

**September 4 and 5, 2007 Mini CFSR Report
Rawlins Department of Family Services (DFS) – D8R3**

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Three strongest review areas:

- *Permanency 2* (100%); This office makes good use of relative and kinship care. Siblings are kept together and in close proximity to facilitate frequent visits with parents and preserve connections to parents, community and extended family. There is evidence of good individual casework.
- *Well Being 2* (75%); A better working relationship with the Rawlins schools is evidenced by twice yearly collaborative meetings which include schools, the Department of Family Services (DFS) and the court system. Court orders are routinely sent to the schools to include them in planning.
- *Well Being 3* (75%); Medical and dental needs of children are being met with providers in the community who accept Medicaid payment. Mental health services are more readily available in the community than in the past and psychological evaluations are now available and being completed for both parents and children.

Greatest strengths from stakeholder interviews:

- Effective collaboration with community partners, and
- respect within the community for caseworkers and DFS staff.

Review challenge area:

- *Well Being 1* (25%); Documentation and case planning need improvement. Juvenile services support and supervision needs to be consistent for the single worker and more effort is needed to locate and engage absent parents.

Issues for DFS administrative level consideration:

- Policy on diligent searches for non custodial parents;
- need for a foster care coordinator;
- WYCAPS presents challenges for field staff;
- training specific to Juvenile Services use of WYCAPS;
- ongoing training access is desired along with an agency training calendar,
- consistent access for case workers to statpack and other data regarding frontline practice, and
- consistent support and supervision for the single Juvenile Services worker.

Issues requiring local DFS office attention:

- Increased efforts to engage non custodial parents;
- identifying and conducting more family partnerships meetings;
- consistent use of LifeNet to facilitate Multi Disciplinary Team (MDTs) meetings;
- obtain clarification on policy of substantiating based upon a positive urinary analysis (UA) only, and
- ensure better documentation especially of case plans.

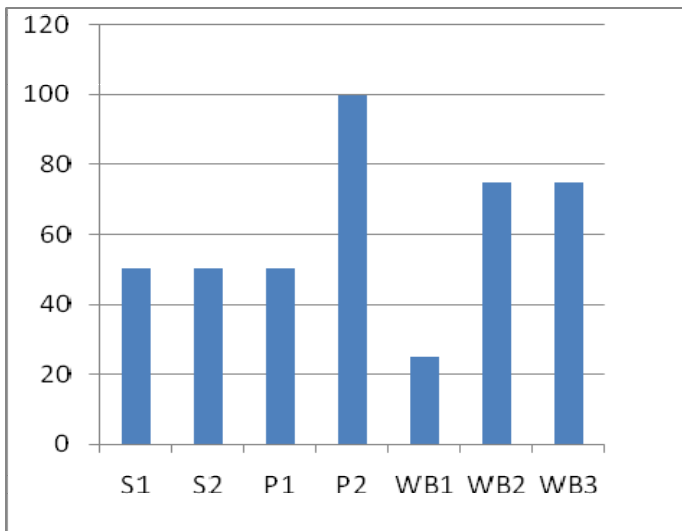
Case Ratings:

#D8416 – 5 areas needing improvement: Item 1 – Timeliness of initiating investigations of reports of child maltreatment; Item 4 – Risk of harm to child(ren); Item 7 – Permanency goal for child; Item 17 – Needs and services of child, parents, foster parents and Item 18 – Child and family involvement in case planning; (**positive urinary analysis got everything going in the case.**)

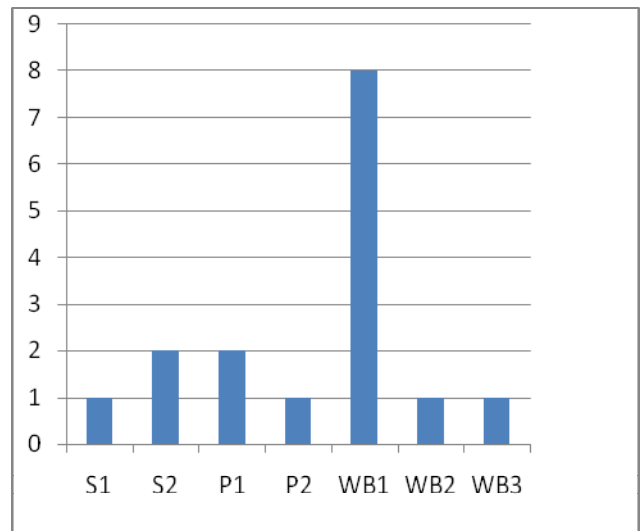
#D8417 – 2 areas needing improvement: Item 6 – Stability of foster care placement and Item 15 – Relative placement; (**good engagement skills by the caseworker.**)

#D8418 – 2 areas needing improvement: Item 18 – Child and family involvement in case planning and Item 20 – Worker visits with parent(s); (**DFS collaborated with community partners and communicated among themselves very well.**)

#R3419 – 7 areas needing improvement: Item 4 – Risk of harm to child(ren); Item 17 – Needs and services of child, parents, foster parents; Item 18 – Child and family involvement in case planning; Item 19 – Worker visits with child; Item 20 – Worker visits with parents(s); Item 21 – Educational needs of the child and Item 23 – Mental health of the child; (**case file did not reflect efforts put into case; case plan was done after case was pulled for review.**)



The graph above shows the percentage composite scores of this Mini CFSR review with the greatest strength being in the area of Permanency 2; and the lowest area being in Well Being 1.



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

Strengths:

- Effective case planning and work:
 - Good initial contact with family and child;
 - good continuing contact;
 - DFS case worker did a good job of getting both parties at the table to resolve a medical and education issue;
 - three urinary analysis a week are required (good collaboration with court);
 - case worker keeps good contact over the phone;
 - good efforts to keep child in home;
 - good assessments done;
 - urinary analysis done while child was in trial home placement;
 - when caseworker became involved, case began moving in a positive way;
 - caseworker has either engaged or tried to engage the family;
 - good working relationship between caseworker and other professionals in the system;
 - great efforts trying to keep mom engaged;
 - when caseworker learned about the abuse, Wyoming caseworker immediately reported it to the State of Washington but had a very hard time finding a live person to report it to in the system, remained diligent in her efforts though;
 - case worker was very family centered in her case work;
 - worker stayed engaged with defiant mother;
 - Guardian Ad Litem (GAL) said worker did an outstanding job and was very professional;
 - therapist praised case worker;
 - good use of relative placements;
 - mother praised case worker;
 - principal of the school praised case worker;
 - good engagement skills by caseworker;
 - every court order reflects the needs of the family as reported by the case worker;
 - good initial assessments and ongoing assessments done, and
 - case worker followed up after the case closed by contacting school to see if children were in still in school.
- Effective use of service array:
 - Mentoring from LifeNet that included independent living skills;
 - mom received individual counseling;
 - child had individual therapy and follow up counseling; good relationship with therapist;
 - children received mentors;
 - child's sister also received counseling;
 - child has received a psychological evaluation;
 - Attention Home of Cheyenne has done a good job of trying to engage mother in the case;
 - LifeNet was in the home providing services;
 - mentor from LifeNet did a good job reporting concerns observed in the house, and
 - older child responded well to counseling services.
- Family Involvement and Support:
 - Dad is very involved with the child; travels from Rawlins to Cheyenne every weekend;
 - strong engagement between family and professionals, and
 - case will soon close as mother and stepfather have completed treatment and everyone is reunified.
- Legal:
 - Use of ankle monitoring for the child allowing him to stay at home, and

- court does a good job of establishing safety for children by requiring urinary analysis of parent(s).

Opportunities for improvement:

- Case planning and work:
 - Case plan was not completed until just a few days ago on 9/04/06 when case opened several months prior;
 - family partnership was needed;
 - face to face contact sheets might be used for better documentation in the case file;
 - concerted effort to find mom was needed;
 - there exists a need to advocate for the child to get child going in school;
 - father reported that he did not understand what probation meant even though his son was on it; lack of communication between case worker and father;
 - not sure when the case plan was done; may or may not have been done within 60 days;
 - taking the responsibility of searching out other relatives;
 - stability of placement; may have gone through two placements before going to treatment, might have been better going directly to treatment;
 - case plan was late being done and not signed by mother;
 - involvement of youth in case plan is needed;
 - no inquiry regarding Indian Child Welfare Act (ICWA); mother was a 1/16 a Cherokee, father was not established;
 - no concerted effort by DFS to contact or involve biologic mother;
 - no case plan in case file within the 30 day time frame;
 - no diligent search for biologic father, and
 - better documentation of ongoing assessments.
- Use of service array:
 - Family counseling would be a benefit;
 - family counseling would be helpful to keep other children out of the system, and
 - confusion existed around whether mother was eligible for Medicaid.
- Family involvement and support:
 - Grand parents turned out not to be a good placement, and
 - mother would have liked to have been allowed to see her child more while he was in the hospital.
- Legal:
 - Timeliness and confusion regarding casework requirements for termination of parental rights (TPR) is an issue;
 - Moving towards a consent decree, but positive urinary analysis ended that and stalled the case;
 - changes in county attorney and the filing of petitions also lead to delay, and
 - system was somewhat ambivalent whether kids should be removed or not.
- Medical:
 - Doctor allowed child to stay at home out of school without consulting with and collaborating with others involved in the case such as DFS and the school.

Systemic Barriers:

- Education:
 - School system felt it was just too late to save the child; child desperately needs education assistance;
 - child taking pre algebra but operates on a fourth grade level;
 - no individual education plan (IEP) was completed, and
 - school and mother were not on the same page about the child's inhaler.
- Financial:

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- Schools do not necessarily understand how DFS is funded or how they (the schools) can collaborate with DFS on funding issues;
- inconsistent funding caused LifeNet to downsize, then funding came back, but they had lost people and had to hire new ones; that reduced services in the interim, and
- financial assistance was needed for dad so he did not have to work so much; then he could spend more time with his child.
- **Regional Issues:**
 - Therapeutic foster care needed;
 - lack of crisis beds;
 - limited resources for substance abuse inpatient treatment, and
 - lack of foster care homes (training, certification, recruitment and support).

Additional contributing factors:

- Mother did not want child placed with paternal grandparents;
- father was given proper notices but did not follow up with proceedings;
- father's whereabouts were unknown, and
- therapist and counseling center have been involved with family for an extended time; mother appreciates their efforts and feels comfortable contacting her counselor at anytime.

Review process dynamics and considerations:

- Citizen reviewers in this review consisted of:
 - Retired DFS worker;
 - worker from Casey Family Programs in Seattle;
 - school nurse from Hanna, and
 - retired insurance professional.
- The period under review was October 1, 2006 through September 4, 2007.

Trend:

The respect that members of the legal community and DFS have for each other, while working as a collaborative team and being mostly co-located in one building makes the difference for children and families in Carbon County.

Stakeholder identified promising practices:

- Carbon County is a large geographic area; the county attorney goes to outlying towns in the county on a weekly basis so that people in the community can see the county attorney;
- the District Court Judge, the County Attorney and other legal professionals seem to have a professional respect for one another yet effectively collaborate for children and families;
- stakeholders respect the frontline DFS workers;
- collaboration, with the exception of foster parents, has increased since the last review;
- Guardian Ad Litums (GALs) now seem to be more committed, based on statewide changes in the system which includes greater compensation for their services;
- greater accessibility to mental health services for children;
- education system and front line case workers have greater collaboration;
- twice yearly meetings among stakeholders hosted by District Court;
- court docket is full; yet juvenile cases are still heard in a timely fashion, and
- Child Protective Services (CPS) supervision has increased freeing DFS office manager.

Stakeholder Identified Issues:

- Continue communicating and collaborating; gains have been made;
- lack of foster parents:
 - Coordinator;
 - foster care training;
 - timeliness of getting certification;
 - inconsistency in management of existing foster parents, and
 - lack of therapeutic foster care (TFC).
- Inconsistent supervision and support for single juvenile service worker;
- training around legal issues:
 - How to prepare cases for termination of parental rights;
 - investigation of sexual abuse;
 - performing diligent searches, and
 - the new juvenile court rules particularly around discovery.
- Geographic distance barriers exist for DFS to provide services in outlying areas;
- greater communication and collaboration on medical issues between DFS and school districts, and
- step down placement options are needed.



Office determined strengths:

1. Relationships;
2. collaboration;
3. teamwork;
4. respect in community, and
5. support.

Office determined needs and concerns:

1. Foster care;
2. better documentation;
3. length of placement
4. funding for seeing kids (sundry account)
5. crisis care, and
6. front line case worker supervision.

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

1. Foster care:
 - a. Empower and advocate for funding to have LifeNet recruit and maintain foster families:
 - i. Establish quality control with Dana Ward for the program.
 - b. Foster care training:
 - i. Confidentiality.
2. Documentation:
 - a. Quality control by Diane Johnson:
 - i. Ensure that alerts on WYCAPS are done, and
 - ii. conduct file reviews for quality assurance purposes.
 - b. Case workers to actively clear their alerts.
 - c. Face to face contacts:
 - i. Highlights in narrative, and
 - ii. alternate workers, up front preparation and debrief
3. Length of placement:
 - a. Ensure good preparation prior to MDT meeting:
 - i. Operate with a united front as one agency.
 - b. Ask for assistance when needed;
 - c. conduct permanency goal reviews, and
 - d. do concurrent case planning:
 - i. Work concurrent plan simultaneously.