exceptions documented in the file. These limitations, however, do not invalidate the fact that timeliness of filing TPR is a significant challenge for DFS.

Conclusions

Time to TPR is slightly higher than in previous years, and DFS is partnering with other agencies to further study the timeliness issue as well as providing educational and training events on the

importance of timeliness, as this is an area that can be improved upon. Please refer to the response to Item 21 for a further discussion of timeliness training and educational events.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

DFS Notice of Hearings and Reviews to Caregivers Policy and Practice

DFS policy requires that the caseworker provide notice of all legal proceedings to foster parents, pre-adoptive parents, and relative caregivers involving children in their care. Foster parents, pre-adoptive parents, and relative caregivers have the right to be heard in all legal proceedings with regards to children in their care. DFS policy also states that foster parents, pre-adoptive parents, and relative caregivers are expected to participate in court hearings and meetings regarding the children in the care including MDT meetings, Family Partnership Meetings, and other planning meetings such as Individual Education Plan (IEP) meetings. The Supreme Court adopted rules pertaining to notice, opportunity and right to be heard for caregivers/foster parents which became effective July 1, 2007. Rule 3 of the Rules of Procedure for Juvenile Court provides under section (b), “a foster parent or other out-of-home provider is entitled to be heard at any hearing...” and section (d) provides “...the county or district attorney, or another entity designated by the court, shall provide written notice of such hearing, including their right to be heard, to the child’s foster parents, pre-adoptive parents, or relative caregivers...”

Evaluation of Functioning of Notice of Hearings and Reviews to Caregivers

DFS has historically struggled with a systematic method to evaluate how consistently caregivers are provided with notice of hearings and reviews as well as provision of notice that they have the right to be heard. While DFS policy states that caregivers have a right to be heard during these hearings, variance in court procedure between Judicial Districts does not always ensure the caregiver is heard. Additionally, although attendance of caregivers at hearings and reviews indicates they are receiving notice, without a method to document that notice, it is difficult to determine to what extent caregivers are being notified by DFS. Notice to caregivers is primarily documented in narrative rather than in an individual form within the WYCAPS system, making it difficult to locate and isolate this information.

In 2014, DFS undertook an extensive foster parent survey to determine the needs and current status of foster parent support at DFS. Included in this survey were questions related to notice of hearings and reviews. The survey was sent to both new and seasoned foster parents with both

current and former placements. The responses to the survey included 73 individuals and 102 couples, and 138 responses for the questions regarding notice to caregivers were recorded. Of the 138 responses, 125 or 91% stated that they were informed of and invited to court hearings, case planning, and MDT meetings for the children and youth in their care.

However, the 2014 survey did not include information related to notice to parents, and DFS does not have a systematic method to gather this information. In order to address this issue, DFS has recently undertaken several strategies. First, a new monthly contact form was developed and implemented, mandatory as of January 15, 2016. This contact form, available as a template to all caseworkers across the State, includes a section for workers to document caregiver notification of hearings and reviews. This revised contact form will provide caseworkers with a method to document notification as well as provide the CQI Team with a mechanism to measure compliance with policy requiring notification.

Second, DFS has revised several reports such as the Predisposition Report, the Quarterly Report Form, and the Permanency Hearing Report to also include information related to notice to caregivers to allow for consistency in usage and improved oversight.

Third, the CQI Team has supported local DFS offices in increased documentation of notice to caregivers through the CQI Plans developed in the local offices. Offices have participated in follow-up reviews, and those that included the documentation of notice to caregivers have seen marked improvement in their results. The CQI Team anticipates utilizing notice to caregivers as criteria in additional future reviews.

DFS also initiated discussions with members of the CJP, as well as the GAL Program regarding the provision of notification. Due to variance in practice across the State in how MDTs and Family Partnership Meetings are set in addition to court hearings, DFS is unable to prescribe a single method for caseworkers to notify caregivers. Collaboration with the CJP and the GAL Program will allow DFS to determine the best course of action to properly address further difficulties in determining that caregivers are receiving proper notice of hearings and reviews.

The Wyoming Supreme Court operates a District Court Case Management System (WyUser) and this data system has the ability to collect information about notices sent to “parties” and “participants” in a case. DFS, through collaboration with CJP, has access to some information about notice processes in each Judicial District through WyUser. As part of ongoing CJP CQI, DFS will be able to learn about discrepancies in notice practice and target Judicial Districts where notice requirements are not being met. CJP plans to focus on “notice” requirements in 2016-2017, specifically auditing notice procedures in abuse and neglect cases filed in FFY2016. If CJP identifies an area where notice requirements may not be met, CJP has the ability to deploy targeted trainings to the area.

CJP has also participated in efforts for improvement in this area, recently issuing MDT Meeting guidelines as well as additional resources on its website. Such educational material assists in tempering variance in practice across the State. Additionally, training modules related to court hearings have been produced by the CJP in an effort to increase awareness regarding the need for consistent notice to caregivers of hearings and reviews.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Case Review System

Quality Assurance for casework within DFS is undertaken by the CQI Team through case review and coordinating resulting training. The CQI Team functions across all jurisdictions in the state to evaluate services provided to Wyoming children and families and provide information and support for improvement of those services. The Core CQI Team consists of seven (7) State Office members and one (1) Supervisor; the CFSR Team functions as a part of the CQI Team and consists of 35 individuals from the State Office, District Managers, Supervisors, Caseworkers, and Foster Care Coordinators. Support is provided through DFS administration for CQI efforts prior, during, and after the CFSR, as well as for review activities internally driven and separate from the CFSR.

The following provides information on the reviews conducted in all jurisdictions pursuant to the DFS CFSP and APSR; the standards used to ensure children in foster care are provided quality services; the process for identifying strengths and needs of the service delivery system; the reports produced; and the process and examples of implementation of program improvement measures.

The following table outlines the reviews undertaken by the CQI Team to date.

Table 4
CQI Review Schedule 2014-2016

Date	District	Local Office	Review Type
September 2014	District 9	Fremont County (Riv)	CQI Review
September 2014	District 9	Fremont County (Lan)	CQI Review
September 2014	District 3	Sweetwater County	CQI Review
October 2014	District 7	Natrona County	CQI Review
December 2014	District 1	Laramie County	CQI Review
February 2015	District 4	Sheridan County	CQI Review
February 2015	District 4	Johnson County	CQI Review
November 2015	District 8	Platte County	CQI Review

Date	District	Local Office	Review Type
November 2015	District 8	Goshen County	CQI Review
April 2015	District 6	Campbell County	CQI Review
June 2015	District 5	Hot Springs County	CQI Review
June 2015	District 5	Park County	CQI Review
June 2015	District 5	Big Horn County	CQI Review
August 2015	District 9	Teton County	CQI Review
August 2015	District 3	Lincoln County	CQI Review
August 2015	District 9	Sublette County	CQI Review
July 2015	District 2	Albany County	CQI Review
July 2015	District 2	Carbon County	CQI Review
October 2015	District 8	Converse County	CQI Review
October 2015	District 8	Niobrara County	CQI Review
March 2016	District 3	Uinta County	CQI Review
December 2015 and January 2016	District 1	Laramie County	CQI Follow-Up
November 2015	District 7	Natrona County	CQI Follow-Up
November 2015	District 3	Sweetwater County	CQI Follow-Up
April 2016	District 4	Sheridan County	CQI Follow-Up
April 2016	District 4	Johnson County	CQI Follow-Up
May 2016	District 6	Campbell County	CQI Follow-Up
To be scheduled	District 2	Albany County	CQI Follow-Up
To be scheduled	District 9	Teton County	CQI Follow-Up
To be scheduled	District 9	Fremont County	CQI Follow-Up
To be scheduled	District 9	Sublette County	CWI Follow-Up

As can be seen in Table 4 above, each of the nine (9) Judicial Districts underwent at least one CQI review in the prior 18 months. Laramie County and Natrona County, as the two largest metropolitan areas, have also undergone follow-up reviews. Sweetwater County has also participated in a follow-up review, with additional follow-up reviews for other areas currently being scheduled.

Within the nine (9) Judicial Districts, 165 total cases have been reviewed to date. The reviews of these cases utilized the federally developed OSRI in order to evaluate the quality of services provided with a federally vetted review instrument.

In order to ensure that the OSRI was applied consistently in order to properly evaluate the health and safety of children in the cases reviewed, the same core group of CQI reviewers was utilized at each review. In addition, consistent members of the CQI Team were also utilized as QA reviewers to ensure accuracy and decrease the potential for error.

The CQI Team reviewed cases from a single local office, or, in some cases, from several local offices, in a single review week. During each review week, the CQI Team conducted an entrance conference with the local office(s) detailing the process, utilized the OSRI while

conducting case file reviews as well as case participant interviews, provided QA for every case reviewed, and provided the local office(s) with an exit interview highlighting preliminary results. These preliminary results use the scoring method outlined in the OSRI, with a case scoring as a Strength, Area Needing Improvement, or Not Applicable for each Item, which contributes to the overall scoring of Substantially Achieved, Partially Achieved, Not Achieved, or Not Applicable for each Outcome.

The structure of the CQI Team and the review process allow for the specific identification of each local office’s strengths and needs as well as allowing the CQI Team to aggregate trends Statewide to identify the strengths and needs of the overall service delivery system. The following table outlines the top strengths and areas for improvement identified in reviews.

Table 5
CQI Review Results

Local Office	Strengths	Areas for Improvement
Lander/Riverton	1,2,18	13,15,17
Casper	1,9,10	12,13,15
Cheyenne	4,5,6	12,13,17
Rock Springs	4,6,8	3,13,14
Torrington	8,9,10	1,15,17
Wheatland	1,3,18	13,15,17
Buffalo	4,5,6	13,15,17
Sheridan	3,13,14	5,12,17
Gillette	3,6,11	13, 15, 17
Thermopolis/Worland	4,5,6	3,12,15
Laramie	1,3,18	12,13,15
Rawlins	4,9,14	3,12,13
Jackson	3,14,18	12,13,15
Laramie	1, 3, 18	12, 13, 15
Rawlins	4, 9, 14	3, 12, 13
Douglas	7, 9, 16	2, 12, 13
Lusk	7, 9, 16	2, 12, 13

The CQI reviews have functioned well as the DFS casework QA system, as it has allowed staff to identify the overall challenges to quality service delivery and a process through which to identify improvement measures. Both local and Statewide trends have been identified, and action has been taken on these items to help facilitate performance improvement. The following outlines actions undertaken on the micro and macro levels as program improvement measures for identified office needs.

Local Office CQI Plans

Upon completion of the CQI review, each local office is required to develop a program improvement plan (CQI Plan) that identifies interventions the office will implement to address service delivery needs. Each completed plan is required to have at least one (1) action item,

implementation date, and measurement goal addressing the identified needs of the office based on the review. The local and State Office partner in developing these action items and measures, as well as establishing a schedule for the CQI Team to conduct follow-up reviews to determine progress made on the action items. These follow-up reviews are specific and targeted, and more limited in time and scope than the original reviews due to the desire to measure the efficacy of specific interventions.

Laramie County Field Office Re-Review Example

One example of a targeted intervention and the re-review process can be found in the Laramie County Field Office (LCFO). As can be seen from Table 5 above, the LCFO review found that Items 12, 13, and 17 were particular areas for improvement within the cases reviewed. In developing the CQI Plan in collaboration with the CQI Team, the LCFO noted that their challenge was in documenting efforts made by caseworkers. The following table is an excerpt from the LCFO CQI Plan that was chosen to measure during the follow-up review.

**Table 6
LCFO CQI Plan Excerpt**

Barriers	Task to Overcome Barrier	Who is Assigned the Task	When will the Task be Ready for Re-Review	How is Success Measured	Target Goal
On going assessments were frequently not documented regarding all the children in the home, all the parents, and the foster parents.	The new face to face sheet developed by LCFO will be given to workers within 7 days of 6-30-15. During the month of July, workers will begin using the FtF form for all placement cases. By August 2015, all workers will use the FtF form for children in placement or with juvenile court cases.	All caseworkers- CPS workers	September 1, 2015- 80% of CPS cases will have monthly report form completed in placement cases and juvenile court cases.	CQI team will conduct a target review to determine whether the updated monthly report form is in the file.	Monthly contact sheets will be used where appropriate in 80% of cases.

In order to help address this need, the office developed a new Monthly Report Form that includes documentation of involvement with case planning, visits with both parents, notice to caregivers, and documentation of health concerns, among other areas. The use of this form was implemented and the follow-up review was tailored to measure both the completion of this form and the quality of information presented.

The goal of the LCFO was to have 80% of the cases reviewed contain the new Monthly Review Forms. A random sample was pulled of child protection placement cases, one (1) of Assessment Track cases, and one (1) of JS cases. This structure was used to represent the organizational

breakdown of workers within the office. Of the 37 total cases reviewed, 33 or 89% included completion of the new Monthly Report Forms. This total indicates that the intervention goal was met and increased documentation compared to previous to implementation of the intervention.

In addition to this example of the LCFO re-review, the Sweetwater and the Natrona County offices have both undergone the re-review process; other re-reviews have been performed or are currently under development by the CQI Team. One such review was a Statewide sample for Item 13: Child and Family Involvement in Case Planning. CQI reviews from 2014 through 2016 indicated that child and family involvement was a potential area to be addressed on a Statewide basis. For a better understanding of the status of Item 13, a Statewide random sample of 79 cases was pulled to determine the level of child and family involvement in case planning.

The CQI team reviewed documentation sent by the local offices throughout the State as well as WYCAPS documentation to rate the Item. Item 13 of the OSRI was utilized in order to compare results to other CQI review results. The rating results are as follows:

Table 7
Item 13 Statewide Review Results

Strength	Area Needing Improvement
34	45
43%	57%

Statewide Data and Information

DFS regularly gathers and disseminates data regarding current trends broken out by Judicial District. The data is collected from WYCAPS and distributed in a report called Statpac monthly to District Managers, Supervisors, Caseworkers, and State Office staff. The follow information is contained in each monthly Statpac reports:

- Intakes
- Overdue Alerts
- Allegations
- Repeat Maltreatment
- Incidents
- 30-Day Incident Count
- Face-to-Face Contact
- Placements
- Entries v Exits
- Average Length of Custody Episode (days)
- Custody Re-Entry within 12 Months of Exit
- Staffing Model
- Relative Care
- IV-E Foster Care Penetration Rate

District Managers and Supervisors are responsible for reviewing the information presented in Statpac and discussing it with their staff during weekly staff meetings. Additionally, District Managers have bi-weekly calls with their peers and the Services Division Manager to discuss trends and interventions to address potential problem areas.

Wyoming Practice Model (WPM) Collaboration and Training

In addition to the local office reviews, several initiatives have been undertaken to address the needs of the overall service delivery needs throughout the State. The WPM initiative description can be found in the 2015 APSR document on page 14. The timing and staffing of this rollout has been an asset to DFS, as it has coincided with the rollout of the CQI initiative. DFS is rolling out a Train the Trainer program for the WPM with trainers in each of the nine (9) Districts to support sustaining WPM. Stakeholder training is scheduled for 2016 in WPM to further the practice. See the response to Items 26 and 27 on pages 63-73 of this document for further information regarding WPM training.

These trainings directly address family-centered, strength-based, solution-focused casework that clearly address needs identified through CQI reviews. Specific tools for family engagement are presented at each training, which provides caseworkers with strategies to improve the level of family involvement with case planning as well as tools to engage both parents throughout the life of the case.

Citizens Review Panel (CRP) Partnerships

The CQI Team has partnered with the Wyoming CRP to enhance CQI reviews. During each of the reviews outlined in Table 4 above, CRP has also conducted stakeholder interviews to provide information and feedback to the functioning of the office, the resources and needs of the community, and stakeholder perception of systemic functioning. This task was undertaken by CRP in order to obtain information beyond the immediate case information and provide insights into possible solutions to challenges in specific individual communities.

After conducting interviews with attorneys, foster parents, youth, parents and caregivers, members of the juvenile court system, and other identified stakeholders, CRP compiles the information into office-specific reports. These reports contain information relevant to the office such as service challenges as well as recommendations for further action. The CRP reports are incorporated into the CQI reporting process, provided to the local offices, and posted on the DFS website.

Children's Justice Project (CJP) and Children's Justice Conference (CJC) Partnership and Training

DFS has also partnered with the CJP in order to pool resources and information to address identified service delivery needs. The CJP has a robust CQI initiative that gathers information related to timely court action and permanency on an annual basis; DFS CQI Team members serve as members of the CJP CQI Team, participating in reviews and sharing information at CJP

Advisory Council Meetings. Data and reports that are shared Statewide and the past three (3) years of CQI reports can be found at <http://www.courts.state.wy.us/Initiatives/CJP>.

Members of the CQI Team also serve on the planning committee for the statewide annual CJC. These partnerships have allowed for identified service delivery needs to be addressed through inter-agency collaboration. During the 2015 CJC, a DFS pre-conference included extensive training on WPM philosophy and strategies. Presentations throughout the conference addressed these needs, and CJP and CQI staff presented joint information related to review results and both needs and strengths throughout the child welfare system in Wyoming. Additionally, information gathered during CQI reviews regarding the need for family involvement in case planning and an emphasis of family-centered casework has led to the 2016 CJC theme related to focusing on the family unit in casework.

CJP also facilitates BlogTalk radio sessions on relevant issues raised by CQI reviews. This partnership has allowed CQI review results to have a feedback loop with greater scope through increased exposure and audience. A full listing of the topics in recent BlogTalk sessions can be found in the response to Item 21 in this document.

Wyoming Child Death Review and Prevention Team (WCDRPT)

The State of Wyoming, Department of Family Services (DFS) remains dedicated to the safety, permanency and well-being of the children and families in our state. To demonstrate this commitment, DFS partners with the Wyoming Child Death Review and Prevention Team (WCDRPT) to improve and support existing projects and activities which maintain efforts to prevent child abuse and neglect, while also strengthening families. The WCDRPT meets quarterly to discuss systemic trends, community needs, and program productivity and results. The WCDRPT is actively reviewing, supporting and collaborating with the Wyoming child welfare system partners, including DFS, the GAL Program, and Wyoming Supreme Court Children's Justice Project (CJP/CIP) in an effort to review and improve the outcomes for children and families in Wyoming.

This team works together in recognizing the gaps and areas that may need strengthening in the child welfare system, and as a result, provide recommendations, assistance and training to support and improve all areas of the child welfare system. The WCDRPT has discussed systemic trends through the review of cases, and has suggested the need for improvement in investigative, administrative and judicial handling of cases of child abuse and neglect as well as made recommendations to improve the involvement of a potential combination of jurisdictions, such as intrastate, interstate, federal-state and state-tribal, in a manner which reduces the additional trauma to the child victim and victim's family. The WCDRPT has invited Federal-state and State-tribal representatives to the WCDRPT for the inclusion of partnership.

The WCDRPT is supportive of the model and demonstration programs for testing innovative approaches and techniques, which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administration action in child abuse and neglect cases.

Some examples of how the WCDRPT has provided influence in Wyoming includes recommendations and supporting the implementing and coaching a practice strategy approach to child protection casework statewide as the WMP. This model is a safety and risk model which incorporates a set of skills and tools to engage the child and family in safety planning at intake, investigation, and throughout the life of a case. It creates solutions to harm and danger, creating a common language among DFS staff, partners, court disciplines, and families, which clearly defines and differentiates safety, risk/danger, harm, and quality of life concerns.

This approach has proven to be highly effective in keeping children safe, yet provides skills and tools in an investigation to enhance effectiveness in judicial action in child abuse and neglect cases. DFS will continue providing the opportunity for the implementation of this model in additional areas throughout Wyoming, as it has shown improved practice in safety planning at intake and investigation. Furthermore, DFS has been successful in engaging community partners in the implementation of this approach, including law enforcement, prosecutors, judges, school personnel, advocacy groups, mental health providers, GALs, and medical professionals.

Another example is the need to support and train DFS caseworkers and other partners with child maltreatment, recognizing physical and sexual abuse, and identifying neglect victims. DFS is partnering with the C. Henry Kempe Center, located in Denver, Colorado, to provide this training and support for Wyoming. Child welfare staff are at significant risk of secondary trauma while working with families within the child welfare system. This is due to many factors which include, but not limited to, continual use of empathy, egregious and heinous acts perpetrated on children, individual unresolved trauma and a lack of recovery time from the continual exposure to traumatic events. In order to maintain a healthy, effective work force, the issue of secondary trauma must be addressed during all aspects of employment. Newly hired DFS staff are given training on how to combat secondary trauma during their initial Core training offered in two (2) sessions each year.

Existing DFS field staff, including Family Aide Caseworkers, Caseworkers, Supervisors and Managers, are offered Secondary Trauma debriefings whenever necessary to minimize the effects of secondary trauma on the employee. Additionally, secondary trauma prevention seminars are offered to field staff annually in an effort to share proactive ways to minimize the effects of secondary trauma. The C. Henry Kempe Center provides these services for DFS staff and other child welfare partners.

A few other recommendations and initiatives that have come out of the WCDRPT include:

Shaken Baby Syndrome / Abusive Head Trauma (SBS/AHT) There is inconsistent data statewide on the actual number of victims. These inconsistencies are attributed to:

- a) The lack of identification or acknowledgement of Shaken Baby Syndrome or Abusive Head Trauma as the primary (or even secondary) “Cause of Death” on death certificates. It may be ruled under another categorization.
- b) The lack of knowledge about the true number of victims that survived being shaken. If not identified or reported, these children could grow up with further physical, emotional, or social problems.

- c) In some cases, children have later died due to problems that stemmed from being shaken, but the cause of death is not considered to be SBS/AHT.
- d) The most common perpetrator of SBS/AHT is a non-biological, un-related male acting as a caretaker for the child. Other common perpetrators in cases reviewed involve biological parents, child care providers, siblings and grandparents. SBS/AHT can affect children and families of any societal class, race, or family structure.
- e) Shaken Baby Syndrome prevention efforts have occurred statewide by partnering with state and local agencies on numerous prevention initiatives.

Safe Sleep / Sudden Infant Death Syndrome (SIDS) / Sudden Unexplained Infant Death (SUID) / Suffocation

- a) Deaths related to co-sleeping, un-safe sleep environments, suffocation, and SIDS/SUID continue to be visible in data from the Department of Family Services and the Department of Health.
- b) In 2012, the National Institute of Health (NIH) and the Eunice Kennedy Shriver Foundation identified Wyoming as being in the top twenty states for rate of SIDS and other sleep-related causes of infant death. According to the Centers for Disease Control, National Center for Health Statistics' Compressed Mortality File (1999-2009), Wyoming ranks ninth nationally for these infant deaths with a rate of 152.3 per 100,000. The NIH also released its new "Safe to Sleep" Campaign, and Wyoming was selected to receive training on the campaign and access materials.

Drug Overdoses

- a) Substance and alcohol abuse has direct links to many child injuries and fatalities in Wyoming every year. There was a link to substance and/or alcohol use by the primary guardian or perpetrator in many case file reviewed by the WCDRPT this year. It remains crucial that agencies, groups, communities, and individuals that work or interact with children and adolescents are able to recognize if substance or alcohol abuse could be occurring by the child or his/her parent(s)/guardian(s). It is also important that those same persons stay informed of current and emerging trends in substance or alcohol use by children and adolescents.
- b) There are numerous dangers with the improper medicating of children by adults in supervisory roles. It is crucial that all over-the-counter medication instruction labels are read before giving any medication to a child. If medications are prescribed to a child by a physician, instruction should be followed as labeled. Situations involving parents, or caretakers, giving children medications to control behavior without the consent of a physician have been seen statewide and are unacceptable.

The WCDRPT will continue to collaborate and review major injury/near death and fatality cases and advocate for changes in statutes, rules and policies for improved prevention of and responses to child maltreatment in Wyoming. DFS will continue to employ the recommendations made by WCDRPT to establish objectives and goals in the CFSP as well as determine suitable interventions as reported in the APSR. Members of the WCDRPT are invited to participate in focus groups that establish, review, update, and support the various components of the APSR.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

DFS Initial Staff Training Policy and Practice

DFS casework is a highly specialized and critical area of work, which requires training and professional supervision. DFS caseworkers are required to be trained in the area of child and adult protection as well as juvenile justice and have successfully completed Core training in order to work cases. DFS caseworkers who are not certified may work cases under the supervision of a certified Supervisor or District Manager until he or she has completed Core to be certified. The following information provides the specific requirements for staff training.

Evaluation of Functioning of Initial Staff Training

Requirements for Initial Staff Training

W.S. 14-3-203(c) outlines the statutory provisions for child protective services workers. It states that the agency shall:

“ensure that all child protective service workers are trained:

(i) In the principles of family centered practice that focus on providing services to the entire family to achieve the goals of safety and permanency for children, including balancing the best interests of children with the rights of parents;

(ii) In the duty of the workers to inform the individual subject to a child abuse or neglect allegation, at the earliest opportunity during the initial contact, of the specific complaints or allegations made against the individual;

(iii) Concerning constitutional and statutory rights of children and families from and after the initial time of contact and the worker's legal duty not to violate the constitutional and statutory rights of children and families from and after the initial time of contact;

(iv) To know the state's legal definitions of physical abuse, sexual abuse, neglect, dependency and endangerment;

(v) To know the provisions of federal and state laws governing child welfare practice, including but not limited to the Adoption and Safe Families Act, Indian Child Welfare Act, Multi-Ethnic Placement Act and the Child Abuse Prevention and Treatment Act, as amended.”

In order to fulfill this statutory obligation in relation to initial staff training, DFS requires that every Services Division worker with case management responsibilities as well as all Services Division State Office workers complete the DFS Certification process. Staff required to complete the Certification process include all staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and IL services. The 2015 APSR specifies on page 5 that all case management responsibilities fall to Service Division staff members, as no case management contracting is undertaken by DFS.

The Certification process includes:

- 1) Successful completion of DFS Core training in casework philosophy, practice, and State and federal legal obligations; and
- 2) Completion of 12 months of field work supervised by a Certified DFS Supervisor or District Manager.

Staff may only be assigned independent case management responsibilities after Certification, which must be completed within 12 months of hire. The two elements listed above must be completed within that 12 month timeframe. Documentation of Certification includes a minimum score of 80% on the Core training final test as well as the submission of the “Request for Certification” form (F-SS23) to the Services Division Trainer by the appropriate District Manager, Administrator, or designee by December 31st of each year. Individuals who do not complete the above requirements within 12 months of hire may not be Certified.

Core training is aimed at providing workers with a broad base in the fundamentals of casework and legal obligations for both child protection and JS cases. The curriculum consists of four (4) total weeks of training which are spread over four (4) consecutive months. Workers typically complete Core with the same cohort of individuals depending on their start date.

Core includes training on statutory definitions of abuse and neglect as well as requirements on response to reports of abuse and neglect; hands-on application of casework fundamentals such as safety planning and permanency planning; use of the PACT for JS cases; use of DFS and interagency tools and resources; information from the Attorney General’s Office on topics such as child and parental rights, ICWA, and other federal laws and regulations; and other casework tools and strategies. For additional information regarding the contents of the Core training curriculum, please reference pages 172 through 177 of the 2015 APSR.

In 2015, 30 new Services Division employees eligible for Core training were hired. Core is offered twice yearly with spring and fall sessions. In addition to the 30 hires of 2015, two (2) additional individuals were hired after the fall 2014 session of Core was completed. Of the total 32 individuals hired to the Services Division, 21 attended the spring session of Core and 11 attended the fall session of Core. Of those individuals, all except one (1) scored above the 80% passing score for Core training completion. The one (1) individual who did not obtain a passing score is no longer with DFS.

Providing Necessary Skills and Knowledge

In order to determine how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties, DFS staff completed a survey regarding current training practices and any outstanding training needs. The following questions relevant to initial training were included in the survey:

- How well do you feel your initial training prepared you to do your job?
- Do you feel you have the skills and knowledge to do your job?

In order to determine the extent to which initial training prepares staff for their job duties, a survey was sent to 130 Services Division staff with case management responsibilities. Of that total, 100 responded, providing a 77% response rate.

Response to Initial Training Question

Survey respondents were asked to rate the initial DFS Core training. Five (5) options were provided and each survey respondent was asked to select a single option. The options included:

- Not at all
- Somewhat
- Average
- Very Well
- Completely

All 100 of the individuals who responded to the survey answered this question. The results for this question are outlined in the table below:

Table 8
Survey Question Response

How Well Do You Feel Your Initial Training Prepared You To Do Your Job?

Not At All	Somewhat	Average	Very Well	Completely
12%	36%	28%	17%	7%

Response to Skills and Knowledge Question

Survey respondents were also asked if they have the skills and knowledge to do their job. All 100 survey respondents answered this question. Three (3) options were provided and each respondent was asked to select a single option. The options included:

- Yes
- No
- Not Sure

The results for this question are outlined in the table below:

Table 9
Survey Question Response
Do You Feel You Have the Skills and Knowledge To Do Your Job?

No	Yes	Not Sure
3%	87%	10%

Analysis of Results

DFS acknowledges that adequate initial staff training is essential in producing a strong, capable workforce to support Wyoming’s children and families; to that end, DFS frequently revisits initial staff training to ensure that it meets the needs of workers. The survey of staff regarding initial staff training indicates that just over half agree that the initial training provided average or above preparation for their job. Additionally, 87% of staff indicated that they feel they have the skills and knowledge to do their job.

Although the majority of individuals responded that initial staff training addressed their needs, 48% of staff responded that the initial training did not prepare them or somewhat prepared them for their job. Further, 13% of staff reported that they do not have or are not sure they have the skills and knowledge to perform their job. It is important to note, however, that this survey was open to all DFS workers rather than isolating those who recently undertook initial staff training; therefore both new and seasoned workers are providing their input regarding initial staff training. Current initial training initiatives may not be captured as a result.

The fact that 87% of staff feel that they have the skills and knowledge to do their job indicates that initial training—Core training combined with a year of supervised on the job training—is a strength for DFS.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

DFS Ongoing Staff Training Policy and Practice

As mentioned in Item 26, DFS Services casework is a highly specialized area of work and has critical training requirements. DFS caseworkers are required to complete initial training to become Certified; all Division staff with case management and oversight responsibilities, including Supervisors, Managers, and State Office staff, are required to maintain training hours to retain Certification. On-going training can consist of using local partnerships with law enforcement, the court disciplines, mental health providers, and many others. The training that is held at the local level is important as this partnership helps address and meet the individual needs of children and families. Other opportunities for training are also available to staff, which are completed with State level partners. Some examples include Casey Family Programs, CJP, the GAL Program, and the Domestic Violence and Sexual Assault Coalition.

Evaluation of Functioning of Ongoing Staff Training

Requirements for Ongoing Staff Training

Wyoming statute does not differentiate between the requirements for initial or ongoing training for DFS staff with case management responsibilities; therefore those elements outlined in W.S.

14-3-203(c) are applicable for ongoing training. Please reference the DFS response to Item 26 for the text of this statute.

In order to fulfill these statutory provisions, DFS requires its staff with case management responsibilities, including Supervisors of individuals with case management oversight responsibilities, to renew DFS Certification on an annual basis. As stated in the DFS response to Item 26, these requirements only apply to DFS staff as no case management responsibilities are contracted by DFS.

Each staff member must complete a minimum of 21 hours of advanced training each calendar year after initial Certification to maintain Certification status for adult and child protection and juvenile justice services to renew certification. The 21 hours must be distributed as follows:

- A minimum of six (6) hours is required for all staff specific to adult protective services and/or aging issues;
- A minimum of six (6) hours is required for all staff specific to child protections issues; and
- A minimum of six (6) hours is required for all staff specific to juvenile justice issues.

The remaining three (3) hours may be distributed as needed. Each staff member is required to meet with their supervisor throughout the year to develop a plan for renewed Certification utilizing the following approved types of training:

- Training conferences provided by the DFS;
- Conference, in-service training, or local training covering issues approved by the District Manager or designee and the SSD Trainer;
- Forms of self-study, such as correspondence work, televised courses, videotapes and books, with approval of the District Manager or designee, to update or enhance caseworker competence; or
- Academic courses and seminars given by an accredited university, college, or institution of higher education, relevant to case work practice.

The ongoing training hours are required to be documented in the Request for Continuing Certification (F-SS24). The form is required to be submitted no later than December 31st of each year.

For the 2014 calendar year, 100% of workers with case management responsibilities completed the Certification renewal process, which includes completing the process within the required timeframe per DFS policy.

Knowledge and Skills in Ongoing Training

Several Statewide DFS initiatives occurred throughout the 2014 and 2015 calendar years to support ongoing training.

Wyoming Practice Model (WPM)/Safety Organized Practice Training Events in 2015

The WPM is a major DFS initiative aimed at increasing the quality of casework throughout the State through increasing the focus on family-based work and centered around a balanced assessment addressing the concerns, building on the strengths, and creating behaviorally specific next steps for each family. A more detailed description of the WPM can be found on pages 12 through 13 of the 2015 APSR.

Throughout 2014 and 2015, a variety of ongoing training opportunities were offered for DFS staff as well as other stakeholders. These trainings included office-specific, on-site training; telephone calls on a variety of topics; two large-scale statewide trainings, and a pre-conference at the Children's Justice Conference (CJC). A description of these trainings can be found below.

On-Site Training Agenda

On-Site WPM Training WPM New Worker Training Agenda Lander, Wyoming January 6-8, 2015

- Introductions
- Overview of Agenda and Ground Rules
- Intake
- Harm and Danger Statements
- Investigations
- Out of Home Placements
- Safety and Risk Assessments
- Safety and Context Scales
- Safety House
- Three Houses
- Magic Wand
- Safety Planning for immediate and ongoing danger
- Monthly Face to Face
- Family Service Plans
- Addressing Harm and Danger
- Engaging Family and Youth
- Family Partnership/Utilizing Safety Networks
- Placement and Permanency
- Court Requirements
- Permanency Outside of Reunification

Telephone Trainings

Conference calls with caseworkers, supervisors and managers on targeted topics. Calls are 30-60 minutes and provide opportunity for staff to share successes, barriers and make plans for next steps. Topics include: Safety Planning, Three Houses, Mapping, Safety House, Solution Focused Interviewing and other areas of casework practice.

Statewide Training

Two-day overview trainings were held for caseworkers, supervisors and managers in March 2015 and September 2015. The material covered at both trainings was identical to provide consistency across the state. All nine (9) Districts were able to participate in one of the training sessions, and each District was required to send staff to participate in one of the sessions. Topics covered included Cultural Humility, Safety and Risk Assessments, Signs of Safety, Multicultural Process of Change, Partnership-Based Collaborative Practice, Trauma Informed Practice, Appreciative Inquiry and Solution Focused Interviewing. An additional day of training was also provided for Supervisors from all nine (9) Districts. Topics for the Supervisor training focused on Safety Organized Practice skills and Philosophy for Supervisors. Each of these training days counted as seven (7) training hours.

All individuals who attended the training were asked to complete a short survey regarding both the content and the trainers. Both workers and supervisors were provided with the same set of questions and were asked to score each question from 1 to 5, with 1 being disagree and 5 being agree.

The following topics were included for evaluation in the content survey:

- The purpose, competencies and learning objectives were clearly identified;
- The training included examples of evidence-based practices and/or best practices related; to this topic. The training addressed cultural issues and issues of diversity;
- The training prepared me to complete my specific job responsibilities;
- The topics covered were relevant to me;
- The content was organized and easy to follow; and
- The training assisted me to develop skills specific to my work duties.

The following topics were included for evaluation in the trainer survey:

- The trainer(s) presented the content of the training clearly and effectively;
- The trainer(s) displayed a clear understanding of the subject matter;
- The trainer(s) promoted and facilitated discussions of cultural sensitivity;
- The trainer(s) stimulated discussion and was responsive to participants;
- Overall, I am satisfied with this training;
- Overall, I am satisfied with TRAINER 1; and
- Overall, I am satisfied with TRAINER 2.

The following tables contain the average worker score for each survey and the average Supervisor score for each survey.

Table 10
Worker Survey Scores

Overall Score Type	Score
Overall Score of Content (March Training)	4.18
Overall Score of Content (September Training)	3.81
Overall Score of Trainers (March Training)	4.50
Overall Score of Trainers (September Training)	4.03

Table 11
Supervisor Survey Scores

Overall Score Type	Score
Overall Score of Content (March Training)	4.34
Overall Score of Content (September Training)	4.06
Overall Score of Trainers (March Training)	4.49
Overall Score of Training(September Training)	4.34

2015 Children’s Justice Conference

One ongoing training opportunity supported by DFS in 2015 was the annual CJC. This conference was held in Casper, June 24-26. On Wednesday, June 24, DFS hosted a pre-conference event for workers, Supervisors, and Managers regarding the WPM.

This training opportunity provided staff with a variety of sessions to improve their skills and knowledge in targeted areas through interagency presentations and discussion. Additionally, staff had the ability to learn hands-on skills during the pre-conference.

Domestic Violence Train the Trainer

DFS partnered with the Wyoming Domestic Violence and Sexual Assault Coalition, Wyoming Citizen Review Panel’s Parent as Teachers Program, Wyoming Department of Health’s Public Nursing Program and Early/Head Start Program on the Futures Without Violence Domestic Violence Curriculum “Healthy Moms Healthy Babies” train the trainer training October and November 2015. The goal of the curriculum is to teach home visitors how to screen mothers/women for domestic violence using the evidence-based Relationship Assessment Tool, provide safety planning, and make referrals that meet the federal benchmark requirements. The objective for the implementation of the curriculum is for staff/home visitors to screen for domestic violence, safety plan, and make warm referrals to local DVSA programs.

DFS Staff Survey Regarding On-going Training

In order to further examine the level of skills and knowledge provided to staff through ongoing training efforts, a survey was provided to DFS staff members with case management responsibilities. Out of the total of 130 staff with case management responsibilities, 100 completed the survey, providing a 77% response rate. Only DFS staff members were provided with the survey, as no case management responsibilities are contracted outside of DFS.

The following questions regarding ongoing training were posed in the survey:

- How well do you feel your ongoing training has prepared you to do your job?
- Do you feel you have the skills and knowledge to do your job?

Response to Ongoing Training Question

Survey respondents were asked to rate ongoing DFS training. Five options were provided and each survey respondent was asked to select a single option. The options included:

- Not at all
- Somewhat
- Average
- Very Well
- Completely

All 100 of the individuals who responded to the survey answered this question. The results for this question are outlined in the table below:

Table 12
Survey Question Response
How Well Do You Feel Your Ongoing Training Prepared You To Do Your Job?

Not At All	Somewhat	Average	Very Well	Completely
3%	14%	51%	24%	8%

Response to Skills and Knowledge Question

Survey respondents were also asked if they have the skills and knowledge to do their job. All 100 survey respondents answered this question. Three options were provided and each respondent was asked to select a single option. The options included:

- Yes
- No
- Not Sure

The results for this question are outlined in the table below:

Table 13
Survey Question Response
Do You Feel You Have the Skills and Knowledge To Do Your Job?

No	Yes	Not Sure
3%	87%	10%

Current On-going Training Initiatives

WPM Train the Trainer is currently planned with trainers in all nine (9) Districts. In person trainings were held January 20-21 and will be held April 27-28, and September 14-15, 2016. Trainers have been identified in all nine (9) Districts with a total of 20 statewide trainers who are caseworkers and Supervisors. Four (4) State Office trainers have also been identified. Trainers will receive training in 12 modules and will then provide trainer in their designated District throughout the state. Topics trained in the 12 modules are listed below.

1. Using the Three Questions to Interview for Safety and Danger;
2. Keeping the Voice of the Child at the Center of the Work;
3. Solution Focused Interviewing;
4. Safety Mapping;
5. Harm and Danger Statements and Safety Goals;
6. Safety Networks;
7. Safety Planning;
8. Reunification and Visitation;
9. Permanency;
10. Landing SOP in Everyday Work;
11. Organizational Culture; and
12. Celebrating Success and Looking Forward.

Pre- and post-tests will be completed by caseworkers and Supervisors to track completion and competency of this new material. Trainers will facilitate trainings monthly in each district for the 2016 year.

Training Calls

Targeted training calls are scheduled to support continued learning. Calls occurred on December 4, 2015, on Three Houses; Jan 8, 2016, on Safety House Tool; and February 5, 2016, on Harm and Danger Statements. On-going training calls are focused on skills based tools that can be immediately used in the field to support caseworkers in working with children, youth and families. Additional calls will be scheduled to meet the needs of the field.

Analysis of Results

Ongoing training of staff is an essential element in ensuring that workers continue to grow and develop within a constantly changing field. DFS has devoted considerable time and resources to encourage a learning organization while also allowing staff flexibility in utilizing training opportunities to address potential gaps in skills or knowledge. To this end, DFS is interested in learning more about the needs of staff to best assist in effective staff training.

Of the total DFS staff who completed the training survey, 83% reported that on-going training addressed their needs completely, very well, or to an average extent.

Conclusions

DFS dedicates considerable resources to ensuring that a variety of on-going training activities are offered in order to meet the diverse needs of staff in order to guarantee a well-informed and competent workforce. As 100% of the staff in 2014 completed their on-going training requirements, DFS considers on-going training an area of strength.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Initial Training Policy and Practice

PRIDE is the curriculum used for pre-service training for prospective foster parents certified or individual approved as an adoptive parent by DFS. PRIDE training must be completed prior to the foster home becoming certified and/or the adoptive home being approved. Information relating to the required PRIDE training can be found on page 137 of the 2015 APSR.

Currently there is no specified time frame within policy for the completion of the initial training. The overall goals of the initial PRIDE training are to determine if becoming a foster parent is appropriate for the individual or family as well as preparing the prospective foster family to care for foster children. Therefore the most important requirement is that PRIDE training be completed prior to certification.

Functioning of Initial PRIDE Training

In order to determine how well PRIDE training functions, foster parents who completed PRIDE in Spring of 2014 were surveyed. The survey included questions regarding whether PRIDE assisted them in determining whether or not fostering was a good fit for their family, in preparing them to be a foster home, and assisting in caring for children. The results of the survey are illustrated in the table below.

Table 14
PRIDE Training Survey Results

If you participated in PRIDE training, rate how helpful it was to the following:	Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Total respondents*
In deciding if becoming a foster parent was a good fit for you and your family	42% 42	30% 30	17% 17	5% 5	5% 5	99
Adequately preparing you for your role as a foster parent	32% 35	28% 30	28% 30	8% 9	2% 3	107
Preparing you to care for the children/youth who were/are placed in your home	29% 31	32% 35	25% 27	10% 11	2% 3	107

*Does not include respondents who marked Not Applicable

Of the total 99 respondents for the question, 72% stated that PRIDE was either Extremely Helpful or Very Helpful in the determination to become a foster parent, with an additional 17% stating that it was Somewhat Helpful. This rating illustrates that PRIDE training is an effective tool in assisting prospective foster parents to decide if fostering is an appropriate path for them. DFS considers that rating particularly important, as providing support in the form of appropriate and understandable information regarding the foster parent process is essential in developing a strong network of foster homes for children in Wyoming.

Additionally, 88% of 107 respondents for the question stated that PRIDE training was Extremely Helpful, Very Helpful, or Somewhat Helpful in adequate preparation for the role of foster parent. Of the same number of respondents, 86% stated that PRIDE training was Extremely Helpful, Very Helpful, or Somewhat Helpful in preparing to care for children in foster care. These level of positive responses are indicative of how effective initial PRIDE training is in addressing the needs of foster parents.

However, even with the high level of positive response, there is still room for improvement in PRIDE training. Based on feedback from those who have completed the training as well as evolving policy and practice, DFS is implementing a revised model of PRIDE in Spring of 2016 which should increase knowledge and skills of those who take the training. A description of the implementation plan can be found on pages 84-90 of the 2015 APSR.

On-going Foster Parent Training:

After foster parents complete the certification process described above, each foster home must go through the recertification process every two (2) years per DFS Policy 5.12.4: Family Foster Care Foster Home Certification and Revocation. This recertification includes an on-going training element that consists of the foster parent engaging in at least 36 training hours prior to recertification. This training requirement can be highly individualized based on the needs and skills of the foster parent. In order to fulfill this requirement, the DFS Foster Care Coordinator in each community works with each resource family in determining what activities will apply toward the required training hours and the amount of time each activity is worth. Resource families are encouraged to pursue training and educational opportunities which will increase

their skills and knowledge to care for the special needs of children and youth placed in their home and develop their competencies as resource parents. Commonly utilized training resources include:

- Attending trainings, workshops, classes, conferences and support groups;
- Psychoeducation provided by child or youth's therapist;
- Webinar attendance;
- Topic-specific books and videos;
- College courses;
- Foster Parent College; and
- Review of relevant literature (i.e. *Fostering Families Today*; *Adoption Today*).

The 36 hours required for on-going training is documented through participation in the above or other relevant activities; these documents are reviewed by Foster Care Coordinators prior to recertification. Current documentation that training requirements have been met is the completion of a file checklist of certification requirements and issuance of the foster home certificate. District Managers periodically review resource family files in order to ensure that compliance with the certification training requirements is met.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

DFS Service Array Policy and Practice Elements

Please reference Appendix B for a table referencing service array elements and their availability in jurisdictions across the State.

Wyoming is a rural, frontier state that faces unique challenges due to a small population dispersed across a large geographic area. In order to manage the obstacles and provide effective services to differing populations, Wyoming is divided into nine (9) Judicial Districts. For a map of these Districts, please see page 6 of the 2015 APSR.

Each District has at least one (1) local DFS office that provides child protection and JS to the community. The local office(s) are overseen by District Managers, who are intimately familiar with the service challenges within the community. For example, Judicial District 6 contains Campbell, Crook, and Weston Counties. Campbell County is one of the highest populated counties in Wyoming in addition to having a strong local economy due to the oil and gas industry. Meanwhile, Crook and Weston Counties have much smaller populations with a lower tax base in their communities, which creates increased service challenges. The District Manager of District 6 works within these communities to address these challenges, utilizing elements of the DFS service array to individualize services to best serve children and families in this area.

The following table outlines the services that DFS provided to clients age during FY 2015 as well as the number of clients utilizing the services.

Table 15
Service Array Utilized by Clients

Service	Clients Utilizing Service
Adoption Subsidy	497
Clothing Allowance	68
Counseling	196
Day Care	22
Day Treatment	4
Detention	25
Evaluation	323
Non-Relative Foster Care	678
Relative Foster Care	239
Family Preservation	269
Group Home	98
Guardianship Subsidy	220
Legal Services	12
MDT Coordinator	432
Mentoring	28
Parenting Skills Development	4
Residential Treatment	71
Respite Care	89
Specialized Foster Care	18
Therapeutic Non-Relative Foster Care	3
Transportation Assistance	42

Of the services in the above table, the following are available in every community:

- Adoption Subsidies
- Clothing Allowance
- Counseling
- Day Care
- Evaluation
- Non-relative Foster Care
- Family Preservations Services
- Guardianship Subsidies
- Legal Services
- MDT Coordinator
- Respite Care
- Transportation Assistance

The following services are available on a more limited basis:

- Mentoring
- Group Homes
- Parenting Skills Development
- Residential Treatment
- Specialized Foster Care
- Therapeutic Non-Relative Foster Care

Recruitment and retention of specialized and therapeutic foster care families is always a necessity across Wyoming; for further information regarding these needs please see the response to Item 33 within this document.

Parenting skills development are supported through DFS, specifically through flow-through grants. The Wyoming Children's Trust Fund currently provides funding with both State and Federal Community-Based Child Abuse Prevention funds. Parenting support classes are offered in six (6) Wyoming counties. Additionally, mentoring services are funded through these grant monies. A total of eight (8) counties are served by mentoring programs.

There are currently five (5) Residential Treatment Centers (RTCs) in Wyoming, mostly found in the eastern half of the State. The western half of the State is largely underserved with RTCs. However, four (4) of the RTCs in Wyoming accept children if they need specialized placement while one (1) RTC specializes in child sex offenders. The number of RTCs in Wyoming is adequate to address service needs and there are no issues with waiting lists for children in need of specialized treatment. Removal from the community is an issue with children from the western half of the State, however, particularly for children with family who are then required to travel long distances for visits. For those children, DFS often places at RTCs in Idaho in order to minimize distance from the home community.

In addition to the above list regarding the number of clients utilizing services through DFS, the following narrative provides more specific information regarding specific elements that contribute to the DFS service array.

Community Child Protection Teams

An important and high-functioning resource for DFS is Community Child Protection Teams (CPTs). CPTs are created to identify or develop community resources to serve abused and neglected children within the community, to advocate for improved services or procedures for such children, and to provide information and assistance to DFS. CPTs allow several disciplines, such as child welfare, mental health, and education, among others, to have in-depth discussions about increasing front end services to keep children and youth safe in local communities, out of placement, and to identify services and service gaps within the community to achieve positive outcomes.

Community Juvenile Service Boards

The Community Juvenile Service Boards (CJSBs) are also a local team of disciplines who establish, maintain and promote the development of juvenile services in communities aimed at allowing early identification and identify resources for at-risk youth who are at risk of entry into the juvenile court system. CJSBs facilitate local planning efforts and partnerships to develop and enhance locally-based services for a continuum of care for at-risk youth and families. The CJSBs have allowed for service decisions to be made at a local level; aided in the development of local, regional, and Statewide partnerships; and ensured coordinated transitions for improved services for youth from early identification and intervention through aftercare.

Washington Assessments

As stated on page 54 of the 2015 APSR, DFS has partnered with the Department of Health and the University of Wyoming to develop connections with the University of Washington to perform mental health assessments to ensure the appropriate placement of youth and medication evaluations. This partnership allows for a timely evaluation to determine the appropriate level of placement for children in care.

In order to determine the usefulness and accessibility of this service, a survey developed and provided to caseworkers, and 138 responded to the survey. Of Wyoming’s 23 counties, caseworkers from 21 counties responded to the survey. Additionally, there was an option to skip the question; however, 137 of the 138 respondents answered the section regarding the use of Washington Assessments.

Of that total, 55% of the respondents stated that they use or have used Washington Assessments; 34% stated that they have not used the service, and 12% stated that they were not aware of the service.

The following table outlines the information provided from those who have utilized the Washington Assessments regarding their efficacy in providing accurate information for caseworkers.

Table 16
Functioning of Washington Assessments

Question	Yes	No
Washington Assessments provide pertinent information to make the best recommendation for the child/youth	79%	21%
Washington Assessments provide enough information regarding strengths and needs of the child and family to determine appropriate services	79%	21%
Washington Assessments provide enough information for the child to remain with the family or in a less restrictive environment whenever possible	83%	19%
Washington Assessments meet the unique needs of the family and the child	69%	31%

In addition to the above information, when asked to characterize how the Washington Assessments function in their community, 91% of respondents stated that the service was excellent, good, or fair; and 9% stated that the service worked poorly in their community.

Survey respondents also were able to provide narrative information regarding the Washington Assessments. Benefits cited included timely receipt of information, assistance in determining solutions to allowing the child to remain in the community, and that the Assessment provided

supporting information to Courts and other bodies regarding the appropriate level of care. Challenges with the service included the limited amount of time spent with children prior to providing the Assessment as well as the evaluators not having a full understanding of the services available in the community.

DOH Medication Oversight

In addition to partnering with Washington Assessments, the Wyoming Department of Health (DOH) provides assistance with medication oversight for children in DFS custody. As noted on page 54 of the 2015 APSR, DOH provides caseworkers assistance in ensuring the appropriate medications and dosages are prescribed, particularly in relation to psychotropic medication. The goal of this partnership is to provide caseworkers with a level of medical expertise in addition to their casework training and experience to best ensure that children in care receive adequate and appropriate medical treatment.

This service is available Statewide with no gaps in service, as the partnership is between DFS and DOH at the State level.

In the above referenced survey, 130 of the 138 participating in the survey answered questions regarding the efficacy and function of DOH Medication Oversight assistance. Of the total respondents to this section, 9% stated that they have called the DOH for assistance regarding psychotropic medication oversight; 70% stated that they have not utilized this service; and 21% stated that they were not aware of this service.

Although few people have utilized this service, it is worth noting the information provided by those individuals. The table below outlines the efficacy of this service.

Table 17
Functioning of DOH Medication Oversight Assistance

Question	Yes	No
DOH medication oversight assistance provides pertinent information to make the best recommendation for the child/youth	100%	0%
DOH medication oversight assistance provides enough information regarding strengths and needs of the child/youth to determine appropriate services	82%	18%
DOH medication oversight assistance provides enough information for the child to remain with the family or in a less restrictive environment whenever possible	82%	18%
DOH medication oversight assistance meets the unique needs of the family and the child	82%	18%

According to DFS staff surveyed, all of the information provided by DOH is pertinent in assisting in making the best recommendation for children; additionally, the use of this service is cited as providing information that allows children to remain with the family whenever possible,

assists in determining appropriate services, and helps to meet the unique needs of children and families. It is evident from those who utilize this service that it has been demonstrated to benefit children and families; as the partnership continues to expand in usage will continue to assist in providing the best possible services for children and families.

Mental Health Services

Enhancing and supporting mental health services and accessibility in Wyoming communities is a priority of DFS. In 2014, DFS undertook a stakeholder survey to evaluate performance in a variety of service areas including mental health services. The results of this survey as related to mental health services and service array can be found on page 29 of the 2015 APSR. As noted in this survey, stakeholders cite mental health services as a strength in Wyoming but that accessibility to mental health providers in some areas can be a challenge.

Mental health services aid children, youth, and caregivers suffering from mild to severe mental illnesses. Mental health services vary in each community Statewide and differ in services available. Mental health services can vary from individual to family to group therapy; early intervention services; psychological evaluations, and substance abuse treatment, among others. For more information about Wyoming’s mental health services, please refer to the 2015 APSR.

In addition to the 2014 survey, DFS included mental health questions in the DFS survey cited above. Of the total 138 respondents, 128 answered the question as to whether or not they have used mental health services in their casework. Of that total, 80% stated that they have utilized these services while 20% stated that they have not utilized those services. Of the total 138 respondents, 99 answered the following questions to determining the functioning of mental health services in their community.

Table 18
Functioning of Mental Health Services

Question	Yes	No
Mental health services in my community provide pertinent information to make the best recommendation for the child/youth	82%	18%
Mental health services in my community provide enough information regarding strengths and needs of the child/youth to determine appropriate services	78%	22%
Mental health services in my community provide enough information for the child to remain with the family or in a less restrictive environment whenever possible	77%	23%
Mental health services in my community meet the unique needs of the family and the child	81%	19%
Mental health services in my community have a waiting list	36%	64%

When asked how the mental health services rated in their community, 10% responded Excellent, 55% responded Good, 24% responded Fair, and 11% responded Poor. Additionally, many respondents provided short answers within the survey that specified common strengths and challenges with mental health services. Some noted consistent strengths throughout the comments included that mental health service providers are helpful in assisting families and caseworkers develop and monitor goals in cases and stay in close contact with workers and attend MDTs and other meetings in order to provide a mental health perspective and support to the family and the child. Additionally, although some challenges were noted, one specific comment stated that although there was a mental health service gap in their area, it was being addressed in a community-driven manner through CJSB for that county.

Challenges noted by workers include variance in capability and practice in mental health providers; some providers with too many patients; and breakdowns in communication that may occur between mental health service providers and caseworkers.

Clinical Services within DFS

DFS added Clinical staff in the summer of 2012 which assists DFS caseworkers in ensuring the proper provision of clinical, medical, pharmacological, therapeutic, and psychosexual services to children and youth in DFS custody. The Clinical Services staff conduct continued stay reviews on children placed in congregate care; provide medication management and consultation; participate in case reviews and quality assurance reviews; provide professional consultation from multi-disciplinary team meetings in the Judicial System; arrange inpatient treatment admissions; arrange and consult on outpatient treatment provision; and guide administrative decision making on clinical matters.

Xerox

Xerox is a program provider through the Wyoming DOH. Xerox offers Wyoming Medicaid clients with healthcare staff to work with them individually or in group settings. Xerox provides the following assistance for Medicaid clients:

- Education;
- Resources;
- Support; and
- Information about age appropriate health screenings.

As a result of this service provision, Xerox assists DFS staff in the following services for children and youth who are in Psychiatric Residential Treatment Facilities paid for through Medicaid:

- Payment authorized for children going to treatment facilities;
- Locating appropriate services;
- Understanding the process and placement of a child in a treatment facility;
- Provides placement reviews;
- Assists in Wrap Around program after treatment; and
- Participation in MDTs and Treatment Reviews.

In order to determine the effectiveness of these services, questions related to Xerox were included in the above referenced survey. Of the 138 total respondents, 125 answered the survey question related to Xerox. Of that number, 44% stated that they utilized Xerox services and 54% stated that they either did not utilize the service or were not aware of the service.

The further Xerox services questions were answered by 55 respondents. When asked how well the service worked for them, 16% responded Excellent, 45% responded Good, 29% responded Fair, and 9% responded Poor.

Table 19
Functioning of Xerox Services

Question	Yes	No
Xerox services in my community provide pertinent information to make the best recommendation for the child/youth	82%	18%
Xerox services in my community provide enough information regarding strengths and needs of the child/youth to determine appropriate services	78%	22%
Xerox services in my community provide enough information for the child to remain with the family or in a less restrictive environment whenever possible	78%	22%
Xerox services in my community meet the unique needs of the family and the child	78%	22%

In-Home Services

In-home services are a cornerstone of DFS work. Services provided to the family in the home emphasize assisting the family to develop the appropriate skill sets and behaviors to keep children safely in the home. Wyoming, as stated above, is a rural, frontier state, and every community differs in services available due to the service providers in each community.

Table 20
In-Home Services

In-Home Services	Percent of Respondents Utilizing Service
Parenting classes	70%
Support Groups	38%
Independent Living	37%
Re-Entry	17%
Counseling	57%

In-Home Services	Percent of Respondents Utilizing Service
Family Partnership/Wrap Around	66%
Transportation	41%
Health Care	28%
Domestic Violence Awareness	26%
Visitation	49%
Mentoring	51%
Budgeting and Finances	42%

Of the 139 total respondents, 125 answered the question regarding utilization of in-home service providers. Of those respondents, 61% stated that they utilized in-home service providers in their community; 26% stated that they did not utilize in-home service providers; and 13% stated that they were not aware of an in-home service provider in the community.

The subsequent questions related to in-home service providers were answered by 76 respondents. When asked how well the service worked for them, 25% responded Excellent, 59% responded Good, 15% responded Fair, and 1% responded Poor.

Table 21
Functioning of In-Home Service Providers

Question	Yes	No
In-home service providers in my community provide pertinent information to make the best recommendation for the child/youth	92%	8%
In-home service providers in my community provide enough information regarding strengths and needs of the child/youth to determine appropriate services	90%	10%
In-home service providers in my community provide enough information for the child to remain with the family or in a less restrictive environment whenever possible	90%	10%
In-home service providers in my community meet the unique needs of the family and the child	95%	5%
In-home service providers in my community work to assist in family preservation efforts	93%	7%
In-home service providers in my community work to assist in family reunification efforts	87%	13%

Out of Home Services

Table 22
Functioning of Out of Home Service Providers

Out of Home Service	Percent of Respondents Utilizing Service
Parenting classes	60%
Support Groups	44%
Independent Living	57%
Re-Entry	18%
Counseling	88%
Family Partnership/Wrap Around	44%
Crisis Intervention	38%
Transportation	38%
Health Care	36%
Domestic Violence Awareness	32%
Visitation	53%
Mentoring	38%
Budgeting and Finances	31%

Of the 138 total survey respondents, 125 answered the question regarding the utilization of out of home service providers. Of that number, 64% stated that they had used out of home service providers on their cases; 29% stated that they did not; and 7% stated that they were not aware of any out of home service providers.

When asked how well out of home service providers worked in their community, 17% responded Excellent, 69% responded Good, 13% responded Fair, and 1% responded Poor.

Table 23
Functioning of Out of Home Service Providers

Question	Yes	No
Out of home service providers in my community provide pertinent information to make the best recommendation for the child/youth	92%	8%
Out of home service providers in my community provide enough information regarding strengths and needs of the child/youth to determine appropriate services	92%	8%
Out of home service providers in my community provide enough information for the child to remain with the family or in a less restrictive environment whenever possible	89%	11%

Question	Yes	No
Out of home service providers in my community meet the unique needs of the family and the child	88%	12%
Out of home service providers in my community work to assist in family preservation efforts	95%	5%
Out of home service providers in my community work to assist in family reunification efforts	91%	9%

Permanency Roundtables and Transitional Roundtables

Permanency Roundtables (PRTs) and Transitional Roundtables (TRTs) are a strategy and resource that can be utilized to find alternative permanency or transitional plans for children and youth. The goal of the PRT or TRT is to gather a team of people who have been involved in the case and in the child or youth’s life to have an overarching discussion of what has and has not worked throughout the case and the different options available for the youth. These events are particularly targeted towards children and youth who may have been in care for an extensive period of time or have particular challenges to finding permanency. PRTs and TRTs are available for every office in the State as each Judicial District has participated in PRTs and TRTs training as well as had engagement with PRT and TRT train the trainer sessions, resulting in individuals in each Judicial District obtaining the knowledge and skills necessary to facilitate a PRT or TRT. Additionally, the State DFS office provides support to field staff upon request, assisting in conducting PRTs or TRTs if staff are unavailable to facilitate. DFS use of PRTs and TRTs can be found on page 21 of the 2015 APSR.

In order to determine the functioning of PRTs and TRTs from a DFS perspective, questions regarding these events were included in the survey cited above. Of the 138 respondents, 22 provided answers to the questions related to PRTs and TRTs. Of that number, 19% stated that they had utilized a PRT or TRT for finding permanency for a youth on their caseload.

Although that number is small, it is interesting to examine the responses of those who have utilized PRTs and TRTs. Of the respondents, 86% had used PRTs and 14% used both PRTs and TRTs. The majority of respondents—95%—used PRTs and TRTs for their cases 1-5 times.

When asked how well the PRT and TRT worked for them, 9% responded Excellent, 46% responded Good, 36% responded Fair, and 9% responded Poor.

Table 24

Functioning of PRTs/TRTs

Question	Yes	No
PRTs/TRTs utilized provided alternative solutions to assist in finding permanency for children	73%	27%
PRTs/TRTs assisted in addressing developmentally and culturally appropriate responses for youth	64%	36%
PRTs/TRTs meet the unique needs of the child and family	68%	32%

Independent Living and Transitional Services

Independent Living (IL) and transitional services are an area of focus for DFS. In 2014, DFS hired a new Program Analyst in charge of IL and transitional services for youth and an has increased emphasis on reporting and collaboration on goals established on pages 58-65 of the 2015 APSR. Additionally, pages 105 of the 2015 APSR describe the IL Program as well as DFS utilization of transitional services.

In order to determine the functioning of IL and transitional services, questions related to this area were included in the survey cited above. Of the 138 total respondents from the survey, 60 provided information related to IL and transitional services. Of this number, 51% of respondents stated that they utilized IL and transitional services to assist youth in developing independent living skills to prepare for transitioning into adulthood. When asked how many youth on their caseload have been involved in IL/TL services, 77% responded 1-5 youth; 22% responded 6-10 youth; and 2% responded 10-15 youth.

Ensuring that IL/TL service providers are responsive to the needs of youth is of high priority to DFS. When asked how responsive their IL/TL provider is, 52% said very responsive; 40% said somewhat responsive, and 10% said not at all responsive. Additionally, when asked to rate the IL/TR services in their community, 22% of the respondents reported Excellent; 52% reported Good; 15% reported Fair; and 12% responded Poor

Additional information was gathered regarding the efficacy of services and of IL/TL providers and coordinators and is outlined in the table below.

Table 25
Functioning of IL/TL Services

Question	Yes	No
Youth are able to receive services immediately	83%	17%
IL Coordinator communicates with the youth in custody regarding the services being provided	75%	25%
IL Coordinators assist youth with the Ansell Casey Assessment to develop a service plan for the youth	65%	35%
IL Coordinator provides youth with services and/or solutions to assist the youth in developing IL skills	82%	18%
IL Coordinator provides youth with services and/or solutions to assist the youth in preparing to transition into adulthood	82%	18%
IL Coordinator assists in addressing developmentally and culturally appropriate responses for youth	70%	30%
IL Coordinator meet the unique needs of youth	82%	18%

Wyoming Practice Model

As stated previously, the WPM is a major Statewide initiative undertaken by DFS to improve casework practice and documentation. The main focus of WPM is to identify the strengths of children and families in order to build on these strengths throughout the life of the case. Rather than focus on compliance, WPM emphasizes supporting changes in behavior to assist the family in addressing the core concern in the case. WPM utilizes engagement tools to elicit active participation in planning and development of case goals on the part of children and families and supports the training of caseworkers in these tools as well as in building skills and strategies to improve practice. Further discussion of WPM can be found on pages 13-14 of the 2015 APSR.

Of the 138 survey respondents, 113 answered the question about utilizing WPM. Of that number, 76% stated that they use WPM currently; 16% stated that they do not use WPM; and 8% stated that they are not aware of WPM.

Table 26
Functioning of WPM

Question	Yes	No
WPM provides tools for workers to address safety	74%	26%
WPM provides them with tools to develop safety plans	74%	26%
WPM provides engagement tools to include all age appropriate family members in developing case plans and safety plans	71%	29%
WPM provides them with engagement tools that involve children, youth, and family members in addressing change and progress in their case plan goals	69%	31%
WPM provides engagement tools that allows the gathering of information to help make a finding or determination in an Investigation or Assessment case	67%	33%
WPM focuses on changing behaviors of parents and caretakers rather than compliance	65%	35%
WPM has assisted in providing reasonable efforts to prevent children from going into foster care	50%	50%
WPM assisted in children and youth reunifying in a shorter period of time	46%	54%
WPM assisted youth in identifying their own safety issues, permanency plan, and well-being needs	65%	35%
I understand the difference between risk and safety because of WPM	79%	21%

Flexible Funding/Family Preservation

DFS works to meet the needs of families Statewide. An effort to resolve one of the major barriers to service array improvement was the development of a flexible funding plan using the

Promoting Safe and Stable Family funds. Flexible funds are a resource for local offices and available to provide individualize services to meet the needs of children, youth, and families to support and preserve the family. When case plans are developed with the family and identify specific services need, the flexible funding plan enables local offices to address those needs in a timely and cost-effective manner.

Flexible Funding/Family Preservation funds were have been used for the following specific goals:

- Assistance with rent;
- Fixing vehicles for transportation;
- Transportation assistance;
- Assistance with utility bills;
- Activities for the children;
- Purchase of a washer and dryer; and
- Purchase of clothing for children.

Of the total 138 survey respondents, 113 answered the question relating to the use of Flexible Funding/Family Preservation funds. Of that total, 18% stated that they have utilized that funding and that it was successful; 29% stated they had not utilized these funds with the specific goal of family preservation or reunification; 21% stated that they had not used these funds; and 37% stated they were not aware of the funding.

Table 27
Functioning of Flexible Funding/Family Preservation Funding

Question	Yes	No
Funds provided the ability to individualize services so the family could stay together or reunify	91%	9%
Funds were utilized to meet the unique needs of the family	95%	5%

Analysis

DFS considers its service array to be an area of strength. Although there are challenges in providing a consistent level of service and care to individuals across the State, DFS is innovative in contracting with Xerox, the University of Washington, and others to provide a consistent level of care to clients. Additionally, utilization of both State and Federal funds, such as grants provided through the Wyoming Children’s Trust Fund, allows potential service needs to be addressed on a community level. Further, the development of Clinical services on the State level allow for direct support for caseworkers in accurately assessing the needs of children. Close collaboration and coordination between State Office and local field staff allow for the individualization of services through flexible funds to provide support for transportation needs that are often identified in cases as a primary need.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Individualizing Services through Agency Coordination

As stated in the response to Item 29: Service Array on page 90 of this document, much of the DFS service array is individualized to meet the specific needs of Wyoming's children and families. Individualizing services is a particular strength of DFS, and one element that allows for services to be tailored to specific, individual needs in each case is the strong interagency partnerships that exist in Wyoming. The following elements of the service array allow for individualization of services and are available Statewide upon request:

- Washington Assessments: See page 78 of this document for a full description of the Washington Assessments. These assessments allow for evaluation and determination of a child's needs mental health in a time effective manner. The assistance provided in determining the proper level of care for each child is essential in individualizing services both from the start of the case and throughout the life of the case.
- DOH Medication Assistance: See page 79 of this document for a full discussion of DOH medication assistance. Provision of medication oversight and review is an important element in ensuring adequate and proper care of children.
- Xerox: See page 82 of this document for a full description of Xerox services. The services that Xerox offers are all in an attempt to individualize services, provide safe and proper care, locate the appropriate service for the child's needs, and ensure that the child's needs are being met during and after placement.

Additionally, mental health services described on page 80 of this document demonstrate efforts to individualize services for children and families.

Differential Response

The primary goal of DFS is to ensure children and youth are safe and preserve the family unit through interventions and direct work with children, youth and families. For this reason, DFS implemented the Differential Response (DR) system in an effort to respond with more flexibility

to child abuse and neglect reports and to better meet individual family needs. In Wyoming's DR system, incidents can be screened in as an Investigation, Assessment, or Prevention Track case as stated in the response to Safety, Permanency, and Well-Being Outcomes above. Investigations include the most severe allegations of abuse or neglect. Assessment Track is defined as cases where abuse may have occurred, but does not rise to the level of an investigation. Finally, the Prevention Track is used where no abuse or neglect has occurred, but where there are identified risk factors.

The DR system allows DFS staff to work to assess the family's needs, build upon their strengths, and individualize services to keep the child(ren)/youth safely at home with their families. DFS uses the same DR philosophy in JS cases, allowing the juvenile and family to receive individualized services as an intervention before court action and possible placement.

Wyoming Practice Model (WPM)

As mentioned throughout this document, the WPM is a practice to gather and assess information from children, youth and families and supports their efforts in identifying services they need. The WPM provides a range of tools that are customizable to each family and child and are aimed at obtaining reliable, accurate, family-focused information to assist in case planning and family engagement. A primary emphasis of WPM is to engage each family regarding their unique strengths and then to build on those strengths through the case planning process and throughout the life of the case. This emphasis allows the services in each case to truly be tailored to the specific needs of the family rather than providing cookie-cutter solutions based on a predetermined set of services. Currently all nine (9) Judicial Districts have received training in WPM and a majority of caseworkers are utilizing WPM tools.

DFS also utilizes several assessment tools, including the Safety and Risk Assessment for abuse and neglect cases and PACT Assessment for JS. These Assessments evaluate safety and risk to help identify the needs of the family and child/youth to assist in developing a case plan. Safety and Risk Assessments are conducted during key events in the case as defined in policy and referenced on page 10 of this document. PACT Assessments also focus on the strengths of the child and family across numerous domains in order to build a case plan that focuses on the needs and services specifically tailored to each child and family. For a further discussion of the PACT Assessments, please see page 13 of this document.

Community Resources

CPTs and CJSBs, as mentioned in Item 29 on page 78, are an excellent source for developing individual community resources to serve children, youth and families. With each team/board having a specific focus for the related program, the services identified in local communities assists the children and families on meeting their individual needs. Furthermore, these resources are highly individualized, as the CPTs and CJSBs are comprised of local members who are engaged in and aware of both the challenges of and the resources available in each community. The CJSBs and CPTs were created with the intention to allow for local control in order to most effectively individualize services to assist Wyoming's children and families.

Flexible Funding/Family Preservation

As mentioned in Item 29, a flexible funding plan was developed to resolve some major barriers to the service array for DFS staff. The Promoting Safe and Stable Family funds have been available for local offices since FFY 2015 to support and provide flexible funding so staff can individualize services to meet the needs of children, youth and families. Flexible Funds are available in all nine (9) Judicial Districts and utilized a total of \$19,517.96 for FFY 2015. This resource has been a new concept for the local offices; however, the local offices have begun utilizing the funding to provide individual services to families to keep them together.

As stated previously, Flexible Funding/Family Preservation funds were have been used for the following specific goals:

- Assistance with rent;
- Fixing vehicles for transportation;
- Transportation assistance;
- Assistance with utility bills;
- Activities for the children;
- Purchase of a washer and dryer; and
- Purchase of clothing for children.

In FY 2015, 42 clients were provided transportation assistance and 68 clients were provided assistance with the purchase of clothing for children. Furthermore, MDTs provide individualized services for every case; in FY 2015, 432 clients utilized this service.

These needs were determined by caseworkers to be necessary to keep the family intact or to accomplish case goals. In the above referenced survey, 95% of the 21 who responded to the question stated that flexible funding was utilized to meet the unique needs of the family; additionally, 91% of the 21 who responded stated that the funds provided the ability to individualize services in order to preserve or reunify the family.

DFS has been working to provide primary, secondary, and tertiary prevention to children and families to improve outcomes statewide for more comprehensive, coordinated, and effective services and with the use of the flexible funds and partnership of communities, Wyoming has seen a decrease in out-of-home placements. More information on the use of Flexible Funds can be found on page 53 of the 2015 APSR.

Permanency Rountables (PRTs) and Transitional Rountables (TRTs)

PRTs and TRTs were discussed in-depth on page 85 of this document; additional information regarding the PRT and TRT processes can be found on page 21 of the 2015 APSR. PRTs and TRTs are highly individualized services offered by DFS, particularly in cases where establishing permanency has been challenging. Each PRT or TRT conducted is child- and family-specific and includes important team members in the case. The PRT or TRT can last several hours to a full day, and includes brainstorming of creative solutions to remove barriers to permanency. This format allows each PRT and TRT to fully investigate all options available to the child in question and specifically tailor services and permanency options to the specific needs of the child.

Independent Living (IL) and Transitional Services

Discussion of IL and transitional services can be found on page 44 of this document as well as on page 105 of the 2015 APSR. IL and transitional services are another individualized element of the DFS service array. In part a determination of IL or transitional services needed for a child is identified through the completion of the Ansell Casey Life Skills Assessment; however, additional needs can be identified by the youth in question regarding elements that may not be covered in the formal Assessment. IL Coordinators assist youth in identifying IL needs and match specific services with those needs, such as providing assistance learning to balance a checkbook for a youth who identified money management as a need.

Individualizing Adoption Services

Adoption services are also individualized by DFS. Adoption subsidies are available as are adoption incentive funds; pre- and post-adoption services are also available and based on the needs of the individual family. For a further discussion of these services, see page 110 of this document and pages 110 of the 2015 APSR.

Services to Non-English Speaking Families

Wyoming is far less diverse than most other states, with 84.1% of the population as White/Caucasian according to 2014 Census data. Hispanic/Latino individuals make up 9.8%; American Indian and Alaska Native make up 2.7%; Black or African American make up 1.6%; and other ethnic groups make up less than 1% of the population.

With Hispanic/Latino groups as the largest minority population, DFS addresses the needs of Hispanic/Latino clients in several ways. First, addressing any language barriers is often the highest priority. DFS utilizes a service called the Language Line, which is available Statewide. DFS caseworkers or other staff can call into the Language Line, which then provides translation services both from English to Spanish and from Spanish to English. This service is of particular use when there are no individuals in the local office who are fluent in Spanish. Additionally, foster care recruitment has focused on Spanish-speaking and Hispanic/Latino communities in Wyoming in order to recruit a variety of foster parents who can address the cultural needs of children in care. Finally, several of the DFS brochures and forms have been translated into Spanish to address any language barriers.

The next largest minority population in Wyoming is the American Indian and Alaska Native group, particularly around the Wind River Reservation. DFS provides coordination and collaboration with Tribal DFS in order to provide culturally competent services. However, it is important to note that there is extremely limited contact on the part of DFS with Tribal children; when performing research for the 2016 CFSR, it was noted that there were only three (3) children in care identifying as American Indian. DFS continues to work with the Tribal DFS offices as appropriate and follows ICWA requirements.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

In order to facilitate engagement and consultation with stakeholders with the CFSP and related APSRs, DFS established focus groups to monitor and evaluate the implementation of provisions outlined in these documents. In 2014, a large-scale survey was undertaken to determine service needs from the perspective of clients, stakeholders, and DFS staff. This survey was sent to parents, foster and adoptive parents, current and former foster youth, members of the judicial system, Tribal leadership, DFS staff, and other State agency stakeholders. This survey is extensively cited throughout the 2014 CFSP and formed the basis of developing the CFSP. A full listing of survey participants (excluding those individuals whose names were withheld for confidentiality purposes) are listed in the acknowledgements of the CFSP document.

As a result of this survey, DFS staff determined that relevant focus groups should be established in seven (7) different areas: Child Welfare; Youth and Juvenile Services; Training and CQI; Adoption and Guardianship; Courts; Substitute Care and Residential Treatment Facilities; and Foster and Parent Licensing, Recruitment, and Retention. Within these groups, a variety of stakeholders were recruited from the Shoshone and Northern Arapahoe Tribes; other State agencies that work closely with DFS such as the Department of Health and the Attorney General's Office; service providers such as doctors, therapists, IL coordinators, and adoption organizations; members of the juvenile court, and members of the GAL Program. A comprehensive list of individuals involved in each focus group can be found on below.

In 2014 these individuals gathered with their focus groups, facilitated by DFS staff, to develop the goals, objectives, and timeframes submitted in the 2014 Wyoming CFSP. Since that time, these same focus groups have met at or plan to meet two (2) to three (3) times annually to describe progress on the goals and objectives and to make any revisions or alterations deemed necessary by changing circumstances. These alterations as well as progress on updates were

recorded by the facilitating DFS staff member and the conclusions reached by each focus group can be found on pages 58-90 of the 2015 Wyoming APSR. For the remaining three (3) years of the current CFSP, the focus groups will continue to meet and discuss progress made and any alterations to the goals and objectives relevant to their area of focus.

DFS has concluded that this structure and process is effective in developing goals and objectives for the improvement of the child welfare system in Wyoming, as it allows for ongoing communication and real-time problem solving as relevant stakeholders are regularly gathered together to discuss progress on established goals. Additionally, although DFS facilitates the meetings and serves as a scheduling coordinator, the needs addressed within these meetings come directly from the stakeholders. Likewise, the goals and objectives to address these needs are developed by individuals with a variety of experience, resources, and intimate knowledge with their subject matter. By bringing these focus groups together and allowing for them to be the driving force in developing the goals and objectives of the CFSP, DFS has gained a greater understanding of the needs of Wyoming's children and families as well as the strategies available to address those needs.

Although pages 58-90 of the CFSP illustrate the goals and objectives developed by the focus groups and their updates in their entirety, an example may be illustrative of the process. One goal the Youth Focus Group established in 2014 was an effort to make guardianship more streamlined and easier to understand. In an effort to accomplish that goal, the focus group identified the need to educate DFS workers and attorneys. The CJP Coordinator facilitated the development of a training that was conducted twice by members for the Wyoming Attorney General's office. The training included:

- Situations that are appropriate for guardianships;
- Who can petition for guardianship;
- Where to file for guardianship;
- Who consents to guardianship;
- When guardianship subsidies are available;
- The dissolution of guardianship; and
- Avoiding pitfalls in guardianship actions.

The training was presented to DFS staff as well as during a Laramie County Bar Association meeting. This example provides insight into how the focus groups function as well as how stakeholder partnerships function within Wyoming. The focus groups facilitate identification of needs and creative solutions to those needs through stakeholder partnerships and joint action.

In addition to stakeholders from public and private agencies, Wyoming youth input is also facilitated throughout the focus group process. Both the Youth and the Adoption and Guardianship focus groups solicit feedback from youth who are currently involved in the child welfare system or from youth alumni.

It is also important to note that although children in foster care are not named in the Youth or the Child Welfare groups, that does not mean that children in foster care are not involved within the process. Please note the information gathered in the 2014 survey contained in the CFSP.

Specifically, pages 19-20, 31, 32, 33, 45, and 46 contain data directly from parents and caregivers regarding the functioning of resources in their communities. Additionally, page 37, 42, 47, and 48 of the document contains survey results from children currently (as of 2014) in care. These questions are related to safety, participation in the court or periodic review process, and well-being issues such as physical health and DFS support for youth with diverse sexual orientation. These results directly informed the development of the CFSP as the interventions identified for work throughout the APSR process.

The names of children in foster care and current foster parents who participated in this survey and in focus groups were deliberately withheld due to confidentiality concerns.

The following table outlines the focus group meeting dates in preparation for the 2016 APSR.

Table 28
Focus Group Meeting Dates

Focus Group	Meeting Date
Youth	10/28/2015
Child Welfare	3/12/2015
Adoption and Guardianship	12/9/2015
Training and CQI	Weekly; 2/11/2015
Courts	Monthly
Substitute Care and Residential Treatment Facilities	2/4/2016
Foster and Adoptive Parent Licensing, Recruitment, and Retention	10/1/2015; 1/7/2016

The following table contains the current membership of the CFSP/APSR focus groups.

Table 29
Focus Group Membership

Substitute Care and RTCs	Child Welfare	Adoption and Guardianship	Training and CQI
Dianna Johnson (DFS)	Dan Wilde (GAL Program)	Maureen Clifton (DFS)	Elizabeth Forslund (DFS)
Lee Thurmond (DFS)	Merit Thomas (Governor's Office)	Rachel Campbell (DFS)	Bob James (DFS)
Dana Ward (DFS)	Misty Bollinger (DFS)	Bryan Cook (WWK)	Rachel Campbell (DFS)
Lauri Lamm (DFS)	Roberta Volk (DFS)	Aaron Hockman (GAL)	Roberta Volk (DFS)
Gabe Bartlette (DFS)	Tonjua Messmer (DFS)	Krista Katzmann	Thomas Kennah (DFS)
Wendy Picard (DFS)	Lisa Bauman-Brown (DFS)	Jamie Moss (DFS)	Bonnie Zink (DFS)
Mary Ann Maidl (DFS)	Jeff Lamm (DFS)	Katrina Price (DFS)	Sara Serelson (DFS)
Merit Thomas (Governor's Office)	Jennifer Davis (Citizen's Review)	Melody Roe (DFS)	Crystan Canfield (DFS)

Substitute Care and RTCs	Child Welfare	Adoption and Guardianship	Training and CQI
	Panel)		
Sheri England (Yes House Director—RTC)	Bob James (DFS)	Elizabeth Kingwill (Private Practice)	Jennifer Neely (DFS)
Gary Flohr (NSI Director—RTC)	Debra Hibbard (DFS)	Kellie Johnson	Laura Dobler (DFS)
Debra Hibbard (DFS)	Sara Serelson (DFS)	Emily Cole (Catholic Charities)	-
Teri Brito (DFS)	Stacey Dunlay (DFS)	Leanne Black	-
-	Ramona Cook (DFS)	Carol Lindly	-
-	-	Sara Rhoten (Wyoming 211)	-
-	-	Manisha Sandhu (The Adoption Exchange)	-
-	-	Robert Mayor (St. Joseph's Children's Home)	-
-	-	Melody Watters (DFS)	-
-	-	Carmelle Adams-Case (DFS)	-
-	-	Kelly Smario (DFS)	-

Table 30
Focus Group Membership

Courts	Youth	Foster and Adoptive Parent Licensing, Recruitment, and Retention
Hon. William Hill	Jennifer Davis (WYCRP)	Carmelle Adams-Case (DFS)
Steve Corsi (DFS)	Roberta Volk (DFS)	Alejandra Brooks (DFS)
Sheryl Bunting (Dept. County Attorney)	Bob James (DFS)	Maureen Clifton (DFS)
Hon. Steven Cranfill	Aline Kitchin	Kristie Collins (DFS)
Hon. Floyd Esquibel	Aaron Hockman (GAL)	Susan Crazythunder (Northern Arapahoe DFS)
Hon. Mary Throne	Katrina Price (DFS)	Jennifer Davis (CRP)
Hon. Nena James	Tonjua Messmer (DFS)	Jordan Dempsey (DFS)
Jill Kucera (AG's Office)	Jason Southwick (DFS)	Laura Dobler (DFS)
Kristie Langley (DFS)	Gail Eisenhauer (WDE)	Linda Finnerty (Consultant)

Section IV: Assessment of Systemic Factors

Courts	Youth	Foster and Adoptive Parent Licensing, Recruitment, and Retention
Dan Wilde (GAL)	Bryan Cook (WWK)	Paul Fritzler (DFS)
Lily Sharpe (Supreme Court Administrator)	Gailene Van Horn (LCSD #1)	Rose Fry (DFS)
Michelle Heinen (Parent Advocate)	Kiersti Willms (DFS)	Brenda Godak (DFS)
Dona Playton (DV Advocate)	Chad Dunlay (DFS)	Carol Gooden-Rice (DFS)
Carol Tulio (CASA)	Sara Serelson (DFS)	Tracy Hiatt (DFS)
-	Debra Hibbard (DFS)	Kris Katzmann
Ryan Roden (Public Defender's Office)	Nichole Anderson (DFS)	Diane Kulmus (DFS)
Bill Stanton (Casey Family Programs)	Dan Wilde (GAL Program)	Holly Law (DFS)
Stephen Weichman (County Attorney)	Jill Kucera (AG's Office)	Larry McAdams (Eastern Shoshone DFS)
Hon. Norman Young	Eydie Trautwein (CIP/CJP)	Briana Montoya (DFS)
Kerri Bumgardner (District Court Clerk)	Stacy Strasser	Jamie Moss (Northern Arapahoe DFS)
Terri Smith (DFS)	Christina McCabe (AG's Office)	D'Ann Nelson (DFS)
Debra Hibbard (DFS)	Shawwna Herron (AG's Office)	Jo-Ann Numoto (WDE)
Marty Nelson (DFS)	Brandon Schimelpfenig (DFS)	Heidi Phipps (DFS)
Aaron Hockman (GAL)	Amy Mendoza (YES House)	Charla Ricciardi (DOH)
Sara Serelson (DFS)	April Dittman (Goodwill)	Emilia Slater (DFS)
Elizabeth Forslund (DFS)	Ashley Gallegos (Goodwill)	Bonnie Volk (DFS)
Shawwna Herron (AG's Office)	Brooke Benson (Cathedral Home)	Melody Watters (DFS)
-	Cindy Hamilton (Goodwill)	Lillian Zuniga
-	Cydney Wheeler (VOA)	Stacey Dunlay (DFS)
-	Daisy Hoffman (Goodwill)	-
-	Erin Bates Shirley (Goodwill)	-
-	Hattie Penn (Goodwill)y	-
-	Janesa Lockhart (Cathedral Home)	-
-	Jeff Allen (Goodwill)	-
-	Jeffrey Becker (Cathedral Home)	-
-	Jena Heinrich (YES House)	-

Courts	Youth	Foster and Adoptive Parent Licensing, Recruitment, and Retention
-	Kristy Trebus (Goodwill)	-
-	Liz Davis (Goodwill)	-
-	Norma Rodriguez (Goodwill)	-
-	Rachel Ramsey (DFS)	-
-	Richard Griebe (Goodwill)	-
-	Robin McIntosh (DFS)	-
-	Sherilyn England (YES House)	-
-	Susan Arnold (VOA)	-
-	Sybil Mora (Goodwill)	-
-	Tiffany Hogue (Goodwill)	-
-	Tatyana Walker (YES House)	-

Analysis

DFS considers responsiveness to the community to be one of its strengths. The CFSP/APSR process has been informed by the 2014 survey conducted with stakeholder and client input, and that inclusive process has continued through 2016.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

DFS Coordination Policies and Procedures

The 2015 APSR identifies the boards and councils that DFS collaborates with to provide direction to DFS Services Division. These boards and councils provide feedback of to DFS on assessing outcomes, goals, and developing plans to improve the safety, permanency and well-being of children, youth, and families. The board and council members also participate in the CFSP and APSR meetings to assist in the plan as well as policy and practice changes.

Functioning of Coordination of Services

A priority of DFS is to ensure that clients receive the full scope of services appropriate for their needs, which is accomplished through constant coordination with services and programs at the local, State, and federal level. Coordination of services allows DFS to overcome many of the inherent barriers of working with a small population spread across a large geographic area.

The very structure of DFS allows for better coordination of the CFSP with other federal programs than may be present in other larger states. As stated in the response to Item 31, the CFSP and subsequent APSRs have been driven and developed by stakeholder focus groups. These groups represent a broad assortment of individuals invested in serving the DFS client base, as can be seen on page iv of the 2015 APSR.

Participation in the focus groups by these individuals allows not only the development of goals and strategies that directly serve the population, but are mutually beneficial for those participants to understand the tasks undertaken by DFS, thereby allowing better coordination of services to fill potential service gaps. Additionally, overall CFSP/APSR meetings are held on an ongoing basis to allow focus groups to share their progress and allow for cross-pollination of ideas between focus group members.

For example, the Youth Focus Group shared at one of the CFSP/APSR meetings that IL Coordinators had voiced the need for additional training in guardianship issues. After identifying that goal, the Wyoming CJP Coordinator arranged for additional training opportunities, and sharing that strategy also allowed the Training Focus Group members to note that guardianship training might be an area to invest additional internal and external training resources.

It is also important to note that the facilitators of these focus groups are DFS Program Analysts and other staff chosen to conduct specific groups due to their job responsibilities and experience. All Program Analysts and staff are also responsible for the administration of multiple programs serving the DFS client base. Due to the lack of staff dedicated to a single program, coordination between programs becomes easier and more natural. Additionally, the needs and requirements of these federal programs are taken into account in the development of the CFSP and APSR.

The following programs are administered in part or in whole by facilitators of the DFS CFSP/APSR focus groups:

- Wyoming Children's Trust Fund;
- Community-Based Child Abuse Prevention Grant;
- Social Services Block Grant;
- Independent Living/Chafee Program;
- Education and Training Vouchers;
- Adoption Subsidies;
- Court Improvement Program;
- Foster Care;
- Childcare Licensing;
- State Advisory Council of Juvenile Justice; and
- Early Childhood State Advisory Council.

DFS facilitates the integration of programs and funds to create a full array of child welfare services, from prevention and protection through permanency and well-being for children and families. The goal of DFS is to improve outcomes in safety, permanency, and well-being of Wyoming children and their families by identifying and utilizing different funding streams to include Title IV-B, Subparts 1 and 2, the Child Abuse Prevention and Treatment Act (CAPTA), Community-Based Child Abuse Prevention (CBCAP), and the Children's Justice Act (CJA).

CBCAP/ WCTF

DFS, in partnership with the WCTF and CBCAP, utilizes funds for the purpose of promotion of primary and secondary prevention and education programs that are designed to lessen the occurrence and recurrence of child abuse and neglect and to reduce the need for state intervention in child abuse and neglect prevention and education. Some of the services include mentoring for youth and families; helping parents excel through family classes, counseling, substance abuse/mental health services, life skills training which include financial management and nutrition courses; awareness, coordination, and education to support the need for early prevention work (Prevent Child Abuse Wyoming). The WCTF Board and DFS work closely with the funded programs, which include parents, service providers, and others to develop support networks for the prevention of child abuse.

This year, the WCTF Board plans to promote primary prevention and education programs in the State. The WCTF, created by W.S. 14-8-106, funds community programs to provide services to help keep children in a stable, safe, and supportive environment. This year, the primary role of

the WCTF Board is promote prevention statewide for the purpose of promotion primary services and activities that prevent abuse or neglect from occurring and mitigate risk factors for abuse and neglect. The WCTF expects the primary prevention activities to target the state at large. The primary prevention efforts could include public education activities, parent education classes that are open to anyone in the community, and family support programs. The emphasis will be on meeting goal one of the Children and Families Initiative: Wyoming families living in a stable, safe, supportive, nurturing, healthy environment.

Promoting Safe and Stable Families

Promoting Safe and Stable Families, known by DFS staff as Family Preservation, is an array of services, purchased and provided statewide, designed to protect children from harm and help families, including foster, adoptive, and extended families. DFS collaborates with community partners to join together to provide early intervention and front-end services to preserve families in their own communities. The PSSF funds assist families through array of services, to include:

Family Preservation works to engage community partners to join together to provide early intervention programs with focus on front-end services to keep families together. These services could include support groups for parents/caregivers; mentioning for parents and youth to include self-esteem building; safety planning and monitoring; parenting classes and family dynamics education; and wrap around services to coordinate care and help for families to be involved in the community.

Family support services, which include community-based services designed to promote the safety and well-being of children and families; to increase the strength and stability of families (including adoptive, foster, and extended families); to increase parents' confidence and competence in their parenting abilities; to afford children a safe, stable and supportive family environment; to strengthen parental relationships and promote healthy marriages; and to enhance child development.

Time-limited reunification services are used to meet the needs of the children and families to help facilitate safe reunification which could include services and activities provided to a child who is removed from the child's home and placed in a foster family home or a child care institution and to the parents or primary caregiver of a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion.

CAPTA and CJA

CAPTA is a significant piece of legislation that guides both federal and state child protection standards. Wyoming has utilized CAPTA funds to support of prevention, assessment, investigation, prosecution, and treatment activities to improve the outcomes of Wyoming's child welfare system. As of 2005, Wyoming has utilized the CAPTA funds to support the efforts of embracing the collaborative partnership with the Wyoming Citizen Review Panel (WYCRP) to ensure quality services for children and families in Wyoming. The WYCRP is a strong partner for DFS as working together to assess the strengths and challenges of the child welfare system has been noticed as the federal level. WYCRP reviews DFS policies and practices; participates in reviewing child welfare cases in partnership with the DFS CQI team; conducts staff and

stakeholder interviews, which provides an opportunity for input from the communities while providing an opportunity to educate about the importance of working together to meet the needs of vulnerable families; facilitates specific focus groups such as foster parents, foster youth and community partners to gather information about strengths, areas of improvement, and recommendations for system improvement; and coordinates the Wyoming Child Death Review and Prevention Team (WCDRPT) which reviews child major injuries and fatalities in Wyoming through comprehensive, multi-disciplinary case process. The WCRP has also been tasked to collaborate with the Northern Arapaho and Eastern Shoshone Tribes to host annual community meeting(s) and conduct stakeholder interviews in partnership with DFS.

The CAPTA CJA funds assist in meeting the needs of the WCDRPT, which advocates for child victims by making recommendations for change through prevention, intervention, training, education, legislation, and public policy. The team consists of a diverse group of professionals from across the state, including members from medical, social services, mental health, legal and law enforcement fields. Meetings are held four (4) times each year, in order to effectively review all relevant cases and information related to child injuries and fatalities.

Collaboration and Coordination

As stated previously, WCTF Board, WyCRP, the GAL program and many other supports inter-agency, interdisciplinary work, as statutory provisions to support improving outcomes for children and families in Wyoming. In addition to the collaboration and coordination in the information listed above, other strong partnerships that support improving outcomes for the Wyoming Child Welfare system as well as prevention efforts includes

- **Wyoming Health Department:** Prevention services through home visits by public health nurses and Title XX Medicaid programs
- **Casey Family Program:** Collaboration to focus on large-scale system changes such as reduction in foster programs and reduction in length of stay in out-of-home placements
- **Prevent Child Abuse Wyoming:** Prevention education
- **Children's Justice Project:** Court reforms in Wyoming

Together these agencies build a continuum of support and education services for families from preconception through adolescence that includes prevention, early intervention, family preservation, and child welfare intervention as well as strengthening services within the continuum by directing resources to areas of support improving child welfare statewide.

In addition, the table below contains the current list of DFS Memorandum of Understanding (MOU) that allow for coordination of services for vulnerable populations in Wyoming.

Table 31
Current DFS MOUs

Agency/Entity	Purpose of MOU
Natrona County Board of Commissioners	Use of Positive Achievement Change Tool for probation cases
Wyoming Department of Health	Exchanging cost data for foster care participants
Crook County Prosecuting Attorney	Use of Positive Achievement Change Tool for probation cases
Crook County CJSB	Use of Positive Achievement Change Tool for probation cases
Senior Services' Wyoming Aging & Disability Resource Center (ADRC) Program	Facilitate coordination of services and "no wrong door" access for adult consumers aged 55 and over and adults with a disability ages 18 and over seeking long term care and support, provide Wyoming's elderly and vulnerable populations their families and caregivers with a locally focused coordinated approach to integrating information and referral for all available services for the target populations as pertains to the purpose of the ADRC program
Goodwill Industries of Wyoming, Inc.	Facilitate administration and day-to-day functions of the WWK grant to Goodwill Industries and provide support from DFS by offering expertise in adoption best practices and providing for supportive provisions
90th Missile Wing FE Warren AFB	Establishing procedures for reporting, investigating, coordinating and managing child abuse and neglect cases involving active duty military families as well as to establish procedures for obtaining protective custody in appropriate cases
UW Wyoming Survey and Analysis Center	Define the process by which WYSAC and DFS share maltreatment data to meet federal reporting requirements of the maternal, infant and early childhood home visiting program administered by HRSA. Parents as teachers National Center is the grantee for the MIECHV-PAT Wyoming project
DA of 1st Judicial District	Ensure collaboration and cooperation toward the mutual goal of providing assistance for children who are victims of child abuse and neglect in Laramie County

Agency/Entity	Purpose of MOU
1st Judicial District Court	Ensure collaboration and cooperation toward the mutual goal of providing assistance for children who are victims of child abuse and neglect in Laramie County
WY GAL	Ensure collaboration and cooperation toward the mutual goal of providing assistance for children who are victims of child abuse and neglect in Laramie County
CASA of Laramie	Ensure collaboration and cooperation toward the mutual goal of providing assistance for children who are victims of child abuse and neglect in Laramie County

Early Childhood Coordination

DFS is also the entity responsible for the administration of the Child Care and Development Fund (CCDF). The CCDF provides funding to enable low-income parents to work or pursue education and training so they may better support their families while at the same time promoting the learning and development of their children. In addition, it provides funding to enhance the quality of child care for all children (child care licensing and other quality activities).

DFS coordinates efforts with the Wyoming Early Childhood State Advisory Council, which is comprised of early childhood experts from across the state, including members from the Wyoming Departments of Health, Education, Workforce Services; child care providers; child advocacy organizations; and other experts from the early childhood field. These efforts include development of policy and procedures related to Child Care Licensing and Child Care Subsidy; development of strategies to increase access to quality programs; development of strategies to increase quality in early childhood programs; and development, revision, and implementation of the professional development system or framework for early childhood professionals (including revision of the provider Career Ladder).

DFS is required to share information with providers to link families to available human service programs including TANF, Head Start and Early Head Start Programs, Low Income Home Energy Assistance Programs, SNAP, WIC, Medicaid, Child and Adult Care Food Program, and CHIP, among others.

Housing and Urban Development (HUD) and Homelessness Program Coordination

In July 2014, Governor Mead made homelessness his priority and appointed DFS to develop Wyoming's 10-year plan to end homelessness. There were approximately 16 different agencies represented in the development of the 10-year plan, which was released March of 2015. Information regarding the 10-year plan can be found on page 92 of the 2015 APSR.

Homeless programs are developed out of the Statewide Continuum of Care (CoC). The CoC is an organization of service providers, State government officials, members of the faith-based

community, Veterans Administration, and other individuals providing services to or interested in the care of people who are homeless.

The existence of a CoC is a requirement of HUD for the acquisition of the HUD grant funding. Currently the Wyoming Homelessness Council (WHC) Board meets monthly and the WHC has three (3) annually.

The State has an annual Point-in-Time count, which is a snapshot of homelessness for the State during one day in January. Every county participates in this count. This count is a requirement of HUD and a time all community stake holders work together with their communities and the State. The most recent Point-in-Time Count occurred on January 27, 2016.

Although there is not a formal feedback loop in place with the Services Division, members of the Division are active in the Point-in-Time count and contributed to the 10-year plan. Additionally, Division Administrators regularly coordinate and have set formal staff informational sessions on a weekly basis.

Domestic Violence Training

Wyoming acknowledges that domestic violence can have a devastating impact on children. In an effort to provide knowledge, skills and tools to address the affects of domestic violence in an child's life, DFS partnered with the Wyoming Citizen Review Panel's Parent as Teachers program, Wyoming Department of Health's Nurse Family Partnership Program, the domestic Violence and Sexual Assault Coalition, and Early/Head Start Programs to facilitate a train the trainer training using the Futures Without Violence Healthy Moms, Happy Babies home visitation curriculum.

This training was developed by Futures Without Violence through the 2010 Affordable Care Act/America's Healthy Futures Act which authorized a five-year national initiative to support maternal, infant, and early childhood home visitation programs with new benchmarks for home visitation and domestic violence reduction measures. The goal of the curriculum is to teach home visitors how to screen for domestic violence using the evidence-based Relationship Assessment Tool, provide safety planning, and make referrals that meet the federal benchmark requirements. The objective for the implementation of the curriculum in Wyoming is to train Wyoming Public Health Nurses, Early Head Start/Head Start, Parents as Teachers, DFS Services and Economic Assistance, Child Development Centers, and Nurse Family Partnership staff/home visitors to screen for domestic violence, safety plan, and make warm referrals to local DVSA programs.

Conclusions

DFS considers collaboration of CFSP services with other federal programs to be a strength. Federal and State programs are closely aligned in Wyoming and provide services to mutual populations. Coordination regularly occurs at the local office level in ensuring that individuals in cases are informed of and assisted with applying for federal programs for which they qualify. Additionally, individuals at the State and local levels work to ensure the best possible coordination of services for these populations.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Foster Home Standards

For State certified foster homes, DFS has several levels of review in place to ensure that standards and requirements are applied equally to all foster homes. The primary source of contact for foster homes are DFS Foster Care Coordinators. These individuals work with foster families to ensure that their needs are being met and that foster homes are in compliance with State and federal requirements.

One of the most important services that Foster Care Coordinators oversee is the certification and recertification of foster homes. Foster Care Coordinators ensure that all required documentation is present and correct in the individual file before issuing certificates. Current documentation that State standards are applied equally to all certified foster homes is the completion of a file checklist of certification requirements and issuance of the foster home certificate.

District Managers are responsible for the periodic review of files to ensure that DFS policy and practice requirements are being met.

Substitute Care Programs

Rules for substitute care programs, which are licensed to operate foster homes or approve adoptive homes, have similar standards and requirements as State certified foster homes. The Services Division licenses these programs, as well as child caring institutions (crisis centers, group homes, residential treatment centers, and detention centers), and reviews program, agency, personnel and child files following standardized policies and procedures during regularly scheduled reviews and also during announced and unannounced on-site visits between formal reviews.

Substitute Care Licensors are required to conduct three (3) unannounced visits at each facility annually; a complete facility inspection is done during one of these visits wherein all health and safety requirements are checked and documented on the Facility Inspection Form. In addition, recertification visits every one (1) or two (2) years require complete facility inspections.

A team approach is used in licensing. Two licensers will conduct the on-site visit and findings are reviewed as a team prior to the license being issued. The three staff who perform inspections communicate regularly and have checklists and reviews in place to assure standards are applied equally to all child care institutions licensed by the division. Additionally, documents submitted to approve licensure are reviewed by the supervisor prior to licensure.

DFS considers this item to be a strength.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

DFS requires, for all adults living in a prospective foster, adoptive, or respite home, fingerprint based criminal background checks at the state and national levels, as well as child abuse and neglect central registry checks for Wyoming and any other state(s) the adult has lived in during the last five (5) years. All non-relative foster homes are required to become certified and are typically certified prior to having a child placed in the home. Relatives have an option of deciding whether or not they want to become certified. Regardless of what decision they make, all safety requirements are the same as for certified homes including completing Child Abuse/Neglect Central Registry checks and fingerprint based criminal background checks for all adults in the household, along with other background checks, and a Home Health and Safety checklist. Wyoming also conducts Law Enforcement Checks as well as checks the Sex Offender Registry as part of the certification process. Results must be received by the foster care coordinator and checks of sex offender registries must be completed prior to certification and recertification of the home. The same training, mentoring and other support services are available to caregivers whether they are certified or not. Current documentation that federal and state requirements for criminal background checks have been completed for foster care and adoptive placements is the completion of a file checklist of certification requirements and issuance of the foster home certificate. The Foster Care Coordinators or DFS caseworkers enter the information into WYCAPS to maintain and ensure the procedures are completed as well as updated every two (2) years as required by policy. Services and payment can not be started until the full foster care certification is completed. Also, WYCAPS will send alerts to the Foster Care Coordinators 90 days before recertification to ensure foster homes are recertified every two (2) years.

The CAP360P1 report from WYCAPS documents foster care providers who are certified and completed the process, which includes criminal background checks as well as Child Abuse or Neglect Central Registry checks. This report demonstrates that foster homes that are certified have completed all requirements and those who have not are in “pending” status. The report indicates that no foster, adoptive, or respite homes (0%) have completed certification without completion of background checks.

Safety procedures are relative to placing children in a foster home; therefore, there are many responsibilities conducted by DFS which includes, but not limited to, ensuring there is adequate space for the children. Foster homes are certified for the number of children they can reasonably care for and capacity is based on a foster parent's skills, experience, and resources available to help care for the children and based on the needs of children placed in the home. Wyoming Foster Care Policy provides other safety measures to ensure children are safe and limits the number of children based on special needs and age, unless the children are a sibling group. DFS provides support to the foster parent to assist them in meeting the needs of children in their care including training and skill building, timely foster care maintenance payments, and assistance in arranging for respite care. Foster families are also part of the case planning process, as this allows them to request services they need to provide the best care for the children in their home. The Wyoming case plan has a section for the foster family to identify their needs and services are provided for them. DFS caseworkers are also required to provide notice to the foster families regarding case planning meetings, MDTs and court hearings.

DFS Caseworker are required to conduct at least one monthly face-to-face, in-person visit with the child(ren), biological parent(s) and/or caregiver(s) and foster parent(s) to address issues pertaining to safety, permanency and the well-being of the child(ren), as well as case planning, service delivery and goal achievement. DFS Caseworkers are required to physically see the child(ren) during the monthly visit and shall include private time to discuss the child(ren) safety concerns, needs that are and may not be being met, medication, doctor visits, etc. This private time provides the DFS caseworkers an opportunity to discuss with the child(ren) rules in the foster home as well as how each is doing in other areas. If the child(ren) report any safety concerns or allegations of abuse or neglect in the foster home, DFS has policy and procedures in handling these situations.

The same process to include Child Abuse/Neglect Central Registry checks and fingerprint based criminal background checks is completed in Substitute Care facilities to ensure safety for children and youth in the facilities. Child caring institutions are required to complete a Wyoming abuse and/or neglect Central Registry check, and abuse and/or neglect Central Registry check from any other state lived in for the past five (5) years, and a national fingerprint based criminal history record check on all staff, foster parents, and adoptive parents. These same checks are necessary for adult household members in the case of foster homes, adoptive homes, and facilities that are operated in an individual's home.

Facility directors complete a Staff Facility Record Summary as new employees are hired and submit to their respective Substitute Care licenser on an annual basis. The Substitute Care licensers conduct three (3) unannounced visits at each facility per year; staff files are reviewed to verify information provided on the Staff Facility Record Summary during at least one of these unannounced visits. In addition, recertification visits every one (1) or two (2) years require complete facility inspections.

Individual safety plans are created in addition to the treatment plan based on any identified potential safety concerns. The staff is made aware of any safety plans through daily communication.

A team approach is used in licensing. Two licensers will conduct the on-site visit and findings are reviewed as a team prior to the license being issued. The three staff that performs inspections communicates regularly and have checklists and reviews in place to assure standards are applied equally to all child care institutions licensed by the division. Additionally, documents submitted to approve licensure are reviewed by the supervisor prior to licensure.

The Substitute Care licensers utilize a data system separate from WYCAPS to track compliance. 100% of facilities complete required background checks prior to allowing staff unsupervised contact with youth.

When children are placed in a substitute care facility, DFS caseworkers are required to conduct at least one face to face visit with the child in the facility to discuss safety and treatment. The Substitute Care provider staff are invited to case planning meetings in order to address any treatment concerns and to assist in providing the team with information regarding the safety and well-being of the child.

For these reasons, DFS considers Item 34 as a strength.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

Recruiting and retaining diverse resource homes with the skills and resources needed to meet the needs of youth placed in care and which reflect the cultural, ethnic and racial diversity of children and youth in care is a priority for DFS.

Identifying and reaching out to relatives and kin of specific children through family finding and other family search and engagement strategies is not only the most effective means of finding appropriate connections and placements for children, but is also the most effective strategy for increasing cultural, racial and ethnic diversity among resource families, particularly due to the lack of racial and ethnic diversity in most Wyoming communities.

The table below outlines the race and ethnicity of children in foster homes during a point in time count in 2014 and 2015. The table illustrates the breakdown of race and ethnicity of children in non-relative placement, in relative placement, and of adoptive children and adoptive parents both on 12/31/2014 and 12/31/2015. As most adoptive parents are also certified as foster parents when adoptions are finalized, the adoption tables illustrate that DFS is effective in recruiting homes which reflect the ethnic and racial diversity of children available for adoption.

Table 32
Race/Ethnicity of Children in Foster Homes

NON-RELATIVE PLACEMENT	12/31/2014	12/31/2014	12/31/2015	12/31/2015
-	NOT HISPANIC	HISPANIC	NOT HISPANIC	HISPANIC
AMER IND-AK NATV	9	1	20	2
ARAPAHO	-	1	1	1
BLACK-AFR AMER	18	-	13	1
NTW HWN/PCFC ISL	-	-	-	-
WHITE	268	49	294	53
TOTAL	295	51	328	57

Section IV: Assessment of Systemic Factors

RELATIVE PLACEMENT	12/31/2014	12/31/2014	12/31/2015	12/31/2015
-	NOT HISPANIC	HISPANIC	NOT HISPANIC	HISPANIC
AMER IND-AK NATV	2	1	12	-
ARAPAHO	1	-	10	-
ASIAN	-	-	-	-
BLACK-AFR AMER	17	1	-	4
WHITE	190	62	232	67
TOTAL	210	64	254	71

ADOPTIVE CHILDREN	12/31/2014	12/31/2014	12/31/2015	12/31/2015
-	NOT HISPANIC	HISPANIC	NOT HISPANIC	HISPANIC
AMER IND-AK NATV	1	1	1	-
ARAPAHO	1	-	-	-
BLACK-AFR AMER	3	-	5	-
UNKNOWN	-	-	6	-
WHITE	55	8	62	10
TOTAL	60	9	74	10

ADOPTIVE PARENTS	12/31/2014	12/31/2014	12/31/2015	12/31/2015
-	NOT HISPANIC	HISPANIC	NOT HISPANIC	HISPANIC
AMER IND-AK NATV	2	2	2	-
ARAPAHO	2	-	-	-
BLACK-AFR AMER	5	-	10	-
UNKNOWN	-	-	12	-
WHITE	97	14	114	19
TOTAL	106	16	138	19

Statewide Recruitment and Retention Strategy

DFS also acknowledges that the recruitment and retention of resource homes is an ongoing need. To that end, DFS initiated a foster care recruitment and retention plan in 2014, which continued to roll out in 2015 and into 2016. Information about this plan can be found on pages 136 of the 2015 APSR.

This plan included the development of general recruitment materials, which were created and distributed in 2015. Posters, radio PSAs, TV PSAs, banners, brochures, and billboards were distributed across Wyoming. Billboards are present both within Wyoming communities and throughout travel corridors via Interstate 25 and Interstate 80. Posters were distributed both to DFS local offices and to community businesses.

These documents featured diverse children and foster parents in an attempt to recruit an equally diverse set of foster homes. The general recruitment brochure was also translated into Spanish to increase outreach efforts.

Although it is too early to determine which strategies are most effective, DFS is currently gathering information regarding new foster parents to determine if the recruitment and retention plan impacted their decision to become foster parents. Additionally, information was collected via a survey of DFS caseworkers, Supervisors, and Managers. While the number of responses is relatively small, this information can provide some insight into the early effects of the campaign.

A total of 121 individuals responded to the first question regarding the foster care recruitment and retention campaign. Of that total, 34 or 28% stated that the campaign assisted them in recruiting foster parents in their area; 32 or 27% stated that it did not; and 55 or 45% stated that they did not know.

Subsequent questions regarding specific elements of the campaign were answered by 34 respondents. The questions asked if the posters and the brochures helped in recruiting foster parents. The following table outlines these results.

Table 33
Poster and Brochure Survey Results

Item	Yes	No
Posters	26 (77%)	8 (24%)
Brochures	23 (68%)	11 (32%)

Additionally, questions were asked regarding the recruitment of foster homes to meet specific needs of Wyoming’s children. Again, 34 individuals responded to these questions and the results are outlined in the table below.

Table 34
Foster Home Recruitment Identified Needs

Recruitment Area	Yes	No
Cultural Diversity	14 (41%)	20 (59%)
Varying Developmental Needs	21 (62%)	13 (38%)
Care for Older Children	21 (62%)	13 (38%)
Care for Larger Sibling Group	18 (53%)	16 (47%)

When asked if the recruitment effort meets the unique needs of the children/youth and families, 25 individuals or 73% stated that it did while 9 individuals or 27% stated that it did not.

Annual Recruitment and Retention Plans

Foster Care Coordinators and state staff have monthly phone calls and discuss statewide and local recruitment strategies, successes and challenges. In addition to statewide recruitment efforts, each Foster Care Coordinator develops an annual recruitment and retention plan which utilize strategies and resources developed for statewide use, but are tailored to meet the needs children and families in their areas and the communities they serve. Most areas of the state are recruiting foster homes from the Latino community reaching out to children’s relatives and kin, current resource parents, churches and leaders in the Latino community. The local plans are

updated annually and as needs change. More information can be found on page 136 of the 2015 APSR.

While there is an on-going need for recruitment and recruitment efforts, this is an area which can be rated as a Strength.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

DFS Policy

Reunification with parents is the first priority of DFS. If reunification is not safe or appropriate, then DFS policy is to seek permanency through adoption, guardianship, or permanent placement with a relative or kinship placement. If these options are not available, foster parent adoption may be considered. DFS works to facilitate adoptions either in-state or out-of-state through a variety of strategies; however, standardized Interstate Compact on the Placement of Children (ICPC) and fingerprint procedures and forms were put in place for Foster Care Coordinators to assist DFS field offices for the ICPC and fingerprint procedure to work smoothly and consistently.

When children in DFS custody are placed out of state or when children in another state's custody are placed in Wyoming, caseworkers receive technical assistance from the State Office for ICPC through a variety of methods, such as direct contact and in-person training. Additionally, resources such as check sheets are made available to workers, which include tips for workers such as calling the out-of-state family in advance to explain the home study process and the payment process. Caseworkers are also provided with financial and medical plan checklists for advance use to avoid delays in the home study process.

In April 2015, DFS updated its adoption rules, which included updated procedures for children adopted from the DFS system. This rule update was the first since 1992 and reflects considerable effort on behalf of the State, as it benefits the DFS adoption process.

Additionally, in an effort to ensure consistency and up-to-date information, the most current publication "Guide to Interstate Compact on the Placement of Children" was mailed to all DFS offices in August 2015. This mailing ensured that all workers have a copy of the most recent information; publications were also made available for court and legal officials to increase education and awareness.

DFS also supports educational efforts for adoptive parents. In 2016, PRIDE training for foster and adoptive training was revised to include DFS Foster Care Coordinators facilitating the in-person and on-line modules for foster care and adoptive parents. This new approach supports adoptive parents in obtaining more direct and relevant information from those who work closely with adoptive parents throughout the adoption process. Furthermore, efforts to provide education and support for adoptive parents includes the funding of “Fostering Families” magazines for DFS foster and adoptive parents Statewide.

It should also be noted that DFS will continue to make improvements by training DFS caseworkers, including new DFS caseworkers, new DFS probation officers, DFS Supervisors, attorneys, and community leaders. DFS presented at the annual GAL conference regarding adoption efforts and received a positive response to support educational events for members of the court. DFS continues to make the ICPC process as standardized and easy as possible, and to stress the importance of timeliness of each ICPC home study request.

Functioning of Resources for Permanent Placement

Wyoming has five (5) certified adoption agencies. DFS is fortunate to have positive relationships with those agencies and contracts with them on an ad-hoc basis. Wyoming is also a member of the Adoption Exchange, which assists in the search for matches in cases where a match may be difficult.

Television Partnerships

Another resource available is a regular segment in FF2015 aired on the K2 Casper television network. This segment is called “Wednesday’s Child,” and focuses on a child waiting for adoption in foster care. Similarly, the Laramie County Field Office has developed a partnership with the local CBS affiliate, CBS News Channel 5 in Cheyenne, to develop a similar segment. The station provides television programming to southeastern Wyoming, western Nebraska and northern Colorado. The partnership will air a biography of a youth who is free for adoption with the goal of the broadcast to match a unique, individual family with the youth. In preparation for the adoption stories, the segment will begin laying the foundation for the broadcast by educating the viewing area on DFS and the DFS foster care program with a goal to gain an increase in families willing and able to foster youth in the juvenile system. Those youth can be in the system through child abuse and neglect petitions filed against their parent(s) or youth on juvenile probation. It is the goal to increase the pool of foster families from the current 138 families in order to better match the needs of youth with the strength of the foster family.

Additional Partnerships

Wendy’s Wonderful Kids has been present in Wyoming for seven (7) years, and assists in finding matches for children. For additional information on this partnership, please see pages 31 of the 2015 APSR.

In partnership with the Wyoming CIP Coordinator, adoption education has also been conducted via Blogtalk radio events. The different events include sessions relating to:

- Adoption;
- ICPC; and
- Concurrent planning, particularly as related to adoption and permanent placement.

Adoption Subsidies and Adoption Incentive Funds

DFS also has resources specifically earmarked for supporting adoptions such as adoption subsidies, adoptive incentive funds, and pre- and post-adoption services. To determine how effectively these funds and resources utilized, DFS conducted a survey that went to all DFS staff with case management responsibilities.

1 of 113 DFS staff answered the section related to adoption subsidies and the Adoption Incentive fund. Of that total, 48 individuals or 43% stated that they had utilized adoption subsidies to ensure that the child or youth would be stable in his or her adoptive home.

Of the 113, 12% stated that they used the Adoption Incentive fund for pre- or post-adoption services to ensure stability in the adoptive home; 34% stated that they did not use the fund; and 55% stated they were unaware of the fund. When asked if the fund provided the ability to individualize services to support timely adoption, 21% stated that the fund provided that ability; 12% stated that it did not; and 66% stated that they have not used either of these funds. Additionally, 20% stated that the fund provided them with the ability to individualize services to support family preservation; 15% stated that it did not; and 66% stated that they have not used either of these funds. Finally, 26% stated that the fund assisted in meeting the unique needs of the child and family; 11% stated that it did not; and 65% stated they have not used either of these funds.

Home Study Data

Home study information is retained by DFS to monitor performance. Every case requiring a home study to be performed by DFS under ICPC agreements is entered into an Access Database. The case is timestamped when the information is entered into the system as well as timestamped when it is closed.

Data gathered from this databased was analyzed to determine what number of home studies were completed within the required timeframes as well as any rationale for home studies not being completed in a timely manner. These results are outlined below.

Table 35

Timely Home Studies Reporting and Data for Oct. 1, 2014 to Sept. 30, 2015

FFY2015 Home Study Requests Received by WY from Another State	Home Study request completed within 60 days by WY	Home study request not completed within 60 days by WY
181	140	41

In a review of ICPC data for FFY 2015, it appears that when WY is the receiving state, home studies are completed timely approximately 77% of the time.

Reasons why the home studies were not completed within the 60 day time frame varied, and included some delays beyond the control of the DFS. These instances included:

- Fingerprint delays;
- Placement resource family not able to schedule home study timely or uncertain if they want to follow through; and
- Local DFS office unable to complete the home study in a timely fashion.

Analysis of Functioning

DFS considers Item 36 as an area of strength. The ICPC program within DFS effectively utilizes cross-jurisdictional resource through the development and maintenance of strong relationships between agencies. Wyoming has strong relationships nationwide and only utilize out-of-state placements if they are deemed safe and appropriate by other ICPC offices. Additionally, strong working relationships between DFS and the Wyoming Attorney General's Office, the GAL program, and other State agencies allows Wyoming to conduct timely and efficient home studies. Furthermore, support from the State Office ensures that DFS caseworkers, Supervisors, and Managers have the knowledge and resources they need in order to have effective use of the ICPC program.

Appendix A: Item 20 Written Case Plan Checklist

Written Case Plan Requirement Checklist

Systemic Factor Item 20

Case Information

Name: _____ Incident: _____

District: _____ Office: _____

Case Type: _____

Description of Type of Home or Institution in which a child is to be placed

<input type="checkbox"/> Description of type of home/institution
Documentation:
<input type="checkbox"/> Discussion of safety of the placement
Documentation:
<input type="checkbox"/> Discussion of appropriateness of the placement
Documentation:
<input type="checkbox"/> Reasons for any separation of siblings during placement
Documentation:

Safe and Proper Care

<input type="checkbox"/> Plan for safe and proper care
Documentation:

Services provided to the parents, child, and foster parents to improve conditions of parents' home

Documentation:

Services to facilitate return of child to own safe home/permanent placement or maintain permanent living arrangement

Documentation:

Plan to address needs of child in foster care (education, physical, dental, mental health)

Documentation:

Discussion of appropriateness of services provided to the child

Documentation:

Health and Educational Records

Names and addresses of the child's health providers

Documentation:

Names and addresses of the child's educational providers

Documentation:

Record of the child's immunizations

Documentation:

Record of the child's medications

Documentation:

<input type="checkbox"/> Other relevant health and education information
Documentation:

Transitional Programs and Services (children over 16)

<input type="checkbox"/> Program utilized to transition to independent living
Documentation:
<input type="checkbox"/> Services utilized to transition to independent living
Documentation:

Adoption

Documentation of steps taken to:
<input type="checkbox"/> Steps taken to determine that it is not appropriate for the child to be returned home or adopted
Documentation:
<input type="checkbox"/> Find an adoptive family or other permanent living arrangement for the child
Documentation:
<input type="checkbox"/> Place the child with a fit and willing relative
Documentation:
<input type="checkbox"/> Place the child with an adoptive family:
Documentation:
<input type="checkbox"/> Place the child with a legal guardian
Documentation:

Finalize the adoption

Documentation:

Guardianship

Documentation of steps taken to:

Efforts to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship

Documentation:

In the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons

Documentation:

Find a permanent living arrangement for the child

Documentation:

Place the child with a fit and willing relative

Documentation:

Reasons why a permanent placement with a fit and willing relative through a kinship guardianship assistance arrangement is in the child's best interest

Documentation:

Efforts made to discuss with the child's parent or parents the kinship guardianship assistance arrangement, or the reasons why the efforts were not made

Documentation:

Ways in which the child meets eligibility requirements for a kinship guardianship assistance payment

Documentation:

Place the child with a legal guardian

Documentation:

Finalize the legal guardianship

Documentation:

Other Planned Permanent Living Arrangement (only for youth over age 16)

Documentation of steps taken to:

Place the child in another planned permanent living arrangement

Documentation:

Ensuring Educational Stability of the Child in Foster Care

Assurances that each placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled in at the time of placement

Documentation:

An assurance that the agency has coordinated with local educational agencies to ensure that the child remains in the school in which the child enrolled at the time of each placement

Documentation:

If remaining in such school is not in the best interests of the child, assurances to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school

Documentation:

Appendix B: Functioning of Service Array in Jurisdictions Across the State of Wyoming

Service	Available to All Communities (Y/N)	Comments
Adoption Subsidy	Y	-
Clothing Allowance	Y	-
Counseling	Y	-
Day Care	Y	-
Day Treatment	N	Not available in all communities
Detention	Y	May not be a local service but available to all clients
Evaluation	Y	-
Non-Relative Foster Care	Y	-
Relative Foster Care	Y	-
Family Preservation	Y	-
Group Home	Y	May not be a local service but available to all clients
Guardianship Subsidy	Y	-
Legal Services	Y	-
MDT Coordination	Y	-
Mentoring	N	Please see note above regarding mentoring
Parenting Skills Development	N	Please see note above regarding parenting classes
Residential Care	Y	May not be a local service but available to all clients
Respite Care	Y	-
Specialized Foster Care	Y	-
Therapeutic Non-Relative Foster Care	N	Currently offered in Natrona County
Transportation Assistance	Y	-
CPTs	Y	-
CJSBs	N	Currently no CJSB in Judicial District 8
Washington Assessments	Y	-
DOH Medication Oversight	Y	-
Mental Health Services	Y	-

Section IV: Assessment of Systemic Factors

Service	Available to All Communities (Y/N)	Comments
Clinical Services	Y	-
Xerox	Y	-
In-Home Services	Y	-
Support Groups	N	Not available in all communities
Independent Living	Y	May not be a local service but available to all clients
Transitional Services/Re-Entry	Y	-
Family Partnership/Wrap Around	Y	-
Health Care	Y	-
Domestic Violence Awareness	Y	-
Visitation	Y	-
PRTs/TRTs	Y	-
WPM	Y	-
Flexible Funding	Y	-