Child and Family Services Reviews

Statewide Assessment Instrument Update

June 2016

Idaho Department of Health & Welfare
Family and Community Services
Child and Family Services

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

This page was intentionally left blank.

Table of Contents

Introduction **1**
The CFSR Process 1
Integration of the CFSP/APSR and CFSR Statewide Assessment 2
The Statewide Assessment Instrument 2
Completing the Statewide Assessment 3
How the Statewide Assessment Is Used 3
Statewide Assessment Instrument 4
Section I: General Information 4
CFSR Review Period 4
State Agency Contact Person for the Statewide Assessment 4
Statewide Assessment Participants 5
Section II: Safety and Permanency Data **10**
State Data Profile 10
Section III: Assessment of Child and Family Outcomes and Performance on National Standards **12**
Instructions 12
A. Safety 13
B. Permanency 17
C. Well-Being 21
Section IV: Assessment of Systemic Factors **28**
Instructions 28
A. Statewide Information System 29
B. Case Review System 32
C. Quality Assurance System 43
D. Staff and Provider Training 52
E. Service Array and Resource Development 67
F. Agency Responsiveness to the Community 94
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention 104

This page was intentionally left blank.

Introduction

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

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

The CFSR Process

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

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

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

Integration of the CFSP/APSR and CFSR Statewide Assessment

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

The Statewide Assessment Instrument

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

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

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

Completing the Statewide Assessment

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

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

How the Statewide Assessment Is Used

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

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

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

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

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

Statewide Assessment Instrument
Section I: General Information

Name of State Agency: Idaho Department of Health and Welfare, Family and Community Services, Child and Family Services

CFSR Review Period

CFSR Sample Period: Foster Care cases: April 1, 2015 – September 30, 2015 In-home cases April 1, 2015 - November 15, 2015

Period of AFCARS Data: 12B – 15A

Period of NCANDS Data: FY13 – FY14

(Or other approved source; please specify if alternative data source is used):

N/A

Case Review Period Under Review (PUR): April 1, 2015 – August 30, 2016

State Agency Contact Person for the Statewide Assessment

Name: Michelle Weir

Title: Program Manager, Child and Family Services

Address: 450 West State Street, 5th Floor Boise, ID 83702

Phone: (208) 334-5700

Fax: (208) 332-7330

E-mail: WeirM@dhw.idaho.gov

Statewide Assessment Participants

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

State Response:

External Stakeholders:

Brian Murray, Magistrate Judge and Court Improvement Project Chairman

Debra Alsaker-Burke, Court Improvement Project Coordinator

Renea Bierir, Court Improvement Project Data Analyst

Taunya Jones, Court Improvement Project Data Analyst

Sharon Randle, Indian Child Welfare Manager, Coeur d'Alene Tribe

Jackie McArthur, Tribal Social Services Manager, Nez Perce Tribe

Pete Putra, Tribal Administrator, Shoshone-Paiute Tribe

Roberta Hanchor, Social Worker, Shoshone-Paiute Tribe

Ricky Lewis, Chair, Idaho Foster Youth Advisory Board

Kailamai Hansen, Co-Chair, Idaho Foster Youth Advisory Board

Bobbie Geiger, PATH Executive Director – Treatment Foster Care

Robin Sanchez, Director Casey Family Programs

Marian Woods, Sr. Director Casey Family Programs

Kim Fordham, Eastern Washington University – Foster Parent Recruitment and Retention Contract

Scott Crandall, Director Family Connections – In-home Case Management Services

Staci Jensen-Hart, Idaho State University – Embedded Trainers Contract Supervisor

Sheri Weistaner, Service Provider – North Hub

Jill Hicks, Service Provider – North Hub

Kelli Aiken, Service Provider – North Hub

Scott Crandall, Service Provider – North Hub

Rick Toll, Service Provider – North Hub

Susan Baca, Service Provider – West Hub

Jared Moss, Service Provider – West Hub

Ginny Acevedo, Service Provider – East Hub

Ashley Benson, Service Provider – East Hub

Eric Pettingill, Service Provider – East Hub

Erin Cunningham, CASA – North Hub

Zenita Delva, CASA – North Hub

Thana Cooper, CASA – East Hub

Internal Stakeholders:

Miren Unsworth, Deputy Division Administrator

Roxanne Printz, Program Manager – North Hub/Region 1 & 2

Stacy White, Chief of Social Work – Region 1

Robert Braniff, Chief of Social Work – Region 1

Andie West, Child Welfare Supervisor – Region 1

Angela Kitt, Social Worker – Region 1

Cindy Freer, Licensing and Adoption Worker – Region 1

Chrissy Edmonson, Chief of Social Work – Region 2

Kim Neely, Social Worker – Region 2

Rhonda Schultz, Licensing and Adoption Worker – Region 2

Maggie Morrison, Licensing and Adoptions Supervisor – Regions 1 & 2

Julie Sevcik, Licensing and Adoptions Supervisor – Regions 3 & 4

Susan Dwello, Program Manager – West Hub/Region 3

Mike Dixon, Chief of Social Work – Region 3

Cami Blackburn, Chief of Social Work – Region 3

Myra May, Child Welfare Supervisor – Region 3

Ismael Hernandez, Child Welfare Supervisor – Region 3

Mary Fitzpatrick, Licensing and Adoptions Supervisor – Region 3

Andi Ashton, Social Worker – Region 3

Valerie Clark, Lead Chief of Social Work – Region 4

Andrea Blackwood, Chief of Social Work – Region 4

Heather Slavin-Taylor, Chief of Social Work – Region 4

Chris Miller, Child Welfare Supervisor – Region 4

Sheila Knezevich, Licensing and Adoptions Supervisor – Region 4

Ashley Hines, Social Worker – Region 4

Lisa Shaffer, Licensing and Adoption Worker – Region 4

Jaime Nava, Program Manager – East Hub/Region 5

Pam Harris, Chief of Social Work – Region 5

Dave Nilsson, Child Welfare Supervisor – Region 5

Marjean Flowers-Hazen, Licensing and Adoptions Supervisor – Region 5

Denise Price, Social Worker – Region 5

Annie Magee, Licensing and Adoption Worker – Region 5

Chris Freeburne, Program Manager – East Hub/Region 6 & 7

Brian Plowman, Chief of Social Work – Region 6

Lisa Van Voorhis, Child Welfare Supervisor – Region 6

Lisa Williams, Licensing and Adoptions Supervisor – Region 6

Lyndsey Walls, Social Worker – Region 6

Maria Keller, Licensing and Adoption Worker – Region 6

Mark Shultz, Chief of Social Work – Region 7

Michelle Clark, Child Welfare Supervisor – Region 7

Tammy White, Child Welfare Supervisor – Region 7

Kathy McDermott, Licensing and Adoptions Supervisor – Region 7

Brenda Taylor, Social Worker – Region 7

Kathy Hammond, Licensing and Adoption Worker – Region 7

Janet Fletcher, Program Manager – Centralized Intake Unit

Katie Phillips, Child Welfare Supervisor – Centralized Intake Unit

Jo Perry, Social Worker – Centralized Intake Unit

Michelle Weir, Program Manager – Central Office Policy Team

Amanda Pena, Program Specialist – Safety

Stephanie Miller, Program Specialist – Permanency

Jen Haddad, Program Specialist – Well-Being

Misty Myatt, Program Specialist – Workforce Training and Development

Falen LeBlanc, Program Specialist – Independent Living

JoLyn Sellin, Program Specialist – ICPC

Nicole Shackelford, Program Specialist – ICWA

Sabrina Brown, Program Specialist – Foster Parent Recruitment and Retention

Jake Silva, Program Specialist – Continuous Quality Improvement

Don Lee, Bureau Chief – Automated Systems

Brian Molthen, Program Manager – Automated Systems

Rick Harris, Data Analyst – Automated Systems

Jennifer Surrusco, Data Analyst – Automated Systems

Clarissa Decker, Child Welfare Funding Team Supervisor

Jennifer Hannah, HR Program Manager

The above-mentioned stakeholders were involved in the Statewide Assessment in various roles. External stakeholders were mainly involved in providing data and feedback on their areas of expertise while internal stakeholders contributed data analysis, assessment of statewide functioning, and writing responses to each of the items included in this report.

The Statewide Assessment was prepared primarily by Child and Family Services Program Specialists assigned to Safety, Permanency, Well-Being, Independent Living, Indian Child Welfare Act, Workforce Development, Interstate Compact on the Placement of Children, Foster Care Recruitment and Retention, Continuous Quality Improvement, and the Child Welfare Policy Program Manager. These individuals work closely with youth in foster care, biological parents, foster parents, adoptive parents, courts, child welfare contractors, and other state, national, and federal programs serving children and families in Idaho. Foster youth and parent's names are kept confidential and will not be released in this report. Tribal, court, and community partners have been instrumental in assisting the Department in gathering data reflected in case reviews and providing feedback on reports and practice trends.

During the month of May 2016, in collaboration with the Children's Bureau, stakeholder interviews were conducted with the following groups to gather additional information and feedback regarding the states' performance to inform this update. Those groups include CFS child welfare social workers, supervisors, chiefs, data analyst, central office program specialist, and program managers. In addition to internal staff, interviews were also conducted with the Administrative Office of the Courts, Casey Family Programs, PATH of Idaho, Eastern Washington University, Guardian Ad Litems, service providers, tribal partners, foster parents, birth parents, and youth.

Section II: Safety and Permanency Data State Data Profile

Idaho

CFSR 3 Data Profile

Children's Bureau
An Office of the Administration for Children & Families

November 2015

Submissions as of 08-19-15 (AFCARS) and 09-25-15 (NCANDS)

CFSR Statewide Data Indicator Performance & PIP Status	12 month period	Data Used	Observed Performance			Risk-Standardized Performance (RSP) & National Standard (NS)					Performance Improvement Plan (PIP)			
											Primary Indicator		Companion Indicator (if applicable)	
			Denominator	Numerator	Percentage or Rate	Lower RSP	RSP	Upper RSP	NS	Performance related to NS	Baseline	Goal	Baseline	Threshold
Permanency in 12 months (entries)	12B13A	12B-15A	975	448	45.9%	43.9%	47.1%	50.3%	40.5%	Met				
Permanency in 12 months (12-23 mos)	14B15A	14B-15A	328	195	59.5%	49.7%	54.4%	59.0%	43.6%	Met				
Permanency in 12 months (24+ mos)	14B15A	14B-15A	189	91	48.1%	39.5%	45.2%	51.1%	30.3%	Met				
Re-entry to care in 12 months	12B13A	12B-15A	436	10	2.3%	2.7%	4.2%	6.6%	8.3%	Met				
Placement stability	14B15A	14B-15A	150,051	589	3.93	3.60	3.90	4.23	4.12	No dif				
Maltreatment in foster care	14A14B	14A, 14B, FY14	477,514	18	3.77	3.59	5.49	8.39	8.50	Met				
Recurrence of maltreatment	FY13	FY13, FY14	1,714	60	3.5%	3.8%	4.8%	6.0%	9.1%	Met				

Table Notes

12 month period: The 12-month period described in the denominator for this indicator (see Data Dictionary). "FY" (e.g., FY13) refers to NCANDS data which span Oct 1st - Sept 30th. All others refer to AFCARS data: 'A' refers to Oct 1st - Mar 31st; 'B' refers to Apr 1st - Sep 30th. The two digit year refers to the calendar year in which the period ends (e.g., 13A = 10/1/12 - 3/31/13; FY13 = 10/1/12 - 9/30/13).

Data Used: Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

Observed Performance

Denominator: For Placement stability and Maltreatment in foster care - Number of days in care. For all other indicators - Number of children.
Numerator: For Placement stability - Number of moves. For Maltreatment in foster care - Number of victimizations. For all other indicators - Number of children.
Percentage or rate: For Placement stability - Moves per 1,000 days in care. For Maltreatment in foster care - Victimizations per 100,000 days in care. For all other indicators - Percentage of children experiencing the outcome.

Risk-Standardized Performance (RSP) & National Standard (NS)

RSP: Risk-standardized performance. The RSP is derived from a multi-level model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate.
Lower RSP and Upper RSP: 95% interval estimate around the RSP. Reflects the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.
NS: National standard. The observed performance for the nation as described in the Federal Register notice.
Performance related to NS: Indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the NS. "No Dif" means the interval includes the NS. For the permanency in 12 months indicators, "Met" is used when the entire interval is above the NS; "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS; "Not Met" is used when the entire interval is above the NS. "No Dif" and "Met" do not require PIP inclusion of the indicator.

Performance Improvement Plan (PIP)

Baseline: A preliminary PIP baseline derived from the state's observed performance for the indicator using the most recent 12-month period of available data. At the time the state's PIP is due, the baseline is specified and will remain the same with the exception of certain situations when the state resubmits data for the baseline period.
Threshold: If the state must include permanency in 12 months (entries) in its PIP, the state must also not go above the threshold shown for re-entry to foster care. If the state must include re-entry to foster care in its PIP, the state must not go below the threshold shown for permanency in 12 months (entries).

Idaho

CFSR 3 Data Profile

Children's Bureau
An Office of the Administration for Children & Families

November 2015

Submissions as of 08-19-15 (AFCARS) and 09-25-15 (NCANDS)

Data Quality: These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds. Values in **bold** indicate that the percentage of problem cases exceeded the data quality limit. Blank cells indicate the check is not applicable. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the table on page 1. Percentages below have been rounded for purposes of presentation. Data quality limits are applied to unrounded values.

AFCARS Data Quality Checks

MFC = Maltreatment in foster care
Perm = Permanency in 12 months for children entering care, Permanency in 12 months for children in care 12-23 months, Permanency in 12 months for children in care 24 months or more, and Re-entry to care in 12 months.
PS = Placement stability

						6 month periods									
		Limit	MFC	Perm	PS	10B	11A	11B	12A	12B	13A	13B	14A	14B	15A
AFCARS IDs don't match from one period to next	>	40%	✓	✓	✓	31.2	33.5	29.3	31.4	28.7	26.4	29.2	34.2	36.6	
Age at discharge greater than 21	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Age at entry is greater than 21	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Date of birth after date of entry	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Date of birth after date of exit	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dropped records	>	10%	✓	✓	✓	0.5	0.3	0.0	0.2	0.0	0.0	0.0	0.2	0.0	
Enters and exits care the same day	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Exit date is prior to removal date	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
In foster care more than 21 yrs	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing date of birth	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing date of latest removal	>	5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0
Missing discharge reason (exit date exists)	>	5%		✓		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing number of placement settings	>	5%			✓	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1
Percentage of children on 1st removal	>	95%	✓	✓	✓	78.1	78.0	76.7	77.6	77.0	77.8	79.9	80.2	79.4	78.9

NCANDS Data Quality Checks

MFC = Maltreatment in foster care, RM = Recurrence of maltreatment

							Fiscal Years			
		Limit	MFC	RM	2011-12	2012-13	2013-14	2011	2012	2013	2014
Child IDs for victims match across years	<	1%		✓	1.5	1.9	2.2				
Child IDs for victims match across years, but DOB and sex do not match	>	5%		✓	0.0	0.0	0.0				
Missing age for victims	>	5%	✓	✓				0.0	0.0	0.0	0.0
Some victims should have AFCARS IDs in child file	<	1%	✓					100.0	100.0	100.0	100.0
Some victims with AFCARS IDs should match IDs in AFCARS files		No	✓					Yes	Yes	Yes	Yes

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

Instructions

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

A. Safety

Safety Outcomes 1 and 2

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) is dedicated to protecting children from abuse and neglect and safely maintaining them in their homes whenever possible. CFS has made significant enhancements in safety assessment practice with the goal of increasing precision and accuracy in safety decision-making and safety planning. The shift in practice is in the first year of full implementation and while it is too early to make conclusions based on the available data it is the goal of CFS to strengthen all areas related to safety which demonstrate Idaho's commitment to ensuring the safety of all children. Idaho has conducted case record reviews (CRR) since 2004 utilizing the federal review instrument. This rigorous internal review process assesses statewide performance in the areas of safety, permanency, and well-being. CFS utilizes the CRR results and statewide data indicators to evaluate, address and develop performance goals and strategies for meeting safety outcomes 1 and 2.

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

Idaho has observed improvements in timeliness of investigations for all accepted child maltreatment reports initiated, with face to face contact with children made, within CFS established timeframes as indicated by CRR results. Idaho did meet the national standards for recurrence of maltreatment and maltreatment in foster care. While Idaho's has some promising practice initiatives which will continue to assist in enhancing safety outcome 1, this is an area needing improvement as Idaho's current performance for calendar year 2015 of 91% is below the 95% compliance requirement for Round 3 of the Child and Family Services Reviews (CFSR 3).

OSRI Item 1: Timeliness of Investigation, Goal 95% CFSR 3 CRR Results
CY 2015: 91% - slightly below PIP-2 goal
CY 2014: 87% - below PIP-2 goal
CY 2013: 94% - slightly below PIP-2 goal

Recurrence of Maltreatment, National Standard 9.1% (Federal Statewide Data Indicator)
FFY 2013, FFY 2014: Risk-standardized Performance 4.8%
Idaho Observed Performance 3.5% - exceeds standard

Maltreatment in Foster Care, National Standard 8.50 (Federal Statewide Data Indicator)
AFCARS 2014A, 2014B, FFY 2014: Risk-standardized Performance 5.49
Idaho Observed Performance 3.77 - exceeds standard

Strengths

In December of 2014, Idaho began full implementation of the Enhanced Safety Model of practice. This model was adopted to ensure statewide consistency in conducting Comprehensive Safety Assessments and increase precision with making safety determinations for children. Throughout the planning for and continued implementation of the Enhanced Safety Model of practice stakeholders including the tribes, the courts, law enforcement, CASA, and local schools have been engaged and given the opportunity to provide feedback. Feedback from the Child Welfare Stakeholder Group included requests for community presentations on the practice model to help bridge communication between CFS and stakeholders. Presentations were held around the state with the courts, law enforcement, the tribes, and local schools. Idaho is strongly committed to ensuring the safety of all children and as indicated in Safety Outcome 1 has continued to show strength in this area. Idaho exceeds the national standards for recurrence of maltreatment and maltreatment in foster care.

Concerns

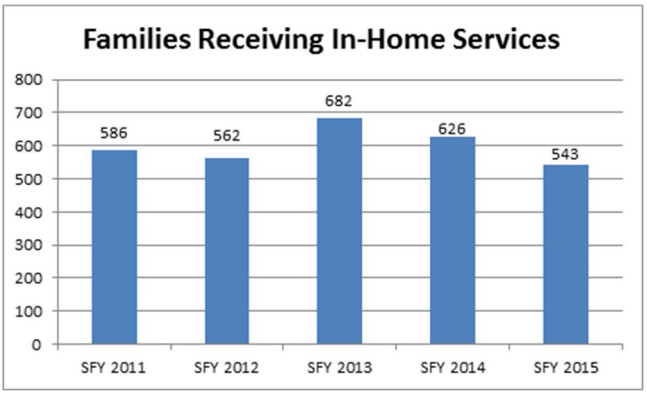
Idaho conducted a statewide CRR during 2015 on 108 cases. The time period of the review encompassed the previous safety assessment tool, a transitional safety assessment tool which bridged the previous safety assessment tool with the new practice model, and the current Comprehensive Safety Assessment. Initial data from the 2015 case reviews indicated a slight improvement in timeliness from 87% to 91% which remains under the goal. This was attributed to not seeing all children within the home in the required timeframe. It is important to note during 2015, changes were made to the State Automated Child Welfare System (SACWS) in how the “child seen time” is documented; this will allow for future data collection and analysis on all children in the home.

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

Idaho continues to strive in making concerted efforts to provide services to families to prevent children’s entry into foster care or re-entry after reunification. While Idaho’s practice initiatives in assessing safety are promising on increasing precision for safety determinations and planning, this is an area needing improvement as Idaho’s performance the past three calendar years is below our previously established goals and below the current expected CFSR 3 requirements of 95% for safety outcome 2.

OSRI Item 2: Services to Protect and Prevent Removal, CFSR 3 Goal 95% CRR Results (PIP-2 established goal was 94%)

CY 2015: 87% - below PIP-2 goal
CY 2014: 93% - slightly below PIP-2 goal
CY 2013: 93% - slightly below PIP-2 goal



OSRI Item 3: Risk and Safety Assessment and Management, CFSR 3 Goal 95% CRR Results (PIP-2 established goal was 92%)

CY 2015: 80% - below PIP-2 goal
CY 2014: 87% - below PIP-2 goal
CY 2013: 85% - below PIP-2 goal

Strengths

As previously mentioned in December of 2014 CFS began full implementation of the Enhanced Safety Model of practice. This model was adopted to ensure statewide consistency in conducting Comprehensive Safety Assessment and increase precision with making safety determinations for children and safety planning with a family. Throughout the planning for and continued implementation of the Enhanced Safety Model of practice stakeholders including the tribes, the courts, law enforcement, CASA, and local schools have been engaged and given with the opportunity to provide feedback. Feedback from the Child Welfare Stakeholder Group regarding Idaho's Child and Family Services Plan (CFSP) goal of ensuring that the only children placed in foster care are those who are unsafe and cannot remain in the home with a sufficient safety plan, was incorporated into Idaho's Annual Progress and Services Report and updates were given to the Child Welfare Stakeholder group at a subsequent meeting. This feedback included support for workers in implementing the Enhanced Safety Model to ensure statewide consistency in safety practice. In response to this feedback, CFS fine-tuned new worker Academy curriculum which was made available to all staff and created a coaching cohort to assist with supporting workers with fidelity of the Enhanced Safety Model. Idaho is strongly committed to ensuring the safety of all children and as indicated in Safety Outcome 2 has continued to show strength in this area.

Concerns

As with Safety Outcome 1, the time period of the 2015 CRR review encompassed the previous safety assessment tool, a transitional safety assessment tool which bridged the previous safety assessment tool with the new practice model, and the current Comprehensive Safety Assessment. In 2015, CFS experienced a decline in the established goals for services to protect

and prevent removal, from 93% to 87%, and in risk and safety assessment and management, from 87% to 80%. During 2015, CFS worked to establish a consistent definition of an “in-home” case while also working through system challenges to identifying these cases in the SACWS system. Additionally, during the implementation of the Enhanced Safety Model, it was apparent CFS needed to make significant adjustments to when and how safety planning is conducted with families where children are unsafe. This significant practice change has impacted our in-home numbers as we continue to provide on-going support to workers to ensure sufficient safety planning is occurring with all unsafe children.

B. Permanency

Permanency Outcomes 1 and 2

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) is achieving timely permanency; however is not adequately preserving the continuity of family relationships for children placed in foster care. Statewide Data Indicators related to the permanency and stability of children's living situations exceeds national standards despite not meeting the standard for timely establishment of appropriate permanency goals. This discrepancy is believed to be related to training needs. Although practice improvements have been made to parent/child visitation practices, all outcome measures related to maintaining a child's relationships with parents, siblings, and relatives fail to meet standards. Practice and community concerns related to the way in which fathers and relatives are included in the child welfare system have a direct impact on these items. Idaho has conducted case record reviews (CRR) since 2004 utilizing the federal review instrument. This rigorous internal review process assesses statewide performance in the areas of safety, permanency, well-being and systemic factors. CFS utilizes the CRR results and Statewide and National data indicators to evaluate, address, and develop performance goals and strategies for meeting permanency outcomes 1 and 2.

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

Idaho has observed stability of placement for children, timely permanency in 12 months, and improvements in establishment of timely permanency goals for children in care, as propounded by statewide data indicators and CRR results. Idaho is meeting all the 5 national data standards in permanency outcome 1. CFS believes this is an area of strength even though our current performance for timely establishment of permanency goals for calendar year 2015 CRR results of 84% is below the current expected Round 3 Child and Family Services Review (CFSR 3) requirements of 95%. Idaho has consistently met the established goals for the Program Improvement Plan (PIP-2) developed after Round 2 CFSR. While Idaho's has demonstrated meeting all of the national data indicators for permanency outcome 1, this is an area needing improvement as Idaho's current performance for calendar year 2015 of 84% for item 5 and 53% for item 6 is below the 95% compliance requirement for Round 3 of the Child and Family Services Reviews (CFSR 3).

Re-entry to Care in 12 months, National Standard 8.3% (Federal Statewide Data Indicator)
AFCARS 12B – 15A: Risk Standardized Performance 4.2%
Idaho Observed Performance 2.3% - exceeds standard

Placement Stability, National Standard 4.12 (Federal Statewide Data Indicator)
AFCARS 14B – 15A: Risk Standardized Performance 3.90%
Idaho Observed Performance 3.57% - exceeds standard

OSRI Item 4: Stability of Foster Care Placement, Goal 95%, (CFSR 3) CRR Results (PIP-2 established goal was 82%)
CY 2015: 75% - below PIP-2 goal
CY 2014: 69% - below PIP-2 goal
CY 2013: 74% - below PIP-2 goal

OSRI Item 5: Permanency Goal for Child, Goal 95%% (CFSR 3) CRR Results (PIP-2 established goal was 73%)
CY 2015: 84% - above PIP-2 goal
CY 2014: 79% - above PIP-2 goal
CY 2013: 83% - above PIP-2 goal

OSRI Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (OPPLA), Goal 95% (CFSR 3) CRR Results
CY 2015: 53% - below goal

Permanency in 12 Months (entries), National Standard 40.5%, (Federal Statewide Data Indicator)
AFCARS 12B – 15A: Risk Standardized Performance 47.1%
Idaho Observed Performance 45.9% - exceeds standard

Permanency in 12 Months (12-23 Months), National Standard 43.6%, (Federal Statewide Data Indicator)
AFCARS 14B – 15A: Risk Standardized Performance 54.4%
Idaho Observed Performance 59.5% - met standard

Permanency in 12 Months (24+ Months), National Standard 30.3%, (Federal Statewide Data Indicator)
AFCARS 14B – 15A: Risk Standardized Performance 45.2%
Idaho Observed Performance 48.1% - met standard

Strengths

Idaho exceeds standards for children in foster care achieving permanency within 12 months, regardless of the length of time the child has spent in foster care. All children who enter foster care in Idaho are required to have concurrent permanency goals with the only exception being for those children for whom reunification is not an option due to the presence of aggravated circumstances, both parents being deceased, or Safe Haven placement. Information gathered during CRR suggests these results are related to the strong emphasis on the use of concurrent planning goals in service planning. Use of dual assessments in the licensing of resource families ensures these families meet requirements to become permanency options for children placed in their care and minimizes delays when identifying permanent placement options for children.

Performance in the area of placement stability exceeds the national standard when considering all AFCARS reportable cases during the second half of 2014 and first half of 2015. CRR, which examines a small portion of cases (210 per year in 2013 and 2014 and 108 in 2015) indicate placement instability continues to occur in a number of cases. Idaho intends to utilize case-specific information in these reviews to identify factors which negatively impact placement stability.

Concerns

Despite exceeding standards for achieving permanency in 12 months, Idaho fails to meet outcome measures for CFSR 3 related to the timely establishment of an appropriate permanency goal and achieving permanency related to reunification, guardianship, adoption, or APPLA within required federal and state timeframes of 95%. Based upon information presented in CRRs, it is believed some of this failure is due to training needs related to the timely incorporation of permanency goals into the State Automated Child Welfare System and errors related to the selection of reunification with a mother and reunification with a father as two separate permanency goals; instead of reunification with either parent as a goal. Social workers and courts have sometimes utilized reunification as both a primary and secondary goal, and have not identified a non-reunification goal until reunification was ruled out as an option.

Re-entry data, in combination with timely reunification outcomes as presented above, reflect the possible beginning of a pattern in which years Idaho exceeds outcome requirements for reunification are followed by years Idaho fell below the standards for foster care re-entry. Due to changes in how these concerns are measured, it is unclear if this information represents a potential issue with reunification practice. Idaho is in the process of implementing standardized case consultation and staffing practices based upon the Enhanced Safety Model of practice. These practices will specify how case information is assessed at various points in a case, including prior to reunification. Continued monitoring of reunification and re-entry data in addition to qualitative information learned from the case staffing practice will assist in determining any possible correlation.

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

Idaho continues to strive in making concerted efforts on the continuity of family relationships and preservation of connections for children in care. Idaho has seen improvements in performance in areas around parent and sibling visitation. Overall, this outcome is an area needing improvement as Idaho's performance for the past three calendar years is below our established PIP-2 goals and below the current CFSR 3 requirements of 95% for this outcome.

OSRI Item 7: Placement With Siblings, Goal 95%, (CFSR 3) CRR Results (PIP-2 established goal was 93%)

CY 2015: 80% - below PIP-2 goal
CY 2014: 89% - below PIP-2 goal
CY 2013: 85% - below PIP-2 goal

OSRI Item 8: Visiting With Parents and Siblings in Foster Care, Goal 95%, (CFSR 3) CRR Results (PIP-2 established goal was 86%)

CY 2015: 90% - above PIP-2 goal
CY 2014: 79% - below PIP-2 goal
CY 2013: 91% - above PIP-2 goal

OSRI Item 9: Preserving Connections, Goal 95%, (CFSR 3) CRR Results (PIP-2 established goal was 92%)
CY 2015: 86% - below PIP-2 goal
CY 2014: 92% - at PIP-2 goal
CY 2013: 90% - below PIP-2 goal

OSRI Item 10: Relative Placement, Goal 95%, (CFSR 3) CRR Results (PIP-2 established goal was 93%)
CY 2015: 87% - below PIP-2 goal
CY 2014: 86% - below PIP-2 goal
CY 2013: 85% - below PIP-2 goal

OSRI Item 11: Relationship of Child in Care with Parents, Goal 95%, (CFSR 3) CRR Results (PIP-2 established goal was 85%)
CY 2015: 85% - at PIP-2 goal
CY 2014: 84% - below PIP-2 goal
CY 2013: 92% - above PIP-2 goal

Strengths

In 2015, Idaho's performance improved in the area of parent and sibling visits. Although the goal for this item met PIP-2 established goals for Idaho, it is below the required CFSR 3 goal of 95%. However, there are notable positives in visitation practice in Idaho. An examination of CRR information reflects the consistent use of normative visitation environments and reduction in use of supervised visits when not necessary due to safety concerns.

Concerns

Idaho performance has fallen below the 95% CFSR 3 goals for all items related to Permanency Outcome 2. The challenge for sibling placement is primarily related to the availability of foster homes able to take more than two siblings, particularly when any of the children have behavioral concerns. Identification and engagement of fathers significantly impacts performance in the areas of parent/child visits, preserving connections, relative placement, and parent/child relationships. Collaboration between state child welfare, child support and vital statistics programs has aided in the earlier legal establishment of paternity; however this process can still take several months. Individual courts have not been willing to consider fathers in cases until paternity is legally established. Paternity issues delay not only the ability to preserve a child's connections and support parent/child relationships, but also to identify paternal relatives. Other challenges in this area include late relative search efforts and not re-assessing relatives for placement following a placement disruption. In 2013, 35.4% of Idaho foster children were placed with relatives or fictive kin; the percentage grew to 36.9% in 2014 and to 39.1% in 2015. While the goal for relative placement has not been met, the percentage of children placed with relatives or fictive kin has consistently increased over the past 3 years. Idaho will continue to focus on the importance of relative search and engagement.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) is highly invested in implementing strategies to enhance the capacity of families to provide for their children's needs and ensure children receive appropriate services to meet their needs in all areas including education, physical and mental health needs. Through Idaho's IV-E Waiver Demonstration Project, CFS has recently implemented innovative and individualized services to provide additional supports to increase the ability of families in meeting the needs of their children and ensure appropriate services. In an effort to continually asses and measure performance outcomes for the areas of safety, permanency, and well-being Idaho has conducted case record reviews (CRR) since 2004. To evaluate, address, and develop performance goals and strategies for well-being outcomes 1, 2, and 3, CFS utilizes results from CRR.

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

Idaho has observed improvements and is exceeding established PIP-2 goals from Round 2 Child and Family Services Review (CFSR 2) in the areas of family's involvement in case planning and worker/parent visits. During the 2015 calendar year Idaho fell 4% below the established PIP-2 goal for needs of children and families. However, while this is below the goal, this was a smaller case sample size compared to 2013 and 2014 when twice as many cases were reviewed. While Idaho's practice initiatives in enhancing families capacities to provide for their children needs remains an important goal, this is an area needing improvement as Idaho's performance is below the current expected CFSR 3 requirements of 95% for this well-being outcome 1.

OSRI Item 12: Needs and Services of Child, Parents, and Foster Parents, Goal 95% (CFSR 3) CRR Results (PIP-2 established goal was 81%)

CY 2015: 77% - below PIP-2 goal
CY 2014: 80% - below PIP-2 goal
CY 2013: 82% - Above PIP-2 goal

OSRI Item 13: Child and Family Involvement in Case Planning, Goal 95% (CFSR 3) CRR Results (PIP-2 established goal was 78%)
CY 2015: 80% - exceeds PIP-2 goal
CY 2014: 85% - exceeds PIP-2 goal
CY 2013: 91% - exceeds PIP-2 goal

OSRI Item 14: Caseworker Visits With Child, Goal 95% (CFSR 3) CRR Results (PIP-2 established goal was 85%)
CY 2015: 85% - at PIP-2 goal
CY 2014: 87% - above PIP-2 goal
CY 2013: 93% - above PIP-2 goal

Worker/Child Visits – Federal reporting for Worker Contacts FY2015

FY2015 YTD	Statewide
Total Contacts Required	14,291
Total Contacts Made	13,849
Total Seen In Residence	10,258
Total Percentage Seen	**97%**
Total Percentage Seen In Residence	74%

OSRI Item 15: Caseworker Visits With Parents, Goal 95% (CFSR 3) CRR Results (PIP-2 established goal was 79%)
CY 2015: 85% - above PIP-2 goal
CY 2014: 75% - below PIP-2 goal
CY 2013: 88% - above PIP-2 goal

Strengths

Connections to services were achieved through direct supports provided by CFS, as well as through referrals to community service providers. Through Idaho's recent practice initiatives, CFS started the initial implementation of the Child and Adolescent Needs and Strengths (CANS) tool in October 2015. The CANS tool utilizes CFS's comprehensive safety assessment information to inform planning decisions and referrals for treatment. It is also utilized to determine treatment needs and level of services and care. Through the IV-E Waiver, CFS also started offering the Nurturing Parenting Program (NPP) in our East Hub in January 2015. The NPP classes are designed to meet the assessed and individualized needs of families that are in need of treatment and comprehensive supports for the prevention of child abuse and neglect. NPP offers interventions for families at risk for child maltreatment, and are structured to enhance family communication and awareness of needs and to replace abusive behaviors with nurturing ones. Families must meet specific criteria to be eligible for these classes. Initial outcomes from NPP are measured using a pre- and post-test methodology with the Adult Adolescent Parenting Inventory which includes 5 subscales. Given the small sample size, the

results from the first three classes are encouraging. Statistically significant improvements were shown in the areas of Empathy towards Children and Use of Corporal Punishment as a means of Discipline. The analysis was completed through a paired t-test that reflected a p-value less than .05, and had a 95% confidence level. Through class observations where CFS and the NPP Waiver Evaluator are utilizing a fidelity checklist, most participants seem to be engaged in group-based learning in a meaningful way, and overall ratings either “meet” or “exceed” expectations. As we work towards the full statewide implementation of the CANS tool we anticipate to see these numbers increase. Currently, CFS is exceeding the established PIP-2 goal on the measures of family’s involvement in case planning and worker/parent visits based on case record review data and federal reporting. Idaho continues to show strength in active engagement of the family through the use of Family Group Decision Making (FGDM) meetings to identify strengths and specific needs for care and support. In June, CFS launched the expansion of FGDMs for the purpose of service planning with fidelity measures incorporated. Preliminary data reports which encompasses June 15 – October 8 2015 data shows 88.4% of FGDM participants (family, kin, and fictive kin) either agree or strongly agree that a plan was reached that both the family and Department agree upon. 84.3% of FGDM participants either agree or strongly agree the plan made at the FGDM was the best for their child. CFS believes with this continued practice, we will see the numbers of family involvement in case planning increase over time. Idaho has consistently met established PIP-2 goals for worker/child contacts with the majority of those contacts occurring in the child’s place of residence. Consistent expectations and messaging continue to be provided from leadership to workers, and CFS has seen an increase from 75% to 85% in worker/parent visits within the last calendar year. Reports for supervisors, workers, chiefs, and program managers are readily available for continual monitoring of worker/child visits through the Statewide Automated Child Welfare Information System (SACWS), iCARE.

Concerns

CFS is currently below the established CFSR 3 goals of 95% for family’s involvement in case planning and worker/parent visits, as well as needs and services of children, parents, and foster parents. According to 2015 CRR data, ongoing assessment to identify the needs of children, parents, and foster parents and to provide individualized services to meet their identified needs dipped 4% below the established PIP-2 goal. The engagement of some parents, especially fathers, continues to be an ongoing challenge. Parents who were either not able to be located or were incarcerated were not engaged and therefore CFS was unable to assess for needs and could not provide supports for services to enhance their overall well-being. In some cases, additional efforts to locate and engage these parents needed to be made. Documentation was also a factor; whereas we need to ensure staff are providing adequate documentation in case files to reflect assessments, needs, services provided, and identified follow-up plans. When chiefs, program managers, and supervisors provided feedback into area, they felt that the turnover in staff; combined with the dynamics of having some new supervisors in the field, contributed to the goal not being met. As noted above, CFS anticipates through the full statewide implementation of the CANS tool, to see a positive reflection in this goal over time. Data from the case record reviews suggest that a lack of documentation is contributing to the drop in the goal of family’s involvement in case planning. This is an area that will be addressed through ongoing training and monitoring.

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

Since 2014, CFS has been below the established PIP-2 and CFSR 3 goal of 95% by 1% - 2%. CFS finds that CRR results are helpful in assessing overall statewide functioning. However, it is a small sample size (210 cases per year in 2013 and 2014 and 108 in 2015), and this can create a variance. Concerns that CFS has identified around this area include case files and iCARE needing up-to-date educational records and assessments; as well as a lack of documentation to clearly show whether needs were being met and the status of follow-up. CFS has partnered with the school districts and courts with the intent to enhance the educational successes of children and youth in foster care. As a result, a collaborative action plan was developed, and the activities that have resulted continue to be evaluated for their effectiveness. CFS believes Idaho is demonstrating a strength in children receiving appropriate services to meet their educational needs as demonstrated through our ongoing CRR results. While Idaho's slightly below the established CFSR 3 goal, CFS believes Idaho is demonstrating strength in children receiving appropriate services to meet their educational needs as demonstrated through our ongoing CRR results for well-being outcome 2.

OSRI Item 16: Educational Needs of the Child, Goal 95%, (CFSR 3 and PIP-2) CRR Results
CY 2015: 93% - slightly below goal
CY 2014: 94% - slightly below goal
CY 2013: 98% - exceeds goal

Strengths

2015 CRR results reflect 93% of children had their educational needs met. Strengths identified during the case record review include effective collaboration between school districts, Head Start, IDHW, foster families, and biological parents around educational needs and goals. CRR results showed ongoing assessment and referrals to address educational needs, and educational needs being identified and addressed in a timely manner. The results demonstrate effective collaboration between CFS and the Infant Toddler Program in referring and assessing educational needs. The results also reflected strong community support through the schools to meet educational needs, creative educational planning to meet foster children's needs, and ongoing follow-up in obtaining school records.

A collaborative action plan was developed in 2011 between CFS, the school districts, and the courts to strengthen the educational successes of children and youth in foster care. The action plan comprised of both short-term and long-term goals. The steps included convening key stakeholders to identify system values, mandates, and processes; establishing a state and local level task force to develop recommendations to improve educational outcomes for children in care; developing local level task forces to inform the state task force of state recommendations; providing training for the Department of Education, CFS, and courts on "Best Interest" guidelines for stabilizing educational placements; and developing statewide standardized forms for use by CFS and the State Department of Education. Two standardized form letters for use by social workers were developed to facilitate the communication between CFS and the school districts regarding educational needs and records of children and youth that are in the state's care.

Continued collaboration around enhancing the efficiency of the form letters is currently underway between CFS and a local school district. The local school district is researching the most effective methods for communicating information to and from CFS regarding educational

needs and records. The iCARE team is working to create a more streamlined process on how educational records can be automatically transferred to the appropriate school districts.

Our Idaho Foster Youth Advisory Board is currently working on developing a proposal for legislation that would provide college tuition waivers for youth in foster care. A consultant from Texas, a national trainer and former foster youth, provided training to the Board around this topic in January 2016.

CFS staff continue to receive training on the Child Well-Being Standard both in CFS Academy and through their local hub leadership.

Concerns

The 2015 CRR results reflect that we dipped slightly below the CFSR 3 and established PIP-2 goal of 95% of children receiving appropriate services to meet their educational needs. Concerns identified include case files and iCARE not having up-to-date educational records; including the status of assessments.

Other concerns noted include the lack of documentation to show whether follow-up had been completed, as well as whether children's educational needs were being met on an ongoing basis. While CFS realizes the lack of documentation is an issue that we need to and will be addressing, we also believe that it doesn't necessarily indicate that services are not occurring. As the lack of documentation is the primary concern, this may not be a complete factor. However, CFS does believe we are functioning overall in this area.

CFS continues to collaborate with the Infant Toddler Program to update our standard and develop training curriculum to outline the process for referring children to their program for services.

Based on our overall 93% in this area, it does appear that we need to work on documentation. This is an area that we will be addressing through training and monitoring. We do anticipate seeing these numbers increase as a result of addressing the concern of documentation, as well as through the collaborative action plan that was developed and continues to be enhanced, as referenced above in strengths.

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

During the 2015 calendar year, Idaho fell 6% below the established PIP-2 goal for physical health needs for children, and 3% below the established goal for mental health needs for children. While this is below the established CFSR 3 goal of 95%, this was a small case sample size compared to the years prior when almost twice as many cases were reviewed. CFS is exceeding our established PIP-2 goal from CFSR Round 2 for children receiving adequate services to meet their physical health needs. Our CRR reflect children are receiving routine medical care through screening and identified follow-up. Through Idaho's current practice initiatives, CFS is implementing research-based and evidence-informed strategies designed to increase the social emotional well-being of children and families. Addressing the issue of psychotropic medication use in foster children also remains a top priority for CFS. We are continuing to develop and implement trauma-informed intervention strategies for parents, resource parents, youth, and children to help self-regulate while reducing the use of psychotropic medication in our children and youth. CFS plans to expand its collaboration with Medicaid in this endeavor to include Optum (Idaho's Behavioral Health Managed Care

company) in an effort to establish an interdisciplinary workgroup. We believe that through these continued activities and efforts, we will see a positive reflection in performance. Idaho is demonstrating children receive adequate services to meet their physical and mental health needs through our ongoing CRR. However, Idaho is not currently functioning at the current expectations of CFSR round 3 goals of 95% and this is an area needing improvement. While Idaho's practice initiatives and planned collaborations to ensure improvement in adequate services to meet children's physical and mental health needs, this is an area needing improvement as Idaho's performance is below the current expected CFSR 3 requirements of 95% for this well-being outcome 3.

OSRI Item 17: Physical Health of the Child, Goal 95%, (CFSR 3) CRR Results (PIP-2 established goal was 86%)

CY 2015: 89% - above PIP-2 goal
CY 2014: 91% - above PIP-2 goal
CY 2013: 91% - above PIP-2 goal

OSRI Item 18: Mental Health, Goal 95%, (CFSR 3 and PIP-2) CRR Results

CY 2015: 92% - below goal
CY 2014: 93% - below goal
CY 2013: 92% - below goal

Strengths

The 2015 CRR data shows CFS exceeded the established PIP-2 goal to ensure children continue to receive routine medical care for physical checkups to meet their health needs. Ongoing physical and mental health referrals are being made, expectations being explained to families, and the physical health needs of children being met in a timely manner. The reviews reflect the collaboration between CFS, foster, and biological families to ensure that follow-up was completed after the need had been identified through routine screening and medical care. Through Idaho's current practice initiatives, we continue to further develop and implement trauma-informed practices into our systems serving children and families. We believe these activities will increase social and emotional experiences that promote mental health and overall enhanced well-being. Through the expansion of FGDM and the implementation of the CANS tool, CFS is focused on enhancing relationships with caregivers and improving social and emotional competencies of children; helping parents and caregivers support the social-emotional development of their children; and facilitating access to developmentally appropriate and trauma-informed services and supports.

In 2014, the Standard for Use and Monitoring of Psychotropic Medications for Children and Youth in Foster Care was developed, and training was provided throughout the state. Addressing this issue remains a top priority for the Division of Medicaid and CFS.

Our Idaho Foster Youth Advisory Board (IFYAB) worked with one of our embedded trainers to create a curriculum designed specifically for youth around understanding trauma from a youth's perspective. This curriculum was finalized in November 2014, and the youth received training on delivering the curriculum to their peers. In the summer of 2015, the IFYAB led groups for youth in care on physical well-being, mental health, and coping mechanisms for dealing with trauma. The groups were all led by youth, and modeled specific ways to engage in self-expression, and provided alternatives to an overuse of psychotropic medications.

CFS has continued to provide training to leadership and direct-services staff on Dr. Bruce Perry's Neurosequential Model of Therapeutics to enhance our trauma-informed training and practice.

Concerns

CFS did not meet the established goal of ensuring children receive adequate services to meet their mental health needs. We have been working to address the concerns from stakeholders about the type and amount of medications that children in foster care are receiving. In Idaho, in 2014, data reflects that 46.1 percent of foster children versus 16 percent of non-foster children were using psychotropic medications. We are partnering with the Division of Medicaid to update and enhance resources for parents, family members, resource families, youth, and social workers to provide additional supports around psychotropic medication use. Through our partnership with Medicaid, we will be looking closely into cases of high-end users. As a result, we hope to gain additional insight into how we can make a positive impact in this area. We are continuing to develop and implement trauma-informed intervention strategies for parents, resource parents, youth, children to help self-regulate while reducing the use of psychotropic medication in our children and youth.

Cases that have been marked ANI are frequently due to a lack of mental health needs being addressed. This includes a lack of assessment information, documentation, or referrals being made.

CFS believes through our collaboration with the Division of Medicaid and Optum, as well as the continued implementation and practice initiatives to increase use of FGDM and implement the CANS tool, that CFS will see an impactful reflection on this goal and identified needs. In addition, we will be providing additional training and monitoring around this area.

Section IV: Assessment of Systemic Factors

Instructions

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

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

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

A. Statewide Information System

Item 19: Statewide Information System

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) asserts that it has an effective Statewide Automated Child Welfare Information System (SACWS), iCARE, which 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.

ICARE was initially certified as Idaho's official SACWS system in August 2012. Subsequent Annual Operational Advance Planning Documents are submitted to the federal Division of State Systems to ensure continual compliance with federal requirements, as well as to report on the operations and maintenance of the state's automated child welfare information system.

ICARE was developed to provide CFS with a central location to securely store and access detailed information about children and families who receive services or have interacted with the agency in the past. iCARE also enables CFS to collect, analyze, and report data for internal quality assurance purposes, to monitor outcomes, and track progress on improvement plans. The system is also used to report federally-mandated data for the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition Database (NYTD).

Data entry into iCARE begins at the Centralized Intake Unit, where social workers gather the child's current address and DOB from the referring party. The social worker then accesses additional information, if available, from other state databases such as the Idaho Benefits and Eligibility System, the Idaho Service Integration system, and the Idaho Repository. This collaboration with other state information systems increases the accuracy of data.

If the child abuse or neglect report gets assigned for a response, the caseworker assigned to the case will verify the information available in iCARE and fill in any gaps in demographic characteristics. If the child comes into care, local administrative assistants enter any additional information available from court reports, and they enter the legal status of the child. The status, demographic characteristics, and location of the child are verified at the time of the initial Foster Care Reimbursement Eligibility Determination, which takes place within the first 30 days of the current foster care episode.

The functioning of the state's statewide information system is currently a strength. iCARE is available to every field worker, supervisor, chief of social work, program manager, and division administrator statewide. The system is functioning well to ensure that, at a minimum, CFS 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.

Data Quality

Additionally, the current location and placement data fields of each child who is in foster care go through a re-validation process every month by the assigned social worker upon subsequent foster care reimbursement payments. Data from 2013 – 2016 shows an average of 1,499 foster care reimbursement payments per month, out of those, 6 payments per month are considered "errors" in which the placement was not current in iCARE at the time of payment release. This error rate translates into an average of 0.38% location and placement errors per month, which indicates the location and placement of each child are accurate 99.62% of the time.

	Average Overpayments	**Average Payments**	**Average Error Rate**
2013	6	1,588	0.39%
2014	5	1,454	0.37%
2015	6	1,513	0.41%
2016	3	1,412	0.18%
Total	**6**	**1,499**	**0.38%**

Permanency goals and other demographic fields in iCARE are checked monthly as an internal measure in preparation for semi-annual AFCARS submissions. AFCARS Missing Data reports are sent to supervisors and chiefs requesting data cleanups. Data checks in the report include Removal Episode Start Date, Removal Episode End Date, Permanency Goal Invalid/Missing, Adoption History Missing, Health/Education Evaluation Diagnosis Missing, Placement Review Overdue, Approved Placement Missing, Legal/Voluntary Status Missing, and Legal/Voluntary Status does not match Removal Date.

AFCARS quantitative data reports for 2015B and 2015A demonstrate the system is functioning, as no element showed and error rate above 10%--which is the threshold for a data-quality penalty.

Demographic Characteristic	**AFCARS 2015B Error rate**	**AFCARS 2015A Error rate**
Date of Birth	0.00%	0.00%
Sex	0.00%	0.00%
Disability	0.12%	0.13%
Ever Been Adopted	1.28%	0.84%
Race	0.00%	0.00%
Ethnicity	0.00%	0.00%
Placement Goal	0.55%	0.00%

Social workers and supervisors conduct formal reviews of Placement Goals and general case information before the Planning, 6-Month Review, Permanency, and all Subsequent Permanency Court Hearings. This process ensures the qualitative integrity of the data available in iCARE.

Data Scope & Limitations

An exploration of the scope and limitations of iCARE data led to questions regarding the availability of information during the early stages of a case. Currently, there are no regular data integrity checks prior to the 30-day foster care reimbursement eligibility determination, which could pose a challenge in locating a child after an imminent danger removal. To monitor this potential issue, a new reporting field will be added to the monthly AFCARS Missing Data report, which will calculate the number of days between element 21 (Date of Latest Removal from home) and element 22 (Removal Transaction Date). Preliminary data form AFCARS reports 2015B, 2015A, and 2014B indicate the average number of days between removal and data entry dates is 3 days, which shows this limitation is not an issue. However, additional methodologies will be developed in the future to automate and report data integrity checks as part of the larger Continuous Quality Improvement efforts to monitor data gaps before they become an issue.

Barriers

One identified barrier in the information system is the accuracy of demographic information available in iCARE, specifically, race and ethnicity. CFS is currently in the planning and assessment phase of devising a system to incorporate an “accuracy” checklist to the Fall 2016 case record reviews. This checklist would be used to determine if the information regarding the status, demographic characteristics, location, and permanency goals are accurate and up to date as of the day of the review. The main purpose of the checklist will be to provide a measurable baseline around the accuracy of information and guide next steps to assure the qualitative characteristics of the data available in iCARE.

B. Case Review System

Item 20: Written Case Plan

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) has an effective case review system functioning statewide to ensure each child has a written case plan which is developed jointly with the child's parent(s) and includes the required provisions. The provisions are contained in the case plan and child specific case plan documents. A sample of the child specific case plan document was provided during stakeholder interviews. CFS has several practice standards in operation which support the development of case plans with families and children in Idaho. The Service Planning Standard and Family Group Decision Making (FGDM) Standard both provide requirements and guidance for the development of service plans in conjunction with families and children. Both of these standards outline the requirements for meeting with families and individuals with critical knowledge of the family's strengths and needs, to develop a written case plan for the child.

FGDM meetings during case planning are a key component of Idaho's IV-E Waiver Demonstration Project. These meetings are used to expand and emphasize family involvement in all aspects of their child's life, and to integrate child and family teams in all child welfare jurisdictions of the state. The FGDM practice initiative was implemented statewide in June 2015, to address the protection and care needs of children by involving both family members and professionals in the service plan development process. All comprehensive safety assessments which deem a child as "unsafe" produce a referral for the family to hold an FGDM meeting prior to service planning.

To ensure written case plans are developed jointly with the child's family, CFS tracks data from the Automated Child Welfare Information System, iCARE, regarding the number of FGDM meetings held across the state; as well as through data analysis from case record reviews. Data collected through case record reviews highlights an increase in the number of FGDM services provided to families after the implementation of the practice initiative (Table 1 below). This increase demonstrates a higher rate of families receiving FGDM services for the purpose of case planning. In State Fiscal Year 2014 (SFY14), 39% of eligible families received an FGDM, whereas in SFY15, 56% received the service. In SFY16, 93% of eligible families have received the service.

Idaho assessed functioning around family engagement in case planning through CRR data and participant surveys from FGDM meetings. According to recent data from the CRR of 109 cases for calendar year 2015, 80% of families indicated they were involved in the development of their case plan. Another data source collected information from over 493 of FGDM participants from June 2015-October 2015 who indicted 88.4% either "agree" or "strongly agree" that "a plan was reached which both the family and Department agree upon".

Table 1- Families Eligible for FGDM Services vs. Received by Region and Year

Region	SFY2014		SFY2015		SFY2016	
	Received	Eligible	Received	Eligible	Received	Eligible
1	7	151	4	116	92	105
2	8	54	5	37	33	34
3	121	179	95	147	108	117
4	110	182	120	169	121	126
5	59	101	65	100	66	70
6	3	75	73	93	42	45
7	4	66	43	62	39	41
State	312	808	405	723	501	538
Percent		39%		56%		93%

Source: iCARE, 3/8/2016*

*Note: The number of eligible families was based on families that had new CHP service plans in each specific year. The number that received services was documented for each eligible family that had an approved FGDM service prior to plan creation. A number of additional families received FGDM services besides those that are counted here.

CFS has contracts in place for each region within each hub to ensure FGDM services are available to families across the state. At this time, the contractors have been able to provide services to families even with the increased number of referrals in all the regions. Survey data from participants of the expanded use of FGDM for purpose of case planning from June 15, 2015 – October 8, 2015, showed 88.4% of FGDM participants (family, kin, and fictive kin) either “agree” or “strongly agree” that “a plan was reached which both the family and Department agree upon”. Furthermore, 84.3% of FGDM participants either “agree” or “strongly agree” that “the plan made at the FGDM was the best for their child.”

CFS also utilizes data from case record reviews to assess active family participation in case planning. In 2015, Idaho conducted 108 case record reviews across the state. Results from the reviews indicated 80% of families actively participated in their case plan development. This level of performance is above the 78% PIP-2 goal set in 2008 after Round 2 of the Child and Family Services Reviews. CFS has met or exceeded this goal for the past three years.

Judicial oversight also assists in monitoring the process to ensure each child has a written case plan and parents are in agreement and understand the required provisions. Idaho code 16-1621 states Child and Family Services is required to prepare a written case plan in every case in

which a child is determined to be within the jurisdiction of the court. This section of the Child Protective Act further requires a case plan hearing be held within thirty (30) days after the adjuratory hearing. While Idaho's Administrative Office of the Courts (AOC) does not track the number of case plans received, there have been no reports of cases missing the required written case plan. Furthermore, in SFY15, 99% of cases of children with removal episodes had a case plan entered in the iCARE database. Some cases were open less than 60 days and may have been dismissed prior to case plan hearing and/or development of a case plan, which likely accounts for the 1% of cases without a plan.

Data Quality

The information and data reported above is from the iCARE database. The number of families being referred and utilizing FGDM services is encouraging. CFS has seen an increasing number of families able to engage actively in the development and collaboration of a case plan that is specific to the needs of their child(ren) and family. Information collected by the IV-E Waiver Evaluator, the University of Utah, has included a review of all surveys from FGDM meetings held during the identified time period. The surveys are completed and placed in a sealed envelope by a family member and sent directly to the University of Utah for review and analysis. While there were many good data elements provided, CFS is concerned about the accuracy of data elements prior to June 2015 as our North Hub was not entering services into the iCARE database for FGDM meetings. Thus indicating more families received the services than was recording in iCARE for Regions1 and 2.

Data Scope & Limitations

As previously identified, there was a limitation in the scope of data from the North Hub between 2014 and 2015. After the statewide expansion of FGDM services in June 2015, all services are being entered into iCARE to ensure the scope of data is representative of statewide functioning.

Barriers

Idaho did not identify any barriers to ensure each child has a written case plan developed jointly with the child's parent.

Item 21: Periodic Reviews

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

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

State Response:

CFS has seen improvements in data regarding state functioning to ensure a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review. While as a state periodic review hearings are occurring timely 90% of the time for the initial hearing and 97% of the time for subsequent hearings there are a few districts which are below this indicating timeliness for periodic reviews is an area needing improvement for Idaho.

Judicial oversight assists in monitoring the process to ensure a periodic review for each child occurs no less frequently than once every 6 months. Idaho Code 16-1622 states 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.

Idaho's Administrative Office of the Courts (AOC) captures data regarding the timeliness of hearings across the state for monitoring and oversight. Table 1.1 below shows in 2015, 90% of the initial review hearings and 97% of subsequent hearings, were conducted within required timeframes. The AOC measures timeliness from the date the child is removed from the home or the date of the court's order taking jurisdiction, whichever is held first. According to the AOC, some judges set all hearings through the first permanency hearing at the initial hearing. However, this is not a consistent practice throughout the state or even in a district. Some judges believe this practice sends a discouraging message to parents and only schedule one hearing at a time.

Table 1.1 below also illustrates the percentage of hearings by district. It appears the majority of districts in the state are conducting timely reviews by the court. District 2 has been working with their court system, particularly in their more rural areas, around timeliness of hearings, especially review hearings. In many areas of the region, judges hold review hearings at least every ninety days. One judge recently admitted to putting review hearings out to six months each time but, after realizing it was not allowing him to review the cases as timely and thoroughly as needed, has recently started holding review hearings every sixty days in his county. Leadership in Region 2 covering District 2 recently met with the judge and will meet with him again in six months to review the case-flow management process through the legal system in his area. In addition, Region 2 is in the process of setting up an annual stakeholder meeting between the child protection team and the judges in District 2 to identify any areas of concern, particularly in their case-flow management process, and make any necessary changes. While there are delays in timeliness for periodic reviews held by the court in Region 2, reviews are held timely through an administrative review by CFS. Region 2 leadership reported they conduct administrative reviews at five (5) and ten (10) months on all cases during the first year of the case opening; and every six (6) months thereafter to ensure each child's case in foster care is reviewed regarding well-being, safety, and permanency. During 2015, there were no cases that were not reviewed within six (6) months of a child's entry into foster care. All cases are tracked for periodic reviews in Region 2 around timeliness. Therefore, all cases in Region 2 had a timely administrative review.

Table 1.2 below illustrates the percentage of hearings by district form January through April 2016 including some improvements in timeliness in several districts. It appears all the majority of districts but one region in the state is are conducting timely reviews by the court.

Table 1.1 - 2015 Child Protection Hearings in Idaho
Percent of Hearings Held Timely- By Child

	Shelter Care			Adjudicatory			Planning			1st Review		
District	On Time	Total	%	On Time	Total	%	On Time	Total	%	On Time	Total	%
1	143	170	84%	118	144	82%	133	163	82%	98	109	90%
2	40	55	73%	42	58	72%	49	65	75%	40	60	67%
3	246	264	93%	213	243	88%	237	259	92%	189	194	97%
4	295	314	94%	256	269	95%	236	266	89%	211	218	97%
5*	37	38	97%	41	55	75%	50	74	68%	48	57	84%
6	84	89	94%	117	123	95%	133	145	92%	121	152	80%
7	90	110	82%	95	123	77%	102	112	91%	99	105	94%
State*	935	1040	90%	882	1015	87%	940	1084	87%	806	895	90%

	1st Permanency			Subsequent Review			Subsequent Permanency		
District	On Time	Total	%	On Time	Total	%	On Time	Total	%
1	59	64	92%	359	365	98%	58	63	92%
2	21	24	88%	81	85	95%	19	19	100%
3	111	113	98%	457	459	100%	41	60	68%
4	103	104	99%	93	109	85%	92	94	98%
5*	27	33	82%	198	199	100%	53	60	88%
6	63	64	98%	129	132	98%	76	76	100%
7	33	46	72%	121	138	88%	34	40	85%
State*	417	448	93%	1438	1487	97%	373	412	91%

Data Notes

** Timeliness for Twin Falls County is currently unavailable and is therefore not included in both the Fifth District timeliness percentages and the statewide timeliness percentages.*

Table 1.2 - 2016 Child Protection Hearings in Idaho
Percent of Hearings Held Timely- By Child Jan 16- April 16)

District	Shelter Care	Adjudicatory	Planning	1st Review	1st Permanency	Sub. Review	Su Pe
1	84%	93%	86%	85%	89%	100%	77
2**	100%	62%	64%	73%	88%	92%	73
3	86%	84%	100%	99%	100%	100%	88
4	90%	100%	86%	100%	100%	84%	97
5*	86%	60%	60%	73%	100%	99%	10
6	100%	84%	77%	92%	100%	99%	10
7	100%	59%	81%	100%	100%	84%	10

Data Notes

** Timeliness for Twin Falls County is currently unavailable and is therefore not included in both the Fifth District timeliness percentages and the Statewide timelineness percentages.*

***The county in D2 that requested technical assistance with data entry in 2015 particularly has improved*

In addition to the periodic reviews conducted by the courts, CFS also has a practice standard and process in place to ensure administrative case reviews are conducted on each case. The Concurrent Planning standard states timely 6-month periodic review and annual permanency hearings are important to achieving permanency. In preparation for these court hearings, case staffings are held to re-assess safety, case progress and concurrent planning goals. The standard requires these are held prior to the court periodic review and additional practice guidance provides a timeline matrix for when to conduct these for administrative review in the regions. While CFS does not have a single specific tracking mechanism for monitoring timeliness of periodic review, each hub and region indicate they conduct administrative reviews timely and in accordance with the standard. CFS plans to further explore a statewide tracking mechanism to ensure administrative reviews are completed timely in accordance with practice standards and Idaho Code 16-1622.

Data Quality

The hearing timeliness data is provided from the AOC through a report in the court's case management system, ISTARS. Court clerks enter hearing data in the child protection module within ISTARS, in most cases, at the time of the hearing. Like all data reports, this report is as accurate as the data being entered. The AOC has tested the validity of this data and feels the report on the timeliness of hearings accurately reflects the hearing data entered in ISTARS. The Planning and Research Department (PAR) of the Administrative AOC addresses data entry concerns as they are identified. There are some concerns with data entry practices across the state which may slightly affect the accuracy.

Data Scope & Limitations

The Idaho Supreme Court uses a case management system that has a few known minor data calculation errors. In an effort to provide the most accurate data, one error was fixed prior to reporting the percentages in Table 1.1. However, there is some concern that on a small number of cases, planning hearings, 1st review hearings, and 1st permanency hearings are incorrectly being counted as late. Since this affects so few cases, it was not fixed prior to reporting. Therefore, the percentages in Table 1.1 for these three hearings may appear slightly lower than actuality. In addition, the AOC indicated timeliness for Twin

Falls County is currently unavailable and is therefore not included in both the Fifth District timeliness percentages and the statewide timeliness percentages.

Idaho has a unified court system; however, Idaho judges hold elected office. The AOC provides regular data to assist judges and Trial Court Administrators (TCAs) in the management of the child protection calendar, but defers to each district in regards to data analysis and decisions regarding case management.

The AOC currently provides a quarterly Child Protection Data Dashboard with district specific data to the TCA in each of Idaho's seven judicial districts. Idaho judges who hear child protection cases receive monthly timeliness of hearing reports on his\her child protection cases. In addition, the 14 judges on the Child Protection Advisory Team receive semiannual Data Dashboards which provide child protection aggregated data by district and state. The PAR provides additional available data detail when it is requested by a TCA or judge. Idaho also has a State Case Flow Management Plan for Child Protection cases that each district has adapted to reflect variations in local practice. Ultimately, the Child Protection Case Flow Management Plan will be adopted in each District by local court rule.

As previously stated CFS does not have a statewide or single tracking mechanism regarding timely administrative reviews. Each area indicates they are tracking timeliness and are meeting the practice standards around required administrative reviews. CFS will explore the development of a singular statewide tracking mechanism for timely periodic reviews.

Barriers

A barrier which may impact this area is how this item is measured regarding timeliness in Idaho. Idaho does not use the federal definition for date child entered care as the earlier of date of judicial finding of CA/N or 60 days from the date the child is physically or constructively removed from the home. Idaho uses a more stringent measurement of the earlier of either the date of judicial finding of jurisdiction or the actual date the child is physically or constructively removed from the home. It is likely this is impacting timeliness measurements used by Children's Bureau by as much as 30-60 days.

Item 22: Permanency Hearings

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

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

State Response:

Idaho has seen improvements in data regarding state functioning of an effective case review system to ensure, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. While as a state permanency hearings are occurring timely 93% of the time for the initial hearing and 91% of the time for subsequent hearings there are a few districts which are below this indicating timeliness for permanency hearings is an area needing improvement for Idaho.

Permanency hearings also have judicial oversight. Idaho Code 16-1622(b) states a permanency hearing shall be held no later than 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, and at least every twelve (12) months thereafter, so long as the court has jurisdiction over the child.

Table 1.1 under item 21 shows 93% of the 1st permanency hearings and 91% of subsequent permanency hearings were conducted within required timeframes. The data provided by the Administrative Office of the Courts (AOC) measures timeliness from the date the child is removed from the home or the date of the court’s order taking jurisdiction, whichever is held first. Table 1.1 also includes the percentage of hearings and statewide effectiveness calculated by region. It appears all but one district in the state is conducting timely initial permanency hearings and subsequent hearings by the court. The AOC does not have information available as to the specific reasons for the delays in the identified region. However, the data is provided to the judge and Trial Court Administrator (TCA) in the jurisdiction. The Child Protection Advisory Team receives semiannual Data Dashboards which provide aggregated child protection data by district and state. The Planning and Research Department (PAR) of the AOC provides additional data, when available, to the requesting TCA or judge.

Table 1.2 under item 21 provides updated data for calendar year 2016 regarding timeliness for initial and subsequent permanency hearings. Improvements in the initial permanency hearing showed significant improvement rising to 100% in five of the seven jurisdictions. There were also several improvements in subsequent permanency review hearings in several of the districts. While this is promising data indicating continued improvements in hearing timeliness there remain areas for improvements.

Data Quality

As previously indicated, hearing timeliness data is provided by the AOC through a report in the court's case management system: ISTARS. The AOC has tested the validity of this data and feels the report on the timeliness of hearings accurately reflects the hearing data entered in ISTARS.

Data Scope & Limitations

The Idaho Supreme Court's case management system has a few known minor data calculation errors. In an effort to provide the most accurate data, one error in calculation was fixed prior to reporting the percentages above. However, there is some concern that on a handful of cases, planning hearings, 1st review hearings, and 1st permanency hearings are incorrectly being counted as late. Since this affects so few cases, it was not fixed prior to reporting. Therefore, the percentages above for these three hearings may appear slightly lower than actuality. PAR provides additional, available data detail when it is requested by a TCA or judge. In addition the AOC indicated timeliness for Twin Falls County is currently unavailable and is therefore not included in both the Fifth District timeliness percentages and the statewide timeliness percentages.

Barriers

A barrier which may impact this area is how this item is measured regarding timeliness in Idaho. Idaho does not use the federal definition for date child entered care as the earlier of date of judicial finding of CA/N or 60 days from the date the child is physically or constructively removed from the home. Idaho uses a more stringent measurement of the earlier of either the date of judicial finding of jurisdiction or the actual date the child is physically or constructively removed from the home. It is likely this is impacting timeliness measurements used by Children's Bureau by as much as 30-60 days. to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

Item 23: Termination of Parental Rights

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

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

State Response:

CFS has an effective case review system functioning statewide to ensure the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions. Through case record reviews in calendar year 2015, 89% of the cases reviewed met the ASFA requirements.

Idaho Code 16-1622(g) states: If the child has been in the temporary or legal custody of CFS for fifteen (15) of the most recent twenty-two (22) months, CFS shall file, prior to the last day of the fifteenth month, a petition to terminate parental rights, unless the court finds that: The child is placed permanently with a relative; There are compelling reasons why termination of parental rights is not in the best interests of the child, or CFS has failed to provide reasonable efforts to reunify the child with his family. The court may authorize CFS to suspend further efforts to reunify the child with the child's parent, pending further order of the court, when the court approves a permanency plan and the permanency plan does not include a permanency goal of reunification.

CFS has several practice standards in operation which support the filing of TPR proceedings occurs in accordance with required provisions. The Concurrent Planning Standard and Paternity and Termination of Parental Rights standard, both provide requirements and guidance for the filing of TPR when a child has been in foster care at least 15 out of the last 22 months, unless the court finds compelling reasons that termination is not in the best interests of the child. CFS does not currently track when a court report requesting TPR is submitted or when the prosecuting attorney files it. However, information regarding the timely filing of TPR is assessed during case record reviews. Review of case record review instruments, specifically Items 5d, 5e, 5f and 5g for calendar year 2015, indicates that of all the cases reviewed, 46 children had been in foster care for at least 15 of the most recent 22 months. Of those 46 children, the agency filed or joined a termination petition 30 times or 65%. Of the remaining 16 children, a judicial exception to the requirement to file or join a TPR existed in 11 of the cases or 69%, meaning that 89% of the cases reviewed met the ASFA requirements (41 of 46 children either had a filed TPR or an approved exception).

Data Quality

CFS has operated a rigorous internal case record review process that assesses statewide performance in the areas of safety, permanency, and well-being since 2004. Over the 2015 calendar year, CFS conducted a review utilizing the federal Onsite Review Instrument (OSRI), on a total of 108 cases. Both foster care and in-home cases were pulled from iCARE using specified sample periods. Sample lists were stratified by region to achieve an adequate representation of cases throughout the state including the largest metropolitan area. The foster care sample universe was organized by individual, and consisted of all children served according to the Adoption and Foster Care Analysis and Reporting System-defined reportable cases for the specified sample period.

Data Scope & Limitations

Presently, case record reviews are the only source of data on the functioning of filing timely TPR proceedings. The AOC does not track timeliness to ensure the filing of termination of parental rights proceedings occurs in accordance with required provisions. However, the AOC does perform an analysis of average and median days to TPR petition filing and TPR finalizations annually by federal fiscal year. This analysis is accomplished through a review of ISTARS and shared data from CFS. A report of timeliness of TPR petitions and finalizations is available in ISTARS, but it has not yet been validated.

Barriers

Idaho did not identify any specific barriers to ensuring the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions.

Item 24: Notice of Hearings and Reviews to Caregivers

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

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

State Response:

CFS does not currently have an effective case review system functioning statewide to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. While CFS has several good processes and practice guidance in place, this is an area needing improvement in Idaho.

Through ongoing case record reviews and surveys conducted by the AOC, CFS asserts improvements are needed to ensure an effective case review system which functions statewide to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. It appears notifications of hearings and reviews are occurring at an acceptable rate. The percentage of individuals indicating they have a right to be heard is still an area needing improvement based on current reports, even though this is occurring with some frequency in some areas. Also, a consistent process for gathering information around notifications and right to be heard is an area CFS recognizes needing improvement.

Idaho Juvenile Rule 40 (IJR 40) requires notice to be sent to any person identified as the foster parent, as a pre-adoptive parent, or as a relative providing care for a child who is in the custody of the Department after the adjudicatory hearing. It also requires notice to be provided for any further hearings held with respect to the child, and has a provision regarding their right to be heard.

CFS Resource Parent Notification of Reviews and Court Hearing Standard provides direction and guidance regarding notifying resource parents of reviews and court hearings involving children in their care. The standard outlines the requirements for providing notification to resource parents a minimum of five (5) working days prior to a court hearing and guidance on encouraging them to attend and participate in the reviews and/or hearings.

CFS does not have a tracking system in iCARE to monitor notifications sent to resource parents. In gathering data through qualitative sources there are variations of good practice occurring across the state to ensure notifications are sent, at this time there is not a consistent statewide process in place. However, information regarding resource parents receiving notice of all hearings and reviews had been assessed during case record reviews until 2015. In 2014, interviews with resource parents on 88 cases revealed that in 79 out of 88 of the cases (90%), resource parents reported they are receiving notification of reviews and hearings. Failure to receive notification appears to be an issue for a slight number of resource families based on the availability of data. Clearly making sure resource families are notified is an essential element of teamwork and needs to be reinforced with workers and supervisors. In 2015, CFS adopted the federal Onsite Review Instrument (OSRI). Unfortunately, notice of hearings was not part of the

new instrument, limiting the collection of data for 2015. CFS will evaluate the most efficient way this information and data will be collected moving forward to ensure the practice standard is being met statewide.

In addition, to ensure caregivers of children in foster care are notified of any review or hearing held with respect to the child, over the years, the AOC has assessed the caregivers' right to be heard at these hearings. In 2007, 73 resource parents were surveyed as part of a special case review focused on a random sample of youth with a permanency goal of other planned living arrangement. Of the 60% who reported attending hearings, 53% indicated they were given an opportunity to be heard. When they were asked about the mechanism for being heard, they indicated the judge called on them, or they were called as a witness by someone else in the courtroom. In 2011, a resource parent survey was completed to evaluate if IJR 40 provides resource parents with an adequate opportunity to be heard. Key findings of this evaluation indicated 62% of respondents had an adequate opportunity to participate and be heard.

Data Quality

As previously indicated, CFS has operated a rigorous internal case record review process which assesses statewide performance in the areas of safety, permanency, and well-being since 2004. In 2014, 210 cases were reviewed. The foster care sample universe is organized by individual and consists of all children served according to the Adoption and Foster Care Analysis and Reporting System-defined reportable cases for the specified sample period. Sample lists were stratified by region to achieve an adequate representation of cases throughout the state including the largest metropolitan area.

The Planning and Research Department (PAR) of the Administrative Office of the Courts (AOC) gathers data and provides analysis to assess accuracy and quality in making key findings of the functioning of Idaho's court system.

Data Scope & Limitations

At this time, there is no specific data being gathered regarding notifications and/or the right to be heard by CFS or the AOC thus impacting the ongoing data needs to evaluate statewide functioning of the federal requirements.

Barriers

CFS was able to identify some of the barriers to ensuring foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. The barriers identified included a mechanism for data collection to ensure notice is occurring, and an ongoing survey around family's right to be heard. The PAR identified possible preparation and debriefing concerns as a potential barrier in their 2011 survey as foster parents indicated a lack of understanding on how to prepare and what to say at court hearings and reviews.

C. Quality Assurance System

Item 25: Quality Assurance System

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) is the agency responsible for the Quality Assurance System through Continuous Quality Improvement (CQI). CQI is the complete process of identifying, describing and analyzing strengths and issues and then testing, implementing, learning from and revising solutions. It is not an event-driven process, such as the one needed to develop a Program Improvement Plan, but rather an ongoing process which enables the agency to plan, make decisions and evaluate progress.

Idaho asserts that the Quality Assurance System is functioning statewide according to the requirements of the statewide assessment instrument and assures that it is:

(1) Operating in the jurisdictions where the services included in the CFSP are provided:

CFS operates a Quality Assurance system statewide designed to accomplish the following objectives:

- To assure that each child and family receives the best possible services to meet their individualized needs.
- To provide necessary feedback for designing and delivering services.
- To assure that services meet state and federal standards.
- To encourage and support staff to improve skills in serving children and families and in managing agency resources.
- To identify staff training needs, policy development and system improvements.
- To meet the essential elements of federal requirements for a quality assurance system that will allow Idaho to improve outcomes through continuous quality improvement.
- To monitor and report progress on the goals of the annual Child and Family Services Plan (Title IV-B).

These objectives are accomplished statewide by engaging stakeholders from central and regional offices, hub program managers, regional chiefs of social work, field staff, and community partners in CQI efforts.

CQI responsibilities are also integrated into the essential job requirements of all central office program specialists, hub program managers, and regional chiefs of social work to provide accountability and performance evaluation at the human resources level for the individuals primarily responsible for managing the quality assurance system.

CQI is firmly grounded in the overall mission, vision, strategic goals, and values of the agency and utilizes the following components to accomplish its objectives:

- Staff and Resource Parent Surveys;
- State and Federal Case Record Reviews and Stakeholder Interviews;
- Centralized Intake Unit Record Reviews;
- Indian Child Welfare Act (ICWA) Case Reviews;
- Independent Living Case Reviews and Stakeholder Interviews;
- Monthly, Quarterly, Semi-Annual, and On-Demand Performance Reports;
- AFCARS Data Indicators; and
- NCANDS and NYTD Reports.

These components constitute the formal CQI processes currently in place. CFS also supports a culture of CQI at all levels of the agency that integrates CQI into all aspects of the child welfare system and promotes CQI as everyone's responsibility. This enables the agency to act quickly to make small incremental improvements statewide as well as to accomplish the larger CQI goals through the formalized processes discussed in more detail below:

ICWA Case Review:

ICWA case reviews are conducted on 100% of ICWA eligible cases and are performed on a bi-annual basis. ICWA cases are deemed as "eligible" for review if it's determined that a child is a member of—or is eligible for membership in—a federally recognized tribe, or if membership eligibility is pending at the time of the review. Two individuals review each case. Tribal partners are invited to participate in the review process in conjunction with CFS staff. The instrument used to complete the reviews was updated in 2015 to ensure review items complied with the National Council of Juvenile and Family Court Judges' ICWA Assessment Toolkit. The review tool measures many practice areas such as gathering information regarding AI/AN ancestry; active efforts; placement preferences; court actions and findings; Tribal representation in court hearings; notices to Tribe and parents; and qualified expert witness testimony. The tool also assesses if the AFCARS-reportable information is up to date in iCARE. CFS is currently in the process of evaluating the data from the 2015 ICWA case review, and the results will be shared with stakeholders and Tribal partners and incorporated into the APSR. CFS makes efforts to collaborate with Tribal partners regarding the areas needing improvement to develop plans to address issues and improve practice. Practice trends around ICWA identified through the case review process are used to enhance training curriculums for new and existing social workers.

Independent Living Case Reviews and Stakeholder Interviews:

Independent Living (IL) case reviews and stakeholder interviews are conducted on 100% of IL eligible cases and are performed on a bi-annual basis. The case review pool consists of all youth age 15-23 who currently reside in foster care or have aged out of foster care and continued to receive IL or ETV services. The reviews are completed by teams of two to three people and include stakeholder interviews with the youth, case manager, and foster parents. The tool used for the reviews was developed by CFS staff who work with older youth and

encompasses all seven domains of Independent Living Planning. Information collected from the reviews is entered into a database for analysis. Statewide data and local results are sent directly to each region for further analysis. Results are used to identify the top five areas needing improvement, and the plan to address them is incorporated into the annual CFSP/APSR.

Case Record Reviews:

CFS has conducted case record reviews since 2004. Over the 2014 calendar year 209 cases were reviewed using the Onsite Review Instrument (OSRI) in each hub. This rigorous internal case record review process assesses statewide performance in the areas of safety, permanency, and well-being. In 2015, Idaho was approved by the Children's Bureau to conduct its own Case Record Reviews to fulfill the federal requirements of Round 3 of the Child and Family Services Reviews (CFSR). Beginning in 2016, the review will consist of 40 randomly selected foster care cases and 28 in-home cases every 6 months for a total of 136 cases reviewed each year.

Local and state improvement plans over the past couple years have primarily focused on strategies to increase placement stability, improve timeliness of permanency, maintaining children safely in their homes and family engagement.

Case Record Review results are used to identify strengths and areas needing improvement in the child welfare system, and the data is used to guide the goals and initiatives reported on the annual CFSP/APSR.

The instrument and instructions can be found here: http://www.acf.hhs.gov/programs/cb/resource/cfsr-round3-on-site-review-instrument

Additional resources regarding CFSR Round 3 can be found here: http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews/round3

Idaho's CFSP/APSR can be found here: http://healthandwelfare.idaho.gov/Children/AbuseNeglect/tabid/74/Default.aspx

All reports and case record reviews are conducted in every jurisdiction where the services included in the CFSP are provided.

(2) Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety):

CFS has developed 40 Standards to guide practice statewide and ensure that children and families receive quality services. These standards are reviewed at least annually by the CFS Policy Team for compliance with State Statutes and Rules, as well as the Children's Bureau for compliance with title IV-E and IV-B requirements. Revisions to these standards are generally the result of new federal and state requirements; data analysis from case review results; and stakeholder feedback from supervisors, chiefs, program managers and community partners throughout the state. These standards serve as the guiding principles to operate the CQI system. Performance reports and case review results are analyzed locally and statewide to identify strengths and areas needing improvement.

CFS practice standards can be found here: http://www.healthandwelfare.idaho.gov/Children/AdoptionFosterCareHome/ChildWelfareStandards/tabid/429/Default.aspx

Additionally, CFS began the development of a comprehensive CQI manual intended to provide detailed guidance and procedures for conducting QA checks at all levels of the agency in order to identify, describe, and analyze strengths and problems in the child welfare system and then testing, implementing, learning from, and revising solutions. Currently, this manual has been focused on laying the foundation to conduct the state-led Round 3 of the Federal Child and Family Services Reviews but is expected to evolve to capture the broader CQI objectives of each of the components outlined in section (1) above.

(3) Identifies strengths and needs of the service delivery system:

To identify strengths and needs of the service delivery system, CFS has regularly scheduled meetings with external and internal stakeholders to analyze reports, survey results, case record review outcomes, and provide a method for information and feedback to flow up and down the organization. These meetings consist primarily of the Child Welfare Subcommittee, Child Welfare Operations, Stakeholder Groups as well as the use of ongoing and task-driven Workgroups. These meetings and groups lay the foundation for internal stakeholders at all levels of the organization and external stakeholders outside of the organization, to provide feedback that is listened and responded to, and results in actionable items and solutions from CFS.

Child Welfare Subcommittee:

The primary feedback loop for CQI is the Child Welfare Subcommittee. Members of the subcommittee represent staff from all levels of the agency and include lead chiefs, chiefs of social work, program specialists, Idaho State University embedded trainers, Eastern Washington Foster Care Recruitment and Retention contractors, Casey Family Programs, and data analysts.

For example, in 2015, a need in the service delivery system was identified through feedback from the field regarding current practices and performance around the Centralized Intake Unit (CIU). Regional chiefs, program managers and program specialists weighed in on possible solutions to refine the intake process and provide quantitative data back to the field. As a result, the committee formed the Central Intake Workgroup. After seeking technical assistance from the National Resource Center for Child Protective Services, the group updated the Intake Screening Standard to comply with national best practices. They also designed a tool to conduct annual QA checks on a random sample of calls, to determine:

(1) If reports are prioritized accurately according to the established Priority Guidelines and the Idaho Child Protection Act, and

(2) If the documentation provided with the reports is sufficient to clearly justify the decision made at CIU.

Review results showed that CIU is working as expected.

Child Welfare Operations:

Hub program managers; Automated Systems and Financial Management leaders; as well as CFS Administrators meet on a bi-monthly basis to review financial and personnel resources, case review results, state/federal data indicators, and practice trends. As a result, Hub Improvement Plans (HIPs) are developed to address the local needs of each hub. These plans assist managers in working together across hub lines to benefit children and their families.

For example, for the 2011-2012 AFCARS reporting periods, North Hub leadership met with data analysts after discussing statewide data indicators during a Child Welfare Operations meeting. The objective was to identify areas needing improvement specific to the North Hub and develop a HIP to improve outcomes. A review of the data indicated needs in the service delivery system around foster care re-entries within 12 months, number of children entering foster care compared to other areas of the state, and timeliness to reunification. The HIP identified priorities with accompanying themes, implementation strategies, promising practices, data sets to monitor progress, and external stakeholder input/feedback. Accountability and follow-up for the plan were provided during subsequent Child Welfare Operations meetings.

Workgroups:

The use of task-driven Workgroups provides a formal process for organizing feedback and challenges from the field and presenting it to the management team. The outcomes of these workgroups often include recommendations for solutions as well as identification of areas needing further research. The workgroups can be set up to address a specific short-term need or become an ongoing resource to address targeted goals and objectives.

(4) Provides relevant reports:

Data analysts produce monthly, quarterly, semi-annual, and on-demand reports for hub leaders and Policy Team program specialists to monitor day-to-day practice and trends. For purposes of local improvement planning, case review data and AFCARS data indicators are calculated for each field office within a hub and for the hub itself. Improvement plans are focused on performance issues in the hub field offices which are performing below goal or below standard. Each hub develops their hub improvement plan based on local issues which impact performance. There is an expectation that all planning will be based on accurate data, analysis of the data, and goal setting with both internal and external stakeholder input.

Data Quality Improvement Initiative:

The Child Welfare Data Improvement Initiative was launched in April of 2015 to accomplish the following objectives:

- To use data to ensure the safety of children served
- To make everyone's jobs easier wherever possible
- To provide the field with the data and reports that are needed the most in a useful format
- To strengthen the relationships between workers in the field, iCARE, and the FACS data team

In collaboration with program directors, “Open and Overdue Assessments”, “Presenting Issues Missing Assessments”, and “Worker Contacts” were selected as the initial areas of focus. Reporting tools were developed for staff, supervisors, chiefs, managers, and leadership to easily see counts and percentages for these items. The data is shared statewide via SharePoint and can be accessed at any time. These reporting tools are intended to help CFS keep children safe, ensure continuity of service, and help staff more accurately monitor these aspects of workloads. Progress in these areas is discussed and monitored during Child Welfare Operations meetings.

In addition to AFCARS, NYTD, and NCANDS reports, data analysts provide the following reports to staff and leadership statewide on a regular basis:

Report Type	Frequency	Purpose
Worker Contact Summary	Monthly	Identify missing monthly worker contacts
Annual Caseworker Visits	Annual	Yearly summary of caseworker visits
Foster Care Report	Quarterly	Provides information about children removed by zip code and compares it to the number of licensed homes in that location over time
Residential Placements Report	Monthly	Identify current residential placements by region and count entries and exits by facility
Staff Allocation	Quarterly	Calculate average case counts by worker type (Safety Assessor, Case Worker, Permanency, etc.)

(5) Evaluates implemented program improvement measures:

The desired outcome of the QA system is to provide individuals at all levels of the organization with accurate and relevant information that can be used to make informed decisions about where to focus the limited time and resources available to the agency.

This requires the constant evaluation of implemented program improvement measures and follow-up, which is conducted primarily through HIP’s and task-driven Workgroups. Results are presented, analyzed, and revised during Child Welfare Subcommittee and Operations meetings.

Ongoing and task-driven Workgroups are commonly used to evaluate the effectiveness of statewide or local initiatives after they are launched. For Example, after the implementation of the Enhanced Safety Model (ESM), CFS organized an ESM Workgroup to increase consistency and fidelity of the new model. The workgroup began meeting weekly, then bi-weekly, and are now meeting every 6 weeks to discuss progress, work through identified barriers, and continue to support chiefs, supervisors and lead workers. There are representatives from each region of the state in the workgroup. Currently, members are taking an active role in the statewide implementation and evaluation process of the ESM through coaching and participation in “consultation and staffing” meetings which are a part of each hub’s implementation plan.

CFS asserts the Quality Assurance System is currently functioning and operating in the jurisdictions where the services included in the CFSP are provided, has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

D. Staff and Provider Training

Item 26: Initial Staff Training

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

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

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) has a functioning statewide training system in place to ensure all new child welfare social workers and supervisors receive the training necessary to ensure they have the basic skills and knowledge required for their positions.

Idaho State University (ISU) continues to serve as the lead in the coordination and tracking of field staff training. ISU provides logistical support and curriculum development for the Child Welfare New Worker Academy through five full-time onsite trainers. These trainers participate in reviewing the training curriculum, and have a presence at the Child Welfare Subcommittee meetings and various other workgroups to help ensure training needs are being met. Trainers also help facilitate the transfer of learning into the field.

The hub-based onsite trainers work with CFS subject matter experts (typically program specialists) on the development of curricula for New Worker Academy, In-Service, and Supervisory Training modules. This includes curriculum for core sessions, as well as trainer and participant manuals. Academy courses are posted online, and registration is via the Learning Management System. ISU has a database to track training attendance and completion. ISU also provides quarterly reports that outline the academy sessions presented in each location as well as the number of participants. Each session of Academy is held approximately two times a year in the North and Eastern Hubs and three times in the West Hub. Additional sessions are offered as needs are identified. CFS chiefs of social work, program specialists, university partners, Casey Family Program staff, and some external subject matter experts including our tribal partners assist with various trainings.

The onsite trainers oversee implementation of the Academy training with support from the Child Welfare Policy Program Manager, program specialists, chiefs of social work, and assigned child welfare social worker III's. Through supervisor direction and worker input, onsite trainers engage in mentoring and training activities with new workers, as well in supporting supervisors in their coaching role. The New Worker Performance Evaluation and Field Guide was designed to engage new employees with their supervisors in an on-the-job applied learning process. The

learning assignments and competency expectations defined in the New Worker Performance Evaluation and Field Guide are aligned with the content delivered during Academy sessions. New employees complete Academy modules and related field assignments as negotiated with their supervisor through the utilization of the Transfer of Learning form. These forms are documented in the employee's performance evaluation. Embedded trainers meet with supervisors and new workers when the worker is initially hired to assist with establishing learning objectives and appraisal of needs and progress. Trainers also meet as needed with supervisors on a regular monthly basis to discuss worker progress. The goal is to meet monthly with new workers in both the field and/or with supervisors to discuss Academy progress. Supervisors continue to be responsible for documenting the achievement of a competency as demonstrated through the learner's completion of learning assignments and probationary evaluation, which recommends the candidate for permanent employment in terms of achievement of the desired core competencies. Chiefs of social work are responsible for utilizing regional case record review data to determine training needs.

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

All case-carrying staff are licensed social workers. New Child Welfare Social Worker I's are required to complete a nine-month entrance probationary period and successfully complete all twenty-one sessions of Academy within that time frame. New Child Welfare Social Worker II's are required to complete a six-month entrance probationary period and successfully complete all twenty-one sessions of Academy within that time frame. The successful completion of Academy is documented within the employee's performance evaluation in the Department's employee appraisal database.

Academy sessions include foundational knowledge and skill-building activities. In 2015, the program offered 98 sessions of academy on the following topics:

- Family Group Decision Making (FGDM)
- Child and Family Engagement Part I & II
- Idaho Permanency Oriented Practice I-POP
- Concurrent Planning
- Working with Older Youth
- Foster Care
- Child Welfare: Professional Practice in a Statutory Context
- Family Centered Practice for Workers
- Legal Perspectives
- Interstate Compact on the Placement of Children (ICPC)
- Indian Child Welfare Act (ICWA)
- Knowing Who You Are
- Self-Care for Child Welfare Staff: Managing Impact of STS and Worker Safety
- FACS Academy Intake Priority Guidelines
- FACS Academy Service Integration
- FACS Academy Child Abuse and Neglect related to Domestic Violence
- FACS Academy Child Abuse and Neglect related Substance Abuse Issues
- Working with Persons (Children/Parents) with Disabilities
- FACS Random Moment Time Study-Child Welfare IV-E Financing
- FACS Child Welfare Eligibility and Funding

Training for both new and existing staff is designed, facilitated, and presented through a collaborative partnership with ISU. In 2014, CFS hired 50 new child welfare workers. Of that number, 44 (88%) successfully completed entrance probationary requirements, 6 did not successfully complete entrance probationary requirements due to performance issues and/or leave of employment. In 2015, CFS hired 52 new child welfare workers. Of that number, 50 (96%) successfully completed entrance probationary requirements.

Upon the completion of Academy, both workers and supervisors are asked to participate in an exit survey to assess the quality and applicability of trainings. These surveys are designed to collect both quantitative and qualitative data which provides an assessment of training effectiveness, transfer of learning, and factors related to professional development and work engagement. Workers and supervisors are instructed to mail the anonymous surveys separately to the ISU contract monitor. Completing the survey is voluntary.

Trainers began to hand out the survey in October 2012. During the first 15 months, the response rate was not tracked. During the 9 month period between January 2014 and September 2014, a system for monitoring the response rate was implemented. Surveys returned during this time indicated a response rate of 44% for the Academy Exit Surveys (8 completed by workers) and 28% for the Worker Skill Transfer Survey (5 completed by supervisors).

In evaluating the Worker Academy Exit Survey, a t-test was run to determine whether there was a statistically significant difference between the average scores worker respondents gave before their training as compared to after their training on each of the questions included in the exit survey. Tests were run for each question for each time period separately.

Overall, the results of those surveys showed statistically significant improvement on all of the questions in the combined data. In regards to the Worker Skill Transfer of Learning Survey during the period of January 2014-September 2014, supervisors reported 100% of the workers demonstrated excellent or satisfactory skills in all areas addressed in Academy training sessions following completion of training. Overall results from workers and supervisors demonstrate that workers are benefiting from Academy learning and transferring skills into the field.

During the period of January 2015-December 2015, ten (10) Academy Exit Surveys were returned by workers and ten (10) Worker Skills Transfer Surveys were returned by supervisors statewide. Surveys returned during this time indicate a response rate of 33% for the Academy Exit Surveys and 33% for the Worker Skill Transfer Survey.

To further analyze the New Worker Academy Exit Survey, a t-test was used again to determine whether there was a statistically significant difference between the degree of knowledge before their training as compared to after their training on each of the Academy topics included in the survey. The t-test results show statistically significant improvement at the .05 level or lower between the “before” and “after” ratings by the respondents on all of the questions. Thus, we can be 95% confident that responding workers demonstrate statistically significant growth in knowledge after training is provided in Academy content areas.

Regarding qualitative information collected on the Exit Surveys, workers reported overall feeling like academy is beneficial; however, workers would like learning to be more hands-on. Workers want more technical information about how to perform their job duties along with increased information about clinical judgment. Workers reported job satisfaction, feeling like they are making a difference with families and children, and having good interactions with hub trainers.

In regards to the Worker Skill Transfer of Learning Survey during the period of January 2015-December 2015, supervisors reported 100% of the workers demonstrated excellent or satisfactory skills in the following areas: utilizing child welfare models in family meetings,

assessing safety, providing foster care services, understanding laws/policy regarding maltreatment, and maintaining professional boundaries and following standards. Supervisors reported 90% of the workers demonstrated excellent or satisfactory skills in the following areas: Family Centered Practice Framework, intake protocols, concurrent planning, service/case planning, and working with persons who have disabilities. Percentages of workers in the remaining areas that supervisors rated as having excellent or satisfactory skills follow: comprehensive assessment (80%), effective case management (70%), effectively serving older youth (60%), legal process/court proceedings (80%), assessing/intervening with families impacted by domestic violence and substance abuse (80%). Supervisors reported the following information: the Transfer of Learning (TOL) forms assist the supervisor and worker in negotiating learning, they would like to see more hands on activities, and academy provides a basic understanding of job duties. Since this survey does not contain “before” or “after” measures to compare, t-tests were not able to be completed to determine statistical significance.

In an effort to increase the response rate of the Exit Survey and Worker Skills Transfer of Learning Survey in 2016, trainers will be sending the forms in electronic format to workers and supervisors. Also, additional pre- and post- knowledge check questions to evaluate Academy curriculum effectiveness have been added to the training evaluation package which should assist in analyzing the effectiveness Academy sessions.

Staff training continues to evolve and change to meet Idaho’s practice initiatives and enhancements in the development of a more trauma-informed and family-centered practice model. During 2015, many of the existing academy curriculums were updated. This included the curriculum for substance abuse and domestic violence, which was revised to address the needs of new workers in increasing their understanding of these topics.

Initial Staff Training for Contractors

Agencies that contract with CFS to provide case management responsibilities and decision-making authority include Casey Family Programs, Family Connections, and PATH. Staff at these agencies, while not required, are invited to attend Academy sessions.

Casey Family Programs is contracted to provide case management services to youth ages 15-21. Casey Family Programs employ Licensed Master Social Workers to provide case management or supervisory responsibilities. These social workers are supported by training and supervision that focus on applying family-centered principles, critical thinking skills and trauma-informed practices. The training curriculum is designed to teach a comprehensive and integrated approach to practice; ensure staff roles are well-defined; and work assignments, caseloads and supervisory ratios are in accordance with the Council on Accreditation standards.

Casey Family Programs hired one new staff member in 2014 and one in 2015. Both successfully completed their training requirements within the twelve-month time frame. They also completed the required sessions of training on the Exponent Case Management System/Universal Practice Standards, Practice Model-Orientation to CFS Practice Model, Engagement and Creating Networks, Child Adolescent Needs and Strengths/Family Advocacy and Support Tool (CANS/FAST), Family Finding, Suicide Prevention and Risk Assessment, Family Group Decision Making, Quality Compliance Reviewer Training, and Practice-Model Teaming and Consultation Information Sharing Framework. All sessions of training are evaluated through the use of post workshop evaluations. These evaluations measure the effectiveness of the learning objectives, participant’s level of understanding, content clarity, the relevance of the training and instructor effectiveness. According to Casey Family Programs,

these trainings have shown to be effective in ensuring staff have the knowledge and skills necessary to complete their job duties.

PATH is contracted to provide treatment foster care for those children who have been identified as needing a higher level of care. PATH employs Master Social Workers who complete training on Systemic Thinking, Family Inclusion, Comprehensive Assessment, Culture, Trauma-Informed Practice, Teamwork, WRAP Around, Treatment Planning and Keeping Skills Sharp. Training requirements are documented and reported to CFS through contract monitoring reports.

Family Connections is contracted to provide in-home case management services to families who have been identified as having a threatening family condition that can be safely managed in the home. Family Connections staff are required to complete parenting curriculum training in Love and Logic, Strengthening Families, Early Childhood Series, Trauma and Empathy training. In 2014, Family Connections hired 6 new staff. In that year, all new staff successfully completed their training requirements as outlined above. In 2015, Family Connections hired 12 new staff, of those, 11 successfully completed the training requirements. Training is based on the experience and developmental needs of each employee. Workers are provided an initial orientation to the company and the program they were hired to work in. Generally, new workers are expected to have read on their own, and reviewed with a supervisor, all training materials within 6-8 weeks. During the first 2-4 months, they are to shadow cases with experienced workers and exchange relevant feedback. During the first 2 months of training, they are also expected to attend weekly coaching and 1-on-1 supervision with their supervisor. During the 3rd month, they are assigned cases teamed along with a team lead, which provides mentoring until the new worker demonstrates the knowledge and skill needed to work independently. This entire process could take up to 6 months.

CFS is in the process of expanding and integrating a more robust evaluation process in addition to the current method for measuring the effectiveness of child welfare training on increasing staff values, knowledge, and skill. CFS will focus efforts on quality improvements by enhancing evaluation tools and using evidence-based models and initiatives. CFS is also working to expand stakeholder involvement in gathering feedback around effectiveness of the training of staff. CFS will utilize current stakeholder meetings, case record reviews, multidisciplinary teams, and workgroups to gather this feedback. Our goal is to ensure training for staff includes transfer of learning strategies that support the application of skill development, values, and knowledge learned in the training environment to the field. All trainings will continue to be guided by Idaho Child Welfare Practice Standards to ensure all new child welfare social workers and supervisors receive the training necessary to ensure they have the basic skills and knowledge required for their positions.

Item 27: Ongoing Staff Training

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

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

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

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

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

State Response:

CFS has an effective statewide staff and provider training system that is currently functioning to ensure that ongoing training is provided for staff which addresses the skills and knowledge needed to carry out their duties.

In accordance to the Idaho Bureau of Occupational Licenses, the completion of a minimum of twenty (20) continuing education (CE) hours annually is required to renew each licensure level. As part of the required hours of continuing education, all licensees must complete at least one (1) hour of training every year in professional ethics. CFS offers in-service training to all employees on a quarterly basis in collaboration with the embedded ISU trainers. The topics of the quarterly in-service trainings are based on knowledge and skills needed as identified in Child Welfare Subcommittee leadership meetings, requests from regional leadership and by the embedded trainers themselves. In-service training regarding professional ethics is offered to all employees on a semi-annual basis at minimum. Child Welfare Social Workers are responsible for the completion of continuing education hours annually and are responsible for submitting a copy of their current license to their supervisors each year. These two items are tracked by individual supervisors. CFS is not aware of any Child Welfare workers having their license revoked by the Bureau of Occupational Licensure due to non-compliance. There is no other system of tracking compliance currently in place.

Advanced Training Topics are identified through Child Welfare Subcommittee, quarterly learning circles with supervisors, training evaluations, and program specialists. Advanced topics covered in 2014 included: Enhancing Child Welfare Safety Practices, Neurosequential Model of Therapeutics, Child Welfare Trauma Training, Caring for Traumatized Youth, Solid Social Work Ethics, Motivational Interviewing, Ethics in Social Media, and Venting in the Workplace. The trainings offered are aligned with practice initiatives, enhanced practice and the professional development of our staff. Training evaluations show an enhancement in worker skill development post in-service training; however there are concerns that these evaluations are

self-measured assessments of skills and more satisfaction-based rather than a measurement of effectiveness. CFS has found these trainings to be effective based on feedback provided by staff, leadership and embedded trainers. These in-service trainings have also been found to be effective in ensuring staff have the knowledge and skills necessary to perform their job duties. During 2016, the use of pre/post knowledge checks will be embedded for all in-service trainings and will help further enhance the measurement of the training effectiveness.

In 2015, CFS provided in-service trainings on a quarterly basis on topics including Case Management and Coaching for supervisors, Cultural Humility and Ethics, Safety Assessment and Coaching for supervisors, Neurosequential Model of Therapeutics, Safety Planning, Assessing Protective Capacities, Ethics, Coaching in Child Welfare, iCARE Documentation: an Ethical Approach, Child Welfare Trauma Training, Conversational Interviewing, and Keeping the Bounce. These trainings are evaluated through pre/post knowledge checks and training evaluation forms. The evaluation of the post-knowledge checks indicates that workers are receiving the skills and knowledge desired in relation to the topics delivered. On average, staff are increasing their post-knowledge check scores by 70% when compared to pre-knowledge check scores. This increase indicates the material delivered is effective in increasing worker knowledge post in-service training.

Onsite embedded trainers also provide clinical support and consultation within their Hub. This includes: clinical supervision of staff, new worker transfer of learning, meeting with supervisors about supervision strategies, stability staffing, foster parent support groups, supervision of interns, helping workers understand working with teens who have had multiple moves, trauma informed foster parenting and staffing difficult cases with the workers. Embedded trainers spent approximately 43 hours providing clinical support and consultation statewide between October and December 2015.

Most new Child Welfare Supervisors are promoted within the agency and have completed Child Welfare Academy requirements in their role as case-carrying staff. In 2014, CFS promoted 3 staff into supervisory roles. In 2015, CFS had 7 new supervisors. Of these, one supervisor was hired from outside the agency and is currently completing Academy. In 2014, all Child Welfare Supervisors received training and instruction at an annual supervisor summit. The Fourth Annual Supervisor's Summit held in July 2014 was focused on Advanced Secondary Trauma training for supervisors. Attendance at the Supervisor Summit is mandatory. All new supervisors are required to attend supervision courses which include Managing Your Workforce, Evaluating and Managing Performance, Crucial Accountability, Drug-Free Workplace, Drug Impairment Recognition for Supervisors and Managers, and Securing the Human: Information Security for Supervisors and Managers. These courses have been found to help build supervisor competence in performing their supervisor responsibilities. In addition, supervisors have access to the Department's Supervisory Resource Center, allowing them to access additional supports to assist them in more effectively managing employee performance. CFS program managers and chiefs meet with local human resources specialists on a quarterly basis to discuss performance issues and training needs.

CFS also requires supervisors to attend Case Record Review training and the 2-day Supervisor Academy (Critical Thinking and Family-Centered Practice for Supervisors). Our embedded trainers facilitate learning circles with supervisors and chiefs in each hub once each quarter. CFS encourages supervisors to complete the National Child Welfare Workforce Institute Leadership Academy for Supervisors online training.

CFS has an effective, functioning system of training for Child Welfare supervisors. The supervisor training required by the Department of Health and Welfare and the CFS program provides the knowledge and skills necessary for leadership to effectively perform their job duties. In addition to required trainings, all child welfare leadership have the opportunity to

attend additional trainings offered by human resources on topics including emotional intelligence, non-violent crisis intervention and de-escalation, crucial conversations, crucial accountability and stress management.

CFS continues to evaluate and monitor the ongoing training needs of staff across child welfare through training evaluations, New Worker Academy, case record reviews, staff request, and identified practice issues.

CFS continues to assess and explore other states' child welfare training curriculums for new staff and supervisors to modify and update curricula for Idaho. CFS has a workgroup that will continue to assess the training needs for supervisors and staff. This will continue to be an area of focus as staff training is critical to the enhancement of practice in the State of Idaho.

Item 28: Foster and Adoptive Parent Training

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

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) has a statewide process in placed to ensure training is occurring for current or prospective foster parents, adoptive parents, and state licensed or approved facilities which care for children receiving foster care or adoption assistance under Title IV-E. The initial training provided addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. Resource families are able to complete ongoing training through a number of methods. There is a lack of available data regarding the completion and quality of ongoing training received by resource parents. Feedback received from staff and resource parents suggest the need for improvement in the area of ongoing training. While Idaho believes there is effective and functioning initial training occurring there is insufficient data and information regarding effective ongoing training for current foster and adoptive parents. At this time this is an area needing improvement for Idaho.

Initial Training

Eastern Washington University (EWU) provides initial and ongoing training for foster and adoptive families working with CFS through a statewide contract. 27 hours of initial pre-service training is provided using the PRIDE model and occurs over nine sessions. The intent of this training is to provide resource families with the basic knowledge and skills necessary to provide foster and/or adoptive care. Covered topics include:

- Session One: Connecting with PRIDE
- Session Two: Teamwork Toward Permanence
- Session Three: Meeting Developmental Needs: Attachment
- Session Four: Meeting Developmental Needs: Loss
- Session Five: Strengthening Family Relationships
- Session Six: Meeting Developmental Needs: Discipline
- Session Seven: Continuing Family Relationships
- Session Eight: Planning for Change
- Session Nine: Taking PRIDE: Making an Informed Decision

An additional Kinship Session is offered as an option for relative PRIDE participants. Participants who attend the Kinship session give positive feedback; particularly as it relates to how to work with birth parents and obtain resources. Attendance is greater in Region 5, where relatives are required to attend, than in other regions where participation is optional.

PRIDE is co-trained by professional recruiters, recruiter peer mentors (RPMs), and local child welfare staff. RPMs are experienced foster and adoptive parents who have undergone specialized training. In addition to co-training PRIDE sessions, RPMs are assigned to assist newly licensed resource families in implementing newly learned skills and support them through the process of their first placements. RPMs for resource families are available throughout the state including 10 in the North Hub, 7 in the West Hub, and 13 in the East Hub. As of January 2016, 26 families statewide are receiving peer mentoring services for initial licensure.

Idaho requires new foster and adoptive parents to receive an additional 10 hours of initial training no later than one year following licensure after completion of pre-service training. This requirement applies to families seeking to foster and/or adopt through private child placing agencies as well as CFS.

Ongoing Training

Idaho requires currently licensed families to receive 10 hours of additional training each year. This requirement applies to families seeking to foster and/or adopt through private child placing agencies as well as CFS.

Licensed foster and adoptive parents may meet continuing education requirements through a variety of methods including support and education groups, formal training, conferences, online courses from sites such as Foster Parent College and Adoption Learning Partners, reading specific related books, and one-on-one education from a child's treatment provider.

The Idaho Resource Family and Social Worker Conference is held annually in each hub. Resource family support and education groups are offered 6 to 7 times per year in each region. Childcare or child activities are provided at most meetings to encourage attendance. Training is provided by a range of professionals including EWU trainers, CFS staff, and local treatment providers. Topics for the conferences and support and education groups are identified through input from the attending families, RPMs, and licensing social workers. Classes concerning community services are offered only in the location that program is available; however, most topics are offered statewide.

Prior to re-licensure, CFS licensing workers and private child placing agencies must assess and document completion of required ongoing training requirements.

Child Placing Agencies

CFS works with two private child care placing agencies for the placement of foster children: PATH and the Casey Family Program. The initial and ongoing training requirements of both agencies exceed those mandated by CFS. Neither agency issues foster care licenses to prospective families until they have completed pre-service training which includes PRIDE and CPR/first aid. Families who do not meet ongoing education requirements at the time of re-licensure are placed on corrective action plans. PATH withholds placements from those families who do not follow-through with the necessary training.

Families licensed through PATH or the Casey Family Program are invited to participate in ongoing training opportunities provided through CFS. Both agencies provide in-house ongoing education as well. Topics are identified through resource family feedback, staff recommendations and practice trends.

Licensed Child Care Facilities

Child care facilities receiving placements of children receiving IV-E foster care or adoption assistance are licensed through DHW's Division of Licensing and Certification. Facility employees whose primary responsibilities include interaction with children are required to complete 25 hours of training prior to working independently. This training must include: job responsibilities; policies and procedures; emergency procedures; child safety; child abuse, neglect and abandonment; CPR/first aid; and applicable agency licensing requirements. Those who are employed for 24 hours or more per week are required to receive 20 hours of ongoing annual training; those who are employed for less than 24 hours per week are required to receive 10 hours of ongoing annual training. Ongoing training is required to include topics of cultural sensitivity and diversity; behavior management; and child development appropriate to the population served by that program. Each facility is responsible for providing or arranging for their staff training. State licensing program specialists review facility completion of educational requirements during annual re-licensing visits.

Data Quality

Initial Training

Relative and non-relative resource families licensed by CFS complete PRIDE training. No resource families had their foster care licenses revoked for failure to obtain initial training in 2015. Non-relative families complete training prior to being licensed as foster and/or adoptive parents. Relatives who are licensed through the Code X expedited licensing process attend PRIDE after licensure. As evidenced by the number of PRIDE graduates exceeding the number of newly licensed foster families in each geographical area of the state, as well as the lack of revocations for failure to complete required initial training, it appears foster and adoptive parents licensed through CFS are receiving required training.

	North Hub PRIDE Individual Graduates	North Hub Family Licenses	West Hub PRIDE Individual Graduates	West Hub Family Licenses	East Hub PRIDE Individual Graduates	East Hub Family Licenses
August 2014	0	0	16	0	0	2
September 2014	32	0	16	0	14	5
October 2014	7	0	19	1	37	3
November 2014	22	3	20	15	26	0
December 2014	4	7	17	11	0	0
January 2015	0	4	20	10	0	1
February 2015	18	1	36	6	28	2
March 2015	27	2	13	8	31	0
April 2015	26	0	35	5	11	1
May 2015	2	0	4	4	27	0
June 2015	27	0	4	1	16	0
July 2015	4	3	22	2	15	2
Total	169	20	218	63	205	16

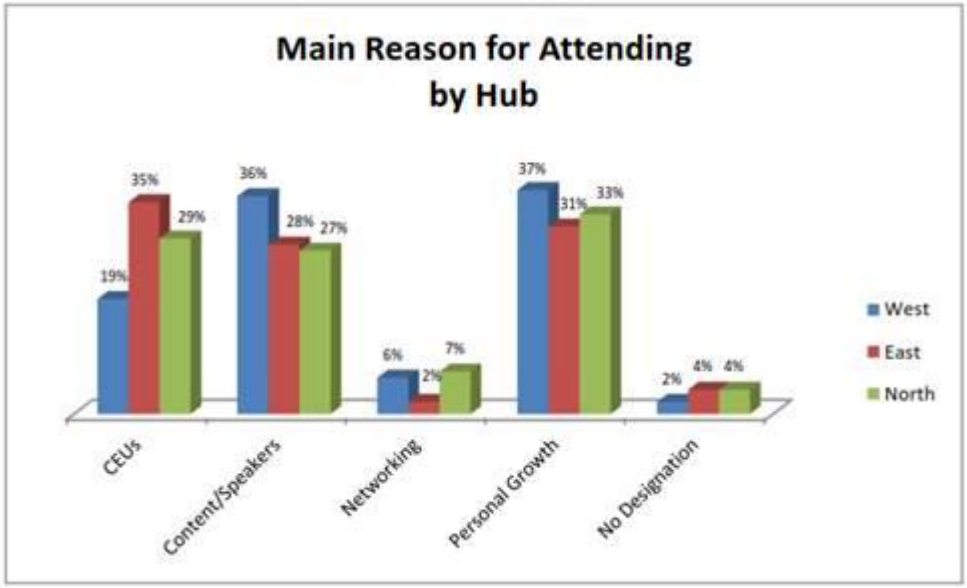
In 2015, all families licensed by CFS to provide foster and/or adoptive care were invited to participate in an annual survey. 204 current foster and adoptive parents across the state responded to the Annual Resource Parent Survey. This represented a response rate ranging between 6.86% (Region 2) and 24.02% (Region 3). Of responding families, 67.49% agreed or strongly agreed with the statement “The training I received adequately prepared me for foster parenting.” 12.89% disagreed or strongly disagreed with the statement. Remaining respondents were either neutral or found the item to be not applicable.

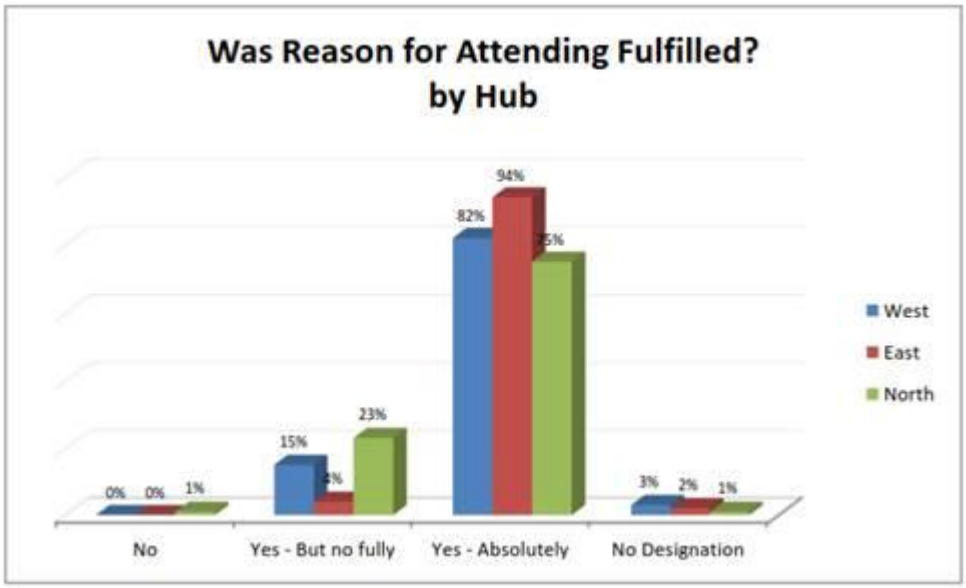
Support for the quality of initial resource parent training is also evident in case record review results. Relative, fictive kin, and non-relative foster and adoptive families participating in case record reviews in 2015 consistently reported their needs, including those for training prior to placement, were met.

Ongoing Training

EWU conducts surveys of annual Resource Family and Social Worker Conference attendees which are shared with CFS through a Conference Evaluation. Information requested from the surveys has expanded from previous years to provide more feedback from a range of experiences including the registration process, specific workshops/speakers, reasons for attending and overall satisfaction. Annual Resource Family and Social Worker Conferences are held in each of the three hubs. Due to the significant distance between cities in the East Hub, the location of their conference varies from year to year between the three regions of that Hub (Regions 5, 6 and 7) to encourage attendance.

377 individuals attended the 2015 Resource Family and Social Worker Conference. This included 196 (or 13% of the 1,475) foster and/or adoptive families licensed by the Department. Other attendees included CFS social workers, EWU employees, PATH licensed foster families, and community partners. Information reflecting the reason for attendee participation and conference outcomes in meeting attendee needs demonstrates participant needs related to the conference were met:





As Idaho's child welfare social workers have undergone Neurosequential Model of Therapeutics (NMT) training regarding the impact of trauma on children in foster care. NMT training has also been provided to resource families with the objective of providing families with the knowledge and skills needed to care for children with trauma histories and seek support from others. In 2015 and 2016, 62 licensed foster parents completed trauma training including 5 in the North Hub, 21 in the West Hub and 36 in the East Hub.

In the spring of 2015, the state foster care and permanency program specialists conducted onsite meetings with all of the foster care licensing and adoption teams in the state. Feedback received from licensing and adoption social workers and supervisors during these meetings indicated resource families are in need of additional training specifically in the areas of trauma-informed parenting skills, attachment, and racial and ethnic diversity as part of ongoing training. Adoption specific training was another identified need.

Child Placing Agencies

As licensed child care placing agencies, PATH and the Casey Family Program are responsible for the monitoring the completion of training requirements by the families licensed through their programs. In 2015, Casey licensed 6 new families, all of whom completed training requirements prior to licensure. In that time period, PATH licensed 27 new families, 20 of whom completed training requirements prior to licensure. In September 2015, PATH changed its policies and no longer issues foster care licenses until pre-service training is completed. Neither agency was able to provide data regarding the number of currently licensed families who did not meet ongoing education requirements at the time of re-licensure.

The Casey Family Program conducts disruption reviews when a child moves experiences a disruption from a licensed foster home. These reviews include consideration of the training received and needed by the foster family. Families licensed through Casey Family Programs and PATH complete surveys and workshop evaluations. Through these instruments, as well as individual family feedback obtained

during support groups, both agencies report their families feel prepared to care for the children placed in their homes.

Licensed Child Care Facilities

There are 35 licensed child care facilities in Idaho. In 2015, 7 facilities were cited for not meeting initial staff training requirements and 6 facilities were cited for not meeting ongoing staff training requirements. Plans of correction were developed to address the training issues.

Data Scope & Limitations

Data scope and limitations are confirmed through the consistency of feedback obtained through multiple resources. Feedback regarding the efficacy of initial training as provided by resource parents through post-training surveys, case record review findings, and annual resource parent surveys is consistent. Training need information received from foster and adoptive parents through post-conference and support group surveys is consistent with information received from licensing and permanency social workers. Attendance in initial and formal ongoing training, as well as support and education groups is recorded through attendee sign-in sheets and is included in contract reporting.

Child care facility data regarding staff training is incorporated in annual reviews prompted by iCARE and reviewed by licensing supervisors. Training violations are tracked on an internal SharePoint site.

Initial Training

Implementation of RPM support for newly licensed foster and adoptive families is showing initial signs of success. However, the program has only been in place since August 2015, and no specific data is available at this time. Initial feedback from resource families receiving mentoring has been positive, specifically in the areas of feeling connected, understanding the reunification process, and the grief and loss process as it relates to adoption. Specialized evaluation of the program is needed in order to determine the impact of peer mentor support. Initial outcome information is expected to be available following the first half of 2016.

Ongoing Training

Although data attendee surveys reflect overall satisfaction with the annual Resource Family and Social Worker Conference, the information is not broken down by attendee type (i.e. resource parent, social worker, community partner). Therefore, we are unable to determine the extent to which resource parent training needs are being met through the conference.

Geographical differences exist in the level of participation by resource parents in ongoing resource family support and education groups. Groups meet in each region; however the North Hub has a higher attendance rate than other locations in the state. North Hub support group meetings average 23 resource families per meeting. Their higher participation rate appears to be related to location, topics, presence of CFS social worker to answer questions, and broad invitation list.

Child Placing Agencies

The two licensed child placing agencies through which DHW places license a total of 101 families. As of February 2016, the Casey Family Program licenses 21 families to provide foster care in Idaho. All of these families reside in the West Hub (Regions 3 and 4). PATH licenses 80 families located throughout Idaho.

Barriers

Initial Training

Data regarding the timing of PRIDE training completion as it relates to the issuing of a CFS foster care license is not available through iCARE. In order to obtain this information, a case by case review would need to be completed. Despite this barrier, Idaho believes families are receiving necessary training within the required timeframe (one year following initial licensure) based upon data regarding the number of PRIDE graduates and new foster care licenses issued in each hub, lack of training-based license revocations, and resource parent survey feedback.

Ongoing Training

The availability and quality of data regarding the timely completion of effective ongoing training for resource families is limited. While participation rates and attendees satisfaction data is available for formal ongoing training, only a small percentage of licensed foster and adoptive families avail themselves of these educational opportunities. 13% of currently licensed foster families attended the Resource Family and Social Worker Conference and 8.4% attended trauma training in 2015.

Family Development Plans are used to identify educational goals and training completion for resource parents. They are monitored by individual licensing social workers during the annual re-licensure process. These plans are a potential source of information regarding ongoing training completion and efficacy, however are not being utilized.

E. Service Array and Resource Development

Item 29: Array of Services

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

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

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

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

State Response:

Based on the information currently available, the Idaho Department of Health and Welfare, Child and Family Services Program (CFS) cannot assert service array and resource development system is functioning to meet the needs of Idaho families and children. Over the last three years, Idaho has shifted towards more precisely and accurately assessing the needs of families and children within a trauma-informed and family-centered context. During this period of adjustment, the system is operating as it should to meet the ever changing needs of Idaho families and children within multiple complex systems. Idaho will need to address quantitative data challenges including overcoming a technologically limited SACWS system, iCARE, and supporting staff to ensure accurate and timely documentation in order to achieve a service system grounded in data driven outcomes. Accurate quantitative data will be essential as Idaho progresses into the formal development of services and resources to most effectively meet the assessed needs of families and children. However it should be noted based on the current quantitative data, there is no indication the service needs of families and children are not being met. Additionally, qualitative data indicates CFS staff are actively developing ways of serving families where services to meet their specific assessed needs may be limited. At this time this is an area needing improvement for Idaho as there is insufficient data to demonstrate statewide functioning.

1. <u>Services That Assess The Strengths And Needs Of Children And Families And Determine Other Service Needs</u>

Idaho's service system that assesses the strengths and needs of children and families and determines other service needs is currently functioning well to adapt to enhancements in CFS assessment practice. Over the last three years, CFS has made improvements to the assessment of families and children in order to increase precision and accuracy with making a child safety determination and assess the needs of families and children for on-going service planning. CFS will need to address challenges in quantitative data collection including iCARE

system limitations and supporting workers with timely and accurate documentation of assessments. Even with these needs, the quantitative data available indicates the needs of families and children are being met and qualitative data supports the functionality of the service system which assesses the strengths and needs of children and families.

Comprehensive Safety Assessment

In accordance with the CFS practice Standard for Comprehensive Safety, Ongoing, and Reassessment, every family receives a Comprehensive Safety Assessment (CSA) completed within the first 30 days by a child welfare social worker. The CSA includes an analysis of the family's functioning and a safety determination for the child based on the identification of one or more of 14 safety threats. The CSA identifies safety service needs through the process of safety planning as well as assesses caregiver protective capacities and the needs of the child for purpose of service planning with the family.

Political Jurisdiction

The CSA is the primary assessment for all families and is required in all regions in Idaho. Full implementation of the CSA began in December of 2014. During FFY 2015 there were a total of 6988 CSAs required to be completed and a total of 6462 were completed. The overarching reason for not completing a CSA as required can be attributed to timely documentation of the CSA in iCARE. Data indicates documentation may be a bigger challenge in larger offices, where there are more social workers and larger populations.

CSAs Required during FFY 2015			
	Completed?		
Region	Yes	No	Total
1	1003	16	1019
2	478	4	482
3	1278	173	1451
4	1378	228	1606
5	882	35	917
6	669	70	739
7	774		774
State	6462	526	6988

Gaps in Accessibility

CFS has workers conducting the CSA in all political jurisdictions in Idaho. While traveling significant distances may be required to complete the CSA with families in rural areas, CFS ensures there are no gaps in the accessibility of the CSA by making sure the workforce encompasses all Idaho counties. Additional information on Idaho's workforce can be found in Item 26. Timely documentation continues to be a challenge in completion of the CSA in larger offices however there are no indications the CSA is not available or limited in any political jurisdiction in Idaho. Use of the CSA with fidelity to the practice model continues to be an area of growth as seasoned workers continue to adapt to the new assessment tool and new workers gain experience. CFS has implemented coaching through consultation and staffing with the goal of increasing support and fidelity to the model. A statewide consultation and staffing plan will be finalized by the end of the year.

Data Quality

There are limitations to the quality of the data on completion and accessibility of the CSA. Timely documentation continues to be a challenge especially in larger offices. The types of quantitative data collected in the CSA, at this time, do not lend themselves to analyzing outcomes of the CSA. However a QA process has been developed for the purpose of reviewing the fidelity of the CSA and will begin within the next six months. This information will provide quantitative and qualitative data which will be used to analyze outcomes and target support for continued implementation.

Child and Adolescent Needs and Strengths (CANS)

As part of Idaho's IV-E waiver demonstration project, all children in foster care will receive a Child and Adolescent Needs and Strengths (CANS) assessment. The CANS is a multi-purpose tool developed to help facilitate the linkage between the assessment process and the design of individualized service plans that include the application of evidence-based practices. The CANS is an output of the assessment process, and identifies strengths and needs in a way that prioritizes what is needed for children and families. The CANS tool will be informed by our CSA to help identify youth and caregiver trauma and inform planning decisions, such as referral for treatment and services. The Idaho CANS has nine domains: Traumatic/Adverse Childhood Experiences, Strengths, Life Functioning, Culture, Behavioral/Emotional Needs, Risk Behaviors, Rating of Children Five Years Old and Younger, Transition to Adulthood, and Caregiver Resources & Needs. CFS will utilize the CANS tool to inform service planning and to determine individualized levels of services and care needed.

Political Jurisdiction

On October 1, 2015, the CANS was implemented with one designated team in each hub with children deemed to be unsafe and removed from their home. Phase 2 of implementation will begin June of 2016, whereas 50% of case-carrying staff will be utilizing the CANS. Phase 3 will begin six months after phase 2, and all case-carrying staff will be utilizing the CANS. As of February 22, 2016, there have been a total of 42 CANS conducted in the state. While CANS is still in the implementation phase there are over 60 certified users and this services is accessible through certified users who are located in each region/hub.

# of CANS Assessments by Region and Status				
	CANS Assessment Status			
Region	Approved	Pending	Incomplete	Total
1	6	7	2	15
3	6	5	8	19
4			1	1
5	2	3	1	6
7	1			1
State	15	15	12	42

Gaps in Accessibility

There are planned gaps regarding accessibility of the CANS as we are in our first phase of implementation, however the CANS is being used in all hubs of the state and will be in full implementation by November of 2016. Once we reach the full statewide implementation in November, we are not anticipating any gaps in the accessibility of the CANS tool. We will be able to assess the functioning of services as we get further along in our full statewide implementation of the tool.

Data Quality

As the CANS tool is new to CFS, we will be closely monitoring the accuracy and timing of the data being collected and entered. Staff are new to both completing the tool, as well as entering it into iCARE. Once the worker enters the CANS information into iCARE, it needs to then be approved by their supervisor before it reaches the 'approved' status. We will continue working with our leadership to ensure that CANS data is being completed correctly and entered into iCARE in a timely and accurate manner.

Casey Life Skills Assessment

In accordance with the CFS practice Standard for Working with Older Youth, youth who are in foster care for 90 days and are age 15 or older are eligible for Independent Living (IL) services. The specific strengths and needs of these youth must be assessed through the Casey Life Skills Assessment which is completed by the child welfare social worker with the cooperation of the youth and the youth's caregiver or resource parent. This tool assesses the youth in 7 domains: Cultural and personal identity formation, Supportive relationships and community connections, Physical and mental health, Life skills, Education, Employment, and Housing.

Political Jurisdiction

The Casey Life Skills Assessment is required for all youth who qualify for the Independent Living Program and is provided in all regions in Idaho. Regions 1, 5, 6, and 7 have contracts in place for this assessment service. Region 2 provides the assessment via CFS social workers and Region 3 and 4 partners with Casey Family Programs. During FFY 2015 a total 502 youth qualified for IL Services and 393 of those youth received a Casey Life Skills Assessment. The statewide goal set for the purpose of IL Case Record Review was 65% completion of the Ansell Casey whereas 2015 results yielded a 76% completion.

# of Children with a Casey Skills Assessment vs. those I&L Eligible during FFY 2015		
Region	**I&L Eligible**	**Assessed**
Region 1	107	86
Region 2	21	14
Region 3	116	98
Region 4	118	90
Region 5	67	44
Region 6	46	36
Region 7	27	25
State	502	393

IL Case Record Review Results					
Statewide-2015	Goal	Statewide	North Hub	West Hub	East Hub
Ansell Casey Assessment	65%	76%	78%	76%	75%

Gaps in Accessibility

The IL program has made great gains over the last few years and current data indicates the provision of the Ansell Casey Assessment exceeded the program's goal in 2015. Completion of the Ansell Casey was consistent amongst all of Idaho's political jurisdictions. The two main factors in not completing the Ansell Casey as required are timely and accurate documentation and the continued training and support of workers providing this service.

Data Quality

The IL program has made great gains over the last few years in the improvement of the quality of the data collected for QA purposes. The IL case record review examines every IL eligible record and reviews it with a standardized review tool. Limitations to data are dependent on the timely and accurate documentation of IL requirements in iCARE.

2. Services That Address The Needs Of Families In Addition To Individual Children In Order To Create A Safe Home Environment

Idaho's service system that addresses the needs of families in addition to individual children in order to create a safe home environment is currently functioning well to adapt to enhancements in CFS assessment practice. CFS has enhanced safety assessment practice to better identify needs of families and children. While better assessment is key it has shown the need for focused and purposeful service and resource development to meet these specific needs. Idaho will need to address quantitative data issues including iCARE limitations and support to staff in consistently and accurately entering data for services to achieve a data driven service delivery system. Current quantitative data does not indicate the needs of families and children to create a safe home environment are not being met and qualitative data from the field supports that assertion.

Housing Services

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides services to meet the housing needs of families when these services are not available through other assistance programs. These services include emergency shelter, room and board, and payment for utilities. Housing services may also be provided under services that enable children to remain safely with their parents when reasonable.

Political Jurisdiction

According to the FFY 2015 report for payment of housing services, five of the seven political jurisdictions in Idaho are using this service code to provide this service. Regions may have utilized another service code, such as Crisis Intervention, to also meet the need for housing services. Reports from the local office indicate workers are utilizing community referrals to multiple agencies to address housing needs of families and children.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Housing	2	0	21	2	7	4	0	36

Gaps in Accessibility

Assessment of accessibility is difficult due to limited quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and use it but there is not sufficient information to draw a conclusion as to if the need for housing is being met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safe home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model. Qualitative reports indicate housing is a challenge for families however there were not a significant amount of reports to show that housing needs are not consistently being met by internal or external service providers.

Data Quality

Quantitative data for housing services is limited to funding use for the service. Service codes in iCARE do not accurately reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Family Preservation: In-Home Treatment Services

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides services to meet the needs of families within their own homes. These services include traditional family preservations services such as in-home case management, parent coaching, delivery of parenting curriculum, psycho-education, home-making services, and in-home family counseling. In-Home treatment services may also be provided under services that enable children to remain safely with their parents when reasonable.

Political Jurisdiction

All political jurisdictions in Idaho maintain contracts to provide services under In-home treatment. It appears Region 2 is using the Parent Aide service code to pay for these services.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
In-Home Treatment	29	0	88	107	58	15	50	347

Gaps in Accessibility

Regional contract monitors report minimal or no waitlists for in-home family preservation, parent coaching, and in home parent education. Wait lists appear to be budget driven whereas caps on the number of referrals sent are put in place when funding is limited. There are currently no waitlists and when waitlists have been in place the longest a family waited for services was approximately three (3) weeks. The North hub reports when there is a specialized need for in-home treatment services, beyond what the contract states, they put in place single-case contracts to meet the needs of the family. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safe home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model.

Data Quality

Quantitative data for in-home treatment services is limited to funding use for the service. Service codes in iCARE do not accurately reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

3. Services That Enable Children to Remain Safely With Their Parents When Reasonable

Idaho's service system that enables children to remain safely with their parents when reasonable is currently functioning well to adapt to enhancements in CFS assessment practice. CFS has enhanced assessment practice to better identify needs of families and children. While better assessment is key it has shown the need for focused and purposeful service and resource development to meet these specific needs. Idaho will need to address quantitative data issues including iCARE limitations and support to staff in consistently and accurately entering data for services to achieve a data driven service delivery system. The quantitative data available does not indicate the needs of families and children are not being met and qualitative data supports the functionality of the service system that enables children to remain safely with their parents when reasonable.

Day Care Services

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides day care services to children both in and out of foster care when families do not qualify for state child care assistance. This enables caregivers to maintain employment or obtain educational training. Day care services may also be provided under services to create a safe home environment.

Political Jurisdiction

Review of the data for payment for day care services indicates all political jurisdictions are consistently accessing funding for this service.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Day Care	66	28	102	140	21	18	36	411

Gaps in Accessibility

Assessment of accessibility is difficult due to limited quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and use it but there is not sufficient information to draw a conclusion as to if the need for day care is being met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model. Qualitative reports indicate day care is a challenge for families however there were not a significant amount of reports to show day care needs are not consistently being met by internal or external service providers.

Data Quality

Quantitative data for day care services is limited to funding use for such services and therefore complete analysis of functionality of this service cannot be made. Service codes in iCARE do not reflect the service array currently being provided and while day care services were more accurately coded than other services, it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Education and Training Services

In accordance with the CFS practice Standard for Service Delivery and Standard for Child Well-Being, CFS provides services to meet the child's educational needs such as payment for school fees and school supplies and providing specialized tutoring. Additionally, CFS provides service for parent education to increase parents' knowledge and skills to meet their children's needs. Education and training services may also be provided under services to create a safe home environment.

Political Jurisdiction

Review of the data for payment education and training services indicates all political jurisdictions are consistently accessing funding for this service.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Education	106	21	115	132	102	69	25	570

Gaps in Accessibility

Assessment of accessibility is difficult due to limited quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and use it but there is not sufficient information to draw a conclusion as to if the need for education and training is being met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model.

Data Quality

Quantitative data for child care services is limited to funding use for such services and therefore complete analysis of functionality of this service is difficult. Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Evaluation Services

In accordance with the CFS practice Standard for In-Home Family Preservation Services, the Standard for Service Delivery, and the Standard for Child Well-being, CFS provides psychological evaluation for both parents and children when this service is not covered by insurance or other funding options. Evaluation services may also be provided under services to create a safe home environment.

Political Jurisdiction

Service code data indicates a broad range of use of this service code across all political jurisdictions in Idaho. Regions 4 and 10 have a specific contract for psychological evaluation which may account for the increased number of services paid for in their respective areas. Region 1 also has a contract for psychological evaluation however they appear to be using the Medical-Health service code to pay for this service.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Psych. Evaluations	2	1	1	31	6	2	10	53

Gaps in Accessibility

Assessment of accessibility is difficult due to limited quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and use it but there is not sufficient information to draw a conclusion as to if the need for psychological evaluation is being

met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model. Qualitative reports indicate psychological evaluation is a need for families and children however there were not a significant amount of reports to show these needs are not consistently being met by internal or external service providers.

Data Quality

Quantitative data for child care services is limited to funding use for such services and therefore complete analysis of functionality of this service is difficult. Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Health-Medical Services

In accordance with the CFS practice Standard for In-Home Family Preservation Services the Standard for Service Delivery, and the Standard for Child Well Being, CFS provides services to meet the health and medical needs of parents and children when these services are not covered by insurance or other funding options. These services include dental and general physician visits, paternity testing, medication, and mental health assessment and treatment. Health-Medical services may also be provided under services to create a safe home environment.

Political Jurisdiction

Review of the data for payment for day care services indicates all political jurisdictions are consistently accessing funding for this service.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Health-Medical	141	35	52	84	44	45	32	433

Gaps in Accessibility

Health–Medical Services are available across all political jurisdictions in Idaho, however local programmatic decisions impact the use of these services. The North hub enters in to single-case contracts for specialized assessment and treatment when a need is identified which is likely impacting their reported data for this service. Assessment of accessibility is difficult due to limited quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and use it but there is not sufficient information to draw a

conclusion as to if the need for Health-Medical services is being consistently met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model. Qualitative reports indicate psychological evaluation is a need for families and children however there were not a significant amount of reports to show these needs are not consistently being met by internal or external service providers.

Data Quality

Quantitative data for child care services is limited to funding use for such services and therefore complete analysis of functionality of this service is difficult. Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Respite Services

In accordance with the CFS practice Standard for Service Delivery, CFS provides respite services for children placed in foster care or group homes.

Political Jurisdiction

Review of the data for payment for respite services indicates six political jurisdictions are consistently accessing funding. Region 5 has been providing respite through voluntary agreements between foster parents at no cost. This practice has ended due to a lack of resources willing to provide this service at no cost and also to provide statewide consistency of support to foster parents, therefore this number will increase.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Respite Care	67	27	60	82	1	39	19	295

Gaps in Accessibility

Assessment of accessibility is difficult due to limited quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and use it but there is not sufficient information to draw a conclusion as to if the need for respite services is being met. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in

2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to keep children with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model.

Data Quality

Quantitative data for respite services is limited to funding use for the service and therefore complete analysis of functionality of this service is difficult. Service codes in iCARE do not accurately reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Substance Abuse Services

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides substance abuse services to families when insurance or other funding sources are not available. These services include drug testing, substance abuse assessment, and out-patient and in-patient treatment. Substance abuse services may also be provided under services to create a safe home environment.

Political Jurisdiction

Review of the data for payment of substance abuser services indicates most political jurisdictions are consistently accessing funding for this service. There are substance abuse liaisons assigned to every region that assist with referrals for contractor or community based substance abuse assessment and treatment.

SUD Child Protection Expenditure	
Claims paid from 6/12/2015 to 9/30/2015	
Region	**Paid Amount**
Region 1	$10,054.51
Region 2	$17,559.63
Region 3	$5,015.82
Region 4	$10,311.43
Region 5	$20,904.81
Region 6	$5,233.05
Region 7	$3,706.55
Total:	**$72,785.80**

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Substance Abuse	4	7	87	83	166	0	6	353

Gaps in Accessibility

Assessment of accessibility is limited due to a lack of quantitative data beyond the service code used for drug testing and reports of expenditures for substance abuse assessment and treatment. Based on this information alone, it would appear all political jurisdictions have access to this service but there is not sufficient information to draw a conclusion as to if the need for substance abuse services is being met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model. Reports from local offices indicate CFS is currently meeting the need for substance abuse services based on reports from the substance abuse liaisons, workers, and supervisors. They indicate individuals are referred for assessment based on information collected during the Comprehensive Safety Assessment and then treatment recommendations are made based on the outcome. There are no reports of waiting lists for services.

Data Quality

Quantitative data for substance abuse services is limited to funding use for the service and therefore complete analysis of functionality of this service is difficult. Service codes in iCARE do not accurately reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Transportation

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides funding for transportation services for families when other funding sources are not available. These services include, bus passes, taxi services, and gas vouchers. Transportation services may also be provided under services to create a safe home environment.

Political Jurisdiction

Review of the data for payment for transportation services indicates all political jurisdictions are consistently accessing funding for this service.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Transportation	11	18	145	141	65	89	68	537

Gaps in Accessibility

Assessment of accessibility is limited due to a lack of quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and use it but there is not sufficient information to draw a conclusion as to if the need for transportation is being met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model. Qualitative reports indicate transportation is a challenge for families however there were not a significant amount of reports to show transportation needs are not consistently being met by internal or external service providers.

Data Quality

Quantitative data for transportation services is limited to funding use for such services and therefore complete analysis of functionality of this service cannot be ascertained. Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Family Preservation Services: Clothing and Personal Care Items

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides services to meet the basic clothing and personal care needs of families and children. These services include purchasing car seats, clothing, diapers, shoes, and other needed items not covered through other funding sources. Clothing and Personal Care services may also be provided under services to create a safe home environment. Clothing and personal care items may also be provided under services to create a safe home environment.

Political Jurisdiction

Review of the data for payment for clothing and person care items indicates all political jurisdictions access funding for this service; however the rate to which they utilize funding is not proportional to the geographic populations served.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
CLP	389	94	9	49	8	7	117	684

Gaps in Accessibility

Statewide there is inconsistency with funding clothing and personal care services. These services are typically distributed through use of a department reimbursed voucher. The North hub and Region 7 in the East hub have disproportionately higher numbers of use given their relative smaller populations. However, the lower numbers in the West Hub can be directly contributed to budgetary issues and seeking out other ways of obtaining these items. The numbers do not indicate these services are not available in this area only that there have been focused efforts to keep these numbers down in lieu of other funding sources within the community. For example when a child is in need of clothing the family is asked to provide the clothing prior to a voucher being issued. This is in alignment with our Family Centered Practice Model. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model.

Data Quality

Quantitative data for clothing and personal care items is limited to funding use for services and therefore complete analysis of functionality of this service is difficult. Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Family Preservation Services: Crisis Intervention Services

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides services to address the needs of families in crisis. These services include hotel lodging, family counseling, foster parent education, sibling assessment, and translation and interpretative services. Crisis Intervention services may also be provided under services to create a safe home environment.

Political Jurisdiction

Review of the data for payment for crisis intervention services indicates six political jurisdictions access funding for this service; however the rate to which they utilize funding is not proportional to the geographic populations served.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Crisis Intervention	34	6	29	3	0	16	13	101

Gaps in Accessibility

Services coded as Crisis Intervention, are broad and range from purchase of window screens to payment for foster parent support. From the data it appears there is no consistency on what services are coded as Crisis Intervention. Reports from the field indicate this code is often chosen when payment is needed for services which may not fit into other service codes or when there are budgetary limitations. Local program direction is likely impacting the data discrepancies. Assessment of accessibility is difficult due to limited quantitative data beyond the service code used for funding. Based on this information alone, it would appear all political jurisdictions have access to the service code and six Regions use it but there is not sufficient information to draw a conclusion as to if the need for Crisis Intervention is being consistently met. CRR data specific to Item 2, (the agency has made or is making diligent effort to provide services to prevent removal of the children from their homes while ensuring their safety) indicates Idaho has experienced a drop in percentage from 93.0% in 2013 and 93.3% in 2014 to 87.0% in 2015. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to create a safety home environment for children and to keep them with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model.

Data Quality

Quantitative data for crisis intervention services is limited to funding use for the service and therefore complete analysis of functionality is difficult. Service codes in iCARE do not accurately reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Family Preservation Services: Parent Aide Services

In accordance with the CFS practice Standard for Service Delivery and the Standard for Visitation Between Parents, Siblings, Relatives, and Children in Out-of-Home Care, CFS provides parent aide services to families. These services include supervised/monitored parent/child visitation supervision, parent coaching, and transportation services to and from parent/child visitation.

Political Jurisdiction

Review of the data for payment for parent aide services indicates six political jurisdictions consistently access funding for this service. In Region 2 the assigned social worker provides parent aide services unless a single case contract is required which would likely be coded to Health-Medical services.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Parent Aide Services	29	0	88	107	58	15	50	347

Gaps in Accessibility

Contract monitors from the West and East hubs report limited use of wait lists for supervised visitation which are primarily budget driven when regions place a cap on the number of referrals for visitation services. The social worker is expected to provide this service in the interim. It was reported the longest period of time this occurred was approximately three (3) weeks. Currently, there are two regions with waitlists (Region3 with 2 families and Region 4, with 3 families). The North hub does not utilize contractors for this service and therefore the assigned social worker is expected to provide this service with assistance from other CFS staff. They report when there is a specific need for parent aide services beyond what workers can provide they are able to develop single-case contracts to meet the needs of the family. CRR data specific to Item 12, (Needs and services of child, parent, foster parents are adequately assessed and services necessary to meet those needs are provided) indicated Idaho has experienced a drop in percentage from 82.2% in 2013 and 80.2 in 2014 to 77.0% in 2015. The reported stability in the percentages for the prior two years would suggest Idaho is providing services to keep children with their parents when possible. The drop in 2015 may be attributed to the shift to the enhanced assessment model. Qualitative reports indicate the need for parent aide services is currently being met.

Data Quality

Quantitative data for parent aide services is limited to funding for the service and therefore complete analysis of functionality is difficult. Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. CRR data from 2015 is limited due to the small number of cases reviewed which impacts the item percentages negatively even when only one case fails to meet the requirements. Additional years of CRR data is needed in order to sufficiently identify any trends.

Family Preservation Services: Family Group Decision Making

In accordance with the CFS practice Standard for In-Home Family Preservation Services, the Standard for Service Delivery, the Standard for Service Planning and the Standard for Involving Families through Family Group Decision Making Meetings, CFS provides Family Group Decision Making (FGDM) meeting services. FGDM recognizes and values the importance of involving family groups in decision making about children who need protection or care. FGDM processes seek the collaboration and leadership of family groups in developing and implementing plans that support safety, permanency, and well-being of their children. All families with unsafe children will have the opportunity to participate in an FGDM prior to service planning.

Political Jurisdiction

Through our IV-E Waiver, we implemented the expansion of FGDM for service planning purposes with fidelity measures throughout our state in June 2015.

Number of Families Receiving Service by Region During FFY 2015								
Service Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
FGDM	44	27	121	232	89	111	60	684

Gaps in Accessibility

Regional contract monitors report minimal or no waitlists for FGDM services at this time. We have encountered some challenges with FGDMs in regards to our contractors. The recent bid received in the North Hub came in at 3 times our projected cost to provide the services. In addition, we have experienced challenges with our contractor in the West Hub. As we have gone to an automated referral system to FGDMs for service planning purposes, the contractor has reported that this has been time consuming to navigate, and we have seen this reflected in their billing. Initial reports coming from this contractor were that the waiting list was difficult to manage. As we have recently enhanced our automated referral system to eliminate duplicate referrals (previously occurred when families had multiple qualifying events that triggered an FGDM), this contractor is now reporting that they are concerned that there is no longer a waiting list. We have been receiving reports from the field that staff are concerned that some of the contractors are not following the true FGDM model. We have provided training to our contractors, and will be providing individualized follow-up training based on feedback from our surveys that are specific to each Hub/Region. Since the initial training was provided, there has been turnover in the contracted staff. In addition, one of our FGDM evaluators through our IV-E Waiver will be completing some observations on the process.

The initial data report that we received from our evaluators encompasses the time period of June 15 – October 8, 2015. The data is based on a total of 131 meetings. The report provides qualitative and quantitative data that reflects information and feedback from surveys that coordinators and families each completed about the process. The participant surveys reflect that 84.3% of families agree or strongly agree that the plan made at the FGDM was best for the child (52.1% strongly agree, and 32.2% agree – the scale has 7 options to choose from and they vary from strongly disagree to strongly agree). The participant surveys also reflect that 87.5% of families agree or strongly agree that they would recommend FGDM to others (56.2% strongly agree, and 31.3% agree –the scale has the same 7 options to choose from that vary from strongly disagree to strongly agree). We are currently planning for one of our FGDM evaluators through our IV-E Waiver to be completing some observations on the process.

Data Quality

We have qualitative and quantitative data that is derived from surveys that coordinators and families each complete about the process. At this time, we do not have any long-term data outcome measures that are directly tied to our FGDM process. This is something that we will plan to address and look at potential ways to capture and measure with our IV-E Waiver evaluators.

Independent Living Services

In accordance with the CFS Standard for Working with Older Youth, the Idaho Youth in Care Bill of Rights, and the Standard for Child Well-Being, CFS provides service to youth who qualify for the IL program. Services to youth under the Independent Living Program are separated into three general categories:

Independent Living Services

These services may include employment programs, job readiness training, assistance with job services, employment placement, required clothing for employment, education and training programs, health care counseling and education, preventative health care services, counseling

services including self-esteem, individual, family, and group counseling, social skills development, basic living skills training, and personal safety training.

Room and Board Services
These services are available to those youth who have turned 18 AND aged out of foster care. The youth must have been in care on their 18th birthday. Room and board may include limited housing payments, deposits, utilities, furnishings and foodstuffs. If a youth is on run when the youth turns 18, but still in IDHW custody, the youth is considered to have aged out of foster care and is eligible for room and board services. Room and board services may be paid through independent living funds.

IL Services for Youth Who Have Exited Care
All IL eligible youth who leave alternate care and subsequently contact IDHW to request services must receive a Casey Life Skills Assessment to assess their current needs for achieving goals to ensure their successful transition into adulthood. Additionally they will actively participate in the development of their IL plan. Although contact with the youth does not require monthly face to face visitation, contact should be frequent enough to monitor youth's progress and identify any current needs. Contact may be face to face, by letter, e-mail or by phone.

Political Jurisdiction

Independent Living Services are available and provided in all hubs. Regions 1, 5, 6, and 7 have contracts in place for these services. Region 2 provides the services via department social workers and Region 3 and 4 partners with Casey Family Programs to deliver IL services to youth.

IL Case Record Review Results									
Statewide - 2013 & 2015	**Goal**	Statewide		North Hub		West Hub		East Hub	
		2015	2013	2015	2013	2015	2013	2015	2013
Ansell Casey Assessment	65%	76%	58%	78%	51%	76%	67%	75%	57%
Independent Living Plan	64%	64%	57%	74%	54%	60%	65%	63%	49%
Life Skills	68%	84%	61%	81%	44%	86%	69%	82%	73%
NYTD	60%	30%	53%	28%	58%	29%	53%	34%	48%
Permanency	78%	69%	70%	47%	73%	70%	65%	72%	72%
Youth Contacts	91%	89%	85%	76%	56%	91%	87%	98%	90%
Community Connections	81%	79%	75%	73%	65%	81%	81%	82%	76%
Education	87%	81%	81%	80%	78%	82%	84%	80%	81%
Career Development	71%	65%	64%	67%	67%	61%	66%	72%	58%
Mental Health	96%	95%	93%	96%	88%	95%	95%	94%	96%
Health	86%	72%	79%	76%	69%	71%	77%	69%	80%
Transition Planning (Skip if youth is under 17)	52%	52%	43%	54%	35%	52%	44%	51%	54%
Health and Education Passport	43%	38%	36%	36%	44%	47%	52%	32%	37%
Understanding and Access to Post 18 services	75%	73%	68%	80%	63%	69%	70%	74%	72%
Aged Out 18-21 Case Record Review Results									
(21-23 ETV)		Statewide		North Hub		West Hub		East Hub	
Case management	84%	74%	74%	86%	75%	71%	84%	69%	63%
Services	74%	63%	63%	50%	56%	75%	70%	57%	70%
ETV	80%	72%	70%	79%	67%	73%	72%	66%	72%

Gaps in Accessibility

The IL program has made great gains over the last few years; however, IL CRR and National Youth in Transition Database (NYTD) data indicate continued challenges. While timely and accurate data entry is problematic the overarching issue is the continued training and support of workers providing IL services. When the worker lacks knowledge of services available this impedes the youth's access to services. The IL Program Specialist reports there are no wait-lists for IL services. There are limited funds to provide Education and Training Voucher (ETV) services to IL youth who are attending higher education and therefore those services are provided on a first-come first-serve basis and require an application process to receive funds. As advocacy for IL youth in higher education has increased, unfortunately some youth are not able to access these services due to the limited funding and the number of youth applying.

Data Quality

There has been significant improvement in the data quality tracking of IL services over the last several years however there continues to be a delay in timely documentation and challenges in training for workers providing IL services on accurate data entry. However the quantitative data provided from the IL CRR is of a good quality given all IL cases were reviewed through a standardized review tool specifically designed for this purpose.

4. Services That Help Children in Foster and Adoptive Placements Achieve Permanency

Idaho provides a number of services in order to meet a child's needs for permanency. Existing data supports the assertion services are successful; however, recent contract changes and capacity issues limit the availability of some of these services. The impact of these limitations is unclear at this time.

Quantitative data for services provided to families and children is inconsistent; therefore accessibility and usage cannot be accurately assessed. Review of PSSF Adoption fund invoice reports provides documentation of some provided services; however historically there has been some lack of clarity in how to use these funds to support permanency. This may be seen in the discrepancy in the use of PSSF Adoption spending between regions and hubs as regional percentages of statewide adoptions do not necessarily reflect the percentages of PSSF Adoption funds spent. Guidance as to the use of PSSF Adoption Funds to support permanency services was provided to Hub managers in 2015. There has not been sufficient time to determine if this guidance will make a difference in available services.

Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. Some service codes are outdated and some services lack codes altogether. For example, the use of "clothing and personal care items" is broad and on its face does not appear related to permanency achievement. This service code is often used as a "catch all" category where the purchase of items such as adaptive equipment to address a child's special needs may be found.

FFY2015 PSSF Total Invoices for Pre and Post Adoption Expenses								
Service Type	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**State**
Clothing and Personal Care Items	$13,353.60	$ 7,115.40		$ 1,463.00	$ 1,579.32	$ 153.00	$13,953.97	$ 37,618.29
Family Group Decision			$5,567.88	$10,748.51	$ 7,350.00	$ 240.00		$ 23,906.39
Mental Health Provider	$ 8,160.30	$ 2,589.40		$ 3,623.00				$ 14,372.70
Transportation			$ 494.78	$ 389.88	$ 8,408.40	$1,899.60	$ 25.00	$ 11,217.66
Legal Fees	$ 8,148.34		$ 59.00	$ 1,876.50				$ 10,083.84
Crisis Intervention	$ 2,137.50		$1,852.91			$3,155.40	$ 1,848.99	$ 8,994.80
Detention Facility				$ 1,390.00	$ 4,185.00	$2,626.40		$ 8,201.40
Parent Aide Services	$ 4,800.00						$ 581.00	$ 5,381.00
Educational Fees & Cost	$ 4,245.81		$ 250.00					$ 4,495.81
In-Home Treatment	$ 3,300.00							$ 3,300.00
Day Care	$ 2,223.50							$ 2,223.50
Foster Family Respite	$ 1,581.25	$ 200.00						$ 1,781.25
Psychological						$ 632.93		$ 632.93
Pharmacy	$ 535.99							$ 535.99
Legal Advertising		$ 280.06						$ 280.06
Physical Therapist	$ 150.00							$ 150.00
Grand Total	$48,636.29	$10,184.86	$8,224.57	$19,490.89	$21,522.72	$8,707.33	$16,408.96	$133,175.62
% of State Total	36.5%	7.6%	6.2%	14.6%	16.2%	6.5%	12.3%	
# of Adoptions FFY 2015	31	8	47	64	31	14	26	221
% of State Total	14.0%	3.6%	21.3%	29.0%	14.0%	6.3%	11.8%	

Child Specific Recruitment

Intensive child specific recruitment services are available for children with a permanency plan of adoption for whom no permanency placement has been identified. Wendy's Wonderful Kids (WWK) has provided these grant-funded services through a non-profit agency since 2007. Between November 2013 and January 2016, Idaho contracted for additional intensive child-specific recruitment services. The contract was ended due to lack of funding. Social workers continue to have access to intensive child-specific recruitment through WWK. Data regarding the efficacy of the child specific recruitment programs is included in Idaho's response to Item 35: Diligent Recruitment of Foster and Adoptive Homes.

Political Jurisdiction

WWK recruiters are located in the North Hub and the West Hub. Referrals from the East Hub are accepted only for youth placed in the North or West Hubs. Under the previous contract, additional child specific recruiters were located in all three hubs and services were provided in all seven regions.

Gaps in Accessibility

While intensive child specific recruitment services continue to be available through WWK, the loss of the previous contract has limited the number of children receiving services to 25 at any given time with an expected need for recruitment services for an additional 45 youth. The average length of WWK services is 18 months. It is too early to confirm what, if any, service gaps may occur as a result of the recent ending to the previous contract; however it is anticipated the East Hub may experience some reduction in the availability of intensive child specific recruitment services.

Data Quality

Quantitative and qualitative data regarding intensive child specific recruitment services is good. Grant requirements related to WWK require the non-profit agency providing the services to work carefully with Child Trends to review service provision and outcome information. The WWK services provider and previous contractor service and outcome information for each child receiving services to the Department. WWK data is reviewed by the Department twice per year; previous contractor data was reviewed monthly.

Dual Assessments

Idaho foster parents receive dual assessments/home studies which approve them for both foster and adoptive care. This eliminates the need for a separate adoption home study later in a child's case therefore improving permanency timelines.

Political Jurisdiction

In 2015, the state foster care program specialist conducted onsite visits will all licensing teams in all regions and hubs of the state. Each team confirmed the use of dual assessments for all resource families, with the exception of those who were firm in their decision to not be considered as a permanent placement option for any child who might be placed in their home. Teams were unable to specify the number of families who declined dual assessments, but reported it rarely happens.

Gaps in Accessibility

No gaps in the availability or use of dual assessments were identified.

Data Quality

Quantitative data regarding the verification of the completion of dual assessment instead of separate foster care and adoptive assessments is not available due to current iCARE functionality limitations.

Idaho Wednesday's Child

Idaho Wednesday's Child is a statewide media-based child specific recruitment contract which facilitates online statewide, regional and national photo-listings of Idaho foster children in need of an adoptive placement. Available services also include professional portraits, television production, and newspaper features.

Political Jurisdiction

Children from all regions and hubs receive Idaho Wednesday's Child services. Professional photography sessions and television productions are arranged for the child within their hub and online photo-listing can occur from any location. Children can also be featured in newspaper columns in the North Hub and/or the West Hub. Usage of the Idaho Wednesday's Child contract varies between regions, based upon the number of children in that region in need of the services. Regions 2 and 7 have few referrals to the contract, due to the low numbers of children they have in foster care who are not being adopted by their relative or foster families. Both regions finalize fewer adoptions than other parts of the state. As with the rest of the state, the majority of adoptions are completed by a child's relatives or foster parents. Data regarding the efficacy of the Idaho Wednesday's Child program is included in Idaho's response to Item 35: Diligent Recruitment of Foster and Adoptive Homes.

Children Receiving Idaho Wednesday's Child Services

	2013	2014	2015
Region 1	4	1	5
Region 2	1	0	0
Region 3	8	7	6
Region 4	8	15	9
Region 5	4	5	7
Region 6	3	5	0
Region 7	0	0	2

Gaps in Accessibility

No gaps in the availability or usage of the services were identified.

Data Quality

Limitations in iCARE result in the inability to provide accurate data regarding the number of children in care with permanency goals of adoption who do not have an identified permanent home. Therefore, we are unable to determine if all children in need of Idaho Wednesday's Child services are being referred.

The Idaho Wednesday's Child contractor provides child-specific information to the Department regarding referrals, recruitment services received, and outcomes on a monthly basis. Data quality in these areas is good.

Treatment Services

Treatment services not covered by Medicaid may be provided to address the child and/or resource family's readiness for permanency and placement stability. These services may be provided in-home or out of home.

Political Jurisdiction

In 2015, the state permanency program specialists conducted onsite visits with all permanency and adoption teams in every hub of the state. During these visits, permanency and adoption social workers and supervisors confirmed payment and coordination of pre-placement visitation and transition services in occurring in all locations.

Gaps in Accessibility

Hub Program Managers approve payment for permanency-related mental health and treatment services not covered by Medicaid. These are largely paid for utilizing PSSF Adoption funds. The Invoice Report for Pre and Post Adoption Expenses from FFY 2015 demonstrates the provision of permanency related treatment services in all regions, with the exception of Region 5. As with the expenditure of PSSF Adoption funds as a whole, provision of treatment services for permanency does not appear to be equal in the state. Some of this may be attributed to lack of adoption competent service providers in geographic areas, particularly in the East Hub, and some is likely due to the misattribution of service categories or use of other payment methods to purchase provided services.

Data Quality

Data quality is poor. Service codes in iCARE do not reflect the service array currently being provided and it is evident regional staff lack clarity regarding which code to use for what service. Some service codes are outdated and some services lack codes altogether.

Permanency Roundtables

Permanency Roundtables (PRTs) are conducted for youth in foster care who have been unable to achieve permanency. While any child in Idaho's foster care program may be referred for this service, CFS has identified children or youth with the following characteristics as priorities for receiving a PRT:

- Permanency goal of APPLA
- Legally free for adoption but without an adoptive placement
- Placed in residential treatment

- Placed in foster care for more than 12 months without an identified permanent placement
- Identified by social workers as “difficult to place” or “stuck”

Political Jurisdiction

Children and youth from any region may be referred for a Permanency Roundtables (PRTs). In 2015, PRTs were conducted in the North Hub, West Hub and Region 5 of the East Hub. Regions 6 and 7 had no PRTs.

Gaps in Accessibility

PRTs rely on the active involvement of neutral facilitators and others who are unfamiliar with the case. Due to the small size of many Idaho child welfare offices, this requirement results in the need for travel in order for PRTs to be conducted in many locations. There are currently six trained facilitators in the state. One facilitator is located in the North Hub, and the remaining facilitators are located in the West Hub or state office in Boise. The low number of trained facilitators and their geographic locations are believed to contribute to the lack of PRTs occurring in the East Hub.

Data Quality

No quantitative data is available regarding the provision of PRTs. A SharePoint site has been developed to capture this data; however has not been utilized due to training and workload capacity issues.

Item 30: Individualizing Services

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

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

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

State Response:

While the Idaho Department of Health and Welfare, Child and Family Services Program (CFS) will need to address quantitative data challenges, the system is functioning to meet the individualized needs of families and children. Individualized services currently being provided to families and children by CFS are difficult to capture in quantitative data due to system limitations and multiple funding streams. However, reports from local offices and from stakeholders indicate workers are successfully providing a full array of services to meet the individualized needs of families and children across all political jurisdictions in Idaho. CFS utilizes a Family Centered Practice approach in all interactions with families and children including assessment and service provision.

Below are some of the individualized services available in Idaho to meet the unique needs of children and families served by CFS. These services are developmentally and/or culturally appropriate, responsive to disability and special needs, or accessed through flexible funding.

Nurturing Parenting Program

NPP services have been individualized in various ways to meet the unique needs of families. In Region 7, one parent had a complex work schedule, which prevented their ability to attend classes. The contractor was able to provide the classes on a one-on-one basis to accommodate the needs of this parent. Another qualifying parent in Region 7 had significant intellectual delays, and the contractor believed that individual sessions would be more beneficial to the parent due to the intellectual delays. Individual sessions took place for this parent. In Region 6, an eligible parent reported that she was a “shut in” due to PTSD and agoraphobia. The contractor then made arrangements to meet with her individually to take the classes.

Native-Based Services

Our ICWA Program Specialist reports staff collaborates directly with an Indian child’s Tribe and/or family for culturally appropriate services that may be offered on the reservation or nearby community. If there is no reservation nearby, the worker continues the collaboration with the Tribe and/or family to research culturally appropriate services for the child. Families have participated in Native-based drug treatment programs, and CFS has referred children to culturally-appropriate mental health facilities, as well as Native-based counseling services.

Native-based services are limited in Idaho, and even more difficult to access if one is not near a reservation. As Idaho is a largely rural state, services are often limited in many areas. This can make accessing appropriate culturally-based services particularly challenging.

Family Group Decision Making (FGDM)

Feedback from our Regional Program Specialist and FGDM contractors reflect that children and families have received individualized FGDM services that are responsive to their cultural and developmental needs. Arrangements have been made to provide language and sign language interpreters for meetings. Some meetings have been opened with a prayer led by a member of the family group per the request of the family. Meeting locations that accommodate wheelchair access have been made available to meet the needs of families. Another example includes displaying memorabilia and photos that have provided emotional support to children and families during the meeting.

Independent Living Services

Independent living services by their very nature are targeted to the individualized needs of the youth receiving the services including meeting their cultural and/or developmental needs. There are multiple examples of this in practice however a few more memorable examples include the purchase of a pig and a sheep for a rural youth who participated in a 4-H club, the purchase of attire for a youth's quinceanera, and payment for travel to a tribal youth's pow-wow with a resource parent.

Permanency Services

Idaho's permanency practices encourage the individualization of services as evidenced by the options available for child-specific recruitment, non-traditional mental health therapies, and creation of individualized recruitment plans through Permanency Roundtables.

Child Specific Recruitment

Children receiving child specific recruitment services, either through our continuing Wendy's Wonderful Kids (WWK) program, or our previous contract which ended in January 2016, each have an individualized recruitment plan, based on their needs and circumstances. These plans take into consideration the child's special needs, culture, current connections, relatives, siblings, and previous efforts to identify permanent placements. Examples of individualized recruitment services include engaging a youth's out of state residential treatment provider to help him record his own recruitment video and presentations to community groups who share similar interests, characteristics or parenting experience needed by the child (such as Parents, Families, Friends, and Allies United with LGBTQ People). In 2015, a specialized recruiter worked closely with two tribes in regards to five different cases to identify ICWA compliant permanent homes for Native children in care. In another case, a Mexican-American girl with negative beliefs about her culture was paired with a female Mexican-American recruiter to serve as a positive Hispanic female role model.

Idaho Wednesday's Child

The Idaho Wednesday's Child contract allows for social worker to choose from a menu of media-based recruitment options for each child referred to the program. All referred children receive a professional portrait session and are listed on our state Idaho Wednesday's Child Website. Social workers may also opt to have the child featured on regional or national websites, depending upon the amount of exposure the social worker believes is necessary. Other options include having the child participate in a television production. If there are privacy concerns regarding the child being featured in his/her own community, production can occur in another Hub and the child featured on a television program in different part or parts of the state. Other options for media-based recruitment include newspaper features and inclusion in the statewide Heart Gallery.

Treatment Services

Non-Medicaid funded treatment services are very individualized. They are approved and provided on a case-by-case basis. Examples include drumming/music therapy, equine therapy, and individual and/or family counseling with adoption-competent therapists.

Permanency Roundtables

The purpose of Permanency Roundtables (PRTs) is the development of a highly individualized plan to achieve permanency for youth in foster care. Creative thinking used in this process has resulted in creative solutions to permanency. Funding is earmarked to support the implementation of identified solutions. For example, in two cases, funding is being provided to prospective legal guardians of two youth whose significant developmental and medical needs require permanent placement in assisted living facilities. These youth will require legal guardians as adults; but will not be 18 years old for another 5-7 years. The funding provided to the prospective legal guardians will eliminate the financial barrier for the families in pursuing adult legal guardianship of the youth when they become adults.

Service Planning

Service planning is directly connected to Idaho's comprehensive assessment process. The primary purpose of thorough and ongoing assessment is to gather information for the service plan by intentionally focusing on the underlying issues that led to child maltreatment, as well as issues that are contributing to current or future risk of harm. A thorough and comprehensive assessment serves as the foundation for service planning, and provides the base for individualizing the services needed by the child, family members, and resource family. An individualized service plan that helps the family to focus on critical issues and build on its strengths is essential for family involvement and success. Families with a child(ren) in the custody of CFS work with our staff to develop a set of agreed upon desired results and tasks that are individualized to each child and family with the goal of reducing or eliminating safety concerns related to the child.

F. Agency Responsiveness to the Community

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

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) has an effective statewide system which is responsive to the community and stakeholders within the state. CFS collaborates and engages in ongoing consultation with Tribal representatives, consumers, services providers, foster care providers, the juvenile court, and other public and private child and family serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP and APSR. Various stakeholder groups are brought together to discuss the strengths and weaknesses of the child welfare system. Through these collaborations, CFS is able to develop and implement a CFSP that captures the ideas, needs and goals of our stakeholders. We have a number of structures to facilitate this consultation including the Court Improvement Project, Governor's Task Force for Children at Risk, the Indian Child Welfare Advisory Council, Youth Advisory Panel, the Statewide Stakeholder Group, hub staff and foster parents, service providers, and other child serving entities such as: Behavioral Health, Juvenile Justice, Department of Education, the Infant Toddler Program, judges, prosecutors and CASA (Court Appointed Special Advocates) and Guardian Ad-Litems. Some of these groups include:

The Indian Child Welfare Advisory Committee (ICWAC)

ICWAC continues to be a long-lasting collaborative effort between CFS and tribal representatives. The group has been meeting since the early 1990's. The Idaho Indian Child Welfare Advisory Council was established on June 22, 1994. The ICWAC has traditionally consisted of representatives from the Idaho Department of Health and Welfare and from the following Tribes: Coeur d'Alene Tribe, the Kootenai Tribe of Idaho, the Nez Perce Tribe, Northwestern Band of the Shoshone Nation, the Shoshone-Bannock Tribes, and the Shoshone-Paiute Tribes. Currently only the Nez Perce, Shoshone-Paiute and Coeur d'Alene Tribes have been participating. The Idaho Indian Child Welfare Advisory Council has two co-chairs: one tribal co-chair and one state co-chair. The purpose of the council, per its by-laws, includes actions directed toward improving the outcomes related to permanency, safety, and well-being for Indian children in Idaho through:

a) Promoting and improving Indian child welfare;
b) Protecting the best interest of Indian children by ensuring the establishment, preservation and continuation of cultural ties and Indian heritage;
c) Implementation of and advocacy for both the letter and the spirit of the Indian Child Welfare Act (ICWA);
d) Education and awareness of the ICWA; and
e) Building positive State-Tribal relations through collaboration and cooperation between the Tribes and the Idaho Department of Health and Welfare (IDHW).

This group has been instrumental in the development of coordinated procedures, services, and contracts that pass Social Services Block Grant and title IV-B, Part 2 funding and Independent Living funds from CFS to tribal social services programs. Recruitment of Indian foster families is a standing agenda item. Tribal representatives who attend the ICWAC periodically change, but are most often the supervisors of social services both for the state agency and the Tribal agency. Over the past year, the ICWAC has been largely focused on revaluating and modifying its by-laws as well as seeking opportunities to reengage with those Tribes who are currently not participating on the committee.

In February 2016, the ICWAC facilitated a meeting with the Idaho Child Care Program (ICCP) with Tribal partners to discuss ongoing issues the Tribal partners are having with the program in relation to children in tribal foster care not receiving services. Currently, when a tribal child is in tribal foster care system they do not qualify for ICCP unless the foster family's income meets income regulations. Children that are in the custody of the state and placed in a state licensed foster home qualify for ICCP regardless of the income level of the foster family. The ICCP Program Manager will continue to work with the Tribes on these issues.

One barrier to this group is that not all tribes within the state of Idaho participate in the ICWAC. Currently the Shoshone-Bannock Tribe, Northwest Band of the Shoshone Nation and Kootenai Tribes are not participating for various reasons.

CFS has been working diligently over the past year to strengthen the relationships with Tribal partners and increase the responsiveness to Tribes. The ICWA Program Specialist specifically reaches out to each tribal partner individually each year to meet with them and discuss the state CFSP/APSR, address concerns and needs of the tribes, share information about trainings and other services available to the tribes. These meetings are used by the state to develop new goals and objectives in the state's annual updates in the CFSP/APSR. For example, In November 2014 Tribal partners voiced concerns about the need for Qualified Expert Witnesses. Tribal partners reported that QEW's were not present during many of the state court hearings. The Department worked with the Tribes and Casey Family Programs to provide training for Tribal Partners to certify identified persons for each tribe to become a QEW. The QEW Training was held in September 2015. The Tribes concerns were validated through the 2015 ICWA CRR where it was found that 54.35% of foster care cases did not have a QEW within 90 days of the child being removed from the home.

Currently the ICWA Program Specialist and ICWA Liaisons from across the state are working on updating the ICWA Standard to ensure that it is compliant with Federal BIA Guidelines that were released in February 2015. The ICWA Program Specialist has also

sent the current ICWA Standard to Tribal Partners asking for input. Furthermore, annual tribal site visits are conducted each spring to discuss data and information collection regarding CFS outcomes on ICWA cases and review the States CFSP goals for development and updates to goals and strategies for Idaho's CFSP and APSR.

Statewide Stakeholder Group

The Stakeholder Group was developed in 2014 to have a consistent standing group which provides regular feedback for Idaho's CSFP and APSR. This group typically meets twice per year. In forming the group in 2014 CFS conducted a listening session with a broad range of statewide stakeholders including workers, supervisors, chiefs, tribal social services representatives, parents, resource parents, university partners, Casey Family Programs, private providers, GAL representatives, court representatives, and law enforcement. One of the purposes of meeting with this representative group is to receive feedback on what is going well and what is not going so well from their viewpoint and experience regarding the child welfare system. It also provided an opportunity for CFS to share information, answer questions, and provide data and information related to both general and specific aspects of the child welfare program. This group in addition to feedback from other stakeholders, combined with the results of our internal assessments, and data outcomes directly informed Idaho's current CFSP and evolving APSR.

We have always encountered timing challenges as we have tried to implement stakeholder review/approval with any of the annual reporting and plans related to the CFSP. These timing issues can result in stakeholders seeing a plan after the fact without opportunity to give feedback into what is submitted. Together with our collaborators, one of our goals for our CFSP included the development of a sustainable, ongoing and meaningful planning, feedback and adjustment loop.

This group met last on November 10, 2015. The Department presented information and data of new/updated standards, proposed legislative changes, implementation of practice initiatives and IV-E Waiver Demonstration Project activities, and reviewed and gathered feedback regarding our current CFSP goals as follows for our APSR.

1. Children will only be placed in foster care when they are unsafe and a sufficient safety plan cannot be managed in the home.
2. The agency will have functional, sustainable and inclusive feedback loop for our Continuous Quality Improvement system that values stakeholder and family engagement.
3. Idaho will have a child welfare system that is trauma-informed.
4. Older youth in foster care will have the independent living skills to successfully transition from adolescence to adulthood.

Stakeholders were put into groups to discuss the information and goals and to provide feedback to the state. This information is used to develop and update goals and planning for Idaho's CFSP and APSR.

Keeping Children Safe Panels:

Recognizing the importance of public participation and community engagement, beginning in 1995, CFS organized citizen review panels in each of its seven regions to examine how Idaho's Child Protection System works and to make recommendations for improving the system. The panels have focused on providing an independent analysis of how the child protection system responds to abuse and neglect and the overall community supports for children and families in crisis.

In 1996, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA). In its amendments to CAPTA, Congress required that states must establish Citizen Review Panels by July of 1999 in order to receive funding for the Child Abuse and Neglect State Grants Program. While this was the impetus for many states and their Citizen Review Panels, Idaho developed its Citizen Review Panels several years prior to the requirement.

Idaho's Citizen Review Panels have elected to call themselves Keeping Children Safe Panels (KCS). Throughout Idaho, most of the panels meet monthly, review cases of child abuse and neglect, attend child fatality reviews, go to court, and observe the implementation of Department policies and procedures as they interact with families and other agencies. KCS submit an annual report of recommendations to CFS of their collective experiences, findings and recommendations to the Director of the Department of Health and Welfare.

There are approximately sixty (60) Keeping Children Safe Panel members in Idaho. Once a year, they meet together to review their activities, share ideas, and receive additional training. Each panel member serves up to eight hours a month. These citizen volunteers have repeatedly demonstrated their commitment to Idaho's children and a willingness to involve themselves in the work of making our communities safer for children.

Information gathered from KCS and their annual recommendations is used to update and evaluate Idaho's' goals and strategies for our CFSP and APSR.

Regional Youth Advisory Boards

Regional foster youth advisory boards exist in six of the seven regions providing an organized venue for youth to convene, connect and advocate for topics of concern that impact youth of foster care. Regions 1 and 2 are combined at this time until they have enough members to have separate groups in this area. These groups create opportunities for youth to develop leadership skills and have opportunities to speak to issues that relate to youth in foster care in their local areas. Individuals in these groups work in their local areas with the community and CFS for advisory in recruitment and retention of foster parents, foster parent trainings, and participate in annual hub foster parent conferences. Regional Youth Advisory boards provide recommendations to the Idaho Foster Youth Advisory Board regarding strengths and concerns for the child welfare system.

Idaho Foster Youth Advisory Board

Statewide, the Idaho Foster Youth Advisory Board (IFYAB) exists to bring together the exceptional youth from each regional board to serve as advocates at the state level and represent the voice of the regional board. IFYAB focuses on public education of foster care issues from the youth perspective, development of new state policies that would better serve

youth of foster care, and hope to be the youth voice in new and existing child welfare policy moving forward. Two members sit on the statewide stakeholder group, two members are involved with the court improvement committee and one member is on the governor's task force. The IFYAB helped develop the curriculum for CHAFEE and Older Youth Academy. The IFYAB also helped develop presentations on the Foster Youth Bill of Rights and runaway section of the CFS standard for Runaways and Human Trafficking.

Information gathered from IFYAB and the Regional Youth Advisory Boards is utilized to update and evaluate Idaho's' goals and strategies for our CFSP and APSR.

Idaho Child Protection Court Improvement Project (CIP)

The CFS Deputy Administrator is appointed to participate in the Idaho Child Protection Court Improvement Project. In addition to attending all meetings, the Department's representative actively serves on various CIP workgroups, including the rules and statutes and data sharing workgroups. The CFS Deputy Administrator and the CIP Director meet on a regular basis to share data, coordinate plans, and implement common goals.

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

CFS values the support of the Court Improvement Project Committee and will continue to assist the committee in working toward the goals of their strategic plan. The information gathered from this partnership also provides an opportunity to inform and update Idaho's CFSP and developing APSR.

Children at Risk Task Force (CARTF):

The CFS Deputy Administrator serves as the Children's Justice Act (CJA) Coordinator, attending all meetings of the CARTF, and writing the CJA annual report. Many of the strategies of the Governor's Children at Risk Task Force align with the strategies of Idaho's CFSP as well as strategies submitted by the Supreme Court Child Protection Court Improvement Project. These groups collaborate often to support and coordinate one another's improvement efforts and inform our APSR.

Child Welfare Subcommittee:

The Child Welfare Subcommittee meets monthly by phone or in person. This group is comprised of Central Office Child Welfare Program Specialists, Chiefs, Embedded Trainers, iCARE personnel, Casey Family Program, Eastern Washington University and Central Office Program Manager. The objectives for this group is to enhance the quality and consistency of statewide child welfare practice through information exchange, decision making, and implementation of planning on policy and practice issues for the CFSP. This group is instrumental in the development of the CFSP and APSR.

These are a few of the ongoing stakeholders group which assist Idaho is meeting and implementing the provisions of the CFSP and related APSRs Idaho consistently engages

stakeholder to address and include the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP. There are also many local stakeholder groups such as local Judicial Roundtables, Fatality Review Teams, and Multi-Disciplinary Teams (MDT) which are also utilized to gather stakeholder feedback to inform Idaho's CFSP and APSR. Idaho's current CSFP goals and strategies were developed as a direct result of feedback from stakeholders and as a direct result of our Statewide Stakeholder group which continues to inform our APSR.

Item 32: Coordination of CFSP Services With Other Federal Programs

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

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

State Response:

CFS is continuously looking for ways to improve relations between programs to ensure services to clients are adequate to meet the needs of families. CFS partners with head start and special education programs, navigation services, local human trafficking coalitions, housing authorities, child support, Medicaid services, behavioral health services, law enforcement, the courts, and family drug courts to name a few, in coordination of services across the state. Several partnerships exist between CFS and other federal programs as part of this collaboration memorandum of agreements are often developed to coordinate and access services between programs. As part of coordination for access to substance abuse services there is a substance abuse liaison located in each hub/region across the state to assist families in access treatment services. Idaho has many effective partnerships an effective system which is functioning statewide in the coordination of CFSP services with other federal or federally assisted programs.

Head Start

CFS appears to be very responsive and has coordinated services with Head Start to ensure children and families have the services needed. A memorandum of agreement (MOU) was developed between Region 6 and the Pocatello/Chubbuck Head Start Program to enhance working relationships and foster collaborative strategies in order to improve program performance and outcomes for children, families, and communities in the region. Currently, about 4,000 children receive services with the Head Start program. Head Start has two main requirements for enrollment in the program: low income and age of child. Children in foster care or who are homeless are given automatic enrollment into the program. Children with a disability are eligible regardless of income level.

There are 12 Head Start programs in the state of Idaho. One Head Start program in Utah serves some of the southern counties in Idaho near the Idaho/Utah border. The Head Start Program was developed as a summer preschool program for low income families to give children (3-5 years of age) a head start into kindergarten and it has evolved into a longer standing program (9 month or full year depending on the needs of the community). There are many services within the program:

1. Center-based model (4 hrs. per day, 4-5 days per week to work on school readiness).
2. Health, Wellness and Dental Exams for children (service provided to ensure participating families are following through with children's medical needs).
3. Nutrition (provides breakfast and lunch for morning sessions and lunch and snack for afternoon sessions).
4. Transportation Services.

5. Crisis Services (family service workers support families on any kind of crisis they may be experiencing).

Idaho also has an Early Head Start program which provides services to families and children ages 0-3 years old. This program has two models:

1. Home-based services in which the child stays home with the family and a Head Start Family Educator worker visits the home and works with the family on child development and any other service needs.

2. Center-based model allows families to drop-off their child at a designated center to receive services.

Idaho also has a Migrant Head Start, which is specifically focused on the needs of the migrant season workers and their children. This program is usually offered for about 6 months out of the year and offers both center- and home-base options for families.

Navigation Services

Overall navigation services in Idaho functions well with CFS and community partners. Navigation is in the early stages of collecting data to identify areas of improvement. During the period from 4/1/14 thru 3/2/15 Navigation had 107 referrals. From 4/1/15 thru 3/2/16 Navigation had 1589 referrals and 156 of those referrals were from CFS. The Navigation Program Manager reported that the relationship between Navigation and CFS is improving as they have Navigators housed in CFS offices in many of the areas around the state of Idaho. Navigators are attending Family Group Decision Making Meetings as experts for services for families. Navigation works with Tribal partners to ensure that services are available to Tribal clients.

Idaho Navigation Services identifies and develops resources, utilizing them to support struggling families to achieve stability. Navigators use customized service plans focused on family strengths and community supports. Navigation services identify and develop resources and services that help individuals and families meet their basic needs through developing a viable plan; develop goals and action steps which are likely to achieve the intended result of the plan; organize and actively case manage service plans; work with communities, agencies and other Department programs to develop or assist in the stabilization of assets and resources; and provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives (Idaho State TANF Plan, TANF Purpose 1 – P.L. 104-193 142 USC 601 (a) (1)).

Human Trafficking

CFS is working diligently on standards of practice as well as legislation to ensure that the state is compliant with the Preventing Sex Trafficking and Strengthening Families Act of 2014 (PL 113-183); Section 471(a)(9)(C) of this act requires that the agency develop policies and procedures for identification, documentation, and determination of appropriate services for those at risk and victims of sex trafficking. CFS has established an ongoing partnership with local law enforcement agencies, local and state human trafficking coalitions, university partners, local trafficking liaisons that serve victims of trafficking and educators in order to address the needs of this vulnerable population. In addition, CFS will be participating in the Criminal Justice Commission’s sex trafficking subcommittee. The work of the subcommittee will likely provide valuable information for ongoing practice and policy development in this area.

CFS has been actively participating in local human trafficking coalitions since January 2015 to develop the Standard for Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking Victims. Information at these meetings also informs members regarding federal and local movement in Idaho. Coalition members share resources in their respective communities serving victims of trafficking. Along with information sharing and collaboration in creating policy, the coalition hosts community events that are designed to spread awareness. CFS and coalition members are currently developing a curriculum that will be used to train social workers and community partners on how to respond to human trafficking as well as to provide general information about trafficking nationally and locally.

Housing Authority

There are several federally funded programs within the state that help people in need of low income housing. These programs include: Idaho Housing Authority includes the Families First Program and Housing Choice Voucher Program, SEICAA Housing, Public Housing, Boise City/Ada County Housing Authority. These programs serve families with children under 18, elderly or disabled and meet the income requirements.

The Families First Program (FFP) is specifically designed to work in conjunction with CFS. This program has forty vouchers available per year state-wide. FFP assists families through a referral from CFS to the housing authority. FFP is specific to help families maintain children in their home or to help in reunification process and meet the criteria for low income housing. Typically families on this referral process are able to get into housing much quicker than the other programs in the state that can take up to 18 months to two years.

Child Support

CFS and Child Support work together in identifying legal and biological fathers of children through genetic testing to create accurate child support cases. The current system requires individual case workers from CFS and Child Support to communicate with one another and share pertinent information to establish child support cases. Although this has been sufficient in the past, with the growing population the need has arisen to develop alternative ways to complete the work more efficiently and accurately. CFS and the Child Support began working together to develop an interface system within CFS's iCARE system. This interface will allow child support workers to view and gather pertinent information in real time to more efficiently and accurately determine the outcomes on child support cases.

Court (Family drug court)

In Bannock County, Idaho, Idaho Family Treatment Drug Court (FTDC) is offered to families involved with CFS. The assessments of Family Treatment Drug court nationwide have shown that it makes a big improvement on child protection case outcomes and is well worth the effort. We have seen the same type of results in FTDC in Idaho. Some key factors that help in the success of the program is following recommendations and direct discussion between the judge and the participants weekly. The goal is quick engagement in services and a coordinated effort to assure the needs of the participants are being met. FTDC is a team effort and it includes rewards and sanctions that are imposed by the court. It requires participation by the Department, treatment courts, public defenders and prosecution. Probation and law enforcement is also included when necessary. All team members are entitled to an opinion and

the right to participate in discussions. It involves a commitment to sharing and using information quickly. Some common results seen in FTDC are parents being able to keep their kids in their home or get them home more quickly because of the extra support. FTDC allows engagement with the parents in treatment faster and it keeps them in treatment longer than parents not involved. FTDC raises the level of services for the participants to “Active Efforts” even if it is not an ICWA case. FTDC help the case workers meet “Active Efforts” in ICWA cases. We see many dual-occurring parents, suffering from both mental health issues of some level and addiction. The team meets weekly and then communicates throughout the week on the progress of participants.

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

Item 33: Standards Applied Equally

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

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

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) asserts state standards related to all licensed or approved foster family homes and child care institutions receiving title IV-B or IV-E funds are equally applied. Information in this area is largely based upon self-report, but is also consistent with findings from a federal audit and ongoing quality assurance adoption reviews. All variations in licensing practices are within the implementation of the process, and not the application of state requirements. They are non-safety related and do not impact a foster or adoptive parent's ability to provide safe and appropriate care for a child placed in their home. Idaho has assessed this item to be a strength.

Idaho licensing, recruitment, and retention requirements for individual foster and adoptive families as well as child care institutions are found in state administrative rules and apply to families licensed through CFS, as well as child placing agencies. Additional practice guidelines specific to the licensing, recruitment, and retention of CFS licensed resource families are contained in practice standards.

The assessment and licensing of CFS foster and adoptive families is organized geographically. The East Hub has individual licensing teams in each of its regions (5, 6, and 7), while the North Hub (Regions 1 and 2) and West Hub (Regions 3 and 4) have combined licensing teams with social workers present in each region. Idaho's licensing process includes family completion of the standardized application and PRIDE training, personal references, medical references, criminal history background checks, and dual licensing assessment. All prospective families are assessed for approval for both foster care and adoption unless the family is clear they would never want to be considered for permanent placement of any child ever placed in their care. CFS licensing teams are also responsible for the annual update of resource family home studies and licenses.

State licensing program specialists with the Division of Licensing and Certification ensure Idaho's licensed child placing agencies and child care facilities are in compliance with all administrative rules. Compliance is reviewed at the time of initial agency or institutional licensing and during each agency or institution's annual re-licensing review.

In 2015, the state foster licensing program specialist conducted onsite visits with all licensing teams in the state. During these visits, licensing teams confirmed consistent application of standard foster care licensing processes statewide including use of the statewide application, pre-service orientation and training, and dual home study assessment. Variations were identified in the application of Code X procedures and use of variances for training requirements and medical references for relative and fictive kin placements. Differences in the usage of Code X as to facilitate placement with relatives and fictive kin differs between hubs, and within the East Hub varies between regions. The variations are largely related to the daily roles of the CFS

social worker responsible for making the initial placement and the social worker responsible for following-up with the family. For example, in some locations the safety assessment or case management social worker makes the initial decision to place and a licensing social worker completes the follow-up work. In other locations, a licensing social worker works in conjunction with the safety assessor or case manager in making the initial placement decision and also completes the follow-up work. Unlike other regions, Code X placements are not made after hours or on week-ends in Region 5.

During the onsite visits, the North Hub and West Hub described offering more non-safety related variances than other locations. The variances are issued to address training requirements and medical references for relative and fictive kin placements initially licensed through the Code X process. Such variances do not negatively impact a family's ability to provide a safe placement for a foster child; however they must be resolved before a family can be considered as a permanent placement for a child.

Available information regarding the annual re-licensing of foster and adoptive family homes has indicated a need for clarification about the process. Effective and expiration dates of a family's foster care license are entered into iCARE; however these may not match the dates of the completion of the family's updated assessment. iCARE data reflects updated assessments are being completed prior to families receiving their annual re-license. However, information gathered during the 2015 onsite visits and pre-adoption quality assurance reviews suggests that while informal assessment of the family has occurred, formal written home study updates may not be completed prior to the issuing of an updated license. The thoroughness of annual assessment updates vary significantly across regions and hubs. While the content of updates varies, all versions meet CFS licensing requirements. Improved consistency in this area is desired as it will allow for more accurate identification of family strengths and needs. A workgroup including the state foster care and permanency program specialists and representatives from each licensing team in the state will be developing a consistent assessment update process and template.

All initial and updated dual licensing and adoption home studies used in the finalization of adoptions for children in the Idaho foster care system are reviewed to ensure the study is current and includes required references, background checks, and recommendation information. This review is conducted by the state permanency program specialist as part of the final quality assurance process prior to adoption finalization. Any errors are required to be corrected prior to proceeding with the adoption. In SFY 2015, the adoptions of 215 children were reviewed as part of this process. All identified errors were non safety-related such as failure to obtain medical references for relative resource parents who were initially issued foster care licenses with a variance for medical references. These errors do not have an impact on the family's ability to provide permanency for a child, but are required to be corrected prior to the case proceeding to adoption finalization.

In April 2013, Idaho completed a IV-E audit which included a review of 80 cases. Of these cases, 77 met eligibility requirements. Although there were 3 error cases and 7 non-error cases, none of the errors were related to foster care licensing. There was one error case where safety requirements were not met in a newly licensed foster home. Reviewed cases included those where children were placed in licensed child care facilities. The audit found no issues with any of the facility cases. The review found "Foster family homes are regularly licensed and renewed with no gaps in licenses" and that 'Idaho has an annual review process for residential care facilities that is extensive and proscribed".

iCARE issues automatic alerts to the licensing specialists responsible for ensuring compliance by child placing agencies and child care facilities 90 days prior to the expiration of each license. Agencies and facilities complete re-licensing documentation and licensing specialists conduct onsite visits and file reviews. In CY 2015, re-licensing reviews were completed prior to license expiration dates for all agencies and facilities. Those found to not be in compliance with any licensing rules were required to correct the identified deficiencies through a plan of correction.

Data Quality

Reported information and data has been gathered from multiple sources including federal IV-E audits, adoption quality assurance reviews, and interviews with licensing social workers and supervisors. The information reported from each source has been consistent with that reported from the other sources.

Data Scope & Limitations

Most of the available information regarding the consistent statewide implementation of state licensing requirements is based upon self-report of those completing or supervising the completion of the licensing process. While this is not ideal, the information gathered from these reports is consistent with information found during current adoption finalization quality assurance reviews and previous IV-E audits.

Barriers

The availability of data is a barrier to confirming Idaho's standards are equally applied to all licensed foster family homes and child care institutions. A standardized process for monitoring the appropriate use of non-safety related variances and statewide consistency is needed. Idaho is planning to incorporate regular random statewide reviews of licensing files to ensure licensing standards, including the appropriate use of variances, are applied equally.

Item 34: Requirements for Criminal Background Checks

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

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

State Response:

CFS asserts it has an effective and functioning system which federal requirements statewide for criminal background clearances related to licensing foster care and adoptive placements and has a case planning process which includes provisions for addressing the safety of such placements. Information from multiple sources including the Criminal History Unit (CHU), federal IV-E audit, iCARE, and licensing social workers and supervisors supports Idaho's successful implementation of background checks. All families being considered for placement of a child in foster care undergo a criminal history background check prior to foster care or adoptive approval, regardless of relative status. Any issues noted in the process are addressed within the licensing assessment. Very few children are placed with families who are unable to pass a criminal history or child abuse background check. Those who are in such homes are placed with relatives or fictive kin whose assessment by a child welfare social worker revealed no safety concerns. These placements receive multiple levels of review prior to being made. Idaho has assessed this item to be a strength.

Criminal background checks for individuals being licensed for foster care and/or adoption are conducted through the Idaho Department of Health and Welfare's Criminal History Unit (CHU). The CHU is part of the Division of Support Services. All adults residing in the home of prospective foster and adoptive parents must pass the fingerprint-based background check which includes a nationwide search of criminal history, the National Criminal History Background Check System, Idaho Bureau of Criminal Identification, Idaho Child Abuse Registry, Idaho Driving Records, Federal and Idaho State Sex Offender Registers, Medicare and Medicaid Exclusion Lists, and the Certified Nurse Aide Registry. An Adam Walsh Background Check is completed for all adults who have lived outside the state of Idaho within the past 5 years. These checks are conducted for each state where the individual has lived during the past 5 years by the licensing social worker assigned to the prospective family. CHU clearances, including Adam Walsh clearances when applicable, are required prior to the issuing of a foster care license or approval for adoption. Copies of all CHU clearances and Adam Walsh checks are kept in the family's licensing file and in iCARE.

Idaho utilizes the Code X process to expedite placement of a child in the home of a relative or fictive kin in exigent circumstances which include:

- First emergency placement when a child enters foster care
- No more than 30 days from initial placement when a relative or fictive kin is located
- The child is in danger of losing their current foster care placement

The Code X placement process includes a name-based criminal history check and Idaho child abuse registry check of all adults in the home of the prospective placement. The child welfare social worker also completes a home visit to verify a safe home environment. Once placement is made, the adults in the home have 5 business days to complete the CHU background check process. The relative or fictive kin family is asked to complete the full application for licensure within 30 days at which time a full licensing assessment is completed. A foster care license or approval for adoption is not issued until all licensing requirements are met.

A IV-E audit completed in Idaho in April 2013 verified the consistent inclusion of criminal history background checks in the licensing process and files. This audit included a review of 80 cases. Only one case was found to have an error related to criminal background check requirements. The audit found that “Idaho utilizes a specialized criminal records check unit to ensure completion of all records check requirements and there is documentation regarding criminal background checks both in iCARE and the licensing files”.

There are 3 types of crimes identified in the background check process: those which do not disqualify a person from becoming a licensed foster and/or adoptive parent; those which disqualify a person for five years; and those which permanently disqualify a person. Individuals with a five year disqualifying crime and are within the five year timeframe or with a permanent disqualifying crime on their record do not proceed further with the licensing process as they are ineligible to be licensed for foster care or adoption. Any impact non-disqualifying crimes would have on the ability of the individual to ensure a safe environment for a child is incorporated into the social worker’s assessment of the family. Accurate assessment of these issues is monitored by licensing supervisors statewide. If a disqualifying crime is identified prior to foster care licensure but following placement of a child in a home through the Code X process, the child is removed from that home. During onsite visits with all licensing teams in the state in 2015, social workers and supervisors in all locations reported these situations happen rarely, but confirmed when they do children are consistently removed from the home.

Calendar Year	Total # Newly Licensed Foster Families	Total Background Checks Completed for Department Licensing	# Individuals with 5 Year Disqualifying Crimes	# Individuals with Permanent Disqualifying Crimes
2013	419	1,353	3	6
2014	353	1,442	6	14
2015	394	1,407	2	14

CHU background checks are occurring consistently statewide. The number of background checks completed by CHU in all 7 regions for the purpose of CFS licensing in CY 2013, CY 2014, and CY 2015 was more than triple the number of newly licensed foster and adoptive families during the same years. These numbers suggest completion of required background checks of resource parents is occurring consistently. In SFY 2015, the dual assessments of resource families adopting 215 children from all 7 regions were reviewed as part of a quality assurance review of adoption finalizations. No cases were found where the adoptive family had not passed the required criminal history background checks.

As of March 2016, Idaho had 1,379 children in foster care. Of those, 93 (6.7%) were placed in unlicensed homes. Hub program managers and chiefs of social work confirmed the significant

majority of these are Code X placements with relatives or fictive kin who have passed CHU background checks and are in the process of becoming licensed. In less than 10 cases per year, children are placed with relatives or fictive kin who are not able to become licensed due to criminal or child abuse history. In these situations, a child welfare social worker has assessed the family and determined circumstances related to the disqualifying history are no longer present and do not pose a threat to the child. All such placements are staffed for approval by the child's social worker, supervisor, chief of social work, and hub/region program manager before being sent to the Deputy Division Administrator of Family and Community Services Division for consideration. Placement approval must be given by the Division Administrator.

Data Quality

Reported information and data has been gathered from multiple sources including a federal IV-E audit, adoption quality assurance reviews, the CHU data reporting system, and CFS licensing social workers and supervisors. Due to the consistency of feedback from the multiple sources, provided data and information regarding meeting criminal background check requirements appears to be good.

Data Scope & Limitations

All information provided is reflective of CFS practice statewide.

Specifics regarding the reasons for unlicensed foster care placements due to failure to pass a background check are based on the self-report of those involved in the decision-making process. However, due to the extremely low number of these placements, CFS employees are aware of the circumstances regarding each case and were able to speak to how concerns were addressed.

Barriers

Idaho does not have a standardized internal licensing review process confirming the completion of background check requirements prior to the issuing of licenses or approvals for foster and/or adoptive care. Idaho is planning to incorporate regular random statewide reviews of licensing files to ensure licensing standards, including criminal background check completion. This type of process would be beneficial in further confirming the completion of all required background check clearances prior to the licensing of a foster and/or adoptive home. Despite the lack of a current internal review process, sufficient data exists from other sources including the federal IV-E review, CHU data, adoption finalization quality assurance reviews, and licensing team self-report, to ensure the state is meeting federal requirements for criminal background clearances and safety related to licensing foster care and adoptive placements.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

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

State Response:

The recruitment and retention of resource parents in Idaho is not functioning well enough to ensure the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. While the number of children entering foster care has remained steady, the number of licensed resource families available to care for these children has decreased. There is a need for resource parents representative of Idaho's racial and ethnic diversity to match the demographic characteristics of children in foster care. Idaho struggles to find families willing to be licensed to provide foster and adoptive care for children with significant special needs, sibling groups, older children, and children who are placed in residential facilities who would benefit from a family setting. Resource parent surveys and reduced numbers of licensed general resource parents confirm retention is an area of concern and where additional work is needed. Idaho has assessed this item as an area needing improvement.

Idaho's Diligent Recruitment Plan was implemented statewide in 2015 with the overall goal of improving the retention of current resource families and enhancing the diversity of our resource families to better reflect the demographic characteristics of children in foster care. The plan will be updated annually. Recruitment efforts are based upon objectives outlined in the statewide recruitment plan, as well as hub/regional recruitment plans. Data regarding the children in foster care and licensed resource parents is used in the development and annual review of statewide and hub/regional recruitment plans.

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) contracts with Eastern Washington University (EWU) to conduct foster and adoptive parent recruitment. There are four recruitment coordinators: one coordinates services in Regions 1 and 2; one coordinates services in Regions 3 and 4; one coordinates services in Region 5; and one coordinates services in Regions 6 and 7. Experienced foster and adoptive parents who have received training to become recruiter peer mentors (RPMs) also assist in recruitment efforts. EWU is in the process of assuming supervision of Vista Volunteers who support recruitment efforts through CFS' One Church One Child Program (OCOC). OCOC volunteers are located in each region and collaborate with their area's faith community to recruit and support resource parents. Idaho's OCOC program is undergoing re-branding to become more welcoming to all faiths. Prospective resource parents may be relative, fictive kin, or general families.

Consistent with the demographics of children in the Idaho foster care system, recruitment materials are available in English and Spanish and feature families of various genders, ages, and races/ethnicities including Caucasian, Hispanic, American Indian and African-American. Demographic information on licensed resource families and children in foster care is provided on quarterly basis to all licensing teams in the state for the purpose of establishing recruitment

targets and tracking progress. Information regarding the race/ethnicity and location of removal for children in foster care as well as the race/ethnicity and location of licensed foster homes is included in this report.

The geographic locations of child removals and geographic locations of resource families are used to target recruitment activities in the areas where they are most needed. For example, while the West Hub (Regions 3 and 4) includes the most populous, urban areas of the state, child removal and resource family location data supported the need for increased recruitment in outlying areas in the hub. This information has been used to support the creation of recruitment events and informational meetings in these smaller communities.

Information about Idaho's foster care and adoption program is available at all office locations, online, and through the statewide Idaho CareLine number 2-1-1. Recruitment for general foster and adoptive parents (non-relative, non-child specific) occurs through the same 6 step process statewide:

- Step One: First Contact
- Step Two: Initial Orientation and Information Meeting (IOIM)
- Step Three: Application
- Step Four: PRIDE Pre-Service Training
- Step Five: Mutual Assessment and Home Study
- Step Six: Licensing and/or Approval

Child specific recruitment is used to identify adoptive families for children in foster care in need of an adoptive home. Idaho has successfully contracted for Idaho Wednesday's Child website, professional photography, television, and newspaper recruitment services for 14 years. After 14 years with SNAPS, Inc., the contract was recently awarded to EWU and services are in the process of being transitioned between the two agencies. No negative impact is expected to result from this transition. Idaho's Wednesday's Child is a statewide contract utilized by all 7 regions. The contractor facilitates online listings of referred children to state, regional and national websites, including AdoptUSKids, as requested by the child's social worker. Photographs taken as part of the contract are available for use in the Idaho Heart Gallery which is displayed at community events around the state.

Between November 2013 and January 2016, Idaho contracted for intensive child-specific recruitment services. The contract was ended due to lack of funding. Child specific recruiters were located in Coeur d'Alene (North Hub), Caldwell (West Hub), Boise (West Hub), Twin Falls (East Hub) and Pocatello (East Hub) and worked on cases from all 7 regions. Recruiters worked closely with the Shoshone-Bannock Tribe to recruit ICWA compliant permanent placements for many native youth.

Social workers will continue to have access to intensive child-specific recruitment through the Wendy's Wonderful Kids (WWK) program, which is provided by SNAPS, Inc. and funded through a grant. The number of children able to receive these services is limited to 25 at any given time; however, there are an additional 45 youth who lost child-specific recruitment services due to the loss of the previous contract. The average length of WWK services is 18 months. WWK recruiters are located in the North Hub and the West Hub. Referrals from the East Hub are accepted for youth placed in the North or West Hubs.

An examination of available recruitment data indicates a significant majority of families who initially express interest in becoming a foster resource family do not complete the licensing process. Additional information is needed to determine the reasons why.

Families who inquire about the foster and adoptive parent program are provided with recruitment materials and invited to a local IOIM which are held in all 7 regions and 3 hubs.

Once a family completes an application, they are enrolled in PRIDE pre-service training after which they may be licensed to provide foster and adoptive care. 407 Idaho relative and non-relative/fictive kin families enrolled in PRIDE between August 2014 and July 2015. Of those, 86% of completed the course. It is believed the majority of those who did not complete the course in their initial session went on to do so in a subsequent session; however more information is needed in this area to determine the reasons for training incompletion and final outcome.

CY 2015	Information and Orientation Meeting	Application Received	Completed PRIDE
# Non-Relative Families	222	97	64

In CY 2015, individual general families were tracked from the point of inquiry through PRIDE completion in 6 of Idaho's 7 regions. An examination of the resulting information reveals the greatest loss of prospective resource parents occurs between their attendance at an IOIM and submission of an application. Feedback from recruiters and Department licensing staff indicated many prospective families struggled with completing portions of the application including the written autobiography. The statewide resource parent application is being updated to make it easier for resource families to complete in an attempt to decrease the loss of families related to application completion.

Idaho has placed an increasing number of children in the licensed foster homes of relatives and fictive kin. Relatives and fictive kin are recruited on a child-specific basis. Placement with relatives or fictive kin allows children to maintain their connections and be placed with families able to meet the child's cultural needs. It also reduces the number of licensed general foster homes needed to care for Idaho foster children.

	CY 2013	CY 2014	CY 2015
#Children in Foster Care	2,494	2,438	2,490
#Children placed in non-relative foster care	1,218 (48.8%)	1,099 (45.1%)	1,103 (44.3%)
#Children placed in relative/fictive kin foster care	884 (35.4%)	900 (36.9%)	973 (39.1%)

Despite the increased use of relative and fictive kin placements, Idaho is in need of more licensed foster and adoptive homes. The number of children placed in Idaho foster care remained fairly steady between 2013 and 2015. However, there has been a decline in the number of licensed resource homes including non-relatives, relatives, and fictive-kin.

	CY 2013	CY 2014	CY 2015
#Children in Foster Care	2,494	2,438	2,490
Total Licensed Foster Homes	1,647	1,540	1,475
General Family Home	1,020	902	862
Relative/Fictive-Kin	472	466	446
Treatment Foster Care	68	76	74

According to an exit survey of resource families closing their licenses in 2014, the decline in resource parents is due to numerous reasons including personal life circumstances (i.e. medical issues, moving, divorce), finalization of adoption, and dissatisfaction with the agency. A primary reason given for license closure is the family was licensed to provide care to a relative or fictive kin child who no longer requires foster care. Resource parent dissatisfaction was evident in the 2015 Annual Resource Parent Survey. 204 of Idaho's 1,475 (13.8%) licensed resource parents participated. Families in all 7 regions responded. Only 39.1% of respondents agreed or strongly agreed with the statement "I feel like an important member of a professional team" while 35.7% reported communication from CFS was inadequate. These results are consistent with information shared by resource parents during multiple focus groups and surveys over the past 5 years.

iCARE data regarding the racial and ethnic diversity of children in Idaho's foster care system and licensed foster parents in CY 2015 supports the need to continue to emphasize the recruitment of foster families from diverse racial and ethnic backgrounds:

Race/Ethnicity	# of Children in Foster Care CY 2015	# Licensed Foster Parents CY 2015
White	2,175	2,414
Hispanic	366	181
American Indian	112	37
Mixed	82	13
Black/African American	47	11
Alaskan Native	10	2

Race/Ethnicity	# of Children in Foster Care CY 2015	# Licensed Foster Parents CY 2015
Filipino	2	4
Other Asian	5	7
Other Pacific Islander	4	11
Unable to Determine	53	130

The need for Hispanic foster homes is particularly evident in Region 3 where there were 160 children in foster care and 75 foster homes with Hispanic ethnicity. A Spanish-speaking RPM has been hired to assist with recruitment in the West Hub, including Region 3. PRIDE training in Spanish is expected to be offered in the spring of 2016.

In an effort to increase the number of licensed American Indian foster homes, recruitment coordinators have focused on building relationships with Idaho tribes. Three of Idaho's four tribes (Shoshone-Paiute, Coeur d'Alene and Nez Perce) have engaged with the coordinators in this effort. Case workers from all three tribes have changed personnel in the last year, and EWU is continuing to rebuild those relationships. Efforts to engage with these tribes as well as the Shoshone-Bannock Tribe include offering training for tribal social workers and foster families.

Case record review outcomes and information regarding placement stability as well as reports from regional child welfare staff reflect difficulties locating appropriate placements for teens, large sibling groups, and children with higher level emotional or behavioral needs. As of March 2016, there were 52 youth in foster care who were placed in congregate care and would benefit from a family-based placement setting. In addition, there were 33 youth placed in residential treatment facilities that will require skilled and nurturing homes to transition into upon completion of their treatment.

Idaho's outcomes with child-specific recruitment for permanency have been positive. In 2014 and 2015, 66 youth received services through Idaho Wednesday's Child and 50 achieved permanency through adoption or guardianship. These youth represented referrals from 6 of Idaho's 7 regions. Region 2 had no referrals for Idaho Wednesday's Child services during this time period as they had no children legally free for adoption who did not have an identified placement.

The recently ended child-specific recruitment contract took some time to demonstrate positive outcomes due to the nature of intensive child-specific recruitment. Youth referred to this contract were those considered to be the most challenging to place due to the severity of their special needs. The majority of youth achieving permanency did so in the last 6 months of the contract. When the contract ended, a total of 54 children had been served for an average of 13 months each; 37% of the youth exited the program to permanency (adoption or guardianship), 7% aged out of foster care or were placed in the custody of the Department of Juvenile Corrections; and 56% of youth continued to need recruitment services. Based on the outcomes which were beginning to emerge towards the end of the contract, it is believed long-term outcomes would be similar to those seen through the WWK program which have been provided in Idaho for the past 9 years to 115 youth. Of those, 64% achieved permanency.

Data Quality

General and child-specific recruitment data reporting are included as contract requirements which are reviewed on a monthly and/or quarterly basis. General recruitment information reflecting attendance at meetings or training is based upon participant sign-in information. WWK data is considered to be of very high quality as it is reported from Child Trends as a part of grant requirements.

Data regarding the number of children in foster care and number and locations of children and resource families comes from iCARE and is considered accurate as it is directly related to payments received by resource families. If the information is not complete and accurate in iCARE, the resource family does not get paid. Solutions are being put in place as discussed in Item 25: Quality Assurance System, to verify the accuracy of children and resource families' demographic information during case record reviews.

Data Scope & Limitations

All information presented is representative of statewide information, with one exception. Tracking families through the entire recruitment process, from Step One (First Contact) through exiting of the process or Step 6 (Licensing and/or Approval) is helpful in the identification of recruitment barriers. However, tracking information is currently only available from the second step (IOIM attendance) through step 4 (PRIDE completion) for 6 of Idaho's 7 regions.

Barriers

Additional information regarding the needs of resource families is needed in order to guide Idaho's practice regarding recruitment and retention needs. However, resource parent exit surveys are no longer being used when families close their licenses. This is an area which needs to be addressed. The need is included in Idaho's Diligent Recruitment Plan and exit surveys will be reinstated.

iCARE data pertaining to the characteristics, placement preferences, and availability of resource families is not easily accessible by social workers. Requests for improved data in this area have been made as it will assist social worker in making more appropriate placement matches. It is believed more appropriate placement matches will improve placement stability as well as resource parent satisfaction.

As Idaho has continued to explore retention concerns, the need for child welfare social workers to have a greater understanding of the needs of resource parents became evident. To address this issue and improve overall support to licensed foster and adoptive homes, Idaho's Diligent Recruitment Plan requires all child welfare social workers to learn about PRIDE resource parent training in order to provide better support to licensed foster and adoptive homes. New child welfare social workers are asked to attend PRIDE to gain this knowledge. However, regional managers and chiefs of social work report these requirements are not able to be met due to workload capacity concerns.

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

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

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.
>
> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) effectively uses cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. Cross-jurisdictional permanent placements are made for the purposes of reunification, adoption, or guardianship and occur within the state as well as outside of the state. Relative searches and child-specific recruitment methods include outreach to prospective families in geographical locations outside the child's local community. Recruitment is followed by appropriate use of the Interstate Compact for the Placement of Children (ICPC) process. During the 2015 calendar year 51% of incoming ICPC requests for permanency-related home studies were completed within required 60 day timeframe; and in those situations where the timeframe will not be met, status updates are provided to the sending state. Although accurate data regarding the timeliness of requests for outgoing ICPC permanent placements is not available, children achieving permanency out of state are consistently placed within same period of time termination of parental rights occurs. This placement timing is necessary to support continued reunification efforts with birth parents who remain in Idaho. Idaho has assessed this item to be an area needing improvement.

Idaho makes cross-jurisdictional placements both within the state and out of the state. In-state placements are considered to be cross-jurisdictional when a child is placed in a region or hub other than the one in which they resided at the time they entered foster care. When an in-state cross-jurisdictional placement is being considered, the child's social worker makes an informal request to the licensing team assigned to the geographical location where the prospective family resides. That licensing team then completes the evaluation of the family which is provided to the placing region who makes the placement determination. All out of state placements are requested and made through the ICPC.

Cross-jurisdictional placements primarily occur when a child is reunified with a parent or placed for adoption or guardianship with relatives who reside outside of the child's community. A child's needs may require placement in a family with a specific set of skills who is located in another jurisdiction.

To promote the selection of the permanent family best able to meet a child's needs regardless of geographical location, Idaho utilizes recruitment methods designed to reach families throughout the state, regionally, and nationally. A "Home Study" page is located on an internal SharePoint site. Any current, approved, home study may be listed on the SharePoint. The page

includes demographic information about adoptive families as well as information about the gender, age, sibling group size, and special needs they will consider. A copy of each family's home study is also attached. Adoptive parents are also identified through child-specific recruitment. A statewide contract for child specific recruitment includes website photo listings on websites with local, regional, and national audiences.

All incoming and outgoing ICPC placement requests are reviewed by the state ICPC administrator for quality and accuracy. Incoming requests from other state foster care systems are forwarded to ICPC liaisons who assign the request for assessment. ICPC liaisons are located in Region 1 (North Hub coverage), Region 3 (West Hub coverage), Region 5 (regional coverage), Region 6 (regional coverage), and Region 7 (regional coverage). State foster care licensing teams conduct all incoming ICPC assessments including those for parental placement, unlicensed relative placement, relative and non-relative foster care placement, and permanent placement through adoption or guardianship. When a child is placed from another state's foster care system in Idaho through the ICPC, a child welfare case management or adoption social worker from the region where the child is placed is assigned to supervise that placement. Concurrence recommendations for permanency finalizations are either made by the supervising social worker and supervisor and approved by the ICPC administrator before being sent to the placing state or, for outgoing ICPC placements, requested by the Idaho social worker through the ICPC administrator.

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 the incoming home study request within 60 calendar days from the time Idaho's ICPC Administrator receives and processes the request. Idaho created a tracking system to calculate the timeliness for home study completion on an internal Share Point site.

Idaho's use of cross-jurisdictional placements is positively impacted by use of in-state and out of state recruitment methods. All of Idaho's outgoing ICPC adoptive placements with families other than relative/fictive kin or current foster parents have been identified utilizing child-specific recruitment. The availability of the "Home Study" SharePoint page has increased awareness of the possibility of cross-jurisdictional placements within Idaho; not only within child welfare social workers but in the larger adoption community as well. Over the past year, the SharePoint home study site has included families from all regions completed by licensed adoption agencies, Certified Adoption Professionals, and Idaho Department of Health and Welfare (DHW) licensing teams. Although not limited to Idaho families, thus far all families included on the SharePoint page have been from within the state of Idaho. At least 5 children have been placed in cross-jurisdictional adoptive placements through this SharePoint in the past 2 years.

Idaho has seen a significant increase in active ICPC cases from approximately 550 cases in 2012 to 1,237 cases in March 2016. This number includes incoming and outgoing foster care, adoption, and residential treatment cases. While the majority of the cases are for children in foster care, private adoptive and residential placements are also reflected in the total number.

iCARE data demonstrates use of cross-jurisdictional placements for Idaho children in foster care both within the state as well as out of state for all permanency options including reunification, adoption, and guardianship.

CY2015 Children Reunited with Families by Region and Last Placement Location				
Region	**# of Children Reunified**	**Different Region**	**Different Hub**	**Different State**
1	111			
2	32			
3	193	32	7	2
4	208	34	4	2
5	92	5	5	
6	69	4	4	
7	47			
State	752	75	20	4

CY2015 Children Adopted or Moved to Guardianship by Region and Final Location				
Region	**# of Children Adopted or Moved to Guardianship**	**Different Region**	**Different Hub**	**Different State**
1	50	2	2	13
2	10	1	1	1
3	61	10	1	7
4	71	26	3	11
5	30	1	1	2
6	19			4
7	38	5		7
State	279	45	8	45

In CY 2015, 35% of Idaho's 279 children who finalized permanency through adoption or guardianship did so through cross-jurisdictional placements. 49.5% of these placements were made in different states, 49.5% were in different regions, and 8.1% were in difference hubs.

iCARE data reflects Idaho children spend over one year in foster care before outgoing ICPC placements are made.

# of Outgoing ICPC children and Average Time in Foster Care prior to Placement						
	2013		2014		2015	
Region	# Children	Time in Months	# Children	Time in Months	# Children	Time in Months
1	8	8.7	16	16.6	11	12.2
2	6	16.2	6	7.8	7	10.9
3	17	11.9	7	38.0	14	12.7
4	12	14.0	21	18.3	19	19.1
5	6	25.6	6	12.0	6	23.3
6	6	17.0	3	15.1	5	12.6
7	17	12.0	4	15.9	6	5.3
State	72	13.8	63	18.1	68	14.5

Idaho judges rarely consider approving the out of state placement of a child until after termination of parental rights (TPR) has been achieved due to the need for ongoing reunification efforts. It is rare for TPR to occur prior to 12 months into a foster care case. Reported placement timeframes of 13.8 to 18.1 months are consistent with reunification practice needs.

In additional to making cross-jurisdictional placements, Idaho supports incoming ICPC placements from other states. The total number of incoming requests for permanent placements increased from 44 in 2014 to 50 in 2015.

# of Incoming ICPC Permanency Home Study Requests		
Region	2014	2015
1	13	12
2	6	3
3	10	10
4	4	16
5	3	4
6	3	2
7	5	3
State	44	50

The percentage of incoming dual (foster and adoption) and adoption home studies completed within the required 60 day time frame decreased from 62.8% in 2014 to 51.0% in 2015 while the average number of days for home studies not completed within the 60 days decreased slightly

from 102.8 days in 2014 to 101.2 days in 2015. Home study requests withdrawn by the sending state prior to the completion of the home study are not included in this data.

% of Incoming Permanency Home Studies Completed within 60 Days		
Region	**2014**	**2015**
1	53.8%	38.5%
2	33.3%	33.3%
3	70.0%	50.0%
4	25.0%	46.7%
5	100.0%	100.0%
6	100.0%	75.0%
7	100.0%	66.7%
State	62.8%	51.0%

Average # of Days for Home Studies not Completed within 60 Days		
Region	**2014**	**2015**
1	102.2	137.5
2	111.3	123.0
3	87.3	71.0
4	108.0	79.9
5	N/A	N/A
6	N/A	73.0
7	N/A	87.0
State	102.8	101.2

When an incoming ICPC home study will not be completed within the 60 day timeframe, Idaho complies with the ICPC by providing the sending state with a status update of the home study process. Regional licensing social workers report the primary reason for not meeting completion timeframes is a delay in the prospective family providing the personal references or medical references required for permanent placement approval by state administrative rules. Other common reasons are a delay in receiving Adam Walsh Checks from other states and workload capacity.

Data Quality

Information regarding the number of successful cross-jurisdictional placements made through the “Home Study” SharePoint page is not very accurate. The data is taken from the closure reason when a family’s home study is removed from the page. Home studies are removed when they expire or the state permanency program specialist is notified by a child’s placing worker or the individual or agency completing the family’s home study that a placement has been made. Social workers frequently forget to provide notification when the family has received a placement resulting in the home study being removed at the time of expiration for the reason of “expiration” instead of “placement made”.

Information and data regarding the number and timelines related to ICPC adoptive and guardianship placements from Idaho foster care are considered to be of very good quality. These placements are associated with the payment of adoption or guardianship assistance subsidies. If the information is not accurate in the system before finalization of the adoption, the issue is identified during a quality assurance review of the case which occurs prior to finalization. Any iCARE errors related to the ICPC placement must be corrected before the adoption is able to be finalized and any adoption guardianship assistance paid.

Data regarding the timeliness of incoming home study completion is limited due to the method available to calculate the information. When incoming ICPC home study requests are received, data entry is completed in three separate data systems including a SharePoint tracker, iCARE, and the ICPC Database. The SharePoint tracker is the only method of tracking timely completion of home studies but is a step that is often missed when the ICPC administrator is unavailable and requests are processed by other program specialists. The accuracy of the data is known to be less than ideal as the number of incoming permanent home study requests was higher than what was captured by the SharePoint Tracker in 2014 and 2015.

Data Scope & Limitations

The ICPC database system used in Idaho was provided to the state in 2002 by the American Public Human Services Association (APHSA) under a grant from the Federal Department of Health and Human Services, Administration for Children, Youth, and Families, Children’s Bureau. The ICPC database tracks the paperwork for home studies and placements for all children entering or leaving a state for foster care or adoption. The system is outdated and not supported by the DHW information technology program. Idaho has limited ability to filter and pull meaningful reports without technical support.

Barriers

While Idaho is able to determine the length of time it takes for children to be placed out of state from the time they enter foster care through use of ICPC placements, accurate data is not available as to the timeliness of the initial request made to the other state for placement approval. Outgoing ICPC service requests are entered into iCARE by the placing child welfare social worker and should be made at the time they first ask the receiving state to complete a home study. However, child welfare social workers often wait to enter the service request until they determine the placement will actually be made; thus the service request start date may be 6 to 12 months after the date of the actual requests. Placements denied by the receiving state may never be entered into iCARE at all. Data quality improvement in this area would be helpful to more fully ascertain the timeliness with which these requests are made.