

**The State of Idaho  
“Keeping Children Safe”  
Citizen Review Panel**

**Statewide Annual Report  
2012 Recommendations**



## **Idaho's "Keeping Children Safe Panels"**

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

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

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

There are approximately fifty-five (55) Keeping Children Safe Panel members in Idaho. Once a year, they meet together to review their activities, share ideas, and receive additional training. Each panel member serves up to eight hours a month. These citizen volunteers have repeatedly demonstrated their commitment to Idaho's children and a willingness to involve themselves in the work of making our communities safer for children.

On October 4, 2012, during their annual statewide meeting, the Keeping Children Safe Panel members discussed their regional issues and concerns. Their findings are summarized in the following "Keeping Children Safe Statewide Annual Report and Recommendations 2012."

## Idaho Keeping Children Safe Panel 2012 Recommendations

### I. SERVICE DELIVERY

#### A. Consistency – e.g. Rural vs. Urban.

**RECOMMENDATION:** Look at core services across the state and ensure they are congruent with one another. The Hubs are trying to be consistent with one another, so that consistency should also be a statewide effort.

**Reason:** Any door service, transportation, counseling, in-home training for parents, activities for children, and visitation appears to be different across the state. Access to services may be very different depending on what area of the state you enter the Child Welfare door.

**Department Response:** A primary goal of transitioning to a Hub structure was to improve statewide practice consistency. The chiefs of social work and Central Office staff meet monthly, either in person or via telephone, to discuss practice and policy issues and identify statewide training and resource needs. Central Office staff also work closely with field staff to identify service gaps, monitor statewide consistency, and problem solve obstacles related to the limited service array in some rural communities.

#### B. Ensure that we have the resources to meet our commitments and support community partnerships.

**RECOMMENDATION:** Limit the services made to our community partners to assure that staff can deliver quality programs.

**Reason:** KCS is excited to see the new One Church One Child initiative and look forward to the positive impacts that this program will have on the permanency of the children in care. However, we wish to ensure One Church One Child does not draw away from essential program delivery.

**Department Response:** Given FACS' limited resources, it is valid to be concerned about the program's ability to meet additional exceptions while maintaining quality services. It is important to note that the One Church One Child is primarily manned by Vista Volunteers with only a small monetary investment from the Department. As the One Church One Child effort takes shape it is important to match efforts with the other FACS recruitment and community programs. To address this, the program is currently assessing all of our foster care recruitment activities to better coordinate and align efforts and reduce duplication of work.

#### C. Community Resource Workers

**RECOMMENDATION:** Obtain dedicated funding from legislature to establish Community Resource Workers in every school district.

**Reason:** KCS panel believes that the Community Resource Program has been one of the most successful programs in meeting the needs of children prior to any contact with Child Protection Services. This Program does lower the number of referrals to CPS according to information Panel members received from the community. These services have a proven track record in being effective in increasing the well-being of children and school readiness.

**Department Response:** The Department continues to recognize the excellent services Community Resource Workers offer to families and communities in Idaho. There are currently 24 Community Resource Worker positions throughout the state. These workers continue to have access to \$300,000 in Emergency Assistance funds they can utilize for qualified families in their schools. Unfortunately due to budget constraints, the Department is unable to dedicate funding to allow CRW positions in all schools throughout Idaho or to expand the CRW program. However, Department Navigators do support schools in regions without CRW positions. Navigators also support schools in all regions during the summer months when schools are not open.

## II. AWARENESS DELIVERY

### A. Human Trafficking

**RECOMMENDATION:** KCS panel recommends the Department provide an awareness to child welfare staff and adolescents aging out regarding “human trafficking” concerns.

**Reason:** Human trafficking is becoming more prevalent in the United States. We support specific state laws preventing human trafficking involving children. Older youth will be educated on the dangers existing regarding human trafficking. Child welfare staff may encounter situations of human trafficking and additional training will enhance their awareness.

**Department Response:** The Department recognizes Human Trafficking exists in Idaho and is an egregious crime. The Department also recognizes the difficulties in identifying, tracking, and prosecuting Human Trafficking violations in our criminal justice system. Additionally, there is a lack of services to respond to victims of human trafficking in Idaho and the Department supports increases in community awareness and services for victims of the sex trade. The Department is aware youth in foster care may be at higher risk for becoming victims of human trafficking. Education is provided to older youth through IL services which do include healthy sexual relationships. The Department will continue to partner with local advocacy organizations and law enforcement to identify instances of

human trafficking and coordinate a response when necessary. The Department will encourage our workers to attend trainings offered in the community regarding the issue of human trafficking.

**B. Education in the elementary schools re: Mental Health Issues and Treatment.**

**RECOMMENDATION:** Promote the adoption of mental health curriculum beginning at the elementary level. Utilize NAMI (National Alliance for Mental Illnesses) to provide curriculum and education to the schools.

**Department Response:** The Department supports the recommendation of providing education to both school and students in increasing awareness of behavioral health issues. This recommendation, and the one that follows, concern curriculum and training of school personnel which falls under the purview of the State Department of Education and local school districts. The Division of Family and Community Services and the Division of Behavioral Health are both members of the Special Education Advisory Panel for the State Department of Education. This Advisory Panel makes annual recommendations to the State Department of Education on issues concerning Special Education. These recommendations will be discussed in the upcoming year with the Special Education Advisory Panel by Department representatives. However, it will be up to the Panel as a whole to make the recommendations to the State Department of Education. The Department would be willing to support the Idaho Department of Education and independent school districts in this endeavor if they chose to pursue these activities and agrees that NAMI among other organizations could be a resource.

**RECOMMENDATION:** Ensure school personnel receive education relating to mental health disorders for youth whose parents or natural caretakers may be suffering from mental health disorders.

**Reason:** This awareness can lead to more positive outcomes for families and healthy relationships.

**Department Response:** The Idaho Department of Education is the entity responsible for training and educating school personnel. The Department is available to assist with in-service education as requested. Please see previous response above.

**C. Provide training and education to Child Welfare staff working with families who have disabilities.**

**RECOMMENDATION:** Establish training through the Independent Living Centers or other disability sources to provide resources to those working

with biological families with disabilities who are involved with the child welfare system.

**Department Response:** The Department will provide information and training opportunities for those working with individuals with diverse abilities.

#### **D. Suicide prevention and support for foster parents and the community**

**RECOMMENDATION:** Encourage the Department to provide a statewide suicide prevention awareness program for foster parents and community partners. The program will help foster parents be more pro-active in recognizing, preventing or intervening in risky or suicidal behavior of the children they foster.

**Department Response:** The Department supports suicide awareness programs and makes those available to citizens of Idaho. Throughout the state there are QPR (Question, Persuade, and Refer) instructors. “QPR Gatekeeper Training for Suicide Prevention” is a nationally recognized evidence-based program. The Division of Behavioral Health is supporting this training through the purchase of the training materials for attendees. The Division of Behavioral Health has agreed to notify Family and Community Services of the scheduled trainings so foster parents can be invited to participate.

#### **E. Child Death Statistics**

**RECOMMENDATION:** That the statistics of child death, and near death events be published in the annual report of the Keeping Children Safe Panel. This will serve as an additional focus to our work, as well as a possible basis for future recommendations.

**Department Response:** : In March 2013, the Department revised our policy in relation to child fatalities to broaden participant membership in review panels, as well as to clarify the process of capturing recommendations from these reviews. The new Hub-based child fatality review panels will provide their written recommendations to the FACS Division Administrator within 60 days of the conclusion of each review. The Hub-based review panel’s case summary and recommendations will also be forwarded to the Statewide Child Fatality Review Team commissioned by the Governor’s Task Force on Children at Risk. These recommendations may also be reviewed by local Keeping Children Safe Panels in addition to aggregate fatality data. KCS Panels may also want to review the annual report prepared by the Governor’s Task Force on Children at Risk Statewide Child Fatality Review Team. The Child Welfare Program does not currently have an indicator in our data management system for near fatalities. Efforts are

currently underway to develop such an indicator so these cases may be included in the Hub-based review process.

### III. SUPPORT FOR BIRTH FAMILIES

A. Explore the feasibility of creating support groups for parents who have children in foster care.

**RECOMMENDATION:** The Department will research other Parent Support Orientation/Network groups for parents who are involved with the child welfare system and report findings.

**Department Response:** The Department will research Parent Support and Involvement programs relevant to parents involved in child welfare and disseminate findings as they become available in regional offices.

### IV. SUPPORT FOR FOSTER PARENTS

A. Foster Parent reimbursement rate.

**RECOMMENDATION:** Increase reimbursement rate for foster care providers.

**Reason:** Panel members learned that foster care providers did receive a rate increase this past year. However, the current rate is still far below the national average. Consequently, we believe another increase for foster care providers is necessary.

**Department Response:** In 2012, the Joint Finance and Appropriations Committee appropriated \$650,000 to increase the foster care reimbursement rates. The increase in the foster care stipends was a welcome surprise for child welfare. This 2013 legislative season, Rob Luce, FACS Division Administrator, requested an additional increase from JFAC, and this increase was approved. The increased rates will go into effect July 1, 2013, and equal roughly one dollar per day.

B. PRIDE Training curriculum more accessible, especially in rural areas

**RECOMMENDATION:** Structure PRIDE training so that some of the classes can be taken online or through video conferencing. Further explore child care options to assist families in attending PRIDE.

**Department Response:** Because PRIDE is a practice model that includes an assessment component, it is important to continue the group structure of PRIDE as a best-practice model. In addition to gaining knowledge, attendance at PRIDE encourages the building of supportive relationships with other potential resource parents, existing resource parents, and

department staff. Consideration of alternative delivery methods of PRIDE continues to be included in the PRIDE Contract. Each Region has the ability to “waive” or “vary” certain non-safety requirements including training delivery on a case-by-case basis, however it is best practice to continue the group learning structure in order to be able to fully assess the prospective family.

Last year, CFS evaluated the content of PRIDE’s 9<sup>th</sup> session which includes guidance related to the “nut and bolts” of being a foster parent. Recruiter Peer Mentor’s (RPM’s) will now deliver the topics of this session within the home of the prospective foster family either following completion of the other PRIDE sessions or immediately after an expedited placement is made with relatives or fictive kin. Session 9 will focus on a panel made up of current foster parents, birth parents and youth.

**C. Help interested foster parents access pertussis (whooping cough) vaccines.**

**RECOMMENDATION:** The KCS panel encourages access and financial assistance for pertussis vaccinations for foster families with small children who have not been inoculated.

**Department Response:** The Department is planning to focus on the importance of adult immunizations in general and particularly for foster parents, other care providers and family members spending time with infants. This will occur during National Immunization Awareness Month in August 2013. Information will be posted on the IDHW Foster Care Web Site and will include links helping individual’s find sources for immunizations. Implementation of the Affordable Care Act is designed to include a focus on prevention including no co-payment or cost-sharing for immunizations for children and adults.

**D. Kinicare Services and Support.**

**RECOMMENDATION:** Kinship families need support and access to services that include; legal, physical, mental health, child care, housing, education and financial services.

**Reason:** Research shows that relative placements for children are more stable than placements with non-relatives; and are more likely to keep children connected with siblings; and more likely to keep children connected to their extended family and culture.

**Reason:** Studies show that kinship care providers are referred for, offered, and receive fewer services for themselves and the children they care for.

**Department Response:** In 2012, twenty-two Navigators and six VISTA service project members provided direct service to 133 Idaho kinship families, and information, support, and public awareness to thousands.

#### **Direct Service**

Navigators distributed over \$77,000 to 133 kinship families to help them raise their extended family members. The funds paid for things like bunk beds, summer camps, tutors, and school fees.

#### **Information and Support**

Navigators and VISTAs work with over 15 individual support groups statewide, providing technical assistance and help in community organization. Since the VISTA project began there has been a 30 percent statewide increase in attendance at support groups. Each VISTA also creates and distributes a regional newsletter with articles and items relevant to kinship families. These go out to over 700 families state-wide. In addition there is a web site and a Facebook site that has basic information about kin care, meeting times, and contact information for VISTAs.

#### **Public Awareness**

Each year, in every region of the state VISTAs, facilitate speakers, ice cream socials, picnics and other events for kinship families—all designed to provide information and raise public awareness of the numbers of kinship youth in care and services and resources that are available to them. In the last year there were numerous local television, radio and print media stories about Idaho kinship families. For each of the last two years, and again this year, VISTAs have gathered community support to conduct a statewide art contest in which kinship youth provide art, poetry, or prose regarding their experience of kin care. In conjunction with this contest, the Governor of Idaho has declared July 19, 2013 as Idaho Family Kin Care Day.

#### **E. Legal rights for grandparents.**

**RECOMMENDATION:** Collaborate with the Court System and Legislature to establish legal rights for grandparents so grandparents can maintain a supportive relationship with their grandchildren when deemed in the best interest of the child. Examples include: visitation and/or custodial care.

**Reason:** National statistics reveal that 2.5 million children are being raised by grandparents and other relatives because their parents are unable to care for them.

**Reason:** As children transition into adulthood, children placed with relatives vs. non-relatives tend to have fewer issues related to their own identity and seem more capable of facing adulthood with family support.

**Department Response:** The Department has licensing standards and procedures to expedite placement with relatives and kin when children come into foster care, pending subsequent foster care licensure. The standard clearly outlines the steps that must be taken to ensure and document child safety while allowing most relatives to shelter children within their family at the time they are placed in the custody of the Department.

Additionally, as a result of the Fostering Connections to Success and Increasing Adoptions Act, the Department revised its concurrent planning standard to require Department social workers to make efforts to identify and provide notice to all the child's adult relatives within 30 days after removal of a child from his/her home. The notice states that the child has been removed from the parent's care and explains relatives' options to provide support through contact and to participate in the child's care and placement.

In promoting relative placement, during the 2010 legislative session, the Department worked with Representative Block to amend the Child Protective Act and the Child Care Licensing Reform Act. These revisions state:

At any time the Department is considering a placement, the Department shall make a reasonable effort to place the child in the least restrictive environment to the child and in so doing shall consider consistent with the best interest and special needs of the child, placement priority in the following order:

- a. A fit and willing relative.
- b. A fit and willing non-relative with significant relationship with the child.
- c. Foster parents and other persons licensed in accordance with the licensing rules.

Other bills involving grandparents' legal rights were introduced during the 2010 legislative session. For example, Senate Bill Number 1414 would allow grandparents to petition for visitation with grandchildren and would allow a judge to determine if grandparent visitation was in the best interests of the child. This bill was not passed. However, Senate Bill 1382 was passed. It provides a process for a court to use when deciding whether or not to grant de facto custodian status (guardianship) to a grandparent or other relative.

Beginning in 2009 a statewide effort was initiated to assist in both the development of, and identification of, existing resources for relative care providers. The primary partners in the work are the Idaho KinCare Coalition members and DHW. Capacity to the effort is provided by localized stakeholder agencies, DHW Navigators across the State, and 5 Americorps

VISTA volunteers. The identified approach in getting resources to relative caretakers is twofold: actual service delivery provided by Navigators and the focused development and use of CareLine 211 as a continuously updated statewide venue where access and relevant information is assured to all relative caretakers.

Although both the KinCare Coalition and DHW have restrictions about their role in the creation of legislation, they do inform processes that are in the best interests of families and children. Relative caretakers can utilize CareLine 211 to get information about all forms of legal sanction that may be helpful to them in their particular circumstance (e.g., durable power of attorney, guardianship, and adoption). Also, Navigators can assist relative caretakers in some Regions in locating low or reduced cost legal services. Purposeful alignments with the identified needs of relative caretakers include the following:

- DHW Navigators have become experts in the delivery of services/resources to relative caretakers.
- CareLine 211 has developed an entire domain of information with both localized and statewide relevancy directed toward relative caretakers.
- Upon request, CareLine 211 will send out packets with comprehensive information specifically for relative caretakers. This packet contains resource information that is continually updated.
- The Department will continue to use VISTA's to further the work of the September 2009 Kinship initiative.
- The service integration management team and Navigation Services will continue to prioritize and support work with relative caretakers.

## V. SUPPORT FOR FOSTER YOUTH

### A. OBOY (One Business One Youth) – partnership with employers

**RECOMMENDATION:** Conduct a statewide search for employers to assist with job seeking and mentoring. Just as the state is engaging in the One Church One Child initiative, it can be equally important to partner and build relationships with hiring agencies, foundations, and large companies. The panel would further recommend providing another “Vista” volunteer for each region to assist with “OBOY”.

**Reason:** Adolescent homelessness and poverty rates are increasing across the state. Joint partnerships with employers give these adolescents an additional tool in becoming independent and successful as young adults as they “age out” of foster care. These employers will give these youth opportunities for employment, job skills, and partnerships between these employment agencies and the Department.

**Department Response:** The Department of Health and Welfare works closely with Idaho Commerce and Labor's WIA (Workforce Investment Act)

program. This program provides automatic eligibility to all youth in foster care. The program offers, career assessment based on skills, abilities, and strengths, job search strategies, resume building, on the job training, and many other employment related skills focused on the younger employee. Idaho Commerce and Labor can be located all over the state of Idaho in local communities and have dedicated staff to administer this program.

In addition each region has an IL (Independent Living) coordinator who among many additional responsibilities is responsible for creating community connections for older youth in regards to life skills training including employment.

## **B. Medication**

**RECOMMENDATION:** Gather statistical data on the number of children in foster care who are on medication, the type of medication they are on, and whether they were on medication when they entered foster care.

**Reason:** Children who are removed from their home and placed in foster care have experienced significant emotional trauma. Sometimes children are placed on medication, which masks the trauma, rather than being treated for the trauma.

**Department Response:** We have incorporated a plan for data collection, education and monitoring of psychotropic medication for foster youth as part of our FY2013 Federal Comprehensive Family Services Plan. The following goals are included in that plan and are being implemented:

- Increase awareness/recognition of the issues of need for appropriate use of psychotropic medication with foster youth;
- Develop consensus though collaboration that the use of psychotropic medication in children and youth in foster care carries both risks and benefits, but must be used only when clinically appropriate and clinically indicated;
- Assure access to up-to-date guidelines on clinical practice to inform systems including trauma-informed services;
- Identification of which foster children and youth may need psychotropic medication;
- Develop and implement an informed consent for psychotropic medication. The current Consent for Medical Treatment is general and only to be used when the parent is unavailable to provide consent in real time (at the time it is needed). Informed Consent for specific psychotropic medications involves discussion of the benefits and side effects of specific medications with the prescriber and having both the child's parent and the child themselves agree that they have had this discussion, their questions have been answered, that they understand the reason for the recommending the medication as well as the benefits and side effects.

- Promote engaged relationships between and among the bio parents, youth, worker and prescriber to assure that parties are fully informed, motivated to follow through and able to ask questions; and
- Monitor and impact population trends both at the individual and at the population level

Our plan also includes the ongoing development of trauma-informed services both assessment and treatment. Knowledge of a child or youth's individual trauma history can inform both treatment and environmental sensitivity to that trauma. Trauma informed treatment and approaches to fostering may well reduce the need for psychotropic medication for many youth in foster care.

### C. Legal representation for youth in care.

**RECOMMENDATION:** The Deputy Attorney General, assigned to the Dept. of Health and Welfare serve as the legal representative of the child (or children) who are suspected victims of child abuse. Because of the financial limitations at the present time, we recommend that one region be used as a test site. Information could be accurately gathered to determine if the representation was successful, if additional staff would be necessary to continue the project and what the costs of expanding the project to all regions would be.

**Reason:** In court room situations, the children who are the victims of child abuse are not adequately represented. While the court has made noble efforts to have a Guardian ad litem assigned to represent the child (or children), this has often times not occurred or been inadequate.

**Department Response:** During the 2013 legislative session the Idaho Child Protective Act was revised to clarify when legal counsel and guardian ad litem are appointed for children. The Act now specifies:

**Child Protective Act 16-1614. APPOINTMENT OF GUARDIAN AD LITEM, COUNSEL FOR GUARDIAN AD LITEM, COUNSEL FOR CHILD.** (1) In any proceeding under this chapter for a child under the age of twelve (12) years, the court shall appoint a guardian ad litem for the child or children and shall appoint counsel to represent the guardian ad litem, unless the guardian ad litem is already represented by counsel. If a court does not have available to it a guardian ad litem program or a sufficient number of guardians ad litem, the court shall appoint counsel for the child. In appropriate cases, the court may appoint a guardian ad litem for the child and counsel to represent the guardian ad litem and may, in addition, appoint counsel to represent the child.

(2) In any proceeding under this chapter for a child twelve (12) years of age or older, the court:

(a) Shall appoint counsel to represent the child and may, in addition, appoint a guardian ad litem; or

(b) Where appointment of counsel is not practicable or not appropriate, may appoint a guardian ad litem for the child and shall appoint counsel to represent the guardian ad litem, unless the guardian ad litem is already represented by counsel.

(3) Counsel appointed for the child under the provisions of this section shall be paid for by the county unless the party for whom counsel is appointed has an independent estate sufficient to pay such costs.

## **VI. SUPPORT EDUCATION**

### **A. Keep children in same schools when they enter care.**

**RECOMMENDATION: Join with the Department of Education to develop a plan to keep foster children in the same school district and/or community.**

**Department Response:** Federal law and state policy currently support efforts to maintain foster children in the same school district and/or community when it is in the best interest of the child to do so. The Department has joined with the Idaho Department of Education on a plan for this item. Children and Family services has adopted a standard of practice in regard to Educational Stability. The Standard reads as follows “

The case plans of each child in state custody must include a plan for ensuring the educational stability of that child and will be documented on the child’s Alternate Care Plan. Department social workers must make diligent efforts to maintain the stability of the child’s school setting, through efforts such as placement selection and transportation assistance. The case plan must assure that:

- The initial placement and all following changes in placement must take into account the appropriateness of the child’s current educational setting and the proximity to the school in which the child was enrolled at the time of each placement change;
- Through coordination with local education agencies, children will remain in the school they are enrolled in at the time of each placement change, unless that would not be in the child’s best interest; and
- If remaining in the same school is not in the child’s best interest, the agency must assure that the child has immediate and appropriate enrollment in a new school with all of the educational records of the child provided to that new school.
- Reasons for a change in an educational setting:
  - The child is involved in gang or illegal activity.
  - The child’s developmental or educational needs are not being met.
  - There is risk of harm to the child due to proximity and access of the offender.

- The child has been moved to a permanent home due to adoption or guardianship.
- The youth is opposed to remaining in the school due to a feasible and arguable reason.
- The child is in a residential treatment facility with educational services on site.

**B. Funding options to keep children in same school.**

**RECOMMENDATION:** Explore funding options to assist with transportation to keep children in their school of origin, if the child or children need to be relocated out of district or to another community.

**Department Response:** School districts are responsible for providing transportation to the school of origin for students identified as homeless under McKinney-Vento. McKinney-Vento includes students “awaiting foster care.” Idaho’s definition for “awaiting foster care” is a temporary shelter placement or shelter care after the child /youth has been removed from home and before the child is placed in the legal custody of the Department (at the adjudicatory hearing, approximately 30 days after the child has been removed from his/her home); or a hospital or other institutional placement only when the child/youth’s release is being delayed due to a lack of placement.

The District liaison, to the extent possible, will make every effort to coordinate school placement, transportation, and other educationally related services with the child protection and /or foster care representatives.

Post adjudicatory, students who have been placed in foster care also have the right to stay in the school of origin under the Fostering Connections Act. After the adjudicatory hearing H&W is responsible for the transportation. IV-E funding may be used for transporting eligible children/youth to their school of origin.

**C. Maintain/transfer credits if child has to be moved.**

**RECOMMENDATION:** Partner with Department of Education to maintain and avoid loss of credits if the child is moved out of district or community.

**Department Response:** The Department is currently working with the Department of Education on this item. A work plan between IDHW and the Department of Education has been an ongoing effort since 2011. This work includes a plan to ensure that social workers have readily available school information including school credits and that schools will work in coordination with social worker to ensure that youth in foster care don’t lose credit in schools when they are moved.

**D. Allow foster youth to have excused absences from school for family visits or court proceedings.**

**RECOMMENDATION: Allow foster child/children to be excused from school for visitation and court appearances.**

**Department Response: A work plan between IDHW and the Department of Education has been an ongoing effort since 2011. This work includes clearer communication between social workers and school staff regarding specific needs of youth in foster care and school absences. Training for social workers includes scheduling as much as possible outside the school day and for school personal, reasons why youth in foster care sometimes miss school for reasons that cannot be prevented, such as court hearings.**

**Idaho “Keeping Children Safe”  
Regional Panel Activities During 2012**

**Thank you to the following regional  
Keeping Children Safe Panel members!**

**Region 1**

Co-Chair: Verna Gabel, Sandpoint  
Co-Chair: Leah Stern, Coeur d’Alene  
Will Ross, Coeur d’Alene  
Richard Griffin, Cataldo  
Mary Vail, Sandpoint  
Jason Ball, Hayden  
Madeline Settle, Hayden  
DHW Liaison: Robin Happeny

**Region 2**

Co-Chair: Doris Ferguson, Lewiston  
Co-Chair: Douglas Giddings, White Bird  
Lura Abbott, Grangeville  
Jeanette Pinkham, Nez Perce Tribe  
Kandi Borgelt, Kamiah  
Barbara Hershberger, Lewiston  
Vern Hershberger, Lewiston  
DHW Liaison: Brad Forth

**Region 3**

Co-Chair: Tricia Combs, Caldwell  
Co-Chair: Carol Lenz, Nampa  
Linda Dripps, Caldwell  
Christy Thomas, Caldwell  
Shannon Jones, Caldwell  
Dina Brewer, Boise  
Todd Christensen, Boise  
Jamie Green, Nampa  
DHW Liaison: Chris Fairchild

**Region 4**

Chair: Tom Turco, Boise  
Sally Hurtuck, Boise  
Mary Stackle, Boise  
Colleen Braga, Boise  
Andrea Gillman, Boise  
DHW Liaison: Sabrina Brown

**Region 5**

Co-Chair: Midge Fisher, Twin Falls  
Co-Chair: Wes Fields, Fairfield  
Lorie Nebeker, Twin Falls  
Donna Bohrn, Twin Falls  
Susan Baisch, Twin Falls  
Bree VanLeeuwen, Twin Falls  
DHW Liaison: Jamie Stoker

**Region 6**

Chair: Oliver Samora, Pocatello  
James Elbrader, Pocatello  
Irene Samora, Pocatello  
Donna Boe, Pocatello  
Peggy Haskins, Pocatello  
Robert Stites, Pocatello  
Amanda Hadley, Support, Pocatello  
DHW Liaison: Shawna Miller

**Region 7**

Co-Chair: Gene Lund, Idaho Falls  
Co-Chair: Jerry Johnson, Idaho Falls  
Julie Hill, Rexburg  
Janice McNee, St. Anthony  
Renee Hill, Idaho Falls  
Melinda Drowns, Rigby  
Shane Boyle, St. Anthony  
Eileen Hancy, Rexburg  
Diane McLeod, Support  
DHW Liaison: Caprice Miller

## Region 1

### **Speakers/Participation:**

Denise Rosen Deputy Attorney General met with panel members to discuss recent Idaho Code changes and discuss recommendations panel members were curious about.

Panel members met with Wendy Nutting regarding budget issues from the Department perspective.

Panel members met with Rob Luce during his visit to the north HUB.

Panel members met with Angie Delio from Kootenai Medical Center regarding human trafficking issues. MSW research for BSU

Panel members met with Terassa Ruiz regional Independent Living Coordinator to discuss needs working with youth.

### Goals:

The region 1 panel members would like to take a closer look at the use of MDT meetings in each county within the region to determine its function, purpose, and goals. The panel would further like to examine the effectiveness of the drug testing protocol at Kootenai Medical center, determine any barriers to testing, and any need for changes to the current system in place. The panel will also be working to evaluate the effectiveness of the Child Advocacy Center as it becomes functional in the coming year.

## Region 2

### **Permanency for Children Focus:**

KCS Panel decided to focus on Permanency for Children this past year. We invited Foster Care Providers and staff with placements to share their experiences and insights with the panel.

KCS Panel invited community resources representatives and other community partners to share information about their services and area of expertise with Panel members during their monthly meetings.

KCS Panel was informed about One Church One Child Program and the goal of this Program which is permanency for every child.

### Goals:

Support Permanency for children who are currently in out of home placements.

### **Region 3**

#### Participation and Goals

None listed for 2012

### **Region 4**

#### Activities:

This year we returned to meeting monthly. The activities during the meeting included:

- A case review
- Adoption Placement
- Training in CQI
- 2 Fatality Reviews
- One Church One Child implementation meetings

Members did not participate in the CQI process of quarterly file reviews with Department workers, which include interviews with biological parents, foster parents, social workers, and foster children if appropriate due to unavailability of members.

#### Goals:

To have at least one joint meeting with the other KCS Panel in the Western Hub.

The panel will continue to participate in CQI and Fatality Reviews when requested.

Panel members will continue to shadow case workers as opportunities become available.

Panel members will be encouraged to attend and participate in PRIDE training.

Panel members will attend pertinent training opportunities, seminars, conferences, etc. as they become available.

### **Region 5**

#### Participation:

The panel continues to review child welfare cases. This involves reviewing case records, CFS standards, IDAPA Rules, State Statutes and interviews with CFS supervisors and staff.

Two panel members are trained CQI reviewers and one panel member has participated in the last two regional CQI reviews.

The panel participated in the “Stewards of Children” training offered by St. Luke’s Regional Medical Center through the CARES Program.

The panel continues to focus on recruitment of new members and will continue to do so until membership/attendance is no longer an issue.

The panel is interested in providing more prevention based training to regional participants in areas including suicide prevention and prevention of sex abuse.

## **Region 6**

### **2012 Accomplishments/Activities**

- The Region VI Keeping Children Safe Panel of 2012 focused on learning more about human trafficking, legal representation for social workers, and child abuse.
- 1. Shawna Miller presented a video about the process of reporting child abuse. What to look for and who to contact.
- 2. Matt English gave a presentation regarding Family Treatment Court. He gave an overview of the different types of drug courts in our surrounding area. He stated that 82% of participants in drug court stay drug –free.
- 3. Panel members visited Bannock House to talk with the children there.
- 4. Three foster parents presented to the panel how they feel about being a foster parent. We documented what they would like to see changed: the foster parents stated they would like the Department to make the parents prove they want their children back. They would like to see the child have rights prenatally, and changes made to the stipulation of the 15-month termination rule by taking into consideration the child’s best interest.
- 5. The panel was informed about foster children taking mood altering medications. Foster children are more likely to be on these types of medication due to trauma they have experienced. The administration of these medications needs to be closely monitored.
- 6. A presentation was give on human trafficking by Kimberly Wacaster from ISU It included information about victims of labor and sexual trafficking, both forced and bonded. Goals included identifying who may be a trafficker and who may be being trafficked.

### **Goals**

- We will continue to review cases presented by social workers to get a better understanding of how they proceed with cases.
- We will continue to visit facilities that are available to the Department of Health and Welfare.
- We will attend more court cases.

## Region 7

Our Panel investigated a number of areas. We focused our attention on a few areas that continue to need attention and areas that are included in our recommendations.

During this year the Region VII Panel met nine times. During those meetings eleven cases were reviewed, three guest speakers presented about issues and programs in Region VII and the panel participated in national webinar training.

A primary focus of the team was following cases for the complete course of the investigation and the care of the children through either reunification or termination of parental rights.

The panel has been interested in more clearly defining their role and ensuring that the panel remains “on focus”.