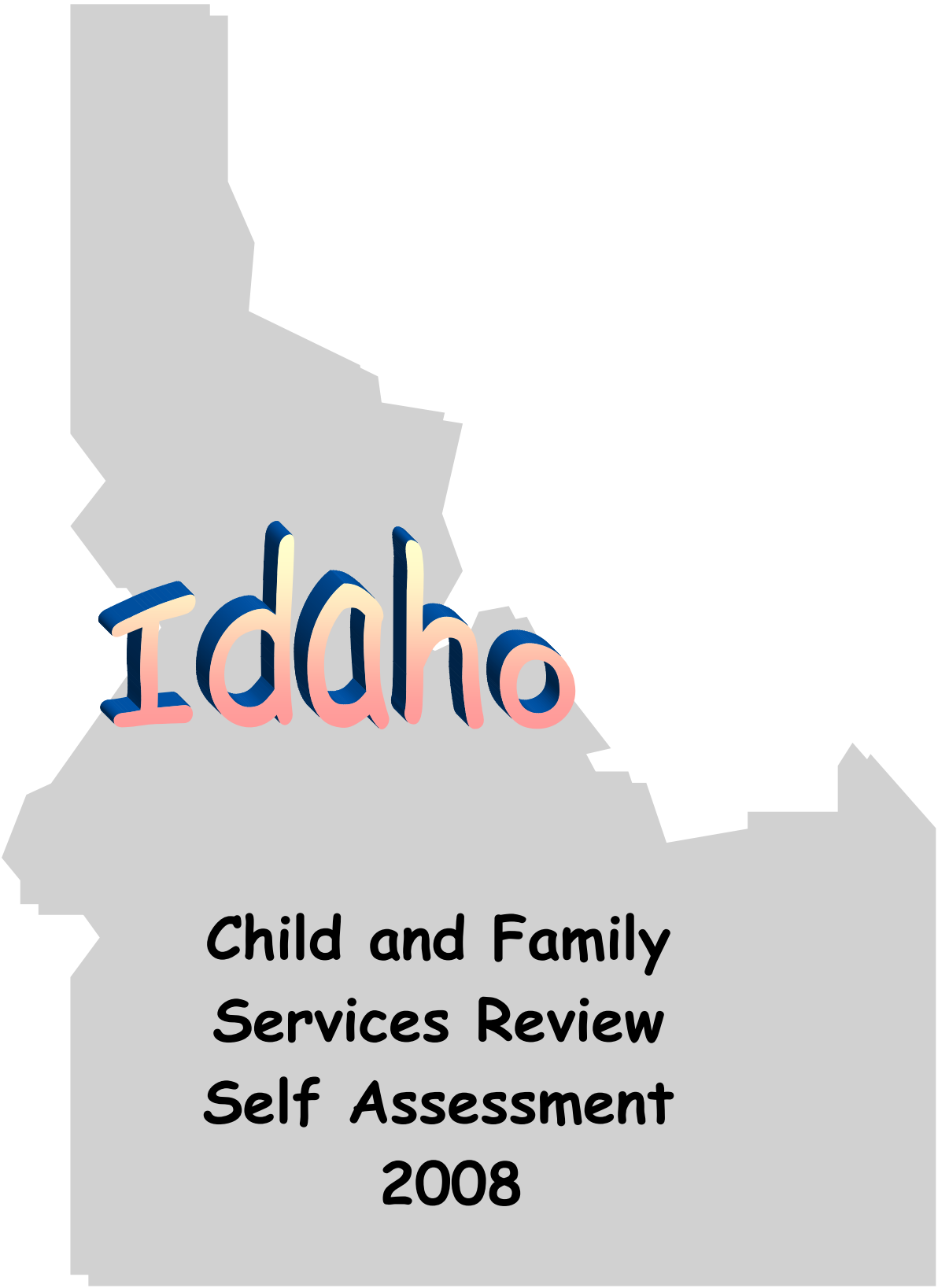


Idaho

Child and Family Services Review Self Assessment 2008

Idaho Child and Family Services Review
Self Assessment 2007

Section I – General Information

Idaho Department of Health and Welfare	
Period Under Review	
Onsite Review Sample Period: 4/1/07 - present Period of AFCARS Data: April 1, 2006 to March 31, 2007 12 month period (2006B and 2007A) Period of NCANDS Data (or other approved source; please specify if alternative data source is used): April 1, 2006 to March 31, 2007 Special Rolling Submission (2006B and 2007A)	
State Agency Contact Person for the Statewide Assessment	
Name:	**Shirley Alexander, MSW**
Title:	**Child and Family Services, Program Manager**
Address:	**450 W State Street** **PTC-5th floor** **Boise, ID 83720-0036**
	or
	PO Box 83720 **Boise, ID 83720**
Phone:	**(208) 334-6618**
Fax:	**(208) 332-7330**
E-mail:	**alexande@dhw.idaho.gov**

Introduction

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

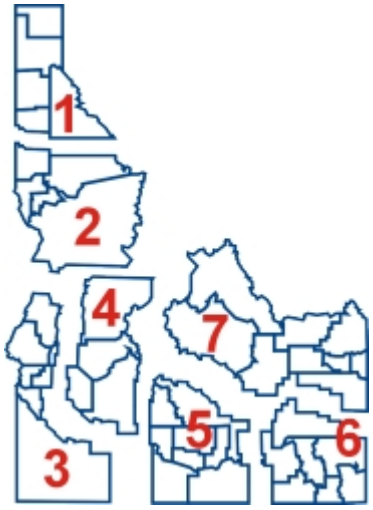
The Idaho Department of Health and Welfare (IDHW) has eight divisions: Health, Behavioral Health, Management Services, Information Technology, Human Resources, Welfare, Medicaid and Family and Community Services. Each division partners with other agencies and groups to provide a wide range of services to Idaho communities.

The Division of Family and Community Services (FACS) is responsible for child welfare, services to persons with developmental disabilities, early intervention and screening for infants and toddlers, resource development (Title IV-E, Title XIX and SSI), child care facility licensing, navigation, and program evaluation and training. Service delivery reflects the Department's family centered philosophy.

Child and Family Services

To provide child welfare, Children and Family Services (CFS) is a program within the Division of Family and Community Services. It provides child protection, alternate care, adoptions, Interstate Compact on the Placement of Children, Indian child welfare services and Independent Living services.

CFS services are delivered locally in seven geographic areas. A regional program manager heads each regional program. All direct services are provided through this regional service delivery system. Services are provided in the following locations:



Region 1 - Coeur d'Alene; Sandpoint; St. Maries; Kellogg; Bonner's Ferry
Tribes: Kootenai Tribe; Coeur d'Alene Tribe

Region 2 - Lewiston; Moscow; Grangeville
Tribes: NezPerce Tribe

Region 3 - Caldwell; Nampa; Payette
Tribes: Shoshone-Paiute Tribe

Region 4 - Boise; Mountain Home; McCall

Region 5 - Twin Falls; Burley; Jerome; Bellevue

Region 6 - Pocatello; Preston; Soda Springs; Blackfoot
Tribes: Shoshone-Bannock Tribes; Northwest Band of the Shoshone Nation

Region 7 - Idaho Falls; Salmon; Rexburg

Idaho is the 13th largest state in land area, but relatively low in population (1.5 million). Idaho is divided into 44 counties and approximately 75% of Idaho land is federally owned and managed including national forests and parks.

There are a number of factors currently impacting Idaho's ability to achieve and maintain positive child welfare outcomes. These include: population growth, increase in the number of children in foster care, workload issues and legal representation. Each of these will be briefly discussed in the following pages.

Population Growth

Idaho has been growing at twice the national rate and is the third fastest growing state in the nation. Between 2000-2005, Idaho had a growth of 10.4% compared to the national average growth increase of 5.3%.

Growth has been concentrated in four primary areas of the state:

- Ada County (Boise) 14.6% increase
- Canyon County (Nampa-Caldwell) 25.2% increase
- Kootenai County (Coeur d'Alene) 7.5% increase
- Bonneville County (Idaho Falls) 11.3% increase

This pace of growth places major pressures on any eco-system, including Child Welfare.

Children in Foster Care

Idaho experienced disproportionate growth in its foster care population which peaked in 2005. The increased use of methamphetamine contributed to the surge of children needing care during that time. The ages of children entering the foster care system are fairly evenly distributed (see age distribution chart below).

Children entering foster care 2001 – 2007

	Children in Foster Care at a Point-in-Time	% Change from Previous Year	% Change from FY 2001
FY 2001	1083		
FY 2002	1215	+12.2%	+12.2%
FY 2003	1342	+10.5%	+23.9%
FY 2004	1564	+16.5%**	+44.4%
FY 2005	1778	+13.7%**	+64.2%
FY 2006	1813	+2.0%	+67.4%
FY 2007	1907	+5.2%	+76.1%

****** greatest growth of youth in foster care occurred during the first two years of PIP-1 implementation

Age distribution of children in foster care*

Age	Client Count	% of children
under 1	185	5.4%
1-5	1131	33.0%
6-11	955	27.9%
12-18	1148	33.5%

***data warehouse SFY 2007

Race/Ethnicity in Idaho and in Foster Care

Below is a chart showing the percent of Idaho child population by racial or ethnic group and the percent of the child population in foster care by racial or ethnic group. In Idaho, American Indian/Native Alaskan children are overrepresented in the foster care population.

Race/Ethnicity of Children in Idaho and in Foster Care	Idaho Population 0 thru 17*	Children In Foster Care**
Native American/American Indian/Native Alaskan Children only	1.5%	5.8%
Asian/Native Hawaiian/ Pacific Islander Children only	1.2%	0.4%
African-American or Black Children only	1.0%	1.6%
White Children only	82.5%	74.2%
Two or More Races	0.0%	4.3%
Hispanic	13.8%	13.8%
Total	100.0%	100.0%

** 2006 Estimate from 2000 Census*
*** FY 2007*

Workload Issues

In March 2004, the Idaho Joint Legislative Oversight Committee directed the Office of Performance Evaluations (OPE) to conduct a study of caseload management in the Child Welfare program at the Department of Health and Welfare. Idaho lawmakers requested the evaluation because the department reported growing caseloads and was requesting additional money and positions. In addition, the federal Child and Family Services Review conducted in 2003 identified a number of deficiencies. The OPE evaluation was conducted in 2005.

As a result of the evaluation, OPE found that workload in the child welfare program is increasing while program staffing levels have declined slightly. They report that in the past three fiscal years, the number of referrals of abuse and neglect received by the Department has not shown significant growth, but during the same period, the number of children placed in foster care increased 33 percent.

In a survey conducted by OPE, including all CFS caseworkers and supervisors, 85% believed that current caseloads are not reasonable. Over 85% of case workers and 71% of supervisors did not think they had enough time to provide needed services for the children and families assigned to them.

OPE concluded that clearly the Department needed additional personnel resources. However, they recommended that before any funding recommendation could be made, the Department should conduct a workload analysis. It was reasoned that this would help the Department to better predict where additional resources should be deployed.

Idaho Workload Analysis and Staff Allocation Model

Through a Request for Proposal (RFP) process, the FACS Division procured the services of the American Humane Association (AHA) to conduct a time study of workload activities and collaborate with FACS in analyzing key factors affecting workload. AHA compared actual time spent by Child Welfare social workers with the case time recommended by the Department's policy and line staff to meet federal outcome standards. This comparison yielded a staff allocation model which supports the addition of 98 Child Welfare staff.

CFS Case Loads

A monthly reporting of cases from March 2006 to March 2007 revealed the average number of total combined (intake, safety assessment, case management) cases as 5,078. This figure divided by the average number of case-carrying staff yielded an average caseload of 25.9 families (or 44.3 children). This average had a range of 17.0 to 34.7 cases.

From regional reports submitted to Central Office, the average caseload for case carrying Social Workers in September 2007 is found below:

Social Worker Caseloads by Worker and Work Type

	Risk Assessor	Case Manager		Combined *	
	Assessment	In-Home	Out-of-Home	In-Home	Out-of-Home
Region I	15.8	1.5	16.4	4.5	9.5
Region II	**	**	**	3.7	3.5
Region III	20.0	0.7	19.4	3.0	6.6
Region IV	29.6	2.2	13.6	3.0	5.0
Region V	14.8	6.4	14.8	2.0	10.0
Region VI	18.2	4.5	9.7	6.3	4.0
Region VII	15.2	3.4	13.6	3.4	6.4
Statewide	22.0	2.9	14.7	3.8	5.9

* "Combined" workers have responsibility for intake, risk assessment, in-home, and out-of-home cases. ** All types of work done by "combined" worker type.

CFS Staff Turnover

In recent years, the Department of Health and Welfare's overall turnover rate exceeded the average turnover rate of most of the other large agencies in Idaho state government. In fiscal year 2005, the Department's turnover rate was 17.5%. Based on a 6 months count, the average FACS turnover rate, by region, is shown for SFY 2006.

Regional Turnover Rates

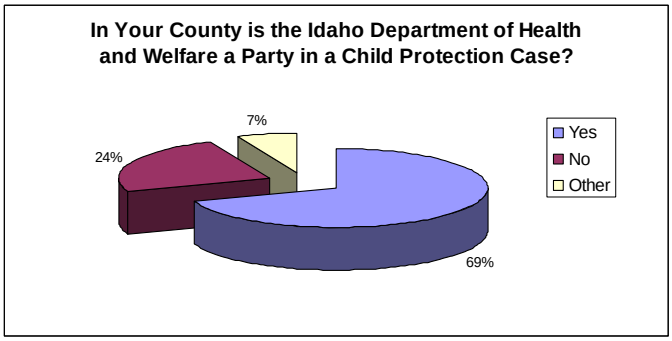
Region 1	15.0%
Region 2	5.9%
Region 3	31.7%
Region 4	28.3%
Region 5	16.7%
Region 6	19.9%
Region 7	13.8%
Statewide	**20.0%**

During the OPE survey, Department staff identified a number of reasons why employees leave the department. The most commonly mentioned reasons were pay, the level of stress at work, workload, and management. Pay was cited by 85% of exiting staff and supervisors as the primary reason for leaving the Department.

Legal Representation

A challenge in working on child protection cases is the issue of lack of legal representation for the Idaho Department of Health and Welfare (IDHW). In child protection matters that come before the court, the office of the county prosecuting attorney represents the interests of the State of Idaho, but not necessarily the interests of IDHW. In a minority of jurisdictions, IDHW Children and Family Services is viewed by the court and prosecuting attorney as witnesses for the prosecution or as a service provider, but not a party to the child protection action.

In a survey of magistrates, the responding judges varied on whether they viewed the IDHW as a party in Child Protection cases. Sixty-nine percent of the judges responding viewed the Department as a party while 31% did not.



Each region is also served by a Deputy Attorney General (DAG). The regional DAG serves all IDHW regional programs in addition to Children and Family Services. In two judicial districts, the prosecuting attorney makes arrangements to transfer all child protection cases to the DAG from the point of the adjudicatory hearing until case closure. In two additional regions the DAG represents CFS from the time of filing a petition of termination of parental rights through adoption. However, the State Attorney General's Office is not resourced with the intent of the DAG representing Children and Family Services in court in child protection matters.

The lack of clarity and differing perspectives as to whether IDHW is a party in a child protection action and the inconsistency of legal representation impacts permanency outcomes for children as can be seen in the CFSR items that affect reunification (Item 8), adoption (Item 9), permanency hearings (Item 27) and termination of parental rights (Item 28).

FACS Division, with support from the Supreme Court Child Protection Court Improvement Committee, will continue to advocate for improved legal representation for CFS social workers during all phases of judicial proceedings.

In summary, Idaho's Children and Families Services is struggling with dramatic growth in the number of children in foster care (2004 and 2005), staffing shortages, more rigorous standards, accountability for positive outcomes, staff turnover, the demand of increasing workloads, and case complexity. In spite of these challenges CFS has been able to make a number of advancements as a result of implementation of the CFSR-1 Program Improvement Plan. CFS, along with its partners, have built a new worker Academy, developed practice standards, implemented a comprehensive quality assurance system, been able to achieve the PIP goals and for the most part maintained those goals, rekindled Family Centered Practice, implemented a very well received statewide alternate caregiver pre-service training (PRIDE), and have made great strides in the area of partnership with community stakeholders.

Section II Safety and Permanency Data Idaho Child and Family Services Review Data Profile: October 24, 2007

CHILD SAFETY PROFILE	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Reports	%	*Duplic. Childn.*[2]	%	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.*[2]	%	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.*[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	6,499		9,646		8,158		6,662		9,924		8,324		6,854		10,480		8,659	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	1,250	19.2	1,912	19.8	1,836	22.5	1,056	15.9	1,651	16.6	1,584	19.0	1,083	15.8	1,682	16.0	1,605	18.5
Unsubstantiated	5,249	80.8	7,734	80.2	6,322	77.5	5,606	84.1	8,273	83.4	6,740	81.0	5,771	84.2	8,798	84.0	7,054	81.5
Other																		
III. Child Victim Cases Opened for Post-Investigation Services[4]			1,490	77.9	1,426	77.7			1,344	81.4	1,301	82.1			1,356	80.6	1,296	80.7
IV. Child Victims Entering Care Based on CA/N Report[5]			1,083	56.6	1,072	58.4			954	57.8	941	59.4			966	57.4	957	59.6
V. Child Fatalities Resulting from Maltreatment[6]					0	0					1	0.1					1	0.1
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] [Standard: 94.6% or more)					877 of 912	96.2					749 of 779	96.1					797 of 841	94.8
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more]					3,234 3,240	99.81					3,297 of 3,311	99.58					3,384 of 3,391	99.79

Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Hours				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**
VIII. Median Time to Investigation in Hours (Child File)[9]	>24 but <48						>24 but <48						>24 but <48					
IX . Mean Time to Investigation in Hours (Child File)[10]	60.2						59.3						57.7					
X. Mean Time to Investigation in Hours (Agency File)[11]	60						57						n/a					
XI. Children Maltreated by Parents While in Foster Care.[12]					15 of 3,240	0.46					11 of 3,311	0.33					7 of 3,391	0.21

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Reports	%	*Duplic. Childn.[2]*	*%*	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.[2]*	*%*	Unique Childn.[2]	%	Reports	%	*Duplic. Childn.[2]*	*%*	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					35 of 912	3.8					30 of 779	3.9					44 of 841	5.2
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					6 of 2,882	0.21					6 of 2,990	0.20					3 of 3,002	0.10

NCANDS data completeness information for the CFSR			
Description of Data Tests	**Fiscal Year 2005ab**	**Fiscal Year 2006ab**	**12-Month Period Ending 03/31/2007**
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	3.80	4.10	4.70
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]*	99.60	99.50	99.50
Percent of perpetrators with relationship to victim reported [File must have at least 75%]*	99.90	100	100
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	99.70	99.60	99.10
Average time to investigation in the Agency file [PART measure]	Reported	Reported	n/a
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	100	100	100

***States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.**

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).

8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS

and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

(None)

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	1,519		1,771		1,837	
Admissions during year	1,721		1,540		1,554	
Discharges during year	1,401		1,454		1,449	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	250	17.8% of discharges	232	16.0% of discharges	224	15.5% of discharges
Children in care on last day of year	1,839		1,857		1,942	
Net change during year	320		86		105	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	62	3.4	75	4.0	120	6.2
Foster Family Homes (Relative)	401	21.8	419	22.6	392	20.2
Foster Family Homes (Non-Relative)	949	51.6	1,009	54.3	1,054	54.3
Group Homes	158	8.6	36	1.9	69	3.6
Institutions	120	6.5	190	10.2	171	8.8
Supervised Independent Living	0	0.0	0	0.0	0	0.0
Runaway	10	0.5	12	0.6	6	0.3
Trial Home Visit	139	7.6	116	6.2	130	6.7
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	920	50.0	902	48.6	1,007	51.9
Live with Other Relatives	15	0.8	46	2.5	64	3.3
Adoption	280	15.2	485	26.1	566	29.1
Long Term Foster Care	144	7.8	129	6.9	25	1.3
Emancipation	0	0.0	0	0.0	93	4.8
Guardianship	32	1.7	44	2.4	15	0.8
Case Plan Goal Not Established	446	24.3	168	9.0	136	7.0
Missing Goal Information	2	0.1	83	4.5	36	1.9

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	630	34.3	586	31.6	626	32.2
Two	543	29.5	516	27.8	573	29.5
Three	282	15.3	294	15.8	269	13.9
Four	135	7.3	188	10.1	177	9.1
Five	75	4.1	90	4.8	110	5.7
Six or more	172	9.4	181	9.7	184	9.5
Missing placement settings	2	0.1	2	0.1	3	0.2
V. Number of Removal Episodes						
One	1,426	77.5	1,400	75.4	1,455	74.9
Two	319	17.3	338	18.2	372	19.2
Three	81	4.4	95	5.1	92	4.7
Four	8	0.4	16	0.9	14	0.7
Five	4	0.2	5	0.3	6	0.3
Six or more	1	0.1	3	0.2	3	0.2
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	309	27.1	289	29.7	223	22.1
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	10.9		13.0		12.4	
VIII. Length of Time to Achieve Perm. Goal	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**
Reunification	1,128	3.0	1,151	4.8	1,121	5.5
Adoption	146	34.4	168	28.6	169	29.9
Guardianship	11	28.5	19	12.6	20	11.7
Other	115	24.2	116	17.5	134	20.9
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	5	10.2
Total discharges (excluding those w/ problematic dates)	1,400	5.2	1,454	7.2	1,449	7.9
Dates are problematic (footnote 4, page 16)	1	N/A	0	N/A	0	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2005ab	**Federal FY 2006ab**	**12-Month Period Ending 03/31/2007**
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 125.4	State Score = 146.1	State Score = 146.1
National Ranking of State Composite Scores (see footnote A on page 12 for details)	37 of 47	46 of 47	46 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	76.1%	84.5%	83.0%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure[B])**]	Median = 4.8 months	Median = 3.0 months	Median = 3.6 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	55.0%	55.6%	54.0%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	15.5%	11.9%	11.2%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 87.4	State Score = 102.4	State Score = 109.9
National Ranking of State Composite Scores (see footnote A on page 12 for details)	17 of 47	27 of 47	33 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	25.3%	32.1%	33.1%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 34.4 months	Median = 28.6 months	Median = 29.9 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	22.5%	22.2%	21.0%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	10.8%	15.0%	22.5%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	41.2%	44.2%	45.7%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 117.3	State Score = 124.3	State Score = 117.0
National Ranking of State Composite Scores (see footnote A on page 12 for details)	29 of 51	38 of 51	27 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	31.1%	28.9%	31.3%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	90.4%	88.4%	87.3%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	43.2%	36.9%	40.0%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 92.0	State Score = 92.8	State Score = 93.0
National Ranking of State Composite Scores (see footnote A on page 12 for details)	21 of 51	23 of 51	24 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**	84.3%	83.2%	84.6%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**	56.7%	60.2%	58.9%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**	32.3%	32.2%	32.9%

Special Footnotes for Composite Measures:

A. **These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.**

B. **In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.**

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	**Federal FY 2005ab**		**Federal FY 2006ab**		***12-Month Period Ending 03/31/2007***	
	# of Children	***% of Children***	***# of Children***	***% of Children***	***# of Children***	***% of Children***
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	713	85.2	634	82.4	605	81.0
II. Most Recent Placement Types						
Pre-Adoptive Homes	5	0.7	6	0.9	5	0.8
Foster Family Homes (Relative)	134	18.8	130	20.5	107	17.7
Foster Family Homes (Non-Relative)	373	52.3	347	54.7	336	55.5
Group Homes	67	9.4	22	3.5	21	3.5
Institutions	41	5.8	65	10.3	42	6.9
Supervised Independent Living	0	0.0	0	0.0	0	0.0
Runaway	7	1.0	5	0.8	5	0.8
Trial Home Visit	86	12.1	59	9.3	89	14.7
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	341	47.8	356	56.2	352	58.2
Live with Other Relatives	4	0.6	9	1.4	10	1.7
Adoption	18	2.5	34	5.4	31	5.1
Long-Term Foster Care	3	0.4	5	0.8	0	0.0
Emancipation	0	0.0	0	0.0	4	0.7
Guardianship	6	0.8	14	2.2	0	0.0
Case Plan Goal Not Established	335	47.0	180	28.4	188	31.1
Missing Goal Information	6	0.8	36	5.7	20	3.3
IV. Number of Placement Settings in Current Episode						
One	404	56.7	342	53.9	335	55.4
Two	188	26.4	189	29.8	162	26.8
Three	84	11.8	66	10.4	65	10.7
Four	26	3.6	22	3.5	30	5.0
Five	8	1.1	7	1.1	4	0.7
Six or more	3	0.4	6	0.9	7	1.2
Missing placement settings	0	0.0	2	0.3	2	0.3

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	381	96.5	331	94.8	317	93.5
Adoption	1	0.3	1	0.3	2	0.6
Guardianship	0	0.0	5	1.4	2	0.6
Other	13	3.3	12	3.4	15	4.4
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	3	0.9
	Number of Months		**Number of Months**		**Number of Months**	
VI. Median Length of Stay in Foster Care	6.3		5.6		7.4	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	N	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**
File contains children who appear to have been in care less than 24 hours	1	0.1 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	19	1.4 %	8	0.6 %	22	1.5 %
Missing discharge reasons	0	0.0 %	0	0.0 %	5	0.3 %
	N	**As a % of adoption exits**	**N**	**As a % of adoption exits**	**N**	**As a % of adoption exits**
File submitted lacks data on Termination of Parental Rights for finalized adoptions	0	0.0 %	0	0.0 %	0	0.0 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	0	No discrepancy between foster care and adoption files.	4	2.3% fewer in the foster care file.	1	0.6% fewer in the unofficial adoption file*
	N	**Percent of cases in file**	**N**	**Percent of cases in file**	**N**	**Percent of cases in file**
File submitted lacks count of number of placement settings in episode for each child	2	0.1 %	2	0.1 %	3	0.2 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2005ab		Federal FY 2006ab		*12-Month Period Ending 03/31/2007*	
	# of Children	**% of Children**	**# of Children**	**% of Children**	**# of Children**	**% of Children**
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	896	79.4	875	76.0	838	74.8
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	37	25.3	54	32.1	56	33.1
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	1,662	86.3	1,537	85.0	1,588	85.9
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	153	8.9 (83.1% new entry)	143	9.3 (82.0% new entry)	164	10.6 (80.1% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 05, FY 06 , and 07 counts of children in care at the start of the year exclude 18 , 28 , and 38 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell “Dates are Problematic”.

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 6.3 in FY 05. This includes 1 children who entered and exited on the same day (who had a zero length of stay). If 1 were excluded from the calculation, the median length of stay would be slightly higher at 6.4.

[6]This First-Time Entry Cohort median length of stay was 5.6 in FY 06. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[7]This First-Time Entry Cohort median length of stay is 7.4 for 06B07A. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

Permanency Composite 1: Timeliness and Permanency of Reunification

County Name	Fips Code	Percent Of Children Who Reunify In Less Than 12 Months	Computed Standardized Score Of Children Who Reunify In Less Than 12 Months	Median Time To Reunification Of Those Children Who Reunify	Computed Standardized Score For Median Time To Reunification Of Those Children Who Reunify	Children Of an N Cohort - Percent Who Reunify In Less Than 12 Months	Computed Standardized Score For Children Of an N Cohort - Percent Who Reunify In Less Than 12 Months	Children Of X Cohort - Percent Who ReEnter Care In Less Than 12 Months	Computed Standardized Score For Children Of X Cohort - Who ReEnter Care In Less Than 12 Months	Computed Component A Derived Score	Computed Component B Derived Score	Unweighted County Composite Score	Children Served by County	Weighted County Composite Score
Ada	16001	81.8%	0.58	2.1	1.15	35.8%	-0.33	8.6%	0.42	0.74	0.57	0.65	874	572.04
Bannock	16005	83.9%	0.70	1.9	1.19	67.6%	1.13	11.1%	0.21	1.22	0.35	0.78	225	176.04
Benewah	16009	63.6%	-0.45	10.2	-0.75	41.7%	-0.06	19.4%	-0.52	-0.63	-0.62	-0.63	33	-20.64
Bingham	16011	86.7%	0.85	1.7	1.25	75.0%	1.47	3.6%	0.87	1.50	1.04	1.27	53	67.40
Bonner	16017	68.2%	-0.19	7.2	-0.04	52.2%	0.42	10.6%	0.25	0.05	0.23	0.14	136	19.23
Bonneville	16019	85.5%	0.79	3.9	0.73	76.5%	1.53	23.0%	-0.83	1.04	-0.75	0.15	180	26.35
Canyon	16027	78.8%	0.41	1.7	1.24	49.5%	0.30	8.8%	0.40	0.89	0.54	0.71	560	399.02
Jerome	16053	91.3%	1.12	1.3	1.34	75.0%	1.47	9.6%	0.34	1.60	0.53	1.06	143	151.72
Kootenai	16055	89.0%	0.99	2.6	1.03	52.1%	0.42	9.9%	0.31	1.08	0.47	0.78	316	245.93
Shoshone	16079	92.0%	1.16	1.2	1.35	83.3%	1.85	3.2%	0.90	1.81	1.10	1.45	59	85.84
Twin Falls	16083	89.1%	0.99	4.9	0.48	67.3%	1.11	15.3%	-0.16	0.98	-0.06	0.46	273	126.60
Rolled up	16600	77.8%	0.35	4.9	0.50	53.8%	0.50	15.8%	-0.21	0.51	-0.15	0.18	95	17.16
Rolled up	16601	95.0%	1.33	5.0	0.46	58.3%	0.70	10.0%	0.30	1.07	0.45	0.76	39	29.59
Rolled up	16602	81.8%	0.58	1.0	1.41	61.5%	0.85	11.6%	0.16	1.17	0.31	0.74	63	46.69
Rolled up	16603	88.9%	0.98	3.6	0.79	100.0%	2.61	25.0%	-1.01	1.45	-0.91	0.27	26	6.91
Rolled up	16604	58.3%	-0.74	6.0	0.24	71.4%	1.30	0.0%	1.18	0.30	1.16	0.73	48	34.96
Rolled up	16605	87.0%	0.87	6.0	0.23	62.1%	0.87	15.4%	-0.17	0.74	-0.09	0.33	117	38.31
Rolled up	16606	88.2%	0.94	1.0	1.41	17.6%	-1.16	7.1%	0.55	0.80	0.75	0.78	77	59.76
Rolled up	16607	60.0%	-0.65	7.8	-0.19	57.1%	0.65	15.4%	-0.17	-0.22	-0.25	-0.23	68	-15.68
		83.0%		3.6		54.0%		11.2%						

Permanency Composite 2: Timeliness of Adoption

County Name	Fips Code	Of Children Exiting To Adoption - Percent Who Exit In Less Than 24 Months	Computed Standardized Score Of Children Exiting To Adoption - Who Exit In Less Than 24 Months	Median Time For All Adoptions	Computed Standardized Score For Median Time For All Adoption	Of Those Children In Care 17 Or More Months As Of The First Day Of The Year - Percent Who Exit To Adoption By The End Of The Year	Computed Standardized Score Of Those Children In Care 17 Or More Months As Of The First Day Of The Year - Who Exit To Adoption By The End Of The Year	Of Those Children In Care 17 Or More Months As Of The First Day Of The Year - Percent Who Become Legally Free Within Six Months Of The First Day	Computed Standardized Score Of Those Children In Care 17 Or More Months As Of The First Day Of The Year - Who Become Legally Free Within Six Months Of The First Day	Of Those Children Who Become Legally Free(LF) During A Year - What Percent Are Adopted Within 12 Months of Becoming LF	Computed Standardized Score Of Those Children Who Become Legally Free(LF) During A Year - Who Are Adopted Within 12 Months of Becoming LF	Computed Component 1 Derived Score	Computed Component 2 Derived Score	Computed Component 3 Derived Score	Unweighted County Composite Score	Children Served by County	Weighted County Composite Score
Ada	16001	21.4%	-0.39	33.5	-0.07	24.4%	0.11	31.3%	1.51	52.2%	0.12	-0.05	1.11	-0.23	0.28	874	241.27
Bannock	16005	38.1%	0.19	26.2	0.47	30.2%	0.49	20.0%	0.71	43.8%	-0.15	0.42	0.81	-0.21	0.34	225	76.56
Benewah	16009	0.0%	-1.13	60.5	-2.11	50.0%	1.80	0.0%	-0.70	0.0%	-1.54	-1.97	0.36	-0.70	-0.77	33	-25.38
Bingham	16011	80.0%	1.64	17.3	1.15	25.0%	0.15	0.0%	-0.70	27.3%	-0.67	1.42	-0.30	-0.49	0.21	53	11.14
Bonner	16017	#NULL!	#NULL!	#NULL!	#NULL!	0.0%	-1.50	0.0%	-0.70	0.0%	-1.54	#NULL!	#NULL!	#NULL!	#NULL!	136	0.00
Bonneville	16019	100.0%	2.34	19.3	1.00	0.0%	-1.50	20.0%	0.71	#NULL!	#NULL!	#NULL!	#NULL!	#NULL!	#NULL!	180	0.00
Canyon	16027	25.0%	-0.26	43.8	-0.85	8.0%	-0.98	14.6%	0.33	42.1%	-0.20	-0.47	-0.35	-0.48	-0.44	560	-244.09
Jerome	16053	50.0%	0.60	27.3	0.40	47.1%	1.61	80.0%	4.94	75.0%	0.85	1.07	4.27	-0.09	1.75	143	249.84
Kootenai	16055	0.0%	-1.13	54.8	-1.69	5.8%	-1.12	8.5%	-0.10	16.7%	-1.01	-1.42	-0.74	-1.11	-1.09	316	-344.62
Shoshone	16079	#NULL!	#NULL!	#NULL!	#NULL!	0.0%	-1.50	10.0%	0.01	100.0%	1.64	#NULL!	#NULL!	#NULL!	#NULL!	59	0.00
Twin Falls	16083	71.4%	1.35	20.2	0.93	36.4%	0.90	22.2%	0.87	78.1%	0.95	1.25	1.08	0.83	1.05	273	286.55
Rolled up	16600	0.0%	-1.13	41.1	-0.65	66.7%	2.90	37.5%	1.94	41.7%	-0.21	-0.93	2.86	0.10	0.67	95	64.08
Rolled up	16601	50.0%	0.60	30.2	0.18	50.0%	1.80	0.0%	-0.70	33.3%	-0.48	0.18	0.49	0.17	0.28	39	10.89
Rolled up	16602	0.0%	-1.13	27.7	0.37	0.0%	-1.50	66.7%	4.00	0.0%	-1.54	0.34	2.17	-2.82	-0.10	63	-6.55
Rolled up	16603	0.0%	-1.13	35.9	-0.26	50.0%	1.80	0.0%	-0.70	0.0%	-1.54	-0.95	0.56	-0.75	-0.38	26	-9.94
Rolled up	16604	0.0%	-1.13	56.8	-1.84	7.1%	-1.03	30.0%	1.41	0.0%	-1.54	-1.28	0.38	-1.97	-0.96	48	-45.87
Rolled up	16605	44.4%	0.41	25.1	0.56	33.3%	0.70	0.0%	-0.70	0.0%	-1.54	0.42	0.02	-1.10	-0.22	117	-26.14
Rolled up	16606	100.0%	2.34	9.3	1.75	0.0%	-1.50	0.0%	-0.70	50.0%	0.05	2.24	-1.17	-0.27	0.27	77	20.52
Rolled up	16607	0.0%	-1.13	49.1	-1.26	41.7%	1.25	70.0%	4.23	37.5%	-0.34	-0.80	3.54	-1.02	0.57	68	39.06
		33.1%		29.9		21.0%		22.5%		45.7%							

Permanency Composite 3:Permanency for Children and Youth in Foster Care for Long Periods of Time

County Name	Fips Code	Children In Care 24+ Months As Of The First Day Of The Year - Percent Who Achieve Permanency By The End Of The Year	Computed Standardized Score For Children In Care 24+ Months As Of The First Day Of The Year - Who Achieve Permanency By The End Of The Year	Of Those Children Discharging Care Who Are Legally Free - Percent Discharging To Permanent Homes	Computed Standardized Score For Those Children Discharging Care Who Are Legally Free - Who Discharge To Permanent Homes	Of Those Children\Youth Who Emancipate Prior To Age 18 or Turn 18 Years Of Age While In Care - Percent Who Had Been In Care 3 Or More Years	Computed Standardized Score For Those Children\Youth Who Emancipate Prior To Age 18 or Turn 18 Years Of Age While In Care - Who Had Been In Care 3 Or More Years	Computed Component 1 Derived Score	Computed Component 2 Derived Score	Unweighted County Composite Score	Children Served by County	Weighted County Composite Score
Ada County	16001	38.9%	0.76	92.1%	0.03	46.7%	-0.04	0.44	0.06	0.25	874	216.50
Bannock County	16005	24.3%	-0.09	95.7%	0.21	33.3%	0.42	0.06	0.35	0.21	225	46.19
Benewah County	16009	60.0%	1.98	100.0%	0.43	100.0%	-1.87	1.60	-1.65	-0.02	33	-0.80
Bingham County	16011	33.3%	0.43	83.3%	-0.42	50.0%	-0.15	-0.06	0.00	-0.03	53	-1.60
Bonner County	16017	0.0%	-1.51	33.3%	-2.97	33.3%	0.42	-3.08	0.85	-1.11	136	-151.40
Bonneville County	16019	6.7%	-1.12	40.0%	-2.63	28.6%	0.58	-2.63	0.99	-0.82	180	-147.70
Canyon County	16027	22.3%	-0.21	68.4%	-1.18	43.5%	0.07	-1.00	0.30	-0.35	560	-196.50
Jerome County	16053	66.7%	2.37	91.7%	0.01	66.7%	-0.73	1.38	-0.39	0.49	143	70.60
Kootenai County	16055	25.0%	-0.05	100.0%	0.43	14.3%	1.07	0.18	0.94	0.56	316	177.39
Shoshone County	16079	0.0%	-1.51	#NULL!	#NULL!	50.0%	-0.15	#NULL!	#NULL!	#NULL!	59	0.00
Twin Falls County	16083	10.0%	-0.93	88.0%	-0.18	41.7%	0.13	-0.65	0.04	-0.31	273	-83.48
Rolled up County	16600	78.6%	3.06	88.9%	-0.13	66.7%	-0.73	1.65	-0.26	0.69	95	65.79
Rolled up County	16601	50.0%	1.40	100.0%	0.43	#NULL!	#NULL!	#NULL!	#NULL!	#NULL!	39	0.00
Rolled up County	16602	25.0%	-0.05	100.0%	0.43	0.0%	1.56	0.13	1.42	0.77	63	48.80
Rolled up County	16603	60.0%	1.98	75.0%	-0.84	0.0%	1.56	0.28	1.98	1.13	26	29.46
Rolled up County	16604	18.8%	-0.42	100.0%	0.43	#NULL!	#NULL!	#NULL!	#NULL!	#NULL!	48	0.00
Rolled up County	16605	42.9%	0.98	90.9%	-0.03	50.0%	-0.15	0.53	-0.01	0.26	117	30.45
Rolled up County	16606	33.3%	0.43	100.0%	0.43	100.0%	-1.87	0.76	-1.87	-0.55	77	-42.57
Rolled up County	16607	53.3%	1.59	91.7%	0.01	50.0%	-0.15	0.89	0.07	0.48	68	32.52
											3,385	93.65
												0.03
		31.3%		87.3%		40.0%						

Permanency Composite 4: Placement Stability

County Name	Fips Code	Of Those Children In Care Less Than 12 Months - Percent With 2 Placements or Less	Computed Standardized Score For Those Children In Care Less Than 12 Months - With 2 Placements or Less	Of Those Children In Care For 12 But Less Than 24 Months - Percent With 2 Placements or Less	Computed Standardized Score For Those Children In Care For 12 But Less Than 24 Months - With 2 Placements or Less	Of Those Children In Care 24 Or More Months - Percent With 2 Placements or Less	Computed Standardized Score For Those Children In Care 24 Or More Months - With 2 Placements or Less	Unweighted County Composite Score	Children Served by County	Weighted County Composite Score
Ada County	16001	81.5%	-0.10	48.0%	-0.56	21.3%	-0.65	-0.53	874	-464.74
Bannock County	16005	81.8%	-0.07	72.1%	0.64	23.5%	-0.55	0.02	225	4.98
Benewah County	16009	93.8%	0.95	50.0%	-0.46	25.0%	-0.48	-0.01	33	-0.19
Bingham County	16011	86.2%	0.31	87.5%	1.41	14.3%	-0.98	0.32	53	16.72
Bonner County	16017	78.0%	-0.39	79.5%	1.01	50.0%	0.70	0.54	136	74.01
Bonneville County	16019	87.1%	0.38	43.5%	-0.78	46.4%	0.53	0.04	180	6.54
Canyon County	16027	84.3%	0.14	57.4%	-0.09	35.1%	0.00	0.02	560	9.28
Jerome County	16053	75.3%	-0.62	76.7%	0.87	31.6%	-0.17	0.05	143	6.98
Kootenai County	16055	91.0%	0.71	60.6%	0.07	52.1%	0.80	0.63	316	198.67
Shoshone County	16079	96.2%	1.15	44.4%	-0.74	9.1%	-1.23	-0.34	59	-20.03
Twin Falls County	16083	86.7%	0.35	69.0%	0.48	24.3%	-0.51	0.14	273	37.35
Rolled up County	16600	77.2%	-0.46	61.5%	0.11	47.6%	0.59	0.10	95	9.45
Rolled up County	16601	90.9%	0.70	100.0%	2.03	20.0%	-0.71	0.84	39	32.82
Rolled up County	16602	95.0%	1.05	0.0%	-2.95	12.5%	-1.07	-1.24	63	-77.91
Rolled up County	16603	76.9%	-0.48	75.0%	0.78	40.0%	0.23	0.23	26	5.88
Rolled up County	16604	94.1%	0.98	75.0%	0.78	76.2%	1.93	1.49	48	71.49
Rolled up County	16605	80.7%	-0.16	56.4%	-0.14	21.4%	-0.64	-0.38	117	-44.63
Rolled up County	16606	97.4%	1.25	59.3%	0.00	30.0%	-0.24	0.40	77	31.01
Rolled up County	16607	93.1%	0.89	40.0%	-0.96	50.0%	0.70	0.24	68	16.01
									3385	-86.30
										-0.03
		84.6%		58.9%		32.9%				

Section III – Narrative Assessment of Child and Family Outcomes

A. Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. Were responses to all accepted child maltreatment received during the period under review initiated, and face-to-face contact with the child within the timeframes established by agency policies or State statute?

Previous Rating
During the CFSR in 2003, this item was given an overall rating of **Area Needing Improvement** based on the finding that in 74% of the applicable cases the agency established face-to-face contact with children who were the subject of a maltreatment report within the required time frames. Ninety percent was required to achieve substantial conformity on this item.

Policy
In Rules Governing Family and Children's Services, IDAPA 16.06.01.554 defines categories in which CFS child protection reports are to be prioritized. The required timeframe for initiating a response and seeing the child face-to-face are as follows: Priority 1 – immediate response; Priority 2 – child to be seen within 48 hours; Priority 3 – child to be seen within 5 days. Policy establishes the criteria for seeking a variance from the mandatory timeframes.

Practice Improvements
To improve timeliness of initiating investigations, CFS developed an "Intake/Screening" practice standard, implemented consistent methods of monitoring and provided training to both workers and supervisors. Timeliness of response was monitored on a monthly basis. When regional performance fell below the PIP goal of 90%, the region developed a regional improvement plan (RIP).

Data
This item responded fairly quickly to frequent and ongoing monitoring by supervisors, through the quarterly statewide CQI case review and FOCUS timeliness reports. During quarters 2-14 (2004-2007), CFS met or exceeded the 90% criterion. Data from regional FOCUS timeliness reports supports these findings as well.

Promising Practice
In the Boise office, CFS has contracted with the Ada County Sheriff's Department to have a designated law enforcement officer to respond to allegations of abuse and neglect. That individual is co-located with CFS. This specialization and proximity have provided an experienced and immediate resource for Department case workers and greatly improved collaboration with law enforcement.

Strengths
Idaho's priority guidelines and timelines are clearly defined in IDAPA rule, and the "Intake/Screening" standard has contributed to increased uniformity across the state. Supervisors have given this the time and energy required and the New Worker Training Academy has reinforced the importance of timely response. Substantial efforts have also been made to work with community partners, such as law enforcement, in coordinating response efforts and expediting response times. These strengths are supported by consensus of staff and stakeholders.

Challenges
Staff turnover, vacancies, high workloads and inexperienced staff are ongoing challenges that may contribute to delayed response times.

Summary
Through staff efforts and monitoring of response times, CFS has surpassed its PIP goal of 90% and is currently in the mid to upper 90's on a consistent basis. Regular monitoring and feedback continue to support timely responses.

Item 2: Repeat maltreatment. How effective is the agency in reducing the recurrence of maltreatment of children?

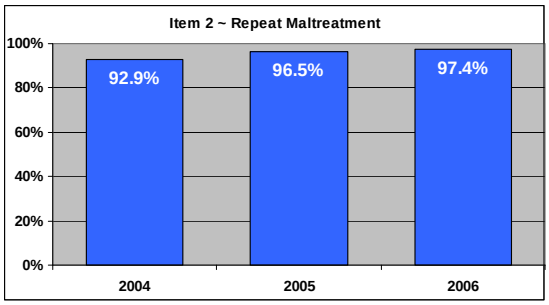
Previous Rating
During the CFSR in 2003, this item was assigned an overall rating of **Area Needing Improvement**. During the case review, 97% of the cases were determined to be a strength because there was no repeat maltreatment. However, Idaho's data profile reported that the State's rate of maltreatment recurrence for 2001 was 9.3%. This rating did not meet the national standard of 6.1% or less.

Policy
In Rules Governing Family and Children's Services, IDAPA 16.06.559 describes Idaho's requirement for child protection immediate safety and comprehensive assessments, "The Department's immediate safety and comprehensive assessments must be conducted in a standardized format and must utilize statewide assessment and multi-disciplinary team protocols. The assessment must include contact with the child or children involved and the immediate family and a record check for history with respect to child protection issues." Collateral contacts who are familiar with the overall family functioning must also be interviewed. Whether or not the reported allegations found during the course of the assessment are substantiated, services can be offered to the family. To ensure child safety and reduce maltreatment, prior to reunification or case closure, a formal standardized reassessment must be completed to inform case decision-making.

Practice Improvements
In June 2004, Idaho consulted with the National Resource Center on Child Maltreatment to develop a checklist to assist supervisors in monitoring the risk/safety assessment process. In August 2004, training was provided to supervisors in using the checklist. In analyzing reasons for repeat maltreatment, supervisors indicated that social workers frequently were not conducting a formal reassessment because they did not see the reassessment tool as relevant or user-friendly. Given this input and with assistance from the National Resource Center on Child Maltreatment, the reassessment tool was modified in January 2005. Worker feedback on the changes was positive and frequency of formal reassessment increased.

As part of Idaho's PIP, in March 2005, the requirements that were described in rule were detailed in development of the "Immediate Safety, Comprehensive, and Ongoing Assessment" standard. Elements of the standard included decision points to minimize repeat maltreatment, such as safety factors and planning, determining whether a case should be opened, when to discontinue the safety plan and when to close the case.

Data
Idaho has exceeded the national standard (94.6%) for repeat maltreatment since FY2005. Absence of recurrence of maltreatment is monitored quarterly through Idaho's statewide CQI case review and the FOCUS Child Welfare Outcomes Report. CQI results based on 192 cases per year show an upward trend as seen below:



Case review data is also supported in the FOCUS Child Welfare Outcomes Report which shows the absence of maltreatment percentages ranging between 95.5 and 97.1 for FY03 through FY07.

Strengths
The foundation for thorough initial and ongoing assessments to prevent repeat maltreatment is in place through Department rules and the "Immediate Safety, Comprehensive, and Ongoing Assessment" standard. Adherence to the standard is monitored through supervisory oversight and the CQI case review process. Other strengths which help to prevent repeat maltreatment are the presence of accessible community resources in more populated areas and short term case management for high-risk cases through the Department's Navigation Program. The Navigation Program is described later under Item 35.

Challenges
Since there is limited availability of community resources in some rural areas in Idaho, members of the Statewide Self Assessment Committee identified the need to coordinate both public and private resources in order to strengthen and support families involved in the child welfare system.

Summary
The Department, by all measures cited above, is effective in reducing repeat maltreatment. As staff shortages continue, community services and supports will be an ever increasing need to help families prevent repeat maltreatment.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

Previous Rating
As a result of the 2003 CFSR, this item was determined to be an **Area Needing Improvement** because 78% of the cases reviewed were appropriately assessed and provided services to prevent removal. Passing criteria was 90%.

Policy
In Rules Governing Family and Children's Services, IDAPA 16.06.01.050.01, requires that reasonable efforts be made to prevent the removal of a child from their home when it is safe to do so. In April 2004, CFS developed the "Family Preservation/In-Home Family Services" standard. The standard sets forth the expectation that if the immediate safety/risk assessment determines the risk level of a case to be moderate to high, and the children could be "conditionally safe" if services were put in place, the social worker makes every effort to engage the family and offer services. Additionally, the "Implementation of the

Indian Child Welfare Act" standard and IDAPA 16.06.01.505.02 describe the requirement for active efforts to prevent or eliminate the need for an Indian child's removal from home

Practice Improvements
It was determined that in regions with higher caseloads, there was not sufficient staff capacity to provide services to additional in-home cases to already full workloads. To resolve the workload issue and support additional in-home cases, contracts with private providers were developed in Regions 3, 4, 6 and 7 to provide services and case management after an initial assessment is completed. Region 5 staff are developing a contract in their region as well. In-home services include post-reunification services to stabilize the child's return home and to prevent re-entry into foster care

Data
In-home services and prevention of removal are closely monitored through quarterly CQI case reviews. Statewide CQI results reveal that the percent of cases where the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification hovered around 97% for 2004-2006.

The number of in-home cases has increased substantially since the time of CFSR-1, from 414 in 2003 to over 550 in 2005 and 2006. To monitor the number of in-home cases, a FOCUS report was developed in January 2006 to allow supervisors and management to identify and monitor the increase of in-home cases by social worker, field office, region, and statewide. Additionally, as part of Idaho's PIP, the number of in-home cases was intentionally increased in several regions of the State by contracting for case management with private providers. Prior to Idaho's PIP and the in-home case management contracts, cases with a moderate level of risk were not opened due to high CFS case loads.

Strengths
CFS now routinely monitors the number of in-home cases. Also, in a 2007 Department strategic planning meeting, increasing the use of in-home services either by direct or contract services, was listed as a high priority for 2008. Contracts with private service providers to address in-home cases have been an effective method to serve children in their homes and are being monitored by regional staff.

Challenges
The Idaho child welfare system is understaffed and as a result often responds with placement of children. Decisions to remove a child are ultimately made by law enforcement and in some cases may be made without Department input and the opportunity to provide in-home services to prevent removal. Statewide Self Assessment Committee members identified the need for additional prevention services.

Summary
The Department is serving an increased number of in-home cases through contracts with community providers. In regions with lower caseloads, in-home services may be provided by Department staff. In other regions contracting with private providers for in-home services and case management has made in-home services a more accessible option.

<u>Item 4: Risk Assessment and safety management.</u> How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

Previous Rating
During the CFSR in 2003, this item was assigned an overall rating of **Area Needing Improvement** because it was determined that CFS adequately addressed the risk of harm to children in 71% of the applicable cases. The passing criterion was 90%.

Policy
Idaho has multiple rules and policies in place that reduce the risk of harm to children. For example, Rules Governing Family and Children's Services, IDAPA 16.06.01, address when and how to conduct child protection immediate safety and comprehensive assessments. Section .050 of these rules establishes a minimum frequency of contact with children and in the Rules Governing Standards for Child Care Licensing, IDAPA 16.06.02.106 governs complaints against resource family homes, children's residential care facilities and children's agencies.

Five new standards were developed to clarify practice regarding reducing the risk of harm to children in foster care and those receiving in-home services. They include:

- Immediate Safety, Comprehensive and Reassessment;
- Responding to Allegations of Abuse or Neglect Involving Children's Residential Care Facilities, Children's Agencies and Therapeutic Outdoor Programs;
- Responding to Allegations of Abuse or Neglect involving Member(s) of a Resource Family;
- CFS Contact between the Social Worker/Clinician, the Child, the Family and Resource Parent(s) or Other Alternate Care Providers (aka worker contact standard); and
- Family Preservation – In-Home Services.
-

The "Responding to Allegations of Abuse or Neglect involving Member(s) of a Resource Family" standard specifies that when a case is open the case manager may not conduct the risk assessment to address any issues of child abuse and neglect. That referral must be routed through intake and be assigned a priority and assigned to an intake worker. Additional safety measures in policy include: development of safety plans; criminal history background checks; training and support to reduce the risk of abuse through PRIDE pre-service training for resource parents; and a policy which prohibits resource parents from using corporal punishment with foster children.

Practice Improvements
In 2004 CFS revised its risk reassessment tool to make it more relevant and user friendly for social workers. Please see Item 5 for additional information on the revision of the instrument. Perhaps the most essential practice in reducing risk of harm to children is child/worker contact which provides an opportunity for ongoing assessment. During every in-home and out-of-home contact, social workers are conducting informal ongoing assessment related to the child's needs and any safety concerns that may be present.

Data
According to Idaho's CFSR Data Profile (October 24, 2007), Safety Element VII, CFS is effective in reducing the risk of harm to children who are in foster care. Even though the child remains in the legal custody of DHW, some parents have access to their children through unsupervised visitation and extended home visits depending on the circumstances of the case. The number of children in foster care who were maltreated by their parents while in care is 7 of 3,390 or two tenths of one percent for the twelve month period ending March 31, 2007.

Additionally, Idaho has exceeded the national standard for the absence of child abuse and/or neglect in foster care since 2003 when monitoring of this data indicator began. The national standard is currently 99.68% or more. For the 12 month period ending March 31, 2007, Idaho had an absence rate of 99.79% for abuse and neglect of children in foster care, thereby exceeding the current national standard.

Risk of harm is also monitored through the quarterly CQI case review. In 2004 the percent of cases where the agency made concerted efforts to assess and address the risk and safety concerns relating to the

child(ren) in their own homes and while in foster care was 93.3%. Performance increased to 95.6% in 2006 and was 94.1% in 2006.

For this self assessment, each region held a focus group of foster youth. The total statewide number of foster youth surveyed was 60. Each group was asked to complete a survey form and that was followed by a discussion about the survey questions or any other comments the youth wanted to share were recorded. The mean age of the participants was 15 years with a range of 11-20 years. The length of time in foster care was as follows: less than one year, 43%; 1-2 years, 16%; 2-4 years, 20%; 4-6 years, 8% and longer than 6 years, 10%. The following table presents a summary of the focus group questions. There were wide regional variations on each item and not all youth responded to all items.

Does your caseworker routinely ask you if you feel safe? Y or N	59 respondents	Yes 66%

Strengths
Idaho's low incidence of abuse in foster care can be attributed to effective policies and the quality of licensed resource parents. Comprehensive assessment tools have been standardized and were revised to be more relevant and user friendly. This has improved statewide consistency and quality of risk assessment. Additionally, resource parents and experienced workers have identified respite, resource parent support, and monitoring as effective tools in preventing abuse and neglect in foster care.

Challenges
CFS has been effective in training staff to reduce the risk of harm to children in foster care. However, frequent staff turnover requires that this training continue to be delivered on a regular basis.

Another continuing challenge is in the area of formal re-assessment prior to case closure. Since the re-assessment instrument has not yet been integrated into FOCUS, CFS staff cannot accurately gauge how frequently a formal re-assessment is being conducted to inform case decision making. Although social workers state they are "informally" re-assessing safety and staffing cases frequently with their supervisor, in some regions it appears that not all staff are using the prescribed re-assessment tool with in-home and out-of-home cases. This is evidenced by foster care re-entry cases that appear to be characterized by lack of re-assessment (see Item 5 for further detail).

Summary
By all the evidence available, CFS appears to be reducing the risk of harm to children in foster care and those living in their own homes. However, formal re-assessment of safety/risk is an aspect of risk reduction that requires ongoing attention.

B. Permanency Outcome 1: Children have permanency in their living situations.

Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care?

Previous Rating
In the 2003 CFSR there were no foster care re-entries within 12 months of discharge from a prior episode in any of the applicable cases reviewed. However, this item was assigned an overall rating of **Area Needing Improvement** because the state data profile indicated the re-entry rate for FY 2001 was 11.9%, which did not meet the national standard of 8.6% or less.

Policy
The "Immediate Safety, Comprehensive, and Ongoing Assessment" standard states that a re-assessment is to be completed by the social worker/clinician at key decision points in a case to guide and document case decisions. The reassessment tool shall be completed prior to reunification, termination of parental rights, and case closure. Social workers and clinicians shall also use the reassessment tool to assess a family's progress when there have been significant changes in the family's circumstances or dynamics." The reassessment should also be compared with the previous safety/risk and comprehensive assessments to determine a family's progress and current level of safety for the child.

Practice Improvements
During the course of the self assessment for CFSR-1, input was gathered from stakeholders on ideas about why the re-entry data was not in substantial conformity. Stakeholders expressed the following opinions about re-entry:

- Reunification was occurring "too early" based on the parent's compliance with services rather than on a comprehensive risk assessment;
- Lack of post-reunification supports; and
- Parents relapsing on drug and alcohol use, particularly methamphetamines abuse.

Subsequently, the PIP for this item focused on the three areas identified by stakeholders.

(1) Reunification based on reassessment of safety - Social workers and supervisors were trained by the National Resource Center on Child Maltreatment to monitor safety/risk by using a decision-making check list that included a reassessment. Subsequently, CFS revised the reassessment instrument making it easier to use and more relevant to best practice considerations. To support practice, FOCUS staff developed an enhancement that alerts the social worker prior to closing a case or ending a removal episode that a reassessment needs to be completed.

(2) Post-reunification supports through extended home visits – Prior to development of the PIP, very few jurisdictions used extended home visits to assure that reunification would be successful. Children were placed from foster care back into their homes under Protective Supervision without the benefit of an extended home visit. While the court was still supervising the placement, if the situation became unsafe, the child had to be removed under imminent danger or under an Order of Removal. It was discovered that this was impacting Idaho's re-entry rates and was not providing a structure that would best support safe reunification. The process was changed so that judges would send children home on extended court ordered visitation instead. This change allows CFS workers to be more involved and assist families in planned transitions while addressing any concerns that may arise. As part of Idaho's PIP, in September 2004 the Chairman of the Child Protection Court Improvement Project took the lead in training judges in each region of the state at the magistrates' semi-annual meeting regarding the use of court-ordered home visitation.

3. Substance abuse relapse and re-entry - Idaho was one of fifteen recipients of the Access to Recovery (ATR) grants to expand access to substance abuse treatment and recovery support. This grant improved the availability of substance abuse services focusing on relapse planning in order to prevent re-entry into foster care. Through a state contract, all Idaho substance abuse treatment providers are now required to incorporate relapse planning into their clients' treatment plans.

Data
Idaho's PIP goal on this indicator was 10.5% and the national standard was 8.6% or less. Because there are very few applicable cases found in the random pull of cases for the quarterly CQI review, the CQI data is not considered reliable.

The CFSR data profile shows a positive downward trend from 15% (2005) to 11% (2007). While Idaho is above the national median, the state has yet to reach the 25th percentile on this measure (C1-4) which is 9.9% or lower.

A FOCUS Foster Care Re-entry Report for FY2006 shows that the average number of days from the first removal episode to reunification is just over six months (187.9 days), with approximately four months (133 days) between the reunification with the parent or guardian and the second removal episode, when re-entry occurs. Of those cases, 81% were provided services between removal episodes. 62% of re-entry occurrences in Idaho had the same removal reason, and 78% of re-entry occurrences have the same suspect identified as in the original removal episode.

A recent review of 35 of 58 current re-entry cases in Region 5 revealed some of the same issues as reported in the child welfare literature. In over half of the cases reviewed, the child was in care for less than 4 months duration prior to reunification. In 25 of 58 cases (43%) re-entry occurred within 12 months of previous discharge from foster care. There was no completed risk reassessment documented in any of the cases reviewed. In approximately half of the 35 cases reviewed, re-entries were due to parental substance abuse. The children were home under protective supervision by the court in approximately half of the cases. Removal during Protective Supervision, rather than an extended home visit, requires a re-entry into foster care.

Strengths
Data demonstrates CFS has been successful in reducing the rate of foster care re-entry. Significant progress has been made in collaborating with the court system. Initially, judges were ordering children to return home under protective supervision. Many judges are now sending children home on court ordered visitation prior to protective supervision. This additional period of close state supervision allows CFS workers to be more involved and assist families in a planned transition while addressing any concerns that may arise.

Challenges
Data from Idaho's workload study suggests that CFS workloads are high. Keeping cases open for extended periods after a child has been returned home results in even larger caseloads for workers.

Another challenge is in the area of substance abuse. There are high relapse rates among substance abusers following substance abuse treatment or periods of sobriety and there are no clear predictive factors to identify which addicts will remain clean and sober from those who relapse. As substance abuse is positively correlated with child abuse and neglect, addressing these issues remains a critical and ongoing challenge in preventing re-entry into foster care.

Summary
Idaho has made some progress in reducing re-entry into foster care, especially in using the strategy of judicial ordered extended home visitation rather than sending the child home under the status of protective supervision. Idaho will need to continue to explore the possible correlation of item 8, in reunifying children too quickly. See Item 8 for further discussion. Implementation of the "Immediate Safety, Comprehensive and Ongoing Assessment" standard has also positively affected outcomes. Continuation of the strategies mentioned above, including conducting a risk reassessment appears warranted and will likely lead to further decreases.

<u>Item 6: Stability of foster care placement.</u> Was the child in a stable placement at the time of the onsite review, and were any changes in placement that occurred during the period under review in the best interest of the child and consistent with achieving the child's permanency goals?

Previous Rating

During the 2003 CFSR, Item 6 was assigned an overall rating of **Area Needing Improvement.** Reviewers determined that children experienced placement changes that promoted attainment of their permanency goals or met their treatment needs in 76% of applicable cases. Data from the CFSR **s**tate data profile for FFY 2001 also indicated that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (81.1%) did not meet the national standard of 86.7% or more.

Policy

Policy and practice improvements are built on research findings that placement stability is enhanced by support to foster parents including providing adequate and timely information; an adequate number of foster homes so that the most appropriate home can be found for an individual child; specialized placements to work with children with behavioral problems; placement with relatives; involving parents and children in case planning; not using emergency shelters or temporary placements; and frequent contact between the social worker and the child, the parents, and the foster parents.

In Rules Governing Children and Family Services, IDAPA 16.06.01.405 describes the types of information which are to be provided to the foster parent including such things as the risk factors, educational history, and medical needs.

Policy was also developed to improve communication and contact between the resource parent(s) and the worker. The "Contact Between the Social Worker/Clinician, the Child, the Family and Resource Parent(s) or Other Alternate Care Providers" standard states that frequent (at least monthly face-to-face) contact between the worker, child, and care provider, allows "the social worker to continually assess the resource family's ongoing needs and to provide additional supports that will enhance the stability of placements for children."

Practice Improvements

In the 2003 Self-Assessment, resource parents were interviewed as to why they thought some children changed placements so often. At that time the three most frequently mentioned reasons were: (1) the child's behavior; (2) the child's needs exceeding the foster parents' ability to meet them; and (3) lack of support and/or communication between the foster parent and the worker. Youth were interviewed separately and also identified their own behavior as a primary reason for placement instability. To address these concerns, CFS developed the "Managing the Behavior of Children in Foster Care with Positive and Effective Discipline" standard which describes principles of effective discipline and provides behavioral guidelines for resource families. Techniques for managing behavior are presented in the PRIDE pre-licensing training. Resource families also receive ongoing training and can receive training specific to a child's needs if additional information is needed. Some children's special needs require additional services be in place, and those can also serve to help stabilize their placements. Workers assist in connecting children to community based services, such as psychosocial rehabilitation, medication management, counseling, and intensive behavioral intervention. Services are also provided in school settings under the direction of an Individual Educational Program (IEP).

Data

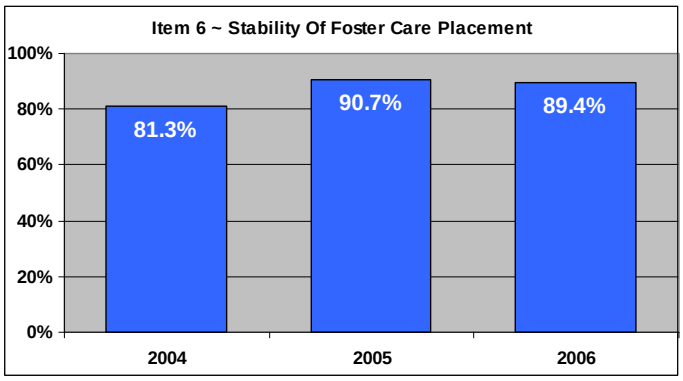
The stability of foster care placements is monitored on an ongoing basis through quarterly CQI case reviews and the FOCUS CW Outcomes Report. Idaho's PIP goal for placement stability was 83%. Idaho's CQI data results have been greater than the FOCUS Child Welfare Outcomes report and Idaho's

Data Profile in two respects. First, the latter two reports count all placement settings including those that are made in the best interests of the child or that move the child toward permanency such as a move to a pre-adoptive placement or a relative. Second, the CQI does not take into account the total length of time the child has spent in foster care – unlike the Data Profile. During the CQI case review, the reviewer asks how many placement settings the child has experienced during the PUR. The 12 month PUR may be towards the beginning, middle or end of a child's placement. This would clearly affect the comparability of the CQI data and Idaho's Data Profile. Lastly, it should be noted that the CQI case review is only a sample of the entire population and the size of the sample used allows a confidence interval of +/- 6.9% at the 95% confidence level. This means that for 2006, the CQI findings on stability could actually be anywhere between 82.5% and 96.3%.

According to Idaho's CQI data for 2006, it appears that placement stability is close to 90% for all cases reviewed. Idaho's data profile shows placement stability is slightly below the 75th percentile for the first 12 months a child is in care (Measure C4 – 1).

The quarterly CQI data in the table below shows marked and sustained improvement from 2004 to 2006.

\



The FOCUS Child Welfare Outcomes report also reported positive results with placement stability for children in care less than 12 months, ranging from 85.3% to 88.5% between 2003 and 2007. The CW Outcomes report also shows a negative correlation between placement stability and length of time in care. This trend is also evident in data from Idaho's CFSR data profile (10/24/07) in Composite Four: Placement Stability. Idaho's composite score is 93.0 which is below the national standard of 101.5 or higher. For all states included, the Composite 4 measures the 75th percentile is lower as youth spend longer periods of time in foster care. The same is true for Idaho only to a greater degree. On each of the measures, as the child spends a longer period of time in foster care the more they lag behind the national median, that is, the frequency of having 2 or more placements increases.

IDHW's Children's Mental Health (CMH) program also places children into state custody under either a voluntary agreement or an involuntary court order in order for the child to enter treatment. These placements are included in CFS outcome data. Recently FOCUS staff developed a report that describes "removal episodes by program," adoption, child protection and children's mental health to begin to examine the possible contribution of CMH cases to placement stability. The report provides the total count of children in out of home care by program, by county, by region and statewide. The report indicates that statewide, approximately 8% of children placed in out-of-home care are placed by the Children's Mental Health program. Therefore, in implementing our PIP, CFS and CMH will need to work collaboratively so both programs can monitor outcomes for children by this data.

For this self assessment, each region held a focus group of foster youth. The total statewide number of foster youth surveyed was 60. Each group was asked to complete a survey form that was followed by a discussion about the survey questions or any other comments the youth wanted to share. The mean age of the participants was 15 years with a range of 11-20 years. The length of time in foster care was as follows: less than one year, 43%; 1-2 years, 16%; 2-4 years, 20%; 4-6 years, 8% and longer than 6 years, 10%.

Questions with data collapsed over regions	**n=**	**Always**	**Usually**	**Not Usually**	**Never**
(2) If you have been placed with more than one foster family, were you happy with each move?	42	-0-	60%	14%	26%
(3) Did your caseworker ask you how you felt about moving to a different home or placement before making a decision to move you?	48	15%	31%	19%	35%

Strengths
Regional and statewide recruitment efforts are ongoing to increase the numbers of both general and specialized resource family homes so social workers can make the most appropriate match with a resource families who can best meet the child's needs. Current resource parents are also included in these recruitment and community educational efforts. The Department is working collaboratively with local businesses, faith organizations, and schools in resource home recruitment efforts as well.

Resource parents are provided initial and ongoing training in order to prepare them for the challenges and needs of children placed in their homes. On occasion, such as in cases where the child has a developmental or mental health issue, specialized training is provided so a resource parent is better prepared to intervene in the most effective ways possible for that child. Counseling services have been offered to resource parents in some cases to provide additional support.

Challenges
Stakeholders, including program staff, report that the demand for both general and specialized resource families for all children exceeds the need. Increasing the number and types of resource family homes is a priority for the Department so more appropriate matches can be made between the needs and the challenges that a child presents and the resource family's ability to meet those challenges.

Heavy workloads can make it difficult for workers to respond to resource parents in a timely manner. Current workloads are due to limited resources and legislative caps on the number of state employees. Workloads can also have a negative impact on the frequency of contacts with both children and resource families. They diminish workers' abilities to assess children's needs on an ongoing basis and prevent a disrupted placement if concerns or issues are identified as soon as they occur.

Summary
Previous placement changes not in the child's best interests have been shown to be a good predictor of subsequent placement changes. Like other states, Idaho's data shows that the longer children are in care the more moves they are likely to have over time. Of all the factors associated with placement instability, the lack of sufficient homes, especially specialized resource homes, seems to be the largest barrier to improved placement stability.

<u>Item 7: Establishment of an appropriate permanency goal for the child in a timely manner.</u> How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Previous Rating
During the 2003 CFSR, Item 7 was assigned a rating of **Area Needing Improvement** based on the finding that in 64 percent of the applicable cases, reviewers determined that the agency had established an appropriate goal for the child in a timely manner.

Policy
In Rules Governing Family and Children's Services, IDAPA 16.06.01.422 requires that an Alternate Care Plan be developed within 30 days following the decision to place a child into alternate care. One of the critical components of the Alternate Care Plan is timely establishment and documentation of an appropriate permanency goal for the child.

To increase the number of children with timely permanency goals, a "Concurrent Planning" standard (current revision 1/07) was developed and implemented. The standard states that the primary permanency goal is the option identified as being the most appropriate and preferred permanency option for a specific child, given the individual circumstances of the case. It receives the strongest effort by the family and case manager as they work toward the permanency goal. At any time in the case the secondary permanency goal may become the primary goal and the primary permanency goal may shift to become the secondary goal. According to the "Concurrent Planning" standard, concurrent planning begins at the time of the child's removal from their home. The first Alternate Care Plan must contain concurrent plan information, identifying both the primary and secondary permanency goals.

Practice Improvements
As part of Idaho's PIP, the Department consulted with the National Resource Center for Foster Care and Permanency Planning on strategies to integrate concurrent planning practices into the Child Welfare New Worker Academy curriculum and to train all existing staff on those practices. In the spring of 2005, a curriculum was developed and 100% of staff were trained on concurrent planning principles, including the establishment of an appropriate and timely permanency goal.

Due to small sample size, CQI case reviews did not prove as useful as anticipated in identifying where establishing appropriate and timely permanency goals was breaking down. Therefore, in addition to the CQI reviews and to improve the practice in establishing an appropriate and timely permanency goal, Idaho implemented statewide 90-Day Concurrent Planning Reviews; each case with a concurrent plan with the primary or secondary goal of adoption is reviewed every 90 days. Regions uniformly report that the 90-Day Concurrent Planning Reviews assist caseworkers and supervisors to identify issues that impact permanency much earlier in a case than in the past. These issues include activities such as full disclosure (of ASFA) to parents, diligent search for relatives, paternity establishment and ICWA eligibility determination. Currently there is no systematic collection of data from these reviews, but is planned as part of PIP-2.

Idaho's Child Protection Court Improvement Project, in collaboration with the Department, contacted the National Resource Center on Judicial and Legal Issues to obtain judicial training on the importance of timely permanency for children. The National Resource Center's training sponsored by the Court Improvement Project was held in August and November 2005. Judges, prosecutors, defense attorneys, CASA/GAL, and IDHW staff from all parts of the state participated in the training.

Data

Practice improvements appear to have led to improvement in establishing appropriate and timely permanency goals as indicated by data from the CQI case reviews. Idaho's PIP goal was 74%. According to CQI results based on the review of 96 cases per year, the Department established an appropriate permanency goal in a timely manner in 84% of the cases in 2004, and 78% in both 2005 and 2006.

Additional information related to appropriate and timely establishment of the permanency goal was gathered during a special Adoption CQI held in July 2007. Eighty-four cases were reviewed statewide. Each case had adoption as the primary goal. The result of this review on Item 7 was 79.8%. These results corroborate earlier CQI findings.

CFS efforts have been successful with establishment of case goals. As shown in Idaho's CFSR Data Profile (10/24/07), there has been a 17% decrease in the number of children in foster care with a "case plan goal not established." The decrease in "case plan goal not established" is primarily attributed to eliminating a prior goal option on the Alternate Care Plan of "permanency plan to be determined."

Strengths

Since the 2003 CFSR, Idaho has established a solid foundation for permanency planning that includes development, implementation, and training of new standards; quarterly CQIs; a specialized adoption CQI; 90-Day Concurrent Planning Reviews; FOCUS Child Welfare Outcomes monitoring; and planning/training with the courts and other legal personnel, all of which have resulted in improvements in the establishment of appropriate and timely permanency goals for children.

Challenges

One of the issues identified by the CQI case reviews is inconsistency between the goal that appears in the case file/case plan/FOCUS and the goal identified by the worker and the family. Sometimes it is clear that the worker has simply not changed the goal in FOCUS; at other times it appears that the participants haven't reached consensus on the permanency goal.

Workers are often reticent to change the primary goal of reunification to the second permanency goal without court approval and some judges are reluctant to switch the goal from reunification to another permanency goal until termination of parental rights has occurred.

Another challenge facing workers, families and the court is concurrent planning. Case reviews and stakeholder input suggest that workers are struggling with developing and implementing behaviorally specific and time-limited concurrent plans. Also, workers may not be fully informing families of the consequences of failure to implement their case plan.

Summary

CFS surpassed the PIP goals for timely establishment of the permanency goal. Case reviews and stakeholder feedback indicate that concurrent planning is beginning to be implemented, but the process may not always be well understood by workers or adequately communicated to families. A standard has been developed and training has taken plan, however, some CFS workers and judges appear reluctant to fully embrace the practice. This item will require ongoing training and collaboration with the Department and the courts.

<u>Item 8: Reunification, guardianship, or permanent placement with relatives.</u> How effective is the agency in helping children in foster care return safely to their families when appropriate?

Previous Rating
In the 2003 CFSR, this item was rated as an **Area Needing Improvement** because in 55 percent of the cases reviewed diligent efforts were made to help a child be reunified with his family in an appropriate and timely manner. The passing criterion was 90%. Idaho's CFSR data profile reported that the state's rate of reunification was 88.9% which exceeded the national standard of 76.3%. On this item, both the criterion and the data indicator must pass for the item to be rated as a strength.

Policy
Idaho's preference for families raising their own children is clearly conveyed in the Child Protective Act, Idaho Code 16-1601(1). It states "if he (a child) is removed from the control of one (1) or more of his parents, guardians or other custodian, the state shall secure adequate care for him; provided, however, that the state of Idaho shall, to the fullest extent possible, seek to preserve, protect, enhance and reunite the family relationship."

In 2004, as part of Idaho's PIP, a "Concurrent Planning" standard was developed and implemented. The standard outlines the tasks CFS workers are to accomplish in order to achieve reunification within 12 months from the date the child was removed from his home, while concurrently identifying, assessing, and implementing alternate permanency options.

Practice Improvements
To address timely reunification, the Department has focused on strengthening family centered practice and implementing Family Group Decision Making. Parents are encouraged to identify their family's needs, participate in the development of their case plan, and access services and resources so their children can remain safely in their home or be reunited as soon as it is safely possible.

For purposes of the PIP, CFS workers and community partners identified parental substance abuse relapse as the number one barrier to family reunification. In an effort to increase substance abuse treatment funding for those families who come to the attention of the child welfare system, CFS applied for and received a federal grant in 2002 from the Rocky Mountain Quality Improvement Center. This grant paid for additional services of substance abuse specialists located in 3 regional offices and allowed these specialists to engage parents and improve the parents' readiness for treatment through the use of motivational interviewing. A major goal of this grant was to maintain children safely in their homes or safely reunify the family. After the grant's expiration in 2006, motivational interviewing, featuring the stages of change, was continued in each region of the state through contracted substance abuse liaisons. Additionally, all state substance abuse contracts were amended to require relapse planning as part of the substance abuse treatment regimen.

In many cases where reunification is not possible, a legal guardianship may be pursued. The majority of Idaho's legal guardianships for children in foster care occur with relatives who are eligible for a TANF grant of $309 per family per month to assist with the cost of the child's care. Although Idaho does have a state guardianship assistance program, eligibility requirements limit participation. State guardianship assistance benefits are provided to legal guardians for the support of a child for whom TPR has been completed, efforts to place for adoption have been unsuccessful, and who would otherwise remain in the guardianship of the Department of Health and Welfare.

Data
According to the Idaho CFSR Data Profile (10/24/07) Idaho has exceeded the national standard with successively higher scores on Composite 1 for the past three years. Measure C1-1 (exits to reunification

in less than 12 months) shows that Idaho exceeds the national 75th percentile (75.2%) related to this item. Measures C1-2 (exits to reunification, median stay) and C1- 3 (entry cohort reunification in <12 months) also exceed the 25th and 75th percentile respectively.

The time to reunification is monitored quarterly through the CQI process and the FOCUS Child Welfare Outcomes report. The Child Welfare Outcomes report identifies that the percentage of children who were reunified in SFY 2007 with their parents or caretakers in less than 12 months from their latest removal is 77.1 %.

Strengths

The implementation of a new "Concurrent Planning" standard, 90-day concurrent planning reviews, and monitoring of this item through quarterly CQI case reviews have had a positive impact on Idaho's child welfare practice. These policies and practices promote family centered practice and the shared understanding that each child's own family is the best and most preferred source of permanency for the child. Children are reunified in a shorter time than children are nationwide.

Challenges

While Idaho's overall Permanency Composite 1: Timeliness and Permanency of Reunification is ranked number 46 of 47 states in 2006 and 2007, an issue exists for Component B: Permanency of Reunification. The percentage of Idaho children re-entering foster care in less than 12 months from their discharge from foster care exceeds the 25th percentile while remaining below the national median. This suggests that some children may be exiting foster care prematurely or adequate support services are not in place or maintained once children have returned home, or that change is not maintained in the absence of court involvement. See Item 5 for additional discussion of foster care re-entry.

Data from the previous CFSR concluded that frequent worker contacts with parents are closely linked to reunification outcomes. Idaho continues to make progress in this area. However, increasing caseloads and worker turnover make it difficult to engage difficult to reach parents or those who do not make themselves readily available for contact.

Another challenge to timely reunification is parental substance abuse treatment, where recovery often becomes a complex and time uncertain process. Treatment and recovery timelines often exceed ASFA timelines and a child's need for timely permanency.

For some children, legal guardianship is the most appropriate permanency goal, but families who want to become legal guardians cannot access the funds to gain guardianship unless TPR has occurred and the child has been considered for adoption.

Summary

Idaho is doing a good job of reunifying children with their families within 12 months; however, some children are re-entering foster care within 12 months at a rate slightly higher than one would expect. See Item 5 – Foster Care Re-Entry for further discussion.

Item 9: Adoption. How effective is the agency in achieving timely adoption when that is appropriate for a child?

Previous Rating

During the 2003 CFSR, data from the State Data Profile indicated that Idaho's percentage of finalized adoptions occurring within 24 months of removal from home in FY 2001 was 33.6%. This exceeded the national standard of 32%. However, in 54% of the applicable cases, on-site reviewers determined that the

agency had not made concerted efforts to achieve adoption in a timely manner. The criterion for this item was 90%. The criteria and standard for both indicators must be met for this item to be rated as a strength.

Policy
A "Concurrent Planning" standard was developed and implemented in 2004. This standard also assists with timely adoptions by defining specific tasks that CFS workers must complete approximately every 90 days in order for the permanency goal of adoption to be achieved within 24 months.

In order to legally free children for adoption in a timely manner, the Idaho Judge's Bench Cards for Child Protection Cases states that proceedings to terminate parental rights "should be initiated as soon as possible after IDHW or the court makes a determination that reunification cannot occur."

Practice Improvements
To improve timeliness to adoption the Department implemented 90-day Concurrent Planning Reviews for children with a primary or secondary goal of adoption. During these reviews the following issues related to adoption are addressed: full disclosure regarding ASFA; family engagement; relative search; establishment of paternity; ICWA notification; visitation/contact arrangements; establishment of appropriate permanency goals; preparation for the permanency hearing; preparation of the report for termination of parental rights; development of the child's life story book; work with the child on termination and adoption plans if the child is at an age appropriate level; completing the child's social history; and adoption recruitment if the child is not in a permanent placement.

To expedite the adoption process, in 2005 a dual home study format was developed and implemented to serve as both a resource (foster) family licensing and an adoption home study.

In March 2007, Idaho amended the Rules Governing Family and Children's Services, IDAPA 16.06.01.860, to state that when a resource family has a significant relationship with a child and the child has been placed in their home for at least the last six months, the adoption supervisory period may be reduced from the required six months to a minimum of three months. Prior to this revision, the child was required to live with the resource family for one year before a reduction in the adoption supervision period could be authorized.

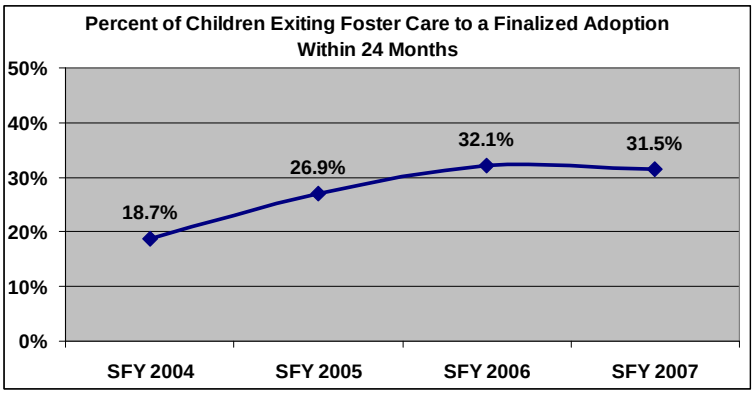
The majority of adoptive placements, 80% in 2003, continue to be with relative and non-relative resource parents who have had the child in their home for some time. If no permanent resource is identified, children are featured on recruitment venues such as Idaho television broadcasts - Wednesday's Child, the Northwest Adoption Exchange, and AdoptUSKids.org. Additionally, in March 2007 the Department entered into a Memorandum of Understanding with Wendy's Wonderful Kids (WWK) and Special Needs Adoptive Parents (SNAPS). This allows for a WWK adoption recruiter to provide individualized, intensive recruitment planning and services for waiting children in the Department's custody/guardianship.

Practice regarding how quickly a child's primary permanency goal is changed from reunification to adoption varies from county to county. In some counties, permanency planning staff wait to change a child's permanency goal to adoption until all parental rights are terminated. In other counties, adoption becomes the primary permanency goal much sooner.

Data
Although Item 9 is monitored quarterly through Idaho's CQI process, randomly drawn samples do not furnish large enough sample to allow confidence in the results. Therefore, in July 2007 a specialized statewide adoption CQI was conducted in which 12 randomly selected cases with a primary goal of adoption were reviewed from each region (N=84). Items 1-23 met or exceeded the PIP goal with

the exception of Item 9 – Adoption. These results suggest that the Safety and Well-Being Outcomes were being met, but that in only a little over half of the cases had the agency made or was making diligent efforts to achieve finalization in a timely manner (24 months).

The length of time to achieve a permanency goal of adoption is also monitored quarterly through the FOCUS Child Welfare Outcome report. Below are the statewide results for state fiscal year 2004, 2005, 2006, and 2007.



A significant increase can be seen in the chart above; however, what is more impressive is that in SFY 2004 only 29 of 155 children exiting foster care to finalized adoption did so within 24 months, and in SFY 2006 the number increased to 58 of the 184 children. Not only did the percent of children increase, but the number of children exiting also increased, making the percent of increase more noteworthy. Component A, measure C2-1 (exits to adoption within 24 months) from the 10/24/07 Idaho CFSR data profile Permanency Composite 2 corroborates the increases noted above.

All the measures under Permanency Composite 2 with the exception of C2-4 and C2-5 fall between the 75th or 25th percentile and the national median. Measures C2-1, C2-2, C2-4 and C2-5 show demonstrable improvement over the past three years. C2-4 indicates that compared to other states, twice as many Idaho children who reach 17/22 months at the first of the year and have not had TPR, get TPR in the first 6 months of the year. C2-5 shows that the time between TPR and finalization is too long, but improving.

Strengths

As documented above, Idaho has demonstrated steady improvement in pursuing and achieving TPR (C2-4); however, the time between TPR and finalization (C2-5) indicates that families may not be recruited for a child until TPR is final. These two measures reflect two aspects of the delays in finalizing adoptions in a timely manner. Additionally, a strong collaboration has been established between the Supreme Court Child Protection Court Improvement Committee and the Idaho Department of Health and Welfare. This collaboration will continue to promote improvements in concurrent planning, hearings, legal representation, and practices that will improve timely adoption and positive outcomes for children.

Challenges

Stakeholders have reported that Child Welfare courts and CFS workers are some times reticent to terminate parental rights, allowing every opportunity and extended timeframes in efforts to reunify children with their parents.

The Department and the Supreme Court Child Protection Court Improvement Committee believe that inconsistency of legal representation is one of the major factors that impacts permanency outcomes for children. This opinion is corroborated by data. The permanency outcomes for children are better in

regions where the agency has adequate legal representation. However, multiple factors exist in achieving timely permanency for children, and we do not have the data to substantiate any direct link between permanency outcomes and legal representation. Due to not having party status, the interests of IDHW are not always represented in court. This may result in review and permanency hearings not being scheduled in a timely manner or a delay in filing termination of parental rights. It should also be noted that in spite of the "Concurrent Planning" standard requirements and the 90 day Concurrent Planning Reviews, some CFS staff and members of the judicial system struggle with implementing concurrent planning practices in part due to fundamentally different ideas of what is in the best interests of the child.

Delays in permanency identified by stakeholders include:

- Child not placed in potential permanent home at the time he/she is removed from the home;
- ICPC process, if not completed timely;
- Judges extending reunification at the Permanency Hearing only to order TPR later in the case (see Item 28);
- Appropriate parties in adoption selection not always included such as tribal members;
- Reticence of particular courts to terminate parental rights in order to legally free a child;
- Lack of open adoption law. Beginning at age 12 years a child must consent to adoption, but he may not want to sever ties and contacts permanently;
- Lack of legal representation to assure that a petition for TPR is not delayed and other legal requirements are met;
- Compliance with ICWA; and
- The criminal case resulting from abuse/neglect takes precedence over meeting the child's permanency needs in the civil child protection case.

Summary

Adoptions are being completed more timely now that before. Although training in concurrent planning and 90-day reviews was implemented, Idaho's child welfare system continues to struggle with some aspects of the concurrent planning process.

Item 10: Other Planned Permanent Living Arrangement. Agency has or is making diligent efforts to assist youth in attaining their goals related to other planned permanent living arrangement.

Previous Rating

In the 2003 CFSR, Item 10 was assigned an overall rating of **Area Needing Improvement.** Three applicable cases were rated and one case was out of compliance, thereby giving this item a rating of 67%.

Policy

In 2004, the "Working with Older Youth" standard was developed in collaboration with Casey Family Programs. The standard provides guidance to field staff on the specific needs and permanency issues of older youth and includes detailed information on creating permanency for and ***with*** an older youth who is likely to remain in foster care until their 18th birthday.

Practice Improvements

In addition to the standard, three new tools were added to assist staff in their efforts to create permanency for older youth. The "Permanency Pact" from the Fosterclub (www.fosterclub.org) was included to define permanency options meant to support older youth leaving foster care. Another document entitled "Declaration of Commitment to Provide Permanent Living Arrangement" was created with the intent of establishing a written commitment from the care provider to provide a permanent living arrangement until the youth reaches 18 years of age. Lastly, the "Mutual Agreement for Youth Turning 18 Years of Age" was developed to clearly define the terms in which a youth may remain in foster care past their 18th

birthday, for the purpose of completing their secondary education. This replaced the Voluntary Placement tool that was previously used for this purpose.

Data

The CFSR state data profile (10/24/07) point-in-time permanency profile shows that in 2005 7.8% of youth in care had a permanent plan of long term foster care (LTFC). In 2006, LTFC was 6.9% and in 2007 it is 1.3%. A recent change in AFCARS requires any youth 15 years or older who has a permanency goal of long term foster care, must be counted under Emancipation. Adding 1.3 (LTFC) and 4.8 (Emancipation) yields 6.1%. National AFCARS data shows LTFC occurs in about 7% of foster youth.

As quarterly CQI case reviews were conducted, it was discovered that very few OPPLA cases were randomly selected for the reviews. As a way to look at youth with another planned permanent living arrangement (OPPLA), CFS conducted a specialized CQI assessment in both 2006 and 2007. The 2006 special CQI for older youth determined that 77% of youth with a goal of OPPLA were in a stable placement. The full case review instrument was not used in the 2006 review. In April 2007, using the CFSR case review instrument, the review revealed that in 82.5% of 63 applicable cases, the Department has or is making diligent efforts to assist youth in attaining their goals related to other planned permanent living arrangement. The 2007 data also revealed that 94.5% of the applicable cases showed that efforts were being made to maintain connections with family, community, others with whom the youth had a significant, positive relationship prior to entering foster care.

An interesting finding was that while the sample was selected because OPPLA was the permanency goal of record, workers had continued to work to achieve a more permanent living arrangement for many of the youth, including reunification and adoption and had not updated the goal in FOCUS or on the case plan.

Of the 58 youth who responded in a focus group (see Item 4 for sample details) the item – "Are you involved in the Independent Living Program?" 53% indicated yes. It should be noted that 37% of the youth in the focus groups were under the age of 15.

Idaho has some challenges on Permanency Composite 3 related to this item. The expectation is that 98% of youth with a TPR will be discharged to a permanent home (adoption, guardianship or living with a relative) prior to their 18th birthday. Idaho achieved 90.4% in 2005, 88.4% in 2006 and 87.3% in 2007. Another troublesome finding is that 40% of youth who reached their 18th birthday while in foster care had been in foster care for 3 years or more. In summary, 10-13% of youth who leave foster care, do not achieve permanency before aging out of foster care, even when they have been in care 3 years or more and are legally free.

Strengths

From the interviews conducted with youth, caregivers, and staff for the specialized OPPLA CQI in April of 2007, strengths were identified by those being interviewed. Many youth and resource parents reported that they felt supported and respected by their social workers and many references were made about workers "going the extra mile." Maintaining a youth's connections to family and community and the perseverance in looking for relatives were factors identified by the youth as strengths as well as the outreach effort to absent and hard to engage dads. The youth also felt that they were being included in their case planning activities.

Challenges

Juvenile Corrections expansions have had an impact on child welfare in recent years. Under the Juvenile Corrections court rules, a court may expand a Juvenile Corrections Act proceedings to a Child Protective Act (CPA) proceeding. The court also has the authority to order youth to be sheltered under the CPA.

The youth is then dually committed and receives case management services from both programs simultaneously. These expansions are typically done when the court has exhausted the resources of the Department of Juvenile Corrections, the system doesn't know what to do with the youth, and their parents are unresponsive or unable to assist their child. There were 42 youth brought into CFS under a CP expansion in SFY 2007. That number is 2.5% of the total children/youth removed during the year. It is currently unknown how many of these youth have a permanency plan of OPPLA.

Summary
Working effectively with older youth has gained more attention since 2003, encouraging a closer collaboration with Casey Family Programs. Education and Training Vouchers (ETV) and other Chaffee funds have assisted a number of Idaho youth to be successful as they transitioned into adulthood. However, Idaho continues to struggle with establishing permanency for some older youth. During the 2008 onsite review, Idaho hopes to gain a better understanding of what is occurring for the 12% of youth who are 18 years old and exiting the system after they were legally free and not discharged to a permanent home according to Permanency Composite 3/C3-2.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement. Were concerted efforts made to ensure that the child's foster care placement was close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child was in foster care?

Previous Rating
In the 2003 CFSR, Item 11 was assigned an overall rating of **Strength** because in 95 percent of the cases, reviewers determined that CFS had made diligent efforts to ensure that the children were placed in foster care placements that were in close proximity to their parents or relatives or where necessary to meet special needs.

Policy
In Rules Governing Family and Children's Services, IDAPA 16.06.01.050 requires that efforts are made to assure children in Department custody reside in the least restrictive, most normative and "family-like" setting possible. IDAPA also establishes priorities for placement beginning with immediate and extended family members. These placements must be in close proximity to the parent(s) unless contrary to the child's best interest.

Practice Improvements
This item was not included in Idaho's PIP as it passed the CFSR-1 case review. However, the "Resource Family Licensing for Relatives and Non-Relatives" standard was developed and outlines allowable expedited processes for placement of a child in a relative placement to maintain close proximity for the parents and continuity for the child.

Data
The CQI case review is used to monitor proximity. Data shows that Item 11 was rated as a strength in 98.3% of 96 cases reviewed in 2004, 97.8% of 96 cases in 2005 and 98.8% of 96 cases in 2006. Idaho has maintained a high level of performance on this item.

Strengths
CFS recognizes the importance of placing children in close proximity to parents and this is evident in daily practice. CFS standards allow for expedited processes to place a child with relatives without

compromising safety. When the child's needs or situation require a placement that is not in close proximity to the parent(s), action is taken to minimize the effects of distance and support the parent in maintaining parent/child relationships including transportation.

Challenges
Proximity is currently defined as the parent's community. Stakeholders identified a need to recruit more resource families in neighborhoods from which children are removed so that children can maintain ties and remain in their home school during the school year.

Summary
By available measures, it appears that Idaho continues to do well on this item. The theme of targeting resource parent recruitment strategies was mentioned as part of this item as well as others including retention of resource parents (see item 34).

Item 12: Placement with siblings. Were concerted efforts made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings?

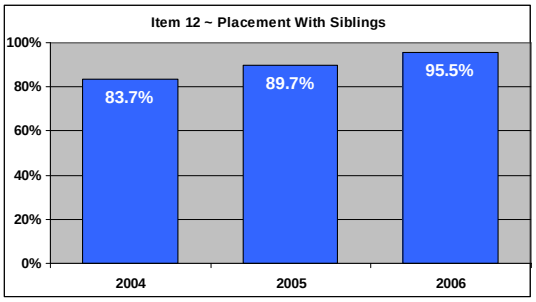
Previous Rating
During the CFSR in 2003, Item 12 received a rating of **Area Needing Improvement** because in 78 percent of the cases diligent efforts had been made to place siblings together in foster care in situations in which separation was not necessary to meet the needs of at least one member of the sibling group. The criterion was 90%. This item, however, was not included in the PIP as Permanency Outcome 2 was found to be in Substantial Conformity.

Policy
The "CFS Sibling Placement" standard, finalized in 2005, supports the bonds that exist in sibling relationships and prioritizes placing sibling groups together unless there is documented evidence that such a placement would not be in the children's best interest. If siblings are separated, monthly contact and visitation are required, and ongoing efforts are made to locate a suitable resource that allows all siblings to live together. The standard puts practice into place to protect sibling relationships at all stages of a case, from intake to the completion of reunification or other permanency plan.

If children must be placed separately in their initial placements, they will have contact with each other within 48 hours of placement, and CFS workers will continue to search for a placement that can accommodate all of the siblings. Placement homes are sought that are geographically close to one another. Ideally, siblings would attend the same school or district. Family-to-family joint activities are also encouraged, where the placement homes can work together to provide shared sibling experiences.

Practice Improvements
Development of the "Sibling Placement" standard sets a new practice expectation to safeguard the sibling relationship. In cases where parental rights are terminated, recruitment efforts such as Wednesday's Child, Northwest Adoption Exchange, or AdoptUSKids assist workers in locating potential adoptive families that can accommodate the sibling group's needs. In these cases, siblings have their pictures taken together and it is clear that a family is being sought for the entire group.

Data
Placement of siblings is monitored through quarterly CQI case reviews. Below are the results of CQI data from 2004-2006. The percentages reflect a substantial increase in the number of out-of-home cases where siblings were involved and were placed together unless such a placement was contraindicated due to safety issues.



Strengths
CFS made consistent improvement in this area in spite of the shortage of resource homes statewide and an increase the number of large sibling groups placed into Department custody. Improvements can be attributed to the hard work of front line staff in making concerted efforts to place siblings together whenever possible and to continue to seek out potential resource homes. Even when siblings are not placed together, the efforts to keep them connected are diligent. The importance of sibling relationships, especially during the initial crisis of placement, has been a focus of training.

Challenges
Idaho continues to need additional placement resources to accommodate large sibling groups. Even in cases where resource families are willing, it is sometimes difficult to find a resource family that has sufficient physical accommodations, such as bedrooms and beds or cars with a sufficient capacity to care for a large sibling group. An additional challenge identified by stakeholders was the need for more training in the area of working with blended and step families.

Summary
Following CFSR-1, the State developed and implemented a standard to guide practice and decision making regarding placement of siblings in the same home. Significant progress has been made since 2003.

Item 13: Visiting with parents and siblings in foster care. Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members?

Previous Rating
In the 2003 CFSR, this item was assigned an overall rating of **Strength** because reviewers determined that in 91% of the applicable cases, the agency had made concerted efforts to ensure that visitation was of sufficient frequency to meet the needs of the child. The passing criterion was 90% so this item was not included in Idaho's PIP.

Policy
Rules Governing Family and Children's Services, IDAPA 16.06.01.050.06, state that "visitation arrangements must be provided to the child's parent(s) or legal guardian(s) unless visitation is contrary to the child's safety." Family visitation with children in state custody is further defined in IDAPA 16.06.01.405.05 as follows, "Frequent and regular contact between the child and parents and other family members will be encouraged and facilitated unless it is specifically determined not to be in the best interest of the child. Such contact will be face-to-face if possible, with this contact augmented by telephone calls, written correspondence, pictures and the use of video and other technology as may be relevant and available."

Practice Improvements
"Visitation between Parents, Siblings, Relatives, and Children in Out-of-Home Care" standard was finalized in August 2004. The standard sets forth expectations that, unless it is in the best interest of the child, visitation between parents and children should be offered weekly, at a minimum. If siblings must be separated, face-to-face visitation must occur monthly, at a minimum. Reasons for exceptions to the minimum contact must be documented.

The standard not only addresses the frequency of visitation, but also the quality of visitation, the resource family responsibilities related to visitation, visitation activities, and child/parent visitation specifically related to parental incarceration, domestic violence, sexual abuse and termination of parental rights. Social workers are also directed to use alternative methods of contact such as letters and phone calls to augment face-to-face contacts and in cases where parents were unavailable due to distance or incarceration.

Data
Idaho monitors compliance with Item 13 through the quarterly CQI case review. Yearly data show that Idaho has maintained slightly below the 90% criterion. The majority of cases which are out of compliance are because of lack of father contact.

Promising Practices
CFS has looked for methods to free up worker time so worker limitations won't negatively impact this area. For example, Regions 2, 3, 4, 5 and 6 have Family Services Technicians who assist with several case related tasks, such as transporting children to appointments and supervising visitation. Region 4 has a contract with a visitation center where visitation occurs at an office other than DHW. Region 3 also utilizes this contract as needed.

Strengths
The foundation for the preservation and continuity of family relationships for children is in place through Department rule and standard. Adherence to the standard is monitored through supervisory oversight and the CFS quality assurance process. Academy trains to the importance of contact, the frequency of contact, and alternative methods of contact between parents and children, especially when parents are incarcerated or reside a long distance from their children. Regional offices accept collect phone calls from parents who are incarcerated so they can speak with their children. Children's and Family Services staff continue to explore alternative means of contact between children and their parents. Through pre-service resource parent training and worker contacts, resource parents are encouraged to play an active role in facilitating child/parent/sibling visitation.

Challenges
Limitations on staff time and high workloads negatively impact this outcome because the worker assumes the lead role in promoting, establishing, monitoring visitation schedules and often providing transportation. The complexity of this coordination increases in correlation with the number of fathers involved and whether siblings are living in separate resource homes. Self assessment stakeholders pointed out that a DHW office is not a conducive setting for quality visits.

Summary
While visitation appears to be happening for at least 85% of children in foster care, there are questions about whether workers make the most effective use of the contacts between family members. It should be noted that the outcomes related to visits could be improved with increased involvement of fathers. In Idaho there is a relationship between father involvement and Items 13, 15, 16, 17, 18 and 20.

<u>Item 14: Preserving Connections.</u> How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

Previous Rating
In the 2003 CFSR, this item was assigned an overall rating of **Strength**. It was rated as a strength in 96% of the 25 applicable cases. Because it was found to be a strength, this item was not included in Idaho's Program Improvement Plan.

Policy
Rules Governing Family and Children's Services, IDAPA 16.06.01.401, establish out-of-home placement preferences for Indian and non-Indian children. Use of these preferences help to assure that children will maintain connections to family and extended family members, as well as others who have established relationships with the child.

Rules also direct that social histories and Life Story Books are to be initiated by the Department for a child when it appears that the child may not return to his/her family. These are important tools in sharing life history information with alternate care providers about the child's past and current services and community connections, better allowing them to preserve those connections.

Alternate care plans are defined and described in the "Service Planning" standard and in FACS rule. Department responsibilities for alternate care case management include informing alternate care providers of all information related to meeting the child's needs. Information must include the child's existing health and educational providers, status of their health care and immunization, and other factors related to the child's individualized and unique needs. This information assures that alternate care providers are aware of the child's connection and expectation for continuity in services and care.

The alternate care provider's role includes continuing to access health and educational services familiar to the child. Every effort is made to maintain the child in the same school, thus allowing the child to maintain relationships with school mates, teachers, and other familiar persons. Resource families are not to change the child's Healthy Connections medical provider or counselor without approval and notification from the child's parent and case worker.

The "Implementing the Indian Child Welfare Act" standard contains guidelines for active efforts to involve the tribes and extended families of Indian children in all phases of planning and caring for Indian children who are not living with their parents, and ensuring that Indian children create and maintain connections to their Indian families and cultural ties.

Practice Improvements
All staff were trained on the importance of preserving family and community connections during 2005 and 2006. This training has also been incorporated into the new Child Welfare New Worker Academy. Staff training was provided in November 2007 on the importance of and methods for involving fathers in the life of their children. Identifying and strengthening ties with fathers is expected to increase the child's connections to their father and his relatives.

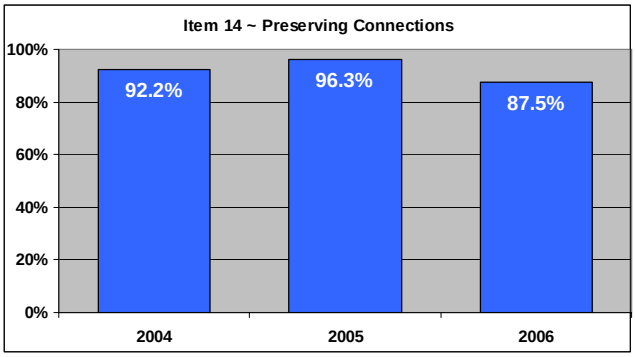
CFS New Worker Academy contains a four hour ICWA segment which covers multiple requirements to seek, establish, and maintain ties to the Indian child's tribe and involve them in alternate care and permanency planning. The ICWA on-line training from the National Indian Child Welfare Association is a prerequisite to completing the Cultural Competency curriculum. Since 2003, the Department has also purchased a block of 350+ on-line ICWA training slots for seasoned staff and supervisors.

To further explore ICWA compliance and understanding of the needs of Indian children and families, a specialized CQI was added that measures ICWA related factors since the last reporting period. This CQI was conducted in 2006 and 2007. The results have been used to identify and improve results in areas requiring improvement.

Family Group Decision Making (FGDM) has been adopted by CFS since the 2003 CFSR. It is especially useful in identifying and meeting each child's needs for connections.

Data

This item continues to be monitored through the CQI process. The criteria is to maintain performance at least 90%. Data shows that in 2006, this minimum was not met.



For this self assessment, each region held a focus group of foster youth. The total statewide number of foster youth surveyed was 60. Each group was asked to complete a survey form and that was followed by a discussion about the survey questions or any other comments the youth wanted to share were recorded. The mean age of the participants was 15 years with a range of 11-20 years. The length of time in foster care was as follows: less than one year, 43%; 1-2 years, 16%; 2-4 years, 20%; 4-6 years, 8% and longer than 6 years, 10%. The following table presents a summary of the focus group questions. There were wide regional variations on each item and not all youth responded to all items.

Below are responses by youth to items related to connectedness. See item 4 for detailed description of youth focus groups.

Questions with data collapsed over regions	**n=**	**Always**	**Usually**	**Not Usually**	**Never**
Are you able to be in contact with the people who you care about?	61	43%	38%	18%	1%
Does the Department help you stay connected or learn about your community, family, culture?	60	5%	57%	28%	10%

Below are the highlights from the Idaho 2007 ICWA CQI case review:

Selected Areas Showing Improvement

ICWA CQI Item	2006	2007
Notice to tribe	50%	60%
Notice to child's mother	70%	89%
Notice to child's father	62%	79%
Notice to child's custodian	0%	80%
Notice to tribe of every change in placement	50%	60%

Selected Areas Showing Need for Improvement

ICWA CQI Item	2006	2007
Active Efforts to Reunify	90%	79%
Child placed with extended family, tribal member or another Indian home	28%	33%

The ICWA CQI has multiple raters and the rating instructions are not detailed enough to assure rater reliability. This will need to be corrected prior to the specialized ICWA CQI in 2008.

Strengths

All CFS staff are trained on the importance of preserving family and community connections. Standards developed since 2003 have included requirements for identifying and accessing resources that will keep the child connected to the people and places that have been familiar to them. CFS staff are trained on ICWA purpose, requirements, and practices, including those elements related to maintaining a child's unique connections to extended family members and tribes. CFS staff continue to consult with tribes as a source of information for the development of plans for Indian children. In addition, Department efforts to identify and invite participation of fathers, where appropriate, have increased, leading to more family input important to maintaining the children's connections.

The Family Group Decision Making process has proven to be a valuable source of information from families and other people who are involved in the child's life. This information allows the Department to work with resources that would not otherwise have been identified and to keep the child connected to people and places that are familiar to them at a time when physical separation from parents threatens their sense of security and continuity.

Challenges

Alternate care and services the child needs may not be available in the neighborhoods and communities in which children have lived. These are ongoing challenges for caseworkers seeking to maintain children's connections to their neighborhoods, communities, faith, tribe, school, families, and friends. One suggestion from a member of the Statewide Self Assessment Committee was to make sure that Indian children have the opportunity to attend Indian cultural activities and they also have an opportunity to visit with grandparents who can't always make it "to town" to preserve those ties.

Summary

CFS hovers around this item being a strength in 90% of the cases reviewed. However, challenges with placement stability can make this item more difficult to achieve. Gradual improvements are being made to ICWA related outcomes. Improved ICWA compliance will be a priority for 2008.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 15: Relative Placement. Were concerted efforts made to place the child with relatives when appropriate?

Previous Rating
In the 2003 CFSR, this item was assigned an overall rating of **Strength** because in 88 percent of the cases reviewed, it was determined CFS had made diligent efforts to locate and assess relatives as potential placement resources.

Policy
In Rules Governing Family and Children's Services, IDAPA 16.06.01.401 requires the department to inform the specified family members about the potential placement of a child before placing in a non-relative licensed resource home. Department staff will attempt to inform family members of the process to become a placement resource within seventy-two (72) hours of a decision to place.

The "Resource Family Licensing for Relatives and Non-Relatives" standard describes processes for relatives to become foster placements for their relative children. There are also expedited processes for relative placements in cases where immediate placement is in the best interests of the child, while ensuring the safety of the placement. Placement with relatives can also help to maintain close proximity for the parents and continuity for the child. The "Concurrent Planning" standard provides direction in the process of working toward reunification while at the same time establishing an alternative permanent plan. It also provides guidance as to the role of relative care providers in both reunification efforts and in being identified as a potential permanent home for the child.

Practice Improvements
Development of the above referenced standards and implementation of Family Group Decision Making (FGDM) form the foundation for assisting families in identifying potential relative resources for their children. Parents are encouraged to identify both maternal and paternal family members, as well as fictive kin and individuals close to the family who could be a potential resource. CFS staff now have access to federal Locater Services which assist workers in locating relatives' whereabouts so that CFS staff can determine if they are potential resource placements for children.

Data
Item 15 is monitored through Idaho's quarterly CQI case review. The goal was to maintain the 90% criterion on this item. Data from 2004 -2006 shows that after an initial decline to 83.6% in 2004, CFS made gradual and consistent progress in making concerted efforts to place children with relatives in 86.8% of cases in 2005 and 92.2% of cases in 2006.

In spite of the excellent progress demonstrated by the CQI data, the state data profile (10/24/07) shows the number of children placed with relatives is only 20% while the national average is closer to 30%. CFS is unsure why Idaho's relative placements are lower than the national average; however the Statewide Self Assessment Committee postulated the following reasons:

- Relatives may be assessed and not be considered "safe" due to prior substantiated child protection reports or criminal history and thus excluded;

- Relatives may not be identified until late in the case because the family may not give information about other extended family members until they are sure that parent/child reunification will not occur.
- Extended family may not be local and the child is placed in a non-relative home to promote parental reunification; and
- Children in families with multiple birth fathers may be placed in a non-relative resource home in an effort to keep sibling groups together.

Strengths
CFS maintains rules and policies that provide clear guidance and direction related to practice. Several steps have been taken to find, support, and train relative caregivers and to encourage placement with relatives. Family Group Decision Making has proven to be an effective tool for identifying potential family members. CFS workers use tools, such as federal Locater Services through Child Support Services, to determine the whereabouts of potential relative caregivers. Family Centered Practice as the CFS practice approach supports these processes by encouraging family involvement.

Challenges
In order to become a resource family, the interested family must complete several licensing and training related tasks. Licensing includes a criminal background check and home visit. Relatives are asked to participate in preparatory PRIDE training, as well as ongoing training each year. The licensing process takes time to complete and can, at times, feel very intrusive. There are some families who may view the licensing requirements as a burden or who are unable to successfully complete them.

Summary
Multiple strategies are in place to identify and use relatives as placement resources. Idaho has done well in meeting this goal, but efforts continue to increase the number of children placed with relatives, when appropriate.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

Previous Rating
In the 2003 CFSR, this item was assigned an overall rating of **Strength**. Case reviewers determined that in 100 percent of the applicable cases the agency had made concerted efforts to support the parent-child relationships of children in foster care. This item was not included in Idaho's PIP.

Policy
CFS has adopted family centered practice as its practice approach in working with families. Family centered practice values and beliefs are integrated into all CFS policies and standards. When a child's removal becomes necessary, family centered practice focuses on services and interventions to strengthen family relationships and support both the parents and the child to have an on-going relationship while in foster care.

Practice Improvements
Over the past three years, the Department has undergone a practice shift in how fathers are engaged by CFS social workers. Historically, mothers were viewed as the primary and often times, only parent. Consequently, opportunities to engage fathers were often overlooked. Currently, expectations for social workers are very different. Efforts are made to encourage participation of both parents which reflects a practice change around an imperative to identify and involve fathers. Although this is an area of

continued development, it shows improvement and is reflective of the implementation of family centered practice.

CFS workers encourage and support parents to participate in the lives of their children. Parents are invited to participate in school activities, school conferences and after school activities. Parents are encouraged to attend medical appointments with their child and participate in their child's treatment when indicated.

Data
The Department continues to monitor this item in quarterly CQI case reviews. The goal was to maintain performance at or above the 90% benchmark. Annual CQI case review data demonstrates 77.8% achievement in 2004, which increased to 89.8% in 2005, and was maintained at 89.2% in 2006. The 11.4% increase from 2004 to 2006 is significant and can be attributed to increased focus in working with and involving fathers.

Strengths
CFS workers arrange for transportation and/or provide transportation funds so that parents are able to participate in their child's on-going activities. Resource parents also partner with parents to model positive parenting practices and share the behavioral strategies they have found to be successful in alternate care. CFS continues to make efforts to include fathers and incarcerated parents.

Challenges
Arrangements for adequate and meaningful visitation are a major challenge. See Item 13 for additional details.

Summary
CFS has maintained a high level of performance with regard to promoting the relationships of parents with their children while in foster care. Engaging both custodial and non-custodial fathers and mothers continues to be a challenge and targeted efforts to improve father involvement specifically are being made.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, and foster parents. Did the agency make concerted efforts to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provide the appropriate services?

Previous Rating
In the 2003 CFSR, this item was rated as an **Area Needing Improvement** because reviewers determined that the state had adequately assessed and/or addressed the service needs of children and parents in 44 percent of the cases reviewed. At that time, failure to assess or to adequately assess was identified as a key contributor to this rating.

Policy
Since 2003, the "Immediate Safety/Comprehensive Risk Assessment", the "Service Planning" and the "Effective Service Delivery" standards were developed to provide guidance and improve social worker assessment of needs of children and families. All three of these standards set practice expectations for: (1) identifying family strength and capabilities; (2) evaluating underlying conditions and contributing

factors that lead to maltreatment; (3) assessing parental capacity to protect; and (4) identifying service needs to be included in the service plan.

Each foster youth over the age of 15 years completes the Ansell-Casey assessment instrument. Based on those results, the youth, social worker, foster family and other interested parties develop an independent living plan. These requirements are guided by federal provisions, state rule and CFS "Working with Older Youth" practice standard.

Practice Improvements

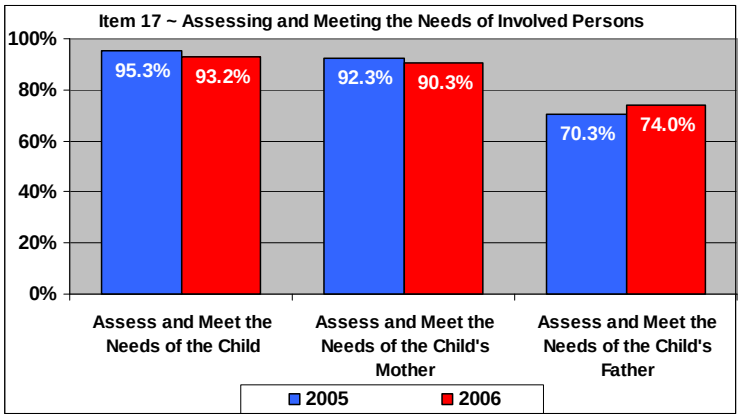
Once needs and services are identified with the parents and child, they are recorded in the family service plan. Family Group Decision Making has helped families to identify their own concerns and actions they are willing to take that would allow their child to return home.

CFS considers additional ways to provide support to resource parents such as using contracts for in-home services providing family counseling or forming resource parent support groups. Through the PRIDE foster care curriculum each resource family creates a Family Development Plan. This plan identifies areas of in which the family needs/wants to develop additional skill and plan for accomplishing those goals. During the development of the Alternate Care Plan, there is an opportunity to negotiate specific tasks and needs with the resource family for the particular child placed in their home.

Data

Assessing and meeting the needs of children, parents, and resource parents is monitored through the quarterly CQI case reviews. Idaho's PIP goal related to this item was set at 50% in 2004 and increased to 60% in 2005. Item 17 was rated as a strength in 67.7% of the cases reviewed in 2004, 86.4% in 2005 and 78.6% in 2006.

The following graph separates the data to more closely examine the relative contribution toward goal achievement of each parent and child. This graph depicts high percentages in assessing and meeting the needs of the child and the child's mother. Lack of engagement of the child's father is making a significant contribution to the overall rating of this item. As workers focused more on engaging fathers in 2006, the level of engagement with the mother and child drops in the same proportion. Assessing and meeting the needs of mothers and children still remains very high when considered separately. Successful intervention on this item will need to focus more on engagement of fathers.



Strengths

CFS has adopted Family Centered Practice, a strength based approach, in working with families. An increased focus on engagement of fathers has resulted in better assessment of and meeting fathers' needs,

as shown above. An additional strength is that the array of services available to children, families, and resource parents is broadening in Idaho (see Item 35). Idaho also has flexible funding sources available for individualized interventions that would not otherwise be available.

Challenges
Conducting a thorough, individualized assessment that identifies underlying conditions and contributing factors to family capacity requires time and trained staff. Due to high staff turn over and workload issues, some child and family assessments may lack the depth and detail required to develop a plan that will promote positive change. An additional challenge is in the area of full parental involvement. Some caseworkers may involve a custodial parent, but have more difficulty in involving a non-custodial parent.

Summary
The development of new standards, additional training and an emphasis on involving father has increased performance on this item by as much as 20 percent since CSFR-1. Although assessing and adequately addressing the needs of children, parents, and resource parents will continue to be an ongoing challenge, CFS has identified the issues and continues to work for improvement.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 18: Child and family involvement in case planning. Has the agency made diligent efforts to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Previous Rating
During the 2003 CFSR, this item was rated an **Area Needing Improvement** as diligent efforts to involve parents and children in the case planning process only occurred in 60% of cases reviewed.

Policy
Rules Governing Family and Children's Services, IDAPA 16.06.010.05, describe Idaho's practice for child and family involvement in case planning. Additional detail is given in the "Service Planning" standard, which clarifies the service planning process and expectation of involving families in developing their plans. Service plans are to be individualized to address the specific needs of the children and family. The "Service Planning" standard requires that a meeting be held with the family within 30 days of the completion of the Comprehensive Assessment "so that the family has the opportunity to participate in family group decision making…Families will be given an opportunity to identify issues of concern, to identify family strengths, and to participate in the development of service objectives and tasks." This meeting should occur prior to the court hearing to allow the family's input to be included in the information provided to the court.

Practice Issues
CFS has adopted a family centered practice model as the philosophical approach in working with families. A basic tenant of Family Centered Practice is family involvement. Recently, family involvement in case planning has increased, primarily through the use of Family Group Decision Making (FGDM).

In 2005, assisted by consultation through the National Resource Center on Family Centered Practice, the "Involving Families through Family Group Decision Making Meetings" standard was developed. The standard states, "Family Group Decision Making (FGDM) meetings can be convened at any time in the life of a case when there are important issues that require input and planning from both family members

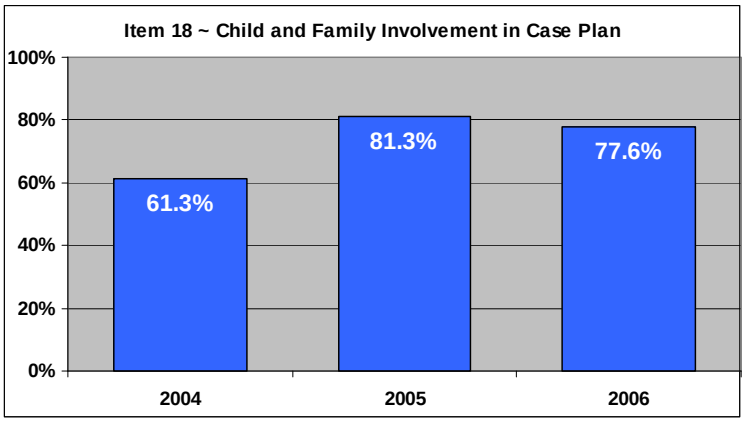
and professionals." Times in both in-home and out-of-home cases to consider using FGDM include safety planning, family service planning, permanency planning and selecting a permanent home for a child.

In preparing for implementation of FGDM, CFS contracted with the resource center to train 24 participants to be FGDM trainers. These trainers, in turn, trained all CFS staff, supervisors, community partners and facilitators.

Regions developed contracts for Family Group Decision Making (FGDM) facilitators. Additionally, two brochures were created and distributed throughout the state that explain the FGDM process, one for family members and another for community partners.

Data

On Item 18, Idaho's PIP goal was set for 70%. Child and family involvement in case planning is monitored quarterly through Idaho's statewide CQI case reviews. CQI results are shown below. The percentage reflects the percent of cases where concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.



A breakdown and analysis of the Other Planned Permanent Living Arrangement (OPPLA) CQI data from April 2007 (see Item 10) shows that when youth involvement in case planning is considered alone, this area is rated as a strength 93% of the time. This is compared to the aggregate score of 78.3%, when all three (youth, parents, foster parents) categories are combined.

For this self assessment, each region held a focus group of foster youth (see Item 4 for details on the youth focus group). Below are youth responses to items related to participation in case planning.

Questions with data collapsed over regions	n=	Always	Usually	Not Usually	Never
Does your caseworker talk to you about your case plan?	59	24%	51%	15%	10%
Do you feel like your caseworker includes you in making decisions about your life?	59	32%	41%	15%	12%

Strengths

Since 2003, there has been an increased effort to involve families in service planning that has resulted in positive outcomes. Family Group Decision Making has been an important tool used to engage families to identify strengths, challenges, and resources and develop plans. Input from the Statewide Self Assessment Committee included many positive comments related to FGDM such as: FGDM helps engage

the extended family; courts are accepting of FGDM as a method of plan development; and it is a way to involve community members as supports to the family.

Challenges
In some circumstances, court processes make parent involvement in case planning more challenging. For example, there are cases where specific services are identified in a court stipulation, which pre-empts the opportunity for any collaborative assessment and case planning between the agency and the family. Additionally, in some instances, the parents' attorney may instruct the family not to talk with the Department. In those cases, the social worker attempts to develop the case plan with the family, through the attorney.

Summary
CFS has made significant gains in involving parents in case planning as evidenced by CQI results. Although FGDM meetings are a means of involving parents and children in the case planning process, the meetings are voluntary. If a family refuses to participate in FGDM, it is the social worker's responsibility to involve the parents in planning through another method.

Item 19: Case worker visits with child. Was the frequency of the visits between caseworker (or other responsible party) and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?

Previous Rating
During the CFSR in 2003, this item was identified as an **Area Needing Improvement** based on a finding that in 68% of the cases reviewers determined that social worker visits with children were of sufficient frequency and/or quality. The passing criterion was 90%. The key concern relevant to foster care cases was that workers did not regularly visit the child in the resource family home and that the quality of the visits varied across social workers.

Policy
Case workers are required to maintain regular contact with children in order to effectively assess their on-going safety and needs. These requirements are described in Rules Governing Family and Children's Services, IDAPA 16.06.405.05 as follows: "Face-to-face visits must occur monthly, or more, depending on the needs of the child and/or provider, and the stability of the placement." Face-to-face contact between the responsible party and a child placed in a group or intensive treatment facility located a significant distance from the responsible party's office is required a minimum of once every 90 days. Communication, by phone, shall occur monthly ("Contact Between the Social Worker/Clinician, the Child, the Family, Resource Parents or other Alternate Care Provider" standard).

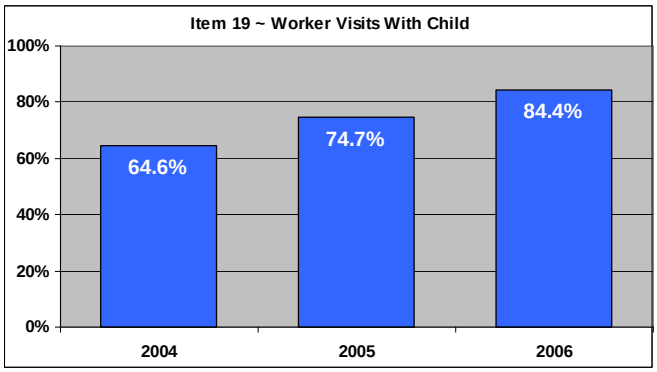
When a child is placed in foster care in another state, the case worker must maintain at least monthly contact with the child and family with whom he has been placed as long as the state of Idaho has custody of the child. The supervising agency in the state where the child is living is required to maintain monthly, face-to-face contact with the child and the family and make quarterly reports to the Department in accordance with arrangements made through the Interstate Compact on the Placement of Children.

The CFS "Contact Between the Social Worker/Clinician, the Child, the Family and Resource Parent(s) or Other Alternate Care Providers" standard" (aka worker contact standard) provides additional clarification related to Idaho's practice for the frequency and purpose of worker contact with children. Monthly contact with each child must include a brief interview, conducted out of the presence of parents/caretakers, in a non-threatening environment, to allow the child to openly discuss their safety and any concerns. Children living in the home of their parent or guardian must be seen monthly in their own home. Children placed in a resource family home or alternate care setting may be seen in settings other

than the alternate care setting as long as contact between the worker and the child occurs in the child's alternate care setting a minimum of once every 60 days. All contacts must be documented.

Practice Improvements
In addition to the worker contact standard which establishes the frequency, location and quality of visits, FOCUS was enhanced to include a Contact Visitation screen. Staff were trained to the functionality of the contact visitation screen. The FOCUS screens display the following information: type of contact or visitation; method of contact such as face to face, telephone, e-mail, or letter; duration of visit; staff responsible for supervising the visit (if applicable); and location of the contact or visit.

Data
Idaho's PIP goal for worker-child visits was 75%. Caseworker-child visits are monitored through Idaho's quarterly CQI case reviews. The year by year data below reflects the percent of cases where the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. The increases have been a dramatic 10% per year and caseworkers are visiting children well above the PIP goal.



A couple of factors may have contributed to the dramatic increase in positive outcomes. One of those is bringing the requirement to worker's attention through the standard and training between 2004 and 2005. Regions often found themselves developing regional improvement plans on this item.

Strengths
CQI data demonstrates steady improvement in caseworker-child contacts over time. A specific curriculum covering planning for and accomplishing effective visits with children has been added to the case management sessions in the new worker Academy. The foundation has been laid for ongoing improvement.

Challenges
While at least monthly face-to-face contact with a child in placement is required by administrative rule, there are still challenges. Factors making regular contact difficult include: fewer workers than are needed to achieve all needed visits; distance of travel; multiple competing demands on the worker's time; frequent severe winter weather from November - April, resulting in treacherous roads; that the child is doing well and crisis situations taking precedence; visits may not be convenient for the resource family; and the difficulty of non-traditional work hours for some staff.

Summary
Social worker contact with children both in and out-of-home has received a significant amount of emphasis with CFS. The visitation requirements continue to be challenging to workers with large

caseloads. In spite of the challenges, workers have made laudable gains in this area. More emphasis needs to be placed on improving the frequency and quality of visits.

Item 20: Case worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Previous Rating
Item 20 was rated as an **Area Needing Improvement** in the 2003 CFSR because in 58 percent of the applicable cases, reviewers determined that the frequency and/or quality of social worker visits with parents was sufficient to monitor the safety and well-being of the child or promote attainment of case goals. The passing criterion was 90%.

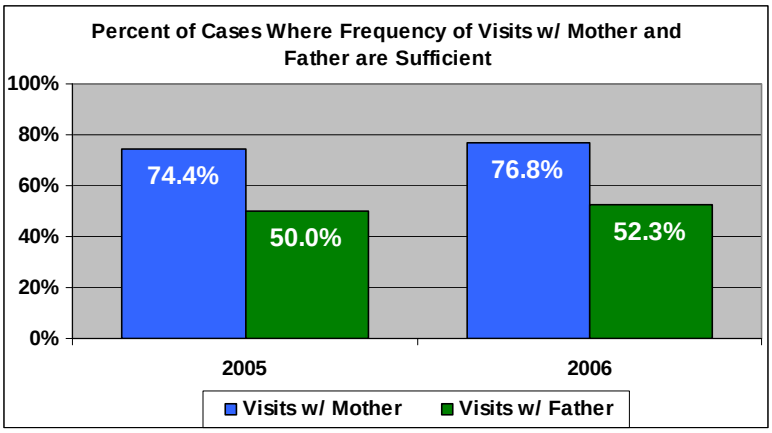
Policy
Prior to the CFSR, no rule or standard existed outlining the minimum requirements for social worker/parent contact. As part of Idaho's PIP, in 2004 the "Contact between the Social Worker/Clinician, the Child, the Family and Resource Parent(s) or Other Alternate Care Provider(s)" standard was developed to include both in-home and out-of-home cases. This standard requires at least monthly contact with both the child's mother and father. More frequent contact between the social worker and parents may be indicated depending upon the needs of the child or the family. If the child's parent(s) are unavailable for monthly contact due to special circumstances such as distance, hospitalization, or incarceration, other means of communicating, including telephone or written communication, must be used on a monthly basis. These diligent efforts to contact parents are ongoing and should be documented. Each contact with the family must have a defined purpose related to assessing and monitoring the family's progress toward reducing safety/risk issues and monitoring the child's safety and well-being.

Practice Improvements
To assist in monitoring social worker/parent contact, in November 2004, a "contact/visitation" screen was developed in FOCUS. At a glance, social workers and supervisors can review monthly contact by viewing these screens. Please see Item 19 for more details regarding the contact/visitation screen.

All staff are trained on this standard and monitored by their supervisors and the CQI case review. A training was conducted in Boise in November of 2007 on engagement with fathers.

Data
Idaho has exceeded the PIP goal of 68% for social worker/parent contact, however, the outcome of this item is still well below the new CFSR criterion of 95%. In 2004, the percentage of cases where the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure safety permanency and well-being of the children was 59.7%. In 2005, it was 64.9% and in 2006 it rose to 70.7%. In the time between 2004 and 2006, there has been an eleven percentage point increase on this item.

Although contact with both parents is measured for this item, there is a significant difference in the rate of compliance with the requirement that there be sufficient visits with mothers as compared with visits with fathers. Of the cases reviewed in 2005 and 2006, frequency of visits with mothers is approximately 25% more likely to be found sufficient in frequency than visits with fathers. See table below.



Data collected in analyzing case worker visits with parents includes both in-home and out-of-home cases. When these data elements for all quarters are separated, the result is 66.1% for in-home cases and 65.6% for out-of-home cases. This reflects that there is no difference in visits with parents whether the case was in-home or out-of-home.

Strengths
All new social workers are trained to the social worker/parent contact standard in academy. There has been a dramatic increase in worker/parent contacts as assessed by the CQI case review. This is believed to be largely the result of encouraging contact with fathers.

Challenges
Worker-parent visits are consistently impacted by difficulties with regular father contact, including incarceration and disengagement.

Summary
The "Contact between the Social Worker/Clinician, the Child, the Family and Resource Parent(s) or Other Alternate Care Provider(s)" standard laid a foundation and expectation for practice. As can be seen in CQI case reviews and supervisory oversight, worker-parent contact has improved dramatically over the past 3 years. Although there is room for improvement, CFS staff have learned through the self assessment process about the importance of increased contact with fathers in improving outcomes for children and for this item.

Well Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own home?

Previous rating
In the 2003 CFSR, this item was rated as a **Strength**. In 94 percent of the applicable cases, reviewers determined that CFS had made diligent efforts to meet the educational needs of children.

Policy
As a part of the Program Improvement Plan, CFS developed the "Child Well-Being" standard. The standard contains several requirements related to education. The first is that children 3 years of age or older with suspected developmental delays are referred to their local school district for screening.

Second, workers are to obtain identified educational services, which may include arranging for testing for special education and participation in special classes or meeting with school personnel to address the child's academic performance. Third, children in the custody of the Department must attend public or private school; if children have previously dropped out of school with parental permission, they must participate in an Independent Living Plan to address education, including a GED, and/or vocational training.

In response to a change to CAPTA, CFS developed a standard entitled "Mandatory Referral of Children, Birth to 3, for Infant Toddler Program Services on All Child Abuse and Neglect Reports Dispositioned as Substantiated." Idaho's Infant Toddler Program is Idaho's lead agency for education and related services under state and federal education law for children younger than 3 years of age.

Rules Governing Family and Children's Services, IDAPA 16.06.01, require Alternate Care Plans (ACP) to contain elements related to education. ACP is part two of Idaho's case plan which contains the federal case plan requirements. By rule, the parents and caregiver are to receive a copy of the care plan and the Department must provide alternate care providers with information on any educational, developmental, or special needs of the child.

Practice Improvement
In 2006, the Department developed a "passport" that includes the child's educational records and other essential transitional information. This is in accordance with the Safe and Timely Interstate Placement of Foster Children Act that requires the agency to supply a copy of the child's health and education record to the resource parent at the time of placement, and to provide this information at no cost to the youth at the time the youth is emancipated from foster care.

Data
Performance on this item is measured quarterly through the CQI process. Data from the CQI confirms that Idaho is continuing to assess children's educational needs and advocate for educational services when there is an identified need. Although CFS exceeded the 90% criteria during the 2003 CFSR, there was an initial decline in 2004 to 80.3%. CFS developed procedures and standards at that time to more closely monitor this goal. Performance in meeting the educational needs of children then soared in 2005 to 95%. In 2006, performance has been maintained at 93.5%.

Strengths
CFS staff have a history of making sure that the educational needs of children in care are assessed and met. Staff academy training and CFS standards support initial and ongoing evaluation and advocacy for appropriate educational services for children in care. Parents are encouraged to participate in their child's school plans when their child is in alternate care, and efforts are made to maintain children in their "home" school.

Challenges
At times, there are insufficient resource homes in communities from which children are removed and some children who go into foster care have to change schools. Diligent efforts are made to keep important school connections for the child, but the goal is not attained in every instance.

Summary
Overall, CFS continues to do an excellent job of assessing and meeting the educational needs of children in foster care. However, children who experience changes in placement may also experience a change in school and an accompanying disruption in their education. Therefore, during case reviews, attention is given to the connection between Item 6 (Stability of Foster care) and the current item.

Well Being Outcome 2: Children receive adequate services to meet their physical and mental health needs.

<u>Item 22: Physical health of the child.</u> How does the state ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through the services?

Previous rating
In the 2003 CFSR, this item was rated as a **Strength**. In 94 percent of the applicable cases, reviewers determined that CFS had made diligent efforts to meet the physical health needs of children both in foster care and their own homes.

Policy
The "Child Well Being" standard establishes the Department's responsibilities for assuring that each child's physical health needs are assessed and met, throughout the life of a case. The standard and Rules Governing Family and Children's Services, IDAPA 16.06.01.401, state that each child will receive a medical examination to assess health status within 30 days of entering alternate care. Immunization records are reviewed and immunizations are brought up-to-date with the established immunization schedule. All children placed in alternate care who are over the age of 3 years receive a dental examination not later than 90 days after the placement, and thereafter according to a schedule prescribed by the dentist. Vision and hearing screenings are completed by the child's school or medical provider unless otherwise indicated by a child's needs.

In Rules Governing Family and Children's Services, IDAPA 16.06.01.442, states that all children in foster care in Idaho are eligible for Medicaid and shall receive a medical card each month. Rules also require that all children be screened within 30 days of placement in an EPSDT screen, or within 30 days from the date Medicaid eligibility is established. Children in alternate care receive EPSDT services allowable under Medicaid.

By rule, alternate care providers must be provided any medical, health and dental needs of the child including the names and addresses of the child's health providers, a record of the child's immunizations, the child's current medications, the child's known medical problems and any other pertinent health information concerning the child.

As established in the "Working with Older Youth" standard, youth 15 years of age and older in the custody of the Department must have a case plan that addresses provisions for comprehensive physical health screenings, information on how to manage health care needs, connection to appropriate health resources in their own community, and information about health care resources, including Medicaid or other health insurance options.

Practice Improvements
Statewide, a FOCUS report was developed for supervisors to monitor children's physical assessments and services. Resource parents and community partners were trained to access physical health services for children. Regions have addressed the issue in a number of different ways. Some of these include the following: Regions 1, 3, and 6 have a Nurse Practitioner on contract for assessment and consultation in meeting the specific medical needs of children both on in-home and out-of-home cases. They are also used to assist in engaging neglectful parents regarding unsafe home conditions; Region 4 has established a Foster Care Clinic where a physician examines each child who enters foster care. Each child received a physical, mental and dental exam/screen; and Regions 4 and 5 have a Child Advocacy Center with an MDT approach, which assesses children's medical needs.

Data
The physical needs of children continue to be monitored through the quarterly CQI case review. This item was not included in the PIP, but the goal was to maintain at the 90% criteria. From 2004 through 2007 performance has hovered right around the 90% criteria.

For this self assessment, each region held a focus group of foster youth. For details regarding the focus groups see Item 4. Below is the data on the question related to educational need of older youth:

Questions with data collapsed over regions	n=	Always	Usually	Not Usually	Never
Do you feel the Department is helping you meet your educational needs such as graduation, GED, sports, college tours, scholarship applications?	58	31%	52%	10%	7%

Strengths
Evaluating and meeting children's physical health needs is incorporated into CFS practice from the time of initial contact and continuing throughout the time in which the Department is involved with the child. Idaho Medicaid benefits are available for all children in foster care. IDAPA Rules and the "Well Being" standard outline the potential health issues that must be addressed and describes a process for addressing each of these. Concerted efforts have been taken by a number of regions to develop a consistent method for the initial physical examinations.

Challenges
For in-home cases, determining or finding a payment source for medical evaluation and any needed care can make the process of meeting children's physical health care needs more difficult, but practices and policies are in place to overcome these challenges.

A shortage of accessible Medicaid physicians and dentists adds to the challenge of getting timely initial exams and ongoing health assessments. According to the 2005 Profile of Rural Idaho, "More than 83 percent of the state is designated as suffering a shortage of primary care health professionals. A shortage of dental health professionals exists in 82 percent of the state…More than 61 percent of the state's area or population has been designated as medically underserved." Without the practice improvements noted above, timely medical examinations would not likely meet our outcome goal.

Establishing a medical home for a child is also a challenge. At times a child will see a different physician upon coming into care. If moved to another resource home, it may be more convenient for the resource parent to take the child to yet another physician. This puts additional pressure on the resource parents and social worker to maintain the child's medical records. The Statewide Self Assessment Committee also voiced some concerns as to whether children were actually receiving an EPSDT screening rather than having a physical by a physician.

Summary
Some promising practices such as foster care clinics have been identified to help improve access to health care for children entering foster care. Lack of stability in foster care sometimes poses a challenge for maintaining consistent health care for foster children. However, overall, CFS performance on this item is very good.

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

Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

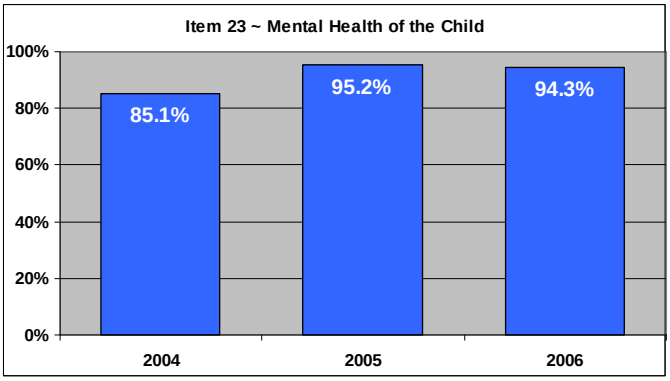
Previous Rating
During the 2003 CFSR, this item was rated an **Area Needing Improvement**. Reviewers determined that CFS made concerted efforts to address the mental health needs of children in 70% of the cases reviewed. The passing criterion was 90%.

Policy
In August 2004, as part of Idaho's PIP, a child well being standard was developed. The "Child Well-Being" standard provides guidance to CFS staff in meeting the mental health needs of children. More specifically the standard states: "The mental health needs of children that have been traumatized by child abuse or neglect should be assessed as a component of the child comprehensive risk assessment process. When addressing mental health issues for an in-home case, a social worker should consider whether the mental health needs are relevant to the reason the agency is involved with the family and whether the need to address mental health issues is a reasonable expectation given the circumstances of the family and the agency's involvement."

In out-of-home cases, the standard states that children placed in alternate care should receive a mental health screening and assessment, when indicated. Those screening/assessments may be performed by Children's Mental Health staff or in the community. Children are referred for mental health treatment as recommended by the assessment. All children requiring a specialized level of care due to a serious emotional disturbance or severe developmental or physical disability must receive a mental health assessment.

Practice Improvements
Between 2003 and 2006, Children's Mental Health was screening and conducting an assessment on all youth referred to them from CFS. In 2006, the Governor's Office created a new Division of Behavioral Health within the Department of Health and Welfare. The new division resulted in an administrative separation between CFS and Children's Mental Health. To maintain a continuum of service, the Children's Mental Health/Child Welfare Memorandum of Agreement was developed and provides additional clarification as to the roles and collaborative process between the Children's Mental Health and Child Welfare programs.

Data
The mental health needs of children are monitored through the quarterly CQI case review. The PIP-1 goal was established at 78%. The percentage of children, both in-home and out-of-home, who had their mental health needs appropriately assessed and received services has exceeded the PIP-1 goal in each year 2004-2006. The graph below shows a 9% improvement from 2004 to 2006 and maintenance of gains between 2005 and 2006. Given worker performance on this item, CFS is well positioned to achieve the current CFSR-2 criterion of 95%.



Strengths
Following the administrative division of Child Welfare and Children's Mental Health, the collaborative working relationship and process between the two programs has been clarified and roles better defined. In addition, the Mental Health Screening Tool (MHST), introduced in 2007, is user friendly and has improved the consistency of mental health screening across the regions.

Challenges
In cases where Child Welfare social workers and Children's Mental Health clinicians are both involved with a family, child welfare and children's mental health issues blend across multiple life areas. It is sometimes difficult for workers to determine which program should take a lead role in areas that appear equally impacted by both child welfare and mental health issues. This issue has become more complex with the administrative separation between the programs. However, the Memorandum of Agreement is a positive step toward facilitating a successful collaborative approach in meeting the mental health needs of children in the child welfare system.

According to Idaho's 2005 Rural Profile, the entire state has a shortage of mental health providers. Nevertheless, workers are tasked with ensuring the mental health needs of children are being assessed, identified, and met. The department uses internal resources such as CMH clinicians, to augment community providers. This helps to prevent delays in assessment. The regions are also developing contracts with psychiatrists and working with the Infant and Toddler Program on access to infant mental health services. Caseworkers work closely with community mental health agencies and Children's Mental Health to determine which agencies specialize in children's services. This close collaboration often facilitates more timely delivery of services and reduces the frustration in locating child-specific providers in a community.

The Statewide Self Assessment Committee also identified a scarcity of providers statewide with specific expertise in children's mental heath as a challenge to meeting the mental health needs of children. Relatively uncomplicated issues such as grief and loss, depression, some behavioral issues and anxiety are some of the more common mental health service needs of children and services to address those needs are available in many communities. However, foster children with more complex mental health needs could benefit from specialized assessment and treatment. The foster child may end up in treatment with a more generalist practitioner out of necessity, while services provided by a practitioner with specialized expertise would be preferable and perhaps more effective. Therefore, while the shortage of providers is generally worked through with effort, internal resources, and collaboration with community providers, the quality and expertise of Idaho's mental health provider base, especially those who accept Medicaid, is limited.

Summary
Data gathered through quarterly CQI case reviews indicate that the majority of children in the Idaho Child Welfare system are appropriately assessed and needed services are provided, though the quality of available providers is often limited. Children and Family Services continues to work toward collaboration with Children's Mental Health to meet the mental health needs of children.

Section IV – Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Previous Factor/Item Rating
During CFSR conducted in May of 2003, this item was rated as a **Strength** because Idaho's statewide information system (FOCUS) was able to readily determine status, location, demographic characteristics and goals for children in foster care. FOCUS serves as an automated case file, case management, and payment system.

Changes 2003-2007
In September 2000 and July 2004 the Federal Office of the Administration for Children and Families (ACF) conducted an on-site SACWIS Assessment Reviews (SAR). The purpose of the SAR was to determine if FOCUS met the ninety Federal requirements for an automated statistical reporting system. To date, Idaho has met all of the requirements with the exception of the automated interfaces with the Titles IV-A, IV-D and XIX information systems. Idaho is one of a small number of states to achieve this number of requirements.

During the two year PIP, Idaho made numerous enhancements to the FOCUS system, including additional reports to monitor the safety, permanency, and well being of children. One change made to FOCUS was the establishment of the Data Warehouse. The Data Warehouse is a repository of system data, such as the FOCUS data, that is organized for quick retrieval of the data for reporting purposes.

In May 2006, ACF conducted an on-site AFCARS review that evaluated two areas: the AFCARS general requirements (reporting populations and technical standards) and the data elements. Rating factors were assigned to each of the general requirements and to each data element. Idaho did well in the review, requiring no major revisions to the FOCUS system. Idaho entered into an AFCARS Program Improvement Plan with ACF in October 2006 to make some minor modifications to mapping data elements. To date, FOCUS has met all of the items on its Program Improvement Plan.

Impact on Practice
Idaho has a well developed statewide information system that can now be accessed off-site. It serves as a case management tool for regional and central office workers, management, and administration by providing the following functions:

- Facilitates the gathering, recording and reporting of client information;
- Provides authorized users with statewide access to client information;
- Generates payments, documents, and management reports;
- Collects data identifying trends and issues used in supporting continuous program improvements;
- Reports Idaho data to the Federal AFCARS system;

- Reports Idaho data to the National Child Abuse and Neglect Data System (NCANDS);
- Contains a subset of the Child Abuse Central Registry records. These are records of all referrals with a disposition of substantiated; and
- Provides reports primarily used by supervisors to monitor workload and task completion.

Strengths
Existence of the Data Warehouse enables ad hoc and other management reports to be run as needed. The presence of an Information System Coordinator (ISC) in each region helps workers use the system appropriately and accurately. FOCUS can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Ongoing Challenges
Due to workload constraints, social workers are challenged around timely and accurate entry of data into FOCUS. During Idaho's Workload Analysis Study conducted in May 2006, the analysis indicated that approximately 24% of child welfare staff time is spent on documentation. Child Welfare clinicians spend approximately 36% of their time on documentation. Stakeholders identified the need for alternatives to keyboard entry into FOCUS as well as the need to acquire laptops and key fobs to allow interaction with FOCUS offsite to increase work flexibility and efficiency. Several comments were made regarding the importance of connectivity between different information systems to address the need for sharing data and avoiding duplication.

Summary
CFS now has an enormous amount of management data to help manage the child welfare system. However, responsibility for data entry has increased staff workloads. Idaho's system has passed a rigorous AFCARS review and upgrades take place on a continuous basis. Workers continue to seek easier and more efficient ways to document their case work in a timely manner. Workers do have the four required data items entered into FOCUS and they are retrievable on every child.

B. Case Review System

Factor rating during CRSR-1 in 2003
This factor includes Items 25, 26, 27, 28 and 29. The factor was rated as **Not in Substantial Conformity.**

<u>Item 25: Written Case Plan.</u> Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

Previous Item Rating
During the CFSR-1 in May of 2003 this item was rated as an **Area Needing Improvement** because parents and children were found to not be actively and consistently involved in the development of case plans.

Changes 2003-2007
As a requirement of the State's 2004-2006 PIP, Idaho established a "Service Planning" standard to define the State's requirements related to service planning. The standard requires that a service plan be developed with the family within 30 days of the Comprehensive Risk Assessment on in-home cases and within 60 days of placement for children in alternate care.

In 2005, the case planning document was revised to be more "user friendly," based on input from the court that the service plan was difficult to read and follow. As a result of the revisions, social workers were also able to close plans without individually closing each item on the plan, thereby creating a time savings for workers.

In addition to establishing the "Service Planning" standard, as part of Idaho's PIP, the State adopted the practice technique of Family Group Decision Making (FGDM). A FGDM standard was developed. The National Resource Center on Family Centered Practice and Permanency Planning delivered a FGDM train-the-trainer model to allow Idaho Chiefs of Social Work, central office staff and university partners to train all CFS staff and community partners. The practice standard on FGDM identifies the development of a service plan as one of the primary times to hold a Family Group Decision Making meeting. In one region (Region 7), FGDMs are conducted by CFS staff. In the remaining 6 regions there are contracts in place to provide this service based on a Department referral. There were 355 FGDMs held in Idaho between January 1 and December 31, 2007. The table below reflects differences among regions in how often FGDM is used. In 2007, Region 3 focused their efforts on using Family Preservation Services (FPS) in the majority of their cases and not FGDM. Although Region 1's numbers are low for FGDM, staff often held meetings with families to construct safety and service plans, using more of a family unity model for family decision making and plan development.

Region	**Number of FGDMs - 2007**
1	14
2	8
3	11
4	107
5	123
6	40
7	52
Total	**355**

FGDM is a service that is offered to families. However it is voluntary and in many instances a family prefers not to participate in FGDM but chooses to meet with his/her social worker to discuss their needs, strengths, and address safety concerns.

Judicial oversight also assists in monitoring the process to ensure that each child has a written case plan and that parents understand the importance of completing the case plan. Idaho Code 16-1621 states that the Department is required to prepare a written case plan in every case in which the child is determined to be within the jurisdiction of the court. This section of the Child Protective Act further requires that a Case Plan Hearing be held within five (5) days of a case plan being filed with the court. The purpose of this hearing is for the court to determine whether to adopt, reject or modify the case plan as proposed by the Department. Notice of the case plan hearing is required to be provided to the child's parents, legal guardians and guardians ad litem.

Impact on Practice

Developing a standard, providing training, and implementing FGDM meetings have improved child and family involvement in case planning. In State FY2006, IDHW's CQI results indicated that 77% of the cases reviewed were determined to be a strength in involving the parents and children in the case planning process. Family involvement is also explored in Item 18 of this self assessment.

Compliance with case plan requirements is monitored by regional supervisors to ensure that every child has a case plan and that the case plan is current. Supervisors also monitor quality of work and whether workers are including family members in plan development through individual supervision. Regional practice in case plan development is also monitored through the quarterly CQI process.

Strengths
A strength identified by the majority of committee members was the use of Family Group Decision Making (FGDM) to develop case plans with family members. Comments were made that there had been an increase in family involvement through FGDM in the last 2-3 years. CQI case reviews have also provided monitoring which has increased not only the presence, but the quality of case planning.

Ongoing Challenges
Although IDHW made gains in consistently involving parents and children in case planning, the agency's ability to develop a plan with parents is often impacted by lack of sufficient time to successfully engage parents who are difficult to engage, in planning efforts. At times, case planning with the family is compromised when the court dictates the case plan or defense attorneys discourage parental involvement in case planning. CQI data shows that biological mothers are more likely to be involved in case planning than biological fathers. Members of the Self Assessment Advisory Group also raised concerns that tribal members were frequently overlooked as participants in the case planning process.

Summary
Through required case planning hearings, judicial oversight, and supervisory reviews, it appears that Idaho has an adequate process that ensures that each child has a written case plan. Additionally, according to our CQI results, FGDM or family meetings with a CFS social worker are held more frequently to engage families in jointly developing their case plan. However, social workers, supervisors, and Self Assessment Advisory Group members raised the concern that it can be challenging to modify the plan whenever the family's situation changes because court dockets are often crowded. Therefore, it may be difficult to schedule additional hearings to gain court approval of frequent changes.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

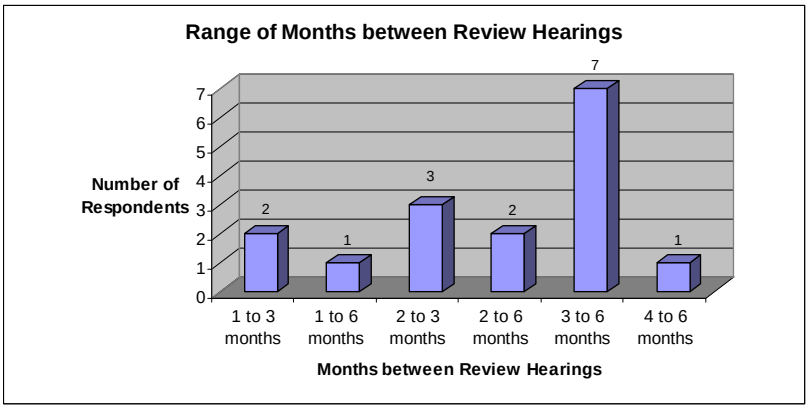
Previous Rating
During the 2003 CFSR, this item was rated as a **Strength** because case reviews were being held in a timely manner and focused on progress toward permanency.

Changes 2003-2007
Since 2001, Idaho Code 16-1622 (3) requires "A hearing for review of the child's case and permanency plan shall be held no later than six (6) months after entry of the court's order taking jurisdiction under the act, and every six (6) months thereafter, so long as the child is in the custody of the department or authorized agency." Recommendations from the review hearing which are supported by the court are added to the case plan.

Since Idaho's first CFSR in 2003, the Supreme Court Child Protection Court Improvement Committee developed "Idaho Judge's Bench Cards for Child Protection Cases." The bench cards address numerous aspects of Child Protection cases including review hearings. The bench cards and a CD containing the "Idaho Judge's Bench Cards for Child Protection Cases" were provided to all Magistrate Judges, County Prosecuting Attorneys, Deputy Attorneys General and regional CFS social workers. In addition, training was held for Judges, Deputy Attorneys General and Prosecuting Attorneys to review the bench cards. This information is available on-line at http://www.isc.idaho.gov/childapx.htm.

CFS and the courts do not yet have data related to the number of review hearings that are held in compliance with the required six-month review timeframes. This data is expected to be available by March 2008 as the courts have recently implemented an information system, ISTARS. ISTARS has the reporting capacity to assist judges in monitoring their assigned cases.

To gather data for this item for the CFSR Self Assessment and the Supreme Court Child Protection Committee re-assessment, a survey was conducted at the annual Children and Families Institute in May 2007. Of the 45 judges who were surveyed, 16 responded to the question: "For Children in Idaho Department of Health and Welfare custody, how often are periodic court review hearings (6 or 12 month review hearings) actually conducted?" The responses are as follows:



As seen from the survey results, courts differ on the length of time between review hearings. For some courts, child protection review hearings occur at regular intervals. For other courts, the length of time between review hearings depends upon the characteristics of specific cases. For those courts with a regular interval between review hearings, the average length of time between hearings is approximately 5 months. For those courts with more variance between court review hearings, the time between hearings ranges from 1 and 6 months.

Although the judicial survey is helpful in getting a statewide over all perspective of timeframes between review hearings, since CFS and the judicial system do not have exact data on compliance of timeframes when hearings are held, timeliness of review hearings will need to be explored during the site reviews. Quality and meaningfulness of the 6 month court reviews, as reported by stakeholders, is almost completely dependent on the individual judge, such as how frequency the judge hears child protection cases, how the judge addresses the family, and whether the judge follows the required guidelines in making judicial determinations.

Strengths
All but two judicial districts report that they are conducting timely periodic reviews, at least every six months and sometimes more frequently. Parents and resource parents both receive a notice of each hearing. Committee members are seeing increased hearing attendance by resource parents and youth.

Innovative Practices: Some regional CFS staff are providing a current photo of the child with the court report so that the passage of time can be appreciated.

Ongoing Challenges
In spite of clear statutory language, direction provided by the bench cards and ongoing dialogue, a small minority of judges, in a couple judicial districts do not regularly conduct review hearings. The Department and the Supreme Court Child Protection Court Improvement Committee are currently working with those districts to resolve the issue. In most judicial districts, a subsequent date for the review or permanency hearing is set at the end of the last review. However, in a small minority of districts when that does not occur, it is up to the prosecutor or Deputy Attorney General to petition the court to hold the hearing. Lack of consistent legal representation for the Department in having cases brought before the court and crowded court calendars are identified by social workers, supervisors, and the Statewide Self Assessment Advisory Group as the main barriers to six month review hearings not being held in a minority of cases.

Summary
Statewide, the majority of judges are conducting periodic review hearings at least every 6 months and some more frequently. Overall, regular periodic reviews continue to be a strength of Idaho's case review system. However, there are a few jurisdictions where review hearings are not held in spite of efforts to support implementation of the statute. Recently, through the work of the Supreme Court Child Protection Committee, delinquency notices have been going to judges from the Court Improvement Program. This strategy has been successful with some of the courts.

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

Previous Item Rating
During CFSR-1 conducted in May of 2003, this item was rated as a **Strength** because permanency hearings were being held in a timely manner.

Changes 2003-2007
Idaho Code 16-1622(4) states that a hearing shall be held to review the permanency plan of the Department prior to twelve (12) months from the date the child is removed from the home or the date of the court's order taking jurisdiction under this chapter, whichever occurs first. Idaho law further requires a Permanency Hearing to be held every year after the initial Permanency Hearing. The "Idaho Judge's Bench Cards for Child Protection Cases" repeats the requirements for Permanency Hearings as stated in Idaho Code and specifies that the hearings are to be held in court.

As with periodic review hearings, CFS and the courts do not yet have data reflecting the number of permanency hearings that are held in compliance with the required 12-month timeframes. However, in the future, ISTARS, the court's newly implemented information system, will provide data and issue reports that will allow a judge to monitor timeliness of all judicial hearings.

The Supreme Court Child Protection Court Improvement Committee has actively worked with the Department's Resource Development Unit (RDU) over the last 2-3 years to increase the number of children who are eligible for Title IV-E funding. This process also tracks the timeliness of holding permanency hearings. The Department's RDU sends a list of the case number, the child's name, the judge's name, and issues that are causing the case to be non-compliant with Title IV-E to the Court Improvement Project (CIP) Coordinator. The coordinator then forwards the information to each judge or prosecutor, with a letter, encouraging him/her to include the findings in future orders or hold a permanency hearing if one has not been held.

Impact on Practice

Children and Family Services and the Supreme Court Child Protection Committee monitor the frequency of permanency hearings, particularly in cases of IV-E funding. Although data does not currently exist to identify the percentage of hearings held within the required 12 month time period, both CFS and the courts have reason to believe that improvements have been made in adherence to timely permanency hearings for children and families, based on the number of "delinquency" notices being sent to the court as monitored by the Resource Development Unit.

Like six month reviews, the quality and meaningfulness in effectively using Permanency Hearings to achieve a child's permanency goal is dependent on the individual judge. Idaho's Child Protection Bench book, the Bench Cards, and annual judicial training are available to assist judges in their vital role of holding and making required findings in permanency hearings.

Strengths
Permanency hearings are being held every 12 months in most jurisdictions. This is a result of the court and DHW working together to assure the hearings occur as required by federal and state law.

Ongoing Challenges
The impact of lack of legal representation for IDHW that exists for 6-month review hearings (Item 26 – Periodic Reviews) also exists for permanency hearings. In a few judicial districts, scheduling the judicial hearings in a timely manner remains a challenge. There were a number of observations from the Statewide Self Assessment Committee suggesting that improved legal representation for the Department might assist in scheduling more timely permanency hearings as well as providing timely, accurate judicial determinations. Additionally, committee members commented that in some jurisdictions, hearings were set without enough notice to complete adequate preparation and for all parties to receive timely notification.

Summary
The Department, in partnership with the Supreme Court Child Protection Court Improvement Committee, has made considerable effort to increase the occurrence, timeliness and required determinations necessary in permanency hearings. Permanency hearings are occurring consistently and timely in all but 2 jurisdictions. The courts are also implementing an information system (ISTARS) which will assist with scheduling and provide alerts when permanency hearings are due to be held.

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provision of the Adoption and Safe Families Act?

Previous Item Rating
During the CFSR-1 May 2003, this item was rated as an **Area Needing Improvement** because petitions to file for termination of parental rights were not being filed in accordance with the timeframes established by the Adoption and Safe Families Act.

Changes 2003-2007
Idaho's Child Protective Act describes the ASFA requirements for termination of parental rights (TPR) when a child has been in foster care for 15 of the most recent 22 months, except in cases where there are compelling reasons not to terminate parental rights. In July 2005 the definition of neglect was modified in the Termination of Parent and Child Relationship statute. With that change, parental failure to comply with the court's orders or the case plan in a Child Protection case became one of the criteria for termination of parental rights.

While the TPR process itself remains largely as it did at the time of Idaho's 2003 CFSR, Idaho's Court Improvement Project has taken some significant steps to make petitions for TPR timelier. Some of those steps include:

- Amendment of the Juvenile Court Rules to allow for expedited cases involving appeals of Termination of Parent Child Relationship (TPR);
- Training of judges on amended Juvenile Court Rules;
- Development of an ISTARS alert in the judicial database to inform judicial personnel of critical timeframes and assist them in monitoring cases;
- Training on the importance of timely permanency in a child's life, delivered in a setting with judges, prosecutors, IDHW staff, defense attorneys and CASA; and
- Amendments to the Termination of Parent and Child Relationship Act described above.

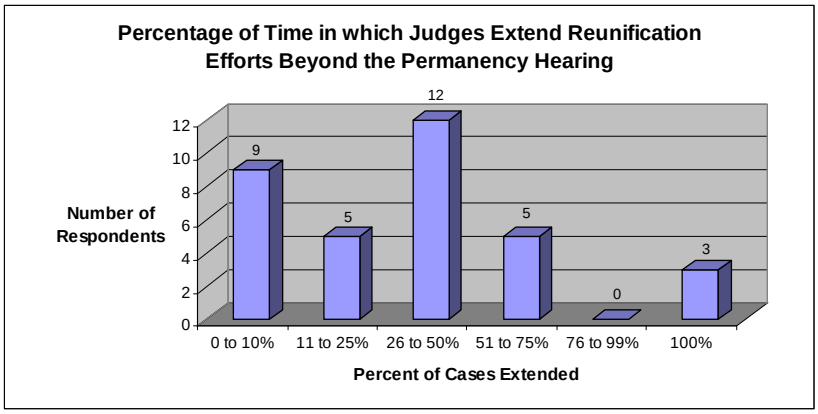
In addition, CFS developed a standard regarding paternity issues including timely paternity establishment. A concurrent planning standard was also developed and regional permanency case reviews are conducted by the Chief of Social Work every 90 days for most concurrent planning cases. This is accompanied by alerts in the FOCUS information system which signal the approach of a child being in foster care 15 out of the most recent 22 months.

Impact on Practice

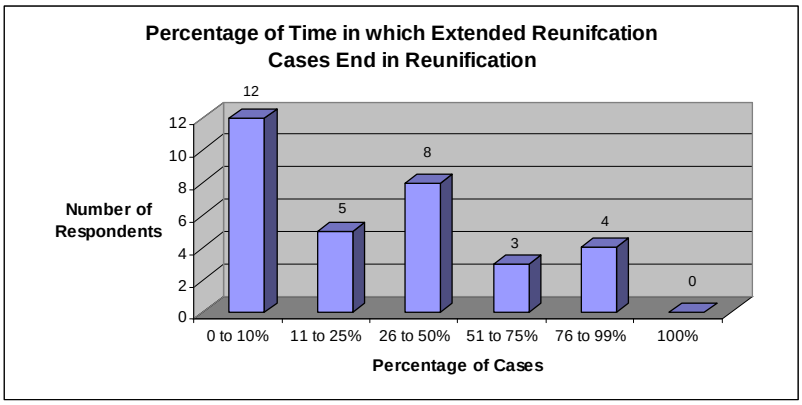
The Department's CQI results for state fiscal year 2006 indicate that the agency filed or joined a petition to TPR within the ASFA timeframes in 34% of the cases that were reviewed. However, when combined with one of the compelling reasons for not filing TPR, compliance with this item increased to 67%.
In a survey, judges cited the following compelling reasons as the most frequently encountered:

- Child is in a permanent living arrangement with a relative;
- The IDHW has not provided sufficient efforts toward developing a permanent plan for the child;
- The child has bonded with the custodial parent; and
- The child is over 12 years old and is refusing to consider an adoptive family.

A survey was administered to magistrate judges in May 2007 by the Supreme Court Child Protection Court Improvement Committee. Judges were asked questions about reunification and its success. Specifically, judges were asked: "What percentage of time do you extend reunification efforts beyond the permanency hearing?" The figure below shows that 76% of judges responded that they extend reunification hearings less than 50% of the time.



Judges were also asked in what percent of cases does the extension result in actual reunification. The figure below shows that over half of the judges (53%) indicate that reunification is achieved in less than 25% of these cases, and that 78% of judges feel that reunification is achieved in less than 50% of extended cases.



Strengths
The group identified willingness and collaboration of the legal system including judges who were accurately reviewing cases where there are definite reasons to file TPR.

Ongoing Challenges
There are times when prosecuting attorneys are reluctant to file a petition for termination and judges are reluctant to grant them. It is more common to see regional deputy attorneys general filing the petition for termination and working closely with IDHW to move forward, though this arrangement is not consistent statewide.

Additionally, in Idaho, at 12 years of age a child must consent to being adopted. Approximately one third of the children in foster care are 12 years and older. Many of these older youth have family loyalties that will not emotionally allow them to consent to adoption; therefore, compelling reasons find it contraindicated to terminate parental rights. In cases where youth are conflicted about adoption, option counseling may be offered. In order to find the most permanent placement for a child, CFS social workers are encouraged by their supervisors to discuss permanency options with children throughout the life of the case.

When working with tribes, it sometimes becomes clear that termination of parent rights is not culturally relevant. Tribes have practiced some form of customary adoption (adoption by custom or ceremony) for centuries and have recently begun to include it in their tribal legal codes. Customary adoption is adoption by another person in a child's tribe without TPR. One of the complicating factors is the lack of TPR impacts eligibility for Idaho's Guardianship Assistance.

Committee members identified the following challenges to terminating parental rights in Idaho according to the AFSA time frames:

- Lack of timely filing of TPR petitions;
- Too many continuances;
- Difficulties with agreement on definition of compelling reasons;
- Balancing ASFA requirements with cultural philosophies that do not accept TPR;
- Lack of timely paternity establishment; and
- Delays in adjudication of cases.

Summary
In the child welfare system in Idaho there is a real tension between terminating a parent's rights and continuing to work with the parent(s) in hope of reunification. Many families work out permanent relative placements and another small percentage voluntarily terminate their parental rights. What remains is a group of families who have received services, but have failed to make the necessary changes to ensure their child's safety, permanency and well-being – yet parents fight to maintain their parental rights without exercising their parental responsibilities. Adding the amended definition of neglect to the grounds for termination of parental rights has given the courts a specified criteria under which to terminate parental rights on cases which would otherwise tend to languish in foster care. Even then, some courts and social workers are reluctant to sever those legal ties. Idaho's CQI process shows a low percentage of timely filing of TPR, however, the sample size of cases with the permanency goal of adoption is small. The judges survey also indicates there may be delays of timely filing. Since Idaho does not have more exact data, this is an item that will need special attention during the onsite reviews.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard, in any review or hearing held with respect to the child?

Previous Item Rating
During the 2003 CFSR, this item was rated as an **Area Needing Improvement** because resource parents were not consistently notified or given the right to be heard in reviews or hearings involving their foster children.

Changes 2003 - 2007
The previous CFSR Self Assessment identified that in some judicial districts the court sent notices of hearings to parents or legal guardians for all reviews and hearings, but not to resource parents, relative caregivers or pre-adoptive parents. It was not stated in Idaho Code, IDHW administrative rules, or Idaho Juvenile Court Rules which entity was responsible for notifying resource parents, relative caregivers or pre-adoptive parents so the notification process was inconsistent throughout the state.

Early in the PIP, the Supreme Court Child Protection Court Improvement Committee collaborated with the Department to clarify that it was the role of the courts to give caregivers the opportunity to be heard by addressing them in hearings. On the other hand, it is the role of IDHW to provide the review and hearing notification to resource parents, pre-adoptive parents and relative caregivers.

As part of clarifying the notification process with IDHW staff, a "Notification of Caregivers" standard was developed and implemented in June 2004 and all CFS staff were trained on the standard. The formal notification is provided to resource parents by mail whenever possible. In situations where time does not allow for notification by mail, the assigned social worker contacts resource parents either in person or by telephone. The date and method of notification must be documented in the case file.

In response to the Safe and Timely Interstate Placement of Foster Children Act of 2006, the "Notification of Caregivers" standard was revised in January of 2007 to incorporate the new requirements that provide foster caregivers the right to be heard in any court proceeding.

To assist social workers with the notification process, a FOCUS (CFS information system) enhancement was developed to produce a notification letter and add an indicator to record the caregiver notification of case reviews and hearings. During statewide and regional Foster Parent Conferences held in 2004, 2005 and 2006, resource parents received additional training from magistrate judges regarding the role of the

resource parent in court proceedings. At judicial conferences and judicial trainings the court also provided training to magistrates about the importance of caregiver participation in reviews and hearings.

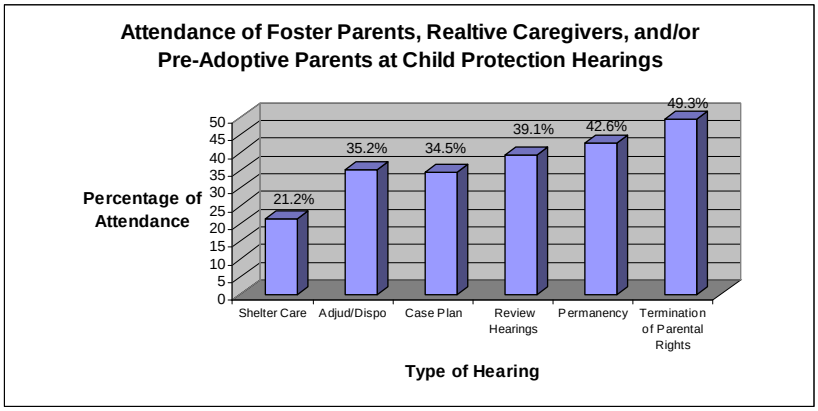
In some judicial districts, input from foster care providers is included in the Department's report to the court. Some judges give foster/relative/pre-adoptive caregivers an opportunity to speak during the six month review or permanency hearings; others allow the caregiver to attend, but not to speak. Although caregivers may receive notification of reviews or hearings, some resource parents report feeling uncomfortable participating in court proceedings. The Department continues to collaborate on this item in training magistrates on the right of caregivers to be heard.

From a Resource Parent's Perspective - The CQI process also monitors notification of caregivers. In 2004, the Department added the question, "Were foster parent(s) given notice of all hearings and reviews?" to the quarterly CQI case review instrument. Idaho negotiated a goal of 75% for notification of hearing to resource parents. During state fiscal years 2004, 2005 and 2006, the percentage of resource parents participating in the CQI case review who indicated that they recalled having received notification of hearings for children in their home was 88%, 93% and 78% respectively.

In the spring of 2007, 73 resource parents were surveyed as a part of a special CQI case review focused on a random sample of 73 youth with a permanency goal of other planned permanent living arrangement. Seventy-six percent indicated they had received hearing notices. Of the 60% who attended hearings, 53% indicated that they were given an opportunity to be heard. When asked about the mechanism for being heard, 95% of those attending hearings and reviews indicated that the judge called on them or they were called as a witness by someone else in the courtroom.

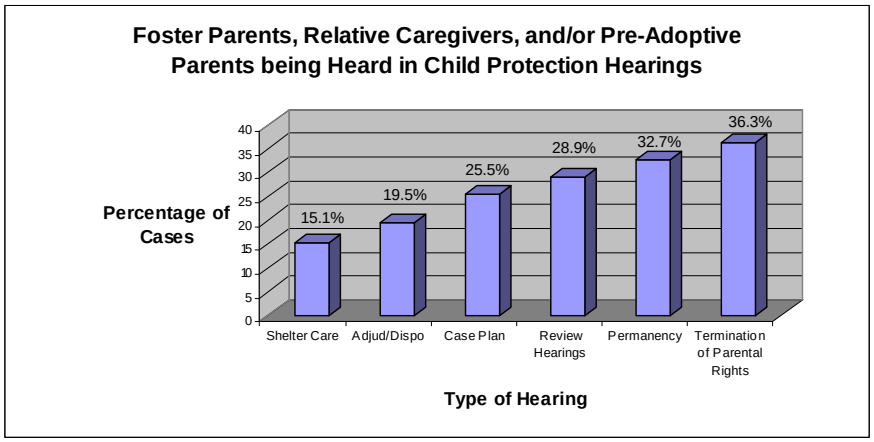
In the summer of 2007, 79 foster and pre-adoptive parents were surveyed as part of a special CQI case review focused on a random sample of 84 children with a permanent goal of adoption. Of the 72 people who responded, 86% reported that they had received notices of hearings and reviews. Of those who received notices, 68% attended a hearing and 65% were heard at the request of the judge or were called as a witness.

From a Judicial Perspective - To gauge whether resource parents have an opportunity to be heard in any review or hearing held with respect to the child, 45 judges were surveyed at the annual magistrates' conference in May 2007. When asked, "What percentage of the time are foster parents, relative caregivers, and/or pre-adoptive parents in attendance at the following proceedings?" The judges provided the following information:



Attendance of resource parents, relative caregivers, and/or pre-adoptive parents at Child Protection hearings varied depending on the type of hearing.

In the same survey, judges were asked, "What percentage of time are foster parents, relative caregivers, and/or pre-adoptive parents heard at the following proceedings?" Their responses are shown below:



The percentages of child protection hearings in which foster parents, relative caregivers, and/or pre-adoptive parents were reported to be heard varies, although participation in the hearings appears to increase as the case progresses.

Impact on Practice
During the last four years, efforts have been made by the Supreme Court Child Protection Committee and the Department to provide clarification and a process for foster parents, pre-adoptive parents, and relative caregivers of a child in foster care to be notified and given the opportunity to be heard in all review hearings with respect to the child. Because these caregivers have the most contact with and knowledge about the children in their care as well as the relationship of the children and their family members, their input is critical to timely decision making.

Strengths
Receiving notification of hearings and reviews is being monitored during the CQI case reviews. Statewide Self Assessment Committee members commented that in some jurisdictions foster parents are a regular part of the court proceedings.

Ongoing Challenges
Resource parents are a valuable source of input and in their absence that input can become lost when they are not allowed or encouraged to speak in court. As this practice continues, it is anticipated that caregivers will feel empowered. Judicial training will continue to reinforce the importance of caregiver involvement in hearings and reviews.

Other obstacles noted by committee members included transportation, time taken from employment, and the need to educate resource parents on how to participate in court when they are called on.

Summary
Notice of hearings and reviews to resource parent and pre-adoptive parents has been required since 1980. A survey of resource parents indicates that three-quarters of them recalled receiving a notice. Many obstacles remain between notice and actual participation in the court process. It was resolved that it is the

Department's responsibility to provide notice to resource parents and it is the court's responsibility to call on resource parents when they are in attendance at hearings. Judges noted that in early hearings, i.e., shelter care, there is far less participation than later in the case at Permanency Hearings and TPR Hearings. Education of resource parents would appear to be one method for encouraging their participation. Another is genuine communication that their input is invaluable to the child and his/her family. The Department will continue to pursue the active involvement of resource parents in all hearings and reviews.

C. Quality Assurance System

Factor rating during CFSR-1 in 2003
This factor includes Items 30 and 31. Idaho was found **Not in Substantial Conformity** on this factor.

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children?

Previous Item Rating
During the 2003 CFSR, this item was rated as a **Strength** because the State had standards in place for ensuring that children in foster care are provided quality services that protect their safety and health. These standards are in the form of administrative rules, statutes, and policy memoranda.

Changes 2003-2007
As part of Idaho's PIP, 25 new standards were developed between 2003 and 2006 to give clear practice direction to supervisors and workers and promote statewide consistency in all areas, including those which impact services that protect the health and safety of children in foster care and those able to remain in their homes. Current child welfare standards include the following:

- Birth to Three ITP-CFS Referral
- Child Well Being
- CPS Referrals in Residential Care
- CPS Referrals on Resource Families
- Documentation
- Family Group Decision-Making
- Family Preservation
- Foster Care Effective Discipline
- Foster Care Recreation Policy
- ICPC
- Immediate Safety and Comprehensive Assessment
- Implementing the Indian Child Welfare Act (ICWA)
- Initial Foster Care Applications and Redeterminations
- Intake Screening
- Notification of Resource Parents
- Paternity
- Resource Family Licensing
- Response to Inquiries
- Safety
- Service Delivery
- Service Planning
- Sibling Placement

- Social Worker Contact
- Visitation Between Parents
- Working with Older Youth

Impact on Practice
Changes in practice occurred following implementation of the new standards as evidenced by improved outcomes monitored through the quality assurance process. Those results are described under each of the applicable items in this Self Assessment.

The standards have been incorporated into the New Worker Academy and shared with service contractors and partners. To ensure consistency in practice for those children who are in state custody, case managed by Casey Family Programs, IDHW and Casey staff worked together and revised 9 of the 25 newly developed standards.

Strengths
The Statewide Self Assessment Committee reported that the new standards are especially helpful to new staff who may be uncertain of how to proceed on a case. Supervisors routinely reference the practice standards in problem solving and decision making. Additionally, since they are posted on the Department's website, the standards are easily accessible.

Ongoing Challenges
In some cases the practice standards are difficult to meet given current high caseloads. The standards which have been developed could be implemented more fully and reliably with even moderate decreases in average caseload. The Statewide Self Assessment Committee also suggested that Idaho take the next step of developing mechanisms for ongoing review of standards and revisions.

Summary
Historically staff have had administrative rules and policy to guide their practice. However, development of the 25 new practice standards included many field staff, and writing of the standards required a good deal of learning and critical thinking on the part of the developers. As one stakeholder said, "Standards have provided more statewide consistency related to practice that has improved outcomes for children and families."

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports and evaluates program improvement measures implemented?

Previous Item Rating
During the CFSR-1 in May 2003, this item was rated as an **Area Needing Improvement** because the State was in the beginning stages of implementing a statewide comprehensive quality improvement system.

Changes 2003-2007
Idaho has continued to follow its Quality Improvement Plan submitted as part of the CFSR-1 Self Assessment. Each quarter, four regions of the state are reviewed, including our single metropolitan area, Boise, that is reviewed each quarter. This means that each region has twelve cases reviewed at least once every six months. The reviews are patterned after the federal CFSR including interviews.

Beginning in 2004 an instrument similar to the CFSR and an accompanying set of rating instructions were developed and used during quarterly case reviews. In anticipation of CFSR-2, the new version of the federal CFSR instrument has been used in case reviews since January 2007.

Upon completion of each individual case review, a meeting is held with the case reviewer, the case social worker and his/her supervision to discuss the case ratings. An exit meeting is also held with all regional staff following the completion of the review. Strengths are identified and available data is shared and compared with the region's most recent 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. Many members of the Statewide Self Assessment Committee commented that they like the fact that the current CQI process opens the system to outside reviewers. Along those lines, one participant wrote, "A system willing to be that transparent is a stronger system."

Another component of the CQI process is the use of the FOCUS Child Welfare Outcomes Report. This report tracks the six data indicators prescribed by the CFSR. These measures are more stable than percentage figures gained from the actual case reviews because they are based on the entire foster care population. Taken together, the outcomes report and case review results offer the Department more confidence in the results.

Impact on Practice

Data from quarterly case reviews is compiled by Central Office staff and shared with Central Office and regional management teams. The regional Chief of Social Work then meets with regional staff to develop a Regional Improvement Plan (RIP) in areas that need strengthening, particularly those with results below Idaho's targeted goal. During the period of the PIP, regions were required to submit their RIPs to central office. Currently some regions continue to implement regional improvement plans based on their CQI feedback. They are not required to submit those to Central Office as they were during PIP implementation.

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."

Strengths

Idaho's CQI process selects a random sample of cases, trains reviewers to assure reliability and provides the opportunity for the worker and their supervisor to participate in feedback regarding the case. Results are used to analyze some of the issues in CFS. Results are reviewed on a local and on a state level to inform practice and changes in practice.

Ongoing Challenges

Reliability of case review data is an ongoing challenge. Currently there are approximately 1800 children in out of home care in Idaho. Each quarter 48 cases are reviewed statewide. Over the course of one year, 192 cases are reviewed. One half (96) are out of home cases and one half are in-home cases. Quarterly case review measures are based on a random, but very small sample of about 1.5% of the total out of home population. Therefore, the results can easily be skewed and make it difficult to monitor progress and to chart trend data. This is particularly apparent in cases involving the permanency goal of other planned permanent living arrangement (Item 10) and adoption (Item 9). To compensate for the small

number of cases included in the quarterly random sample, Idaho has chosen to substitute one quarterly review for a specialized statewide CQI of randomly drawn cases from these two areas (Items 9 and 10).

Sample size issues notwithstanding, aggregate regional data is becoming available to compare annual results. It is hoped that this annual aggregate regional data will allow regional and statewide trends to be detected.

The current CQI process is time intensive and difficult to sustain because CFS is using already overburdened social workers and supervisors as reviewers. An even larger pool of reviewers has been recommended by stakeholders.

Summary
Over the past three years Children and Family Services has built, with the help of community partners, a system of continuous quality improvement which has unique features such as Regional Improvement Plans, workers as trained reviewers, direct worker/supervisor case specific feedback as well as staff attended "exit" meetings where findings of the cases are reviewed.

While CQI is a labor intensive process and is a huge undertaking for a system where workloads are excessive; of all the program improvements made, the establishment of a quality assurance process has had the most impact on worker awareness of child welfare goals and knowledge of expected casework requirements as measured against the CFSR instrument and practice standards.

Today individual workers, supervisors, managers and administrators have reliable information about practice taken from case reviews including interviews with parents, children and resource parents. The impact of having a CQI process has reverberated through our system. Results are published and distributed within the Department and to other stakeholder through newsletters and presentations.

D. Staff and Provider Training

System factor rating during CFSR-1 in 2003
This factor includes items 32, 33 and 34. This factor was previously rated as **Not in Substantial Conformity.**

<u>Item 32: Initial Staff Training.</u> Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these?

Previous Item Rating
During the 2003 CFSR-1, this item was rated as an **Area Needing Improvement** because it was determined that the initial new worker training did not adequately prepare new social workers for their jobs. In addition, some workers did not complete the training prior to being assigned a caseload.

Changes 2003-2007
As part of Idaho's PIP, CFS implemented strategies to improve Idaho's child welfare training system resulting in the expansion of the New Worker Academy and development of a "New Workers Caseload/Supervision Continuum" standard. The standard describes the levels of intensity, duration and types of training a new CFS employee receives.

The New Worker Academy is based on a mentoring/coaching model that relies heavily on supervisors to coach staff and experienced staff to provide mentoring. This approach has been formalized through a

structured learning contract that defines specific transfer of learning activities. This redirection of child welfare staff toward staff development was augmented by redeploying seven clinical supervisory staff (regional Chiefs of Social Work) who assumed full-time training and CQI functions.

The Boise State University Child Welfare Center serves as the lead in providing registration and logistical support for the Child Welfare Academy. Academy training is conducted by regional CFS chiefs of social work, CFS program specialists, university partners, and Casey Family Programs.

An expanded training format was developed within the context of a formal learning period that mirrors a state employee's six-month entrance probation period. As new employees complete Academy modules, they are expected to apply learned content when they complete related field assignments. Supervisors are responsible for documenting new employee competency through competency ratings as well as completing the six-month probationary evaluation in which the candidate for permanent employment is described in terms of achievement of the CFS core competencies. Each regional Chief of Social Work oversees regional implementation of the CFS Competency Based Learning Contract. See Competency Based Learning Contract on the FACS Master Training Calendar at http://facs-info.dhw.state.id.us/

CFS NEW WORKER CASELOAD/SUPERVISION CONTINUUM

Stage A		**Stage B**		**Stage C**		**Stage D**		**Stage E**
Pre-caseload	**ACADEMY**	Shadowing and Co-Assigned Caseload	**ACADEMY**	Assignment of a Small Caseload (8 cases) with Intensive Supervision	**ACADEMY**	Standard Caseload with Intensive Supervision in the 4th Month By 5th Month Retention Decision	**ACADEMY**	Full Independent Caseload with Standard (non-intensive) Supervision 6th Month or permanent Status
No Caseload …….... Full, Independent Caseload								

The caseload/supervision continuum suggests an ideal process which allows for applied application of knowledge while gradually increasing worker responsibility. The implementation of the caseload/supervision continuum has occurred as capacity has permitted. The new employee classroom training has been implemented; however, high workloads have sometimes required new workers to carry cases earlier than the standard suggests. At this time, we have not collected data to track the degree and frequency of variance from this continuum when it occurs.

All new CFS social workers are required to attend Academy. As part of Idaho's PIP, beginning in 2003, the Division of Family and Community Services established new Academy training competencies, developed additional curriculum, and expanded Academy from four and a half days to a sequence of over six weeks of instruction. All content is being converted into written curricula using a standardized template which allows multiple trainers to deliver the curriculum in a consistent manner.

In Spring 2006, an Academy evaluation committee was formed to collect information about the Academy and its impact on new worker learning. Data show that the revised Academy has positively impacted those who participated in the activities, not only on the Academy outcomes and competencies, but also on the information presented in the individual topic presentations. When participants rated their

understanding/knowledge of the topics pre-post, the results showed that the average post rating was 36 percentage points higher than the average pre-rating, with a range of 8% to 68% higher.

Impact on Practice

Prior to 2003, the FACS Division had 1.5 FTE designated for training support of five social service programs. In 2005, the New Worker Academy expanded from a 4.5 day "boot camp" to more than 20 days during a single six-month period. The training team to manage the Child Welfare Academy and the many other PIP-related training enhancements has been expanded to 44 new and existing staff.

Unlike many other states, Idaho requires CFS workers to possess a degree in social work or a very closely related field and a current Idaho social work license. All new CFS social workers are registering and attending Core Academy classroom training within the first 6-months of hire. Since 2005, 165 new staff have completed the course requirements for the Academy**.**

As part of the PIP, the Division of FACS significantly expanded its Title IV-E Agency/University Partnership by expanding the Idaho Child Welfare Research and Training Center (an Eastern Washington University extension program located in North Idaho) and establishing a second Child Welfare Center at Boise State University. The Centers sub-contract to four additional universities and two community colleges. These universities include North Idaho College, Lewis and Clark State College, Northwest Nazarene University, College of Southern Idaho, and Idaho State University. Through this educational network, the CFS Program is able to offer pre-service child welfare education, staff training and resource family training, statewide.

Strengths

Rather than just adding topics to the existing pre-service training, a more thorough and competency-based pre-service training system was established with strategies in place for continuous improvements. Members of the Statewide Self Assessment Committee said the partnerships with Casey, the universities, and the Department are a big strength. Other advisory members stated, "We love the CBLC (competency based learning contract) and how it links the field and the classroom" and "creates a deliberate plan for orientation and training."

Ongoing Challenges

Significant changes to the pre-service training system has also introduced the following challenges:

- A limited number of personnel available who have had formal training in instructional design, training development, and delivery skills;
- Several Self Assessment Committee comments focused on supervisors not having the time they need to support this type of training model, including implementation of the Competency Based Learning Contracts;
- Idaho is geographically large but has a small CFS workforce. There are not enough learners or resources to run cohort sessions where a class would remain intact and progress through the sessions together. As a result, learners begin the academy at different points in the curricula, which precludes a developmental curriculum design model. To overcome this, CFS has built a fieldwork model, similar to social work field education. However, this has placed additional expectations on supervisors and experienced direct staff for the development of new staff;
- CFS staff turnover remains high, with regional turnover rates ranging from 13.8% to 33.1%. Currently the turnover rate for individuals who have completed Academy is 25%; however, we have not tracked the timeframes of new workers from when they are hired to when their employment is ended.

- For the past 3 years, the Division of FACS has submitted annual requests to the legislature for additional training funding for the extended Child Welfare Academy, but these requests have not been funded.

Summary
Initial staff training has changed a great deal since 2003. Idaho was faced with a choice of adding topics to the previous model of initial staff training or rethinking that model and building something that could better prepare workers and thereby enhance recruitment and retention. A model of training based on gradual assumption of full responsibility for cases accompanied by a learning contract to link training and practice was chosen and has been implemented. Close partnership with Idaho universities and colleges as well as private foster care agencies was crucial to development of needed personnel resources and to federal funding.

Trainees are asked to provide information on how the CBLC process is working for them, and the level at which thy feel supported by their supervisor in using the CBLC process. During the last Round (#8), data indicated that 84% of attendees rated support by their supervisor as Highly Supported or Somewhat Supported. Various Boards and Subcommittees continue to work on improving the level of support for new workers by their supervisors to include supervisor training on CBLC, focus groups and other activities. The process remains an expensive and labor intensive endeavor. Long term sustainability and maintenance of good working partnerships will be the real challenges.

Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Previous Item Rating
During the 2003 CFSR, this item was rated as a **Strength**. However, there were concerns that course offerings were not part of an ongoing overall training strategy designed to provide training opportunities focused on staff development with respect to child welfare practice.

Changes 2003-2007
Since 2003, CFS has used the National Resource Centers to conduct training of all supervisors and staff on child protection core service areas, such as screening, assessment, case management, alternate care, performance management, staff development, and clinical supervision around CFS decision-making and managing with data. CFS submits an annual, comprehensive Title IV-B report and plan containing an extensive list of academy, in-service, and consultation-type training.

To develop an overall training strategy, Idaho requested National Resource Center consultation for its curriculum committee, program specialists, university partners, and Casey Family Programs training staff. This was done to build the capacity of the training infrastructure and increase the chances of sustainability. Since 2003, most of the in-service topics have been identified through training recommendations generated through the CQI process. In recognizing the important role of supervisors in mentoring and training their staff, specific supervisor training is also provided. All social workers who work for CFS are required to be licensed. Each licensed social worker in Idaho is required to complete 20 hours of continuing education per year to maintain their licensure. Most ongoing training that is provided can be submitted to the Board of Occupational Licenses as proof of ongoing training.

Individual staff development and training needs are also identified on annual staff performance reviews. At least two staff performance goals and two staff development goals are identified on each staff performance evaluation. Progress made on the previous performance and development

goals are also reviewed. Workers and supervisors then work together throughout the year toward achieving the goals identified.

Impact on Practice

Training is one of the factors responsible for the Department's increase in positive outcomes for children and their families.

When a need for regional-specific training related to policy, standard, procedure or practice improvement is identified, the chief of social work of the respective region is responsible for conducting local in-service training, as part of their ongoing training responsibilities to assure improved performance in that region.

An ongoing evaluation process measures training effectiveness and identifies additional training needs through a variety of evaluative instruments. Evaluation methods include feedback survey forms, as well as verbal feedback from managers, chiefs, supervisors, staff, and various boards and subcommittees addressing effectiveness of training efforts. This system of feedback allows training to be focused where it is most needed in practice.

During the 2006-07 academic year, Idaho had 45 students enrolled in the stipend program, including 4 who continued in part-time programs. Forty-one of the students became potential hires for IDHW, and of these, 22 were hired by the State of Idaho. The 22 includes current employees who accessed the stipend. Of the 19 stipend students who were not hired, 3 received deferrals and are pursing their MSW degrees; 1 received a deferral for a medical emergency; 3 will pay back their stipends; 1 was found unsuitable for child welfare employment; 1 did not pass the licensure exam and will retest; 2 are in default; and 8 were on the hiring register for 60 days without being hired and thus fulfilled their obligation.

Of the 22 new and previous employees hired, 21 were retained as of January 17, 2008. This is a 95% retention rate. Caution should be used with the interpretation of this data, however, as many of these new employees have been in positions less than the required work obligation period.

Strengths

Idaho has both BSW and MSW accredited programs throughout the state. Educational institutions with BSW programs are Boise State University, Idaho State University, Northwest Nazarene University, Lewis Clark State College, and Brigham Young University – Idaho. Boise State University will also be expanding to Northern Idaho to provide a BSW program at the College of Southern Idaho Campus Spring 2009. Educational institutions with MSW programs are Boise State University, and Northwest Nazarene University. Boise State University will also be expanding to Northern Idaho and provide a MSW program located at the College of Southern Idaho Campus Fall 2008.

The following strengths promote ongoing staff training in areas affecting the skills and knowledge based of staff in their duties related to services in the CFSP:

- The Department recently acquired a Learning Management System that has the capacity to host computer-based courses, track course attendance, issue certificates of completion, host or link to libraries of materials, and host on-line group rooms and discussion boards;
- The Idaho DHW Learning Resource Team develops and implements the Strategic Learning Plan for the Department, coordinates and acquires resources and technology, and develops agency level curricula. This team is comprised of training managers representing the five

Divisions of the Department and has two representatives from the CFS program. The CFS program has benefited from the strategic momentum and resources of this group;

- The Idaho Child Welfare Partnership maintains a Child Welfare Library with 1,688 holdings, including books, journals, videos and DVDs. The library develops specialized bibliographies that match Academy training topics and supplies monthly notices to Program Managers, Supervisors and Specialists on holdings related to special topics;
- The CFS Program only hires licensed social workers for child welfare direct practice functions. There are annual CEU requirements, noted above;
- Semi-annual Supervisor Summits build supervisors' competencies and stress the strategic importance of the supervisor's role in organizational change and improvement.

Ongoing Challenges

A challenge for Children and Family Services is the difference between workers' perceived ongoing training needs and training needs identified in the CQI case review system. It is also challenging to develop or purchase curricula which frame very basic skills that seasoned workers may lack, as advanced skills to enhance motivation to participate.

As a challenge, the Statewide Self Assessment Committee also identified the time commitment, required of staff, to participate in on-going training. It is often a burden for workers with heavy caseloads to find additional time to participate in in-service training while maintaining the requirements of their caseload.

It should also be noted the Division of Human Resources has taken on projects to improve the basic supervisor training for all Department supervisors. However, the CFS program lacks the resources to implement a formal Supervisor Academy.

Summary

Overall, the ongoing training of staff is adequate, thoughtfully planned and a variety of training opportunities are available to workers. The CFS program continues to explore ways to free staff time to attend training, given their workloads. Additionally, focused efforts to support supervisors through supervisory specific training have been implemented and will continue to be increased.

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current and prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Previous Item Rating

During the 2003 CFSR, this item was rated as an **Area Needing Improvement**. Even though foster parent training was required for all new foster parents, many did not participate in initial or ongoing training. It was also noted that foster parents reported the training offered was inadequate.

Changes 2003-2007

In February of 2004, Parent Resources for Information, Development and Education (PRIDE), was rolled-out statewide as Idaho's model of resource parent preparation and training. Since PRIDE implementation, resource families are mutually selected through a standardized, structured framework of 27 hours of pre-service training and a mutual assessment of the strengths and challenges of the family. Standards for training, mutual assessment, home environment checks and documentation were also developed.

Resource families are evaluated on their ability to meet the five PRIDE core competencies which ensures the family's ability to:

- Protect and nurture children placed in their home;
- Meet the children's developmental needs and address developmental delays;
- Support relationships between children and their families;
- Connect children to safe, nurturing relationships intended to last a lifetime; and
- Work as a member of a professional team.

The PRIDE pre-service training continues to be a standard requirement for resource family (foster and adoptive) licensure throughout the State of Idaho. To date, approximately 2,359 foster and adoptive parents have completed the Foster PRIDE/Adopt PRIDE training.

Beginning in 2006, PRIDE in-service (Core) training has also been offered throughout the State of Idaho. This training offers additional information on the PRIDE competencies so that resource families can expand their knowledge and skills after they begin to foster. To date, 48 participants have completed the PRIDE in-service training. Specialized training for therapeutic foster homes is currently being developed in collaboration with university partners and the Department's Children's Mental Health program. Learning opportunities are also made available at the Annual Resource Family Conference held each fall in multiple locations, making attendance for resource families more convenient. Approximately 350 families have attended statewide. Two web sites that contain training for resource parents are also offered online at www.FosterParents.com and www.fosterparentcollege.org. Between May 2006 and May 2007, approximately 715 courses were taken statewide as reported by the Idaho Child Welfare Research and Training Center (ICWRTC). These opportunities and numerous others such as reading training materials and viewing training videotapes, have allowed licensed resource parents to complete a mandatory 10 hours of continuing education each year. Compliance with on-going training requirements is monitored regionally by licensing workers. .

The Family Development Plan document was created to aid resource families in choosing, tracking, and recording their professional development. Details of the "Family Development Plan are included in the Resource Family Licensing for Relatives and Non-Relatives" standard with directions to staff on how to assist resource families in recognizing the areas in which more training/learning might be beneficial. The Foster Care Curriculum Committee has also incorporated the Family Development Plan into the New Worker Pre-Service Academy curriculum so new workers can become familiar with the process for assisting resource families to evaluate and monitor their learning needs.

Impact on Practice

PRIDE participants complete a post training evaluation form to assess the impact of the training on the resource family. The evaluation contains items related to content/materials, atmosphere, trainer preparation and training effectiveness as well as an overall rating of the participants' experience during the training. Responses are rated on a 5 point Likert scale, with 5 being the highest point in scoring. A summary of the score for training content and the overall training experience are found below.

Year	Total # Trainees	Total # Of Evals	Average Score For Content Items	Average Score For Overall Experience Items
2004	886	650	4.58	4.58
2005	893	710	4.68	4.66
2006*	656	591	4.62	4.66

* During 2004 and 2005, PRIDE training included many already licensed foster parents so they could meet the PRIDE training requirement. By 2006, there are fewer experienced foster parents being trained.

PRIDE participant comments were positive as seen from the following sample:

- "I found information I needed and am glad I took the time to come. I had many questions answered and feel I have a better understanding of the role of foster parents and what types of help I can expect from the agency."
- "It was great and informative. I never thought about many issues we discussed. I'm glad I took it."

Under the supervision of Eastern Washington University and the Idaho Child Welfare Resource Training Center in Coeur d'Alene, an evaluation is being conducted to examine the experiences of resource families exiting the system. Beginning in December of 2006, every resource parent who discontinues fostering is asked to participate in an exit interview. To date, 174 resource parents have exited the program and 36% agree to participate in an exit interview. The data collected has shown us that there are distinct characteristics among foster parents who foster for two years or less and those who foster for over two years. These differences sometimes impact the identified needs of the families. Resource families who foster for more then two years have more children placed in their homes at any given time, have a greater span of age ranges of children placed in their home, and are more likely to adopt a child placed in their home. Resource families that foster children for less than two years are more likely to be relative placements than those who foster for longer periods of time. Regular contact and communication with the worker was identified as key contributors to the resource family feeling supported in both groups, and the reverse was also true. In situations where a resource family perceived lack of contact and communication with the worker, they did not feel adequately supported.

Interviews of exiting resource parents will continue to inform the program regarding a variety of aspects of foster parenting. This information is shared with regional Program Managers and discussions for improvement of retention are prompted by this process.

Strengths

A single statewide model of foster and adoptive parent training, PRIDE, has been implemented and is staffed by university partners, Casey Family Programs staff, resource parents and CFS staff. Classes are held on a regular basis. As a result, resource parents have a better understanding of what to expect in fostering children and are better prepared to meet their needs. PRIDE training also promotes relationships between resource families and reinforces commitment to foster parenting.

Challenges

Idaho continues to struggle with maintaining an adequate number of resource families for children coming into the Department's custody. Because of this, it is sometimes necessary to make placements with resource families who have not yet completed the PRIDE pre-service training. Some resource families are given placements during their PRIDE training and relatives may be given placements prior to receiving PRIDE training. To expedite relative placements, a variance to relative licenses can be made, allowing them six months to complete training. Although this is not ideal, it increases the number of

relative placements and has become necessary, in some instances, to ensure there are placements for the growing number of children coming into foster care. Currently there are no waiting lists for PRIDE training.

There are also ongoing challenges related to making the PRIDE content applicable to a general audience. Some families want more practical "nuts and bolts" in the beginning of the training rather than at the end. Some of the more experienced families state they would rather attend a condensed PRIDE training course because they believe they already understand the foster care system and the types of challenges related to caring for foster children. Having relative and non-relative resource families in the same group is also identified as a challenge by both trainers and families.

Summary

Dramatic improvements have been made since the CFSR in 2003. Currently there is ~~a~~ statewide foster/adoptive parent training using the PRIDE model and curriculum. It is unique in its inclusion of resource parents as trainers. It has been well received by the majority of the more than 2,000 people who have attended, even though it has required a significant investment of time and energy to complete the entire 27 hours of initial pre-service training and 10 hours annual training thereafter. The PRIDE training, the annual Foster/Adoptive Parent Conference and opportunities for more in-depth training on specific topics have increased the skills and knowledge of resource parents statewide.

E. Service Array and Resource Development

Factor rating during CRSR-1 in 2003

This factor includes items 35, 36 and 37. The factor was rated as **Not in Substantial Conformity.**

Item 35: Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

Previous Item Rating

During the 2003 CFSR, this item was rated as a **Strength** because the State had in place an extensive array of basic services to address the needs of children and families to prevent removal and to facilitate a safe return to the family or another permanency plan.

Changes 2003-2007

Since CFSR-1, Idaho has increased services in the areas of assessment and service provision. Specifically, Idaho has adopted the use of Family Group Decision Making (FGDM) as a model of assessing strengths, needs, and concerns. Each of Idaho's regions with the exception of Region 7 has a contract with a community agency to provide the facilitation of Family Group Decision Making meetings. In Region 7, FGDM meetings are facilitated by Department staff.

Idaho has developed contracts for in-home case management services in Regions 3, 4 and 6 to increase the number of case managers through contracts with community agencies. These contracts have been successful in increasing the number of families served and in enabling children to remain safely in their own homes. See Item 3 for addition information on in-home services. Each region of the state also has contracts for Family Preservation Services (FPS). Services range from parenting skills training to budgeting depending on the family's or child's identified service needs.

Preserving Safe and Stable Family (PSSF) funds have been allocated to each of the seven regions to purchase services in the categories of family preservation, family support, family reunification, and adoption support. Utilizing PSSF funds, Regions have implemented services such as parenting classes, respite, foster parent support, resource parent recruitment, anger management assessments, treatment and family therapy.

In October 2007, Idaho applied for and received a federal Promoting Safe and Stable Families grant that allows a $1,000,000 declining annual award for 5 years. The plan for the grant is to develop and implement two new Family Drug Courts – one in Pocatello and one in Twin Falls.

Some regions have established contracts with local Health Departments for a nurse to make home visits to assess the health of children and their environment. These contracts are used primarily in response to referrals alleging unsafe or unhealthy home environments. The nurse evaluates the situation and makes recommendations for correcting health or environmental concerns.

Beginning in 2007, CFS is receiving $200,000 annually from the Casey Family Programs for practice enhancement. These funds are being used to provide additional services throughout Idaho. Casey now transfers flexible practice enhancement funds directly to regions where they are available to youth in state custody. Half of the available Casey funds go to match Title IV-E and the other half of the funds are focused on direct services for youth, ages 11-17 and 18-21. The funds are also available for sibling groups living together where one of the children is 11 years or older. Practice Enhancement funds cannot be used to supplant other funds such as EA, IL, IV-E, or PSSF. Practice Enhancement Flexible funding can be used for extra curricular activities that are critical to normalize a foster child's life, such as gymnastics, band instruments, and summer camp. A portion of the Casey funds ($50K) are also being distributed to the Department's Regional Navigation units to assist relative caregivers not involved with the child welfare system.

The services listed below in Item 36 are provided statewide. Some are purchased and others are provided by Department staff. These include substance abuse testing, assessment and treatment, risk assessment, case management of both in-home and out-of-home cases, family preservation, parenting classes, Family Group Decision Making, mental health services, respite services, variety of counseling, intensive family services, transportation assistance, supervised visitation, crisis intervention, purchases to ensure a safe family environment, after hours on-call and Independent Living services for youth.

Strengths
Federal and state funds are allocated to each of the seven regions of the state. This allows regions to develop services according to their local needs. Idaho continues to seek and obtain additional resources for services to families by applying for grants submitting legislative requests for additional funding, collaborating with community partners to share and expand resources for services, and including natural family supports to augment existing services.

Ongoing Challenges
In Idaho, many people live an hour or more from a regional field office and the local IDHW social worker is the only social service provider in the immediate area. Out of necessity, these social workers must be innovative in developing grass roots support systems and using paraprofessionals to augment available services. For information on availability of services, see Item 36.

Summary
Core services identified within the child welfare system have been established in each region in the state. Additionally, since CFSR-1 services for children and families in Idaho have increased.

<u>Item 36: Service Accessibility.</u> Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

Previous Item Rating
During CFSR-1 conducted in May of 2003, this item was rated as an **Area Needing Improvement** because, based on Stakeholder interviews and the Statewide Assessment, not all services are accessible or available to families and children in all Idaho counties.

Changes 2003-2007
Direct and contracted services are available to all families within the State. However, limitations on access exist for some of the following reasons: travel distance between the family and the service provider; regional budget allocations; availability of qualified and interested service providers; and percentage of service providers who accept Medicaid.
A strategy implemented by CFS as part of Idaho's 2003 PIP was for each Regional Director to conduct resource inventories by facilitating focus groups with IDHW staff and community stakeholders. The focus groups identified resource gaps in their respective communities and subsequently community meetings were held to propose methods or strategies for filling the resource gaps. Additional resources were developed as a result of this strategy.

Impact on Practice
To assess the availability of services in each area of the state, the Statewide Self Assessment Committee was divided into their regional groups and asked to provide their perspectives on the availability of specific services in their geographic area. Below is the key to their rating of available services and the input for the combined statewide average.

Rating Key 1=none 2 = barely any 3=some 4=almost enough 5=enough 6=too much

Services	Availability
Counseling	4.3
FGDM	4.1
Prepare Youth for Ind Living	3.6
Intensive Family Services	3.6
Purchases to ensure safe environ	3.6
Prepare Youth for Ind Living	3.6
Supervised Visitation	3.4
In-home case management	3.4
Family Preservation	3.2 **median**

Services	Availability
Parenting Class	3.1
Anger/DV services	3.1
Parenting Class	3.1
Mental Health	2.6
Respite Care	2.6
Crisis Intervention	2.1
Substance abuse treatment	2.0
Transportation Assistance	2.0

In addition to the statewide average, regional strengths and service gaps were identified by each region:

Region 1 **Coeur d'Alene**
Average service availability rating 2.9
Strengths: FGDM, counseling, IL, purchases for safe family environment
Gaps: substance abuse treatment, transportation, intensive family services and mental health

Region 2 **Lewiston**
Average service availability rating 3.7
Strengths: FGDM, respite care, in-home case mgt, crisis intervention, IL, intensive family services and purchases to ensure a safe family environment
Gaps: parenting classes, adult mental health, anger/DV services

Region 3 **Nampa/Caldwell**
Average service availability rating 3.0
Strengths: FGDM, family pres, in-home case management, IL and purchases to ensure a safe family environment
Gaps: transportation, substance abuse treatment, respite care, mental health

Region 4 **Boise**
Average service availability rating 2.7
Strengths: FGDM, counseling
Gaps: substance abuse treatment, respite care, crisis intervention, mental health, in-home case management

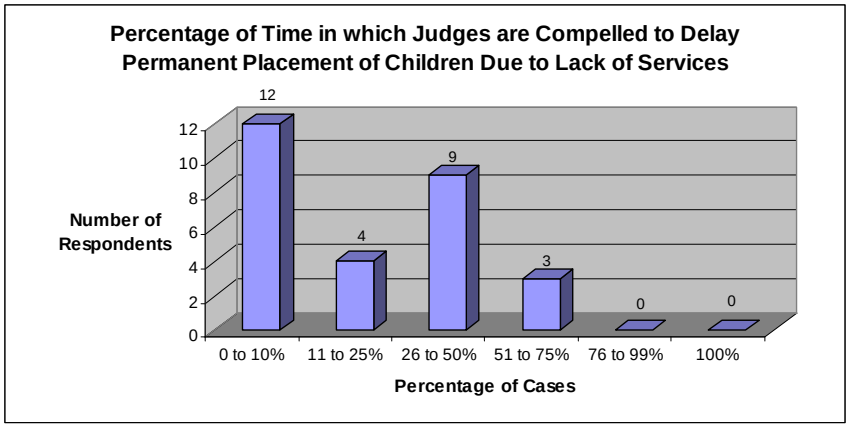
Region 5 **Twin Falls**
Average service availability rating 2.9
Strengths: FGDM, counseling
Gaps: substance abuse treatment, transportation, mental health

Region 6 **Pocatello**
Average service availability rating 3.9
Strengths: counseling/therapy and supervised visitation
Gaps: lack of transportation assistance

Region 7 **Idaho Falls**
Average service availability rating 3.4
Strengths: FGDM, respite care, supervised visitation
Gaps: respite care, transportation, IL services

This data is based solely on community members' perception of what the service strengths and gaps are in their region. The dilemma in asking focus groups if services are accessible to all families and children in their community is the tendency to perceive there are never enough services, even when there may be an adequate supply. For this reason, we ask that this item be thoroughly explored onsite through the case reviews and stakeholder interviews.

According to the May 2007 survey of magistrate judges at the Idaho Children and Families Institute training, accessibility to services in some areas of the state may be a barrier for children in achieving permanency. In response to the survey question, "In what percentage of time are you compelled to delay permanent placement of children because of delays in the availability of services for parents or children?" 28 judges responded as follows:



Forty-three percent of responding judges claimed that they were compelled to delay permanent placement of children in less than 10% of cases due to delays in the availability of services for parents or children. Also, 57% of judges stated that they were compelled to delay permanency due to lack of services in less than 25% of cases.

Strengths

Navigation is a short-term, solution-focused (120 days or less), flexible service intended to help members of the community who are experiencing temporary instability find services and resources appropriate for their needs. Navigation Services was fully implemented statewide on July 1, 2006. Its primary purpose is to aid customers in achieving health, stability and safety through linkages to resources and services. It is intended to augment existing department programs and services. It is a voluntary program. Navigators are experts who work with participants to help determine a strength-based plan to regain family health and stability. Navigation practice elements include:

- a strength-based assessment;
- an outcome-oriented case plan;
- referral to and collaboration with community and department programs; and
- facilitation of Resources and Services meetings to coordinate multiple service providers on a single case.

Congruent with its direct services to customers, Navigation has responsibility within the department and the community to aid the development of needed resources, provide technical assistance regarding resources and services, and support customer service initiatives.

Idaho also has a comprehensive information and referral service through the 211 Idaho CareLine. The CareLine has a massive database that lists all free or reduced cost services in Idaho and can be used by workers as well as family and stakeholders.

Ongoing Challenges

According to the Self Assessment Advisory Group, some extremely remote areas of Idaho lack adequate services within the community to meet the needs of its citizens. To obtain some services, the family may have to drive to another community that has the resources they need.

Summary

Most services which are available in the state are concentrated in the seven population centers – Coeur d'Alene, Lewiston, Nampa/Caldwell, Boise, Twin Falls, Pocatello and Idaho Falls. Service gaps were identified in every region. While not all services are equally available throughout the state, feedback from the Statewide Self Assessment Committee is that parenting classes, anger/domestic violence services,

mental health, respite care, crisis intervention, substance abuse treatment and transportation assistance are rated as the most problematic in terms of widespread availability. Adequately addressing the needs of those that CFS is responsible to serve will be an ongoing challenge.

Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

Previous Item Rating
During the CFSR-1, May 2003, this item was rated as an **Area Needing Improvement** because the State was found to not be effective in meeting the individual needs of children and families, particularly for in-home cases.

Changes 2003-2007
As part of Idaho's Program Improvement Plan, a standard for service delivery was developed that requires the child welfare social worker to consider the following when selecting services and/or providers for children and families:

- Will the selection of services address the factors contributing to child maltreatment?
- Is the service best suited to deal with the particular issues identified through the assessment process?
- Will the services be culturally appropriate?
- What skill or experience is required of the service provider? Does he or she have competency in dealing with the issues that must be addressed?
- Can various methods of service delivery be used concurrently, and how might this benefit the family?
- How soon are the services available?

The standard also outlines rural service principles that should be considered in individualizing services to meet the unique needs of children and families served by the agency.

Recognizing that increased family involvement will promote individualized services, from 2005 to the present, CFS established contracts in regions to organize and conduct family group decision making meetings. These contracts are being used actively. Region 7 elected to have their staff perform this function in the place of a contract.

The Department has also increased cultural competency of agency staff relative to persons with Indian heritage so staff can individualize services and maintain connections. This has been accomplished through the purchase and distribution of licenses for all CFS social workers to use certified on-line Indian Child Welfare Act (ICWA) training from NICWA and by conducting statewide training in 2005, 2006, and 2007 related to identifying culturally relevant services and by making "active efforts" to prevent placement of Indian children in foster care or "active efforts" to reunify Indian children with their families.

Impact on Practice
In 2003, Item 17 was assigned an overall rating of Area Needing Improvement because in only 44% of the cases reviewed had the service needs of children and parents been adequately assessed and/or addressed. In State FY 2006, 192 cases were reviewed. Eighty-one percent of those cases were rated as a strength. Please see Item 17 in this Self Assessment for more detailed information on service provision.

Ongoing Challenges
There is a limited array of formal services available in many rural areas of Idaho. These limited services include family support services, health care, dental care, and mental health treatment. Social workers/clinicians in these areas have an increased challenge and responsibility to locate, develop, or provide needed services.

Summary
Individualizing services for youth and their families in rural areas of the state often involves taking services that are currently available and assembling them into an array of "prepackaged" services rather than an individualized form of support or service built for the individual needs of individual families and their members. However, many CFS social workers are extremely resourceful at finding and initiating services for individuals on their caseloads.

F. Agency Responsiveness to the Community

Factor rating during CFSR-1 in 2003
This factor includes Items 38, 39, and 40. Idaho was found in **Substantial Conformity** on the Agency Responsiveness to the Community factor.

Item 38: State Engagement in Consultation with Stakeholders. In implementing the provision of the CFSP, does the state engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

Previous Item Rating
During CFSR-1 in May of 2003, this item was rated as a **Strength**. It was found that the Department engages in ongoing consultation with Tribal representatives, service providers, resource care providers, the juvenile court and other various community agencies and provides an opportunity to include stakeholder input in the CFSP.

Changes 2003-2007
IDHW continues to strengthen the consultation and partnering process. The CFSP incorporates the input of individuals who represent a wide range of agencies and community partners throughout the state. Annually, the plan is shared and input on the progress is gathered. The following groups are part of our ongoing community consultation: Idaho Supreme Court Child Protection Committee (CIP); Idaho State and Tribal Indian Child Welfare Committee; Casey Family Programs; University partners; Kincare Coalition; Children At-Risk Task Force (CJA); Citizen Review Panel members (Keeping Children Safe Panels); Resource parents, Foster Youth, Central Office Deputy Administrators, Program Managers, and Program Specialists; and Regional Child Welfare Program Managers, Chiefs Of Social Work, and Supervisors.

Impact on Practice
Ongoing consultation with and development of the Idaho Child Welfare Partnership has added a number of resources available to the agency, staff, and families by allowing the Department to maximize and expand its resources.

In February of 2006, the landmark Idaho Child Welfare Partnership was formalized with the signing of a written agreement. The partners include the Idaho Department of Health and Welfare, Casey Family Programs, Boise State University School of Social Work and Eastern Washington University (through the Idaho Child Welfare Research and Training Center). The partnership works collaboratively to implement

evidence based best practices to improve the delivery of services to children and families; develop an educated, highly trained and experienced child welfare workforce through the participating universities; provide resource parents with training to help them better understand how to work with traumatized children and birth parents; and maximize funding by leveraging in-kind and monetary support from the formal and informal networks for each individual partner organization and federal matching programs. An administrative board was named to govern the partnership

Collaboration with the Supreme Court Child Protection Court Improvement Committee is included in the goals and objectives of the CFSP and is resulting in the following practices:

- The courts and IDHW worked together to monitor and improve IV-E findings in court orders and timeliness of permanency hearings;
- Data is beginning to be exchanged between the courts and IDHW as a result of a CIP grant; and
- The CIP and IDHW are participating in their respective assessments by using joint surveys to gather information from the judicial and child protection systems.

Strengths

Stakeholders on the Statewide Self Assessment Committee reported that the child welfare system is more open to feed back and collaboration than in the past.

Ongoing Challenges

IDHW believes engaging and collaborating with partners is productive and improves outcomes, however, it requires time for scheduling and follow-up with multiple stakeholders.

Summary

Recognizing that none of us, alone, can accomplish safety, permanency and well-being for Idaho's children, CFS has taken the challenge of collaboration to heart and made some significant progress in partnerships with other entities in the state who are also concerned about, provide services to, and work with child welfare and family issues.

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

Previous Item Rating

During the CFSR-1, May 2003, this item was rated as a **Strength** because Idaho develops its CFSP and Annual Progress and Services Reports in consultation with a wide variety of stakeholders.

Changes 2003-2007

The Division of Family and Community Services has a strong track record of collaborative efforts with both local and statewide partners. Feedback is folded into the annual state plan process from external groups in the form of meetings, discussions and recommendations from community partners who represent a wide range of agencies and interests. Information for the plan is gathered from input that is routinely sought from Idaho's Keeping Children Safe Panel Members (citizen review panels), the Governor's Children at Risk Task Force, the Supreme Court Child Protection Committee, Idaho State and Tribal Indian Child Welfare Committee, Casey Family Programs, and university partners. Due to the diversity and strength of these groups, Idaho's Five-Year plan and annual updates have depth and perspective beyond what could be developed by IDHW in isolation. The annual plan is shared with community partners and placed on IDHW's website for review by the public.

The CFSP annual report averages around 100 pages, more pages than most community stakeholders have time to read. Therefore, quarterly community and staff newsletters have been distributed with information highlighting progress, new strategies, and services delivered pursuant to the annual report.

Impact on Practice
Not unlike other states, there are numerous and valuable forums to collect and exchange information and establish communication with stakeholders. These are outlined in Item 38.

Strengths
Community partners state that they appreciate the opportunity to review and give input to the plan and annual report.

Summary
CFS makes a concerted effort to involve multiple entities in the development and review of annual progress reports. For some groups with whom CFS meets regularly, it is an ongoing process of issue identification and strategy development. Since adopting the structure of the CFSR for annual reporting and submitting plans, planning has been a much smoother process. CFS staff know what the practice issues are as a result of ongoing feedback and review of quarterly CQI data. Through the collaboration processes described above, the program's goals are more consistently and coherently communicated within and outside the organization.

Item 40: Coordination of CFSP Services with Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted program serving the same population?

Previous Item Rating
During the CFSR-1 in May 2003, this item was rated as a **Strength** because Idaho coordinates services under the CFSP and has established partnerships with many other state and community organizations, including the Department of Education and school districts, Children's Mental Health, Juvenile Corrections, Casey Family Programs, Tribes and five state universities and colleges.

Changes 2003-2007
Children and Family Services staff, on a regional and statewide level, have frequent communication with agencies responsible for implementing other federal programs and services including Early Periodic Screening, Diagnosis and Treatment (EPSDT) through Medicaid; Child Support Services; work program services; Division of Welfare, Self-Reliance Program for Food Stamps and Temporary Assistance to Families; Social Security Administration; Vocational Rehabilitation; Head Start Programs; local elementary and secondary schools; Idaho universities and State Department of Education; Infant Toddler Program; Division of Behavioral Health for children and adult mental health and substance abuse services; Idaho Health Districts, hospitals, doctors' offices, and clinics; Division of Health; Developmental Disabilities Program; Infant Toddler Program Services; Tribes; Department of Juvenile Corrections and county juvenile probation; Child Advocacy Centers; faith based community organizations; the Idaho Children's Trust Fund (child abuse and neglect prevention activities); the Court Improvement Project; and Idaho tribes.

The Department has statewide and local Memorandums of Agreement with many public agencies such as the State Department of Education, local school districts, the Department of Juvenile Corrections, Idaho Supreme Court, local county juvenile probation departments, local child abuse and neglect, and multidisciplinary teams.

New agreements have been developed as changes occur. For example, in 2006, the Governor created a new Division of Behavioral Health within IDHW. This organizational change moved children's mental health and substance abuse services from the Division of Family and Community Services to the new Division of Behavioral Health. In June 2007, a Memorandum of Agreement was signed between the two divisions defining roles and responsibilities for program staff when a child is involved in the child welfare program and the child is receiving or needs children's mental health services.

In June 2007, an interdivisional policy within IDHW was developed in collaboration with Medicaid, Child Support Services, Children's Mental Health, and Family and Community Services. The policy describes how the programs will work together to serve children who are in alternate care placements, whether the placements are voluntary or involuntary.

The parent/family locator service is another relatively new and successful collaborative effort that involves Self Reliance, Child Support Services, and child welfare. Working together, these programs established a position for a well-trained locator who is assigned specifically to search for missing or hard to locate family members and relatives of children in foster care. Using this locator has reduced the time spent in finding absent parents and locating permanent relative homes for children in foster care. For example, in State Fiscal Year 2007 the locator received 271 requests from CFS to locate absent parents or relatives. In 80% of the cases, they were able to locate a parent or relative. Fourteen of those cases are still pending results.

In response to an amendment to the Child Abuse and Protection Treatment Act (CAPTA) in 2004, CFS and the Infant Toddler Program developed a standard titled "Mandatory Referral of Children, Birth to 3, for Infant Toddler Program Services on All Child Abuse and Neglect Reports Dispositioned as Substantiated," which outlines the referral process mandated by the CAPTA amendments. To implement the standard, CFS and Infant Toddler Program staff partnered and traveled to each region of the state, conducting joint training on referring, screening, assessing, and serving children who are birth to age three and the subject of a substantiated child abuse/neglect report.

Strengths
CFS has made partnerships a priority as evidenced by the number of local memorandums of agreement and interdepartmental protocols that are in place. When families or children's are involved with other programs, CFS staff usually coordinate services with those other programs.

Challenges
Arranging time to coordinate services with other programs was the only challenge that was identified for this item.

Summary
As noted earlier in items 38 and 39, CFS has many partnerships including those with other federal programs. Finding the time and building the infrastructure for being able to spend needed time together is on ongoing struggle.

G. Foster and Adoptive Parent Licensing, Recruitment and Retention

Factor rating during CFSR-1 in 2003
This factor includes items 41, 42, 43, 44 and 45. Idaho was found to be in **Substantial Conformity** on this factor.

<u>Item 41: Standards for Foster Homes and Institutions.</u> Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with the recommended national standards?

Previous Item Rating
During the 2003 CFSR, this item was rated a **strength** because the State had implemented a standard for licensing foster homes and institutions that is in accord with recommended national standards. As a result, this item was not included in Idaho's Program Improvement Plan.

Changes 2003 - 2007
A new practice standard entitled "Resource Family Licensing for Relatives and Non-Relatives" was released in 2007. It outlines the steps to becoming either a relative or non-relative licensed resource parent. This standard ensures that practice complies with the Adam Walsh Act of 2006 and other federal and state requirements. These changes also required numerous administrative rule revisions which were finalized in May of 2007. CFS workers have found combining prior standards and memorandums related to licensing and criminal history background check requirements into one standard to be helpful in reducing confusion and increasing consistency in practice.

Impact on Practice
Licensing continues to be a resource intensive process. Licensed resource homes are visited at least once per year to review home safety and other requirements. Institutions and facilities are required to submit an annual re-application. At that time, site visits are made to determine whether the level of safety and compliance with requirements are still being met.

The former foster family home study and adoptive family home study were combined for a more fluid process in cases where a family wants to foster and adopt a child or when a current foster home decides to adopt after already being licensed as a foster home. The home study is now partitioned so the adoption component of the assessment can be added at a later date without re-writing the entire home study.

Strengths
Staff training on the new practice standard for licensing relatives and non-relatives has taken place and is included in the New Worker Academy.

Ongoing Challenges
Emergency placements with relatives are often completed by staff who are not involved in licensure as part of their job assignment. Staff complete the initial steps of the process and receive the federal name-only criminal history background information on a relative who will serve as an emergency placement. However, staff do not always meet the timeframes for having the relative placement family fingerprinted or submitting federally required paper work to Idaho's Criminal History Unit, subsequent to receiving the criminal history background information.

Summary
Idaho has implemented standards for licensing foster homes and institutions as evidenced by the detailed content of the "Resource Family Licensing for Relatives and Non-relatives" standard. Please also refer to Item 42 to see how these standards are applied.

Item 42: The Standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

Previous Item Rating
During the 2003 CFSR, this item was rated a **Strength** because Idaho's licensing standards are applied to all licensed resource family homes and facilities. As a result, this particular item was not included in Idaho's Program Improvement Plan.

Changes 2003 - 2007
Idaho's Rules Governing Standards for Child Care Licensing (IDAPA 16.06.02) and the CFS Family Licensing Standard require all resource families to have full licensure prior to the placement of any child in state custody. Standards are equally applied to both relative and non-relative resource families.

On a case-by-case basis, a relative or non-relative may receive a variance for a licensing standard not related to safety concerns, such as completing all 27 hours of PRIDE training prior to licensure. A variance is different than a waiver, in that a variance situation, the intent and purpose of the licensing rule is still complied with. In a waiver situation, the standard is not applied. Waivers may only be granted to relatives for non safety concerns. When the Department approves a variance or waiver to the "Resource Family Licensing" standard, the information must be documented both in the licensing file and as a narrative in the FOCUS information system.

Impact on Practice
Training staff to the newly developed licensing standard (please see item 41 for more information related to the standard) has clarified licensing requirements and the licensing process.

Strengths
Variances for non-safety issues can allow children to be placed more quickly and, in some cases, reduce the number of total placements for a child. As resources are limited, especially those resources related to staff time, regional contracts for licensing and involvement of our University Partners in training have helped to supplement agency resources.

Ongoing Challenges
The capacity of regional licensing workers to recruit, assess, license, train, support, and maintain child safety in foster care is stretched. More staff are needed to internally monitor licensing requirements and assist in recruitment and support.

Summary
Idaho continues to apply standards to all licensed or approved family homes or child facilities.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Previous Item Rating
During the 2003 CFSR, this item was rated a **Strength** because the State had implemented criminal background check policies and procedures for anyone providing direct care, serving as a foster/adoptive parent, or working on-site in a residential care facility or children's agency. Idaho's requirements exceeded Federal requirements for criminal background clearances under the Adoption and Safe Families Act of 1997. Idaho received an "opt out" designation by passing a legislative concurrent resolution.

Idaho continued to use the higher standard. As a result of the strength rating, this item was not included in Idaho's PIP.

Changes 2003 - 2007
With the passage of the Adam Walsh Act, rule revisions were made to the criminal history and background check requirements. These became effective following the most recent legislative session which ended in April 2007. In Rules Governing Family and Children's Services, IDAPA 16.06.02.009.02, states that applicants for foster care, adoptive parents, children's agency facility staff, residential care facility staff, and day care facility staff must have a completed criminal history and background check and receive a clearance, prior to certification or licensure. Any other adult living in the home must complete a self-declaration form, be fingerprinted, and not have any designated crimes listed in "Rules Governing Mandatory Criminal History Checks," IDAPA 16.05.06. Applicants who do not pass the criminal history background check are notified and given a conditional or unconditional denial for more serious designated crimes. An individual who receives a conditional denial may request an exemption review hearing to determine his/her fitness to care for vulnerable children or adults. In May 2007 the resource family licensing standard was revised to clarify the criminal history process, such as how to apply for criminal history background checks and actions to be taken if the results reveal substantiated complaints or reveal a criminal history.

Impact on Practice
In March 2007, Idaho passed the IV-E eligibility review. With 80 cases reviewed, only 3 errors were found. Licensing and criminal background procedures and case documentation were part of the review.

The new standard and revised rules add clarification to staff and to applicants on how to navigate the criminal history background process. The requirement for CFS staff to check child protection central registries in all states where the prospective foster adoptive parent has resided within the past 5 years was also included.

Strengths
State compliance in conducting criminal history background checks prior to placement and prior to licensure has historically been high.

Ongoing Challenges
CFS continues to experience infrequent delays in receiving federal criminal history that impact timeliness of licensure. However, the ongoing working relationship between the two divisions allows for continuous problem solving.

Summary
Idaho's rules and standards prescribe the provisions and procedures for criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives in the household, thereby meeting all requirements of CAPTA, ASFA and the Adam Walsh Act.

<u>Item 44: Diligent Recruitment of Foster and Adoptive Homes.</u> Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

Previous Item Rating
During CFSR-1 conducted in May of 2003, this item was previously rated as an **Area Needing Improvement** because, while the State of Idaho had a myriad of recruitment strategies, none seem to be effective in providing the State with the foster and adoptive homes needed for Idaho's children in

placement that reflect the ethnic and racial diversity. In addition, strategies were needed to address retention of resource homes.

Changes 2003-2007

The number of children in state care (at a single point in time) has increased from 1,215 in 2002 to 1,813 in 2006. This is a 49% increase in the number of children in state care. The number of licensed resource homes has increased from 942 in 2002 to 1,353 in 2006 an increase of 44%. While the number of youth in state care and number of licensed resource homes has increased by nearly the same percentage, the number of available homes consistently lags behind the number of homes needed. Approximately 25% of licensed resource homes are caring for relative child(ren) and do not provide care for other foster children. When these relatives adopt their relative child or become the child's legal guardian, they discontinue fostering.

During the summer of 2006, a foster/adoptive family recruitment campaign was initiated using ads developed in collaboration between the National Ad Council, Administration for Children and Families, and AdoptUSKids. The campaign's message is "You don't have to be perfect to be a perfect parent: There are thousands of teens in foster care willing to put up with you." The ads focus mainly on the adoption of teenagers from foster care and feature racially diverse family composition. These materials were accessed and distributed statewide. The television commercials now appear locally throughout the state as well as nationally.

After collaboration with Tribal partners, and at their request, a recruitment flyer was created. This flyer, with an attractive picture of a Native American youth and a quote by Chief Dan George, Chief of the Salish Band in Burrard Inlet, British Columbia, was distributed to tribal social service agencies within Idaho borders and to CFS offices statewide to use in the recruitment of Indian foster and adoptive homes. It is too early to determine the effectiveness of this particular recruitment effort.

Promising Approaches

In a May 2002 report issued by the DHHS Office of the Inspector General on foster parent recruitment, it was reported that States are underutilizing their most effective recruitment tool - foster parents. The report states that despite a lack of benchmarks or performance indicators to track successful recruitment practices, program managers in 20 states reported that they find foster parents to be one of the most successful methods of recruiting new foster families. Informed by this report and staff experiences, Idaho implemented a Recruiter Peer Mentor (RPM) program in May of 2007, which uses seasoned foster parents to recruit new potential foster homes. The introduction of this program was met with enthusiasm from both child welfare staff and licensed resource families.

Regional recruitment include~~s~~ Department staff, University Partners, Casey Family Programs staff, private contractors, tribal members, Hispanic representatives (when appropriate) and peer recruiters. With regionally based recruitment teams, the recruitment of resource families focuses on the specific needs of that region's local communities. All regional recruitment teams are responsible for the development of innovative ideas to recruit resource families, including resource families of color and Native American families.

To address the issue of insufficient minority resource homes, regional recruitment efforts focus on developing a local presence at multicultural events, at fairs, and with community organizations. Regional reports are positive in their perception that regional recruitment teams appear to be an effective tool in focusing on region specific recruitment needs and populations. Region 1 has added to its recruitment efforts a commercial depicting several ethnic groups in an effort to interest more foster parent resources among minority populations. Region 4 has sought to recruit more Hispanic foster homes by dispensing recruitment information on Spanish station radio segments presented by a Hispanic CFS caseworker.

Region 4 has also been actively tracking the areas from which children are removed and placed into state custody. They are then targeting specific areas in their region and focusing recruitment efforts on these site specific areas so that children are able to stay in close proximity to their neighborhoods and remain in their same school. Region 4 has found recruitment efforts partnering with local church organizations have been successful as well. All regions dispense informational brochures in recruiting foster parents. Many brochures depict several ethnic groups, as well as Native American children.

Currently the diversity of Idaho resource families is reflected in the table below:

	Licensed Resource Families			
	Total*	**American Indian**	**African-American**	**Hispanic**
Region 1	282	5	0	7
Region 2	86	7	2	2
Region 3	460	2	1	58
Region 4	286	3	2	16
Region 5	152	3	1	13
Region 6	171	6	1	13
Region 7	132	1	0	6
Statewide	1569	27	7	115

***approximate**

Impact on Practice

The Idaho Child Welfare Partnership, discussed earlier in this self assessment under Item 32, is being used to impact recruitment and retention of resource families. Through the partnership, Casey Family Programs has donated $35,000 that is leveraged with other funding sources to become $70,000. These funds are distributed among the regions to support peer recruitment team efforts. Additionally, the local university partner in each region supports foster families who are identified as peer recruiters. As a result of the partnership and peer recruitment teams, new and innovative recruitment strategies are being implemented statewide.

Strengths

The following recruitment efforts are identified as strengths by stakeholders:

- Idaho is using a process of evaluation and exit interviews with foster parents to inform recruitment and retention; Data from these interviews provides valuable information to better understand foster parents' concerns, barriers, and priorities and has impact on recruitment, training, and supportive efforts.
- Relatives are identified earlier and assessed as potential placement resources;
- The process for licensing has been clarified through a new standard; and
- A train-the-trainer session for the PRIDE curriculum has been offered to adoption agencies as an avenue to expedite licensing of potential foster and adoptive parents.

Ongoing Challenges

Licensing requirements are an important component of the quality of Idaho's foster care program; however, meeting licensing standards takes time and adds to the challenge of increasing the number of resource families available for placements. The Statewide Self Assessment Committee also identified low reimbursement rates and lack of a statewide formal foster parent association as barriers to effective recruitment. A 2007 survey completed by the University of Maryland School of Social Work, the

National Foster Parent Association, and Children's Rights identified Idaho as one of five states that would need to more than double its base rate payments for foster care in order to reimburse the actual costs of caring for a child. Idaho's reimbursement rates are compared to average and recommended rates in the table below. Foster Parent reimbursement is an issue that will be prioritized in next year's 2009 Legislative Session.

Child's Age	Idaho Base Rates	US Base Rates (average)	Recommended Base Rates
2 yr	$274	$488	$629
9 yr	$300	$509	$721
16 yr	$431	$568	$790

Summary
During the self assessment process, the need for more specific and targeted recruitment as well as additional therapeutic foster homes were identified. Increased efforts have been productive increasing the number of licensed homes by 44% between 2002 and 2006. At the same time, the number of children needing placement increased by approximately 49%. Diligent efforts to recruit families are continuing, including families that reflect the racial and ethnic diversity of families with children in foster care.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Previous Item Rating
During CFSR-1 in May of 2003, this item was rated as a **Strength** because Idaho uses a broad array of programs to promote cross-jurisdictional timely adoptive placements for waiting children.

Changes 2003 - 2007
The Department continues to use a number of strategies to increase adoptive or other permanent placements across jurisdictional boundaries. For example, Idaho's Wednesday's Child Program maintains a website that gives national exposure to Idaho's waiting children. The website elicits inquiries from families not only in Idaho but across the nation. The Department also uses the Northwest Adoption Exchange and the AdoptUSKids national websites to list children who need an identified permanent resource.

In February 2006, IDHW used adoption incentive funds to contract with Northwest Resource Associates to provide specialized permanency planning services for difficult to place children and youth. These services included "mining" case files to identify current and previous child connections that could serve as potential placement resources for the child. This contract was in place for six months during 2006. Nine difficult to place children were selected for the specialized permanency planning services. Three of the children have received placements and two others are in potential permanent placements. The other four remain listed on the Northwest Adoption Exchange, AdoptUSKids and Wednesday's Child.

Following the contract with Northwest Resource Associates, Idaho was approved for the "Wendy's Wonderful Kids" through the Dave Thomas Foundation for Adoption. Wendy's Wonderful Kids is locally facilitated though Special Needs Adoptive Parents Services (SNAPS). The Department and SNAPS entered into an agreement that allows a contracted recruiter to provide specialized permanency planning services through child-focused recruitment. The recruiter reviews the files, develops comprehensive and individualized adoption recruitment plans and activities, and conducts a thorough search of potential adoptive families. Finally, the recruiter assists in developing a placement and transition plan. The recruiter received her first Department referrals in October 2006. Between October 2006 and

April 2007, 24 children had been placed as a result of her efforts. As of mid April 2007, the recruiter had a caseload of 18 "active" cases, and SNAPS was in the process of reviewing additional referrals.

In addition to using adoption exchanges and mining of the files for permanency options, Idaho continues to consider relatives who live in other states through the Interstate Compact. Due to the Adoption Safe Families Act and the growing number of children in foster care, the number of interstate compact requests has increased by 89% from 2001 to 2006. In 2006, 62% of the interstate compact requests came from other states to study families in Idaho for potential placements.

With the passage of the Safe and Timely Interstate Placement of Foster Children Act of 2006, Idaho developed a practice standard to guide social workers in completing and reporting the results of a home study within sixty calendar days from the time Idaho's ICPC Administrator receives the request. According to current data, 60% of incoming home studies are completed within the required 60 day time frame and approximately 85 % of all home studies are completed within 90 days.

Impact on Practice
Idaho continues to cast a broad net in considering permanency options for children. Additionally, since October 2006, timeliness has improved in completing home studies for other states.

Strengths
Workers frequently accesses the state's parent locater services to identify and locate relatives as potential permanent placements. The Statewide Self Assessment Committee also pointed out that the quality of the professional portraits on the Wednesday's Child website attract many potential adoptive parent both in and out of state.

Ongoing Challenges
Although social workers are doing a good job of meeting the new time frames required by the Safe and Timely Interstate Placement of Foster Children Act, shortening the time frames for completion of the studies is stressing an already fragile work force.

Summary
Idaho has a process in place that responds timely and promotes the use of cross jurisdictional resources for permanent placements. Idaho makes concerted efforts to utilize all available resources to access and review placement options for children in state custody both in and out of state. Idaho is not aware of any institutional or attitudinal barriers in placing children cross-jurisdictionally, both between regions as well as across state lines.

SECTION V - STATE ASSESSMENT OF STRENGTHS AND NEEDS

This section is based on an examination of the data in Section II and the narrative response in sections III and IV.

What specific strengths of the agency's programs has the team identified?

Safety Outcome 1

- **Timeliness of initiating investigations.** Through staff efforts and monitoring of response times, CFS has surpassed its PIP goal of 90% and is currently in the mid to upper 90's on a consistent basis. Regular monitoring and feedback continue to support timely responses.
- **Re-maltreatment.** Idaho has exceeded the national standard for repeat maltreatment consistently since 2005 according to Idaho's data profile. FOCUS data reports show absence of maltreatment percentages ranging between 95.5 and 97.1 for FY03 through FY07.

Safety Outcome 2

- **In-home services to prevent removal or re-entry.** Statewide CQI results reveal that the percentage of cases where the agency made concerted efforts to provide services to the family to prevent child's entry into foster care or re-entry after a reunification hover around 97% for 2004-2006.
- **Risk assessment and safety management.** Idaho has exceeded the national standard for the absence of child abuse and neglect in foster care since 2003 when monitoring of this data indicator began. CQI case reviews show that the agency is effective in reducing the risk of harm to children both in foster care and living at home in approximately 95% of the cases reviewed.

Well Being 2

- **Educational needs of the child.** CFS social workers have a history of making sure that the educational needs of children in foster care are assessed and met. This is also true for in-home cases, when education is an identified area of concern. Parents are encouraged to participate in their child's educational planning and activities. "Passports" which contain educational records assist with transitions in foster care and for emancipating youth.
- **Physical health of the child.** Some promising practices such as foster care clinics have been identified to improve timely access to health care upon entry into foster care. CFS performance on this item is monitored through the CQI case review. Results from 2004-2007 hover right around the 90% benchmark.
- **Mental/behavioral health of the child.** Tremendous gains have been made in this area since 2003. Currently CQI case reviews show that the majority of children in both foster care and living at home are appropriately assessed and receive needed services. However, our CQI results differ from the Self Assessment Advisory Group's perceptions related to the availability of mental health services in the community. Therefore, this will be an area that will need to be explored during the onsite review.

Systemic Factors

- **Statewide information system.** Idaho's child welfare information system (FOCUS) was implemented in 1999. During 2007, FOCUS passed a rigorous AFCARS review and updates to improve the system are made continuously. Information Service Coordinators are available in each region for training and technical assistance. Data quality continues to improve as workers seek easier and more efficient ways to document their casework in a timely manner.

- **Quality assurance system.** Over the past three years CFS has built, with the help of community partners, a system of continuous quality improvement which has unique features such as Regional Improvement Plans, workers as trained reviewers, direct worker/supervisor case specific feedback as well as "exit" meetings where findings of the cases are reviewed with staff. Of all of Idaho program improvements, establishment of a quality assurance process has had the most impact on worker awareness of child welfare goals and knowledge of casework expectations.
- **Training.** For improvements in initial training, rather than just adding topics to the existing curriculum, a more thorough and competency-based pre-service training system was established with strategies in place for continuous improvement. This model of training is based on gradual assumption of full responsibility for cases accompanied by a learning contract that links training and practice. Implementation of PRIDE training statewide for resource parents is an excellent example of program improvements.
- **Agency responsiveness to the community.** The Department continues to strengthen the consultation and partnering process and receives input of individuals who represent a wide range of agencies and community partners throughout the state. Two particularly strong examples are the CIP project through the Supreme Court Child Protection Court Improvement Committee and the Idaho Child Welfare Partnership which includes IDHW, Casey Family Programs, Boise State University and Eastern Washington University. The Idaho partnership has increased the number of resources available to the agency, staff and families by allowing the Department to maximize and expand its resources.

What are the primary areas <u>needing improvement</u>?

Permanency Outcome 1

- **Foster care re-entries.** Composite 1 shows Idaho is doing a great job with timely reunification; however, the permanency of reunification is problematic. Abbreviated stays in foster care, lack of extended home visits prior to reunification, lack of re-assessment of risk and substance abuse relapse all seem to play a role in foster care re-entry.
- **Stability of foster care placements.** Some Idaho children in foster care are moving too often and the longer they are in foster care the more difficult it is to keep them in a stable placement. Since the likelihood of additional placement changes increases with time in care, concurrent planning and earlier permanent placement can minimize the likelihood of additional movement.
- **Establishment of an appropriate permanency goal in a timely manner.** Lack of implementation of concurrent planning appears to be the primary barrier to the timely establishment of an appropriate permanency goal.
- **Timeliness to adoption.** Idaho has progressed from 15% to 33% of children available for adoption who are adopted within 24 months of entering foster care. According to Permanency Composite 2, most of the related measures are improving slowly but steadily over time. Legal representation would help to improve these positive outcomes.
- **Other planned permanent living arrangements.** Establishing permanency for older youth is an area of practice that needs strengthened as evidenced by Permanency Composite 3 on the state's Data Profile and Idaho's CQI results. During the 2008 onsite review, Idaho hopes to gain a better understanding of what is occurring with permanency options for older youth.

Well-Being Outcome 1

- **Worker visits with children and parents.** Dramatic gains have been made in this area, but performance is not yet at the expected level. Many barriers continue to exist such as large caseloads, travel distances, severe road conditions during half of the year and flexibility of social worker schedules.

Systemic Factors

- **Service array and resource development/service accessibility.** Due to the remoteness of many Idaho communities, needed services are not uniformly available to everyone who might need them. Grants such as PSSF are used to stimulate the development of needed services. Many communities suffer from infrastructure barriers such as lack of public transportation. Implementation of the Idaho CareLine and the Department Navigation Program have helped many people get connected with needed services.

- **Foster and adoptive home licensing, approval, and recruitment.** Idaho has good strategies for general recruitment, but needs to develop strategies for specialized recruitment and recruitment of culturally diverse homes for children of Indian heritage and children of Hispanic heritage.

What specific needs has the team identified that warrant further examination during the onsite review?

- In cases when re-maltreatment or re-entry occurs, are children being re-unified too soon? What decision making process was used to determine it was safe for the children to return home? Was a formal re-assessment completed?
- How is concurrent planning being implemented in Idaho?
- The Departments needs the on-site review to give additional insight as to why permanency goals are not being achieved in a timely manner;
- Why are youth, who are legally free, discharged from foster care on their 18th birthday without a permanent placement? Was the permanency goal appropriate in every case? Were there compelling reasons that should have been taken into consideration in lieu of TPR? Were diligent efforts made to find permanency options for these young adults?
- Are there cases where the issue of legal representation for the Department impacts permanency for children?
- What are the reasons for placement instability? What is contributing to multiple moves?

Onsite Review Site Selection

Following are the three locations in the state that are most appropriate for examining the strengths and needs noted in the self assessment and in the onsite review

The State of Idaho has a population of approximately 1.5 million people. It is comprised of 44 counties, 26 of which are considered "frontier." About 20% of Idaho's population lives in the frontier counties. Idaho has 4 population centers: Coeur d'Alene in North Idaho (Kootenai County); Boise/Nampa in Southwestern Idaho (Ada, Canyon and surrounding counties); Pocatello in Southeastern Idaho (Bannock and Power Counties); and Idaho Falls in Eastern Idaho (Bonneville and Jefferson Counties). Given the relatively small foster care population (2,000 at any given point in time) and population distribution, most counties do not have enough cases to provide a sample according to self-assessment guidelines. This narrows the possibilities to only a few counties eligible to be considered as potential and representative sites.

Through the self assessment process, a list was developed that answers the question, "What do we want to learn about child welfare in Idaho from the site selection?" The list includes:

- How are in-home cases being handled throughout the state?
- In areas that have challenges with legal representation for the agency, how are those challenges impacting timely permanency for children?
- How are regions working with local tribes?

- Fourteen percent of Idaho's child population is Hispanic. How does the agency serve Hispanic children and their families?
- How is CFS working to achieve stability in foster care?
- How is the child welfare system working with older youth in care?

The self-assessment process and sample size availability resulted in the following three (3) locations being proposed as review sites:

- **Ada County** (FIPS code 16001), **Boise Field Office**, Region 4
- **Kootenai County,** (FIPS code 16055)**, Coeur d'Alene Field Office,** Region 1
- **Jerome County,** (FIPS code 16053), **Jerome Field Office,** Region 5

County Level Data for Site Selection

To understand the component numbers below: zero equals the mean/median for counties nationwide. Each county can see how far above or below the national mean their performance is. The units are standard deviations; i.e., 68% of the counties fall between -1 to +1; 95% of counties fall between -2 to +2; and 99.7% fall between -3 to +3. That is, +3 would be a top performer and -3 would be at the bottom for performance. Simply put, any component with a score below zero is concerning and any score above zero is having a positive impact on the overall statewide performance. Also, it should be noted that any component score above +1 is seen as meeting the national standard of performance.

Composite 1: Timeliness and permanency of reunification
[Standard 122.6 or higher] Idaho: 146.1

County	Children Served	*Component A	**Component B	Unweighted County Composite
Ada	874	0.74	0.57	0.65
Kootenai	316	1.08	0.47	0.78
Jerome	143	1.60	0.53	1.06

*Component A: Timeliness of reunification
**Component B: Permanency of reunification

Composite 2: Timeliness of Adoptions
[Standard 106.4or higher] Idaho: 109.9

County	Children Served	*Component 1	**Component 2	***Component 3	Unweighted County Composite
Ada	874	-0.05	1.11	-0.23	0.28
Kootenai	316	-1.42	-0.74	-1.11	-1.09
Jerome	143	1.07	4.27	-0.09	1.75

*Component 1 (A): Timeliness of adoptions of children discharged from FC
**Component 2 (B): Progress toward adoption for children in FC >17 months
***Component 3 (C): Progress toward adoption of children who are legally free

Composite 3: Permanency for children & youth in FC for long periods of time
[Standard 121.7 or higher] Idaho: 117.0

County	Children	*Component	**Component	Unweighted County

	Served	1	2	Composite
Ada	874	0.44	0.06	0.25
Kootenai	316	0.18	0.94	0.56
Jerome	143	1.38	-0.39	0.49

*Component 1 (A): Achieving permanency for children in FC for long periods of time
**Component 2 (B): Growing up in FC

Composite 4: Placement Stability
[Standard 105.5 or higher] Idaho: 93.0

County	Children Served	*Measure 1	** Measure 2	***Measure 3	Unweighted County Composite
Ada	874	-0.08	-0.56	-0.65	-0.52
Kootenai	316	0.73	0.07	0.80	0.64
Jerome	143	-0.62	0.87	-0.17	0.05

* Measure 1: Two or fewer placement settings for children in care less than 12 months
**Measure 2: Two or fewer placement settings for children in care for 12 to 24 months
***Measure2: Two or fewer placements for children in care for 24+ months

Summary and Highlights Supporting Site Recommendations

Ada County, Boise Field Office, Region 4

Background:

- Boise is the largest urban area in Idaho. The Boise city population is currently estimated to be approximately 198,738. Ada County has an estimated population in 2006 of 300,904. Ada County experienced a rapid growth rate of 19.3% in population between 2000 and 2006;
- There are a limited number of placement alternatives in Ada County;
- Through a partnership agreement, Boise works with Casey Family Programs to case manage 50 cases in the Treasure Valley area;
- Staff turnover rates in Boise are high. In SFY 2006 the turnover rate was 28.3%;
- There are no tribes located in or adjacent to Ada County;
- Eight percent of the child population in Ada County is Hispanic; and
- Boise presents many of the same urban issues as any other city of its size. However, it is not typical of other cities in Idaho because the Boise Field Office receives significantly more referrals of child abuse and neglect than any other Idaho cities.

Key Data:

- There were 6,625 referrals called into the Boise office during state fiscal year 2007; and
- Boise has 24.7% of children in out-of-home placement in state fiscal year 2007.

Rationale for Site Selection:

Ada County is the largest metropolitan area. Despite high staff turnover rates and high case loads (the average case load was 36 cases per social worker in September 2007), Ada County does a remarkable job in the area of child well-being according to CQI results. Like many areas of the State, Ada County continues to struggle with placement stability and in meeting the standard of children exiting to adoption in less than 24 months.

<u>Kootenai County</u>, Coeur d'Alene Field Office, Region 1

Background:

- Coeur d'Alene is a small city, located in Northern Idaho. Coeur d'Alene has a 2006 estimated population of 41,328, a 20% increase over 2000. The 2006 estimated population of Kootenai County is 131,507.
- Coeur d'Alene is surrounded by vast unpopulated alpine areas and is close to the Canadian border. It is 30 miles east of Spokane, Washington which has a population of approximately 200,000. Currently there is no commercial airline service to Coeur d'Alene, so visitors must fly to Spokane, rent a car, and drive 35-40 minutes to reach their destination.
- Kootenai County encompasses 1,245 square miles.
- Tourism is Coeur d'Alene's biggest industry.
- Staff turnover rate in Region 1 is 17%.
- The Coeur d'Alene Indian Reservation is located at Plummer, Idaho near Coeur d'Alene.
- Only five percent of the child population in Kootenai County is Hispanic.
- The Coeur d'Alene area presents many of the same urban issues as other mid-sized cities in Idaho plus the addition of a quickly expanding population.

Key Data:

- There were 966 referrals called into the Coeur d'Alene office during state fiscal year 2007.
- Coeur d'Alene has 9.1% of children in out-of-home placement in state fiscal year 2007.

Rationale for Site Selection:

A site review in Kootenai County would allow our state to gain a better understanding of issues involved in legal representation and working with local tribes. During the self-assessment process, the Supreme Court Child Protection Improvement Committee (CIP) requested we submit this county as a potential site. This county exceeds the standard of reunifying children in less than 12 months and is meeting the national standard for children who re-enter foster care. Kootenai County also exceeds the standard of achieving placement stability for children. However, in Composite 2, it is challenged with meeting the standards for timeliness to adoption. The average caseload for case carrying staff in Region 1 (Coeur d'Alene area) is 34 cases.

<u>Jerome County,</u> Jerome Field Office, Region 5

Background:

- Jerome is a small town, located in South Central Idaho, with an estimated 2006 population of 8,687. The county population is estimated (2006) to be 20,130.
- Since there is no airport in Jerome it is best for visitors to fly to Boise, rent a car and drive 112 miles to Jerome. There is a small commercial airport in Twin Falls which is about 15 miles from Jerome. However, connections to the Twin Falls airport are limited.
- Jerome County encompasses approximately 600 square miles.
- Staff turnover rate in Region 5 (Twin Falls/Jerome area) is 16.7%;
- There are no tribes located in Jerome County.
- Jerome County has one of the highest Hispanic populations in the State. Thirty-four percent of the child population is Hispanic.
- Jerome presents many of the same issues as other small towns in Idaho.

Key Data:

- There were 758 referrals of child abuse or neglect called into the Jerome office during state fiscal year 2007; and
- Jerome has 4.5% of the total number of children in out-of-home placement state fiscal year 2007.

Rationale for Site Selection:

Children and Family Services would like cases to be reviewed at Jerome because it is representative of other small towns in Idaho. Additionally, it has a high Hispanic population, a desired feature that was identified by the Self Assessment Committee. Jerome County exceeds the standards set forth in Composite 1 as well as Composite 2, with the exception of those children who become legally free within 6 months of the first day of the year. However, we believe we can learn more about practice in working with older youth by hosting a site review in Jerome. It exceeds the national standard in having children in care for 3 or more years who turn 18 years of age while in care (66.7%). Additionally, it has a lower percent (83.3%) of youth who are legally free who are discharging to permanent homes. The average caseload per case carrying staff in Region 5 (Jerome area) is 28 cases.

Statewide Assessment Process

Idaho established a Self Assessment Committee composed of stakeholders representing a wide range of agencies and community partners throughout the state. The group met on August 9th and November 1st, 2007, in two full day meetings, to review and provide input on the self assessment. Additionally, some existing subcommittees provided input through regularly scheduled meetings and telephone conference calls. Overall, the input we received confirmed statewide systemic and practice issues and emphasized area-specific issues. A significant benefit of establishing the committee was the strengthening of partnerships through education and increased communication.

In concert with the Statewide Self Assessment Committee, the Supreme Court Child Protection Court Improvement Committee partnered with CFS to conduct surveys at the Magistrates Conference in May 2007. All magistrates handling child protection cases were surveyed on the systemic factors related to case reviews and issues surrounding timely permanency for children. These surveys provided another opportunity for stakeholders to provide input on Department practices and processes. Additionally, approximately 70 foster youth were interviewed in youth focus groups. Their input adds depth and their voices to the self assessment.

During the self assessment process in CFSR-1, Idaho took a more subjective and region-specific look at child welfare practice. The most significant difference of this self assessment was the analysis of data as required for the completion of the assessment. Since 2003, Idaho has made extensive progress in developing additional FOCUS reports and implementing a CQI process that made it possible to gather more reliable data for this assessment. The acquisition of additional data greatly enhanced our ability to measure practice and performance and make needed improvements.

Statewide Self Assessment Participants

Community Stakeholders

Brian Murray, Magistrate Judge and Court Improvement Project Chairman	Senator Joyce Broadsword Idaho Senate
Representative Margaret Henbest Idaho House of Representatives	Representative Sharon Block Idaho House of Representatives
Kathleen McGregor Irby Fourth Judicial District, Magistrate	Debra Alsaker-Burke Court Improvement Project Coordinator
Richard Roberge, M.D. Board of IDHW, Chairman	Jill Robertson ,Governor's Children at Risk Task Force, Community Resource for Families
Andrew Ellis Ada County Deputy Prosecuting Attorney	Jennifer Gose-Eells Twin Falls County Deputy Prosecuting Attorney
Brenna Schur Juvenile Probation	Bill Augsburger Nampa Police Department
Jerrilea Archer Ada County Sherriff's Department	Sharon Harrigfeld Department of Juvenile Corrections
Camie Werely Domestic Violence, Women's Center	Patty Clark Women's Crisis Center
Stacey McAlevy Court Appointed Special Advocate (CASA)	Jon Burnham Dept. of Juvenile Corrections, Council Chair
Larry Honena Northwest Band of Shoshone Nation	Brandelle Whitworth Shoshone Bannock Tribes, Office of Legal Counsel
Josephine Halfhide Consultant for Kootenai Tribe	Linda Dripps Kin-Care Program Manager, CCOA
Roger Sherman Idaho Children's Trust Fund	Mike Scholl Director, Idaho Casey Family Programs
Kerry Koontz St. Luke's Magic Valley RMC-CARES	Scott Crandall Family Connections (services contractor)
Renee Hill Keeping Children Safe Panel Member	Midge Fisher Keeping Children Safe Panel Member
Tom Turco Keeping Children Safe Panel Member	Hollis and Teri Doty Foster Parents
Alicia Jade Wallace Foster Care Alumnus	Tony Mares Foster Care Alumnus, Foster Parent

Bonnie Gallant Area Director, Boise School District	Sue Rose Salmon Substance Abuse Liaison
Bob Hayes Substance Abuse Liaison	Bob Stahn Substance Abuse Liaison
Patty Gregory Idaho Child Welfare Research & Training Center	Kim Fordham Idaho Child Welfare Research & Training Center
Kathy Tidwell Boise State University, Child Welfare Center	

Department of Health and Welfare Participants

Michelle Britton, Division Administrator Family & Community Services	George Thomas IDHW Deputy Director
Shirley Alexander, Program Manager FACS Child and Family Services Program	Frank Sesek, Deputy Division Administrator Division of Family & Community Services
Brian Baldwin, Senior Management Analyst Division of Family & Community Services	Cameron Gilliland, Bureau Chief Division of Family & Community Services
Mardell Nelson, FACS Program Manager Planning, Training, and Evaluation	Oscar Morgan, FACS Program Specialist Planning, Training, and Evaluation
Wes Engel, FACS Program Manager Resource Development Unit, Central Office	Mary Jones, FACS Program Manager Idaho Infant Toddler Program
Pete Putra, Program Manager FACS Tribal Relations, Central Office	Marian Woods, Program Manager IDHW Service Integration (Navigation)
Chuck Halligan, Program Manager Children's Mental Health Division of Behavioral Health	Bethany Gadzinski, Bureau Chief Substance Abuse Division of Behavioral Health
Kurt Lyles, CMH Program Specialist Division of Behavioral Health	Sherry Brown, Automated Systems Manager Division of Information Technology, FOCUS
Ross Edmunds, CMH Program Specialist Division of Behavioral Health	Sara Reitan Social Worker, Region 3
Jeri Bala, Program System Specialist FACS FOCUS	Vicki Covelli, Project Manager Division of Behavioral Health, FOCUS
Judy Boothe, Program System Specialist FACS FOCUS	Ross Mason, Regional Director IDHW Region 3

Rossi Landis, Regional Director IDHW Region 4	Tracey Sessions, Regional Director IDHW Region 7
Marci Spilker, Deputy Attorney General IDHW Region 2	Brent King, Deputy Attorney General IDHW Region 3
Randy Geib, Region 1 FACS Field Program Manager	Roxanne Printz Region 1 Chief of Social Work
Mary Jo Murdie, Region 2 FACS Field Program Manager	Brian Pope Region 2 Chief of Social Work
Jeremy Player, Region 3 FACS Field Program Manager	Brenda Evans Region 3 Chief of Social Work
Steve Sparks, Region 4 FACS Field Program Manager	Carol Fowler Region 4 Chief of Social Work
Kathy James, Region 5 FACS Field Program Manager	Lynn Baird Region 5 Chief of Social Work
Frances Lunney, Region 6 FACS Field Program Manager	Brian Plowman Region 6 Chief of Social Work
Fred Kirn, Region 7 FACS Field Program Manager	Marlene Bubar Region 7 Chief of Social Work
Kathy Morris CW Program Specialist, Central Office	Diane Helton CW Program Specialist, Central Office
Valerie Burgess CW Program Specialist, Central Office	Kathy Mc Carroll CW Program Specialist, Adoptions
Lori Yellen CW Program Specialist Foster Care and Independent Living	Erika Wainaina CW Program Specialist, ICPC