

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

**5 Year Child and Family Services Report (CFSP)  
July 1, 2015 – June 30, 2019**

**Approved Plan will be posted at**

<http://www.healthandwelfare.idaho.gov/Children/AbuseNeglect/tabid/74/Default.aspx>

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## 5 YEAR CFSP 2015-2019

### (1) GENERAL INFORMATION

#### **Responsible State Agency**

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

#### **Publicly Funded Child and Family Services Continuum**

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

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

#### **Collaboration**

- Central Office Administrator, Bureau Chiefs, Program Manager, and Program Specialists
- Child Welfare Program Managers, Chiefs of Social Work, and Supervisors;
- Child Welfare Line Staff
- Resource Families
- Supreme Court Child Protection Committee (CIP)
- Tribes through the Idaho State and Tribal Indian Child Welfare Advisory Committee
- Casey Family Programs
- University partners

- Keeping Children Safe Panel Members (citizen review panels)
- Governor's Children at Risk Task Force
- Youth Advisory Board
- Statewide Stakeholder Planning Group

Ongoing collaboration is a strong feature of Idaho planning efforts. We meet with individuals and groups who are partners in the child welfare system on a regular and ongoing basis. One example is the annual statewide visits, by FACS and CFS administrators, with local staff and resource families. Another is the involvement of stakeholders in the development of local (hub) improvement plans. Each of these local improvement plans has specific strategies for involving local stakeholders.

Recently 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 was to receive feedback on what is going well and what is not going so well from their viewpoint and experience. It also provided an opportunity for CFS to share information, answer questions and provide data related to both general and specific aspects of the child welfare program. The feedback we got from our stakeholders both at this meeting and through ongoing contacts with many more stakeholders combined with the results of our own internal assessments and our data outcomes have informed this 5 year plan (2015-2019).

This group of stakeholders, including tribes and courts, will convene periodically throughout this 5 year CFSP to be involved in implementation of the goals and objectives and in the monitoring and reporting of progress. How this will roll out is not as yet fully articulated and the group itself will determine how much involvement they wish to have. However, it is our commitment to keep them involved in the planning and re-planning over the next 5 years.

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 this 5 year plan is development of a sustainable, ongoing and meaningful planning, feedback and adjustment loop which will extend past the rigid frame of year to year reporting and planning.

## (2) ASSESSMENT OF PERFORMANCE

**Exceeds goal \***      **Slightly below goal \***      **Below goal \***

\*(default) indicates the goal set for all items on the CFSR/OSRI

**Safety Outcome 1:** Children are first and foremost, protected from abuse and neglect. CFSR 2008: Not in Substantial Conformity (90% achieved)

### **Timeliness of Response, Goal 95% (default)\*, OSRI case review results**

Calendar Year 2011: 98% - exceeds goal \*

Calendar Year 2012: 97% - exceeds goal \*

Calendar Year 2013: 94% - slightly below goal \*

### **Repeat Maltreatment, Goal 95% (default), OSRI case review results**

Calendar Year 2011: 93% - slightly below goal \*

Calendar Year 2012: 95% - at goal \*

Calendar Year 2013: 94% - slightly below goal \*

### **Absence of Maltreatment Recurrence, Standard 94.6% or more, federal outcome**

FFY 2011: 97.8% - exceeds goal \*

FFY 2012: 96.5% - exceeds goal \*

FFY 2013: 97.1% - exceeds goal \*

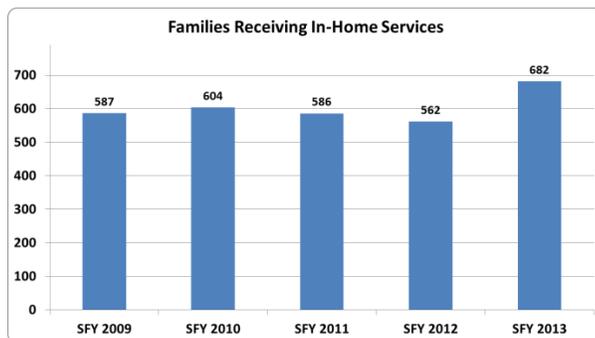
**Safety Outcome 2:** Children are safely maintained in their own homes whenever possible. CFSR 2008: Not in Substantial Conformity (68.7% achieved)

### **In-home services to prevent removal, Goal 94% (PIP-2 goal); OSRI case review results**

Calendar Year 2011: 94% - at goal \*

Calendar Year 2012: 91% - slightly below goal \*

Calendar Year 2013: 93% - slightly below goal \*



**Risk and Safety Management , Goal 92% (PIP-2 goal), OSRI case review results**

Calendar Year 2011: 89% - below goal \*

Calendar Year 2012: 88% - below goal \*

Calendar Year 2013: 85% - below goal \*

**Strengths:** Our federal outcome and case record review data for Safety Outcomes 1 and 2 reveal that this is an area of strength for our agency. The case review data is based on a total of 210 cases reviewed per year and the federal outcomes are based on all foster care cases for the year. Data also reveals a steady trend of increasing numbers of in-home cases. Our in-home caseload contains both children who at risk for removal where the cases are under (court) protective supervision and those who are not court involved. Another in-home category are those children who have been returned home from foster care and are now under (court) protective supervision. The range and intensity of these cases are varied. Some are case managed by the agency and others by contractors.

**Concerns:** Concerns in this area have not been voiced by our stakeholders. Since converting our SACWIS system, reports we were accustomed to using in FOCUS have had to be rebuilt in iCARE. This is time and fiscally intensive because developers have to program each report. Because of that creation of reports has had to be prioritized. We will continue to monitor timeliness via the case record review. Supervisors have access to a report by worker for all investigations without a child seen date. If the % drops below 90%, we will proceed with report driven feedback to supervisors on a monthly basis. We are also continuing with development of in-home services reports from iCARE. The lack of reliable reporting has been cited as an area needing improvement in CFSR 2008. Last is a concern about risk and safety management. Based on our case record review, below goal performance in this area is primarily attributable to failure to inquire about safety with the child alone and failure to monitor the safety of all of the children in the family in an in-home case.

**Permanency Outcome 1:** Children have permanency and stability in their living situations. CFSR 2008: Not in Substantial Conformity (46% achieved)

**Re-entries into FC in less than 12 months, Standard less than 9.9% (federal outcome)**

FFY 2011: 8.6% - exceeds goal \*

FFY 2012: 10.3% - below goal \*

FFY 2013: 8.4% - exceeds goal \*

**Placement Stability, Goal 82% (established for PIP-2) Case Review Results**

Calendar Year 2011: 67% - below goal \*

Calendar Year 2012: 66% - below goal \*

Calendar Year 2013: 74% - below goal, but improved \*

**Placement Stability, Standard Score 101.5, (federal outcome)**

FFY 2011: 95.3% - below standard \*

FFY 2012: 92.5% - below standard \*

FFY 2013: 95.8% - below standard \*

**Permanent Goal Appropriate and Timely, Goal 73% (established for PIP-2)**

**Case Review Results**

Calendar Year 2011: 88% - exceeds goal \*

Calendar Year 2012: 76% - exceeds goal \*

Calendar Year 2013: 83% - exceeds goal \*

**Timely Reunification, Goal 84% (established for PIP-2), Case Review Results**

Calendar Year 2011: 86% - exceeds goal \*

Calendar Year 2012: 77% - below goal \*

Calendar Year 2013: 90% - exceeds goal \*

**Exits to Reunification in less than 12 months, Standard 75.2%, (federal outcome)**

FFY 2011: 76.2% - exceeds goal \*

FFY 2012: 67.7% - below goal \*

FFY 2013: 70.2% - below goal \*

**Exits to Adoption in less than 24 months, Standard 36.8%, (federal outcome)**

FFY 2011: 41.2% - exceeds goal \*

FFY 2012: 55.7% - exceeds goal \*

FFY 2013: 54.4% - exceeds goal \*

**Adoption will complete in 24 months, Goal 64% (established for PIP-2) Case Review Results**

Calendar Year 2011: 69% - exceeds goal \*

Calendar Year 2012: 66% - exceeds goal \*

Calendar Year 2013: 76% - exceeds goal \*

**Another Planned Permanent Living Arrangement, Goal 94% (established for PIP-2) Case Review Results\***

Calendar Year 2011: 79% \*

Calendar Year 2012: 55% \*

Calendar Year 2013: 50% \*

\*These figures are not reliable as they are based on a sample which contains a very small number of youth with a goal of APPLA. This goal is not often used for youth in foster care.

**Strengths:** Idaho has improved her performance over time under Permanency Outcome 1. All outcome measures with the exception of Reunification within 12 months and Placement Stability continue to exceed the set goals. Exits to adoption

within 24 months has consistently far exceeded the national standard. Examining data and developing intervention strategies on local improvement plans is a strength for our state. An example is Re-entry. Local management has been able to get a list of these cases from our Data Analyst in order to “drill down” to determine why these children were re-entering care. Barriers did not vary greatly across the state. Some of the common themes include: Lack of engagement with Law Enforcement at time of removal; voluntary foster care cases that turned into formal court involved cases; children returned home at Shelter Care hearing only to re-enter care within weeks; lack of comprehensive safety/relapse planning and FGDM at time of dismissal; and lack of a formal staffing prior to case closure. Once identified, strategies were developed to address these issues and we are continuing to monitor for improvement.

**Concerns:** Under Permanency Outcome 1, the primary concerns continue to be placement stability and lack of reunification within 12 months. Lack of timely reunification is becoming more of a focus on local improvement plans as the outcome data shows a downward trend. Some of the themes identified locally and statewide include: Child(ren) with significant behavioral issues made finding permanent placements and achieving reunification difficult; child and/or parent mental health issues that required extensive treatment that was either not available or prevented timely reunification; ICWA eligibility determination was not completed timely; Extended home visits occurred for lengthy amounts of time not allowing for reunification to occur within the 12 month time frame; establishing paternity late in the case; and reviews regarding the level of intervention needed are not necessarily focused on safety. Local strategies have been developed to address these themes.

We appear to be making gains on placement stability in the categories of the first 12 months and in months 12-24. Again, by the time a child has been in care over 24 months, it is most often due to behavioral problems which have compromised earlier placements. As we continue to roll out more trauma informed practice including training of resource parents, we believe that that will be a key to improved stability.

**Permanency Outcome 2:** The continuity of family relationships is preserved for children. CFSR 2008: Not in Substantial Conformity (79.5% achieved)

**Proximity of placement, Goal 95% (CFSR default), Case review results**

Calendar Year 2011: 99% - exceeds goal \*

Calendar Year 2012: 99% - exceeds goal \*

Calendar Year 2013: 99% - exceeds goal \*

**Sibling Placement, Goal 95% (CFSR default), Case review results**

Calendar Year 2011: 94% - slightly below goal \*

Calendar Year 2012: 91% - below goal \*

Calendar Year 2013: 85% - below goal \*

**Parent and sibling visits, Goal 86% (established for PIP-2) Case review results**

Calendar Year 2011: 92% - exceeds goal \*

Calendar Year 2012: 85% - slightly below goal \*

Calendar Year 2013: 91% - exceeds goal \*

**Preserving Connections, Goal 92% (established for PIP-2), Case review results**

Calendar Year 2011: 96% - exceeds goal \*

Calendar Year 2012: 92% - at goal \*

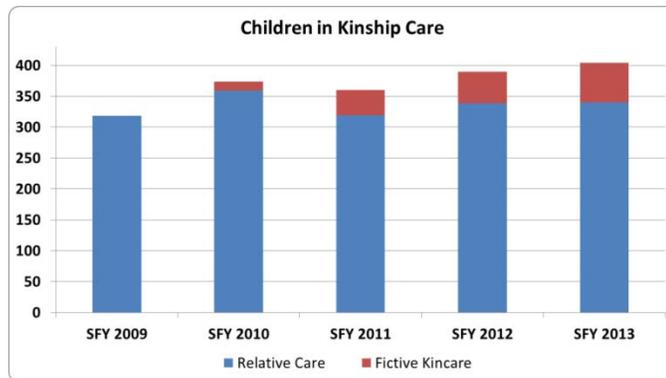
Calendar Year 2013: 90% - slightly below goal \*

**Relative Placement, Goal 93% (established for PIP-2) Case Review**

Calendar Year 2011: 88% - below goal \*

Calendar Year 2012: 86% - below goal \*

Calendar Year 2013: 85% - below goal \*



**Parent/Child Relationship, Goal 85% (Established for PIP-2) Case review results**

Calendar Year 2011: 91% - exceeds goal \*

Calendar Year 2012: 88% - exceeds goal \*

Calendar Year 2013: 92% - exceeds goal \*

**Strengths:** Under Permanency Outcome 2, Idaho demonstrates performance at or exceeding the goal on placement proximity, parent/child relationship, and parent and sibling visits with the child in foster care. Maintaining connections is just a couple of points below goal. We are not always able to place siblings together (see Sibling Placement above), but have made diligent efforts to keep those siblings in foster care in regular communication via phone and face to face visits.

**Concerns:** Placement of siblings together is always a challenge when the need is greater than the supply. Part of our specialized recruitment is to locate resource families who can care for sibling groups. Increases in relative and kinship placement helps greatly with sibling placements in that a family member is usually willing to take the whole group. We continue to struggle with relative placement as assessed by the case record reviews. The graph above shows that relative and kinship placements continue on an upward trend. The case review item measures whether diligent efforts were made to search for both maternal and paternal relatives. When fathers have not been identified and engaged, we usually fail to look at paternal relatives.

**Well-Being Outcome 1:** Families have enhanced capacity to provide for their children’s needs. CSR 2008: Not in Substantial Conformity (57.8% achieved)

**Needs and services of child, parents, foster parents, 81% (established for PIP-2) Case review results**

Calendar Year 2011: 88% - exceeds goal \*

Calendar Year 2012: 82% - exceeds goal \*

Calendar Year 2013: 82% - exceeds goal \*

**Family’s involvement in case planning, Goal 78% (established for PIP-2) Case review results**

Calendar Year 2011: 90% - exceeds goal \*

Calendar Year 2012: 83% - exceeds goal \*

Calendar Year 2013: 91% - exceeds goal \*

**Worker/Child Visits – Federal reporting for Worker Contacts FY2013**

<b>FY2013 YTD</b>	<b>Statewide</b>
Total Contacts Required	14666
Total Contacts Made	13706
Total Seen In Residence	9647
<b>Total Percentage Seen</b>	<b>93%</b>
Total Percentage In Residence	70%

**Worker/Parent Visits, Goal 79% (Established for PIP-2) Case review results**

Calendar Year 2011: 88% - exceeds goal \*

Calendar Year 2012: 79% - at goal \*

Calendar Year 2013: 88% - exceeds goal \*

**Strengths:** During CFSR 2008, every item under Well-Being Outcome 1 was rated as an area needing improvement. Currently we are exceeding the goal on each of these

measures based on case record review data and federal reporting. We are excited that we no longer need to “hand-count” our contact data. Consistent expectations and messaging has workers completing at least monthly contact in 93% of cases. During and since PIP-2 we have also focused on worker/parent contacts, engaging both parents in case planning as well as children, when age appropriate. This has been primarily through the use of Family Group Decision Making and other family involved team planning efforts. Interviews conducted as part of the case record review have provided corroboration for family’s perception of their active involvement in case planning.

**Concerns:** One discovery from CFSR 2008, was the challenge for workers around engaging fathers in both in-home and out-of-home cases. When fathers aren’t identified and engaged, they don’t have their needs assessed, they are not involved in visitation or worker contacts, are not involved in case planning and we don’t have access to paternal relative information. An ongoing challenge will be the appropriate identification and engagement of fathers as well as hard to reach parents in general.

**Well-Being Outcome 2:** Children receive appropriate services to meet their educational needs. CFSR 2008: Substantial Conformity (95.5% achieved)

**Child Education Needs, Goal 95% (CFSR default), Case review results**

Calendar Year 2011: 97% - exceeds goal \*

Calendar Year 2012: 95% - at goal \*

Calendar Year 2013: 98% - exceeds goal \*

**Strengths:** Children’s educational needs continue to be met as assessed by the case record review.

**Concerns:** Some of the ongoing concerns voiced by stakeholders is parent involvement in IEP development and who can sign IEPs. Answers to these questions can be found in the CFS Child Well-Being Standard. Staff are routinely redirected to the information contained in the standard. We have experienced some difficulty engaging the Department of Education related to the transfer of credits from school to school for older youth.

**Well-Being Outcome 3:** Children receive adequate services to meet their physical and mental health needs. CFSR 2008: Not in Substantial Conformity (88.1% achieved)

**Physical Health, Goal 86% (Established for PIP-2) Case review results**

Calendar Year 2011: 92% - exceeds goal \*

Calendar Year 2012: 89% - exceeds goal \*

Calendar Year 2013: 91% - exceeds goal \*

**Mental Health, Goal 95% (CFSR default) Case review results**

Calendar Year 2011: 95% - at goal \*

Calendar Year 2012: 94% - slightly below goal \*

Calendar Year 2013: 92% - below goal \*

**Strengths:** Results of case record reviews reveal that children are being routinely seen for physical checkups (EPSDT screening), routine medical care and other services to meet their medical needs. When a case is marked ANI, it is often due to lack of dental exams and follow up treatment.

**Concerns:** A significant percentage (nearly half at last count) of children in foster care in Idaho were receiving at least one psychotropic medication. Parents and case workers are often absent from medical appointments, especially mental health related medical appointments. This is combined with generally poor documentation of the diagnosis, medication, dosage and frequency information in the electronic record. Stakeholders in general are concerned about the type and amount of medications children in foster care are receiving and welcome the development of trauma-informed intervention strategies for both parents and resource parents to help children learn to self-regulate with the need for medication.

### **Systemic Factor 1: State Information System**

CFSR1: 2003 – Substantial Conformity      CFSR2: 2008 – Substantial Conformity

**Available Data and Information:** Both previous CFSRs have found our SACWIS information system to be in Substantial Conformity. We continue to be able to readily identify the status, demographics, location and goals for the placement of every child in foster care.

**Strengths:** In 2012, we migrated from a mainframe data base (FOCUS) to a Microsoft SQL data base (iCARE). While it required the rewriting of all main frame programming, data is now housed internally on servers. This allows great flexibility in accessing the data. It also allows the ability to correct issues and easy access to the database allows our developers to correct user errors more easily. AFCARS review and feedback revealed that by and large the data quality was very good, with only 1 of 66 elements exceeding a 5% error rate. Most of the required modifications are very minor. Idaho is currently reviewing issues identified by the federal reviewers, obtaining clarification as needed, and developing a plan for correction.

While stakeholders continue to express concerns with navigation and data entry into iCARE, during the past year iCARE has been offering short webinars on critical updates, what and how to enter data. Examples of these webinars include Placement and Voucher Service Requests, Managing Invoices, Services Plans and Alternate Cae Plans. These webinars are archived for future use by staff. The iCARE training library also has self-guided curriculum for iCARE 101 and On-Demand Training which includes topics that have been identified as opportunities for improvement system-wide. More recently iCARE has also been offering video Boot Camps on various aspects of iCARE including topics such as Disposition, Adoption, ICPC and The Helpdesk. Additionally regular system updates are emailed out to all staff. A centralized staff and helpdesk have replaced local. iCARE staff have begun development of an iCARE e-manual to provide online assistance to staff.

One of our Child and Family Services Program Specialists works closely with iCARE both in development and presentation of training as well as authorization on data fixes resulting from worker entry errors. This assures that iCARE and child welfare practice continue to remain aligned.

**Concerns:**

FOCUS/iCARE is over 15 years old. The core of the system is programmed in a language that is no longer widely used, leading to scarce development resources. We have lack of mobile data entry from the field via laptops and tablets. Additionally, the current tool to access iCARE externally has numerous compatibility issues. Although we have access to the data, it is not always the easiest to deliver the ad hoc reports requested by administration and supervisors in the field.

Staff continue to have delays with entering timely documentation. Many improvements have been made to iCARE to facilitate this process, but delays continue due to workload pressures.

**Improvement Strategies:**

- By 2016, develop a data warehouse to streamline reporting;
- By 2015, prepare an RFP to award a contract to evaluate the current system and suggest strategies for modernization; and
- By 2015, release RFQ to obtain a contract to document and evaluate statewide processes, determine a standardized process, and make recommendations for implementation.

**Systemic Factor 2: Case Review System**

CFSR1: 2003 – Not in Substantial Conformity    CFSR2: 2008 – Not in Substantial Conformity

**Available Data and Information:** Item 18; Attachment A (foster parent information) data from CRR; Data on adoptions completed with 24 months; Foster parent surveys

**Strengths:** We have made good progress in this area through a strong working relationship with the CIP. The CIP and state staff worked together to develop a standard court report format statewide to which judges have reacted positively. We have continued to exceed our PIP-2 goal of 78% on Item 18 of the OSRI which assessment family involvement in case planning. Results of case record reviews including parent interviews revealed the following: 2011 90%; 2012 83%; 2013 91%. An increase in the involvement of fathers has helped with improvement in outcomes as has the increased use of Family Group Decision Making. The CIP has also been collecting data on timeliness of hearings. Statewide hearings comply with statutory guidelines 88% of the time. This data collection has allowed the CIP to work with judicial districts and judges on ideas for improved timeliness.

**Concerns:** In some jurisdictions, termination hearings are delayed due to crowded court hearing dockets. We are working closing with the CIP to develop local solutions regarding timeliness of hearings.

**Systemic Factor 3: Quality Assurance System**

CFSR1: 2003 – Not in Substantial Conformity CFSR2: 2008 – Substantial Conformity

**Available Data and Information:** Late in 2012, Idaho was one of three states to participate in a pilot of the CQI Assessment Document (CQIAD). Below is a summary of the extensive self-assessment conducted as part of the CQIAD plus current updates on progress addressing concerns.

**Foundational Requirements – Strengths identified include:**

- Overarching culture of CQI to all levels of the agency that sees CQI as everyone’s responsibility;
- Statewide approach to assessment and improvement utilizing the CFSP and the APSR;
- Central Office staff assigned to the CFSP participate as first and second level reviewers in the Case Record Review system;
- Idaho has a professional work force which requires a state social worker license prior to employment;
- CRR process is integrated in the system at all levels rather than as a stand alone component;
- Long history of having a case review process; and
- Internal staff are engaged in the process which enhances worker understanding of case expectations.

**Foundational Requirements – Concerns identified include:**

- Need to update and enhance current policies and procedures and make readily available to staff and partners;
- Process needed for staff at different level of the organization for learning about and participating CQI in the broader sense; and
- Tracking is needed to make sure staff meet minimum qualifications to do case record reviews.

**Foundational Requirements – Updates include:** Current policies and procedures are being updated to address CQI in a broader sense in more detail as well as changes to details of the case record review process. Recent stakeholder activity included staff from all levels of the organization to participate in and learn more about receiving, recording and integrating feedback or system improvement. Progress has begun on maintaining a central record of individuals who have been trained to do case record reviews. As we move toward CFSR 3 in 2016, we will continue to monitor any needed improvements in the way we conduct case record reviews and how we integrate stakeholder feedback into system improvement.

**Data and Analysis – Strengths identified include:**

- Idaho captures and analyzes both quantitative and qualitative data from case reviews and from their SACWIS system (iCARE); and
- Idaho data collection for AFCARS, NCANDS and NYTD is accurate and sufficient. Idaho has processes to monitor quantitative trends over time and is able to integrate data to look at particular practice patterns in a specific office, hub or statewide.

**Data and Analysis – Concerns identified include:**

- Need to expand on data collection on children being served in their own homes;
- Incorporate more variety in sources of data including stakeholders to provide a more complete picture of practice;
- Improve data collection on systemic factors;
- Enhance the collection and analysis of statewide data on systemic factors of Case Review, Training, Service Array and Foster Care Recruitment and Retention;
- No processes in place to assess and collect data at the statewide level regarding service array, accessibility and capacity to individual services; and
- Local data is collected and analyzed to monitor and enhance recruitment and retention of foster and adoptive parents. Data and analysis on statewide performance may not be sufficient to impact recruitment and retention activities.

**Data and Analysis – Updates include:** Limited progress has been made on the concerns identified in the CQIAD. Statewide foster parent surveys have been implemented to get a better assessment of foster parent retention statewide.

**Case Review Process – Strengths identified include:**

- Case record reviews are conducted statewide on an ongoing basis. Additional targeted reviews are conducted for ICWA and IL;
- Idaho uses the federal review instrument (OSRI) with interviews of key case participants;
- Random sampling is used to select both in and out of home cases for review;
- Idaho has processes and policies in place to ensure accurate and consistent case record review ratings;
- Idaho has a process for eliminating cases with oversight; and
- Reviewers are required to complete training before participating in a review.

**Case Review Process – Concerns identified include:** The need to develop an ongoing training opportunities for case reviewers and case review process leadership as well as development of a conflict of interest statement for internal and external case reviewers.

**Case Review Process – Updates include:** Conflict of interest statement will be included in revised policy and procedures (see Foundational Requirements above). We will be conducting additional training for case reviewers and leadership as we prepare for CFSR3 in 2016. This will give us an opportunity to look at what additional types and amount of training could be helpful to these individuals.

**Feedback and Adjustment – Strength identified include:**

- Idaho shares data internally using diverse methods;
- Idaho has a strong process utilizing internal subcommittee to solicit, gather and integrate feedback for system improvement;
- Idaho uses CQI information to inform planning, monitoring and adjustment needed to improve outcomes for children and families;
- Idaho has excellent skills in gathering and meeting with stakeholders on specific projects; and
- Idaho has integrated the CFSR and PIP processes into the CFSP.

**Feedback and Adjustment – Concerns identified include:** The need to expand efforts to include a process for stakeholders to participate on a regular and ongoing basis as well as the need to ensure communication methods are accessible, clear and audience specific.

**Feedback and Adjustment – Updates included:** As part of this 5 year plan, we are looking at ways to develop a meaningful, ongoing and sustainable process for involving stakeholders in feedback for system improvement. We began several months ago with a meeting of diverse stakeholders statewide. Relevant data was presented and listening sessions on a variety of topics was conducted.

**Summary:** We will continue to build our capacity for CQI within the Division. We will focus on building evaluation/feedback into our systems so that rather than discontinue projects based on solid information and planning, we will periodically reassess our implementation and effectiveness to determine if minor changes or needed before abandoning a project only to have the need resurface at other time. We will also continue to monitor the CFSR items via a case record review and use the results to monitor progress even though we will not report them all out specifically in the APSR as we have done previously.

We will also continue our Case Record Reviews and make adjustments as needed to complete our own CFSR-3 review in 2016.

We will continue to work with each Hub on the goals they have identified on their Hub Improvement Plans. The process will involve periodic outcome measurement to see if strategies for improvement are effective.

As mentioned earlier, we have begun a statewide stakeholder group to assist with the feedback and monitoring of our CFSP. This process is also somewhat experimental for us as a formalized way to obtain feedback and suggestions for improvement. With this group we are in the process of discovering the most effective ways to work with and involve stakeholders in system change.

**Systemic Factor 4: Staff Training**

CFSR1: 2003- Not in Substantial Conformity CFSR2: 2008 – Substantial Conformity

See item (10) Staff Development and Training Plan in this document and Appendix D to this document for the Title IV-E Training Matrix.

**Systemic Factor 5: Service Array**

CFSR1: 2003 – Not in Substantial Conformity CFSR2: 2008 – Substantial Conformity

We have a broad range of services available considering our size and economy. One data element we have is from our Case Record Review; that is Item 17 – Assessment of Needs and Services of children, parents and foster parents. For the past 3 years we have exceeded our goal of 81%. While this item does not assess accessibility or ability to individualize services, it does suggest that we are able to adequately meet the needs of the majority of our client families. We have in the past done “gap analyses” of our communities to determine the adequacy of services to meet the needs of our clients. We have not repeated this assessment since our last CFSR assessment in 2008. Qualitative data from our case reviews indicate that our clients’ needs are served and that we have some flexibility and creativity in making sure that that happens. Some of the services being developed under our Title IV-E waiver hold promise for evidence-based treatments focused on improved parenting capacity and more trauma-informed treatment services rather than “counseling as usual.”

**Strengths:** We are doing well to meet the majority of our client family needs as demonstrated by case record review results. We involve families in group decision making processes that help them address issues around service accessibility and individualization of services. We continue to work to prioritize our clients for substance abuse services and housing.

**Concerns:** Our state is filled with many very small communities where there is only one or no providers. They spend a good deal of time getting to services in nearby larger communities when transportation is not a barrier. Part of the challenge of getting services is inherent in a predominantly rural state. Meeting on a regular basis and getting specific feedback will likely help us look at service gaps which we may be able to help fill. We also need to develop some consistent measures of service array.

**Systemic Factor 6: Responsiveness to the Community**

CFSR1: 2003 - Substantial Conformity CFSR2: 2008 – Substantial Conformity

As seen from our previous rating on this factor and as reviewed under Systemic Factor 3 (Quality Assurance) and Goal 2, the agency makes a concerted effort to engage in consultation with stakeholders, review reports with these entities and coordinate with other federal programs. We have a number of structures to effect 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, other child serving entities such as Behavioral Health, Juvenile Justice, Education, the Infant Toddler Program, judges, prosecutors and CASA/GALs.

**Strengths:** The agency attempts to maintain open channels of communication. In previous CFSR reviews, stakeholders generally feel that the agency is responsive to their input. We also have begun a concerted effort to focus on systemic CQI rather than focusing entirely on case record review.

**Concerns:** One of the challenges is to constantly balance the tendency to allow the feedback of a few unhappy stakeholders to drive system change, rather than taking a broader look at what is working and what is not based on a larger sample.

**Summary:** As noted above in Systemic Factor 3, while we listen to lots of feedback, we are working on developing a systematic way to “trap” both quantitative and qualitative data to feedback into the improvement system. Having more intentional methods in this area will also help us to separate the “noise” of complaining about times past which cannot be impacted and constructive conversation about current issues.

### **Systemic Factor 7: Foster and adoptive Parent Licensing, Recruitment and Retention**

CFSR1: 2003- Substantial Conformity      CFSR2: 2008 – Substantial Conformity

**Available data and information:** Inquiry, licensure, placement distribution, age distribution, race and ethnicity of foster children and foster parents (Attachment D); Licensing Process Map (Attachment E); Resource Parent Annual Survey Report 2014 (Attachment F); Region mapping of removals compared to resource family availability (Attachment G); Statewide Assessment of Resource Parent Recruitment and Retention (Attachment H); and Participant Evaluation of PRIDE training for Shoshone-Paiute Tribes (Attachment I).

In 2013, Idaho completed a statewide resource parent recruitment and retention assessment to further inform our current practices, strengths and challenges. The assessment included feedback from our management, staff and stakeholders. Attached is an overview of the assessment (see Attachment H). It was forwarded to each of our Hub management teams to review, discussions were facilitated and each part of the state is working on the development and implementation of plans based on the feedback of our resource parents.

In addition, an informal assessment of the One Church One Child Program was conducted. On-going quarterly reports are completed specific to the program. Idaho has been able to gather additional data to further inform our recruitment and retention efforts of resource parents (see Attachment D).

Idaho continues to work on the development and implementation of specialized recruitment projects to find families who will foster/adopt children with special needs, minority children, sibling groups, older children and children who are in residential facilities who would benefit from placement in a less restrictive family setting.

Idaho has administrative rules which regulate the licensing of all foster homes and child care institutions. A practice standard for licensing relatives and non-relatives has been in place since 2007 and has been periodically revised as federal and state requirements are amended. It is consistent with national licensing standards. Ongoing staff training on the practice standard continues to occur and is included in the New Worker Academy.

Idaho's Child Care Licensing rules (IDAPA 16.06.02) and the CFS Practice Standard require all resource families to have full licensure prior to the placement of any child in state custody. Standards are equally applied to both relative and non-relative resource families. However, best practice and case-by-case, a relative or non-relative may receive a variance for a licensing standard not related to a safety concern such as completing all 27 hours of PRIDE training prior to licensure. Variances for non-safety issues can allow children to be placed more quickly, reduce the trauma they are exposed to, and in some cases reduce the number of total placements for children.

In 2012, Idaho implemented a review of 100% of licensing files prior to the state's most recent Title IV-E audit. A number of deficiencies were identified and rectified. Each regional supervisor received a list of changes that needed to be made. If the issue was safety related, Title IV-E was immediately suspended. Idaho plans to complete periodic reviews of licensing files in the future on a smaller size sample.

Idaho currently has Criminal History Background Check rules which require anyone providing direct care, serving as foster/adoptive parent, or working on-site in a residential facility or children's agency to have a background check. Idaho's background check related to licensing for foster care and adoption is fingerprint based and includes information obtained from the FBI, National Criminal History System, Idaho Bureau of Criminal Identification and Idaho Driving Records, Idaho Child Abuse Registry, Idaho Adult Protection Registry, Sex Offender Registry, Idaho Nurse Aid Registry and the National Medicare/Medicaid Provider Exclusion List. Monthly contacts with the child, including contact with the child in their current residence, serve as an ongoing assessment of the personal safety of the child and the safety of the residence and the child's care providers.

Appendix A to this document contains Idaho's Foster and Adoptive Parent Diligent Recruitment and Retention Plan. We have recently begun to acquire data specific to the race and ethnicity of our current pool of children in foster care and our licensed resource parents (see Attachment D). Previously we had considered only the resource family head of household to determine racial/ethnic diversity. Looking at all adult providers in the home has given us more accurate information and increased the number of families who are AI/AN. Our statewide materials reflect cultural diversity for specific minority, multiethnic Native American/Alaskan Indian and targeted groups. The material is

accessible on-line and provides access to services to meet the cultural and language needs of the family. Idaho's standardized recruitment packet materials are cultural sensitive and available in both English and Spanish. We continue to work with tribes in Idaho to participate in various community events, opportunities to set up booths, ensure informational meetings are scheduled and facilitated in partnership with our tribes. We also have continued to offer PRIDE trainings to our tribal partners.

Idaho has started to track the areas from which children are removed and placed into state custody as well as the areas in which we have licensed resource parents. This data is being utilized to target specific areas across the state, focusing on recruitment efforts on the specific areas in which we lack the resource parents (see Attachment G). This data can help to sharpen our recruitment efforts. Armed with more data than we have had historically, as part of our planning we need to develop mechanisms to evaluate changes as they are implemented.

Idaho uses a broad array of programs to promote cross-jurisdictional timely adoptive placements for waiting children. Idaho's Wednesday's Child Program maintains a website that provides national exposure to Idaho's waiting children. The website elicits inquiries from families not only in Idaho but across the nation. The Department also utilizes the Northwest Adoption Exchange and the AdoptUSKids national websites to list children who need an identified permanent resource. Idaho continues to also access "Wendy's Wonderful Kids" through the Dave Thomas Foundation for Adoption. Wendy's Wonderful Kids is locally facilitated through Special Needs Adoptive Parents Services (SNAPS).

Examination of placement success data for the Wednesday's Child program revealed characteristics more common in Idaho children waiting for a significantly longer period of time than their peers. For those children, traditional recruitment methods were found to not be successful. The Department contracted with SNAPS for Intensive Child-Specific Recruitment Services beginning in November 2013. Child-specific recruiters complete a Social History/Assessment for Permanency and Recruitment Plan for each youth; coordinate media-based recruitment services, complete file mining, develop the child's connections and explore prior connections. Services are available statewide and the recruiters are co-located with Department social workers in four locations: Coeur d'Alene, Boise, Twin Falls and Pocatello. Referrals to the program were initially slow but have increased in the last several months. In the first year of the program, 28 youth have been referred with five now transitioning into permanent homes.

**Strengths:**

Data is more readily available to address to our recruitment and retention efforts. Idaho had experienced a significant decrease in foster/adoptive inquiry calls in 2013, but inquiries over the past year have steadily increased throughout the state (see Attachment D). Idaho has a streamlined six step licensure process for all resource parents (see Attachment E). In collaboration with our University partners, Idaho has developed the means to access additional data that speaks to our outcomes directly related to steps

within our licensing process from inquiries, to applications, PRIDE participants and graduates (see Attachment D)

Idaho collaborates with our University partner to provide Spanish speaking informational meetings and PRIDE in areas, as needed. PRIDE training was recently provided to the Shoshone-Paiute Tribes at Duck Valley. There were 16 participants. Data was gathered regarding the participants ability to meet the 5 PRIDE competencies (see Attachment I). Idaho's practice continues to identify relatives earlier and assess them as potential placement resources. Relative and fictive-kin placements continue to trend upward as a result of actively searching for relatives in the early stages and throughout a case (see Attachment D)

Child welfare employees have an increased understanding of the training provided to resource parents, PRIDE, and are able to reinforce elements of the training and the transfer of learning for resource parents during monthly home visits. All seasoned child welfare social workers are required to attend train-the-trainer PRIDE curriculum. All new child welfare social workers are required to attend PRIDE along with resource parents as part of New Worker Academy.

**Challenges:**

Idaho continues to face challenges in the recruitment of Native American and Spanish speaking families as well as rural recruitment (see Attachment D and G). Accessing specific data to further inform our recruitment and retention efforts is a challenge due to some of the reporting limitations of our SACWIS system. Idaho has experienced a steady decline in licensed foster parents since 2010. There has been a 20% deduction in the number of licensed foster homes. Per our data, approximately half of Idaho's licensed foster homes are relatives or fictive kin who are licensed for specific children. Once these children leave foster care, their caretakers do not continue being foster homes for unrelated children. However, when analyzing the data there are also concerns about the percentage of licensed resource families that do not have current placements.

There has been an increase in the number of expedited placements with relatives and fictive kin. Meeting the licensing standards takes time and adds to the challenges of recruiting and retaining the number of general resource families available for placements. We have attempted various ways to promote partnership between workers and resource families. It is still largely dependent on the specific worker how responsive the worker is to the resource family. For many resource families who don't have worker and agency support, they endure the lack of information and responsiveness from the agency because they are devoted to the foster children in their home.

Lastly the One Church One Child program primarily functions through an AmeriCorps grant, relying heavily on VISTAs to staff and maintain the program. The program faces several barriers: lack of infrastructure, community perceptions, and community awareness.

### **(3) PLAN FOR IMPROVEMENT**

Idaho has made significant progress in the delivery of child welfare services since PIP-1 in 2003. PIP-2 gave her an opportunity to dig deeper and make more improvements both in processes, outcomes and in the culture of our agency. With the exception of Placement Stability and some intermittent difficulty with Timely Reunification/Re-entry, we have exceeded the in all of the outcome indicators and met our goals on most of the CFSR-2 items. We have some amount of everything that is required, however, some services in some areas are spread very thin. Having enough workers and enough services to be uniformly available throughout the state is largely a fiscal issue. With the implementation of our title IV-E waiver, flexible funds will enable us to develop trauma-informed resources to meet the needs of our children and family that largely do not exist at the present time.

The goals in this 5 year plan are focused on helping us taking the next big step. That step involves increasing both the quantity, but more importantly the quality of our work. The quality of our safety assessment and planning has to been improved so that we can focus on parents' ability to keep their children safe. The quality of our engagement with families, colleagues, partners, resource families, Idaho tribes all need to be taken to the next level where stakeholder participation is meaningful, ongoing and informs system change. Thirdly, we need to better address the needs of our children and families through evidence-based treatments targeted at trauma. Lastly, our older youth require a renewed commitment to their success as they transition into adulthood.

We believe that these four core areas are central to our ongoing success and will help us to reach some of the "higher hanging fruit" that has been a challenge to our agency.

#### **GOAL 1: Children will only be placed in foster care when they are unsafe and a sufficient safety plan cannot be managed in the home.**

Through examination of quantitative and qualitative data obtained from case record reviews, interviews with families, and feedback collected from stakeholders it became apparent that the most important factor in a case was the initial safety assessment and whether or not the assessment clearly identified the safety issues for the children. When the safety issues were not clearly defined, it resulted in an increase in time to reunification, an increase in re-entries, and a significant number of children being adopted within 24 months. We found that workers and law enforcement were placing children in foster care for risk related issues as opposed to safety threats. Often "impossible to complete case plans" were developed with parents focusing on risk or quality of life issues unrelated to the safety of the children. Parents, who were unable to change their life circumstances enough to have their children returned to them, ran up against AFSA and statutory timelines; therefore terminations would occur by virtue of parents' inability to comply with case plan tasks unrelated to establishing a safe home for their children.

This data supported the fact that in many areas of our state our workers have not been consistently applying the safety model which was implemented four to five years ago. This has forced us to look critically at our safety model. Over the last 2 years we have worked with the National Resource Center on Child Protection to enhance our safety practice in Idaho and ensure workers are conducting comprehensive safety assessments. This has and continues to be a huge undertaking in terms of critical thinking and training to our staff, all of our partner agencies and the courts. Workers are challenged to be able to articulate the family conditions which are keeping the child safe or are contributing to the safety threats to the child. Case plans will be tied directly to the identified safety threats in order to focus families on precisely what needs to change in order to maintain the child's safety in the home without CFS intervention. Ultimately, children should only be placed in foster care when there are no other safe options and children placed in foster care should return to their homes as soon as a sufficient safety plan can be maintained in the home.

To ensure the enhanced safety practice model is fully implemented throughout the state, we will continue to provide training to staff and to key community partners. We will implement a statewide consultation and staffing process which follows and further reinforces the enhanced safety model. We will work with our current contractors and develop new contracts for in-home safety related services that will be adequately intensive to both prevent children from entering in to foster care and make it possible for children in foster care to return home sooner.

### **Data Outcome Goals**

- Increase in Exits to Reunification within 12 months to federal outcome standard by 2015;
- Plateau of Adoptions in less than 24 months beginning in 2015;
- Increase Risk and Safety Management, OSRI case record review to 92% by 2015.
- Decrease and maintain re-entries below the federal outcome standard by 2016.

**Objective 1** – By 2016, CFS will consistently conduct comprehensive safety assessment with fidelity to the enhanced safety practice model.

**Measure:** A comprehensive safety assessment with fidelity to the model is in evidence in 90% of cases as measured during the Case Record Review.

**Intervention 1:** During 2015, continue training workers on enhanced safety practice model.

**Intervention 2:** By end of 2015, implement new safety assessment tool in iCARE.

**Intervention 3:** By end of 2016, develop and implement a statewide consultation and staffing format to support supervisors on the new enhanced safety practice.

**Objective 2** – By 2016, there will be an increase in safety service resources to support in-home safety plans.

**Measure:** Safety service resources will increase in each hub over established baseline (to be determined).

**Intervention 1:** Research and create contract based resources for safety-related in-home services to support in-home safety plans will begin in 2016.

**Objective 3** – By 2017, case plans are directly related to safety issues and focused on enhancing parenting capacities.

**Measure:** During case record reviews, the needs identified in the comprehensive safety assessment and the Child and Adolescent Needs and Strengths Assessment (CANS) are matched to the services identified in the case plan in 90% of cases.

**Intervention 1:** By 2017, assure that case planning training is modified per the safety practice model and the CANS.

**GOAL 2: The agency will have a functional, sustainable and inclusive feedback loop for our Continuous Quality Improvement system that values stakeholder and family engagement.**

Stakeholder feedback and information from case record reviews continue to identify that Department staff, from workers to administration, have a number of engagement issues. These stakeholders include parents, youth, resource parents, staff, and colleagues. First, stakeholders, both internal and external, report they often feel their voices are not being heard. Second, they feel when they are asked for feedback the information they provide goes nowhere. Lastly, they feel they are not involved in decision making. These concerns are directly related to our Family Centered Practice principles and we clearly need improvement in this area.

In assessment of our Continuous Quality Improvement program, it has become clear we have focused on case record review to the detriment of some other critical aspects of CQI. The primary weakness of our system is failure to adequately collect stakeholder feedback and funnel those concerns and ideas into to system in order for it to inform needed improvements. We have also dispersed the responsibility for CQI throughout our agency which gives “buy-in” but makes the day to day organization, training and culture developing responsibilities difficult to manage without more of a focus at the central and hub level.

**Data Outcomes Goals:**

- Sustained improvement at or above 90% on the goal for Family Involvement in Case Planning from the results of the Case Record Review.

**Objective 1: By end of 2015, an** assessment will be completed of all our stakeholders and their relationships. Regular communication channels will be assessed. A structure for comprehensive communication will be proposed.

**Measure:** Stakeholder feedback component of CQI program is established and meets the needs of the Department and the stakeholders as assessed by feedback.

**Intervention 1:** By 2015, develop standard procedure for collecting feedback, summarizing feedback, documenting feedback and posting feedback. This needs to be done in a timely progression so that ideas from any level in the system can make their way into forums where policy, practice, rule and operational changes are considered and formalized. Use of the internet to communicate information will be prioritized.

**Objective 2:** By 2016, a standard for stakeholder engagement and feedback will be formalized and implemented. Stakeholders will be periodically asked to provide self-report feedback on amount and quality of engagement they experience.

**Measure:** Presence of standard. Assessment of qualitative feedback from stakeholders that they are satisfied with level of involvement, communication and feedback.

### **GOAL 3: Idaho will have a child welfare system that is trauma-informed.**

Idaho has recently received a Title IV-E waiver. Waiver services are primarily targeted at children, youth and their families and include Family Group Decision Making, trauma assessment and treatment and evidence-based parenting program such as the Nurturing Program and Parent-Child Interaction Therapy. Our Title IV-E Waiver implementation plan has very specific goals, objectives, tasks and timeframes outlined.

We have access to generic counseling services for children in foster care, but not the types of trauma-informed assessment and services that are needed. Without access to these specialized services, many workers, resource parents and parents have developed an over-reliance on psychotropic medications to reduce problem behaviors rather than less intrusive interpersonal management of symptoms. A significant number of Idaho foster youth are prescribed at least one psychotropic medication.

In general, we do not have a thorough understanding of the needs of the children in foster care. Treatment services are general and are provided to both children and their families. In order to get relevant services to meet the needs of children and family we need to work more closely with the Medicaid and Behavioral Health divisions within our agency. Children in foster care whose permanent plan is adoption need to be prepared to be adopted in order to be successful. Their parents also need to be prepared to adopt a child and address their needs in a trauma informed manner. At the current time we have limited post-adoptive services in communities, especially for adoptions from foster care. Rather than waiting to treat children after they are adopted, we need to understand and address the needs of those children prior to adoption. We need to identify effective services, train providers and others to provide them and examine reimbursement strategies for those needed services and make them accessible.

These types of trauma informed assessment and services will help us to better meet the needs of children and youth who are currently in residential care. We are determined to reduce the use of residential care for foster youth.

Workers and supervisors also report needs related to secondary trauma in the workforce.

**Objective 1 – By 2018, the state will have the internal and external capacity for trauma informed assessment and case planning**

**Measure:** Social workers are able to complete the CANS, using it and the safety assessment to inform case planning; increase in level/number of trauma-informed treatment services; increase placement stability; reduction in re-entry; increase timely reunification; decreased utilization of congregate care; increases in youth aging out of foster care with a permanent placement or plan.

**Intervention 1:** By 2016, implement CANS assessment tool.

**Intervention 2:** In 2015, continue training workers, families and resource families about the impacts of trauma across the lifespan.

**Intervention 3:** By 2017, develop community capacity of trauma-informed treatment services.

**Intervention 4:** By 2016, develop method to help assess physical and emotional safety and well-being of resource families to improve stability and inform placement moves.

**Objective 2 – Beginning in 2016, reduce reliance on psychotropic medication to manage dysregulated behavior of foster children**

**Measure:** Beginning in 2015, fewer children will be prescribed fewer psychotropic medication and other trauma related services will increase.

**Intervention:** Continue plan for monitoring the use of psychotropic medications with foster youth.

**Objective 3 – Beginning in 2015, reduce secondary trauma**

**Measure:** Staff self-report of secondary trauma symptoms will be reduced.

**Intervention 1:** By 2015, supervisors will receive training for supporting staff who experience secondary trauma.

**Intervention 2:** By 2015, develop program guidance for supporting staff through critical incidents.

**Intervention 3:** By 2015, develop in-service training for staff and supervisors regarding secondary trauma.

**GOAL 4: Older youth in foster care will have the independent living skills to successfully transition from adolescence to adulthood.**

Older youth must be provided with a seamless process of service planning and decision making that addresses both the youth's permanency needs and independent living skills development in preparation for transition to adulthood.

Through relationships with family, friends, and community, staff must ensure that youth will have the resources necessary to succeed in all areas or “domains” of their lives. These domains include: identity formation, community connections and supportive relationships, physical and mental health, life skills, education, employment, and housing.

The objectives below represent five key areas that encompass the above listed domains. These five areas serve as areas of focus for the improvement of service delivery to older youth. These five key areas were determined via a statewide review of all older youth cases and represent the areas that need improvement. In addition to the five key areas, an additional objective will be to increase efforts to engage and partner with our tribal communities for a joint effort in delivering Independent Living services to IL eligible tribal youth. These areas will be reviewed on a bi-annual basis to evaluate progress on reaching set goals.

**Objective 1: By 2016, 65% of youth 15 years and older in the custody of IDHW will have completed a life skills assessment (or CANS) and an Independent Living Plan within 90 days of IL eligibility. The assessment will be completed every year thereafter.**

**Measure:** Biannual evaluation through the IL case record review.

**Intervention 1:** In 2015, prepare how to guides and conduct annual training of agency staff and tribal social service staff.

**Objective 2: By 2016, implement the National Youth in Transition Database requirements.**

**Measure:** Data inquiries every 6 months to make sure data is entered timely and accurately.

**Intervention 1:** Prepare how to guide and conduct annual training with agency staff and tribal social services staff.

**Objective 3: By 2016, 43% of youth who emancipate from foster care will have access to import information and records that will be necessary for living independently.**

**Measure:** Biannual evaluation through the IL case record review

**Intervention 1:** In 2015, develop strategy for making certain that Health and Education Passports are prepared and disseminated.

**Objective 4: By 2016, 52% of foster youth over 17 years of age will have an individualized IL Transition Plan.**

**Measure:** Biannual evaluation through the IL case record review.

**Intervention 1:** In 2015, prepare how to guide and conduct annual training with agency staff and tribal social services on Engaging Youth in Transition Planning.

**Objective 5: By 2016, ensure that tribal youth have equal access to IL services.**

**Measure:** Annual reports from tribes that their youth are receiving IL services.

**Intervention 1:** In 2015, make sure that each tribe has information on the process for tribal youth to apply for IL services.

**Intervention 2:** In 2015, meet with tribal staff and youth to determine how best to serve tribal youth through the IL program.

## **(4) SERVICES**

### **Child and Family Services Continuum**

Described above

### **Service Coordination**

The Department of Health and Welfare is a broad umbrella which contains many of the programs directly benefiting children and families in Idaho. We are also a relatively small agency both centrally and in the field offices. Planning, case staffings, multidisciplinary teams, and trainings regularly bring those providers together. We also have an Early Education Coordinating Council house in IDHW and we also attend coordinating meetings with the state's Special Education Advisory Council. We also have close working relationships in the field offices with probation and Juvenile Justice. CFS also regularly staffs cases and does training with the Refugee Program in Idaho. Some of this coordination is formal with assigned individuals attending to represent Child and Family Services. Other times it is more informal and can occur because many of our youth and family serving programs are co-located.

### **Service Description (PSSF) Information**

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

#### **Family Preservation**

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

### **Family Support**

- Counseling services: also including intensive family based counseling, Functional Family Therapy, and case management
- Parenting classes
- Daycare expenses
- Foster Parent Support/Relative Caregiver Support
- Respite
- Health and Safety (RN Services)
- Contract for Functional Family Therapy
- Visitation/Parent Coaching
- Transportation

### **Reunification**

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

### **Adoption**

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

Additional information on Service Description is contained in Systemic Factor 5, Service Array.

### **Service Decision-Making process for Family Support Services**

Since Idaho uses PSSF funds to provide many of these services, PSSF funds are allotted to each of the three hubs in the state. The hub Administrator identifies services needed in the categories of Family Preservation, Family Support, Time-Limited Family

Reunification, and Adoption Promotion. hub Administrators have been provided with the definitions of each of the four PSSF categories and are aware that a minimum of 20% of the PSSF funding should be spent in each of the categories. After hub-based service providers are selected through a competitive bidding process, a contract is signed. The money allotted in the contracts does not exceed the PSSF funds allotted to the service. Budget reviews are held quarterly to monitor the process and use of the PSSF funds.

## **Populations at Greatest Risk of Maltreatment**

### Parent Visitation Grant

The Department is implementing an evidence-based home visiting program that matches parents with trained professionals during or after pregnancy and throughout the child's first years. The Idaho home visiting program is being implemented in Kootenai, Shoshone, Jerome, and Twin Falls Counties. These counties were chosen based on a needs assessment of vulnerable populations. Infants and toddlers identified at greatest risk of maltreatment are prioritized for the program.

### Community Resources for Families Program

The Community Resources for Families (CRFF) program is a school-based partnership program between the Idaho Department of Health and Welfare and independent school districts throughout the State of Idaho. There are currently 24 Community Resource Worker positions throughout the state. The Community Resource Workers work in the schools with principals, counselors, and teachers to first identify and then support vulnerable children and families who are at risk of maltreatment. These social workers continue to have access to \$300,000 in Emergency Assistance funds they can utilize for prevention services for at risk families in their schools.

### Resource and Service Navigation

The Navigation program works with individual families and communities to establish stability, avoid crises, and prevent child abuse and neglect. Navigators work in each region of the state to:

- Identify and develop resources and services that help individuals and families meet their basic needs and reach attainable goals;
- Develop personalized service plans with individuals and families that outlines specific goals and action steps;
- Organize and actively case manage service plans; and
- Work with communities to develop or assist in the stabilization of assets and resources.

## **Services for Children Under the Age of Five**

### **Assessment and Developmentally Appropriate Services for Children Under Age 5**

There are several avenues by which a young child's needs for services are identified and provided:

- Each child (aged 0-3) whose caretaker receives a substantiated disposition of a CA/N report is referred to the local Infant Toddler Program for a developmental assessment. Knowing that there is a high frequency of delays for very young children who are victims of child abuse and/or neglect, the ITP is very aware of the needs that these children have. ITP is located in the same division (FACS) as Child and Family Services. This co-location, both administratively and physically facilitates referrals and service coordination. These referrals on substantiated cases are mandatory for all children 0-3 whether the case is opened for in-home services or the child is removed from their home. The practice standard was updated in April 2014. Training was also developed which will be co-trained by local Infant Toddler and Child and Family Services staff.
- ITP under IDEA Part H is a voluntary service for children and their parents. When the child is under state protective custody, every effort is made to involve the parent(s) in services and for them to consent to services. In the absence of parental consent, the court may order ITP services for the child. For children without any parents, a surrogate may be considered.
- Every child who comes into foster care becomes eligible for Medicaid and must receive a physical exam within the first 30 days according to administrative rule. Every child in the Department's custody is required to be seen for regular child well-being checks according to the EPSDT schedule and immunizations.
- Priority Response Guidelines are in effect for all reports of child abuse or neglect. All allegations of physical abuse of a child through age 6 are considered as a priority one (immediate response) unless there is reason to believe that the child is not in immediate danger.
- There are no specific resource parent/0-5 ratios, however, the limit on the number of children that a home may be licensed for is 6, including the family's own biological children.
- **A concurrent plan** is developed for all children who come into the custody of the Department. Many infants are adopted by the family (both relatives and non-relatives) with whom they are placed at the time of removal. For infants and toddlers efforts are made to have frequent visitation (several times a week if not every day) in the resource family's home. This gives an opportunity for the resource family to develop a relationship with the child's parent(s) as well as an opportunity for teaching, coaching, feedback and evaluation of parenting behaviors and skills. The use of a concurrent planning form helps workers and supervisors to track and assure timely completion of concurrent planning tasks.
- 27 day reviews are being held in a number of field offices. It is a point in time early in the case to monitor concurrent planning with the child.

- Young children in foster care are often referred to Infant Toddler (0-3), Headstart (3-4); Pre-K (4-6) programs; and Developmental Preschool (3-5).

**Training and Supervision of Caseworker and Foster Parents to Work With Children Under the Age of 5**

Trainings provided to workers include: Impact of Child Abuse on Child Development; Attachment; Importance of Visitation in the Early Years; Early Years Conference which focuses on children 0-3; and the annual foster care conference will feature topics related to 0-5. There are no “specialized” caseloads. Efforts are made to carefully design and monitor visitation for this age child.

**Children Under the Age of 5 Currently in Foster Care**

Children Under Age 5	FY 2011	FY 2012	FY 2013 (proj.)	FY 2014 (proj.)
In Foster Care as of 9/30	522	550	638	686
% of total	(39%)	(43%)	(48%)	
Entering Foster Care	527	479	543	533

In SFY 2013, 24% of children in foster care were 0-3 and 27% were 4-7, for a total of 51% of children under 8.

The top two Contributing Conditions to Removal for Children Entering Care SFY 2013 were Parent Drug Abuse 35% and Caretaker’s Inability to Cope 23%.

**Strategies for Improvement**

- Conduct an assessment regarding timely permanency on Idaho foster children 0-5 beginning with sharing the available data statewide with supervisors and chiefs of social work.
- Look at the barriers to timely permanency for children 0-5 at one year and at two years in foster care.
- Based on results of assessment, pinpoint strategies for improvement.
- Based on what we learn, deliver statewide training on more timely permanency decision-making for children under the age of 5.
- Under the Title IV-E Waiver our CANS assessment will have a section specific to children 5 years old and under to gather information about development (including prenatal) and substance exposure (before and after birth). The Idaho CANS will also have expanded parental substance abuse and trauma domains. Interventions will be developed as we “drill down” into these issues.

### **Services for Children Adopted from other Countries**

Post-adoption services for families and children adopted from other countries include referral to community services. Adoption social workers making these referrals are familiar with adoption-competent services providers in their communities. Children from other countries who enter our foster care system due to a disrupted adoption or as a result of abuse or neglect, are provided with the full range of services as we do for any other child entering foster care.

## **(5) CONSULTATION, COLLABORATION, COORDINATION AND COMMUNICATION BETWEEN STATES AND TRIBES**

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

Child and Family Services (CFS) and tribal program staff have become increasingly active and successful in on-going collaborative efforts to access, coordinate and enhance services for Indian people and reservation service areas in Idaho. Much of this work is accomplished at a local "worker to worker" and "office to office" level rather than at a more formal "government to government" level. This type of communication, coordination and collaboration is most often related to day to day case management issues on cases where jurisdiction is shared or where the state has custody and the tribe has intervened.

At the "government to government" level, formal consultation agreements were signed in 2013 between the Nez Perce Tribe and the Department and between the Coeur d'Alene Tribe and the Department. Other formal consultation agreements are being sought with the remaining tribes. These agreements are specific regarding the objectives of consultation as well as tribal notification regarding policy, rule or formal process development. The agreements also recognize the need for communication at the operational level, between tribal and department leadership and staff, and the upper management level between Department Executive Leadership and the Tribal Council.

The quarterly meeting of the Indian Child Welfare Advisory Committee is designated, by the agreements, as a forum for ongoing tribal technical support and review. The role of Department executive leadership and tribal leadership in either attending meetings or reviewing minutes is described.

The Indian Child Welfare Advisory Committee (ICWAC) continues to be the most long-lasting collaborative effort between Department 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. 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).

The current meeting schedule is quarterly for two days. The location of the meeting rotates throughout the state. Day One is a meeting of tribal representatives. At the invitation of the group, the Department's Program Specialist for ICWA may be included. On the second day, the same group meets with representatives from IDHW, CFS hub managers and staff, the Department's Tribal Relations Manager, Department of Juvenile Corrections, and the Idaho Supreme Court.

This group is 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.

Idaho has been successful at completing ICWA specific case record reviews approximately once every 2-3 years. ICWA issues are also addressed when ICWA cases are selected for the ongoing general case record review. An important component of tribal consultation is addressing the following topics: notification of proceedings; placement preferences; active efforts to prevent removal; and tribal rights to intervene in state proceedings. CFS practice requirements are clear regarding each of these areas of ICWA implementation, but CFS needs to look for opportunities to review, with tribes, its data related to these items as well as receive tribal feedback on the state's implementation of these ICWA provisions.

To date, there have been no formal discussions between the state and tribes regarding who is responsible for providing the child welfare services and protections for tribal children, whether or not under tribal jurisdiction. The state's responsibility for "422" protections has been discussed when tribal members have participated in the Child Welfare Academy and at ICWAC when there have been discussions of what is required for title IV-E reimbursement.

Regard to obtaining credit reports for tribal children ages 16 and older in foster care, it is routine practice for CFS to obtain this information for all youth in foster care age 16 and

older including tribal youth in state custody. When tribal members attend IL training offered by the state, part of the curriculum is information about the need for credit reports and the reasoning behind that. This is a routine item for discussion with tribal social services when discussing IL, but it is up to the tribe to approach the state with any need for assistance in this area.

The Shoshone-Bannock Tribes are in the late stages of implementing a Title IV-E foster care program to directly access Title IV-E funds from the federal Department of Health and Human Services. The Nez Perce Tribe has approached the Department regarding the negotiation of a Title IV-E agreement with the state. The Nez Perce Tribe has worked diligently over the last decade to develop a Tribal Children's Code, a foster care system and court processes aligned with the requirements of Title IV-E. They have also had many years of ongoing participation on the Court Improvement Program and are very aware of the issues at the interface of Idaho's Child Welfare system, State Courts and Indian Tribes.

As described above under Collaboration; early in 2014, each tribal chairman was written a letter inviting them and/or one of their social service staff to attend the stakeholder meeting for the CFSP and IV-E Waiver planning. Four tribes responded by sending the following representatives:

Amethyst Aitken, Tribal Social Services, Kootenai Tribe of Idaho;  
Nancy Egan, Tribal Administrator, Shoshone-Paiute Tribes;  
Jackie McArthur, Tribal Social Services Director, Nez Perce Tribe; and  
Sharon Randle, Tribal Social Services, Coeur d'Alene Tribe.

The group's feedback was positive. They had an opportunity to talk about barriers faced by the tribes, but also had the opportunity to learn about non-Indian children in foster care throughout the state and give feedback regarding increasing the cultural responsiveness of services. Two of these tribes, the Nez Perce and the Coeur d'Alene also receive Title IV-B funds so are familiar with the goals and requirements of the plan. These two tribes also stated that they plan to bring their CFSP's to the next ICWAC meeting to share them. As the foundation to an ongoing process, representatives acknowledged feeling welcomed and heard.

**Goals for 2015-2019 include:**

**(1) Enhance training on the ICWA and related topics.**

- (a) Work with the tribes and regional ICWA liaisons to update the ICWA training.
- (b) Continue to train and meet with the seven region-based ICWA liaisons to enhance their role in ICWA compliance and training of regional staff.
- (c) Continue to hold an annual ICWA conference.
- (d) Continue to provide stakeholder trainings on ICWA and Knowing Who You Are.

**(2) Involve tribal staff in case record reviews.**

(a) Utilize the new NCJFCJ Instrument for formal case reviews of Indian cases which will include tribal members on the review team.

**(3) Develop local protocols**

(a) Work with NCR4 Tribes and/or Casey Family Programs to develop formal protocols and processes for joint case planning for children identified as ICWA children brought into care from tribes located within the boundaries of Idaho.

(b) Work with NCR4 Tribes and/or Casey Family Programs to develop processes and procedures for coordination for crisis response, child protection safety assessments, and foster home placement and court appearances.

**(4) Recruitment of tribal foster homes**

(a) Work with NCR4 Tribes and/or Casey Family Programs to develop a formal recruitment plan for increased tribal foster homes.

**(5) Planning**

(a) Hold quarterly conference calls with the tribes and ICWA liaisons to identify areas in need of improvement.

(b) Work with NCR4 Tribes and/or Casey Family Programs to hold a planning meeting with the tribes to develop action plans and collaborative goals for improved tribal/state relations and ICWA compliance for the coming five years.

**(6) CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

**A.) Agency Administering CFCIP (section 477(b)(2) of the Act)**

The Idaho Department of Health and Welfare (IDHW), Division of Family and Community Services, Child and Family Services Program is responsible for the administration and oversight of the programs carried out under the Chafee Foster Care Independence Program State Plan. The independent living activities and services planned throughout Federal Fiscal Years 2015 – 2019 will continue the agency’s commitment to provide individualized assistance to youth as they transition from foster care toward self-sufficiency.

**B.) Serving Youth across the State**

Program development and planning is accomplished at the central office level and program implementation is the responsibility of each of the Department’s seven regions/three hubs. This allows for program modification to address the unique needs and issues of specific communities.

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

responsible regarding placement and care, and who satisfies the State of Idaho's criteria for IL eligibility, may be served through the program. In keeping with the CFCIP, Indian youth for whom a tribe is responsible for placement and care and who satisfy the eligibility criteria may be served. Youth who are dually committed through an expansion of the Juvenile Justice act and are not in a detention facility or hospital setting may be served if they meet the eligibility criteria.

Idaho divides the state into three (3) hubs that consist of seven (7) regional areas. Each region is allocated a budget to address IL needs based on the population of IL eligible youth they serve. The North Hub consists of regions one (1) and two (2). This Hub serves 138 eligible youth of which 91 youth receive direct IL funding for services. The West Hub consists of regions three (3) and four (4). This Hub serves 178 eligible youth of which 102 youth receive direct IL funding for services. The East Hub consists of regions five (5), six (6) and seven (7). This Hub serves 125 eligible youth of which 58 youth receive direct IL funding for services.

### **C.) Serving Youth of Various Ages and States of Achieving Independence**

**Youth Under 16 years of age:** Idaho provides independent living services to eligible youth beginning at 15 years of age when a youth has been determined likely to remain in foster care until their 18<sup>th</sup> birthday. In making this determination, Idaho has established a standard of ninety (90) cumulative days of foster care placement after the 15<sup>th</sup> birthday as the criteria which indicates that youth are likely to remain in foster care until they reach 18. By initiating independent living services for youth younger than 16, more time is available to provide services and prepare youth for successful transition to independent living. Services to youth in this age range will include all the services noted in the plan, except for room and board, that will accomplish the purpose of the CFCIP. This includes attending to the service areas of basic life skills, education, employment, and personal support. Services to youth of this age under Idaho's plan will be provided by state agency staff, tribal social service programs, and community partners or contractors.

**Youth 15-18 years of age:** For youth between the ages of 15 and 18 who are residing in foster care placements, services will be initiated with a formal assessment of their readiness for self-sufficiency. Subsequent to the assessment an independent living plan will be developed to support eligible youth in acquiring the knowledge, skills, and resources necessary to make a successful transition to adulthood. These services will be provided by foster parents, parents, child welfare professionals, tribal social service programs, or private and public partners. Youth will be instrumental in the planning and implementation of their independent living service plans to assure they take responsibility for their success. This age group will have the entire range of services noted earlier in the plan available to them except that no room and board payments may be made on their behalf.

**Youth 18-21 years of age:** For youth ages 18 through 20, Idaho will provide independent living services for eligible youth, including Indian youth, who have left foster care placement upon reaching the age of 18, but have not yet reached 21. Youth in this age range may receive all appropriate independent living services, including room

and board funds. These services to older youth may be delivered by a wide range of service providers such as state agency staff, tribal social service programs, and partners such as the Casey Family Programs. This group of older youth will also participate in an assessment and planning process similar to that of younger foster youth.

#### Room and Board

Room and board funds will be provided for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. No more than 30 percent of the allotment of CFCIP funds will be used for room and board.

For the State of Idaho Independent Living Program, room and board is defined as those expenses which assist eligible youth, including Indian youth, to secure adequate housing and other necessary household items which promote the goal of self-sufficiency. Independent living room and board funds may be used for, but are not limited to, the following:

- Rent payments;
- Security, cleaning and similar deposits;
- Costs related to household utilities;
- Foodstuffs;
- Other household goods and supplies that are essential for a youth's health, safety, or well-being; and
- Housing related expenses essential to attend an institution of higher learning, vocational programs or comparable educational setting.

#### Medicaid Coverage

Beginning January 1, 2014, Idaho extended Medicaid coverage to youth who aged out of foster care until their 26<sup>th</sup> birthday using the state's Children's Health Insurance Program. At this time Idaho has chosen to only extend coverage to youth who have emancipated from Idaho's foster care system.

#### Trust Accounts

The agency's Resource Development Unit monitors/manages funds for children in foster care who receive either Social Security benefits (SSI/SSA/ OASDI), child support dollars from obligated parents and/or insurance or court settlements. These funds are used to offset that child's cost of foster care. Any monies left over after the child leaves care and all outstanding expenses are paid is returned. No other trust accounts are used for the purpose of independent living.

#### **D.) Collaboration with Other Private and Public Agencies**

Idaho will continue to consult and collaborate with public and private entities in helping adolescents in foster care achieve self-sufficient independence. On a state level, this includes university partners, the Idaho State Board of Education, the Department of Education, Casey Family Programs, the Idaho Court Improvement Project, law enforcement, all federally recognized Tribes in Idaho, legislators, professional child welfare workers, regional and central office child welfare program managers, health care

providers, legal services, foster youth and foster youth alumni, housing providers, substance abuse treatment providers, judges, juvenile justice, Idaho's children's mental health program, and public education providers.

On a local level, assessment, planning and intervention strategies are coordinated with eligible youth, community partners, parents and family members, foster parents, training staff, case managers, and persons requested by youth to participate in assessment, plan development and services. Idaho integrates independent living services with existing community programs to assure the most effective system of service delivery. Independent living skills training is provided to youth by state staff and private agencies to assure that youth are prepared for independent living.

Beginning January 1, 2014, Idaho extended Medicaid coverage to youth who aged out of foster care until their 26<sup>th</sup> birthday using the state's Children's Health Insurance Program. At this time Idaho has chosen to only extend coverage to youth who have emancipated from Idaho's foster care system.

The information listed below was given to staff, former foster youth, current foster youth, community agencies, and local benefits offices across the state via email and social media.

### ***Former Foster Care Youth: Health Care Coverage to age 26***

#### ***How Does the Affordable Care Act Help Former Foster Youth?***

*The Affordable Care Act (ACA) includes a provision that allows young people who "aged out" of foster care (turned 18 while in foster care) access to affordable health care coverage through Medicaid up to age 26. This provision becomes effective January 1, 2014.*

#### ***How to Qualify?***

*Effective January 1, 2014, Medicaid will be available, regardless of income, to former foster youth who were in foster care and receiving Medicaid at age 18 and who have not yet reached the age of 26.*

*If you are a youth who aged out of foster care in Idaho and move to another state, you must check with the other state to see if you can obtain coverage in that state.*

*Unfortunately, youth from states other than Idaho will not be able to obtain coverage in Idaho.*

#### ***How to Apply?***

*Please call to verify eligibility; someone will help you with the next steps in applying if you qualify.*

*Falen LeBlanc*

*Phone: 208-334-4932*

*Email: leblancf@dhw.idaho.gov*

### ***What Information Should You Have Ready Before You Call?***

- *Name*
- *Birthdate*
- *Social Security Number*
- *Current Address and Phone Number*
- *Email*
- *Medical Card (if you have one)*

### **Resources for more information:**

<http://childwelfaresparc.org/wp-content/uploads/2013/09/Medicaid-to-26-for-Youth-in-Foster-Care.pdf>

<http://www.childrenspartnership.org/publications/health-reform-e-update/621-aca-enrollment-a-foster-youth>

<http://www.ylc.org/our-work/action-litigation/aging-outtransition/medi-cal-for-former-foster-youth/>

<http://www.cssp.org/policy/2013/The-Affordable-Care-Act-and-Implications-for-Youth-Aging-Out-of-Foster-Care.pdf>

The Idaho Foster Youth Advisory Board has recently taken on a project to address youth who run (away) from foster care. Their hope is to reduce the number of youth who run from foster care and create a protocol for reaching out to those on the run to ensure their safety. IFYAB recognizes that youth who run from care are often times the same youth who end up in human trafficking situations. IFYAB hopes to create a program that addresses this issue for Idaho's foster youth.

In addition, local agencies that address these issues in Idaho will be used for research and training to better educate IFYAB on these issues.

**Foster Youth Involvement:** Regional foster youth advisory boards exist in five 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. 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. 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.

IDHW supports the new state chapter of Foster Care Alumni Association, approved in December 2008, by the national association. Officers have been elected and the director is an alumnus of foster care in Idaho. Current members live in different areas of Idaho and new members are being recruited statewide. For more information on FCAA, see the national web site at <http://www.fostercarealumni.org/> In support of youth and alumni

participation in FCAA, Idaho has determined that Idaho Independent Living funds may be used for annual dues for eligible youth.

Another foster youth program unique to Idaho is the Idaho Resources, Opportunities, Communities, and Knowledge (IROCK). The mission of IROCK for Young Adults is to “prepare and support young people on their journey to independence.” This is a coordinated effort among staff from private and public agencies including the Department of Labor, independent living training providers, private employment and residential providers, school personnel, IDHW, the Casey Family Program and case management staff and agencies. The web site for IROCK is <http://irock4ya.ning.com/> IROCK is located currently in the two largest regions in the state. Idaho is facilitating the expansion of similar IROCK collaborations in all parts of the state and conveying their recommendations to the state Independent Living Program on an ongoing basis.

**Casey Family Programs:** The Department’s partnership with the Casey Family Programs continues to flourish. Casey Family Programs, Boise Field Office, has three full time staff assigned to provide transitional services to youth. In turn, the commitment of Casey staff is used as in-kind match towards Idaho’s CFCIP funding allocation. Casey also continues to be a significant contributor and support to the Foster Youth/Alumni in Idaho advisory group, the Idaho chapter of Foster Care Alumni Association, and IROCK.

**State Board of Education:** IDHW continues to partner with the Idaho State Board of Education regarding Idaho’s ETV Program with an intended goal of assisting youth in making the best educational choices when they apply for ETV Program funds. Information is distributed to regional independent living and tribal social service staff through the state’s Independent Living Coordinator about all of Idaho’s institutions of higher education and entrance requirements.

**Idaho Department of Education:** The state Independent Living Coordinator will participate on the Idaho Department of Education’s Secondary Transition Council and will share information about secondary transition with regional staff as well as Casey Family Programs and tribal staff. Locally, state and tribal social services staff, in addition to private agencies providing independent living services, will collaborate with each youth’s school program to coordinate plans for transition and education.

**Citizen Review Panels:** Citizen Review Panel members continue to express an interest in issues affecting older youth in care and youth who age out of care. Known in Idaho as “Keeping Children Safe Panels,” panel members include recommendations to the state that affect youth eligible for IL services. Idaho’s Independent Living Program will continue to respond to these recommendations and provide information to panel members on those topics of interest and concern.

**Coordination with other Federal and State Programs for Youth:** The Department continues to meet, at both the state and regional level, with partner programs to address issues and concerns in the area of independent living services. Often representatives from the county juvenile services, housing and transitional living programs, health care

agencies providing family planning and abstinence programs, educators, vocational rehabilitation, state agencies, and other groups having an interest in youth who are in need of supportive service programs are included in these meetings. Through this ongoing dialogue the Department anticipates services to youth will be better coordinated, expanded, and delivered in such a way that achieves the purpose of the CFCIP.

Regional Independent Living Coordinators engage in collaboration with private persons and agencies that develop and maintain transitional living programs for youth who have exited foster care, but still need the structure and support of a small group living arrangement to help them prepare for self-sufficiency and personal responsibility.

**Tribes Residing in Idaho:** CFS continues to partner with each Indian tribe residing in Idaho to make available a full array of independent living services to tribal youth. Regional staff are available to provide support and training to tribal social services staff about the Independent Living Program and full access to those services by Indian youth. Idaho tribes receive information regarding Idaho's Independent Living Program through the State Independent Living Coordinator, the CFS Indian Child Welfare Program Specialist, the IDHW/FACS Tribal Relations Program Manager and at regular Indian Child Welfare Advisory Committee meetings. Benefits and services under the program will be available to Indian children in Idaho on the same basis as to other children in the state.

In keeping with the requirements of CFCIP section 477(b)(3)(G), Idaho will negotiate in good faith with any Tribe that does not receive a CFCIP or ETV allotment directly from the Secretary for a fiscal year and requests to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and receive an appropriate portion of the State's allotment for such administration or supervision.

**E.) Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)**

The State of Idaho has developed the eligibility criteria for a youth's participation in the independent living program through a process of consultation and public input. These criteria have been developed to emphasize services to those youth most likely to remain in foster care until their 18<sup>th</sup> birthday. Idaho requires that a youth be in foster care placement for ninety (90) cumulative days, an indicator they will more likely be in care long term and need additional assistance in attaining self-sufficiency. Eligibility requirements for Idaho's plan for independent living services are as follows:

1. A youth must be, or have been, the responsibility of the State or Indian tribe either through a court order or voluntary placement agreement with the child's family;
2. Only youth between the ages of 15-21 years of age are eligible for services and use of funds through the independent living program;
3. Youth must have resided in an eligible placement setting which includes foster care, group care, Indian boarding schools, or similar foster care placement and excludes detention facilities, forestry camps, or other settings primarily designed for services to delinquent youth;
4. A youth must have resided in an eligible foster care setting for 90 cumulative days after attaining the age of 15; and

5. Room and board services will be available only to those eligible youth, including Indian youth, who have aged out of foster care settings upon reaching the age of 18 years but have not yet reached the age of 21.

#### **F.) Cooperation in National Evaluations**

The Child and Family Services Program assures that, as the state agency responsible for the implementation of the independent living program in Idaho, it will cooperate with national evaluations of the effects of the independent living program implemented to achieve the purposes of the Chafee Foster Care Independence Program (Section 477(b)(2)(F)).

#### **G.) Education and Training Vouchers (ETV) Program**

ETV's are available to youth who are eligible for services under Idaho's Independent Living Program; however, for purposes of the voucher program, in cases where the youth has been adopted or guardianship has been established after reaching IL eligibility, ETV is restricted to youth who are adopted or guardianship has been established on or after their 16<sup>th</sup> birthday.

Youth are eligible for ETV on their 21<sup>st</sup> birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program. ETV is available to youth who are eligible for services under Idaho's Independent Living Program.

ETV's are available to Indian youth who are currently in tribal custody or who have been in tribal custody and meet Independent Living Program eligibility criteria through the Regional IL Programs.

A maximum of \$5,000 per year or the total cost of attendance at an institution of higher education may be used for attendance at an institution of higher education. The total amount of the award and any other Federal assistance will not exceed the cost of attendance.

Prior to the expenditure of ETV funds, Child and Family Services will assure that each youth completes an Ansell-Casey Life Skills Assessment, develops an approved Independent Living Plan which includes the plan for achieving educational goals and IDHW's role in supporting the youth, and completes a standardized ETV application with supporting documentation approved by the appropriate hub child welfare program manager.

ETV funds will be used to cover costs for educational support including, but not limited to, tuition and fees, room and board, counseling related to education and training programs tutoring, books, rental or purchase of required equipment, supplies, transportation, child care, and other identified service needs to support the youth's education goals. CFS will track the use of ETV funds separately from Chafee through Idaho's SACWIS system, iCARE.

An institution of higher education is defined as an educational institution that:

1. Admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate;
2. Is legally authorized within Idaho to provide a program of education beyond secondary education;
3. Provides an educational program for which the institution awards a bachelor's degree or provides not less than a 2-year program that is acceptable for full credit toward such a degree;
4. Is a public or other nonprofit institution; and
5. Is accredited by a nationally recognized accrediting agency or association, or if not so accredited, is an institution that has been granted preaccreditation status by such an agency or association that has been recognized for the granting of preaccreditation status, and it has been determined that there is satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time.

The term “institution of higher education” also includes:

1. Any school that provides not less than a 1-year program of training to prepare students for gainful employment in a recognized occupation and that meets the provision of paragraphs (1), (2), (4), and (5) of subsection (a) of the Higher Education Act; and
2. A public or nonprofit private educational institution in any State that, in lieu of the requirement in subsection (a)(1), admits as regular students persons who are beyond the age of compulsory school attendance in the State in which the institution is located.

Idaho will take advantage of other programs such as scholarships, grants, loans, and student work experience as strategies to help youth pursue their postsecondary educational goals. Youth will be asked to apply for all available scholarships and grants by applying through the Free Application for Federal Student Aid (FAFSA) program web site.

ETV information is tracked in two ways via our SACWIS system, iCARE, and intra-agency SharePoint site. SharePoint allows the state IL coordinator to ensure ETV funding is being used most effectively by identifying trends such as student progress, current year in college, semester grades, student spending and the colleges that students are attending. This gives a big picture of ETV spending and can be drawn down to look closely at local spending. This collective information helps to build programs to assist students in college and creates avenues to reach out to former foster youth attending higher education.

ETV applications are recorded in (sharepoint) per school year. When they are recorded, specific data is collected including how many applications the youth has been awarded. Sharepoint allows at a glance to see new applicants along with those who have been receiving ETV for the duration of their college experience. Reports can also be pulled to show this data.

#### **H.) Consultation with Tribes (section 477(b)(3)(G))**

**Tribes Residing in Idaho:** CFS continues to partner with each Indian tribe residing in Idaho to make available a full array of independent living services to tribal youth. Regional staff will provide support and training to tribal social services staff about the Independent Living Program and full access to those services by Indian children. Idaho tribes receive information regarding Idaho's Independent Living Program through the State Independent Living Coordinator, the CFS Indian Child Welfare Program Specialist, the IDHW/FACS Tribal Relations Program Manager and at regular Indian Child Welfare Advisory Committee meetings. Benefits and services under the program will be available to Indian children in Idaho on the same basis as to other children in the state, including credit reports for minor in foster care.

In keeping with the requirements of CFCIP section 477(b)(3)(G), Idaho will negotiate in good faith with any Tribe that does not receive a CFCIP or ETV allotment directly from the Secretary for a fiscal year and requests to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and receive an appropriate portion of the State's allotment for such administration or supervision.

#### **I.) CFCIP Program Improvement Efforts**

The Idaho Foster Youth Advisory board serves as a partner to CFS by assisting the IL state coordinator in assessing new and current older youth policy in our state, by leading FYI and IL functions in the local field offices, by speaking at public child welfare events such as pride panels and resource parent conferences, and helping to write and represent new policy for foster youth of Idaho.

#### **J.) CFCIP Training**

Training on the Independent Living Program is an ongoing effort to inform new CFS staff and contractors, tribal social service staff, resource families, and other entities critical to the success of Idaho's Independent Living Program about the purpose and implementation of independent living services. Updated training will be delivered to these entities whenever program needs or requirements change.

Training will be provided to all new child welfare staff on independent living services through the Child and Family Services (CFS) Academy at least twice annually. Ongoing training for foster parents and other caregivers, including tribal foster parents, relative to the independent living needs of youth will occur during PRIDE, a required curriculum which all resource parents must complete as a condition of being licensed as a foster home.

Training will continue to include information on the purposes and philosophy of the Independent Living Program, participation requirements, implementation, measurements of success and outcomes, payment mechanisms, entry to Idaho's child welfare data system and all other aspects of the program that allow youth to make a smooth transition from foster care to self-sufficiency and independence.

## **Goals and Strategies for Idaho's IL and ETV Programs for 2015-2019**

**Goal 1:** Every youth 15 years of age and older in the custody of IDHW will have completed a life skills assessment (Casey Life Skills Assessment) or the CANS within 90 days of IL eligibility and every year thereafter until the age of 18.

**Strategy 1.1:** Compare and contrast the Casey Life Skills Assessment and the CANS for decision on which tool to use in life skills assessment.

**Target Date: 2015**

**Strategy 1.2:** A "How to Guide" will be developed which contains instructions for staff on how to conduct and complete life skills assessments and properly document the assessment in the child welfare information system (iCare).

**Target Date: 2016**

**Strategy 1.3** Training will be provided to regional IL and tribal social service staff in each Region by the state independent living coordinator on all aspects of conducting a life skills assessment, including data entry.

**Target Date: 2016**

**Strategy 1.4** Data related to life skills assessment completions will be gathered every 6 months on each youth over 15 to verify that an assessment has been conducted timely with all IL youth.

**Target Date: Ongoing**

**Goal 2:** Every youth 15 years of age and older in the custody of IDHW will have a youth involved Independent Living plan based on a life skills assessment within 90 days of IL eligibility.

**Strategy 2.1:** Training will be provided to regional IL and tribal social service staff in each Region by the state independent living coordinator on all aspects of IL Plan development, including data entry and obtaining credit reports.

**Target Date: 2016**

**Strategy 2.2:** A "How-to Guide" will be developed which contains instructions for staff on how to conduct and complete an independent living plan, properly document the plan in the child welfare information system (iCare) and how to renew the plan annually.

**Target Date: 2016**

**Strategy 2.3:** Data inquiries related to Independent Living Plans will be gathered every 6 months on all IL eligible youth to verify that a plan has been conducted timely.

**Target Date: Ongoing**

**Goal 3:** Implement the National Youth in Transition Database (NYTD) requirements.

**Strategy 3.1** Annual training will be provided to regional IL and tribal social service staff in each Region by the state independent living coordinator on all aspects of NYTD.

**Target Date: Ongoing**

**Strategy 3.2:** A “How-to Guide” will be developed which contains instructions for staff on how to conduct and complete NYTD requirements, properly document data in the child welfare information system (iCARE) and how to ensure youth understand what NYTD is.

**Target Date: 2016**

**Strategy 3.3:** Data inquiries related to NYTD will be gathered every 6 months on all IL eligible youth to verify that “Youth served” “Baseline” and “Follow-up” surveys have been conducted timely.

**Target Date: Ongoing**

**Goal 4:** Every youth in foster care will have an individualized Independent Living Transition Plan in accordance with the requirements of the Fostering Connections to Success and Increasing Adoption Act of 2008.

**Strategy 4.1:** Annual training will be provided to regional IL and tribal social service staff in each region by the state independent living coordinator and regional staff trained as trainers on “Engaging youth in Transition Planning.”

**Target Date: Ongoing**

**Strategy 4.2:** A “How to Guide” will be developed which contains instructions for staff on how to conduct and complete timely transition plans, properly document data in the child welfare information system (iCARE) and how to ensure youth understand the purpose of transition planning and are engaged in the meetings.

**Target Date: 2016**

**Goal 5:** Youth who emancipate from foster care will have access to important information and records that will be necessary for living independently.

**Strategy 5.1** Every youth who emancipates from Idaho’s custody will receive a Health and Education passport that includes in its contents, but is not limited to; An original copy of birth certificate, Social Security card, immunization record, medical card, education records, health records, letter of verification, transition plan, ETV information, and state/regional resource guide right before or when they emancipate from foster care.

**Target Date: Ongoing**

**Goal 6:** Youth throughout Idaho will have the opportunity to have their voice heard by rule and policy makers in Idaho’s Child Welfare System.

**Strategy: 6:1** Regional youth advisory boards will be held regularly to give youth an organized place to share their ideas and thoughts about foster care and an opportunity to share their stories with those involved in the foster care system.

**Target Date: Ongoing**

**Strategy: 6:2** The Idaho Foster Youth Advisory board will serve at the state level and represent the regional youth advisory boards in youth led initiatives and projects.

**Target Date: Ongoing**

**Strategy 6:3** The Idaho Foster Youth Advisory board will train and educate youth throughout the state in “Strategic Sharing” so that all youth are formally trained before they present to child welfare staff and community partners.

**Target Date: Ongoing**

**Goal 7:** A concentrated effort will be made to implement a version of The Guardian Scholars Program in all of Idaho’s college and universities.

**Strategy 7:1** The Idaho Fostering Success Network will serve as a monthly venue for colleges and universities interested in creating a Guardian Scholars Program on campus to meet regularly and have conversation about how to implement new programs and share success stories on existing programs.

**Target Date: On going**

**Strategy 7:2** The state independent living program coordinator and the Guardian Scholars liaison will do onsite informational meetings for educational staff and will assist with implementation of new programs.

**Target Date: On going**

**Strategy 7:3** The state independent living program coordinator will work closely with current Guardian Scholars Programs to ensure the success of students and programs.

**Target Date: On going**

#### PROGRAM CONTACT

Falen LeBlanc, Independent Living Program Specialist  
Division of FACS, Child and Family Services  
450 W. State Street, 5<sup>th</sup> Floor  
Boise, Idaho 83720-0036  
(208) 334-4932  
LeblancF@dhw.idaho.gov

## **(7) MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS**

Idaho's caseworker visit requirements are found in the Child and Family Services Standard for Contact Between the Social Worker and the Child, the Family and Resource Parents(s) or Other Alternate Care Providers. The requirement for monthly contact is required by IDHW Administrative Rules, IDAPA 16.06.01.405.05.a "Face-to-face contact with a child by the responsible party must occur at least monthly or more frequently depending on the needs of the child or the provider, or both, and the stability of the placement. Face-to-face contact may be made in settings other than where the child resides as long as contact between the responsible party and the child occurs where the child resides a minimum of once every sixty (60) days"

In summary, Idaho child welfare social workers are required to complete face to face contact with every child under the responsibility of the state, at least once per month. There is an exception for youth placed in out of state residential facilities where face to face contact must be made a minimum of every 60 days with contact through telephone is required monthly. During planned contact between the social worker and child, the social worker must assess the child's safety, well-being, and permanency goal and must document their informal assessment in the form of a monthly contact note in the SACWIS system (iCARE).

Idaho will use caseworker visit grant monies over the next five years as follows:

- Continue funding university contracts to assign advanced child welfare students as the "responsible party." As a responsible party, these students are able to complete face to face contact with youth residing in in-state residential facilities a significant distance from their home;
- Research and implement technology for caseworkers in the field to increase the timeliness and accuracy of the documentation of completed caseworker visits with children;
- Train and implement a state-wide standardized format for documentation of caseworker visits with children; and
- Implement a state-wide standardized quality assurance process for administrative and supervisory review of both the frequency and the quality of caseworker visits with children. This will be achieved through the use of standard data reports and a system of accountability for monitoring contacts to ensure workers achieve at least 95% consistently.

## **(8) ADOPTION INCENTIVE PAYMENTS**

Idaho will utilize Adoption Incentive Payments for adoption-preparation and post-adoption services during 2015-2019. Financial support for adoptive families attending the Idaho Post-Adoption Center Conference is expected to continue. A post-permanency workgroup will be identified to develop a post-permanency program plan including services which may be funded with Adoption Incentive Payments. Idaho has not

experienced challenges with the timely expenditure of Adoption Incentive Payments. Quarterly budget reviews will include the use of Adoption Incentive payments to ensure continued timely expenditure of the funds.

## **(9) CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES**

Idaho has received a title IV-E Waiver. Idaho's demonstration project includes three primary interventions: (1) development of a trauma-informed system of care; (2) expansion of Family Group Decision Making (FGDM); and (3) implementation of evidence based, Nurturing Parenting Program, designed for high-risk families to strengthen parenting skills.

Idaho's Title IV-E Waiver is focused on improving outcomes at the individual, program, and system level. Outcomes will be measured in each of the domains of safety, permanency, and well-being as described below. More specific identification of short and long term goals will be developed in conjunction with the waiver evaluator.

### **Domain - Safety**

Children are protected from abuse and neglect as a result of improved parent functioning, increase in parental protective capacities and parenting practices. Outcome measures include:

- The CFSR national standard regarding the number of children who re-enter foster care after being reunified will be exceeded as a result of demonstration activities; and
- The number of families receiving services in-home will increase allowing children to remain safely in their homes and reducing the number of foster care entries.

### **Domain - Permanency**

Children will achieve permanent homes more timely and will experience improved placement stability. Outcome measures include:

- Children will be reunified with their parent(s) or primary caretaker(s) more timely as a result of activities specifically targeted towards supporting families;
- Decreased utilization of congregate care placements;
- Placement stability will be within the CFSR national standards; and
- Youth aging out of foster care without a permanency placement or plan will decrease.

### **Domain - Well-being**

Families have enhanced capacity to provide for their children's needs and ensure that overall well-being is achieved and maintained. Children who have experienced trauma will receive appropriate treatment and services. Outcome measures include:

- The number of parents or caretakers who provide for their children's needs and family's well-being will increase with improved parental functioning;
- The number of children receiving primary care, developmental, educational, dental, substance treatment, and mental health services that meet identified needs

will continue to meet national standards as assessed by the CFSR Case Record Review instrument; and

- Child well-being/self-efficacy will improve as measured by a standardized instrument (i.e. CANS).

Through enhanced trauma informed practice strategies, workforce and partner training, and flexible use of resources, we expect to increase the numbers of children and families served in-home, increase placement stability for children in care, reduce the length of time in care, provide timely reunification and permanency, continue to reduce our use of residential placements and ultimately increase child well-being.

## **(10) IDAHO STAFF DEVELOPMENT AND TRAINING PLAN**

### **A. Background**

The Idaho Child and Family Services (CFS) Program made substantial changes since the last two CFSR statewide reviews. During the 2008 CFSR, the reviewers noted that Idaho was in substantial conformity with the systemic factor of training. The following Idaho Staff Development and Training Plan provides information regarding ongoing and planned activities for the period of 2015-2019.

### **B. IV-E Child Welfare Workforce**

Child and Family Services (CFS) will continue to work on improvements in workforce development, practice improvement and innovation in order to sustain the gains achieved to date.

The Department's key priorities include: staff and foster parent training; child welfare student education (such as the scholars program that helps foster BSW interest in child welfare and movement from BSW to MSW); recruitment and retention, competency-based child welfare academy for new employees; child welfare supervisor curriculum development; training logistics and evaluation of new worker academy training; continued implementation of alternative learning methods; and continued implementation of a transfer of learning strategies, and in-service training related to best practices.

These best practices include training that is organized around a trauma informed, family-centered practice model with family group decision making (FGDM), pre-service and continuing education of foster/adopt parents (Child Welfare League of America's PRIDE model), concurrent planning, cultural competency, working with foster parents and birthparents as a team, transitioning youth from foster care, and implementing use of the Casey life skills assessment tool, to name a few.

As part of the continued focus on staff and foster parent training, student education, and recruitment and retention, Idaho continues to support and maintain the following contracts, programs, and goals.

### **C. Partners in Training**

Through partnerships and contracts, DHW will continue to collaborate with community partners, universities, colleges, and providers serving Idaho in several child welfare capacities. FACS will make IV-E claims to help finance pre-service child welfare education, Recruitment Peer Mentors (RPMs), and Resource Family training. Curriculum development and training in the academies for new child welfare employees and supervisors, statewide coordination of foster/adoptive parent training, arranging child welfare in-service training, evaluation of designated training initiatives, and other related activities.

**Casey Family Programs** continues to demonstrate a commitment to Idaho in the area of systems improvement. Casey continues to provide leadership, technical assistance, and funding for system improvements in many of the best practice areas noted above. Undoing Racism training continues to be made available. Permanency Roundtable train the trainers sessions was made available and funding is being provided to implement and continue the practice of permanency roundtables across the state. Knowing Who You Are (KWYA) training is available statewide and at the new worker academy. KWYA includes an online training segment as a prerequisite for the two-day on-site training.

Several DHW staff and partners completed the Certified Facilitator Certification process for KWYA and Permanency Roundtable Training. These teams continue to present the KWYA and Permanency Roundtable curriculum for new and existing workers.

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

Eastern Washington University was awarded the Resource Peer Mentoring and Recruitment (PRM) contracts. These contracts have been implemented in all three hubs. Additionally, Eastern Washington University was awarded the statewide Resource Parent training (PRIDE) contract. That contract began in August 2011. Marketing services for recruitment of resource families have been added to the contract. This contractor will retain faculty and/or subcontractors and trainers to conduct statewide foster/adoptive parent training.

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

FACS continues to have IV-E educational contracts with ISU. The Department will make IV-E claims to help finance pre-service child welfare education, Academy for new employees, child welfare in-service training, training evaluation to improve training quality, statewide coordination of the Child Welfare Academy, ongoing training and designated in-service training. This contract has additional provisions for embedded university/CFS trainers in all hubs.

#### **Contract for IV-E Scholars Program**

IDHW/FACS will continue to maintain Title IV-E sub-contracts with five universities serving Idaho – Idaho State University, Lewis-Clark State College, Northwest

Nazarene University, Eastern Washington University and Boise State University. Up to 1 FTE is retained in each site to develop and monitor the IV-E field placements, conduct child welfare seminars, and conduct child welfare courses. These contracts support MSW and BSW students. FACS DHW will coordinate evaluation activity related to student recruitment and retention from all the schools. Each University contractor/partner will retain faculty for the IV-E stipend student degree programs at both BSW and MSW degree levels.

#### **D. Staff Training**

Idaho achieved substantial conformity in staff training in 2008. Idaho remains committed to providing and improving staff training in the areas of initial staff training, ongoing staff training, and foster and adoptive parent training to enhance the safety, well-being and permanency of children and families in Idaho.

##### **Overview**

Idaho State University continues to serve as the lead school in the coordination and tracking of CW training. They continue to provide logistical support and curriculum development for the Child Welfare New Worker Academy. ISU retains four FTE on-site Academy trainers. The hub based on-site trainers are the primary designated trainers. They participate in reviewing the Department's curriculum, and have a presence at the Child Welfare Subcommittee meetings and various other workgroups.

They work with the Department's Subject Matter Experts (program specialists) on curriculum for Academy, In-Service, Supervisory Training modules and help coordinate training, training schedules and maintain linkage with supervisors of staff attending Academy. This includes curriculum for core sessions, and curriculum guides (trainer and participant manuals). Academy offerings are posted online and registration is via the Knowledge and Learning Center (KLC). ISU has a database to track training attendance and completion and provides necessary data to CFS.

CFS Chiefs of Social Work, CFS Program Specialists, university and other partners assist with various training. The training pool includes university partners, Casey staff, CFS Central Office and Department staff, and some external subject matter experts. The on-site trainers oversee implementation of the new worker training with support from the CW Central Office Program Manager and Program Specialists, Chiefs of Social Work and assigned Social Worker 3's. 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 are designed to engage new employees with their supervisors in an on-the-job applied learning process. The learning assignments and competency expectations defined in the new worker performance evaluation and field guide are aligned with the content delivered in the CFS Academy sessions. As new employees complete Academy modules and related field assignments as negotiated with their supervisor.

Supervisors continue to be responsible for documenting the achievement of competency as demonstrated through the learner's completion of learning assignments and completing the probationary evaluation, which describes the candidate for permanent employment in terms of achievement of the CFS core competencies. Chiefs continue to be responsible for implementing the regional CRR and performance improvement process, which provides feedback for determining training needs.

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

The Department has a learning management system and video conference capacity. The program will continue to deliver training content through these mediums and for other Academy related work that needs to be accomplished. The Department also has an on-line e-Manual available to staff. The e-Manual provides guidance and instruction on child welfare practice and contains links to information to assist workers in performing job duties.

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

### **Staff Training Evaluation**

CFS participates along with partners to address such areas as training outcomes, field guides, individualized instruction, new worker competencies, etc. Mechanisms for evaluation include Division Operations group, the CQI process, Child Welfare Subcommittee, on-site trainer feedback and CW Learning Circles.

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

Idaho continues to provide evaluation through tracking of staff trainings and completion, post training evaluations, transfer of learning engagement, surveys, staff discussions, and reports from contractors and partners.

Evaluation of the New Worker Academy and Supervisor Academy will continue and updates and changes will be made based on identified needs and practice enhancements. In-house evaluation will continue through data collection during the case record review process, iCARE reports and Data Outcome Profiles. Additional mechanisms for evaluation are Division Operations group, the Child Welfare Subcommittee, quarterly CW Learning Circles, employee performance evaluations, employee exit interviews, and evaluating workgroup efforts.

Idaho is in the process of expanding and integrating a more robust evaluation process in addition to the current method for gauging the effectiveness of child welfare training on increasing staff values, knowledge, and skill. Idaho will focus efforts on quality improvements by enhancing evaluation tools and using evidence-based models and initiatives. One of the methods for evaluation being currently assessed would be the implementation of pre and post-test to our current New Worker Academy, Supervisor Academy and in-service trainings. Idaho is also working to expand stakeholder involvement in gathering feedback around effectiveness of training of staff. Idaho will utilize current stakeholder meetings, Case Record Review, 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 in supporting the professional development of our staff to promote the safety, well-being and permanency needs of children and families.

**Technical Assistance** planned for 2015 includes technical assistance to develop a statewide recruitment plan, in collaboration with the tribes in Idaho, to increase American Indian/Alaska Native resource families available to foster AI/AN children and youth out-of-home care.

### **Initial Staff Training**

As part of Idaho's self-assessment in 2008, an enhanced New Worker Academy and New Worker Caseload/Supervision Continuum standard was developed to address competencies and learning needs of newly hired staff in child welfare. Idaho has continued to collaborate with ISU to teach Academy sessions, update curriculum, and coordinate the New Worker Academy. Idaho continues to refine the new worker Academy with face-to-face hub based training with some Academy topics provided via video conferencing or through the Department Knowledge and Learning Center (KLC) eLearning format. This allows new workers to participate in training locally.

See Appendix D for the Idaho Title IV-E Training Matrix. The matrix identifies courses offered to Idaho Department of Health and Welfare (IDHW) Child Welfare staff, University Partners, Casey Staff, Tribes, Resource Families or those staff preparing for employment. It includes pre service training for child welfare workers (New Worker Academy).

## **Strengths**

Staff across the state continue to provide feedback through training evaluation surveys about the quality of and their satisfaction with the training provided in the various topics of new worker academy. Feedback suggests that the material being covered is helpful to them in gaining a fuller understanding of CFS practice.

## **Ongoing Challenges**

Significant changes in Idaho's child welfare practice have resulted in the need to update and develop curriculum and training provided to newly hired staff. As part of various forms of feedback through case record review, training evaluations, exit interviews, child welfare subcommittee, quarterly supervisor calls, embedded trainer calls and meetings, child welfare operations meetings, and stakeholder meetings the following areas have been identified:

- At times CFS turnover remains high, with regional turnover rates ranging from 13% to 50%;
- Due to workload demands new employees and supervisors often comment about the difficulty new workers have in completing new worker academy pre-learning assignments and other transfer of learning applications;
- New staff continue to initiate new worker academy at different points in the curriculum due to Idaho's small child welfare workforce and large geographic area. This prevents the formation of cohort sessions; and
- Idaho continues to need to enhance regular and effective methods to evaluate academy curriculum and the effectiveness of training on enhancing staff values, knowledge, and skills in promoting safety, well-being, and permanency for children and families in Idaho.

## **Staff Training Summary**

Initial 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. Idaho remains faced with a choice of adding/updating topics from our current new worker model of initial staff training or rethinking and building a model to better prepare workers and enhance recruitment and retention efforts for child welfare staff. While Idaho conducts regular evaluations of worker satisfaction of training, there is a need to evaluate the effectiveness of initial staff training to ensure training provided is developing new staff's values, skills, and knowledge.

**GOAL:** Develop child welfare social workers who are prepared to meet the diverse needs of children and family's safety, well-being, and permanency in Idaho.

**OBJECTIVE:** Provide effective and timely training to a new child welfare social workers that reflect the diversity needs of the families and children served in Child Welfare.

**Measure:** Satisfaction and effectiveness measures of employee with type and amount of training provided/received; type and amount of support provided/received and type and amount of information/communication provided/received.

**Intervention:**

- Evaluate current initial child welfare core training curricula to assure it is effective, family centered, trauma informed, culturally sensitive and promotes comprehension of values, skills, and knowledge needed for child welfare staff statewide. **Target Date 2016**
- Develop and integrate evidence-based evaluation tools, to measure effectiveness and quality of core child welfare training curricula. The evaluations will focus on demonstrating the increase in skill, knowledge and transfer of learning of new child welfare social workers. **Target Date 2015**

### **In-Service Training**

The CFS Program will continue to modify and improve the case record review (CRR) process that generates information regarding the program's ongoing training needs. Many of the identified training needs are addressed throughout this plan. When field-based policy, procedure or practice-oriented training needs are identified through the CRR process, it informs the on-site trainer and other designated staff on potential areas for training.

Hub-based trainers provide at least quarterly in-service trainings within each hub. Over the past year, hub-based trainers have provided trainings on multiple topics as referenced in Idaho's 2014 APSR/5 year summary Central Office and National Resource Center staff have also provided in-service trainings. Training is ongoing and includes content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices.

### **Strengths**

Idaho's Child Welfare workforce continues to value the need for ongoing training for staff development. Feedback on in-service training evaluations continue to reinforce the importance of skill development, coaching, and education for ongoing staff. Worker's responses also continue to reinforce the need for trainings to assist them in enhancing their skills and that are applicable to their daily job functions.

### **Ongoing Challenges**

As previously mentioned with the enhancements in Idaho's child welfare practice there has been significant need to provide in-service training for ongoing staff to support practice shifts especially that of our safety re-design. As part of various forms of feedback through case record review, training evaluations, exit interviews, child welfare subcommittee, quarterly supervisor calls, embedded trainer calls and meetings, child welfare operations meetings, and stakeholder meetings the following areas have been identified:

- Requests from the field for in-service trainings are continuous, however employees and supervisors also often report they are unable to attend in-services when offered due to workload demands; and
- As with initial training there is a need to evaluate in-service curriculum and effectiveness of training in enhancing staff values, knowledge, and skills in promoting safety, well-being, and permanency for children and families in Idaho.

## **Summary**

In-service training is an ongoing necessity for Idaho's child welfare workforce to provide education on best practice initiatives in child welfare whether it is on the impacts of trauma or effective engagement of families. Due to advances in child welfare practice in Idaho there is a high demand for in-service training, however staff across the state often find it difficult to engage and participate in trainings offered due to turnover, inadequate staff coverage, and workload demands. Again while Idaho conducts regular evaluations of worker satisfaction with training, there is a need to evaluate the effectiveness of in-service training to ensure training provided is meeting the needs of ongoing staff development of enhanced skills, values, and knowledge of ongoing staff.

**GOAL:** Idaho will have a highly skilled child welfare workforce who is prepared to meet the diverse needs of children and family's safety, well-being, and permanency in Idaho.

**OBJECTIVE:** Provide effective and necessary training to a ongoing child welfare social workers that reflect child welfare practice in Idaho and the diverse needs of the families and children served in child welfare.

**Measure:** Satisfaction and effectiveness measures of employee with type and amount of training provided/received; type and amount of support provided/received and type and amount of information/communication provided/received.

### **Intervention:**

- Re-evaluate current in-service training curricula, to ensure child welfare staff are provided with ongoing, up-to-date training and education relevant to their needs, the cultural needs of children in foster care and practice initiatives within Idaho. **Target Date 2016**
- Develop and integrate evidence-based evaluation tools, to measure effectiveness and quality of in-service training curricula. The evaluations will focus on demonstrating the increase in skill, knowledge and transfer of learning of ongoing child welfare social workers. **Target Date 2015**

## **E. Foster/Adoptive Parent Training**

EWU holds the contract for coordinating the implementation of the PRIDE foster parent curriculum statewide. They facilitate the collaboration of Division and CFS staff, other participating university trainers, resource parent trainers, and representatives of the Foster Parent Association. Initiative activity includes procurement of PRIDE pre-service training materials and other specialty curricula, such as Kinship, Spanish, and Core Curricula and consultation regarding implementation of the curricula in all seven Idaho regions and with private adoption providers.

EWU was awarded three new Resource Peer Mentoring (RPM) contracts, one in each DHW hub. Through this contract the University coordinates and provides consultative and other services to enhance the operations and procedures for the Recruiter Peer Mentor (RPM) program to increase the number of foster parents in the state and

maintain a foster parent/ pre-adoptive parent training framework that includes developing resource family (foster parent/adoptive) recruiter mentors. The contractor supports all levels of the resource family continuum of care. In addition to the RPM program, training via foster care conferences and activities such as the statewide and regional recruitment plans are ongoing.

EWU will continue to be the lead school and support these programs (including subcontracts with other schools to extend the delivery of foster/adoptive parent training statewide) with day-to-day operations until the contract expires in June 2014. They are responsible for collection, compilation and analysis of data and development of reports for management and others specific to the RPM program for resource families. They have administrative supervisory responsibility for non-student hourly recruitment peer mentors or RPMs. Faculty continues to be retained by each of the schools to deliver the PRIDE foster/adoptive parent training. These IV-E Trainer/Coordinators work collaboratively with CFS Program Managers, and the local and statewide foster parent associations to develop and maintain this initiative. This initiative also includes opportunities for foster/adoptive parents to access continuing education.

The university partners work with the regions to implement the PRIDE foster/adoptive parent plans that define individualized learning goals for each foster parent. Foster/adoptive parents obtain continuing education credit from foster parent conferences and other in-service training offered by the department for staff and community partners to include access to IV-E library materials available statewide through the Idaho CareLine.

### **Strengths**

Idaho continues to require 27 hours of PRIDE pre-service as part of our resource family licensing requirements. This training is essential in providing newly licensed resource parents with the basic information around fostering and adoptive within the child welfare system. In addition to the PRIDE pre-service, Idaho provides CORE training at least twice a year in each region, bi-monthly Training and Support groups and annual Resource Parent Conferences in each Hub. The Recruiter Peer Mentoring program continues to provide ongoing support to all potential resource parents, assisting them through the licensure process.

Idaho also provides access to all resource parents to our library which includes diverse resources regarding various needs of children placed in foster care.

### **Challenges**

Attendance for CORE trainings and Training and Support groups has been limited and tends to include the same participants. Idaho's resource parents indicate there are challenges in attending trainings due to a variety of issues including child care, location, days and times of training, topic and misinterpretation of the purpose of Training and Support groups. Additionally, some of the trainings lack training modalities. Topics and information provided in resource parent trainings differ across the state. Idaho's does not

always have valuable measurements of trainings in place that speak to the effectiveness; we've focused more on satisfaction.

Also, Idaho faces budgetary challenges to accessing venues and providing child care. Idaho is dedicated to maintaining compliance with our licensing requirements and we are aware of how they play an important component of the quality of Idaho's foster care program; however, with the increase in expedited placements with relatives and fictive kin and meeting the licensing standards takes time and adds to the challenges completing Professional Family Development Plans. Family Development Plans are not being completed on a regular basis.

### **Summary**

Idaho's resource parent trainings continue to evolve. Historically, most resource parent training topics were left up to EWU with some input from the Regions/Hubs. This has often led to training topics, curricula and modalities varying across the state. In effort to streamline consistency statewide, over the past year Idaho has partnered with Eastern Washington University to take a more in-depth look at the training needs of our current resource parents and incorporating the shifts in practice. In addition, Idaho and EWU have been involved in some of the collaboration efforts to move towards a hybrid model of PRIDE, which incorporates on-line training.

### **Strategies for Improvement**

Idaho will focus efforts on quality improvements by enhancing evaluation tools geared towards the effectiveness and quality of our resource parent trainings. Idaho seeks to ensure consistency around topics and curriculum that will be complementary to our shifts in practice

Refer to Diligent Recruitment & Retention Plan (Appendix A), for specific strategies to address Foster/Adoptive Parent training.

## **(11) TARGETED PLANS WITHIN THE CFSP**

Appendix A: Foster and Adoptive Parent Diligent Recruitment and Retention Plan

Appendix B: Health Care Oversight and Coordination Plan, Use and Monitoring of Psychotropic Medications

Appendix C: Disaster Plan

Appendix D: Training Plan