

**State of Idaho
Department of Health and Welfare
Division of Family and Community Services
Child and Family Services**

**Annual Progress and Service Report (APSR)
July 1, 2010 – June 30, 2011**

TABLE OF CONTENTS

INTRODUCTION

Responsible State Agency.....	5
Publicly Funded Child and Family Services Continuum.....	5
Measurement of Progress.....	5
Consultation Process.....	6
Plan Organization.....	7

APSR

Goal 1. Children will be safe

Outcome 1 Children are, First and Foremost, Protected from Abuse and Neglect

1. Timeliness of initiating investigations of reports of child maltreatment.....8
2. Repeat Maltreatment.....9

Outcome 2. Children are Safely Maintained in their Homes Whenever Possible and Appropriate

3. Services to family to protect children in home and prevent removal.....9
4. Risk of harm to children.....10

Goal 2. Provide stable, nurturing and permanent relationships between children and caregivers in a timely manner

Outcome 1. Children have permanency and stability in their living situations

5. Foster care re-entries.....11
6. Stability of foster care placement.....12
7. Permanency goal for child.....16
8. Reunification, guardianship, or permanent placement with relatives.....18
9. Adoption.....19

Supporting Documentation:

- Inter-country Adoptions; Adoption Incentive Funds.....22**
10. Permanency goal of other planned permanent living arrangement.....23
11. Proximity of foster care placement.....23
12. Placement with siblings.....23
13. Face to face visits with parents and siblings.....24
14. Maintaining Connections.....24
15. Relative Placement.....27
16. Relationship of Child in Care with Parents.....28

Goal 3. Child and family well-being

Outcome 1. Families have enhanced capacity to provide for their children's needs

17. Needs and services of child, parents, foster parents.....28
18. Child and family involvement in case planning.....29
19. Worker visits with child.....30

Supporting Documentation:	
Monthly caseworker visits and fund expenditure	32
20. Worker visits with parents.....	34
Outcome 2. Children receive appropriate services to meet their educational needs	
21. Educational needs of the child.....	34
Outcome 3. Children receive appropriate services to meet their physical and mental health needs	
22. Physical health of the child.....	35
23. Mental health of the	36
Supporting Documentation:	
Health Care Services Plan Update	36
Goal 4. Continuously improve the organization's capability to achieve its goals of helping families and children	
4.1 Establish a statewide Child Welfare Ethics Committee to review cases where there is a conflict of interest	36
SF1. (Item 24) Statewide Information System	37
SF2. Case review system	37
25. Written case plan	
26. Periodic reviews	
27. Permanency hearings	
28. Termination of parental rights	
29. Notice of reviews and hearings to caregivers	
SF3. Quality Assurance System	42
30. Standards for ensuring quality services	
31. Identifiable QA system that evaluates the quality of services and improvements	
SF4. Staff and provider training	44
32. Initial staff training	
33. Ongoing staff training	
34. Foster and Adoption Training	
Supporting Documentation:	
Evaluation and Technical Assistance	49
SF5. Service Array and Resource Development	51
35. Availability of array of critical services	
36. Accessibility of services across all jurisdiction	
37. Ability to individualize services to meet unique needs	
Supporting Documentation:	
PSSF Resource Utilization	51
SF6. Responsiveness to community	53
38. State engagement in consultation with stakeholders	
39. Agency Annual Reports Pursuant to CFSP	

40. Coordination of CFSP services with other Federal programs.	
Supporting Documentation:	
Disaster Plan Update	56
Collaborative Efforts with Tribal Programs	56
SF7. Foster and adoptive parent licensing, recruitment and retention	57
41. Standards for foster homes and institutions	
42. Standards applied equally	
43. Requirements for criminal background checks	
44. Diligent recruitment of foster and adoptive homes	
45. State use of cross-jurisdictional resources for permanent placements.	
CFCIP/ETV report.....	60
Idaho Staff Development and Training Plan update.....	72
Juvenile Justice Transfers.....	85
Payment Limitations Report for IV(2)	86
Health Care Services Plan Update	88
ICWA Comprehensive Plan & Consultation Policy	90

FINANCIALS:

- Appendix A:** CFS-101 Part I: Annual Budget Request for Title IV-B, Subparts 1 and 2, CAPTA, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) Program Form
- Appendix B:** CFS-101, Part II: Annual Summary of Child and Family Services Form
- Appendix C:** CFS-101, Part III: Annual Expenditures for Title IV-B, Subparts 1 and 2, CAPTA, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) Form
- Appendix D:** Amended CFS-101, Part I and Part II FY

ATTACHMENTS

- Attachment A:** Bridging the Gap, Role and Responsibility Matrix
- Attachment B:** E-Manual chapter list
- Attachment C:** Ideas in Practice list
- Attachment D:** Keeping Children Safe Recommendations and Responses
- Attachment E:** Problem Resolution Process
- Attachment F:** IV-E Training Matrix
- Attachment G:** New Worker Academy Schedule
- Attachment H:** Governor’s CAPTA Assurances
- Attachment I:** Caseworker demographics
- Attachment J:** Training Standard: Caseload and Supervision

Attachment K: ICWA Conference Agenda; ICWAC Meetings Agendas and Minutes

Attachment L: CAPTA Plan and Budget

RESPONSIBLE STATE AGENCY

The Idaho Department of Health and Welfare (IDHW) is the state agency responsible for over 30 health, welfare and human services programs throughout Idaho. The Department's mission is to actively promote and protect the health and safety of Idahoans.

PUBLICLY FUNDED CHILD AND FAMILY SERVICES CONTINUUM

The Division of Family and Community Services (FACS) is responsible for child protection, adoptions and foster care, interstate compact, Indian child welfare, services to persons with developmental disabilities, resource development and eligibility, navigation services, and early intervention/screening for infants and toddlers. The recently expanded FACS Child and Family Services (CFS) program provides child protection, adoption, foster care, and Indian child welfare services in close collaboration with other FACS division programs. Recently, residential, agency and child care licensing have been added to CFS program responsibilities. CFS services reflect the Department's family-centered philosophy which affirms the belief that families should be treated with respect, involved in decision making and are the best place for children to grow and develop. The Child and Family Services program focuses on the entire family unit and builds on family strengths while supporting and empowering families to be self-reliant and self-determining.

The Division of Family and Community Services is responsible for administering state Title IV-E programs. As part of its Title IV-E responsibility, FACS administers funds and services of the Independent Living (IL) Program under Chafee Foster Care Independence Act of 1999 (P.L. 106-169) and ETV Program. IDHW, FACS Division, also administers the Social Services Block Grant (SSBG), Title IV-B parts 1 and 2, and Child Abuse Prevention and Treatment Act (CAPTA) Basic Grant programs. The FACS Child and Family Services Program is responsible for annual reporting on the CFSP.

MEASUREMENT OF PROGRESS

Idaho has a number of data sources and several methods for monitoring improvements established. Regions will continue to use data provided by DHHS and our CQI case review process.

Continuous Quality Improvement (CQI) Case Reviews – Idaho has conducted CQI case reviews continuously since 2004. Currently, each region review consists of 15 randomly selected cases every 6 months. Prior to the CQI each region receives a list of randomly selected in-home cases and a list of randomly selected out-of-home cases. The cases to be reviewed are systematically drawn from those lists. A minimum of 6 in-home cases are reviewed. Increasing the number of cases reviewed to 15, increased our annual number of case reviews from 192 to 210. This marks an attempt to obtain results that are more representative of Idaho's performance. Also, in an attempt to gather a sample that represents the entire region, the cases chosen for review are stratified by field office according the number of in-home and out-of-home cases open in that field office. We will continue to use the OSRI and interviews during the case reviews. Also the presence of an experienced second level reviewer working directly with the regional Chief of Social Work has worked very well and will continue.

Upon completion of each individual case review, a meeting is held by the case reviewer, the case social worker and his/her supervisor to discuss the specific case ratings. An exit meeting is also held with all regional staff following the completion of the review. Strengths are identified. Preliminary data is immediately available and that data is shared with the group and compared with the region's previous case review results. This meeting often provides an opportunity for technical assistance in response to staff questions and comments.

A unique feature of Idaho's CQI system has been the training and use of staff as case reviewers. A range of individuals have been trained including social workers, supervisors, Chiefs of Social Work, Citizen Review Panel members, University Partners and Casey Family Programs staff. Anecdotal feedback from staff who have completed reviews of cases in another part of the state is that they were able to reflect on their decision making and that "now it is clear what I need to do and document on my own cases."

Largely because of the CQI, individual workers, supervisors, managers and administrators have reliable information about practice taken from case reviews including interviews with parents, children and resource parents. Results are posted on the Department's SharePoint website. CQI data is also reviewed and discussed among all regional Program Managers and Central Office Administrators during Divisional Operations Team Meetings.

CONSULTATION AND COLLABORATION

This plan was shared and input on the progress made, including updates for the coming year, was sought from the following groups:

- Central Office Deputy Administrators, Program Managers, and Program Specialists;
- Regional Child Welfare Program Managers, Chiefs Of Social Work, and Supervisors;
- Supreme Court Child Protection Committee (CIP);
- Idaho State and Tribal Indian Child Welfare Advisory Committee;
- Casey Family Programs;
- University partners;
- Keeping Children Safe Panel Members (citizen review panels); and
- Governor's Children at Risk Task Force.

ORGANIZATION OF THE PLAN

Using a combination of funding streams including IV-B subparts 1 and 2, CAPTA, CFCIP and ETV, Idaho is able to provide a wide continuum of services and training that fulfill the program purposes of each funding source including:

- Protection and promotion of the welfare of all children;
- Prevention of neglect, abuse or exploitation of children;
- Support of at-risk families through services which allow children to remain with their families or return to their families in a timely manner;
- Promotion of the safety, permanency and well being of children in foster care and adoptive families;
- Provision of training, professional development and support to ensure a well-qualified workforce;
- Intervention and treatment services;
- Foster care;
- Services for relative care providers; and
- Independent living services for youth in other permanent living arrangements.

Strategic planning across all programs is ongoing and coordinated to assure that services to increase family safety, permanency, and well-being are integrated and comprehensive. The services and training that IDHW provides are family-centered.

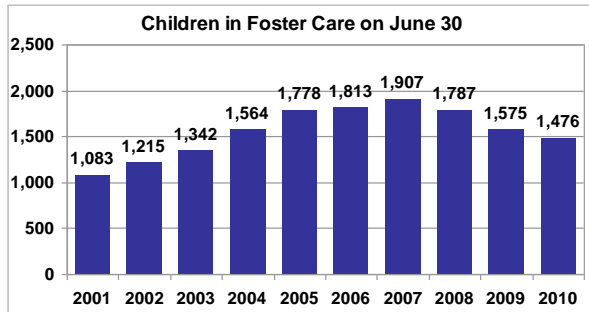
Funding streams are identified by the following acronyms:

CAPTA	Child Abuse Protection and Treatment Act
CFCIP	Chafee Foster Care Independence Program
CIP	Court Improvement Project
CJA	Children's Justice Act
CWS	Stephanie Tubbs Jones Child Welfare Services Program
ETV	Education and Training Voucher Program
GF	State General Funds
PSSF	Promoting Safe and Stable Families, Title IV-B, subpart 2
SANCA	Strengthening Abuse and Neglect Courts Act
TANF	Temporary Assistance for Needy Families
TAFI	Temporary Assistance to Families in Idaho
IV-E	Title IV-E

This plan is organized by goals and strategies. Under each strategy the funding source used to finance the strategy is recorded. The overall organization of the plan mirrors the child welfare goals of the CFSR and contains all action steps of Idaho's Program Improvement Plan-2 which was approved in April 2009 and successfully completed in April of 2011. All of Idaho's goals and strategies were developed with input from community partners through a sustained series of collaborative contacts throughout the year.

THIS PAST YEAR IN IDAHO

The current financial recession continues to have a negative impact on IDHW services and the Idaho education system. CFS staff turnover is down to 12%. We have had a 43% growth in food stamps. However, contrary to what might be expected, the number of children in foster care at a point-in-time has decreased as has the total number of children served in foster care during the last year. The Division also has a new Administrator since December 2010.



CFS has persevered and accomplished its most recent Program Improvement Plan (2009-2011). The strategies have been primarily directed at increasing stability, improving the timeliness of permanency, maintaining children safely in their homes and family engagement.

GOAL I. CHILDREN WILL BE SAFE

Outcome 1. Children are, First and Foremost, Protected from Abuse and Neglect

STRATEGIES
Item 1. Timeliness of initiating investigations of reports of child maltreatment

1.1 Continue monitoring timeliness of initial investigations and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Goal exceeded – Continue to monitor**

CQI Results	
Item 1 – Timeliness of Investigation Goal 95%	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
94%	100%
Q5 – Q8 (4/1/10 – 3/30/11)	
97%	

1.2 Evaluate and enhance the state's current child abuse and neglect intake system.

Funding Source: CAPTA
 Target Date for Completion: 2012
 Status: New

STRATEGIES
Item 2. Repeat Maltreatment

2.1 Monitor regional and state recurrence of maltreatment rates through CQI and Data Profile and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Ongoing

CQI Results	
Item 2 – Repeat Maltreatment Goal: 95%	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
93%	96%
Q5 – Q8 (4/1/10 – 3/30/11)	
94%	

Safety Data Profile
Standard: 94.6% or more
FY 2010
97%

Outcome 2. Children are Safely Maintained in their Homes Whenever Possible and Appropriate

STRATEGIES
Item 3. Services to families to protect children in home and prevent removal

- 3.1 Each region will increase its capacity to serve in-home cases (PIP-2, MC2.0).
 Status: Goal Met – Reported APSR June 2010

- 3.2 Develop a decision tree to share with law enforcement and MDTs on when children can be maintained in their homes through in-home services (PIP-2, MC 3.0)
 Status: Completed – Reported APSR June 2010

- 3.3 Each region will have a mutual exchange of information between local law enforcement, prosecutors, and the Department regarding impact of removal on children, local data and services available to prevent removal (PIP-2, MC 4.0)
 Status: Completed – Reported APSR June 2010

3.4 Monitor services to families to protect child(ren) in their home and to prevent removal through CQI case reviews. Report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Goal Met – Continue to Monitor**

CQI Results Item 3 – In-home services and prevention of removal Goal: 96%	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
99%	95%
Q5 – Q8 (4/1/10 – 3/30/11)	
96%	

3.5 Assess the feasibility of implementing a differential response system.

Funding Source: CAPTA
 Target Date for Completion: 2013
 Status: New

STRATEGIES
Item 4. Risk of harm to children

4.1 Monitor and decrease risk of harm to children through CQI case reviews and report statewide results semi-annually.

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: **Goal Met – Continue to Monitor**

CQI Results Item 4 – Risk Assessment and Safety Management Goal: 93%	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
92%	93%
Q5 – Q8 (4/1/10 – 3/30/11)	
93%	

GOAL II. PROVIDE STABLE, NURTURING AND PERMANENT RELATIONSHIPS BETWEEN CHILDREN AND CAREGIVERS IN A TIMELY MANNER

Outcome 1. Children have permanency and stability in their living situations

STRATEGIES

Item 5. Foster care re-entries

- 5.1 Reassessment instrument will be incorporated into FOCUS with a system alert to complete a re-assessment prior to closure of a removal episode and an integrity rule that will not allow case closure until a reassessment has been completed (PIP-2, MC 1.0) Status: Completed – Reported APSR June 2010
- 5.2 Train all CFS risk assessors, case managers, licensing and permanency teams to conduct initial and ongoing assessment with relative placements and foster homes and to re-assess child safety prior to reunification and case closure (PIP-2, MC 6.0) Status: Completed – Reported APSR June 2010
- 5.3 Regions will reduce re-entry into foster care as measured by the percentage of children who re-entered foster care after being discharged from a prior entry within the last 12 months will be monitored by CQI case reviews and Data Profile. Statewide results will be reported out semi-annually. (PIP-2, MC 5.0) Status: Standard and goal met – Reported APSR June 2010
- 5.4 **Work with Children at Risk Task Force to develop financial support and legislative protections for a state child mortality review team to review the deaths of children who died as a result of child abuse and neglect.**

Funding Source: CAPTA
Target Date for Completion: 2014
Status: **Revised, not due**

Due to at least two high profile child deaths, public awareness of the need for a statewide fatality review team is increasing. The Idaho Voices for Children organization has approached the Governor’s Children at Risk Task Force and the Department of Health and Welfare, with a request to work together to promote the enactment of state statutes to re-establish an Idaho child death review team. Idaho Voices for Children is a statewide organization that develops and promotes a policy agenda that improves child health, education, safety and family economic security. Promoting child death reviews is one of their 2011 projects. The Department of Health and Welfare worked with Idaho Voices for Children and the Governor’s Children at Risk Task Force to promote the re-establishment of child death review teams by conducting the following activities.

- Examined previously introduced child death review legislation;
- Met with Senators on germane committees to gain support for Child Death Review; and
- Met with representatives of the Governor’s Office to gain direction and support for a Child Death Review Team.

Legislators and the Governor encouraged Idaho Voices for Children, the Task Force, and the Department to find existing organizations to host the state child review team and not to incur additional government expenses during this difficult economic time. There was also concern expressed about giving any administrative body subpoena power to access records.

When legislation is passed, the Task Force is willing to provide \$25,000 to an agency to hire someone to gather and prepare records and to convene the child death review team. Additionally, Child and Family Services is willing to provide \$20,000 from CAPTA funds. However, at this time, due to the economic downturn, no agency felt they could take on the additional work of sponsoring the committee. Efforts to recruit a sponsor for the legislation were also unsuccessful.

The Children at Risk Task Force, Idaho Voices for Children, and DHW will continue to promote the establishment of a Child Fatality Review Team. During this next year we will seek additional consultation from the National Center on Child Death Review to strategize how to overcome the existing barriers.

STRATEGIES
Item 6. Stability of foster care placement

6.1 Monitor regional and statewide rates of foster care stability through CQI case reviews and Data Profile. Statewide results will be reported semi-annually.

Funding Source: IV-E
 Target Date for Completion: Ongoing
 Status: **Goal met on Data Profile – continue to monitor**
Goal not met on CQI

CQI Results Item 6 Placement Stability Goal: 82%	
Q5 – Q6 (4/1/10 - 9/30/10)	Q7 – Q8 (10/1/10 - 3/30/11)
61%	66%
Q5 – Q8 (4/1/10 – 3/30/11)	
63%	

Permanency Data Profile
75 th percentile: 86% or more
FY 2010 (yr ending 9/10)
86.9%

6.2 Monitor compliance with full disclosure standards through resource parent interviews as part of the CQI case reviews and report statewide results semi-annually.

Funding Source: IV-E
 Target Date for Completion: Ongoing
 Status: **Goal exceeded**

CQI Results	
Does the child's foster parent(s) have adequate information to ensure the child's safety as well as the safety of any other children in the foster family's home? Goal: 95%	
Q5 – Q6 (4/1/10 - 9/30/10)	Q7 – Q8 (10/1/10 - 3/30/11)
96%	100%
Q5 – Q8 (4/1/10 – 3/30/11)	
98%	

6.3 Monitor perspectives of resource parents regarding whether or not they feel treated as a “member of the team” through interviews during the CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Ongoing

CQI Results	
Is the child's foster parent(s) included as a member of the professional team? Goal: 95%	
Q5 – Q6 (4/1/10 - 9/30/10)	Q7 – Q8 (10/1/10 - 3/30/11)
96%	100%
Q5 – Q8 (4/1/10 – 3/30/11)	
98%	

6.4 Establish model and administrative rules for CFS treatment foster homes for youth with challenging behaviors (PIP-2, S1.0). Status: Completed – Reported APSR June 2010

6.5 Prepare curriculum for training treatment foster parents concurrently with step S1.0 above (PIP-2, S2.0). Status: Completed – Reported APSR June 2010

6.6 Each region will develop and implement a regional improvement plan (RIP) to address stability in foster care that includes steps to increase relative placements and support of resource families (PIP-2, S6.0).

Funding Source: CWS
 Target Date for Completion: 2010
 Status: **Completed**

During the PIP-2 each region developed a RIP which included strategies for increasing stability in foster care through increasing relative placements and supporting of resource families. These strategies included: Family Group Decision Making; immediate identification and contact with relatives at case opening; information/training to resource parents on respite care, IL and expedited placements; enhancement of Peer Mental Program for relative and non-relative resource parents; formalization of crisis response to resource parents and child’s needs; increase expedited placements with relatives; non-crisis contacts with resource parent; and retrain and increase worker participation as trainers in resource family pre-service training (PRIDE). Each region successfully completed their RIP and with the closing of the PIP-2, this item is completed.

Relative Placements

Region	% as of 3/31/09	% as of 3/31/10	% as of 3/31/11
1	26.6%	30.7%	28.8%
2	33.3%	18.0%	27.5%
3	26.0%	24.6%	19.1%
4	19.4%	29.8%	20.4%
5	13.5%	14.7%	25.5%
6	18.0%	28.6%	30.6%
7	23.8%	31.7%	34.1%
Statewide	21.7%	26.5%	24.9%

The figures in the table above represent a significant increase in relative placements. In 2007-2008, the average percent of relative placement statewide was 17%.

6.7 Develop training/facilitation for resource parents, both relative and non-relative, and child welfare staff that encourages and assists both groups to build partnerships that provide clear expectations and identification of roles within a practice model that supports placement stability (PIP-2, S7.0).

Funding Source: IV-E/CWS
Target Date for Completion: 2010
Status: **Completed**

Bridging the Gap Conferences were held statewide using the curriculum developed with Denise Goodman and the NRC on Permanency and Family Connections.

Bridging the Gap Conferences were an opportunity to enhance the involvement of resource parents as essential members of the child welfare team with the goal of supporting concurrent planning and permanency. As a result of the work completed by staff and resource parents during the conferences, a matrix was developed that identifies the roles and responsibilities of each team member. This year's conferences were an opportunity to structure training with the objective of further developing the competencies of professional team members. Accordingly, objectives for the 2011 Bridging the Gap Conferences included examining the roles and responsibilities of the team members in different areas of practice; integrating the concept of shared parenting into the work with children and families; and clarifying new standards of practice written to reflect Bridging the Gap best practices. See Attachment A for a copy of the matrix.

6.8 Develop and distribute foster parent identification badges statewide.

Funding Source: CWS
Target Date for Completion: 2011
Status: **Completed**

Equipment was purchased to produce hard plastic ID badges. A process was developed to produce the badges for statewide distribution. Each foster parent and regional staff person received notification of how to obtain a badge and many foster parents have applied and received an ID badge.

6.9 Develop an online resource for current resource parents that includes an electronic newsletter, discussion board, and resources to continue building partnerships between resource parents and staff.

Funding Source: CWS
Target Date for Completion: 2012
Status: New

6.10 Implement an exit survey to assess reasons why resource parents leave the program.

Funding Source: CWS
 Target Date for Completion: 2013
 Status: New

6.11 Monitor the implementation of the statewide Bridging the Gap plan to improve communication between resource parents, birth parents and child welfare staff.

Funding Source: CWS
 Target Date for Completion: 2013
 Status: New

STRATEGIES
Item 7. Permanency goal for child

7.1 Monitor establishment of an appropriate permanency goal for a child in timely manner through CQI case reviews and report statewide results semi-annually.

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: **Goal exceeded-Continue to monitor**

CQI Results Item 7 – Permanency goal appropriate & timely Goal: 73%	
Q5 – Q6 (4/1/10 - 9/30/10)	Q7 – Q8 (10/1/10 - 3/30/11)
93%	86%
Q5 – Q8 (4/1/10 – 3/30/11)	
91%	

7.2 Increase effective use of 90-day concurrent planning reviews (PIP-2, EP1.0).

Funding Source: CWS
 Target Date for Completion: 2010
 Status: **Completed**

Child welfare supervisors continue to use the Concurrent Planning Review Form during supervision with their staff. Information gained through this process is used to identify actions needing completion to further the concurrent planning process. Forms are completed for the first 30 days, 3 months, 6 months, 9 months, 12 months and 15 months a child is in foster care.

Data collection based on the Concurrent Planning Review Form was found to be inconsistent and difficult to interpret and thus provided less than reliable results. However, Chiefs and Social Work and Supervisors report that using the form gives focus and structure to supervision and has improved their ability to keep on top of concurrent planning activities. Regions are no longer required to report data based on the Concurrent Planning Review Forms to Central Office, however are able to continue to collect the information for regional use. Data regarding the progress of Departmental concurrent planning efforts is instead captured through our CQI outcomes and regional quarterly Permanency Matrices (see 7.5).

7.3 Receive consultation and train all staff and the judicial system on effective ways to implement concurrent planning (PIP-2, EP2.0).
Status: Completed – Reported APSR June 2010

7.4 Each region will develop regional improvement plans to address appropriate and timely permanency for children (PIP-2, EP7.0).

Funding Source: CWS
Target Date for Completion: 2010
Status: **Completed**

During the PIP-2 (2009 – 2011) each region developed a RIP which included strategies for increasing appropriate and timely permanency. Their strategies included: Improving compliance with ICWA notice requirements; training related to permanency planning selection committees; training on completion of dual home studies; 27-day case review process; teaming of workers at time of removal; Permanency Roundtables; tracking mechanisms; developing steps for process to TPR; and redefinition of responsibilities of adoption workers. In early 2011, each RIP was reviewed with regional staff. All RIPS have been completed and this item is closed with the successful closing of our PIP-2.

7.5 Each region will develop and maintain a regional matrix which tracks the timeliness of review and permanency hearings, TPR or Compelling Reasons and Time to Adoption for each child in out of home care (PIP-2, EP8.0).

Funding Source: CWS
Target Date for Completion: 2010
Status: Ongoing

Each quarter, regions are submitting a permanency matrix to Central Office. These are reviewed by the Division Administrator, Bureau Chiefs, and Program Managers. They are also discussed during FACS Division Operation Team Meetings and at CIP meetings to target areas of the state where delays are occurring. The regional matrices provide a quick glance of the status of legal cases in each region.

7.6 Review, synthesize and distribute results of regional matrices.

Funding Source: CWS
 Target Date for Completion: 2011
 Status: Ongoing

Progress for this strategy is included in 7.5.

7.7 Train staff and supervisors on Compelling Reasons.
 Status: Goal Met – Reported APSR June 2010

STRATEGIES
Item 8. Reunification, guardianship, or permanent placement with relatives

8.1 Monitor compliance with the agency achieving the goal of reunification, guardianship or permanent placement with a relative within 12 months of the date the child entered foster care through CQI case reviews and Data Profiles. Report statewide results semi-annually.

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: **Goal exceeded**

CQI Results Item 8 Timely reunification or guardianship Goal: 84%	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
89%	85%
Q5 – Q8	
4/1/10 – 3/30/11	
87%	

Permanency Data Profile
75 th percentile: 75.2 % or more
FY 2010 (yr ending 9/10)
77.3%

8.2 Assess feasibility of Guardianship Assistance for children without a Termination of Parental Rights.

Funding Source: IV-E
 Target Date for Completion: 2011
 Status: Completed

Idaho has a state-funded Guardianship Assistance Program (GAP) which is limited to children from whom parental rights have been terminated. In January 2011, Idaho submitted a proposed IV-E Relative Guardianship Assistance plan to Region X. Approval for the plan is pending resubmission and approval from the Department of Health and Human Services. The IV-E program will be available to youth ages 14 or older and their siblings who are placed with them with a relative for the purpose of legal guardianship.

Termination of parental rights is not a requirement for eligibility in this program. In anticipation of the plan's approval, a standard of practice for Guardianship Assistance, updates to our SACWIS system and guardianship assistance paperwork have been made. In March 2011, the Idaho Legislature approved rules submitted by the Department allowing the creation of the IV-E Relative Guardianship Assistance Program.

8.3 Implement and train on Title IV-E Relative Guardianship Assistance for youth 14 years or older and who have a sibling who are placed with them.

Funding Source: CWS
 Target Date for Completion: 2013
 Status: New

STRATEGIES
Item 9. Adoption

9.1 Monitor finalization of adoptions within 24 months by reviewing the Data Profile every six months.

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: **Goal not met**

Permanency Data Profile 75 th percentile: 36.6% or more
FY 2010 (yr ending 9/10) 32.3%

9.2 When the goal is adoption, monitor whether the adoption is likely to finalize within 24 months using CQI case reviews. Report statewide results semi-annually.

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: **Goal exceeded – Continue to monitor**

CQI Results		Item 9 Adoption will complete in 24 months		Goal: 64%	
Q5–Q6 (4/1/10 - 9/30/10)		Q7–Q8 (10/1/10 - 3/30/11)			
74%		88%			
Q5 – Q8					
4/1/10 – 3/30/11					
80%					

9.3 Seek sponsor to introduce open adoption legislation in the 2013 legislative session.

Funding Source: CWS
Target Date for Completion: 2014
Status: Not due

9.4 Provide annual supervisor training on monitoring adoption process and adoption finalization.

Funding Source: CWS
Target Date for Completion: Ongoing
Status: Ongoing

The Permanency Program Specialist has continued to conduct quarterly statewide teleconferences with Department permanency supervisors. Social workers are also able to participate in the calls. Teleconferences were held on May 13, 2010, August 26, 2010, December 16, 2010 and March 10, 2011. To support the exchange of permanency related information, the calls continue to be combined with quarterly foster care calls. Participation by the Independent Living Program Specialist began in March 2011. Topics discussed during teleconferences included recruitment efforts, court reports, updates in adoption-related legislation, the sharing of prospective adoptive families across regional boundaries and updating the inquiry process for prospective adoptive parents.

In December 2010, a new process for selecting permanent placements for children was approved. The process emphasizes earlier placement selection thus necessitating the inclusion of supervisors and social workers both familiar and unfamiliar with permanent placement selection and adoption. Training on the Permanent Placement Committee is occurring regionally. Two regions were trained in March 2011 and another region has scheduled training for April 2011. The other regions are expected to receive training in May or June 2011.

Supervisors continue to utilize a Permanency Matrix as well as the Concurrent Planning Review Form to assist in tracking legal and placement issues related to adoption time-frames. The purpose of the Matrix and Review Form is the identification of issues preventing timeliness of adoption.

The “Ideas in Practice” monthly electronic newsletter is sent to CFS staff statewide. The April 2010 issue discussed working with relative placement providers and in January 2011 full disclosure was the focus.

9.5 Provide quarterly adoption training via e-mail or teleconference to regional adoption staff.

Funding Source:	IV-E/CWS
Target Date for Completion:	Ongoing
Status:	Ongoing

All adoption placement and Adoption Assistance paperwork was updated in January and February 2011. The process for submitting much of the required documentation was also revised to take advantage of technology, reduce social worker time and improve efficiencies. Regional training to the new paperwork and process began in March 2011, and was completed in April 2011.

The “Ideas in Practice” monthly electronic newsletter is sent to CFS staff statewide. The April 2010 issue discussed working with relative placement providers and in January 2011 full disclosure was the focus. Additional adoption-related articles and updates as well as notification of adoption-related community-based training are featured on an internal SharePoint site which is accessible by all adoption staff.

The Permanency Program Specialist continues to participate in Treasure Valley Adoption Council meetings in Boise. Private agency staff, Certified Adoption Professionals and CFS social workers participate in these meetings. Education regarding the Department’s process for reviewing private adoption home studies and selection of adoptive parents was provided during the fall and winter of 2010.

In December 2010, a new process for selecting permanent placements for children was approved. The process emphasizes earlier placement selection thus necessitating the inclusion of supervisors and social workers unfamiliar with permanent placement selection. Training on the Permanent Placement Committee is occurring regionally. Two regions were trained in March 2011 and another region has scheduled training for April 2011. The other regions are expected to receive training in May or June 2011.

Additional revisions to the CFS Core Academy curriculum on concurrent planning are underway and will be completed in April 2011. These revisions include the addition of information pertaining to Guardianship Assistance and the new Permanent Placement Committee. All new social workers are required to attend the Core Academy.

9.6 Conduct adoption and licensing process mapping on a statewide and regional basis (PIP-2, ORG 1.0) Status: Completed – Reported APSR June 2010

9.7 Update the paternity standard and provide related training to social workers and supervisors. Status: Completed – Reported APSR June 2010

9.8 Develop and implement training regarding the dual home study assessment and process for social workers, supervisors and contractors performing foster care or adoption home studies.

Status: Completed – Reported APSR June 2010

9.9 Establish a statewide Adoption Assistance Committee to consider requests for specialized level of subsidy payments and special conditions.

Status: Completed – Reported APSR June 2010

9.10 Review current process for adoption assistance negotiation, consider revisions and implement any needed changes.

Status: Completed – Reported APSR June 2010

9.11 Study feasibility of and implementation of post-adoption services.

Funding Source:	SSBG
Target Date for Completion:	2014
Status:	Not due

Progress: Exploration of the need for post-adoption services began in February 2011. A post-adoption survey was mailed to all in-state adoptive parents who have a child receiving Adoption Assistance from Idaho. To date, responses have been received from the majority of adoptive parents in five regions. Department adoption social workers and supervisors completed an on-line post-adoption services survey in March 2011. Results from the surveys will be used in the development of a clearly defined post-adoption services plan.

Supporting Documentation

Adoption Incentive Funds

Idaho received \$1,147,906.00 in Adoption Incentive Funds in 2010. The majority of the funds were used to remove barriers to adoption through providing additional resources to fund adoption assistance cash payments. The remaining funds were dispersed to the seven regional offices where they are being used to support concurrent planning efforts. Each region has been able to develop a plan for spending the funds during the next two years. Examples of regional spending plans include services to support placement stabilization and staff training on attachment and placement transitions.

Inter Country Adoptions

In 2010-2011, three siblings adopted from Madagascar entered Idaho’s foster care system due to neglect, related to parental substance abuse. The children were adopted in 2000 through the Le Triomphe Orphanage (Eliezera Rasoarinosy, Director). The permanent plan for these children is reunification with their adoptive parents.

STRATEGIES**Item 10. Permanency goal of other planned permanent living arrangement**

- 10.1 **Monitor APPLA through CQI case reviews and report statewide results semi-annually.**

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Goal not met**

CQI Results Item 10 APPLA Goal: 94 %	
Q5 – Q6 (4/1/10 - 9/30/10)	Q7 – Q8 (10/1/10 - 3/30/11)
90%	86%
Q5 – Q8 (4/1/10 – 3/30/11)	
87%	

STRATEGIES**Item 11. Proximity of foster care placement**

- 11.1 **Monitor proximity of foster care placement through CQI case reviews and report statewide results semi-annually.**

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Goal Exceeded**

CQI Results Item 11 Proximity of placement Goal: 95 %	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
100%	100%
Q5 – Q8 (4/1/10 – 3/30/11)	
100%	

STRATEGIES**Item 12. Placement with siblings**

- 12.1 **Monitor frequency children are placed with siblings as measured by CQI case reviews and report statewide results semi-annually.**

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 24

Status:

Goal Met – Continue to Monitor

CQI Results

CQI Results Item 12 Sibling placement	
Goal: 93%	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
97%	88%
Q5 – Q8 (4/1/10 – 3/30/11)	
93%	

STRATEGIES
Item 13. Face to face visits with parents and siblings

13.1 Monitor frequency of parent/child/sibling visitation as measured by CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Goal Exceeded**

CQI Results Item 13 Parent and sibling visits	
Goal: 86%	
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
94%	100%
Q5 – Q8 (4/1/10 – 3/30/11)	
97%	

STRATEGIES
Item 14. Maintain connections

14.1 Support/increase cultural competency of agency staff relative to American Indians/Native Alaskans so they can individualize services and maintain connections.

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: Ongoing

Training continues to be provided for new workers through the Knowing Who You Are and the Introduction to the ICWA components of the New Worker Academy. The ICWA Program Specialist responds to calls from the regions for technical assistance. Other

resources have been made available on the Department's Sharepoint site for reference on a daily basis.

14.2 Train staff to go beyond reasonable efforts and to begin “active efforts” as soon as a child is identified as possibly American Indian/Alaska Native and to continue for both pre and post removal of the child.

Funding Source:	CWS/IV-E
Target Date for Completion:	Ongoing
Status:	Ongoing

Training to the requirement of active efforts is an ongoing process. Training occurs through the ICWA training and technical assistance provided by the Department's ICWA Program Specialist. “Active efforts” will continue to be a training topic. The annual Indian Child Welfare Conference is held in coordination with the Tribes in Idaho. Various topics include notice, placement, qualified expert witness, introduction to the Indian Child Welfare Act and procedures in Idaho for compliance. At this year's Indian Child Welfare Conference, June 2011, one of the sessions will focus on the Department's strategic plan to complete the ICWA Standard which entails procedures developed for internal processes and procedures.

14.3 Continue to train and meet with 7 region-based ICWA liaisons who can act as the “go to” resource persons for staffing of ICWA cases.

Funding Source:	CWS
Target Date for Completion:	Ongoing
Status:	Ongoing

The first meeting of liaisons was held in May 2010, and included the liaisons and select Central Office staff. The purpose of the meeting was two-fold; first, as a train-the-trainer session in preparation for line worker and supervisor trainings in each region by the Program Specialist and the regional liaison and as a forum for surfacing of issues facing regional staff regarding compliance with ICWA. ICWA liaisons will review and monitor internal process for compliance in consultation with the ICWA Program Specialist.

14.4 Recruit and train additional qualified expert witnesses to provide court testimony on behalf of Indian children.

Funding Source:	CWS
Target Date for Completion:	Ongoing
Status:	Ongoing

Indian Child Welfare Advisory Council reviewed the current list of the Qualified Expert Witnesses. The contact information has been updated by the ICWA Program Specialist and the list will be maintained on the external web site.

Qualified Expert Witness training was held in Boise, Idaho on March 21, 2011. This ICWA Qualified Expert Witness training was provided by Margaret Burt, Esq. from the National Resource Center on Legal and Judicial Issues. It is designed to increase the skills of current QEW's and as an orientation to tribal members who are interested in becoming a QEW. The day will include a review of the qualifications and role of the QEW as well as practice sessions. For those interested in being a QEW, there will be a chance for attendees to practice giving testimony from real case examples. There will also be an opportunity for Prosecutors to practice examining Qualified Expert Witnesses. It is a great opportunity to get some "hands-on" experience.

A total of 34 individuals attended the session from seven regional offices throughout the State of Idaho including staff, tribes, Prosecutors and Deputy Attorney Generals. Additional training and recruitment will be provided as needed. The ICWA Program Specialist will continue to work with the tribes to identify potential Qualified Witnesses.

14.5 ~~Increase the use of qualified expert witnesses, when applicable, in Indian child out-of-home placements.~~

Revised: Monitor the use of qualified expert witnesses in cases where children in out of home placement are subject to ICWA.

Funding Source:	CWS
Target Date for Completion:	2012
Status:	New

14.6 Identify and address potential contributing factors for the disproportional number of American Indian/Alaska Native children in out-of-home placement including establishing of accurate baseline.

Funding Source:	CWS
Target Date for Completion:	2011
Status:	Not due

Establishing a baseline has been an ongoing struggle as our SACWIS system (FOCUS) reports the number of Indian children in foster care based on what the parent self-identifies as the child's race. The way that AFCARS requires race to be self-identified contributes to the lack of reliability. The result is what appears to be a disproportionate number of Indian children identified in FOCUS who do not have membership or any affiliation with a federally recognized tribe including Alaska. Currently we are working on realigning how the information is collected so that we can track the number of children self-identified as AI/AN and of that number, how many were identified by a tribe as being subject to ICWA. Once that is accomplished, we can more readily look at some of the factors related to placement into foster care such as circumstances of abuse or neglect.

14.7 Monitor agency’s efforts to maintain connections through CQI case reviews and report statewide results semiannually.

Funding Source: CAPTA
 Target Date for Completion: ongoing
 Status: **Goal exceeded – Continue to Monitor**

CQI Results		Item 14 Preserving Connections
		Goal: 92%
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)	
91%	95%	
Q5 – Q8 (4/1/10 – 3/30/11)		
93%		

STRATEGIES
Item 15. Relative placement

15.1 Monitor whether the agency made concerted efforts to place the child with relatives (including ICWA cases) when appropriate through CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Goal not met – continue to monitor**

CQI Results		Item 15 Relative Placement
		Goal: 93 %
Q5–Q6 (4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)	
90%	89%	
Q5 – Q8 (4/1/10 – 3/30/11)		
89%		

15.2 Receive consultation and training to explore model for identifying family members to increase relative placement (PIP-2, S4.0) Status: Completed – Reported in APSR 2010

15.3 Expedite placement of children with relatives (PIP-2, S5.0)
 Status: Completed – Reported in APSR 2010

STRATEGIES
Item 16. Relationship of child in care with parents

16.1 Monitor quality of relationship of child in care with parents through CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: ongoing
 Status: **Goal exceeded – Continue to Monitor**

CQI Results		Item 16 Parent/child relationship
		Goal: 85 %
Q5–Q6(4/1/10 - 9/30/10)	Q7 – Q8 (10/1/10 - 3/30/11)	
91%	100%	
Q5 – Q8 (4/1/10 – 3/30/11)		
		96%

GOAL III. CHILD AND FAMILY WELL-BEING

Outcome 1. Families have enhanced capacity to provide for their children’s needs

STRATEGIES
Item 17. Needs and services of child, parents, foster parents

17.1 Monitor meeting the needs of the child, child's parents, relatives, foster and adoptive family through CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Ongoing – continue to monitor**

CQI Results		Item 17 Needs and Services
		Goal: 96%
Q5–Q6(4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)	
88%	93%	
Q5 – Q8 (4/1/10 – 3/30/11)		
		90%

For purposes of the PIP-2, we established a new baseline during the period 4/09 – 9/09 and negotiated an improvement goal of 96%.

17.2 Prepare older youth to have life skills to successfully transition from foster care to adulthood (PIP-2, EP10.0).

Funding Source: CFCIP
 Target Date for Completion: 2011
 Status: Ongoing

CQI Results – Items 10 (APPLA) 17 (Services)	4/09-9/09	10/09-3/10	4/10-3/11
# of youth (15 years+) in foster care	17	19	19
# of youth with goal of APPLA	8	12	13
# of youth who received inadequate IL planning svcs	0	1	0
Reason for inadequate IL planning svcs	n/a	no IL plan	n/a
# of youth with goal other than APPLA	9	7	6
# of youth who did not received assessment/services	0	0	0
Reason for no assessment/services	n/a	n/a	n/a

17.3 Monitor implementation of transition plans to successfully transition youth 17 years of age and older from foster care to adulthood.

Funding Source: CFCIP
 Target Date for Completion: 2012
 Status: Ongoing

STRATEGIES
Item 18. Child and family involvement in case planning

18.1 Monitor family's involvement in case planning through CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal exceeded – Continue to monitor

CQI Results Item 18 Family Involvement	
Goal: 78%	
Q5–Q6(4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
87%	94%
Q5 – Q8 (4/1/10 – 3/30/11)	
91%	

18.2 Increase the use of FGDM or other type of family meetings at the beginning and at critical points in the case (PIP-2, EF 2.0)

Funding Source: PSSF/CWS
Target Date for Completion: 2010
Status: **Complete - Continue to monitor thru item 18**

As part of PIP-2, each region developed a regional improvement plan. Since last year's APSR, each region met or exceeded the goal of 78% on Item 18 – Family Involvement in Case Planning.

STRATEGIES

Item 19. Worker visits with child

19.1 To increase worker/child contacts, regions will utilize University contracts to assign a student to travel and serve as a “responsible party” when worker/child contacts are needed for children living in residential treatment centers a significant distance from their home.

Funding Source: PSSF/CAPTA
Target Date for Completion: 2011
Status: Ongoing

In September 2009, a contract was developed with Eastern Washington University to assign a student intern to travel and serve as a “responsible party” when worker/child contacts were needed for children living in residential treatment centers a significant distance from their home. Worker/child visits implemented through this contract continue to be in place statewide since this time. Besides meeting face-to-face with the child monthly, the contracted “responsible party” attends clinical staffings, completes service plan related tasks with the child during contacts, and maintains communication with both the regionally assigned worker, the family of the child, and the staff at the residential treatment facility.

The student intern initially staffs the case with the CFS social worker and residential treatment staff to learn the child's family dynamics, permanency and treatment goals, and overall needs. The student intern is included in all treatment programming and CFS staffings as appropriate. The student interns contacts the youth two of the three months within a quarter with the third monthly contact completed by the CFS social worker who is dually assigned to the case as a responsible staff.

Within supervision, the student intern establishes a plan for intern/child contact. Contact activities include, but are not limited to: assessing for safety, reviewing treatment goals and having the child self assess progress, supporting family and significant connections, and assisting youth in working on lifebooks. All activities are coordinated and are in alignment with the CFS social worker and treatment provider program goals.

All regions have accessed the contract when a child is placed in residential treatment a significant distance from the region. In 2009, EWU student interns contacted 30 youth per

quarter. It would take 1000 hours of CFS social worker time to accomplish these same contacts due to the additional travel required. In 2010, EWU student interns contacted an estimated 16-20 youth per quarter. It would take 700 hours of CFS social worker time to accomplish these same contacts.

19.2 When needed to increase worker/child contacts, regions will develop region specific strategies for freeing up worker time to increase opportunities for completing worker/child visits. Supervisors will also work with individual supervisees on strategies to meet monthly worker/child contacts.

Funding Source:	PSSF/CAPTA
Target Date for Completion:	2011
Status:	Ongoing

The CFS Division Administrator and Child Welfare Program Manager met with staff from every region to discuss the continued need to improve outcomes in the face of fewer resources, and the need to identify ways to become more efficient. Each region created a list of ideas of ways to reduce work loads to free up worker time. These suggestions were compiled and posted on a team site, where it is available to all regions statewide.

The electronic FOCUS system creates an “Exception Report” detailing which monthly contacts have not yet occurred. Supervisors statewide are using this report in FOCUS to monitor contacts by identifying contacts that have not yet occurred. This tool allows supervisors to meet with workers to address barriers to meeting monthly worker/child contact requirements and identify what needs to occur in order to make contacts happen prior to the end of the month.

19.3 Monitor the quality and quantity of monthly worker/child contacts and reach 90% by October 1, 2011, through regional reports, CQI case reviews and hand counts (caseworker visit data) (PIP-2, EF1.0)

Funding Source:	PSSF/CAPTA
Target Date for Completion:	2011
Status:	Ongoing – Continue to monitor

Quantity of monthly worker/child contacts are monitored through annual hand counts conducted by Central Office program specialists and monthly “exception reports” in FOCUS. The hand count is a process that gathers caseworker visit data through mining FOCUS contact screens and worker narrative to determine whether or not contacts were made and if so, the location those contacts took place. The FOCUS exception reports detail which children have not yet been seen. Additionally, both the quantity and quality of contacts are monitored through the continuous quality improvement (CQI) process. Each year, 210 cases are reviewed through the CQI process. The CQI process reviews whether worker/child contacts are of sufficient quantity and quality necessary to the particular

circumstances of each case and also meet the requirements of CFS standards of practice for worker/child contact.

19.4 Semi-annually, at the Division Operations Meeting, review results of worker contacts from CQI's and PIP-2 hand counts to strategize methods to improve contact outcomes.

Funding Source:	PSSF/CAPTA
Target Date for Completion:	2011 –2012
Status:	Not due Ongoing

Progress: Social worker/child contacts were discussed at Division Operations Meeting and at the Child Welfare Subcommittee meetings in March 2010, August 2010, December 2010 and January 2011. Regional program managers and Central Office staff reviewed results from our regional CQIs, the 2009 and 2010 IV-B random sample hand counts and the PIP-2 hand counts. Frequent discussions related to social worker child contact were held. The Social Worker/Child Contact Standard was revised and clarification of contact with children who do not live in the home, but visit frequently was needed. As evidenced by the data below, Idaho is making significant progress in the frequency and quality of social worker/child contacts. Although Idaho has met its PIP-2 goal for this item, managers felt we should continue to monitor monthly contact through a newly developed FOCUS “exception” report. Supervisors are asked to generate the report prior to the end of the month and remind social workers to see children on their case loads if contact hasn’t been made. This strategy will assist us in meeting the goal of 90% by October 1, 2011. Additionally, mid month, Central Office sends a post able flier to regional supervisors reminding them to monitor their social worker/child contacts.

SUPPORTING DOCUMENTATION

Monthly caseworker visits and fund expenditure

The Department calculated the FFY 2007 baseline caseworker/child contact data by reviewing 339 randomly selected cases, using the sampling methodology developed by the Children’s Bureau Data Team. Idaho did not submit a request to resubmit baseline data. Although Idaho has developed a FOCUS report to calculate totals of caseworker/child contact, the reports have not been validated. Therefore, we continue to use the sampling methodology, developed by the Children’s Bureau Data Team, to calculate our 2008, 2009, 2010, and future 2011 data. Below are the results of the 2010 hand count that were submitted in January 2011.

Caseworker Visit Measures	National Standard by 2011	2007 Idaho Performance	2008 Idaho Performance	2009 Idaho Performance	2010 Idaho Performance
# of children served in foster care		339	337	333	332
# of children visited every month		173	193	253	292
% of children receiving a caseworker visit each and every month in care	90%	51%	57%	76%	88%
# of visit months for children who were visited every month in care		1007	1300	1673	2032
# of visit months in which at least one visit occurred in the child's residence		752	1047	1346	1643
% of months in which visit occurred in child's placement provider or own home	50%	75%	81%	80%	81%

** Confidence Level: 95% ; Margin of error: +/- 5%

FFY	Idaho's Target % of Children Seen Each and Every Month
2008	53% with the majority of contact occurring in the child's home
2009	60% with the majority of contact occurring in the child's home
2010	70% with the majority of contact occurring in the child's home
2011	90% with the majority of contact occurring in the child's home.

Idaho has exceeded their 2010 goal. PSSF worker contact funds have been used to accomplish the following:

- Contract with Eastern Washington University to assign a student to travel and serve as a “responsible party” when children are living in residential treatment centers a significant distance from their home. The student has co-case management responsibilities with the assigned regional staff;
- Regions will monitor child worker contacts on a monthly basis through the use of FOCUS reports. Supervisors will work with individual supervisees on strategies to meet monthly worker/child contacts. Regional Improvement Plans are required if the region falls beneath 90%; and
- Each region will develop regional specific strategies for freeing up worker time to increase opportunities for completing social worker/child visits.

STRATEGIES

Item 20. Worker visits with parents

20.1 To increase the quality and quantity of worker/parent contacts, train all CFS social workers on engaging both mothers and fathers and enhancing the quality of contact with all family members (PIP-2, EF3.0)

Status: Goal Met – Reported APSR June 2010

20.2 **Monitor worker/mother and worker/father contacts through hand counts and CQI case reviews. Report statewide results semi-annually.**

Funding Source: CAPTA

Target Date for Completion: Ongoing

Status: **Goal Exceeded – Continue to monitor by CQI**

CQI Results Item 20 Worker/Parent visits	
Goal: 79 %	
Q5–Q6(4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
87%	91%
Q5 – Q8 (4/1/10 – 3/30/11)	
88%	

Outcome 2. Children receive adequate services to meet their educational needs

STRATEGIES

Item 21. Educational needs of the child

21.1 **Monitor the meeting of a child’s educational needs through CQI case reviews and report statewide results semi-annually.**

Funding Source: CAPTA

Target Date for Completion: Ongoing

Status: **Goal Met – continue to monitor**

CQI Results Item 21– Child Educational Needs:	
Goal 95%	
Q5–Q6(4/1/10 - 9/30/10)	Q7–Q8 (10/1/10 - 3/30/11)
100%	100%
Q5 – Q8 (4/1/10 – 3/30/11)	
100%	

21.2 Disseminate information about requirements and resources to maintain children in their “home” schools to resource parents.

Funding Source: CWS/IV-E
 Target Date for Completion: 2011
 Status: ~~Not due~~ Ongoing

Progress: Within the next five months, the Department will be developing a foster care website that includes an online newsletter. Information related to the requirements and resources to maintain children in their “home” schools will be posted on this site.

21.3 Collaborate with Department of Education to develop protocols for transferring credits from one school to another when a child is not able to be maintained in his/her school.

Funding Source: CWS/IV-E
 Target Date for Completion: 2012
 Status: New

Outcome 3. Children receive adequate services to meet their physical and mental health needs

STRATEGIES

Item 22. Physical health of the child

22.1 Monitor meeting the physical needs of children in all cases opened for services including in-home cases through CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: **Goal Exceeded – Continue to Monitor**

CQI Results		Item 22 Physical Health	
Goal: 86%			
Q5–Q6(4/1/10 - 9/30/10)	88%	Q7–Q8 (10/1/10 - 3/30/11)	89%
Q5 – Q8 (4/1/10 – 3/30/11)			
89%			

STRATEGIES

Item 23 Mental health of the child

- 23.1 **Monitor** meeting mental health needs of children in all cases opened for services including in-home cases through CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: **Goal exceeded – continue to monitor**

CQI Results		Item 23 – Mental Health
		Goal: 95%
Q5–Q6(4/1/10 - 9/30/10)		Q7–Q8 (10/1/10 - 3/30/11)
96%		96%
Q5 – Q8 (4/1/10 – 3/30/11)		
96%		

- 23.2 Each region will assure that each child in out of home care is assessed and provided necessary mental health services (PIP-2, S 8.0)
Status: Completed – Reported APSR June 2010

Supporting Documentation

Health Care Services Plan Update

There are no changes or additions to the health care services plan included in Idaho's 5 year plan (2010-2014).

GOAL 4. CONTINUOUSLY IMPROVE THE ORGANIZATION'S CAPABILITY TO ACHIEVE ITS GOALS OF HELPING FAMILIES AND CHILDREN

- 4.1 **Establish a statewide Child Welfare Ethics Committee to review cases where there is a conflict of interest**

Funding Source: CAPTA/CWS
Target Date for Completion: 2012
Status: Not due

SYSTEMIC FACTOR 1 – STATEWIDE INFORMATION SYSTEM

STRATEGIES

Systemic Factor 1. Statewide Information System

SF1.1 Identify and submit work authorizations for necessary FOCUS enhancements to meet federal, state and agency needs.

Funding Source:	CWS/CAPTA
Target Date for Completion:	Ongoing
Status:	Ongoing

FOCUS programmers and FOCUS staff are continuously working to improve the information system. Bi-monthly they meet with the central office Child Welfare Team and the Children’s Mental Health Team to discuss their business needs. Since the last annual report, some of the major pending revisions to FOCUS include:

- Revisions to the alternate care plan to incorporate the case plan requirements for relative guardianship assistance;
- Revisions to the ICWA screens to more accurately identify the notification status and tribal affiliation; and
- Ability to scan adoption reports into FOCUS for permanent storage.

In addition to the revisions listed above, our FOCUS system is undergoing a major change. We are migrating from a mainframe data base to a Microsoft SQL data base. This requires rewriting all of the main frame programming. However, the revisions will allow us to have an online system, improve our data warehouse, give us more flexibility of developing reports, and decrease monthly user costs.

SYSTEMIC FACTOR 2 - CASE REVIEW SYSTEM

Systemic Factor 2 (SF2) Items 25 Written Case Plan
Systemic Factor 2 (SF2) Items 26 Periodic Reviews
Systemic Factor 2 (SF2) Items 27 Permanency Hearings
Systemic Factor 2 (SF2) Items 28 Termination of Parental Rights
Systemic Factor 2 (SF2) Items 29 Notice of Hearings ad Reviews to Caregivers

STRATEGIES

SF2.1 For 8 quarters, Legal Representation team will meet at least quarterly to (1) identify legal services that IDHW deems necessary for adequate legal representation, (2) identify areas of the state that need improved legal representation, and (3) strategize solutions to improve the delivery of legal services to the Department (PIP-2, EP 3.0).

Funding Source: CWS/SSBG
Target Date for Completion: 2011
Status: Complete - Ongoing

The Department continues to work towards a solution for legal representation. Currently financial resources are not in place to hire additional attorneys or to implement party status of the Department. However, the Department continues to work with the courts and the Attorney General's Office to improve representation for DHW in the court room.

Since 2007, the Department has met bi-monthly with members of the Supreme Court Improvement Committee, the Attorney General's Office, and the Prosecuting Attorneys Association to identify and address areas of the state where legal representation has been problematic. As a result of those meetings, the Supreme Court and the Attorney General's Office have put additional resources in place, allowing more court time and assistance of additional Deputy Attorneys General. At regularly scheduled meetings, data is reviewed to assure that hearings are happening and timely permanency is being achieved. To correct delays in permanency, in 2010, the Department and the Courts conducted process mapping in Bonner, Boundary, Kootenai, and Canyon Counties. Through collaboration with the Supreme Court, the Attorney General's Office, the Department of Health and Welfare, and some county prosecutors, legal representation is now being monitored in all judicial districts of the state.

In December 2010, the Legal Representation workgroup developed a memorandum of understanding between the Department of Health and Welfare, Regional Deputy Attorneys General, and County Prosecutors to address critical legal services that are needed by the Department. The memorandum of understanding will be used in some counties to clarify the division of duties in cases to be handled by the Deputy Attorney General and the prosecutor. The Memorandum of Agreement outlines which cases will be transferred from the prosecutor to the Deputy Attorney General and describes that process.

These activities do not provide a permanent solution for party status, however, they do assist social workers in receiving appropriate legal representation for child welfare cases and are strategies that can be implemented without adverse fiscal impact. While this PIP strategy has been completed, legal representation continues to be an issue and will be addressed at regular meetings of the legal representation team.

SF2.2 Develop standardized court reports with the Court Improvement Project.

Funding Source:	CWS/SSBG
Target Date for Completion:	2011
Status:	Completed

A subcommittee comprised of CFS supervisors and representatives from the Supreme Court Improvement Project Committee met during 2009-2010 to develop five standardized reports to the Court. They were introduced at the Children and Family Institute video conference training on May 14, 2010, for feedback. Reports that were completed include: 1) Report of Investigation; 2) Progress Report; 3) Permanency Hearing Report; 4) Post Permanency Hearing Report; and 5) Report for the Termination of Parental Rights. The reports were piloted in Regions 2, 3, 5, and 6 from April 2010 through December 2010. Judges, reading the new reports were surveyed. The following is a sample of their feedback:

When asked for information to improve the format of the reports, one judge replied, "I think so far the content has been very helpful. It is easy to look for a specific item of information and find it." Another judge stated, "I think the content of the reports is very helpful. However, it is only as good as the person writing the report. Social workers may need some additional training which is to be expected because it is such a departure from the old reports."

During the pilot, social workers also found some benefits in using the new reports. However, they struggled with the report's formatting and offered suggestions for change. The subcommittee was reconvened in January 2011, and revisions were made to the court reports based on input from the pilot. During the pilot, social workers suggested two additional reports – one for protective supervision and another for permanency/review hearings post TPR. The subcommittee developed these reports.

All seven of the reports will be featured at the regional Child and Families Institute, sponsored by the Supreme Court Child Protection Improvement Committee on the following dates: May 5-6 in Boise, May 19-20 in Idaho Falls, and June 16-17 in Moscow. The court reports are scheduled to be implemented statewide during the summer of 2011.

SF 2.3 Support youth participation in court hearings.

Funding Source:	CWS/CJA
Target Date for Completion:	2011
Status:	Completed

This strategy is a collaborated effort shared, with the Child Protection Court Improvement Project. In May 2011, the CIP sponsored the Child and Family Court's Institute in Lewiston, Boise, and Idaho Falls. The institute featured a panel that discussed preparing

youth for court. After the panel discussion each judicial district divided into groups to answer the following questions:

- (1) How is your judicial district preparing youth for court?
- (2) What “next steps” can you take to improve the process?

The Supreme Court will continue to monitor youth’s participation in court through a court sponsored evaluation.

To continue support for youth participation in court hearings, the CIP convened a subcommittee to develop a template for preparing youth for court. The template clarifies roles for preparing youth. For example it asks who decides whether the youth will or will not attend court? Who extends the invitation? What preparations should occur prior to the day of court? Who transports the youth? Who will supervise the youth while waiting? Who should debrief the court experience? The CFS Child Welfare Program Manager is participating on that committee.

To support youth participation in court, the Department assisted in developing a new tool. Although the coloring book, “What’s My Job in Court,” assists in preparing children for criminal proceedings, it does not address the features of civil court. Using Children’s Justice Act funds and partnering with DHW and the CIP, the Governor’s Children at Risk Task Force developed a subcommittee to design and produce an additional activity coloring book for children involved in child protection civil court. The new book includes an explanation of CASA/GAL, public defender, child protection, permanency and adoption. In August 2010, more than 2000 copies of the activity book were distributed throughout the State through all the Prosecuting Attorneys’ Offices. Copies were also provided to the Department of Health and Welfare and foster families in order to prepare children who are going to court. We have received a great deal of positive response from those involved in the court system about the beneficial impact this activity book has had. Additionally, it has been useful for attorneys and judges as they talk to the community about court and the role of the judiciary in our State.

SF 2.4 Familiarize magistrates with children and foster parents’ right to be heard (PIP-2, EP 6.0)
Status: Completed - Reported APSR June 2010

SF2.5 Monitor notification of caregivers of reviews and hearings for an opportunity to be heard through interviews during CQI case reviews and report statewide results semi-annually.

Funding Source:	CAPTA
Target Date for Completion:	Ongoing
Status:	Goal not met – Continue to Monitor

CQI Results Have the child's foster parents been given notice of all hearings and reviews? Goal: 95%	
Q5 – Q6 (4/1/10 - 9/30/10)	Q7 – Q8 (10/1/10 - 3/30/11)
85%	96%
Q5 – Q8 (4/1/10 – 3/30/11)	
91%	

SF2.6 Collaborate with the Idaho Prosecutors Association to train child welfare prosecutors on the laws and procedures in a child protection case (PIP-2, EP 4.0).
 Status: Completed – Reported APSR June 2010

SF2.7 Train Department social workers to know how to work within the judicial system (PIP-2, EP 9.0).

Funding Source: IV-E/CWS
 Target Date for Completion: 2010
 Status: Completed

To accomplish this strategy, Deputy Attorneys General developed a curriculum for social workers to be trained in the new worker child welfare academy. The training was first conducted in March 12, 2009. Since this training has been integrated into the child welfare academy course work, subsequent sessions are repeated a minimum of every 6 months as new social workers are hired.

As part of Idaho’s PIP-2, the Regional Deputy Attorneys General also conducted regional trainings for all CFS social workers who had not had the new academy training. Training has occurred for seasoned social workers in all regions.

The agenda for regional trainings is the same as the agenda used in the new worker academy. Training topics include:

- How to access legal representation;
- How to present yourself professionally in court;
- How to prepare affidavits and reports for shelter care hearing, adjudicatory hearing, case plan hearing, review hearing, permanency hearings, and TPR hearings;
- Timeline of a child protective case; and
- Standards of evidence required in judicial proceedings.

SF2.8 All new judges in Idaho will be trained in child protective proceedings. (PIP-2, EP5). Status: Completed – Reported APSR June 2010

SYSTEMIC FACTOR 3 -- QUALITY ASSURANCE SYSTEM

Systemic Factor 3 (SF3) Item 30. Standards Ensuring Quality Services
Systemic Factor 3 (SF3) Item 31. Identifiable QA system that evaluates the quality of services and improvements.

STRATEGIES

SF3.1 Train CQI case reviewers to administer the CQI OSRI in a standardized manner with adequate inter-rater reliability.

Funding Source:	CWS/CAPTA
Target Date for Completion:	Ongoing
Status:	Ongoing

To promote standardized administration and inter-rater reliability, members of the CQI review teams are trained on the review process and review instrument (OSRI) prior to participating in any reviews. In addition, on-going training occurs at the entrance conference prior to each CQI case review as the regional Chief of Social Work and Central Office staff present any updated instructions to reviewers and review the scoring criteria for any areas that have been causing difficulties for reviewers.

Currently, Keeping Children Safe Panel members, university partners, Casey Family Programs staff, and Department employees from other divisions are serving as CQI reviewers, partnered with CFS staff.

To train new CQI case reviewers, one full day training is conducted semi-annually. The training includes training examples and materials used by JBS in training CFSR reviewers. During this reporting period the following CQI trainings were held: (1) June 29, 2010 with 32 participants in attendance and (2) December 2, 2010 with 26 participants in attendance. Training is conducted semi-annually. A CQI training is scheduled for June 22, 2011 and currently has 30 registrants.

SF3.2 Conduct annual ICWA case review and submit a progress report.

Funding Source:	CWS/CAPTA
Target Date for Completion:	Ongoing
Status:	Ongoing

The ICWA program specialist with assistance from regional ICWA completed the CQI for cases opened under the period under review from May 22, 2009 – June 8, 2010. The rating tool consisted of items on identification, active efforts, jurisdiction, placement, notice, and qualified expert witness. Not all cases were applicable in each of these areas because the focus in the CQI included review of newly opened cases only. Many of the cases were self

identified as American Indian or Alaska Native, but did not result in membership with a specific tribe. This resulted in a very small sample of Indian children to review. The rating tool has been used for a number of years without revision. Some of the items are written in such a way that generalizing from the data becomes challenging. What the ICWA program specialist was able to do during the case review was to talk with the worker and worker's supervisor about the case in an effort to assist with improving compliance with ICWA. A strategic approach for future ICWA CQIs will be to develop a rating tool to more adequately monitor ICWA outcomes or use one of the tools being proposed nationally.

Preliminary results reflect the following trends:

- Of the 31 ICWA children randomly selected for review, only 16 were identified by a tribe to be Indian for purposes of ICWA.
- Demonstration of active efforts either to prevent removal or to reunify the family were not documented in court findings or in report to the court.
- Regions 1, 2 and 6 worked with the tribes by making home visits and coordinating case planning with the children and families. These are the three regions which border Indian tribes within Idaho.
- The majority of the tribes identified were out-of-state tribes and did not participate due to cost, distance and travel to participate in the case planning. However, a very small number of tribes participated by teleconference if the situation included the need for a qualified expert witness.

SF3.3 Implement a resource family licensing CQI to accompany ongoing regional CQI case reviews.

Funding Source:	CWS/CAPTA
Target Date for Completion:	Ongoing 2010
Status:	Completed

A licensing review was completed prior the Federal IV-E Audit which occurred in April 2010. Based on the results of both reviews, further Foster Care CQI's are not scheduled and will not be a part of the ongoing plan. They will be implemented as future need is determined such as prior to the next round of title IV-E audits.`

SYSTEMIC FACTOR 4 - STAFF AND PROVIDER TRAINING

Systemic Factor 4 (SF4) 32. Initial Staff Training
Systemic Factor 4 (SF4) 33. Ongoing Staff Training
Systemic Factor 4 (SF4) 34. Foster and Adoptive Parent Training

STRATEGIES

SF4.1 Train supervisors using existing training resources. ~~and newly developed competency-based supervisory curriculum.~~

Funding Source:	CWS/IV-E/CAPTA
Target Date for Completion:	Ongoing
Status:	Strategy revised in April 2011

Due to the fiscal impact of the current economy, the development and implementation of a supervisory curriculum is not possible at this time.

Statewide training from the NRC on Permanency and Family Connections (Rose Wentz) was provided in March and April 2010 on Concurrent Planning. Margaret Burt from the NRC on Legal and Judicial Issues also provided training on the Legal Aspects of Concurrent Planning.

A CFS Supervision Standard was developed and provides direction and guidance to the CFS program regarding the nature of supervision to be provided to CFS social work staff. The standard will help achieve statewide consistency and provide a measurement for program accountability.

Electronic training resources for line workers and supervisors continue to expand. The Department's Human Resources Program purchased modules that included resources helpful for supervision in child welfare on a variety of training issues. Additionally, a face-to-face training module on documentation titled "Focus Your Message" was made available to staff statewide. This training helps participants develop clear, concise documentation that helps with decision making, recording family progress, etc.

Supervisors continue to be required to attend supervision classes provided by the Department such as new supervisor training, Crucial Conversations/Confrontations training, etc. They are also required to complete Family Centered Practice for Supervisors and CQI training. Although the development and implementation of a supervisory curriculum is not viable at this time, supervisors will receive training and instruction at an annual supervisor summit. Topics for the supervisor summit are determined by data collected through the CQI process, data trends, and as requested by regional chiefs and program managers. The first supervisory summit will occur in July 2011 and will focus on critical and clinical decision-making. Additionally, video conferencing equipment is being purchased and installed in all regions as well as in central office. This equipment

will allow training opportunities to occur in multiple regions, or statewide, at a reduced cost and throughout the year. Program Managers continue to support ongoing supervisor training that addresses content in specific child welfare core areas.

SF4.2 Develop a mechanism for ongoing evaluation of the training system and ways to identify ongoing training needs of experienced staff.

Funding Source:	CWS/IV-E
Target Date for Completion:	2010-2011
Status:	Ongoing

CFS continued to refine the mechanisms and processes used to evaluate the training system and collect information related to training needs of new and experienced staff. The Department's contract with BSU to provide Academy expired in June 2010. Idaho State University (ISU) was awarded the new training contract in 2010 and is working on revision of the ongoing evaluation of the training systems/identification of training needs. Academy participants still complete evaluations of their training with the new contract with ISU.

The former Academy evaluation committee and others leaders determined that Academy topics might be better delivered in statewide hubs rather than in a central location in which all new workers had to travel. It was also determined that collecting information about training formats provided an opportunity to collect perceptions about training needs.

Based on input from staff, subject matter experts and research indicating a need for change, a new mechanism for the delivery of Academy with hub based on-site trainers in three areas statewide was developed and implemented. This eliminated staff having to come to Boise for the 6 separate week long sessions of Academy. Academy was changed to 15 days of in-person training (versus 24) and is rotated to three specific hub locations statewide each month. Academy also includes E-learning modules and other electronic methods for delivering training so that employees can stay in their own work area to complete Academy requirements. Hub 1 includes Region 1 and 2, Hub II includes Region 3 and 4, and Hub III includes Region 5, 6, and 7. Region 5, being geographically mid-state, direct staff to attend training in Hub II or Hub III. This allows for staff travel to be limited and provides a local ongoing training needs assessment process by having the on-site trainer work with new and existing staff in the hub areas.

Central office CW staff and others including University partners, Deputy Attorneys Generals, Chiefs of Social Work are currently training Academy during the interim while the on-site trainers are being hired and trained. The new on-site trainers will take over training Academy in their assigned hub along with providing ongoing training, in-service and learning circles. Some content areas such as the *Knowing Who You Are* (KWYA) and Legal Perspectives training will maintain a subject matter expert and the on-site trainer will co-train or support them. See Attachment G for Academy Schedule.

In a move to translate state-wide competencies from generic competency language into competency language that applied specifically to CFS services, the new employee evaluations for Social Worker 1's and Social Worker 2's competencies were revised to better reflect workplace indicators. A process to revise these competencies for higher level social worker positions is being addressed.

Additional mechanisms for evaluation include Division Operations Team, the CQI process, and the CW Child Welfare Subcommittee. In addition, communication will be maintained between Central Office and the on-site trainers regarding the delivery of training and training needs.

SF4.3 Strengthen supervisory practices through a strategic plan that will include role definition, training, and support (PIP-2, ORG 2.0)

Funding Source:	CAPTA/CWS
Target Date for Completion:	2010
Status:	Ongoing

Idaho's Supervisory Strategic Plan was developed through consultation with the NRC on Organizational Improvement and a representative group of supervisors from each region of the State. The strategic plan was finalized and approved in July 2009.

At a meeting on May 4, 2010 two subcommittees of the larger group were convened to finalize recommendations for the following:

1. Essential core components to be used in supervision;
2. Strategies for providing consistent thoughtful scheduled supervision. (frequency, type and portions of the model that need to be included in a supervisory standard for best practice supervision);
3. Standard for supervision;
4. Statewide practice guidelines for child welfare social worker 3s;
5. A structure for an Individual Development Plan ensuring ongoing development and support around a specific skill set and competencies needed by CW supervisors; and
6. Prioritize the topics for quarterly supervisor calls (learning circles).

The recommendations from this meeting were submitted and approved by leadership. In 2010, we had six phone call consultations with Steve Priester from the NRC for Organizational Improvement. He provided information on learning circles and guidance on how to best implement the strategic plan. We will continue implementing the supervisory plan during the remainder of 2011. Annual training is planned for all supervisors statewide in July 2011 supervisory summit which focuses on enhancing supervisory practices through critical decision making.

SF4.4 Develop a tool to assess current competency level of individual line staff and supervisors.

Funding Source:	CWS/IV-E/CAPTA
Target Date for Completion:	2010/2011 (date revised 4/11)
Status:	Ongoing

Development of tools for assessing current competency levels continues to be an ongoing process. The State of Idaho has a mandatory electronic performance appraisal system. IDHW previously selected 36 competencies from hundreds described in the appraisal system which best described an IDHW employee and curriculum was developed for supervisors defining these selected competencies.

The Competency Based Learning Contract (CBLC) has been replaced with a modified performance appraisal system that allows the supervisor to track participation of a new worker in Academy, document their field experience and all requirements for completion of Academy. This probation evaluation template serves as an ongoing appraisal tool where individual staff can be assessed and updated competencies addressed. An optional field manual includes performance objectives, an introduction and overview of the Academy, information on linking Academy training with field training, orientation procedures, competencies, learning objectives and negotiated learning goals. It also includes a worksheet template to assist supervisors as a worksheet for information needed for completion of Academy. This tool was requested by supervisors.

All supervisors in the Department are required to attend training which focuses on: developing job descriptions based on the Department's core competencies; developing hiring strategies that focus on competency assessment; conducting performance appraisals, which include both a performance appraisal and a staff development plan; and dealing with challenging performance issues.

SF4.5 Complete Child Welfare Manual chapters.

Funding Source:	CAPTA/CWS
Target Date for Completion:	2010
Status:	Progress achieved

See Attachment B for a list of CFS e-manual chapters which have been posted. The remaining are in various stages of development. Due to cutbacks, the contractor who did our editing and prepping the information for posting on-line had their contract terminated Fall 2010. The editing and prepping is now done by CFS and FOCUS staff.

SF4.6. Monitor resource families' ongoing training requirements through licensing CQI (see SF3.4)

Funding Source: CAPTA/CWS
Target Date for Completion: Ongoing
Status: **Completed**

As indicated in SF3.3, further Foster Care CQI's are not scheduled and will not be a part of the ongoing plan. The Foster Care Licensing CQI Ongoing training requirements have been made a part of the Dual Assessment Format. Annually the foster parent's completed training is reviewed for completion of 10 additional hours of training as required by IDAPA 16.06.02.340.

Technical assistance and training was requested and received through the NRC on Permanency and Family Connections. Outcomes have included written guidance related to the roles and responsibilities of the child welfare team (social worker, resource parent and birth parent), improvements to our Cooperative Agreement and Resource Parent Plan, a Confidentiality Standard of Practice, new curriculum for New Worker Academy (Foster Care), Foster Parent Training, development of a Resource Parent/Agency Problem Resolution Process, Support Groups and enhancements to the Recruitment Peer Mentor Program.

SF4.7 Develop a monthly e-publication called Ideas in Practice for distribution to workers statewide (PIP-2, ORG 3.0)

Funding Source: IV-E/CWS
Target Date for Completion: 2010
Status: Complete

Attachment C is a list of the Ideas in Practice published since our previous APSR.

SF 4.8 Explore Supervisory curriculum from other states and modify curriculum for Idaho.

Funding Source: CWS/IV-E/CAPTA
Target Date for Completion: 2012
Status: New

SF 4.9 Continue to implement the supervisor strategic plan.

Funding Source: CAPTA/CWS
Target Date for Completion: Ongoing
Status: New

Supporting Documentation

Evaluation

Due to a significant reduction in resources, the contract to evaluate exiting foster parents will be suspended. Evaluation of the New Worker Academy will continue. In-house evaluation will continue through data collection during the CQI, FOCUS reports and Data Profiles. Additional mechanisms for evaluation will include Division Operations, the CW Child Welfare Subcommittee, quarterly CW Learning Circles and evaluation workgroup efforts.

Technical Assistance

During the two years of PIP-2 (2009 – 2011), the following technical assistance is planned.

- (1) Consultation with the National Resource Center for Child Protective Services regarding how to increase safe in-home and alternate care placements by: (a) developing a decision tree that shows instances when children can be safely maintained in their home. The Decision Tree will be shared with MDTs, including law enforcement; (b) training on conducting initial and ongoing assessment with relative placements and in foster homes; and (c) training on re-assessing safety prior to re-unification and case closure with inclusion of services to prevent re-entry. **(Completed – 2009)**
- (2) Consultation and training with the National Resource Center for Permanency and Family Connections on engaging fathers and enhancing quality and frequency of social worker contact. Training should include: Family centered practice methods of engaging reluctant parents and parents who are incarcerated or live long distances; and how to conduct and document effective face-to-face visits with each child and each parent. **(Completed – 2009)**
- (3) Consultation with the National Resource Center for Permanency and Family Connections and the National Resource Center for Legal and Judicial Issues regarding how to implement concurrent planning activities, early in the case, including making a full disclosure with parents, relatives, and resource parents, within a family centered practice model. **(Completed – 2010)**
- (4) Training by the NRC for Organizational Improvement on how to monitor concurrent planning within the judicial role. **(Completed – 2010)**
- (5) Technical assistance and training-of-trainers around identifying and placing children with relatives, specifically how to engage and find relatives within 30 days of a child coming into care when parents are reluctant to supply names of relatives and how other states are safely placing children with relatives, pending licensure. **(Completed – 2010)**

- (6) Technical assistance and training is being sought to build a stronger partnership between resource families and CFS social workers and supervisors. This TA is designed to assist resource parents, licensing staff, risk assessors, and case managers in clarifying their roles and operationalization of the PRIDE model's philosophy of "working together as a professional team." **(Completed - 2011)**
- (7) Technical Assistance from Adopt US Kids to build the infrastructure on a statewide basis to recruit additional resource families to allow for better resource family/child matching. This TA will assist Idaho in assessing the current need for foster homes in each region, which reflects the ethnic and racial diversity of children in the State. After assessing the need and reviewing current regional recruitment activities, the TA will assist the State in linking and enhancing regional activities through a Statewide plan. **(Completed – 2010)**
- 8) Idaho received TA from the NRC on Permanency and Family Connections in strengthening supervisors through a strategic planning process that included role definition, identification of training and supports. Technical assistance was also received to give guidance on how to best implement the Strengthening Supervisor's Strategic Plan. **(Completed – 2010)**
- (9) Onsite consultation from NRC for Organizational Improvement for the Department and the Courts to learn more about evidence- based change strategies that will allow both systems to more effectively implement concurrent planning and work towards improved legal representation for the Department. The National Council of Juvenile and Family Court Judges is also a resource regarding system change necessary to improve outcomes for children. **(Discontinued – 2010)**

During 2011-2012, the following technical assistance is planned:

- Technical assistance from the NRC on Child Protection Services to assess the current intake system and possibly implement a centralized intake system;
- Technical assistance to explore social media for foster and adoption recruitment;
and
- Technical assistance to explore the feasibility of a differential response system.

SYSTEMIC FACTOR 5 – SERVICE ARRAY and RESOURCE DEVELOPMENT

Systemic Factor 5 (SF5) 35. Array of Services
Systemic Factor 5 (SF5) 36. Service Accessibility
Systemic Factor 5 (SF5) 37. Individualizing Services

STRATEGIES

SF5.1 Assure tribal access to information about available funding to expand services.

Funding Source:	CWS
Target Date for Completion:	Ongoing
Status:	Ongoing

The Department's website is available to Tribes and the public. The Indian Child Welfare Specialist will continue to email correspondence and advise Tribes of available resources. Tribal Relations Program Manager and Program Specialist will continue to work with Tribes on other related issues not directly involving Indian Child Welfare activities.

SUPPORTING DOCUMENTATION

Promoting Safe and Stable Families (PSSF)

To assist in providing a full array of services to children and families, the following services have been available, either through contract or direct services:

Family Preservation

- Intensive Family-Based
- Parenting Classes
- Respite
- Family Group Decision Making Meetings
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance, case management
- Counseling/ anger management
- Forensic sexual abuse interviews
- Health and safety (RN Services)
- Transportation
- Miscellaneous items such as cribs, door alarms, clothing for a non-foster child to avoid bringing child(ren) into foster care.

Family Support

- Counseling services: also including intensive family based counseling, Functional Family Therapy, and case management
- Parenting classes
- Daycare expenses

- Foster Parent Support / Relative Caregiver Support
- Respite
- Health and Safety (RN Services)
- Transportation

Reunification

- Intensive Family Based Services
- Parenting Classes
- Transportation
- Mental Health Services, counseling, psychological testing, case management
- Counseling/Anger Management Evaluations and Recommendations as directed by the court
- Substance Abuse Support and Coordination
- Drug Testing
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance
- Family Group Decision Making Meetings
- Paternity Testing
- Health and Safety (RN services)

Adoption

- Intensive Family Based Services
- Individual Child Recruitment Activities
- Recruitment incentives for a newly licensed foster home
- Home studies
- Adoption Preparation, Pre-placement services
- Adoption placement follow up
- Counseling
- Life Books
- Partial payment of contract for licensing

Since Idaho uses PSSF funds to provide many of these services, PSSF funds are allotted to each region of the state. The Regional Program Manager identifies services needed in the categories of Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion. Regional Program Managers have been provided with the definitions of each of the four PSSF categories and are aware that a minimum of 20% of the PSSF funding should be spent in each of the categories. After regional service providers are selected through a competitive bidding process, a contract is signed. The money allotted in the contracts does not exceed the PSSF funds allotted to the service. Budget reviews are held quarterly to monitor the process and use of the PSSF funds.

SYSTEMIC FACTOR 6 – AGENCY RESPONSIVENESS TO THE COMMUNITY

Systemic Factor 6 (SF6) 38. State Engagement in Consultation with Stakeholders
Systemic Factor 6 (SF6) 39. Agency Annual Reports Pursuant to the CFSP
Systemic Factor 6 (SF6) 40. Coordination of CFSP Services with other Federal Programs

STRATEGIES

SF6.1 Respond to and implement, as feasible, the recommendations of the Keeping Children Safe Panels.

Funding Source:	CWS/CAPTA
Target Date for Completion:	Ongoing
Status:	Ongoing

Idaho's Keeping Children Safe (KCS), Citizen Review Panels, submit annual recommendations to the Department of Health and Welfare, Child and Family Services. On October 20, 2010, the KCS Panels formally submitted seventeen statewide recommendations for 2011. These recommendations included the areas of support to children and families, public awareness, enduring quality service, the use of multi disciplinary teams, education, foster care, and older youth. They were submitted in conjunction with the Panel's annual activities and membership report. Child and Family Services responded to the recommendations on April 15, 2011. Panel members were provided an oral response during a conference as well as a written response. See Attachment D for the "Keeping Children Safe Panels' 2010-2011 Annual Report and Department Responses". The Annual Statewide KCS Panel Conference is scheduled for October 14, 2011 at which time the Department's second and final response will be provided to the statewide Keeping Children Safe Panels.

SF6.2 Participate in and support the recommendations and activities of the Children at Risk Task Force.

Funding Source:	CJA
Target Date for Completion:	Ongoing
Status:	Ongoing

The Child Welfare Program Manager also serves as the Children's Justice Act Coordinator, attends all meeting of the CARTF, and writes the CJA annual report. Many of the strategies of the Governor's Children at Risk Task Force align with the strategies of this Comprehensive Plan as well as the Department's Program Improvement Plan and strategies submitted by the Supreme Court Child Protection Court Improvement Project. The Department of Health and Welfare, The Children at Risk Task Force, and the Court Improvement Project collaborate often to support one another.

SF6.3 Participate in and support the activities of the Idaho Child Protection Court Improvement Project.

Funding Source:	CIP/CWS
Target Date for Completion:	Ongoing
Status:	Ongoing

The CFS Central Office Child Welfare Program Manager is appointed to participate in the Idaho Child Protection Court Improvement Project. In addition to attending all meetings, the Department manager actively serves on the CIP’s training subcommittee, the rules and statutes subcommittee, promoting children in court subcommittee, and the uniform court report subcommittee.

The CIP actively works with the Department to improve the number of children who are eligible for Title IV-E funding. The Department’s eligibility determination unit sends a list of the case number, the child’s name, the judge, and the issues that are causing the case to be noncompliant with Title IV-E to the Director of the Child Protection Court Improvement Project. The CIP Director then forwards the information to each judge with a letter encouraging him or her to include the findings in future orders or to hold a permanency hearing if one has not been held.

The CIP and CFS also work in tandem to implement Idaho’s PIP. For example, the court has incorporated Idaho’s PIP sections specific to case review, legal representation for the agency, and permanency for children into their strategic plan. In an effort to improve practice, the Department and the Courts have coordinated their training plans so social workers and the judiciary are trained jointly on concurrent planning, children and foster parents being noticed and heard in court, and child safety.

In addition, collaboration is occurring between the courts and CFS as they begin to implement a process to share data that will allow monitoring and improvement of safety, permanency, and child well-being outcomes by both CFS and the courts.

CFS values the support of the Court Improvement Project Committee and will continue to assist the committee in working towards the goals of their strategic plan.

SF6.4 Continue regular meetings of Idaho’s Indian Child Welfare Advisory Council (ICWAC).

Funding Source:	CWS/CAPTA
Target Date for Completion:	Ongoing
Status:	Ongoing

The Idaho Indian Child Welfare Advisory Council was established on June 22, 1994. ICWAC consists of the State of Idaho Department of Health and Welfare and the following Tribes: Coeur d’ Alene Tribe, the Kootenai Tribe of Idaho, the Nez Perce Tribe, the

Northwestern Band of the Shoshone Nation, the Shoshone-Bannock Tribes and the Shoshone-Paiute Tribes. The purpose of the committee includes actions directed toward improving the outcomes related to permanency, safety, and well being for Indian child in Idaho through:

- a) Promoting and improving Indian child welfare;
- b) Implementation of and advocacy for the law and the spirit of the Indian Child Welfare Act (ICWA);
- c) Education and awareness of the ICWA; and
- d) Building positive State-Tribal relations through collaboration and cooperation between the Tribes and the Idaho Department of Health and Welfare (IDHW).

The guiding principles include Indian children are a unique cultural asset to Tribes. ICWAC was created to protect the best interest of Indian children by ensuring the establishment, preservation and continuation of cultural ties and Indian heritage for Indian children. The current meeting schedule is quarterly for two days—a one day meeting with tribal representatives and the IDHW tribal relations program manager and the second day with the same group plus representatives from IDHW programs, IDHW regional program managers, Dept. of Juvenile Justice, and the Idaho Supreme Court.

SF6.5 In regions where there is a tribally operated social services or tribal court Services, the Department will consult with the tribe to negotiate a procedural agreement for basic critical coordination for crisis response, child protection risk assessments, foster home placement and court appearances.

Funding Source:	CAPTA/CWS
Target Date for Completion:	2011 2012
Status:	Not due

Progress: The readiness required to move both the state and the tribes toward consideration of written agreements appears to be increasing. Historically, frequent turnover in the ICWA Program Specialist position has made the necessary continuity very difficult. Given that, it becomes even more urgent that written protocols be considered by both parties. The opportunities for face-to-face meetings are limited. However, the current ICWA program specialist continues to make opportunities to meet and talk with both regional leaders and their staff and tribal leaders and their staff on a more frequent basis. In two regions, state and tribal staff meet regularly to staff cases and work to access needed services.

SF6.6 Work with Idaho Children’s Trust Fund with the goal of better co-ordination of primary, secondary and tertiary child abuse and neglect prevention efforts.

Funding Source:	CWS/PSSF
Target Date for Completion:	Ongoing
Status:	Ongoing

The Idaho Children's Trust Fund (ICTF) was created by statute in 1985 with a governing board that currently includes a representative from Child and Family Services (CFS). This allows a child protection system perspective to be represented as related issues come before the board. In September 2009, the executive director of the ICTF and the CFS board representative presented at an Early Childhood Development class to talk about the Prevention/CPS continuum.

On March 16-17, 2010 the ICTF had an 11th annual statewide training event: 2010 Strengthening Families Training Institute – Changing the Way We Think about Prevention. At that gathering, Jim Hmurovich from Prevent Child Abuse America facilitated the initial stages of a prevention planning process. CFS staff were in attendance and participated in a prevention planning process. The Trust Fund also coordinated workshop topics with the Department's efforts related to the CFS Program Improvement Plan. This included the role of absent parents, family centered practice, and involvement of parents in program decision making.

Supporting Documentation

Disaster Plan Update: On March 31, 2010, Program Managers and Central Office staff reviewed the Child Welfare Disaster Plan. Communication processes were discussed and calling trees were updated. Lists of children in foster care are continuously updated as defined by the plan. No revisions were made to the plan as a result of the review. The Department will continue to review and update the plan as needed.

Collaborative Efforts with Tribal Programs

Tribes living within the boundaries of the State of Idaho are the Kootenai Tribe of Idaho, Coeur d'Alene Tribe, Nez Perce Tribe, Shoshone-Paiute Tribes, Northwestern Band of the Shoshone Nation, and the Shoshone-Bannock Tribes.

For the past several years IDHW and tribal program staff have become increasingly active and successful in on-going collaborative efforts to access, coordinate and enhance services for Indian people and reservation service areas in Idaho.

The Indian Child Welfare Advisory Committee (ICWAC) continues to be the strongest and most long-lasting collaborative effort between IDHW and tribal representatives. The group has been meeting since the early 1990's. The current meeting schedule is quarterly for two days—a one day meeting with tribal representatives and the IDHW tribal relations program manager and the second day with the same group plus representatives from IDHW programs, IDHW regional program managers, Dept. of Juvenile Justice, and the Idaho Supreme Court. This group is instrumental in development of coordinated procedures and services and contracts that pass Social Services Block Grant and Title IV-B, Part 2 funding and Independent Living funds from IDHW to tribal social services programs. Recruitment of Indian foster families is a standing agenda item.

The Shoshone-Bannock Tribes are in the process of setting up a Title IV-E foster care program to directly access Title IV-E funds from the Department of Health and Human Services.

Over the next 5 years, the ICWAC will continue to foster connections and collaborations with other state committees such as the Child Protection Committee, Independent Living Committee and the Foster Care Recruitment Committee. ICWAC members will also continue to provide input and guidance on the ICWA-related documents that agency staff will use to promote the early identification of Indian ancestry and tribal affiliation. A tribal attorney, who is a member of the ICWAC, is also involved in the development of state court documents that include ICWA content.

ICWAC has revisited several components within the IDHW “Implementing the Indian Child Welfare Act” Standard, including Qualified Expert Witness, Active Efforts, Tribal Notification, TPR and Adoption proceedings. The ICWA CQI case reviews will also continue. It is through the ICWA standard and the ICWA CQI (see SF3.2 and Item 14) that the specific measures are identified for ICWA compliance. ICWAC also reviews the results of the ICWA CQI.

Another goal of the ICWAC is to bring multiple agencies together to discuss strategies to integrate ICWA-related issues throughout the services continuum. The annual ICWA Conference will continue and is scheduled for June 2011.

Per Title IV-B Sec 422(b)(8), all Idaho children, including Indian children, are eligible to receive services to: (1) prevent or eliminate the need to be removed from their homes; (2) be reunified with their families if removed; and (3) achieve permanency if removed from their family. A case review system implemented in conjunction with the Idaho court system is available to all children who have been placed into foster care. Permanency hearings are available at 30 days for children abandoned at birth or shortly thereafter.

SYSTEMIC FACTOR 7 – FOSTER and ADOPTIVE PARENT LICENSING, RECRUITMENT and RETENTION

- | |
|--|
| <p>Systemic Factor 7 (SF7) 41. Standards for Foster Homes and Institutions
Systemic Factor 7 (SF7) 42. Standards Applied to All Homes Receiving IV-B or IV-E
Systemic Factor 7 (SF7) 43. Requirements for Criminal Background Checks
Systemic Factor 7 (SF7) 44. Diligent Recruitment of Foster and Adoptive Homes
Systemic Factor 7 (SF7) 45. State Use of Cross-Jurisdictional Resources for Permanent Placements</p> |
|--|

SF7.1 Develop a statewide recruitment plan to increase available resource families for improved family/child matching including American Indian/Alaska Native families (PIP-2, S3.0).

Funding Source: IV-E/CWS

Target Date for Completion: 2010
Status: Complete – Reported APSR June 2010

In the second year of implementation of the Statewide Resource Family Recruitment Plan, Idaho developed the Standard for Recruitment and Licensing of Resource Parents (see attachment 5). This Standard of Practice details the steps in the inquiry and application process as well as defines the responsibilities of staff; Recruiter Peer Mentors (RPMs); and Care Line, Idaho’s Recruitment Response Team. Once the standard was completed, materials for Initial Orientation Information Meetings were developed, a marketing plan using “Give My Life a Smile” was implemented and recruitment materials for events were developed and disseminated to the regional recruitment teams. The dual Adoption and Foster Care Application has been updated and made available online. A new family guide outlining the steps from first call through pre-service training was drafted and is ready for publication which is scheduled to occur in September 2011. As of June 2011, staff, RPMs, and regional Recruitment Chairs have been trained to the new Standard of Practice.

Finally, during the spring of 2011, three RFP’s were posted seeking contractors for three recruitment related contracts – Marketing, Recruitment and RPM, and PRIDE and Professional Development. The RFP process has been completed and new contracts were in place as of August 1, 2011.

SF7.2 Modify PRIDE training to include more information regarding the adoption process and questions about adoption in general.

Funding Source: IV-E/CWS
Target Date for Completion: 2012
Status: **Complete**

PRIDE has recently updated its curriculum to include more adoption information. The new curriculum was provided in a TOT with PRIDE Trainers during the current contract year. This curriculum is competency based to address the areas of safety and nurturance, meeting developmental needs, continuing family connections, striving towards permanence and being part of a professional team. The concept of “shared parenting” is presented and supported by the training.

SF7.3 Implement rule changes to eliminate need for duplicate criminal history background checks when transitioning between being a foster and an adoptive parent.

Funding Source: CWS
Target Date for Completion: 2011
Status: Completed

Practice has been clarified that the rule used by the Criminal History Unit for volunteers will apply to resource families who adopt. Under that rule, criminal history background checks must be current within 3 (three) years of the finalization of the child's adoption.

SF7.4 Develop a conflict resolution protocol to use between foster care “team members.”

Funding Source:	CWS
Target Date for Completion:	2013
Status:	Completed

Based on input from the Bridging the Gap Workgroup, the Department developed a formal process for resource parents to deal with disagreements. The process, designed to address specific issues that, despite efforts, are not able to be resolved at the individual level, includes two processes. First, there is a regional process with oversight of supervisors, chiefs and ultimately the program manager. Finally, there is the statewide Problem Resolution Team (PRT) process intended to provide resource families and the regional office an opportunity to be heard when there are unresolved issues remaining following the regional attempts at problem resolution as well as to address those situations when a current resource parent, who was one of the families considered for the permanency placement of a child by the Placement Selection Committee, does not agree with the permanency placement decision and requests a review of the PRT to be held before the child is moved. See Attachment E for Problem Resolution Process description.

SF7.5 Provide staff training on criminal history background checks including information on the Adam Walsh provisions and the Code-X procedure.

Status: Complete – Reported APSR June 2010

SF7.6 Review the role of Regional Peer Mentors and provide staff training about the role of the Regional Peer Mentor.

Funding Source:	IV-E/CWS
Target Date for Completion:	2011
Status:	Completed

Training regarding the role of Recruiter Peer Mentor (RPM) was provided to staff and resource parents statewide April/May 2011. The training was based on the roles and tasks identified in the Inquiry Standard of Practice as well as the RPM Protocol and Job Descriptions. Staff were provided with the bios of current RPMs listing areas of expertise and strengths for staff to utilize. See SF 7.10 for new strategy for Peer Mentors.

SF7.7 Develop and distribute a statewide foster parent handbook.

Funding Source:	IV-E/CWS
Target Date for Completion:	2012

Status: Not due

SF7.8 Establish method for electronically processing ICPC requests.

Status: Completed – Reported APSR June 2010

SF7.9 Support passage of the new ICPC legislation and prepare agency for changes that will follow.

Funding Source: CWS
Target Date for Completion: 2012
Status: Not due

Progress: The State of Idaho continues to support the passage of the New ICPC legislation, but due to budget constraints and issues, it has not passed.

SF7.10 Develop the Recruiter Peer Mentor's Role in supporting new resource parents post PRIDE Pre-Service Training.

Funding Source: IV-E/PSSF
Target Date for Completion: 2012
Status: New

Chafee Foster Care Independence and Education and Training Vouchers Programs

II. PROGRAM SERVICE DESCRIPTION

Idaho continues to provide the services described in the five year plan for 2010-2014 and those described below.

A. Description of Program Design and Delivery

For the State of Idaho, services which are allowable and may be provided under the FFY 2010-2014 plan to assist youth, including Indian youth, make the transition to self-sufficiency include, but are not limited to, the following:

Transitional Independent Living Plan

Services to provide each participant with a written transitional independent living plan which shall be based on an assessment of his or her needs and shall be incorporated into the youth's case plan.

Family and Support Persons Involvement

Services to involve the biological parents and, if appropriate, extended family members, foster parents, and other relevant parties, including Indian tribes, in the development of the youth's Independent Living Plan and services.

Independent Living Skills

Counseling and instruction in basic living skills such as money management, home management, consumer skills, decision-making, time management, parenting, health care, access to community resources, transportation, leisure activities, and housing options, including coordination of resources and/or development of contracts with appropriate service providers.

Educational and Vocational

Educational and training funds as needed to ensure completion of educational programs that would result in obtaining job related employment. Counseling and other assistance related to educational and vocational training (including preparation for a General Equivalency Diploma (GED), high school graduation, vocational education, and higher education) and the coordination of resources and/or development of contracts with appropriate service providers.

Employment

Counseling and other assistance related to employment, such as job readiness training, job search assistance, and employment placement programs, and the coordination of resources and/or development of contracts with the Idaho Department of Employment, the Private Industry Councils, Vocational Rehabilitation, and other employment service providers, including tribal employment and training programs.

Human Sexuality Issues

Counseling, education, and other assistance related to human sexuality issues, such as reproductive health, abstinence programs, family planning & pregnancy prevention, sexually transmitted diseases, and avoidance of high-risk sexual behaviors.

Counseling

Counseling and other assistance related to self-esteem, interpersonal relationships, and social skills development, such as individual, family counseling, group counseling, and issues that are of cultural relevance.

Room and Board

Provision of room and board assistance for eligible youth between the ages of 18 and 21 years who have aged out of the foster care system upon reaching the age of 18 years or older.

Self Sufficiency

Provision of other necessary services and assistance designed to improve participant's opportunities to successfully transition to self-sufficiency.

Outreach

Establishment of a system of outreach which would encourage youth currently in foster care to participate in the independent living program.

Increasing Services

Ongoing development of community organizational efforts aimed at increasing available services to youth.

Support Networks

Development of ongoing support networks for youth leaving foster care including contracted services and involvement of the youth's natural support system.

Training

Training for agency and tribal staff, foster parents, residential care facility staff, and related groups to assure their preparation and competence to address the challenges and issues of youth preparing for independent living.

B. Revisions to Goals and Objectives established in the CFSP

There are no revisions to goals or objectives for the Independent Living Program.

C. Updates to Goals and Objectives to Incorporate Areas Needing Improvement

No areas needing improvement were identified in the Independent Living Program

D. Services to be Provided in FY2012

Population to be served: Eligibility criteria for a youth's participation in the independent living program remains; however, inpatient hospital stays have been added to the list of

settings which are excluded as eligible foster care placements for the purpose of IL eligibility. This is a clarification and does not change how eligibility for IL services is determined. Idaho requires that a youth be in foster care placement for ninety (90) cumulative days after the age of 15, an indicator they will more likely be in care long term and need additional assistance in attaining self-sufficiency. Eligibility requirements for Idaho's plan for independent living services for 2012 are as follows:

- A youth must be, or have been, the responsibility of the State or Indian tribe either through a court order or voluntary placement agreement with the child's family.
- Only youth between the ages of 15-21 years are eligible for services and use of funds through the independent living program.
- Youth must have resided in an eligible placement setting which includes foster care, group care, Indian boarding schools, or similar foster care placement and excludes inpatient hospital stays, detention facilities, forestry camps, or other settings primarily designed for services to delinquent youth.
- A youth must have resided in an eligible foster care setting for 90 cumulative days after attaining the age of 15.
- Room and board services will be available only to those eligible youth, including Indian youth, who have aged out of foster care settings upon reaching the age of 18 years but have not yet reached the age of 21.

E. Geographic Areas Where Services Will Be Available

The program has served, and will continue to serve, eligible youth in all geographic areas of the state. Youth who move from one region to another will be served by the region in which the youth currently holds residence.

F. Estimated Number of Individuals and Families to be Served

There were 1,245 eligible youth in Idaho's Chafee Foster Care Independence Program (CFCIP) from April 1, 2010 to March 31, 2011. As of March 31, 2011, 79 eligible youth reached the age of majority (18) while in care during that time period. A similar number of youth are anticipated for the Independent Living Program in FY 2012.

G. Planned Program Changes

There are no planned changes to the Independent Living Program in FY 2012

COLLABORATION

- Descriptions of activities in the ongoing process of coordination and collaboration efforts are described later in this section at "Coordination with Other Federal and State Programs for Youth."
- Collaboration between child welfare agency and the courts with regard to the development of the APSR and any CFSR or title IV-E program improvement plans is discussed elsewhere in this report.

PROGRAM SUPPORT

- No changes are made to the training plan submitted with the CFSP.
- No new training is planned for IL that is not previously described.
- Updates on Staff Development Plans Paid for by the Caseworker Visit Funding (not applicable)
- State Technical Assistance Provided to Counties and Other local or Regional Entities- IDHW administers all Independent Living services in Idaho. Individual regions maintain contracts for IL services, monitoring and assuring that all requirements of the Chafee Foster Care Independence Program are met.
- Idaho has not requested technical assistance for the Independent Living Program and does plan to request technical assistance in FY 2012.
- In FY 2011, Idaho's SACWIS was modified to accept and report on data required for the National Youth in Transition Dataset for the baseline of youth in care or receiving IL services who turn 17 between October 1, 2010 and March 31, 2011.

ACCOMPLISHMENTS

Specific accomplishments for FY 2011 and Plans for FY 2012 the seven purpose areas:

- (1) **Help youth transition to self-sufficiency** (examples follow)
- All regional IL Programs develop IL and IL Transition Plans, based on the results of Ansell-Casey Life Skills Assessments and input from persons important to the youth. 707 youth between 15 and 21 received IL services between April 1, 2010 and March 31, 2011.
 - IL Programs in multiple regions throughout the state use Family Group Decision Making to develop IL Transition Plans for youth at age 17 and convene birth family, resource family members, and other participants important to the youth's future.
 - All regions provide life skill development for youth to prepare them for independent living as young adults.

These activities are planned to continue in FY 2012.

- (2) **Help youth receive the education, training and services necessary to obtain employment** (examples follow)
- In FY 2011, IL Plans and IL Transition Plans continued to include education and training domains for youth with goals and strategies to obtain employment. For some youth, this included vocational training such as CNA classes and for others it included formal higher education.
 - In FY 2011, Idaho's IL Program will collaborate with Casey Family Programs to distribute information to eligible youth, ages 18-24, to work as AmeriCorps volunteers.

- Regional IL Programs use services from the WIA, Job Corps and Department of Labor services before and after youth age out of care.
 - Statewide, Vocational Rehabilitation services are used for youth who have disabilities to prepare them for employment.
 - Regional IL programs use the Trio Program, including Upward Bound, to connect with youth while they are still in high school and follow them in to college. Staff from WIA, Trio, and Vocational Rehabilitation often attend IL Transition planning meetings.
 - Casey Family Programs routinely refers youth to the Department of Labor as part of transition planning in Region 4.
 - Regions 3 has a contract with an employment agency (Mana Services) to provide additional job coaching and job searches for youth with higher needs.
 - In Region 3 and 4, a private culinary training provider works intensely with foster youth to expand not only their culinary skills, but all job readiness skills.
- These activities are planned to continue in FY 2012.

(3) Help youth prepare for and enter postsecondary training and educational institutions (examples follow)

- In FY 2011, IL Coordinators assisted IL eligible youth with FAFSA applications and seeking scholarships as part of the transition process and this process will continue in FY 2012.
 - IL eligible youth in the Boise area used the “Students for Success Program” at Boise State University under the Trio umbrella.
 - Casey Family Programs and regional IL programs use a contact person with the Trio Program to help with FAFSA applications. They also help youth make decisions about their goals and which classes to take.
 - In Region 6, the Director of Admissions at Idaho State University (ISU) in Pocatello was formerly a sibling to foster youth and has been especially helpful in assisting older foster youth enroll at ISU.
- These activities are planned to continue in FY 2012.

(4) Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults (examples follow)

- Idaho continues to use the “Permanency Pact” to identify adults available to help youth with 45 circumstances typically encountered by young adults.
http://www.fosterclub.com/files/PermPact_0.pdf
- In FY 2012, both the Idaho Chapter of Foster Care Alumni of America (FCAA) and Foster Youth of Idaho (FYI) association plan to develop mentoring programs.
- Regions 3 and 4 continue to work with the Special Needs Adoption and Permanency (SNAPS) administered through the Idaho “Wednesday’s Child” program to provide children in care between the ages of 11 and 18 with a mentor. Mentor-mentee pairs get together individually at least once a month, and have weekly contact with each other.
<http://www.idahowednesdayschild.org/misc.php?id=mentor> SNAPS supports

mentors through new mentor orientation, quarterly training, and the adoptidaho.org/mentor web site.

- Regions continue foster care recruitment efforts specifically for families that can meet the unique needs of adolescents. Youth speakers are invited to foster provider training (PRIDE) to share their stories and possibly influence families to foster adolescents.
- Region 5 IL Program developed a program for youth called “Elev8.” The purpose of ELEV8 is to provide teens with a safe and nurturing environment in which they can develop relationships with peers, mentors and community members. ELEV8 mentors to support and monitor youths independent living progress. Mentors will inform staff of needed referrals, concerns and celebrations throughout the year. The group meets weekly.
- Region 6, foster care alumni have coached current foster youth involved in the Foster Youth of Idaho (FYI) group to learn how to call and make contacts with adults in the area for fund raising efforts. The Region 6 FYI group developed into a service organization in addition to the activities they have for foster youth.
- Foster youth groups are active in 6 regions in Idaho and provide adult interaction and supervision while youth engage in peer support, community volunteer work and other activities that put them in contact with positive adult role models in community organizations.

These activities are planned to continue in FY 2012.

(5) Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood (examples follow)

- In FY 2011, supports and services were provided to youth between 18 and 21 who were former foster care recipients that included room and board and supports for employment and education. IL Plans developed with those young adults include responsibilities of the youth to achieve goals on their IL Plans. These services and expectations will continue in FY 2012.
- In FY2011, the number of available Section 8 housing vouchers in the state’s largest metropolitan area (Boise) have increased and allowed more housing for former foster youth age 18 and older.
- In Region 4, IL staff work with Boise City Housing, the city’s housing authority, to find appropriate housing for youth.
- In Region 6, a partnership between Aid for Friends (a homeless shelter) and the Bannock Youth Foundation provides properties for housing dedicated to 18-21 year olds aging out of foster care.
- To increase the likelihood of success, Region 6 IL staff asks youth include a back-up plan in case their first choices in their IL plans aren’t attainable.
- IL eligible youth in all regions are welcome to return for services up to the 21st birthday if they did not pursue IL services at the time they reached 18 or aged out of

care, and receive the same IL services as IL youth who continued IL services after leaving care.

These activities are planned to continue in FY 2012.

(6) Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care (examples follow)

- In FY 2010 and 2011, the state IL Coordinator boosted efforts to inform IL Regional staff, contractors, tribal social service staff and other partners about ETV and scholarship opportunities and provided training on FAFSA on-line applications through quarterly conference calls.

- ETV participant figures are contained in the table below:

Region	Number of Participants	Continuing	New
1	12	3	9
2	7	2	5
3	21	8	13
4	22	11	11
5	4	1	3
6	6	3	3
7	8	2	6
Statewide	80	30	50

Additional data provided as part of corrections (9/11)

April 2009-March 2010

Region	Number of Participants	Continuing	New
1	14	6	8
2	4	1	3
3	16	6	10
4	22	12	10
5	3	1	2
6	7	3	4
7	8	1	7
Statewide	74	30	44

April 2010- March 2011

Region	Number of Participants	Continuing	New
1	12	3	9
2	7	2	5
3	21	8	13
4	22	11	11
5	4	1	3
6	6	3	3
7	8	2	6
Statewide	80	30	50

(7) Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

All regional IL Programs provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. There are no differences between services offered to this population and other youth eligible for the IL Program in Idaho. This practice will be continued in FY 2012.

Coordination with Other Federal and State Programs for Youth

In FY 2011, the following activities were performed to coordinate services with other federal and state programs for youth:

- In FY 2011, the state Independent Living Coordinator represented Idaho’s Child Welfare IL Program at the Idaho Secondary Transition Council coordinated by the Idaho State Department of Education, Division of Special Education. Council members represent state and federal programs, as well as youth advocates and parent representatives. This participation will continue in FY 2012.
- The Region 1 IL Coordinator attended an annual Secondary Transition Conference sponsored by the Idaho Secondary Transition Council and the Idaho Assistive Technology Project.
- In Region 2, IL staff attended meetings of the Lewis-Clark Family and Youth Coalition. Staff have also attended human needs meetings for Idaho, Lewis and Clearwater counties with people from a wide variety of people from school personal, medical, non profit organizations, Department of Labor, churches; this group discusses needs of the community and find or create resources. An example is the new “Dress to Impress” program where people are given good work clothes and learn interview etiquette and job skills.
- In Region 2, Family Promises services are available to people who are homeless. Churches rotate responsibilities to provide food and work with people who need assistance. The Region 2 IL Coordinator collaborates with this organization and former IL youth are sometimes recipients of this service.

- In Region 2, the IL Coordinator and one of the tribal social service workers coordinated a full day of activity for IL youth that included speakers from the UI extension financial office, WIA and staff at the tribal Children's Home.
- In FY 2011, the Region 3 IL Coordinator worked with a developer in Caldwell, Idaho, to begin construction of a home to be used for transition housing. The IL Coordinator met the developer at a Treasure Valley collaborative workgroup for youth transitioning from high school where he was a presenter in FY 2009. The developer applied for a Neighborhood Revitalization Project through HUD and the IL Coordinator accompanied him to city hall to describe the need for transitional housing. The Treasure Valley Transition Home in Nampa will run and manage the housing program in Caldwell. This work is expected to be completed in FY 2012.
- In the Boise Treasure Valley area, a collaborative group, IROCK, has been very successful in connecting public and private agency representatives at bi-monthly meetings. Participants include staff from the Department of Labor, housing programs, Vocational Rehabilitation, employment training providers, life skill training programs, Casey Family Program staff and youth, secondary and employment and post-secondary providers, and IL staff from Regions 3 and 4. Speakers have presented on opportunities for youth with disabilities, homeless alternatives, Idaho Meth Project, Medicaid Benefits, McKinney-Vento, Trio, Safe School Coalition, WIA, Board of Education, Commission for the Blind and many others. In FY 2011, the group reestablished committees for housing, employment mental health transportation and youth engagement. IROCK stands for Idaho Resources, Opportunities, Communities, and Knowledge
- In Region 4, The Idaho IL Program continued to work closely with Casey Family Programs in the delivery of IL services to youth 15 to 21 and for ETV to age 23 for youth enrolled in post-secondary education on their 21st birthday in Region 4.
- Region 6 IL staff renewed efforts to facilitate referrals from the Shoshone-Bannock Tribes' social service workers and set up a referral loop to ensure all eligible youth receive IL services. Regional IL staff assisted tribal social service staff in the development of an IL Plan for a youth in the custody of the tribe and have offered to assist with other IL Plans for tribal youth eligible for IL.
- Region 6 IL Coordinator worked with tribal social service representatives from the Shoshone-Bannock Tribes of the Fort Hall Reservation to improve communication and coordinate eligibility determination, plan development and service delivery for tribal youth who are IL eligible.
- On a state level, DHW continues to exchange information with the IDHW/FACS Tribal Relations Program Manager and at regular Indian Child Welfare Advisory Committee (ICWAC) meetings.
- In FY 2011, the Idaho IL Program funded attendance for the Daniel Independent Living Conference for 2 tribal representatives. In FY 2012, the Idaho IL Program again will fund tribal representative attendance; however, only one representative will be funded due to state budget constraints.

Training in Support of State CFCIP

- In FY 2011, the state IL Coordinator conducted a formal orientation to Idaho's IL Program to two new Regional IL Coordinators. IL Orientation is delivered to all new regional coordinators, even if they have worked in the program previously because the duties of the coordinator include additional tasks and require a broader knowledge of the CFCIP. This orientation will be offered in FY 2012 to new Regional IL Coordinators.
- Beginning in FY 2010, the Region 6 IL Coordinator conducted IL training for Region 6 staff and community partners the last Monday of each month. Tribal staff and staff from the Bannock Youth Foundation were invited. This training will be continued in FY 2012.
- The Region 6 IL Program distributes a monthly newsletter for foster parents with topics on working with adolescents.

Trust Funds for Youth Receiving IL or Transition Services

The Idaho Child Welfare Program has not established a trust fund program for youth receiving independent living services or transition assistance.

Agency Efforts to Involve Youth in CFSR/PIP and Planning

- Youth participated in development of Idaho's Self-Assessment, CFSR and PIP development through regional and local focus groups and on statewide committees.
- Several regions have active groups of current foster youth in Foster Youth and Alumni of Idaho (FYI) that are interested in local Independent Living efforts and programs.
- CFS involves foster youth in new worker training, in-service training and KCS general meetings. Youth are paid small stipends for their participation.

Option to Expand Medicaid to IL Eligible Youth

Idaho continues to extend Medicaid coverage for youth who have aged out of foster care up to their 19th birthday, using the state's Children's Health Insurance Program. State revenue shortages and budget cuts currently prohibit consideration of extending coverage to youth ages 19 to 21. National health insurance changes effective in 2014 will provide increased medical coverage for more youth who age out of care, even in the absence of the state extending Medicaid coverage for youth ages 19 to 21 who aged out of care.

Results of Indian Tribe Consultation

- A draft five year CFCIP plan was shared with each tribe in Idaho for comment and recommendations.
- Regional IL Coordinators worked with tribal social service staff in their areas to collaborate on processes for delivery of IL services and supports to youth in Tribal custody or Tribal youth in IDHW custody. In Region 6, this resulted in clarification of processes to apply for IL services and supports as well as ETV and improved the relationship of IDHW and Tribal staff in delivering IL services to Tribal youth.
- Only one tribe in Idaho has expressed an active interest in directly administering the CFCIP or ETV program. The Department has offered to work with the tribes,

sharing the Department's standards and processes that are required for IV-E funding and CFCIP.

NYTD Implementation

With support from IDHW and Family and Children's Services (FACS) administrative and IT staff, Idaho is ahead of the schedule originally developed to work toward full implementation of the National Youth in Transition Database in time to meet federal deadline. Initial analysis has been completed and activities have begun to prepare SACWIS to accept baseline data on youth turning 17 between 10/1/2009 and 3/31/2011. The following activities took place in FY 2010 to move toward timely implementation:

- In July 2009, a data manager from Idaho's FACS program was able to attend the national NYTD conference. She returned with materials and information and shared that with other staff.
- IL Program and SACWIS staff have participated in all national NYTD conference calls and webinars in FY 2010 and plan to participate in future opportunities.
- IL Program and SACWIS staff have reviewed all information transmittals, technical bulletins, national listserv correspondence, NYTD Questions and Answers, and responded to all requests for information from federal and Region X staff.
- FACS administrative staff convened meetings with the state IL Coordinator and SACWIS staff four times in FY 2010 and communicated by e-mail between meetings to move forward with NYTD.
- The state IL Coordinator distributed information about NYTD implementation on quarterly statewide IL Program conference calls
- The state IL Coordinator developed a communication plan for staff, partners, youth, foster families and others who need to be informed.

At this time, Idaho does not anticipate the need for technical assistance to meet NYTD requirements other than those being provided by national NYTD information resources.

Education and Training Voucher Program

- Specific accomplishments and progress to establish, expand, or strengthen Idaho's postsecondary educational assistance program to achieve the purpose of the ETV program are described above in Section E, under Specific accomplishments for FY 2011 and Plans for FY 2011 the seven purpose areas, "7. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care."
- Idaho's ETV program is entirely administered by the child welfare agency. Contractors in some regions assist youth with ETV Applications but all ETV applications are submitted to regional IL Coordinators and forwarded to the state IL Coordinator.

Goals and Strategies for Idaho's IL and ETV Programs for 2009-2014

Goal 1: Every youth 15 years of age and older in the custody of IDHW has an Independent Living Plan based on a life skills assessment.

Strategy 1.1: A statewide on-line child welfare manual will contain instructions to staff on how to complete assessments and develop Independent Living Plans.

Target Date: 2010 Completed: 2010

Progress: A final draft of the Independent Living Program section on-line manual has been completed and is being transferred to staff who manage the maintenance of the manual.

Strategy 1.2 Training will be provided to regional IL and tribal social service staff in each Region by the state independent living coordinator on all aspects of IL Plan development, including data entry.

Target Date: 2011

Progress: The state IL Coordinator conducted a formal orientation to Idaho's IL Program to two new Regional IL Coordinators. IL Orientation is delivered to all new regional coordinators, even if they have worked in the program previously because the duties of the coordinator include additional tasks and require a broader knowledge of the CFCIP.

Strategy 1.3 The percent of eligible youth with IL Plans will increase to 60%, based on data in FOCUS, the child welfare program's data system.

Target Date: 2013

Strategy 1.4 A set of additional inquiries related to independent living will be gathered on each youth over 15 who is part of any regional CQI and include additional inquiries as attachment to onsite review instrument to assess the adequacy of the youth's Independent Living Plan.

Target Date: 2010 Completed: 2010

Progress: The CQI instrument was modified for two items (Items 10 and 17) and the updated instrument has been used on cases beginning in April 2010 to gather data on IL eligible youth whose names were selected for CQI review.

Goal 2: Every youth in foster care will have an individualized Independent Living Transition Plan in accordance with the requirements of the Fostering Connections and Increasing Adoption Act of 2008.

Strategy 2.1 A statewide on-line child welfare manual will contain instructions to staff on how to complete assessments and develop Independent Living Transitions Plans at ages 17 and 18.

Target Date: 2010 Completed: 2010

Progress: IL Transition Plan directions were revised to include all components required by the Fostering Connections and Increasing Adoptions Act of 2008. IL

staff have been trained on those requirements individually and on quarterly IL Program conference calls.

Strategy 2.2 Independent Living Transition Plans will be made available to the courts within 90 days of youth attaining age 18 that include all requirements of the Fostering Connections and Increasing Adoptions Act of 2008.

Target Date: Ongoing

Progress: IL Transition Plans are made available to courts requesting them for youth who are aging out of care at age 18. The new uniform court report that is currently being piloted also contains a section on the youth's program that required social workers to report specific independent living/transition home services.

Goal 3: An increased number of youth will use Education and Training Vouchers to attend institutions of higher education.

Strategy 3.1 A brochure will be developed on college preparation and time lines in Idaho for foster youth.

Target Date: 2010 – Complete

Progress: A brochure on college preparations and timelines that includes ETV information has been drafted and will be printed and distributed in FY 2011.

Strategy 3.2: Information will be shared to all foster youth 15 and older and all youth eligible for independent living services on requirements for attendance in institutions of higher education.

Target Date: Ongoing

Progress: During the reporting period, "College Packets" with college preparation information and timelines in Idaho were sent by the State IL Program Specialist so that regional IL coordinators can share important college information with all foster youth 15 and older.

Goal 4: Implement the National Youth in Transition Database (NYTD) requirements.

Strategy 4.1 Evaluate the scope and detail of changes to Idaho's child welfare information system to collect outcome data on foster youth and alumni at ages 17, 19, and 21 that meet the NYTD requirements.

Target Date: 2010 Completed: 2010

Progress: Program change requirements to implement baseline data for youth turning 17 between 10/1/2010 and 3/31/2011 have been evaluated and the scope of work is completed.

Strategy 4.2 Evaluate and select a survey instrument that captures the data elements required in NYTD.

Target Date: 2011 Completed: 2010

Progress: A survey has been created and is incorporated in the states information system to collect elements required in NYTD.

Strategy 4.3 Explore and determine a method for locating foster alumni at ages 19 and 21.

Target Date: 2011

Progress: The State IL coordinator is soliciting information from other states IL coordinators via conference calls, conferences, and meetings as they to research ways to implement ways to locate and survey this population of young adults. The State IL coordinator is also working closely with the state's information system specialist to develop the most appropriate survey to use with young adults ages 19-21.

Strategy 4.4 Collect and enter data and produce reports on outcomes of independent living services as required by NYTD.

Target Date: 2012

PROGRAM CONTACT

Falen LeBlanc, Independent Living Program Specialist
Division of Family and Community Services
Child and Family Services
450 W. State Street, 5th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-4932

IDAHO STAFF DEVELOPMENT AND TRAINING PLAN

FY 2011 Update

The following Idaho Staff Development and Training Plan provides information regarding ongoing and planned activities for the period of 2011-2012.

IV-E Child Welfare Workforce

The Division of Family and Community Services (FACS) will continue to work on improvements in workforce development, practice improvement and innovation and to sustain the gains achieved by the CFS Program.

The Departments key priorities include:

- Staff and foster parent training;
- Child welfare student education (such as the scholars program that helps foster BSW interest in child welfare and movement from BSW to MSW);
- Recruitment and retention, competency-based child welfare Academy for new employees;
- Child welfare supervisor curriculum development;
- Training logistics and evaluation of new worker Academy training;
- Continued implementation of alternative learning methods; and
- Continued implementation of a transfer of learning strategies, and in-service training related to best practices.

These best practices include training that is organized around a family-centered practice model, family group decision making (FGDM), pre-service and continuing education of foster/adopt parents (Child Welfare League of America's PRIDE model), concurrent planning, working with foster parents and birth parents as a team, transitioning youth from foster care, etc.

Partners in Training

The Casey Family Programs continues to demonstrate a commitment to Idaho in the area of systems improvement. Casey will continue to provide leadership, technical assistance, and funding for system improvements in many of the best practice areas noted above. 'Undoing Racism' training will continue to be made available. *Knowing Who You Are* (KWYA) training will continue to be made available statewide and at Academy. It includes an online training segment as a prerequisite for the two-day on ground training. Several DHW staff and partners completed the Certified Facilitator Certification Process. This team will continue to provide the KWYA curriculum for the new and existing workers.

Through contracts, DHW will continue to collaborate with universities, colleges, community colleges and providers serving Idaho in several child welfare capacities. Academy, in-service and other training and consultation will be provided by Idaho State University. Existing resource family contracts (previously contracted with Eastern Washington University and their subcontracts with Northwest Nazarene University, Idaho

State University, and the College of Southern Idaho) will change. Requests for Proposals (RFPs) were posted in April 2011 to provide new resources beginning July 2011. These will be for new contracts for PRIDE and Resource Parent Professional Development and Resource Parent Recruitment and Recruiter Peer Mentors (RPMs). Marketing recruitment of resource families will be added into some existing contracts that address marketing.

FACS will seek Title IV-E funding to finance specified IV-E education and evaluation services from universities providing services in the new contracts. In return, FACS will request universities agree to cap their indirect cost rate at 8% of their total direct costs and contribute as match, the difference between 8% and their federally negotiated rate.

Contract with Eastern Washington University School of Social Work (EWU)

Until June 30, 2011 when the resource family contract expires, FACS will continue to maintain IV-E educational contracts with EWU with the satellite campus located in Coeur d'Alene, Idaho (Idaho Child Welfare Research and Training Center or ICWRTC). The Division will make IV-E claims to help finance pre-service child welfare education, Recruitment Peer Mentors (RPMs), curriculum development and training in the academies for new child welfare employees and supervisors, statewide coordination of foster/adoptive parent training, arranging child welfare in-service training, evaluation of designated training initiatives, and other related activities. EWU will have lead administrative responsibilities for the sub-contracts with the other universities and colleges. These sub-contractors will retain faculty for the IV-E degree program and trainers to conduct statewide foster/adoptive parent training.

There is currently an RFP for Resource Family Training. A new contract will be established with the successful bidder.

Contract with Idaho State University School of Social Work (ISU)

FACS will continue to have IV-E educational contracts with ISU with the new contract that expires November 2011 but can be renegotiated for additional years. The Division will make IV-E claims to help finance pre-service child welfare education, child welfare in-service training, training evaluation to improve training quality, statewide coordination of the Child Welfare and Supervisor Academy, ongoing training and designated in-service training. ISU along with several other universities subcontract with EWU for resource family training and support (until the EWU contract expires June 30 2011).

Pre-Service Education

IDHW/FACS will continue to maintain Title IV-E sub-contracts with five universities serving Idaho – ISU, LCSC, NNU, EWU and BSU. Up to 1 FTE is retained in each site to develop and monitor the IV-E field placements, conduct child welfare seminars, and conduct child welfare courses. These contracts support MSW and BSW students. FACS DHW will coordinate evaluation activity related to student recruitment and retention from all the schools.

In-Service Training

The CFS Program will continue to modify and improve a case review Continuous Quality Improvement process that generates information regarding the program's ongoing training needs. Many of the identified training needs are addressed in some way in this plan. When field-based policy, procedure or practice-oriented training needs are identified through the CQI process, it directs the on-site trainer and other designated staff to provide trainings.

Idaho will continue to emphasize training that continues to focus on the PIP-2 themes including:

1. Engaging Families
2. Enhancing Permanency
3. Stability of children/youth in foster care
4. Ensuring child safety
5. Improving administrative and operational structure and support to implement practice changes.

Trainers

The hub based on-site trainers will be the designated key trainers. They will continue to use CFS Program CW Chiefs, CFS Program Specialists, university and other partners to assist with various training. The training pool includes university partners, Casey staff, DHW Central Office and department staff, and some external subject matter experts.

Designated supervisors will oversee the orientation of new employees during their first weeks on the job. Through supervisor direction and worker input, onsite trainers will engage in mentoring and training activities with new workers as well as be utilized in supporting supervisors in their coaching role. The revised new worker performance evaluation will be used by supervisors as the main documentation system replacing the CBLC. Together, the new performance evaluation and field guide provide a more supportive resource that is easier to use while still serving the same function. Chiefs continue to be responsible for implementing the regional CQI and performance improvement process, which provides data for determining training needs.

CURRICULUM DEVELOPMENT

ISU will continue to assist with curriculum development, delivery on a variety of IV-E in-service training topics and ongoing training and support via the on-site trainers.

CHILD WELFARE ACADEMY

ISU will continue to teach Academy sessions and coordinate the new worker Academy, and delivery of a variety of IV-E in-service training topics, ongoing staff development and training and assist with curriculum development. Idaho continues to refine the new worker Academy with face-to-face hub based training with some Academy topics provided via the Department Knowledge and Learning Center (KLC) eLearning format. This allows new workers to train locally.

Refinements during the 2010-2014 will include:

- Continued implementation of the Academy evaluation process;
- Development of Academy curriculum to follow NRC training, training of trainers and consultations;
- Ongoing updates to the training curriculum and review with input from the Child Welfare Subcommittee (consisting of CW central office staff, chiefs, university partners, etc.).
- Continued training for new supervisors and for performance management decision making;
- Ongoing refinement and training of the new worker;
- The continued inclusion of Tribal representatives, Service Integration Navigators, Casey staff and university partners into the training audience, as well as contributors to the training team;
- Continued development of the on-site training team and others assisting in training.
- Ongoing refinement of the standard curriculum elements across the curriculum and standard template for curriculum will continue to include components that reinforce the Family Centered Practice Model and integration of ethics and cultural competency. The curriculum format has been standardized and a Curriculum Review Team will review curriculum periodically; and
- Continued issuance of CEUs for any new Academy topics and related training.

For June 2011-September 2012, the attached (See Attachment F) Idaho Title IV-E Training Matrix identifies courses offered to Idaho Department of Health and Welfare (IDHW) Child Welfare staff, University Partners, Casey Staff, Tribes, Foster Families or those staff preparing for employment. It includes pre service training for child welfare workers (New Worker Academy) and for persons wanting a refresher, Foster Parent Training and Supervisor Training, in-service training and the Stipend program. Training is ongoing and includes content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices.

Coordination and Tracking

Idaho State University will continue to serve as the lead school in the coordination and tracking of CW training. They will continue to provide logistical support and curriculum development for the Child Welfare Academy. ISU will retain four FTE on-site Academy trainers. They will participate in the Department's curriculum review committee, and have a presence at the Child Welfare Subcommittee meetings and various other workgroups and National Resource Center consultations. They will work with the Department SMEs on

curriculum for Academy, In-Service, Supervisory Training modules and help coordinate training, training schedules and maintain linkage with supervisors of staff attending Academy. This includes curriculum for core sessions, and curriculum guides (trainer and participant manuals). 'Ideas in Practice' tools are being developed and provided and participant manuals and trainer curriculum are being placed as a resource online.

Academy offerings are posted online and registration is via the KLC. ISU has a database to track training attendance and completion and provides necessary data to FACS.

Transfer of Learning

The on-site trainers will oversee implementation of the new worker training with support from the CW Central Office Program Manager and Program Specialists, Chiefs of Social Work and assigned Social Worker 3's. The new worker performance evaluation and field guide are designed to engage new employees with their supervisors in an on-the-job applied learning process. The learning assignments and competency expectations defined in the new worker performance evaluation and field guide are aligned with the content delivered in the CFS Academy sessions. As new employees complete Academy modules, they will be expected to complete related field assignments as negotiated with their supervisor.

Supervisors will continue to be responsible for documenting the achievement of competency as demonstrated through the learner's completion of learning assignments and completing the probationary evaluation, which describes the candidate for permanent employment in terms of achievement of the CFS core competencies.

Training Period

The CFS program maintains a Practice Standard for Caseload Responsibility and Level of Supervision Continuum for New Child Welfare Social Workers regarding when a new CFS staff person can assume responsibility for an independent caseload. This standard addresses caseload standards for new learners and supervisor expectations. Social Worker 1's have a nine month probationary period, Social Worker 2's a six month probationary period.

Technology

The Department has a learning management system and video conference capacity. The program will continue to deliver training content through these mediums and for other Academy related work that needs to be accomplished.

Academy/In-service Cost Allocation Plan

Idaho will continue to make IV-E claims for Child Welfare Academy and In-service, classroom and event training provided through our Universities. The Department provided documentation to Region 10, regarding the content and structure of our associated, on-the-job training component, an intensive, task-oriented, applied learning component of Academy. This curriculum analysis identified areas of the Child Welfare Academy that are IV-E eligible in order to increase the funding for Academy training and claims will be made based on this analysis.

Foster/Adoptive Parent Training

FACS DWH will maintain contracts with EWU for coordinating the implementation of the PRIDE foster parent curriculum, statewide **until the contract expires in June 2010**. They facilitate the collaboration of Division and CFS staff, other participating university trainers, foster parent trainers, and representatives of the Foster Parent Association. Initiative activity may include procurement of PRIDE pre-service training materials and other specialty curricula, such as Kinship, Spanish, and Core Curricula and consultation regarding implementation of the curricula in all seven Idaho regions and with private adoption providers.

The newly selected contractors will continue to provide consultative and other services to enhance the operations and curriculum of the Idaho foster-pre-adopt training initiative; support foster-pre-adopt training with day-to-day operations of classes. The contractor(s) will be responsible for collection, compilation and analysis of data, and development of reports for the contract monitor and management, foster parents and others specific to PRIDE pre-service program and Core training for resource families. The contractor(s) will continue to have administrative supervisory responsibility for non-student hourly foster parent co-trainers and support an annual resource family conference (provided in three hubs).

FACS DHW will continue with the existing contract with EWU until June 30 2011 at which point (July 1st, 2011) the selected contractors will continue to coordinate and provide consultative and other services to enhance the operations and procedures for the Recruiter Peer Mentor (RPM) program to increase the number of foster parents in the state and maintain a foster/parent pre-adoption parent-training framework that includes developing resource family (Foster Parent/Adoption) recruiter mentors. The contractor will support all levels of the resource family (Foster Parent/Adoption) continuum of care. In addition to the RPM program, training via foster care conferences and activities such as the statewide and regional recruitment plans will be ongoing.

EWU will continue to be the lead school and support these programs (including subcontracts with other schools to extend the delivery of foster/adoptive parent training statewide) with day-to-day operations until the contract expires in June. They will be responsible for collection, compilation and analysis of data and development of reports for management and others specific to the RPM program for resource families. They have administrative supervisory responsibility for non-student hourly recruitment peer mentors or RPMs. Faculty will continue to be retained by each of the schools to deliver the PRIDE foster/adoptive parent training. These IV-E Trainer/Coordinators work collaboratively with CFS Program Managers, and the local and statewide foster parent associations to develop and maintain this initiative which also includes opportunities for foster/adoptive parents to access continuing education.

The university partners work with the regions to implement the PRIDE foster/adoptive parent plans that define individualized learning goals for each foster parent.

Foster/adoptive parents are able to obtain continuing education credit from foster parent conferences and other in-service training offered by the department for staff and community partners to include access to IV-E library materials available statewide through the Idaho CareLine.

Training Evaluation

FACS DHW will participate along with partners to address such areas as training outcomes, field guides, differentiated instruction, new worker competencies, etc. Mechanisms for evaluation will include Division Operations, the CQI process, CW Child Welfare Subcommittee, on-site trainer feedback and CW learning Circles.

Existing mandatory CQI protocol will continue to be utilized in reviewing child and family services. This essential aspect of evaluation corresponds directly to competence, evidence-based practice, and professional development. Effective delivery of training material will be assessed as detailed below, and content will be reviewed and revised per ongoing evaluation results.

A number of additional activities will be utilized according to recent child welfare training efficacy research and specific local child welfare training needs. Research has shown that there are specific, predictive factors of successful training transfer into clinical, “real world” settings, which include organizational support, learner readiness and motivation, and knowledge gain (Antle & Barbee, 2003; Antle, Barbee, & van Zyl, 2008; Loungo, 2007). These factors are congruent with the overall training framework, and evaluation activities will be directed at these predictive factors. Appropriate data analysis techniques for evaluation activities will be applied, which may include common statistical procedures (measures of central tendency and dispersion, chi square, rho, multiple regression, etc.) and use of narrative and/or content analysis methods.

Specific evaluation will occur in the following areas:

- 1) Tracking training attendance and completion.
All child welfare workers are licensed social workers in the State of Idaho at the BSW (minimal) or MSW levels. Demographic data, including educational levels and licensing of workers, will be compiled and evaluated. Training attendance and completion of New Worker Academy sessions are tracked, and worker retention rates will be monitored over time.
- 2) Post-training evaluation of learning.
Surveys will be administered to attendees following Academy training sessions and In-service trainings. These include standard class evaluations to develop worker competency, feedback on how course objectives were met and valued, and input regarding specific trainer strengths and weaknesses. Reflective questions designed to assist workers in transfer and application of new learning will be processed verbally and/or in writing at the end of each training session. A New Worker Academy Exit Survey will be completed when workers finish the Academy

sessions. The survey gathers data on training outcomes, competencies, and personal/professional development outcomes.

- 3) Transfer of Learning and Professional Development/Engagement.
Supervisors complete the *Performance Plan and Review* at the end of the new worker's probationary period. This review includes assessing Customer Service, Dependability, Interpersonal Skills, Productivity, Quality, Adaptability/Flexibility, Worker Environment/Safety, Integrity/Ethics, Communication, Decision-Making/Judgment, Job Knowledge, Self-Development, Problem-Solving/Analysis, and Teamwork. The current *Performance Review* involves narrative, qualitative report from supervisors with worker input. Plans are being made to pilot a quantitative evaluation tool to measure worker performance in each competency area. The pilot instrument, the *Worker Skill Transfer Questionnaire*, is designed to measure the application of specific knowledge from training modules and will be completed by supervisors every six months. The *Worker Skill Transfer Questionnaire* will provide quantitative data to determine individual worker skill strengths and needs for improvement. Collectively, the questionnaire will provide feedback regarding potential strengths and areas for improvement according to region(s).

Another pilot questionnaire, guided by theoretical framework constructs of Adult Learning Theory, Self-Determination Theory, and Transfer of Learning Research, is in the process of development and will include opportunity for worker feedback concerning their personal engagement and motivation for continued learning. The questionnaire will include questions to evaluate organizational climate, job satisfaction, interactions between supervisors and supervisees, and supervisory/training support. Data will be tracked and analyzed to assess changes in these aspects of the program.

In addition, brief needs surveys will be administered to workers, supervisors, chiefs, and program managers regarding perceived in-service and training needs to address continued professional development of all workers. In conjunction with CQI data and analysis of above instruments, these surveys will be used to determine a yearly in-service plan within each region.

- 4) Supervisory Support and Empowerment.
Brief reports on each Learning Circle experience will be completed by on-site trainers. Reports will describe the purpose of the Learning Circle, participation, tone (i.e. supportive atmosphere), and what was accomplished. A pilot assessment will be conducted every six months to measure skills of supervisors with an emphasis on promoting Adult Learning Theory and Transfer of Learning. Results will inform individual consultation to help improve supervisor skills.

Process of gathering and compiling data.

Short reports will be submitted bi-weekly by hub-based on-site trainers regarding training activities within each region for the specified time period. Post-training evaluations of learning will be distributed and collected following each Academy session and In-service training. Evaluation questionnaires and measurements used to assess transfer of learning and worker engagement will be distributed and collected bi-annually or as needed by onsite trainers and sent to Idaho State University for analysis. The above outlined bi-annual surveys will be distributed in conjunction with regional CQI dates. Idaho State University will provide comprehensive written reports summarizing evaluation activities to be submitted to FACS IDHW bi-annually or as needed. Recommendations for modifying training will be made based on data analysis from evaluation activities. Progress on contract duties and evaluation activities will be reported quarterly via required Contract monitoring reports.

IV-E Training Based on Training Matrix From June 2010 to Present

**Summary of Training Provided;
Summary of changes from what was provided;
New IVE changes to plan for next year.**

Summary of Training Provided

Core Academy- Sessions provided by BSU (June 2009-June 2010), Updated and revised sessions provided by Central Office CW Program Manager, CW Program Specialists, University Partners, etc. (August 2010-June 2011).

Foster Parent training included: Core PRIDE, Conferences, TFC, Pre-Service training, Foster Parent Training Conference, Therapeutic Foster Parents Curriculum and Training, PRIDE Pre-Service Training, PRIDE Training of Trainers Foster Parents and Social Workers, Training of Trainers on Becoming a Therapeutic Foster Parent PRIDE Assessment Training: Dual assessment Training, PRIDE Training of Trainers for Adoption Providers, PRIDE for Kin Providers etc.

Supervisor Training included: Orientation to Supervision, Crucial Confrontations, Training and Technical Assistance- Supervisor Convening Strategic Planning/NRC, Supervisor CBLC training (now performance evaluation training), CQI Reviewer Training, Supervisor Family Centered Practice Training, Supervisor Clinical Supervision Training, Leading Quality Customer Service and other training requirements by the Department.

Multiple in-service trainings included: Safety and development of a decision tree, initial and ongoing assessment, re-assessing safety prior to reunification and case closure, engaging fathers, concurrent planning, training on judicial system, identification and placing children with relatives, recruitment of resource families to allow for better resource family/child matching, strengthening supervisors through a strategic planning process, working with Courts, diligent efforts to locate parents and parent engagement, working

with parents and incarcerated parents, development of an on-line CFS Practice Manual, Keeping Children Safe, Family Group Decision Making, etc.

Online Training addressed ethics, Knowing Who You Are training and, transitioning Academy curriculum to E-learning.

Scholars training addressed Academy training, Knowing Who You Are and PRIDE.

Summary of Changes

Core Academy was provided through the year but when the BSU contract expired in June 2010, it was not renewed. At that point Academy was revised and began to be provided in the three hubs statewide with Idaho State University taking over the contract in December 2010. Four on-site trainers were hired and integrated into the training curriculum and teaching Academy after being mentored. Children's Mental Health Pre-Service Training was taken over by the Division of Behavioral Health which split from FACS.

The online PRIDE training was discontinued (Foster Parent Training College and Foster Care and Adoptive Community topics) as was training on areas such as experienced foster parent training, dealing with severe behaviors etc.

New IVE Changes Planned for Next Year

Academy-on-site training and consultation with experienced workers

Resource Family- (contingent on new contracts being negotiated)

Supervisors- Annual Summit Scheduled July 2011

In service-Hub based on-site training and consultation.

Online Training-Investigate additional online opportunities

Scholars: to include KWYA, PRIDE and Academy. BSU Scholars will participate in Trauma Informed Practice training.

Tribal Partnership

The Shoshone-Bannock Tribes are in the process of preparing for Title IV-E reimbursement. Partnering might include increased joint training of staff, foster and adoptive parents, and developing tribal student field placement sites. Will remain open to requests for partnership in the area of training.

Supporting Documentation

Juvenile Justice Transfers

In Idaho, youth come under the purview of the Juvenile Corrections Act for an act that would constitute a criminal offense if committed by an adult. From April 1, 2010 to March 31, 2011, twenty-two (22) youth who were in the custody of Idaho Department of Health and Welfare, under the Idaho Child Protective Act, were subsequently transferred into the custody of the Department of Juvenile Corrections under the Juvenile Corrections Act.

A regional break down of the number of children under the care of IDHW who were transferred into the custody of the DJC (Dept of Juvenile Corrections) follows:

Region	# transfers to DJC
Region 1	3
Region 2	2
Region 3	3
Region 4	4
Region 5	5
Region 6	2
Region 7	3
Total	22

More frequently, cases are expanded from the Juvenile Corrections Act to the Child Protective Act because a judge found the youth had been abused, neglected, abandoned, was homeless, or the legal custodian was failing or unable to provide a stable home environment. In these cases some youth will be given a “dual” commitment, coming under the purview of both child protection and juvenile justice. In other cases, the judge may vacate the Juvenile Justice proceedings and leave the child solely under the purview of the Child Protective Act. From April 1, 2010 to April 1, 2011, sixty-five youth have been expanded from the Juvenile Corrections Act to the Child Protective Act. Below are the expansions to child welfare, by Region.

Region	# Expansions to Child Welfare
Region 1	11
Region 2	1
Region 3	13
Region 4	20
Region 5	16
Region 6	0
Region 7	4
Total	65

At this time we are unable to get an accurate count of the number of youth who were dually committed as a result of a Juvenile Corrections or a Child Welfare expansion.

Payment Limitations Report for IV-B 2

State expenditures for Title IV-B subpart 2 for FFY 1992 were \$125,000;
State expenditures for Title IV-B subpart 2 for FFY 2009 were \$416,512,50.

Amount of IV-B subpart 1 federal funds spent on Foster Care Maintenance in FFY05 and every year since is \$318,384

Amount of non-federal funds spent to match the above in FFY05 and every year since is \$79,596.

Supporting Documentation

Health Care Services Plan Update

Supporting Documentation Health Care Services Plan

Idaho continues to implement their Health Care Services Plan through the activities described below.

According to department administrative rules, every child placed in alternate care will receive a medical card each month. (IDAPA 16.06.01.442) and will receive a medical examination within the first 30 days of their out-of-home placement (IDAPA 16.06.01.447). A dental exam is required within 90 days of placement for every child three and older (IDAPA 16.06.01.445).

Idaho Medicaid has a primary care physician managed health care strategy called Healthy Connections (HC). Under Healthy Connections individuals establish a medical home with their current physician or with another primary care physician who accepts Medicaid. That physician then provides the case management services identified under Healthy Connections. The primary care physician acts as the child's health care coordinator, referring to specialists as needed and overseeing the medical care of each child patient.

The Department's Child Well-Being standard of practice provides expectations for addressing the physical, dental and mental health needs of children in foster care placement.

The interval for periodic medical screenings is set in IDAPA 16.0309 as well as interperiodic medical screens when medically necessary.

The Department has access to child maltreatment medical experts who can consult and provide specialized assessment of medical needs. A number of locations in Idaho have established physician led foster care clinics, involvement of Nurse Practitioners on-site and regional contracts with health districts.

Meeting the health, dental and mental health care needs are monitored by the case manager, the case supervisor and through periodic CQI case reviews.

There is a section in each child's electronic file where the child's worker enters all relevant medical, dental and mental health information including names, appointments, results of doctor visits, allergies, immunizations, etc. The Alternate Care Plan also provides critical medical, dental and mental health information for the foster family, the child and the child's family.

IDAPA 16.06.03.447 requires foster parents to follow and carry out the health or dental

care plan for a child as directed by a qualified medical professional; follow the children's agency approved policies for medical care of a child who is injured or ill; provide prescription medication as directed by a qualified medical professional. A foster parent shall not discontinue or in any way change the medication provided to a child unless directed to do so by a qualified medical professional; and foster parent shall store medications in an area that is inaccessible to a child.

Children assessed as needing psychotropic medications are assessed and monitored by child psychiatrists either employed or on contract with the Department. Meeting the health, dental and mental health care needs are monitored by the case manager, the case supervisor and through CQI case reviews. See Item 22.1 for outcomes which show that Idaho meets the physical health needs of children 89% of the time. This exceeds Idaho's PIP goal of 86%.

ICWA Comprehensive Plan

Introduction

American Indian Tribes living within the boundaries of the State of Idaho are the **Kootenai Tribe of Idaho, Coeur d'Alene Tribe, Nez Perce Tribe, Shoshone-Paiute Tribes, Northwestern Band of the Shoshone Nation, and the Shoshone-Bannock Tribes**. The **Kootenai Tribe of Idaho** and the **Coeur d'Alene Tribe** both reside on reservations in far northern Idaho near the Canadian border. The **Kootenai Tribe of Idaho** has approximately 150 tribal members. The **Coeur d'Alene Tribe** has about 2000 members. **The Nez Perce Tribe** is located near the Washington and Oregon border in North Idaho. The Nez Perce Tribe has approximately 3000 tribal members. The **Shoshone-Paiute Tribes** have around 2,000 members and reside on the border of Idaho and Nevada. The **Shoshone-Bannock Tribes** have around 5000 members and live in Southeastern Idaho. They are the largest of the tribes living within the borders of Idaho. **The Northwest Band of the Shoshone Nation** has tribal lands in Idaho and in Utah and about 400 members.

The ICWA goals of the current Title IV-B plan include the following:

- **Engagement of and Collaboration with Tribes** - Engaging tribes within the boundaries of Idaho for purposes of collaboration, increasing understanding of the challenges to native social services and areas where mutual assistance can be provided
- **Quality Assurance** - Quality assurance checkpoints early and throughout cases involving Indian child and families.
- **Compliance with ICWA elements** - Clarifying practice standards and administrative rules to make ICWA compliance less confusing to workers and assistance in providing culturally relevant services to Indian families and their children.
- **Training** - New Worker and experienced worker training statewide as it relates to changes in ICWA practice. Development of local capacity to advise staff on correct procedures to follow. Making current information on ICWA compliance readily available to all staff

* indicates strategies contained in the body of the current APSR

Goals and Progress for Engagement of and Collaboration with Tribes

(1)* **Continue regular meetings of Idaho's Indian Child Welfare Advisory Council (ICWAC).**

According to its by-laws, the purpose of the committee includes actions directed toward improving the outcomes related to permanency, safety, and well being for Indian child in Idaho through:

- e) Promoting and improving Indian child welfare;
- f) Implementation of and advocacy for the law and the spirit of the Indian Child Welfare Act (ICWA);
- g) Education and awareness of the ICWA; and
- h) Building positive State-Tribal relations through collaboration and cooperation between the Tribes and the Idaho Department of Health and Welfare (IDHW).

See Attachment 1 for ICWAC committee membership. Meeting agendas and minutes for the reporting period can be found in Attachment 2.

The Indian Child Welfare Advisory Committee (ICWAC) continues as a long standing collaborative effort between IDHW and tribal representatives. The group has been meeting since the early 1990's. The current meeting schedule is quarterly for one and one-half days—a half day meeting between tribal social services staff and the IDHW ICWA program specialist. Currently that individual is native and is welcomed into the “tribal members only” portion of the meeting. On the second day there is a meeting of tribal representatives, the North Idaho Regional Director (Ron Beecher), the tribal relations program specialist along and representatives from IDHW programs including IDHW regional program managers, representatives from the Idaho Dept. of Juvenile Justice and the Idaho Supreme Court. This group is instrumental in development of coordinated procedures and services and contracts that pass Social Services Block Grant, Title IV-B, Part 2 funding and Independent Living funds from IDHW to tribal social services programs.

Another goal of the ICWAC is to bring multiple agencies together to discuss strategies to integrate ICWA-related issues throughout the services continuum. Recruitment of Indian foster families is a standing agenda item.

Each tribe and the state host the meeting on a rotating basis. Over time meeting with the tribes at their tribal offices has been important building blocks in tribal-state relationships. It gives an opportunity for state participants to better understand each of the tribes, especially those who do not live in close proximity to a tribe.

Currently the ICWAC brings together social services staff from tribes and the state. While useful in resolving practical day-to-day child welfare issues, it does not substitute for government (tribal leaders) to government (state leaders) consultation. It is the stated plan of the Tribal Relations Program Manager to pull together tribal and state (IDHW) leaders to discuss what services are available and how to better coordinate those for the benefit of Indian children and their families (see Section 4 below- Collaborative Efforts with other Tribal Programs).

Over the next 5 years, the ICWAC will continue to foster connections and collaborations with other state committees such as the Supreme Court's Child Protection Committee, Independent Living Committee and the Foster Care Recruitment Committee to benefit Indian children. ICWAC members will also continue to provide input and guidance on the ICWA-related materials that agency staff will use to promote the early identification of Indian ancestry and tribal affiliation. A tribal attorney, who is a member of the ICWAC, is also involved in the development of uniform state court documents that include ICWA provisions.

(2)* In regions where there is a tribally operated social services or tribal court services, the Department will consult with the tribe to negotiate a procedural agreement for basic critical coordination for crisis response, child protection safety assessments, foster home placement and court appearances.

The readiness required to move both the state and the tribes toward consideration of written agreements appears to be increasing. Historically, frequent turnover in the ICWA Program Specialist position has been a barrier to the continuity necessary to overcome experiences and history of mistrust. This, combined with a general reluctance to commit to written protocols, has left the partners without clear direction. Given that, it becomes even more urgent that written protocols be considered by both parties. The current ICWA program specialist continues to make opportunities to meet and talk with regional staff as well as tribal leaders and their staff on a frequent basis. In two regions, Region 2 and Region 6/7, state and tribal staff meet regularly to staff cases and work to coordinate/access needed services for Indian children. During these staffings state worker have an opportunity to learn more about the organization of tribal government and what social and other services are available to tribal members. This knowledge is critical to the provision of active efforts.

(3)* Assure tribal access to information about available funding to expand services.

The Department's website is available to Tribes and the public. The Indian Child Welfare Specialist will continue to email correspondence and advise Tribes of available resources.

(4) Collaborative Efforts with other Tribal Programs

The North Idaho Regional Director continues to work with Tribes on other related issues not necessarily involving Indian Child Welfare activities. Currently a cross-division "summit" for all Tribal Departments and DHW Divisions is planned for late summer 2012. A committee is in development to work on a proposal to bring to the IDHW Director's Office requesting funding for a "summit" some time after the 2012 Idaho ICWA Conference.

State-Tribal Consultation has been a topic at both the ICWAC and the Tribal Medicaid Meetings. Approximately three years ago, following tribal consultation, the Department developed an agreement with Idaho tribes and the Divisions of Medicaid and Welfare regarding Medicaid policy development. It is thought that the upcoming summit would provide an excellent opportunity to work on development of a Tribal Consultation MOU as all of the key players would be involved.

The Shoshone-Bannock Tribes are currently in the process of preparing to operate a Title IV-E foster care program with direct federal funding. Many of the state agency policies, rules, forms, practice standards regarding Title IV-E have been shared through the Region X ACF staff working directly with the Shoshone-Bannock Tribes. The Tribes have also sought out and received assistance from the local regional office as they prepare to begin claiming Title IV-E funds.

Goals and Progress for Training

(5)* Support/increase cultural competency of agency staff relative to American Indians/Alaska Natives so they can individualize services and maintain connections.

Training continues to be provided for new workers through the 2 day plus pre-requisite study for Knowing Who You Are and the day long Introduction to the ICWA components of the New Worker Academy. Knowing Who You Are is a training experience which emphasizes the importance of racial and ethnic heritage and identify for youth in foster care. While the training is mandatory for new state workers, tribal participants are given priority over any other community members who express the desire to attend the Academy. The ICWA Program Specialist responds to calls from the regions for technical assistance and is able to communicate important cultural information at those opportunities. Other resources have been made available on the Department's Sharepoint site for reference by workers on a daily basis.

(6)* Continue to train and meet with the seven region-based ICWA liaisons who can act as the "go to" resource persons for staffing of ICWA cases.

The first meeting of liaisons was held in Boise in May 2010, and included the liaisons and select Central Office staff. The purpose of the meeting was two-fold; first, as a train-the-trainer session in preparation for line worker and supervisor trainings in each region by the ICWA Program Specialist and the regional liaison and as a forum for surfacing of issues facing regional staff regarding compliance with ICWA. ICWA liaisons will be responsible to review and monitor internal regional processes for compliance in consultation with the ICWA Program Specialist.

(7)* Annual Conference

The annual ICWA Conference was held in June 2011 and will continue. The annual Indian Child Welfare Conference is held in coordination with the Tribes in Idaho. This year's Indian Child Welfare Conference was held at the Coeur d'Alene Tribal Casino in Worley, Idaho. One of the sessions focused on the Department's multi-strategy approach to improving ICWA practice in Idaho. Attachment 4 includes the 2011 conference agenda. There were 106 registered participants.

(8) Regional ICWA Training

While it is outside of the reporting period, ICWA training was provided statewide during August, 2011. Once the standard has been approved, forms and procedures updated, and administrative rule changes proposed, training for experienced workers statewide was conducted. The training has been very well-received. Participants have appreciated the attempts to make this process easier to understand and to complete. The presence of the ICWA Program Specialist, a tribal member herself, has greatly enriched the training especially as it relates to working with tribes. One of the sessions was attended by Matt West a former prosecuting attorney with the Shoshone-Bannock Tribes and a national ICWA educator. His feedback was very positive for the direction the program is moving. He was very complimentary of the content and message of the training as well as the presentation being provided by both a native and non-native trainer.

Goals and Progress on Quality Assurance

(9)* Conduct annual ICWA case review and submit a progress report.

The ICWA program specialist with assistance from regional ICWA liaisons completed the Continuous Quality Improvement (CQI) on cases newly opened under the period under review, May 22, 2009 – June 8, 2010. The rating tool consisted of items on identification, active efforts, jurisdiction, placement, notice, and qualified expert witness. Not all cases were applicable in each of these areas because the focus in the CQI was review of newly opened cases only.

Results indicated that the majority of cases identified as AI/AN with Indian heritage contained little or no specific tribal affiliation information and the child were not, by tribal determination, subject to ICWA. This resulted in a very small sample of Indian cases to review. The current rating tool has been used (somewhat inconsistently) for a number of years without revision. Some of the items are written in such a way that generalizing from the data is challenging. What the ICWA program specialist was able to do during the case review was to talk with the worker and worker's supervisor about the case in an effort to assist with improving compliance with ICWA. A strategic approach for future ICWA CQIs will be to develop a rating tool to more adequately monitor ICWA outcomes or use one of the tools being proposed nationally.

This process also identified a number of problems with our SACWIS system that need modification in the area of ICWA.

Preliminary results reflect the following trends:

- Of the 31 ICWA cases randomly selected for review, only 16 cases (children) were identified by a tribe to be Indian for purposes of ICWA.
- Active efforts to prevent removal or to reunify the family were not documented in agency reports to the court or in court findings.

- Regions 1, 2 and 6 demonstrated active efforts by “teaming” cases with tribal social services by making home visits and coordinating case planning with the children and families together. These are the three regions which border Indian tribes within Idaho.
- The majority of the tribal affiliations identified were out-of-state tribes and responded that they were not able to participate or intervene due to cost, distance and travel. However, a very small number of tribes participated by teleconference especially when the situation included the need for a qualified expert witness.

The ICWA program specialist has also been monitoring new cases as they are opened through FOCUS to assure that the correct steps are being taken early in the case. When she sees an issue, she contacts the regional ICWA liaison to share her concerns about the case. The ICWA Program Specialist has also worked very closely with Central Office staff to resolve ICWA issues that have not been resolved and are delaying permanency for a child.

Goals and Progress on each of the ICWA compliance elements and data

Upon review of a number of resources regarding ICWA requirements including the ICWA, BIA state court guidelines, a variety of ICWA handbooks; state administrative rule, state practice standard; state SACWIS information system; relevant case law, it became readily apparent that there were a multitude of places where “how-to” had many contradictory requirements. The CQI found that we were sending many notices based on little or no information only to lose track of whether notices had been returned or not. The Department contacted NICWA and requested an on-site consultation regarding identification of Indian children and notices of pending proceeding. Tribes were invited to this consultation. The consultation was held on September 30, 2010. The NICWA consultants were David Simmons, Governmental Affairs Director and Craig Dorsay, NICWA Legal Counsel. September 30, 2010. Two tribal representatives attended as well as the Department’s Deputy Attorney General, members of the ICWAC, and several regional ICWA liaisons.

The plan following the consultation was to modify the standard based on the consultation; propose changes to Idaho administrative rules; modify the SACWIS system to collect more reliable information; re-tool new worker academy curriculum do a regionally based statewide training on ICWA basics as well as the changes in noticing requirements and update all ICWA forms.

Working with the ICWAC, the state’s Practice Standard for the Implementation of the ICWA has been extensively revised. The goal of revision has been to reduce over noticing which has lead to situations where workers are uncertain how to proceed.

(10)* Identify and address potential contributing factors for the disproportional number of American Indian/Alaska Native children in out-of-home placement including establishing of accurate baseline.

Establishing a baseline has been an ongoing struggle as our SACWIS system (FOCUS) reports the number of Indian children in foster care based on what the parent self-identifies as the child's race. The way that AFCARS requires race to be self-identified contributes to the lack of reliability. The result is what appears to be a disproportionate number of Indian children identified in FOCUS who do not have membership or any affiliation with a federally recognized tribe. Currently we are working on realigning how the information is collected so that we can track the number of parents and children are self-identified as AI/AN and of that number, how many were identified by a tribe as being subject to ICWA. Once that is accomplished, we can more readily look at some of the factors related to placement into foster care such as circumstances of abuse or neglect. This will also help us distinguish families who are Indian, but not subject to ICWA.

(10) * Recruit and train additional qualified expert witnesses to provide court testimony on behalf of Indian children.

The ICWAC reviewed the current list of the Qualified Expert Witnesses. The contact information has been updated by the ICWA Program Specialist and the list will be maintained on the external web site.

Qualified Expert Witness training was held in Boise, Idaho on March 21, 2011. This ICWA Qualified Expert Witness training was provided by Margaret Burt, Esq. from the National Resource Center on Legal and Judicial Issues. It was designed to increase the skills of current QEW's and as an orientation to tribal members interested in becoming a QEW. The training included a review of the qualifications and role of the QEW as well as practice sessions. For those interested in being a QEW, there was a chance for attendees to practice giving testimony from real case examples. There was also an opportunity for County Prosecutors to practice examining a Qualified Expert Witnesses. It was a great opportunity to get some "hands-on" experience.

A total of 34 individuals attended the session from seven regional offices throughout the State of Idaho including staff, tribes, Prosecutors and Deputy Attorneys General. Additional training and recruitment will be provided as needed. The ICWA Program Specialist will continue to work with the tribes to identify potential Qualified Witnesses.

(11) *Monitor the use of qualified expert witnesses in cases where children in out of home placement are subject to ICWA (new).

IDAHO MEDICAID TRIBAL CONSULTATION POLICY & PROCEDURES

CONSULTATION POLICY STATEMENT

The United States government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, treaties, statutes, and court decisions. The Idaho Department of Health & Welfare acknowledges this unique relationship and recognizes the right of Indian tribes to self-determination and self-government. This special relationship constitutes a government-to-government relationship between American Indian tribes and federal and state governments. The relationships between governmental structures can only be built through trust and mutual respect. As sovereign governments, the state of Idaho and Federally Recognized Tribes located in Idaho (hereafter referred to as Tribes) must work together to develop mutual respect for the sovereign interests of both parties.

It is the intent of the Divisions of Medicaid and Welfare in the Idaho Department of Health and Welfare to consult on a regular, on-going basis with the six Tribes on matters relating to Medicaid eligibility and services, which are likely to have a direct effect on Native Americans and Indian Health Programs. This process ensures that Idaho's Federally Recognized Tribal governments are included in decision making when changes in the Medicaid program place a direct compliance cost or impact on their health programs. This process also preserves the right of the Divisions of Medicaid and Welfare to make appropriate decisions based upon the needs of all Medicaid and CHIP beneficiaries.

The Divisions of Medicaid and Welfare shall engage tribal consultation when a State Plan Amendment, waiver proposal, demonstration project proposal, or state Medicaid regulations will likely have a compliance cost or direct impact on Idaho Native Americans or Idaho Indian Health Programs (638 Clinics/IHS/FQHC). To the extent practical and permitted by law, the state shall consult with Tribal governments as early as possible in the consultation process.

This policy does not apply to federally mandated State Plan Amendments or waiver amendments.

BACKGROUND

On July 1, 2009, Congress passed the American Recovery and Reinvestment Act of 2009 (Recovery Act), which amended §1902(a) (73) of the Social Security Act to require that "in the case of any State in which one or more Indian Health Programs or Urban Indian Organizations furnishes health care services, provide for a process under which they seek advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application of this title that are likely to have a direct effect on such Indian Health Programs and Urban Health Organizations and that a) shall include solicitation of advice prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations; and b) may include appointment of an advisory committee and of a designee advising the State on its State plan under this title".

The Idaho Divisions of Medicaid and Welfare in the Department of Health and Welfare seek consultation from and participation by representatives of tribal governments in implementation of policy, which promotes government-to-government relationships with American Indian Tribes.

DETERMINATION OF DIRECT EFFECT:

To determine direct effect on Native Americans or tribal programs the Divisions of Medicaid and Welfare will ask the following questions before submitting a State Plan Amendment; waiver proposal or amendment; or demonstration project proposal or amendment:

- Does the proposal or change directly effect Native Americans or tribal programs but is federally or statutorily mandated?
 - Yes – States have no flexibility in the mandate – Notice only – No Consultation Required.
 - Yes – State has flexibility in implementing mandate – Consultation required.
- Does the proposal or change impact services or access to services provided, or contracted for, by Tribes or Indian Health Services (IHS) including but not limited to:
 - a. Decrease/increase in services.
 - b. Change in provider qualifications/requirements.
 - c. Change service eligibility requirements (i.e. prior authorization).
 - d. Place compliance costs on IHS and Tribal health programs.
 - e. Change in reimbursement rate or methodology.
 - Yes – Consultation required.
- Does the proposal negatively impact or change the eligibility for, or access to, Tribal members' Medicaid?
 - Yes – Consultation required.

COMMUNICATION METHODS

The Division of Medicaid will use the following methods to provide notice and request input from Tribes on Medicaid issues.

WRITTEN CORRESPONDENCE (DEAR TRIBAL LEADER LETTER) - Notice of State Plan Amendments/waiver proposals/rule changes or amendments/demonstration projects/amendments to designated entities.

- Designated entities include but are not limited to:
 - a. Idaho State Tribal Governments (e.g. Tribal Executive Council, Tribal Business Council).
 - b. Tribal Chairman, Chief, or their designated representative(s).
 - c. Tribal Health Clinic Executive Director of Idaho's 638/FQHC providers.
 - d. IHS Clinic(s) Executive Director.

- e. Tribal organizations established to represent IHS and Tribal health programs such as the Northwest Portland Indian Health Board.
- Written notification includes but is not limited to all of the following:
 - a. Purpose of the proposal/change.
 - b. Anticipated impact on Native Americans or Tribal programs.
 - c. Method for providing comments/questions.
 - d. Timeframe for responses.
 - e. Opportunity for a face-to-face meeting with elected Tribal leaders, IHS and Tribal health program representatives, if requested.

MEETINGS/PRESENTATIONS

- Quarterly joint meetings with Tribes, the Divisions of Medicaid/Welfare/Health, and the Northwest Portland Area Indian Health Board.
Note: Travel for quarterly meetings/ or other meetings with Medicaid are reimbursable if the Tribe has a Medicaid Administrative Match (MAM) contract with Medicaid.

COMMITTEES

Medicaid Medical Care Advisory Committee – Each Tribe with a health clinic located in Idaho will be invited to the Medical Care Advisory Committee meetings. Travel for participation by the additional Idaho Tribal representatives on the committee is paid by the Division of Medicaid through the Tribe's MAM contract.

SHAREPOINT SITE (DNN)

- Idaho Medicaid/Welfare will maintain a public SharePoint site and post information on programs/eligibility/State Plan Amendments/waivers that will have an impact on Tribes.
- Tribes will use this site to post and update Tribal contact information.

WORK GROUPS

- Representation on special workgroups as needed and recommended by the Division of Medicaid and/or Tribal governments.

COMMUNICATION TIMEFRAMES

The Divisions of Medicaid/Welfare will request consultation at the earliest opportunity and to the extent possible give the appropriate tribal contact(s) an appropriate amount of time to consider and respond to the impact of the consultation request.

RESPONSIBILITIES

DIVISIONS OF MEDICAID/WELFARE

- Request consultation from Idaho Indian health programs as approved in this policy.
- Maintain Web SharePoint site for posting of Medicaid information for Tribes.
- Post information that meets the criteria in “Determination of Direct Impact” to SharePoint site – Medicaid will also post other information of interest/benefit to the Tribes.
- Provide information through all the methods above.
- Consider input from Tribes.
- Provide responses to Tribal comments/consultation.

TRIBES

- Provide representatives to the Medical Care Advisory Committee (representatives are responsible to relay information from the committee meeting to the appropriate Tribal entities).
- Provide representatives to the Tribal/Medicaid Quarterly Meetings (representatives are responsible to relay information from the meetings to the appropriate Tribal entities).
- Provide issue specific subject matter representatives to special work groups as requested.
- Keep SharePoint site updated with current contact information.
- Provide comments/input/advice when requested or respond that there is no comment.

PROCEDURES

1. The state will identify a critical event such as policy or rule changes, State Plan amendments, waiver proposals or amendments and, in consultation with Tribes, apply questions that determine whether the event will have a direct effect on Indians or on Indian health programs.
2. The six Federally Recognized Tribes of Idaho may also identify a critical event, and in coordination with the state, work toward resolution.
3. The state and Tribes should determine the level of consultation needed (written, meeting, both) to address items #1 and #2, and request consultation, as needed.
4. The state shall review tribal consultation results and shall make recommended changes to the extent practicable and not prohibited by law.
5. The state shall post a summary of the outcome of tribal consultation on the SharePoint site.

DISCLAIMER

Each of the parties respects the sovereignty of the other party. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdiction. This policy does not diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it likely will not result in a resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, that party's executive office.

EFFECTIVE DATE

This policy is effective on the date of the signature by the Administrators of the Divisions of Medicaid and Welfare and may be reviewed at the request of any Tribe or Tribes or the Department.

GLOSSARY

Indian: An individual who has been determined eligible, as an Indian pursuant to 42 CFR 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care providers (IHS, an Indian Tribe or Tribal Organization, or through referral under Contract Health Services).

Indian Health Care Provider: A health care program, including contract health services (CHS), operated by the IHS or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

State Plan Amendment (SPA): The process by which the state makes changes to the Idaho State Plan for Medicaid and CHIP services. All state plan amendments must be approved by the Centers for Medicare and Medicaid Services (CMS) by the end of the quarter in which the addition, change, or deletion to the State Plan is effective.

Tribal Consultation: Tribal consultation is an open and continuous exchange of information that leads to mutual understanding and informed decision making between federal and state agencies and tribal governments. Tribal consultation should occur at the earliest possible point in the policy formulation process, particularly whenever decisions would significantly impact Tribes, would have a substantial compliance cost, or would result in new or changed policies.

Waiver: Process by which CMS grants the State Medicaid Program a waiver of federal Medicaid requirements in the administration of the Medicaid State Plan.

- a. Home and Community Based Services (HCBS) waivers: Waives comparability and adds services to a sub-set of the Medicaid population that meets an institutional level of care – currently two waivers (Aged & Disabled and Developmental Disability).
- b. Research and Demonstration Waiver – Currently, Idaho Medicaid has only one demonstration waiver (Health Insurance Flexibility & Accountability (HIFA) waiver) which allows Idaho the ability to receive expenditure authority to provide premium assistance in lieu of direct benefits under Medicaid and CHIP.