

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

**Annual Progress and Service Report (APSR)
July 1, 2013 – June 30, 2014
and
5 Year Summary (2010-2014)**

Approved Plan will be posted at

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

TABLE of CONTENTS

INTRODUCTION5
RESPONSIBLE STATE AGENCY5
PUBLICLY FUNDED CHILD AND FAMILY SERVICES CONTINUUM5
THIS PAST YEAR IN IDAHO6
LEGISLATIVE PROPOSALS7
NEW STRATEGIES FOR THIS APSR7
ORGANIZATION OF THE PLAN7
GOAL I. CHILDREN WILL BE SAFE8
Outcome 1. Children are, First and Foremost, Protected from Abuse and Neglect8
Outcome 2. Children are Safely Maintained in their Homes Whenever Possible and
Appropriate10
GOAL II. PROVIDE STABLE, NURTURING AND PERMANENT RELATIONSHIPS
BETWEEN CHILDREN AND CAREGIVERS IN A TIMELY MANNER13
Outcome 1. Children have permanency and stability in their living situations13
GOAL III. CHILD AND FAMILY WELL-BEING33
Outcome 1. Families have enhanced capacity to provide for their children’s needs33
Outcome 2. Children receive adequate services to meet their educational needs39
Outcome 3. Children receive adequate services to meet their physical and mental health
needs40
GOAL IV. CONTINUOUSLY IMPROVE THE ORGANIZATION’S CAPABILITY TO
ACHIEVE ITS GOALS OF HELPING FAMILIES AND CHILDREN42
SYSTEMIC FACTOR 1 STATEWIDE INFORMATION SYSTEM43
SYSTEMIC FACTOR 2 CASE REVIEW SYSTEM43
SYSTEMIC FACTOR 3 QUALITY ASSURANCE SYSTEM45
SYSTEMIC FACTOR 4 STAFF AND PROVIDER TRAINING47
SYSTEMIC FACTOR 5 SERVICE ARRAY and RESOURCE DEVELOPMENT50
SYSTEMIC FACTOR 6 AGENCY RESPONSIVENESS TO THE COMMUNITY50
SYSTEMIC FACTOR 7 FOSTER and ADOPTIVE PARENT LICENSING, RECRUITMENT
and RETENTION54
SERVICE DESCRIPTION57
Promoting Safe And Stable Families (PSSF)57
Identification of Populations at Greatest Risk of Maltreatment59
CONSULTATION AND COLLABORATION59
PROGRAM SUPPORT60
Idaho Staff Development and Training Plan60
COLLABORATIVE EFFORTS WITH TRIBAL PROGRAMS66
PLAN FOR IMPROVEMENT OF HEALTH CARE SERVICES67

DISASTER PLAN UPDATE	73
MONTHLY CASEWORKER VISITS, FUND EXPENDITURE AND VISIT DATA	73
ADOPTION INCENTIVE FUNDS.....	76
QUALITY ASSURANCE SYSTEM	76
REPORT ON CFS SERVICES FOR CHILDREN UNDER THE AGE OF 5	80
CHILD MALTREATMENT DEATHS	82
CAPTA PLAN 2014-2015.....	83
CHAFEE CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAM.....	88
STATISTICAL AND SUPPORTING INFORMATION.....	101
Education and Training Vouchers	101
Inter Country Adoptions	101
Workforce Information on Child Protective Services	101
Juvenile Justice Transfers	104
FINANCIAL INFORMATION	105

APPENDICES

CFS-101, Part I: Annual Budget Request for Title IV-B, Subparts 1 and 2, CAPTA, Chafee Foster Care Independence (CFCCIP) and Education and Training Voucher (ETV) Program Form.

CFS-101, Part II: Annual Summary of Child and Family Services Form

CFS-101, Part III: Annual Expenditures for Title IV-B, Subparts 1 and 2, CAPTA, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) Form

All financial forms are included in both .xsl and .pdf (signed).

ATTACHMENTS

Attachment A: Keeping Children Safe Panel 2013-2014 Annual Report and Department Responses

Attachment B: ICWA Comprehensive Plan

Attachment C: In-service Training
(New Title IV-E training plan matrix is attached to CFSR 2015-2019)

Attachment D: Foster Parent Cover Letter and Survey

Attachment E: ETV chart

Attachment F: Independent Living Case Record Review Results
Independent Living CRR Goals

INTRODUCTION

RESPONSIBLE STATE AGENCY

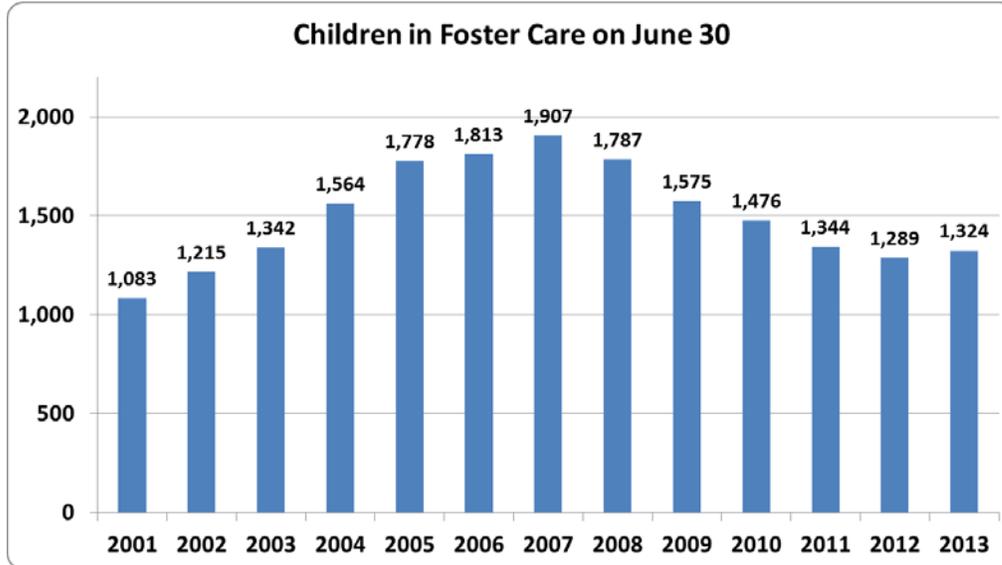
The Idaho Department of Health and Welfare (IDHW) is the state agency responsible for over 30 health, welfare and human services programs throughout Idaho. The Department's mission is to actively promote and protect the health and safety of Idahoans.

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.

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.

THIS PAST YEAR IN IDAHO



Children in Foster Care

The point-in-time number of children in foster care in Idaho appears to have hit a 10 year low in 2012, and increased in 2013 by less than 3%.

Youth Advisory Board

The National Resource Center for Youth Development has provided technical assistance to the state in creating Idaho's first Foster Youth Advisory board. In its second year, this board has played an active role in spreading information about independent living in the community and to those working within child welfare.

Guardian Scholars

The Guardian Scholars program is designed to provide wrap around support to foster youth enrolled in higher educational settings, promote sustainability in educational programs, and ultimately increase graduation rates. Guardian Scholars programs now exist in two universities and there is a statewide effort to build similar programs in all of Idaho institutions of higher education. Monthly conference calls are hosted with four of Idaho's colleges to share success and challenges in an effort to expand programs to other campuses.

Application for Child Welfare Waiver Demonstration Activities

CFS has recently been awarded a Child Welfare Title IV-E Waiver Demonstration Project. CFS will use Federal title IV-E funds to implement three major initiatives statewide. The first is a Trauma-Informed System of Care that includes enhanced trauma education and training for child welfare staff, universal trauma screening, and evidence-based/promising practices, including Trauma-Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy. CFS will also increase family and youth involvement in case decision-making through Team Decision Meetings (TDMs) and Family Group Decision Makings (FGDMs). Lastly, CFS will improve family capacity to parent through the use of an evidence-based parent training.

LEGISLATIVE PROPOSALS

Appointment of Attorney to Represent Youth 12 and older

During the 2013 legislative session, the Court's Child Protection Committee supported legislation requiring the appointment of a GAL for all children under the age of twelve (12) unless there is no GAL available in which case an attorney shall be appointed to represent the child. For children twelve (12) years of age or older, the legislation required the appointment of an attorney to represent the child, absent a finding by the court that such appointment is not appropriate or practicable. This Senate Bill passed and became effective July 1, 2013.

House Bill 464

The intent of this legislation was to require that a peace officer must consult with the Department of Health and Welfare child welfare social workers before declaring a child in imminent danger and taking them into state care. This House Bill was met with opposition by some law enforcement agencies and prosecuting attorneys. The bill was ultimately held in committee and was pulled from consideration during the 2014 legislative session.

House Bill 465

This legislation sought to revise the timing for a child declared in imminent danger. The purpose of the proposed changes were designed to lessen the number of children being taken into shelter care by allowing the Idaho Department of Health and Welfare child welfare social workers ample time to complete a more thorough safety assessment. This bill was pulled just prior to being presented in committee.

NEW STRATEGIES FOR THIS APSR

This is the final APSR for the 2010-2014 5 year plan and no new strategies will be added. New strategies will be placed in the 2015-2019 5 year plan which accompanies this submission.

ORGANIZATION OF THE PLAN

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

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

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

Funding streams are identified by the following acronyms:

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

This plan is organized by goals and strategies. Under each strategy the funding source(s) used to finance the strategy is recorded. The overall organization of the plan mirrors the child welfare goals of the CFSR. All of Idaho's goals and strategies were developed with input from community partners through a sustained series of collaborative contacts throughout the year.

Each open strategy will include an annual and data update for 2013 as well as a 5 year summary for 2010-2014.

GOAL I. CHILDREN WILL BE SAFE

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

Strategies for Item 1. Timeliness of initiating investigations of reports of child maltreatment

1.1 Continue monitoring timeliness of initial investigations and report statewide results annually through the case review process.

Funding Source:	CAPTA
Target Date for Completion:	Ongoing
Status:	Performance below goal

Case Record Review Results	
Item 1 Timeliness of Response	Goal: 95%
1/1/11– 12/31/11	98%
1/1/12 – 12/31/12	97%
1/1/13– 12/31/13	94%

Performance has dropped just below the established goal. This decrease may be related to statewide centralization of intake. We will continue to monitor. A report is readily available to each supervisor regarding investigations which have not been completed in a timely manner. This provides an ongoing way for supervisors to monitor performance. We will consider re-instituting the monthly timeliness of response reports if performance falls to 90% or below.

1.2 Evaluate the state's current child abuse and neglect intake process and implement a centralized intake system.

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

Currently CFS is tracking and evaluating data with multiple reports to track the number of calls and other relevant factors. This data is posted on the Department SharePoint site so that field office staff can have access to the information. This data is also shared with community partners. The Centralized Intake Project is currently in the Evaluation phase. Central Intake supervisors are currently traveling to communities statewide again to gather feedback and discuss problems and benefits with the system.

CFS has also implemented a Central Intake workgroup that meets quarterly. Members of the workgroup come from local offices, Central Intake and Central Office. Ongoing issues with practice and standardization are reviewed along with any suggestions for changes to Central Intake processes.

ITEM 1 - SUMMARY OF ACCOMPLISHMENTS 2010-2014

Idaho’s timeliness of response continues to be strong. Central Intake for Child and Family Services was fully implemented October 1, 2012 and is currently in the evaluation phase. Over the next several years CFS will be considering other processes that can be moved to Central Intake such as entry of licensing data and assisting to interface with local law enforcement agencies.

Strategies for Item 2. Repeat Maltreatment

2.1 Monitor regional and state recurrence of maltreatment rates through case review and Data Profile and report statewide results annually.

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

Case Record Review Results	
Item 2 Repeat Maltreatment	Goal: 95%
1/1/11 – 12/31/11	93%
1/1/12 – 12/31/12	95%
1/1/13 – 12/31/13	94%

Safety Outcome Measure 1 – Absence of Maltreatment Recurrence	
Standard: 94.6% or more	
FY 2011 (10/1/10 – 9/30/11)	97.8%
FY 2012 (10/1/11 – 9/30/12)	96.5%
FY 2013 (10/1/12 – 9/30/13)	97.1%

During the reporting period, the goal has been met for Item 2 according to the Safety Outcome Data. The case review data reflects a slightly lower percentage. This may be a result of the fact that for Item 2 on the OSRI to be applicable, there must be a substantiated referral during the period under review. This requirement lessens the number of cases found applicable on this item. The Safety Outcome Data, however, is based on all children with a substantiated referral during the PUR and thus, is more robust and reliable.

ITEM 2 - SUMMARY OF ACCOMPLISHMENTS 2010-2014

During the past 5 years, recurrence of maltreatment has continued to be an area of strength for Idaho.

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

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

- 3.1 Each region will increase its capacity to serve in-home cases (PIP-2). Completed.
- 3.2 Develop a decision tree to share with law enforcement and MDTs on when children can be maintained in their homes through in-home services (PIP-2). Completed.
- 3.3 Each region will have a mutual exchange of information between local law enforcement, prosecutors, and the Department regarding impact of removal on children, local data and services available to prevent removal (PIP-2). Completed.
- 3.4 Monitor services to families to protect child(ren) in their home and to prevent removal through case record reviews. Report statewide results annually.**

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

Case Record Review Results	
Item 3 In-home svs and prevention of removal	Goal: 94%
1/1/11 – 12/31/11	94%
1/1/12 – 12/31/12	91%
1/1/13 – 12/31/13	93%

In Idaho, this is an ongoing challenge especially because law enforcement and the court have the ability to remove a child from their home without CFS input or assessment. Efforts to work/team with law enforcement around the importance of assessment and safety planning prior to removal are ongoing at the field office level.

3.5 Assess the feasibility of implementing a differential response system.

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

Idaho currently has the ability to refer screened-out referrals to the Service Navigation Program within the Division of FACS. The Navigation Program has three goals: crisis prevention; diversion to other resources; and to improve client self-reliance. Navigation is a short term (120 days or less), solution focused, flexible service intended to help members of the community who are experiencing temporary instability find services and resources in the context of a plan. Its primary purpose is to aid participants in achieving health, stability and safety. It is a voluntary program which augments existing Department programs and services. The program ultimately addresses only as much as is desired by the participants(s).

Since the spring of 2012, Idaho has received technical assistance from the NRC on Child Protective Services in the following areas: Assistance in making adjustments to our safety assessment tool; development of practice guidance in relation to conducting announced vs. unannounced home visits; and. assistance in developing practice guidance related to the assessment of children who frequent, but do not reside in, the home of concern. A workgroup of staff from across the state has worked with the NRC over the past year on the requested items. The workgroup recommended significant revisions in an effort to better align our safety assessment tool with the safety model of practice we transitioned to in 2009. Idaho is unable to move forward with possible consideration of implementing a more comprehensive differential response system until our staff are more firmly grounded in current safety practice.

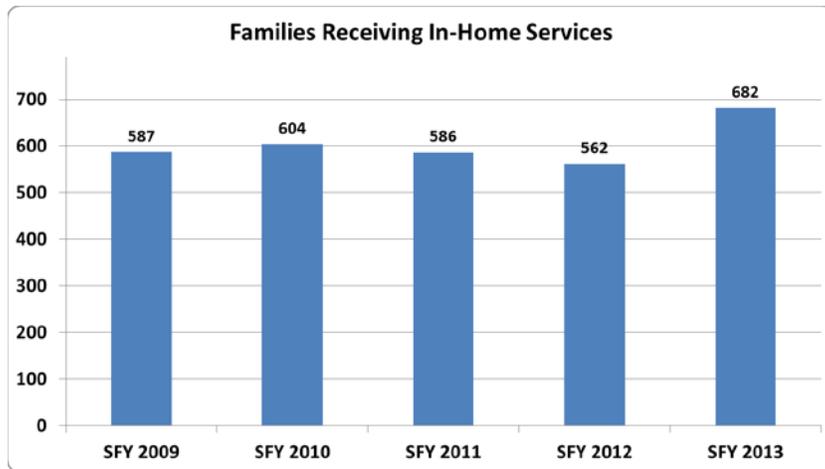
The roll out of the initial revisions to our safety assessment tool began in the fall of 2013. The roll out included a train the trainer session for members of the safety workgroup and child welfare chiefs which was provided by our consultant with the NRC for Child Protective Services. Shortly thereafter training of staff and contractors began and was concluded in February 2014. Local staff and Central Office staff partnered to conduct trainings in each hub. This small cohort of trainers was able to ensure fidelity to the training curriculum. The safety

workgroup is currently working with the NRC for CPS to develop a coaching model to further reinforce safety practice. Upon successful implementation and integration of these practice revisions, Idaho can again assess the strength of our safety practice and the potential for implementation of a differential response system.

ITEM 3 - SUMMARY OF ACCOMPLISHMENTS 2010- 2014

Early in this reporting period CFS developed a decision tree to share with law enforcement and MDTs on safety decision making and the decision process to serve families via in-home services. Staff worked with their local partners to discuss the impact of removals on children, these discussions included sharing of data and available services in individual communities.

CFS continues to increase our number of in-home cases, allowing children to remain safely in their homes. This increase can be seen in the graph below. This increase is a result of regional/hub contracts with private providers for in-home case management services. CFS has also worked to revise our child safety practice to further strengthen staff’s safety assessment skills and improve safety decisions, i.e. in-home vs. out of home. During the upcoming 5 year plan, CFS will continue to implement the revised safety model. Idaho’s IV-E Waiver will also provide financial flexibility to increase number of children who are at risk of out of home placement to be served in their own homes.



Strategies for Item 4. Risk of harm to children

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

Funding Source:	CWS
Target Date for Completion:	Ongoing
Status:	Goal met previously

Case Review Results	
Item 4 Risk Assmt and Safety Mgmt	Goal: 92%
1/1/11 – 12/31/11	89%
1/1/12 – 12/31/12	86%
1/1/13 – 12/31/13	85%

Performance on this measure has dropped an additional percentage point below the established goal during the last year. Our work with the NRC on Child Protective Services (see above) is intended to target improvement of our practice specific to assessing and maintaining safety, seeing all children in the homes and effective safety planning and other safety related issues. As the practice changes, case reviewers become more attuned to identifying safety vs. risk and looking at how safety is or is not being maintained in a given case. This may be contributing to a drop in performance as we look back and evaluate earlier practice. As the Period Under Review covers the period where the practice changes are fully implemented, we expect to see improvements.

ITEM 4 - SUMMARY OF ACCOMPLISHMENTS 2010-1014

Starting with PIP-2, Idaho has continued to look more closely at our safety practices and taken steps to become more skilled at differentiating risk and safety. These changes were summarized under Item 3 above.

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

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

Strategies for Item 5. Foster care re-entries

- 5.1 Reassessment instrument will be incorporated into FOCUS with a system alert to complete a re-assessment prior to closure of a removal episode and an integrity rule that will not allow case closure until a reassessment has been completed (PIP-2).
Completed
- 5.2 Train all CFS risk assessors, case managers, licensing and permanency teams to conduct initial and ongoing assessment with relative placements and foster homes and to re-assess child safety prior to reunification and case closure (PIP-2).
Completed
- 5.3 **Regions will reduce re-entry into foster care as measured by the percentage of children who re-entered foster care after being discharged from a prior entry within the last 12 months will be monitored by case record reviews and Data Profile. Statewide results will be reported semi-annually. (PIP-2). Completed.**

Permanency Composite Measure 1.4 Re-Entries to FC in less than 12 months Standard: <9.9%	
FY 2011 (10/1/10 – 9/30/11)	8.6%
FY 2012 (10/1/11 – 9/30/12)	10.3%
FY 2013 (10/1/12 – 9/30/13)	8.4 %

This item was reactivated under FY 2012 due to failure to meet the national standard. Currently, Idaho is passing this composite measure statewide. However, upon closer examination of the data, there are two areas of the state who continue to struggle with re-entry. Currently this item is included on the North and West Hub improvement plans. Each hub formed a work group and worked with the FACS Research Analyst to “drill down” to these cases and examine the circumstances of re-entry. Based on this assessment, revised improvement strategies were developed. Several of the strategies involved closer coordination with law enforcement.

- 5.4 Work with Children at Risk Task Force to support and re-establish a state child fatality review team. Completed
- 5.5 Submit application to Vital Statistics to gather additional information related to the number of child maltreatment deaths. Completed

ITEM 5: SUMMARY OF ACCOMPLISHMENTS 2010- 2014

CFS has continued to monitor foster care re-entries. CFS managers utilize the iCARE reentry report to identify those cases where children have re-entered care. In those hubs performing below the standard, the program’s research analyst has worked with the hubs to conduct “data digs” into these cases, identifying trends and themes and areas of practice to practice. These strategies are then captured in the hub’s improvement plan.

CFS has collaborated with the Governor’s Task Force on Children at Risk to reestablish a statewide child fatality review team. This team has been up and running for the past year, their first annual report was released in April 2014. Additionally, CFS has collaborated with the Bureau of Vital Statistics to gather and report additional information related to the number of child maltreatment deaths in the state.

Strategies for Item 6. Stability of foster care placement

6.1 Monitor hub-based and statewide rates of foster care stability through case record reviews and Data Profile. Statewide results will be reported annually.

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

Case Record Review Results	
Item 6 Placement Stability	Goal:
	82%
1/1/11 – 12/31/11	67%
1/1/12 – 12/31/12	66%
1/1/13 – 12/31/13	74%

Permanency Composite Measure 4	
Stability of Foster Care Placements	
Standard Score: 101.5	
FY 2011 (10/1/10 – 9/30/11)	95.3
FY 2012 (10/1/11 – 9/30/12)	92.5
FY 2013 (10/1/12 – 9/30/13)	95.8

Idaho continues to perform below the standard for stability in foster care placements.

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

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

Case Record Review Results	
Does the child's foster parent(s) have adequate information to ensure the child's safety as well as the safety of any other children in the foster family's home?	Goal: 95%
1/1/11 – 12/31/11	98%
1/1/12 – 12/31/12	99%
1/1/13 – 12/31/13	97%

According to resource parent self-report during the case record review process, 97% of those interviewed report having adequate information to ensure a child’s safety as well as the safety of any other children in the home.

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

Funding Source: IV-E
 Target Date for Completion: Ongoing
 Status: Below the goal

Case Record Review Results	
Is the child's foster parent(s) included as a member of the professional team?	Goal: 95%
1/1/11 – 12/31/11	97%
1/1/12 – 12/31/12	93%
1/1/13 – 12/31/13	92%

During the case record review responses to whether or not resource parents feel like a “member of the team” dropped a couple of percentage points below the goal. With a much larger sample

(n=250) in item 6.11 below, the percentage of resource parents who strongly agreed or agreed with this item was 57%. While the context in which the information was sought was different including the potential self-selection bias in the returned surveys, these issues continue to be addressed through the Bridging the Gap and other resource family retention strategies.

- 6.4 Establish model and administrative rules for CFS treatment foster homes for youth with challenging behaviors (PIP-2). Completed
- 6.5 Prepare curriculum for training treatment foster parents concurrently with step S1.0 above (PIP-2). Completed
- 6.6 Each region will develop and implement a regional improvement plan (RIP) to address stability in foster care that includes steps to increase relative placements and support of resource families (PIP-2). Completed.
- 6.7 Develop training/facilitation for resource parents, both relative and non-relative, and child welfare staff that encourages and assists both groups to build partnerships that provide clear expectations and identification of roles within a practice model that supports placement stability (PIP-2). Completed
- 6.8 Develop and distribute foster parent identification badges statewide. Completed.
- 6.9 Develop an online resource for current resource parents that includes an electronic newsletter, discussion board, and resources to continue building partnerships between resource parents and staff. Completed.

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

Funding Source: CWS
Target Date for Completion: ~~2013~~ 2014
Status: **Revised**

Progress: There is currently no identified method of collecting this information. Research will be done to determine the most reliable method of interviewing resource parents upon license closure.

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

Funding Source: CWS
Target Date for Completion: 2013
Status: ~~Ongoing~~ Revised

As part of the Bridging the Gap plan, a survey of resource parents and birth parents has been implemented in order to inform our efforts at improving communication. The survey was implemented on a quarterly basis with supervisors calling a random sample of resource parents and birth parents (equal to one case for each social worker they supervise). Completed survey numbers have been lower than expected. This appears to have been primarily due to supervisors being unable to contact birth parents, and in fewer cases, the resource parent. The survey was also not completed with the birth parents if TPR had occurred. Most of the responses to the survey have been positive regarding the interviewee’s communication with their case workers and between the resource and birth parents. Supervisors understand that they are to follow up with the worker directly if there are any negative comments.

Strategy Revised:

Because the response rate was so low using this method of data collection, the decision was made to instead send out an annual survey to all licensed homes in Idaho. The survey was anonymous, and was available to be completed online or by mail (survey and cover letter attachment D). Roughly 900 surveys were mailed out in February 2014, and nearly 250 were received by mail or completed online. General results from the quantitative data are below:

Results of Annual Resource Parent Survey

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Response total
Prior to placement, I was given enough information to make a decision about welcoming a child(ren) into my home.	30.45% (n =74)	36.63% (n =89)	18.93% (n =46)	8.64% (n=21)	5.35% (n=13)	n = 243
The training I received adequately prepared me for foster parenting.	26.34% (64)	40.33% (98)	23.87% (58)	6.58% (16)	2.88% (7)	243
Communication with case workers/other social workers is adequate.	30.17% (73)	28.93% (70)	19.42% (47)	13.64% (33)	7.85% (19)	242
I feel like an important member of a professional team.	23.14% (56)	33.88% (82)	23.14% (56)	10.33% (25)	9.5% (23)	242
Agency workers generally return my phone calls in a timely manner.	28.93% (70)	31.41% (76)	19.42% (47)	13.64% (33)	6.61% (16)	242
Agency workers do a good job supporting me as I work with others (schools, courts, birth families, etc.) regarding the child(ren) in my home.	33.88% (82)	31.82% (77)	17.77% (43)	9.92% (24)	6.61% (16)	242
The social worker home visits are helpful to me in working with the children placed in my home.	29.46% (71)	32.37% (78)	26.14% (63)	7.47% (18)	4.56% (11)	241

Some of the strengths mentioned were the support resource parents received from the workers by way of vouchers, information, and emotional support. Many resource parents also mentioned the positive experience of being able to get to know and help the children and birth families, and many others stated the adoption of a child was a positive experience. This survey gave us some valuable information on how well the Department is supporting resource parents; the numbers show most agree that the agency is doing a good job partnering with, and supporting them.

There is still work to do, and the Department will continue this survey annually, and use this year's survey as a baseline to monitor improvement.

Some of the challenges mentioned by the resource parents were: staff not returning phone calls in a timely manner; having a desire to learn more strategies for effective discipline; grief and loss issues when a child is moved; not feeling like they have adequate information about the case plan; transportation issues (cost, schedule, time-consuming); weekend daycare and babysitting needs; and challenges with the schools.

ITEM 6: SUMMARY OF ACCOMPLISHMENTS 2010-2014

In 2009, a subcommittee convened to review state treatment foster home models being used in other states. Proposed administrative rules were drafted to implement the model and reviewed with program managers and administration; these administrative rules became effective on March 29, 2010. Treatment Foster Care curriculum for Idaho was finalized on October 7, 2009, and distributed statewide. Foster parent badges were produced and distributed statewide, and two new online resources were created for resource parents; a resources page on the external DHW website, and a blog.

In 2010, Bridging the Gap Conferences were held statewide using the curriculum developed with Denise Goodman and the NRC on Permanency and Family Connections. Bridging the Gap Conferences were an opportunity to enhance the involvement of resource parents as essential members of the child welfare team with the goal of supporting concurrent planning and permanency. As a result of the work completed by staff and resource parents during the conferences, a matrix was developed that identifies the roles and responsibilities of each team member. Each region developed a RIP which included strategies for increasing stability in foster care through increasing relative placements and supporting of resource families. As part of the Bridging the Gap plan, a survey of resource parents was implemented in order to inform our efforts at improving communication with resource parents.

Strategies for Item 7. Permanency goal for child

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

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

Case Record Review Results	
Item 7 Perm goal appropriate/timely	Goal: 73%
1/11/11 – 12/31/11	88%
1/1/12 – 12/31/12	76%
1/1/13 – 12/31/13	83%

There appears to be some instability in performance from year to year on item 7. However, the goal continues to be exceeded during each year. This item continues to provide the opportunity during the case record review and following the case record review for a great deal of discussion with workers, supervisors and chiefs of social work on concurrent planning practices.

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

7.3 Receive consultation and train all staff and the judicial system on effective ways to implement concurrent planning (PIP-2). Completed.

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

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

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

Child and Family Services now has the ability to obtain data from the Administrative Office of the Courts to assist with tracking timelines to review and permanency hearings. This data can be summarized by state, district, and county. The Court is currently validating other reports which would assist with tracking time to termination of parental rights and time to permanency placement.

7.6 Review, synthesize and distribute results of regional matrices.

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

Progress for this strategy is included in 7.5.

7.7 Train staff and supervisors on Compelling Reasons. Completed.

ITEM 7: SUMMARY OF ACCOMPLISHMENTS 2010-2014

During this reporting period, there has been a concerted effort to enhance worker skill in concurrent planning and to provide tools for supervisors to support and monitor concurrent planning. Performance on timely and appropriate permanency goal development suggests that concurrent goals are being established early in cases. Reporting on timeliness of hearings is continuing to improve so that hand counting methods are no longer necessary. We will continue to focus on implementation of concurrent planning.

Strategies for Item 8. Reunification, guardianship, or permanent placement with relatives

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

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: Below Standard Performance

Case Record Review Results	
Item 8 Timely reunification/guardianship	Goal: 84%
1/1/11 – 12/31/11	86%
1/1/12 – 12/31/12	77%
1/1/13 – 12/31/13	90%

Permanency Composite Measure	
1.1 Exits to Reunification in less than 12 months	Standard: 75.2%
FY 2011 (10/1/10 – 9/30/11)	76.2%
FY 2012 (10/1/11 – 9/30/12)	67.7%
FY 2013 (10/1/12 – 9/30/13)	70.2%

Case record review performance on Item 8 actually exceeded the established goal during the past year. The pattern of one the outcomes, exits to reunification in less than 12 months, while below the national standard, shows the same pattern of performance. Two of our three hubs have placed this item on their hub improvement plans. Some of the barriers identified include: significant mental health issues with child and/or parent; parental substance abuse; late establishment of paternity; protracted extended home visit period; and lack of focus on safety issues in staffings for return home. This will continue to be an area of focus for these two hubs going forward.

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

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

ITEM 8: SUMMARY OF ACCOMPLISHMENTS 2010- 2014

Concurrent planning to facilitate timely reunification has progressed over the period under review and will continue. On October 1, 2011, Idaho implemented a Title IV-E Relative Guardianship Assistance program for youth 14 years or older and siblings who are placed with them. Parental rights may remain intact for a youth to be eligible for the Title IV-E Relative Guardianship Assistance program. On-site training was provided to all child welfare social workers and supervisors prior to implementation. Since program inception, nine youth have received IV-E Relative Guardianship Assistance. An additional five youth have been approved for the program, and are awaiting finalization of their legal guardianships.

Strategies for Item 9. Adoption

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

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

Permanency Composite Measure 2.1 Exits to Adoption in less than 24 months Standard: 36.8%	
FY 2011 (10/1/10 – 9/30/11)	41.2%
FY 2012 (10/1/11-9/30/12)	55.7%
FY 2013 (10/1/12-9/30/13)	54.4%

Idaho continues to exceed the national standard. While the national standard has a relatively low expectations of completion within 24 months, Idaho has approximately half of her adoptions occurring within the 24 month period. We will continue to monitor our performance on this item to assure that adoptions are not happening “too quickly.”

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

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

Case Record Review Results Item 9 Adoption will complete in 24 months Goal: 64%	
1/1/11 – 12/31/11	69%
1/1/12 – 12/31/12	66%
1/1/13 – 12/31/13	76%

This outcome continues to exceed the goal with a sizeable increase in performance over the past year.

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

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

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

The Permanency Program Specialist has continued statewide teleconferences with Department permanency supervisors during the past year. Line social workers are also invited to participate in the calls. Teleconferences were held on July 12, 2013 and October 8, 2013. The call scheduled for April 2014 was canceled in lieu of annual foster care conferences being held statewide. The calls continue to be combined with quarterly foster care calls in order to support the exchange of permanency related information. Featured topics have included: resource parent conferences; re-homing; dual home study updates; post-adoption services; adoption assistance re-negotiation; and recruitment strategies.

Supervisors new to supervising in adoption or foster care attended Adoption Academy and Foster Care Academy on April 30 and May 1, 2014. These two Academy days included presentations on the use of the dual home study assessment, PRIDE training and the emotional and developmental aspects of adoption.

The CFS Placement Selection Standard was revised to clarify the process of considering relatives and foster parents for adoption. On-site training to adoption and other child welfare supervisors was completed in the West Hub in October 2013 and the East Hub in November 2014. Training in the North Hub was delayed due to scheduling conflicts and is expected to occur in June 2014.

Supervisors continue to utilize the Concurrent Planning Review Form to assist in tracking legal and placement issues related to adoption time-frames. Functionality of the review form improved when it was made available electronically in the fall of 2013.

Adoption supervisors participated in the third annual Supervisor's Summit held in July 2013. The Summit provided training specific to supporting child welfare workers.

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

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

The Department's internal SharePoint site continues to support ongoing adoption education to child welfare employees. A calendar including both Department and community sponsored training opportunities is provided as well as information about permanency related webinars. Permanency tools, articles and resources for social workers and families are also available.

Social workers new to working in adoption or foster care licensing attended Adoption Academy and Foster Care Academy on April 30 and May 1, 2014. These Academy days are a supplement to New Worker Academy attended by all child welfare social workers. The training includes the

use of the dual home study assessment, PRIDE training and the emotional and developmental aspects of adoption.

The CFS Placement Selection Standard was revised to clarify the process of considering relatives and foster parents for adoption. On-site training to adoption and other child welfare social workers was completed in the West Hub in October 2013 and the East Hub in November 2014. Training in the North Hub was delayed due to scheduling conflicts and is expected to occur in June 2014.

The second annual Idaho Post-Adoption Center Conference featuring workshops on the adoption of children who have experienced trauma was held on October 25, 2013 in Boise. Adoption staff from all three Hubs attended.

As the permanency roundtable process has continued to roll out, adoption social workers have attended Idaho Permanency-Oriented Practice and Roundtable Skills training. These trainings were provided in Twin Falls in March 2014 and Boise in April 2014. Training will occur in Pocatello and Idaho Falls in May 2014 and in Coeur d'Alene in June and July 2014.

9.6 Conduct adoption and licensing process mapping on a statewide and regional basis (PIP-2). Completed.

9.7 Update the paternity standard and provide related training to social workers and supervisors. Completed.

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

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

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

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

Funding Source:	SSBG
Target Date for Completion:	2014
Status:	Ongoing

The Department continues to host a page for current foster and adoptive families. This page includes information about support groups, news bulletins about related topics, links to informative websites and a training calendar.

In November 2013, Idaho’s SACWIS system was revised to include more detailed information on previously adopted children who are placed in foster care. This information will assist in the ongoing process of identifying the needs of families and children after adoption. Research into post-permanency preservation and support programs available in other states has begun. The Permanency Program Specialist is also in the process of identifying a workgroup of internal and external partners to participate in developing a more structured post-permanency program.

The Department coordinated with the private Idaho Post-Adoption Center to develop the second annual Idaho Post-Adoption Center Conference. The conference was held in Boise on October 25, 2013 and included tracks for adoptive families and professionals. Featured topics included how attachment style and trauma impacts parenting, introduction to Trust-Based Relational Intervention, self-care and working with the education system. Adoptive families, Department social workers and community professionals attended the Conference. The Department used Adoption Incentive funds to pay for registration and travel fees for families receiving Adoption Assistance.

ITEM 9: SUMMARY OF ACCOMPLISHMENTS 2010- 2014

Idaho’s process mapping of adoption and foster care licensing processes aided in the identification of areas of focus between 2010 and 2014. Barriers to timeliness were addressed through ongoing training provided to adoption social workers and supervisors. This included training on the revised dual home study and placement selection processes and Paternity Standard. Negotiation of adoption assistance became more consistent following an update of application forms and the use of a statewide Adoption Assistance Committee. Idaho has experienced success in the permanency program during the past five years. The increased number of adoptions has resulted in a growing number of families seeking post-permanency services. This will continue to be an area of focus as the program continues to develop.

Strategies for Item 10. Permanency goal of other planned permanent living arrangement.

10.1 Monitor APPLA through case record reviews and report statewide results annually.

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

Case Record Review Results	
Item 10 APPLA	Goal: 94 %
1/1/11 – 12/31/11	79%
1/1/12 – 12/31/12	55%
1/1/13 – 12/31/13	50%

So few cases with a goal of APPLA are sampled during our case record reviews that we do not get reliable data for this item. During this past year, the CFS IL Program Specialist conducted a specialized Independent Living case record review.

Strategies for Item 11. Proximity of foster care placement

11.1 Monitor proximity of foster care placement through case record reviews and report statewide results annually.

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

Case Record Review Results	
Item 11 Proximity of placement Goal:	95 %
1/1/11 – 12/31/11	99%
1/1/12 – 12/31/12	99%
1/1/13 – 12/31/13	99%

During the reporting period (2010-2014) performance on this item continues to exceed the goal.

Strategies for Item 12. Placement with siblings

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

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal Not Currently Achieved

Case Record Review Results	
Item 12 Sibling placement Goal:	93%
1/1/11 – 12/31/11	94%
1/1/12 – 12/31/12	91%
1/1/13 – 12/31/13	85%

While there is an amazing amount of work being done to make sure siblings are placed together whenever it is possible. From time to time there are no families able to take a large sibling group. When children are separated, there are concerted efforts made to assure connections between the siblings is maintained.

Strategies for Item 13. Face to face visits with parents and siblings

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

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

Case Record Review Results	
Item 13 Parent and sibling visits	Goal: 86%
1/1/11 – 12/31/11	92%
1/1/12 – 12/31/12	85%
1/1/13 – 12/31/13	91%

Performance on this item has again exceeded the established goal. This item is most frequently impacted by non-engagement of fathers. It would appear that parental engagement has improved over the past year.

Strategies for Item 14. Maintain connections

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

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

Cultural competence relative to American Indians/Alaska Natives for staff is supported throughout the year by the provision of ICWA and cultural competence training for new and existing staff. The New Worker Training Academy offers Knowing Who You Are and an introduction to the components of the Indian Child Welfare Act. The importance of providing culturally relevant services to families is especially stressed by the addition of an expanded component in the ICWA training to focus specifically on this area. The training incorporates native-produced documentaries to better illustrate the current realities of native youth and families and the historical trauma suffered by many individuals and AI/AN families.

Annually, the Department partners with the tribes in Idaho to present an ICWA conference open to tribal and state social service providers, as well as to the general public. Many of the training aspects are directed at maintaining connections and strengthening cultural competence. For example, the 2013 conference offered a presentation by a national tribal legal figure on Customary Adoptions, an option that can be used to afford children and youth permanency while still honoring tribal customs, values, and beliefs. Subsequent to the conference, the state was able to participate in a customary adoption with a local tribe, offering the benefits of the traditional tribal adoption along with the financial benefits afforded by an adoption subsidy. The conference also included a very powerful panel of tribal representatives from tribes within the state who shared their personal experiences. Conference participants consistently shared that this part of the conference was a very powerful and moving experience, which helped them to better

internalize the importance of culture and its effect on families, especially native families. The 2014 ICWA conference is currently in the planning stages. Based on feedback from last year's conference attendees, the upcoming conference will include further presentations on culturally competent practices and on the impact of historical trauma on current family and community functioning.

The Department has a statewide Program Specialist position specifically identified to support local staff as they work with families who have children who are "ICWA eligible." Throughout the year, this Program Specialist has responded to inquiries and requests for help from the regions as local staff work within the parameters of ICWA. Additionally, each region has a staff member designated as an ICWA regional liaison who is also available as a resource to staff who have questions related to ICWA.

This year in particular ICWA regional liaisons have been provided with a variety of tools to enhance cultural knowledge and ICWA compliance. Those tools included: Practical Suggestions for Non-Indian Child Welfare Workers and Newcomers to Tribal Communities; The National Council of Juvenile and Family Court Judges ICWA Compliance Toolkit; Communication Styles of Indian Peoples; NCJFCJ Indian Child Welfare Act Facts and Fiction; and Measuring Compliance with the Indian Child Welfare Act: An Assessment Toolkit. Additional knowledge and information sharing occurs during quarterly teleconference meetings held with the ICWA regional liaisons.

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

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

Active efforts are defined and described in the Department's Implementing the Indian Child Welfare Act (ICWA) Standard, created by the Department to provide direction and guidance to the Child and Family Services program staff. Department standards are promulgated to achieve statewide consistency in the development and application of CFS core services and are implemented in the context of all applicable laws, rules, and policies. The ICWA Standard is available to all staff on the Department's internal SharePoint site, from both the general child welfare page and the ICWA specific page. In addition to the standard, the ICWA SharePoint page also includes other documents available to staff that specifically address the "active efforts" requirement of ICWA.

The day-long ICWA Academy training provided throughout the state and attended by new and more seasoned workers also included a training section specific to active efforts.

This past year the ICWA Program Specialist provided training at the Idaho Winter Conference for Prosecuting Attorneys to enhance their knowledge of active efforts, jurisdiction in ICWA

cases, and ICWA in general. The difference between active and reasonable efforts is stressed in the ICWA training, and is a topic of presentation at the ICWA conference held annually. Additionally, an ICWA Compliance Toolkit has been made available to the ICWA regional liaisons that include links to active efforts resources and a copy of the Oregon active efforts final print.

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

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

This year, the Department focused on strengthening the presence and use of the local ICWA Liaisons as an important local tool for strong ICWA practice.

The ICWA Academy trainings for the year utilized the local ICWA Liaisons as primary trainers, giving training participants the opportunity to see the local Liaisons as ICWA “experts” they can use as they work with native families. The ICWA State Program Specialist traveled throughout the state to meet with each local ICWA Liaison. The local ICWA Liaisons are also used as facilitators and reviewers during the statewide ICWA case record review. The ICWA State Program Specialist responds to telephone inquiries on an ongoing basis from the local ICWA liaisons to interpret ICWA requirements and answer a variety of questions related to ICWA.

This year the ICWA local liaisons were provided with a Desk Guide for ICWA. It is a general reference about the major provisions of ICWA provided by Casey Family Programs. A meeting will be held in June of 2014 to bring all the local Liaisons together to brain storm ideas for improving ICWA compliance, plan future trainings, and identify areas in need of strengthening in regards to our ICWA practice.

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

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

The ICWA expert witness is not necessarily an expert on ICWA, but rather an expert on the child rearing practices of a particular tribe. The state confers with the particular tribe related to the ICWA case to identify a Qualified Expert Witness of their choice. On occasion, tribes outside the boundaries of Idaho, will arrange for an expert witness to come to Idaho to testify at a court hearing. Many courts will also allow QEWs to testify telephonically, so that tribe-specific experts can be used as often as possible. When there is no expert available from a particular tribe, the regional staff, along with the ICWA Program Specialist and court personnel, works with the child’s tribe to identify a potential expert witness to meet the need.

This year the ICWA Program Specialist presented at a Winter Conference for Idaho Attorneys and Judges. The presentation covered information related to the definition of a QEW and the need to utilize these experts in the court process.

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

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

A statewide ICWA case record review was undertaken in the fall of 2012. One of the items on the current review instrument specifically looks at the use of Qualified Expert Witnesses in applicable ICWA cases. In this ICWA review, compliance with the requirement was rated by looking at court orders to ensure that the court had heard the necessary QEW testimony and had made the requisite findings. Of the 32 cases reviewed, 16 had a court order evidencing QEW within 90 days of the child’s removal. Eighteen of the cases had no court order evidencing QEW testimony within the time frames, and three of the cases reviewed were deemed “not applicable”. As to QEW at termination of parental rights, six cases were deemed applicable. Of the six cases, five had a court order reflected use of the required QEW testimony; one did not.

Many of the cases in which the review found no QEW testimony in the court orders are from a region where there does appear to be a QEW at the hearing (as evidenced by invoices, list of participants in the court orders, etc.). However, some court orders do not make the needed finding that continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. This deficiency in the court orders illustrates another area in which Department employees need to work with prosecuting attorneys and the courts to make sure that needed findings are being made and incorporated into the court’s orders. It also illustrates an opportunity to engage in conversations with outside stakeholders about the importance of following all requirements of ICWA.

Another case record review is planned for late 2014 to determine progress. A new case record review instrument has been identified. The review instrument has been tested by NCJFCJ. This year the ICWA Program Specialist presented at a Winter Conference for Idaho Attorneys and Judges. The presentation covered information related to the definition of a QEW and the need to utilize these experts in the court process.

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

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

In 2011 the National Council of Juvenile and Family Court Judges reported that across the United States, Native American children are overrepresented in foster care at a rate of 2.2 times their rate in the general population. 21 states have some overrepresentation and 26 percent of the states that have overrepresentation have a disproportionality index of greater than 4.1.

Since 2004, the rate of disproportionality for American Indian/Alaska Native children has dropped dramatically. In 2004, AI/AN children, who made up 1.9% of Idaho's total children, were identified in the SACWIS system as making up 8% of the total children in foster care. As the percentage of AI/AN children in Idaho's general state population has risen to 2.4% of the population in 2012, the percent of AI/AN children in care has dropped to 5.5%. Between 2004 and 2012, the disproportionality rate for AI/AN children dropped from 4.1 to 2.3. Some of these changes may be attributable to how the data is collected. At one point in time if a family said that the child had any Indian ancestry, the child's primary race was coded as AI/AN. This led to overestimates of the number of AN/AI children in foster care. Examination of and training to the AFCARS definition of the race element for the AI/AN category has improved the accuracy with which workers are collecting this information and entering it into iCARE.

The issues surrounding disproportionality are being examined at the highest levels of the FACS division. Throughout the year, program managers (including our Bureau Chiefs and Division Administrator) have participated in learning experiences and ongoing discussions about institutional racism and disproportionality in child welfare. Additionally, the current New Worker Academy ICWA training continues to stress the importance of historical and current discrimination and its interplay in existing child welfare practices. Other trainings and experiences surrounding the issues of racism and discrimination are offered to staff throughout the year (e.g. Knowing Who You Are).

In 2014 the ICWA Specialist plans to incorporate 500 Nations, a video series that documents the experiences of native people throughout the Americas into the training. There is a specific segment on this video devoted to the history of the boarding schools in which Indian children removed from their families were placed. It provides a context for American Indians' historical trauma, particularly in relation to child welfare and disproportionality. Race Matters Toolkit will be introduced. It is a comprehensive toolkit that includes a video to continue conversations about race with staff and community partners. Other ideas for improving practice to address disproportionality include discussions with our regional ICWA liaisons on how disproportionality and disparities can be addressed through changes in child welfare practice, and discussions of the challenges of and opportunities for using data to reflect on improvements.

14.7 Monitor agency's efforts to maintain connections through case record reviews and report statewide results annually.

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

Case Record Review Results	
Item 14 Preserving Connections Goal:	92%
1/1/11 – 12/31/11	96%
1/1/12 – 12/31/12	92%
1/1/13 – 12/31/13	90%

While there is a decrease in several percentage points, performance on this measure is still at goal.

ITEM 14: SUMMARY OF ACCOMPLISHMENTS 2010-2014

Preserving connections is important for all children in foster care. As we focus on its importance, we are more and more challenged in our practice. Falling percentages on item 14 are indicative of some difficulties we are having in this area. Most of the strategies under preserving connections are related to ICWA related program development and compliance. During the past 5 years, the Department has had 3 different ICWA Program Specialists. In spite of this level of turnover, training activities including annual conferences, have continued and been enhanced. Work with local ICWA liaisons in increase their level of knowledge and skill including participation as co-trainers has increased. Work in this area will continue into our new 5 year plan.

Strategies for Item 15. Relative placement

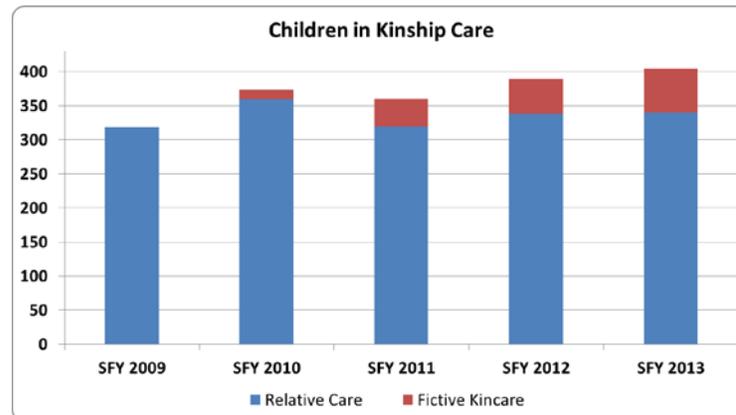
15.1 Monitor whether the agency made concerted efforts to place the child with relatives (including ICWA cases) when appropriate through case record reviews and report statewide results annually.

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

Case Record Review Results	
Item 15 Relative Placement	Goal: 93 %
1/1/11 – 12/31/11	88%
1/1/12 – 12/31/12	86%
1/1/13 – 12/31/13	85%

The number of actual relative placements has increased dramatically in the past several years. In 2009 only 15% of foster youth were placed with relatives. In 2012, 28% of foster youth were placed with relatives. In 2013 an increase in fictive kin placements was responsible for the

increase in relative placements. See graph below. It is noted that in some cases having a relative readily available for placement distracts the worker from making a thorough exploration for other maternal or paternal relatives. Relatives may receive initial contacts, but no follow up if the relative is not needed for placement. This is an essential component of concurrent planning and needs ongoing attention.



15.2 Receive consultation and training to explore model for identifying family members to increase relative placement (PIP-2, S4.0). Completed.

15.3 Expedite placement of children with relatives (PIP-2, S5.0) Completed.

ITEM 15: SUMMARY OF ACCOMPLISHMENT 2010-2014

Looking for both maternal and paternal relatives and notifying those individuals has been a focus since PIP-2. We have increased the number of relative placements, but also targeted relative engagement skills. Staff in our Central Office performs increasing numbers of relative searches to assist workers to locate and engage relatives. While initially the focus was on seeking relatives as placements, relatives are being increasingly engaged to participate in decision making and be a resource to the child and family in ways other than placement.

Strategies for Item 16. Relationship of child in care with parents

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

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

Case Record Review Results	
Item 16 Parent/child relationship	Goal: 85%
1/1/11 – 12/31/11	91%
1/1/12 – 12/31/12	88%
1/1/13 – 12/31/13	92%

Performance on this item continues to exceed the established goal. It appears that worker engagement of fathers including those fathers in in-home cases continues to improve over time.

GOAL III. CHILD AND FAMILY WELL-BEING

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

Strategies for Item 17. Needs and services of child, parents, foster parents

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

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

Case Record Review Results	
Item 17 Needs and Services	Goal: 81 %
1/1/11 – 12/31/11	88%
1/1/12 – 12/31/12	82%
1/1/13 – 12/31/13	82%

While performance continues to exceed the established goals, issues with this item appear to be largely related to not providing assessment and services to both mothers and fathers. There are several strategies being used to better assess and meet the needs of children, their families and resource parents. The increased use of FGDM’s has made more opportunities to assess the family’s needs and coordinate services.

17.2 Prepare older youth to have life skills to successfully transition from foster care to adulthood.

Funding Source: CFCIP
 Target Date for Completion: 2011
 Status: ~~Ongoing~~–Withdrawn

This strategy is addressed in the CFCIP contained in this document.

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

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

The National Resource Center for Youth Development provided both Transition planning training and “Train the Trainers” for transition planning training in May 2014.

17.4 Conduct an Independent Living Case Record Review.

Funding Source: CFCIP
Target Date for Completion: 2013
Status: ~~Ongoing~~ Completed

The Independent Living Case Record Review was completed in the fall of 2013. This record review reviewed all youth age 15-21 who currently reside in foster care and/or have aged out of foster care and had continued services. There were 322 cases reviewed statewide. At each location the reviewers consisted of teams of two to three people. The review included interviews with the youth, the case manager, and foster parents. The tool used for the review was developed by staff who work with older youth and touched on all seven domains of Independent Living Planning. Information collected from the review was entered online. Results of this review were analyzed by the child welfare data analyst. Each hub received a report of results from the cases they reviewed. Statewide data was reviewed and an IL program improvement plan was developed to address the top five areas needing improvement. These top five areas will serve as a priority in older youth work. Attachment F contains the summary data collected by the IL case record review.

ITEM 17: SUMMARY OF ACCOMPLISHMENTS 2010-2014

Based on ongoing case record review data, the agency appears to be meeting the needs of parents and youth. Strategies that have been effective over the period under review include engagement of difficult to engage fathers. There has also been a focus on older youth in case including the completion of an Independent Living Case Record Review. The results of this review will largely shape the work on the CFCIP over the next 5 years.

Strategies for Item 18. Child and family involvement in case planning

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

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

Case Record Review Results	
Item 18 Family Involvement	Goal: 78%
1/1/11 – 12/31/11	90%
1/1/12 – 12/31/12	83%
1/1/13 – 12/31/13	91%

Performance continues to be above the established goal. As with earlier items, better performance seems to suggest that fathers are more likely to be located and actively involved in planning and in visitation.

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

18.3 Assess adherence of FGDMs to the model reflected in the CFS FGDM Standard, especially with regard to “family alone time” and develop a strategy for improvement if indicated.

Part of our IV-E Waiver is to expand FGDM statewide with fidelity to FGDM core values. A workgroup was convened in January 2014 and members of the workgroup had the opportunity to observe FGDM practice in Larimer County, Colorado. The workgroup members have begun to examine current use of FGDM throughout the state, as reflected in the CFS FGDM Standard and identify any barriers that exist. The workgroup is in the process of developing a plan to expand the use of FGDM and improve fidelity to FGDM core values, including “family alone time.”

ITEM 18: SUMMARY OF ACCOMPLISHMENTS 2010-2014

Family involvement in planning has been a focus for our agency on and since PIP-2. We have made dramatic gains as evidenced by performance on the case record review. One of the “informal” strategies has been is to feedback to workers and supervisions, the information/quotes families are providing during the case record reviews regarding their involvement or non-involvement in case planning. It has been reinforcing to workers and supervisors to hear what families have to say about their involvement. We will continue to promote FGDM by increasing the standardization and frequency of meetings as part of our IV-E Waiver.

Strategies for Item 19. Worker visits with child

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

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

The Eastern Washington University contract, established in 2009, to assign a student intern as the “responsible party” to complete worker/child contacts with children placed in

residential/treatment facilities a significant distance from their home is still in use. In October 2012, the CFS Contact Standard was revised to clarify expectations for social worker contact with a child placed in out-of-state residential or treatment facilities. As a result, student interns are no longer utilized to complete contact with children placed in out-of state residential/ treatment facilities.

Student interns meet face-to-face with the youth monthly, attend clinical staffings, complete service plan related tasks with the youth, and maintain communication with the regional assigned worker, the family of the youth, and the staff at the residential treatment facility. The student interns contacts the youth two of the three months within a quarter with the third monthly contact completed by the CFS social worker who is dually assigned to the case as a responsible staff. Contact activities include, but are not limited to: assessing for safety; reviewing treatment goals and having the youth self-assess progress; supporting family and significant connections; and assisting youth in working on life books. All activities are coordinated and are in alignment with the CFS social worker and treatment provider program goals.

All regions have accessed the contract when a child is placed in residential treatment a significant distance from the region. The table below summarizes the impact of the contract per quarter for the past 5 years.

Year	Youth contacts per quarter	Hours of CW staff time saved per qtr	\$ equivalent of CW staff time saved per qtr
2009	30	1000	\$26,000
2010	16-20	700	\$17,000
2011	20-25	700	\$17,000
2012	24-28	800	\$20,000
2013	18	600	\$14,000

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

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

The iCARE SACWIS system provides two reports, the “Clients Needing Monthly Contact” report and the “Worker Contact” report for workers and supervisors. These reports identify completed and missing worker/child contacts during a specified time period. These reports are able to be pulled by region, supervisor, and worker allowing for multiple levels of oversight. As a result of this level of information, all field offices implemented strategies to meet monthly worker/child contacts. These strategies include, but are not limited to: Chiefs and Program

Managers routinely pulling regional worker/child contact reports; setting aside a daily “quiet” hour for documentation including documentation of worker/child contacts; implementation of individual improvement plans with workers; utilization of contracts for non-contact related services such as transportation to free-up worker time; and direct supervision of worker time-management.

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

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

With the improvements in our iCARE SACWIS system, the quantity of monthly worker/child contacts are monitored through the “Clients Needing Monthly Contact” and the “Worker Contact” reports in iCARE. Central Office staff no longer “hand count” worker/child contacts. The “Worker Contact” report provides the quantity of worker/child contacts for children in out-of-home placements, as well as speaks to the quality by reporting the location, duration, and outcome of the contact. This data is reported by field office, hub, supervisor and worker to be able to identify any specific areas for improvement. Additionally, both the quantity and quality of contacts are monitored through the case record review process. Each year, 210 cases are reviewed through the case record review process. The case review process reviews whether worker/child contacts are of sufficient quantity and quality necessary to the particular circumstances of each case and also meet the requirements of CFS standards of practice for worker/child contact. At the end of 2013 we achieved a 93% in worker/child contact which was slightly down from previous years. This drop can be attributed the change from a “hand count” to a data pull and the lack of documentation in iCARE of completed contacts.

19.4 Semi-annually, at the Division Operations Meeting, review results of worker contacts from case record reviews and ~~PIP-2 hand counts~~ iCARE reports to strategize methods to improve contact outcomes.

Funding Source:	PSSF/CAPTA
Target Date for Completion:	2013
Status:	Revised - Ongoing

Worker/child contacts are discussed in Division Operations meetings and Child Welfare Subcommittee meetings in the context of regional case record review outcomes and the annual worker/child contact report which is now pulled from our iCARE SACWIS system. The “Worker Contact” report is pulled by Program Managers, Chiefs, Supervisors and workers to monitor the completed contacts for location, region, supervisor, and worker. Supervisors are asked to generate the report prior to the end of the month and remind social workers to see children on their case loads if contact hasn’t been made. Central Office staff pulls the report

quarterly for each region and posts the information on the Data SharePoint site for continuous quality improvement.

ITEM 19: SUMMARY OF ACCOMPLISHMENTS 2010-2014

The Eastern Washington University contract, established in 2009, to assign a student intern as the “responsible party” to complete worker/child contacts with youth placed in residential/treatment facilities a significant distance from their home was changed. Beginning in October 2012, the CFS Contact Standard was revised to clarify expectations for contact with children placed in out-of-state residential or treatment facilities by their case manager. This change was driven by concerns that children were having protracted lengths of stay in out of state residential facilities.

The improvements in iCARE and the creation of worker/child contact reports has lessened supervisor reliance on other strategies to track worker contact such as keeping an electronic spreadsheet available to all staff to track completion of monthly contacts. Supports are still in place which are designed to support worker contacts including signs posted throughout employee work areas stressing the importance of worker/child contacts; monthly e-mails from the program manager and child welfare chief reminding staff to document contacts; sending Outlook reminders to staff each week reminding them to enter their contacts from the previous week; and securing contracts for non-case work related duties, such as transportation to free up worker time.

With the improvements in iCARE both the quantity and quality of worker/child contacts are able to be monitored at various levels of oversight. As a result, workers have consistently achieved more than 90% contact with children during this five-year reporting period.

Strategies for Item 20. Worker visits with parents

- 20.1 To increase the quality and quantity of worker/parent contacts, train all CFS social workers on engaging both mothers and fathers and enhancing the quality of contact with all family members (PIP-2). Completed
- 20.2 **Monitor worker/mother and worker/father contacts ~~through hand counts and case record reviews.~~ Report statewide results annually.**

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

Case Record Review Results	
Item 20 Worker/Parent visits	Goal: 79%
1/1/11 – 12/31/11	88%
1/1/12 – 12/31/12	79%
1/1/13 – 12/31/13	88%

Case record review data indicates that worker/parent visits continue to exceed the established goal. Non-engagement of fathers, in a minority of cases, continues to be area where we need to monitor performance. When fathers are not engaged, item 20 is one of the items that is adversely impacted during case record reviews.

ITEM 20: SUMMARY OF ACCOMPLISHMENTS 2010-2014

Trainings on improving engagement with both mothers and fathers and enhancing the quality of visits with all family members were conducted by Rose Wentz from the National Resource Center on Permanency and Family Connections at the beginning of the period under review. Special emphasis was given to engaging incarcerated parents. Rose Wentz also met by teleconference with all child welfare supervisors. The purpose of the teleconference was to assist them in supervising around quality social worker child/mother/father contacts. There clearly has been improvement during the period under review.

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

Strategies for Item 21. Educational needs of the child

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

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

Case Record Review Results	
Item 21– Child Educational Needs: Goal	95%
1/1/11 – 12/31/11	97%
1/1/12 – 12/31/12	95%
1/1/13 – 12/31/13	98%

Meeting of children’s educational needs continues to improve as monitored by the case record review.

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

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

Due to the ongoing collaborative work between DHW, Department of Education, and the courts the information on the work that is being done regarding education and foster care has not been disseminated. The group continues to solidify an agreement for collaborative work between systems.

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

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

We will continue to make opportunities for the parties to meet and develop a plan for moving forward. An MOU between DOE and DHW is a possibility. The courts are in an excellent position to give feedback as to whether progress is being made on educational stability and credit transfer. They would receive that information in the form of regular court reports from Child and Family Services.

While movement at the state level has been slow, reports from the field indicate that a number of local school personnel are working with local CFS staff to enhance educational stability through the use of McKinney-Vento.

ITEM 21: SUMMARY OF ACCOMPLISHMENTS 2010-2014

During the period under review, we have continued to meet the educational needs of children in foster care as assessed by the case record review process. There are several items which remain to be accomplished including information on maintaining foster youth in their “home school” and transfer of credits. Movement has been slow, but we continue to pursue working agreements with the Department of Education.

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

Strategies for Item 22. Physical health of the child

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

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

Case Record Review Results	
Item 22 Physical Health	Goal: 86%
1/1/11 – 12/31/11	92%
1/1/12 – 12/31/12	89%
1/1/13 – 12/31/13	91%

Performance continues to exceed the established goal for assessing and meeting the physical needs of children in foster care.

Strategies for Item 23. Mental health of the child

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Performance is below goal

Case Record Review Results	
Item 23 – Mental Health	Goal: 95%
1/1/11 – 12/31/11	95%
1/1/12 – 12/31/12	94%
1/1/13 – 12/31/13	92%

Performance on this item has steadily decreased while remaining above 90%. In most areas in the state, the Department’s Child Behavioral Health program, is not available to complete assessments or provide services to children in foster care as they have in the past. Children are currently being referred to local Medicaid providers for assessment and services. Workers are using a standard mental health screening tool which has been made available to them. One form is for children 1-5; the other is for children 5 and older.

23.2 Each region will assure that each child in out of home care is assessed and provided necessary mental health services (PIP-2). Completed.

23.3 Provide training to all child welfare staff on trauma-informed child welfare services.

Funding Source: CWS/IV-E/CAPTA
Target Date for Completion: 2013
Status: Ongoing

Idaho has worked to provide a number of trainings related to trauma-informed child welfare practice to our social work staff this past year. Mickey Kander, LCSW with Casey Family Programs, provided one day training on trauma-informed child welfare practice to Child Welfare Supervisors and Social Worker IIIs in each of our three hubs. These trainings occurred in February 2012, July 2013, and August 2013. Our embedded trainers have also offered the National Child Traumatic Stress Network Child Welfare Trauma Training Toolkit in each of the three hubs to ensure all staff received the training. Other trainings offered in some of our hubs included: Caring for Traumatized Children for Resource Families and Child Welfare Workers; Impact of Secondary Traumatic Stress for Workers; Impact of Secondary Traumatic Stress on Resource Families; and Trauma Centered Removal.

23.4 Implement a Trauma Assessment Tool to determine when complex trauma may be impacting a child’s functioning and indicate the need for a referral to a qualified mental health treatment provider.

Funding Source: CWS/IV-E
Target Date for Completion: 2013
Status: Ongoing

Idaho was approved for a Title IV-E Waiver in October 2013. A key Waiver intervention is the development of a trauma-informed child welfare system of care, including the implementation of a trauma screening tool. Idaho has selected the Child and Adolescent Needs and Strengths (CANS) Assessment for use with all children entering foster care and children at imminent risk of removal. Over the next year, Idaho will work with CANS developer, Dr. John Lyons, to customize a CANS instrument for Idaho, and develop an implementation plan, including training for staff.

ITEM 23: SUMMARY OF ACCOMPLISHMENTS 2010-2014

During this past 5 year period we have continued to struggle with ever lessening resources for children’s behavioral health. Idaho has successfully applied for a title IV-E Waiver. Children’s behavioral health issues are on one of the major targeted areas for the Waiver. It will include more in-depth of assessment of children’s needs in the context of trauma as well as the development of more trauma informed behavioral health care in our communities. Workers have had a very positive response to the trainings which have occurred to date and are anxious to move forward with implementation.

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

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

Funding Source: CAPTA/CWS
Target Date for Completion: 2012
Status: Ongoing

The Ethics Committee has continued to provide consultation through staffing at the request of regional workers. During the past year the committee completed four consultations and held committee meetings quarterly. The Ethics Committee has identified the area of “dual relationships” as a theme in consultation and is reviewing best practice literature on this topic. The committee has also provided consultation regarding documentation and the ethical considerations to timely and accurate documentation standards.

GOAL 4: SUMMARY OF ACCOMPLISHMENTS 2010-2014

Since the inception of the CFS Ethics Committee in Spring of 2012, the committee has conducted eight staffings with regional workers. The feedback from both the workers involved and the committee members has been overwhelmingly positive and the process has been identified as a useful resource. The committee meets quarterly to discuss ethical issues in the field and identify any trends which may warrant staff training. The committee members post flyers in the regional offices to promote the Ethics Committee as a resource and the committee has a dedicated page on the Department's SharePoint site which contains the purpose statement of the committee, the committee members, and our electronic referral form.

SYSTEMIC FACTOR 1 STATEWIDE INFORMATION SYSTEM

Strategies for Systemic Factor 1. Statewide Information System

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

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

Over the past year, iCARE has continued to be optimized to reduce system bugs and increase efficiency. Numerous tools and processes have been created to assist users with rapid correction of errors. In addition to these changes, we have begun to explore the possibility of utilizing web portals for after-hours work, and to provide direct access to data while workers are with families and clients.

SYSTEMIC FACTOR 1: SUMMARY OF ACOMPLISHMENTS 2010-2014

In October 2012, we migrated our FOCUS mainframe system to a Microsoft SQL data base system we call iCARE. Under the new system we have created a prioritized on-line list of work authorizations based on need and capacity. Staff can submit report requests on-line and monitor the progress of their request in the prioritization work queue. This has allowed our workers to have direct contact with developers regarding what data is needed and how the data is used in the field. Multiple enhancements to the user screens in iCARE have been implemented to increase worker usability of the screen while also making changes to the data collection methods for more accurate reporting.

SYSTEMIC FACTOR 2 CASE REVIEW SYSTEM

Strategies for:

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

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

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

SF2.3 Support youth participation in court hearings. Completed.

SF2.4 Familiarize magistrates with children and foster parents' right to be heard (PIP-2) Completed.

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

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

Case Record Review Results	
Have the child's foster parents been given notice of all hearings and reviews?	Goal: 95%
1/1/11 – 12/31/11	95%
1/1/12 – 12/31/12	96%
1/1/13 – 12/31/13	90%

During case record reviews, interviews with resource parents reveals that in 90% of cases resource parents report that they are receiving notification of reviews and hearings. Failure to receive notification appears to be an issue for a very small number of resource families based on the availability of data. Clearly making sure resource families are notified is a basic element of teamwork and needs to be reinforced with workers and supervisors.

SF2.6 Collaborate with the Idaho Prosecutors Association to train child welfare prosecutors on the laws and procedures in a child protection case (PIP-2). Completed.

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

SF2.8 All new judges in Idaho will be trained in child protective proceedings. (PIP-2). Completed.

SYSTEMIC FACTOR 2: SUMMARY OF ACCOMPLISHMENTS 2010-2014

During CFSR 2008, Case Review System was the single systemic factor which did not meet substantial conformity. Over the course of the past five years, significant progress has been made in relation to this factor. CFS has continued to have an excellent working relationship

with the Administrative Office of the Courts. Both agencies continue to partner on trainings and worked closely to develop standardized court reports. Additionally, CFS now has the ability to obtain data from the Administrative Office of the Courts to assist with tracking hearing timelines. An example of the data for Timeliness of Hearings reveals the following:

Type of Hearing	Benchmark	2013 Statewide
Shelter Care	90%	88%
Adjudicatory	80%	86%
First Review	90%	88%
Permanency	90%	89%

SYSTEMIC FACTOR 3 QUALITY ASSURANCE SYSTEM

See Quality Assurance System for additional information.

Strategies for:

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

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

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

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

Currently, Keeping Children Safe Panel members, university partners, Casey Family Programs staff, and other Division staff are serving as case reviewers, partnered with CFS staff.

To train new case reviewers, one full day training is conducted semi-annually. The training includes training examples and materials used by JBS in training CFSR reviewers. During this reporting period the following case reviewer trainings were held as follows:

- July 18, 2013 with 27 participants;
- December 11, 2013 with 31 participants.

The next case reviewer training is scheduled for June 18, 2014.

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

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

The Idaho Department of Health and Welfare’s Child and Family Services Program is charged with ensuring Idaho’s child welfare compliance with ICWA. To that end, the CFS ICWA Program Specialist led a statewide review of the Department’s ICWA practice in the fall of 2012. The statewide ICWA case record review was conducted together with the Department’s local ICWA Liaison, the local child welfare workers designated to support Indian child welfare practice. The review was composed of case record reviews of all open, confirmed ICWA cases and of qualitative interviews with randomly selected workers who had cases with ICWA eligibility pending or denied. The review also included a short electronic survey that was distributed to tribal partners within the state, other outside partners, local Liaisons, child welfare chiefs, and others stakeholders. The review also illuminated areas in which the Department’s Indian child welfare practice could be strengthened.

As a result of this review a new form for early identification of AI/AN children was introduced and made part of the standard of practice for ICWA. A presentation to Idaho attorneys was completed in the fall of 2013 to increase awareness of the need for compliance with ICWA.

A new tool for the review of ICWA compliance has been introduced and will be utilized in the fall of 2014 for record reviews. The tool was adopted from NCJFCJ.

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

SF3.4 Develop a plan to enhance current CQI process to make it a functioning system where stakeholders are knowledgeable about outcomes and actively involved in the planning and implementation process.

Funding Source:	CWS/CAPTA
Target Date for Completion:	2014
Status:	New

Progress: Based on the feedback received from the CQIAD, revisions to the CFS CQI plan/standard have been initiated. This goal will be achieved during the first year of the new 5 year CFSP (2015-2019). To begin to address the need for meaningful, sustainable and ongoing stakeholder engagement, CFS held a listening session with stakeholder representative statewide the first week of April 2014. Based on analysis of our current data and experiences from CFSR 2003 and 2008, as well as PIP-1 and PIP-2, we preliminarily identified four major focus areas for the meeting. Relevant data was provided to participants regarding each focus area and questions

were provided to focus and structure the conversation. These four focus areas will be the major areas for improvement in the CFSP 5 year plan (2015-2019).

SYSTEMIC FACTOR 3: SUMMARY OF ACCOMPLISHMENTS 2010-2014

Diligent efforts have continued over the past five years to improve our case review system and the broader CQI system as well. In light of the feedback provided by the CQIAD, we have begun rewriting of our CQI plan/standard and begun on a path toward more meaningful and ongoing stakeholder involvement. Our case record review process continues to be a strength of our system.

SYSTEMIC FACTOR 4 STAFF AND PROVIDER TRAINING

Strategies for:

Systemic Factor 4 (SF4) 32. Initial Staff Training

Systemic Factor 4 (SF4) 33. Ongoing Staff Training

Systemic Factor 4 (SF4) 34. Foster and Adoptive Parent Training

SF4.1 Train supervisors using existing training resources.

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

Supervisors new to supervising CW staff and seasoned supervisors attended Strengths Based Supervision in July 2013, as part of Supervisor Academy training. Idaho partnered with the NRCCPS to provide training to supervisors in Idaho on Enhanced Safety Assessment in Child Welfare during the months of October 2013- January 2014. Idaho continues to partner with the NRCCPS in the rollout and implementation of our Enhanced Safety Assessment practice in the state. Supervisors also received training and instruction at an annual supervisor summit. The third annual Supervisor's Summit held in July of 2013 was focused on Family Centered Practice in Supervision. The fourth annual Supervisor's Summit planned for July 2014 will focus on Advanced Secondary Trauma training for supervisors.

New Supervisors continue to be required to attend supervision classes provided by the Department such as new supervisor training, Crucial Conversations/Confrontations training, etc. They are also several other mandatory trainings including Case Record Review and the 2 day Supervisory Academy (Critical Thinking and Family Centered Practice for Supervisors).

University Partner/embedded trainers continue to facilitate Learning Circles with supervisors and chiefs in each Hub at least once each quarter to examine an issue or body of knowledge in which they are interested. The agency continues to promote the National Child Welfare Workforce Institute Leadership Academy for Supervisors training online.

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

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

Idaho continues to evaluate our training system and collects information related to training needs of new and experienced staff on an on-going basis. ISU continues to hold the training contract with the Department since 2010. As part of the contract they provide four embedded trainers in the hub for training throughout the state. Embedded trainers become aware of training needs within each hub as they work closely with program managers, chiefs, supervisors and staff. See Attachment C (In-Service Trainings).

Staff attending training continues to provide feedback to the Department through evaluations. These evaluations continue to be reviewed by both ISU and Department central office staff to determine on-going needs. During quarterly meetings at Division Operations team meeting, CW Subcommittee, embedded trainers meeting, discussions and coordination of identify training needs; evaluation feedback and review of needed in-service topics are discussed and determined. Program managers, chiefs, and supervisors continue to review summaries from CRR process to assist in identification of practice issues or training needs.

SF4.3 Strengthen supervisory practices through a strategic plan that will include role definition, training, and support. Completed.

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

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

The State of Idaho continues to have a mandatory electronic performance appraisal system. Employee appraisals are completed upon completion of entrance probation, and on an annual basis thereafter. IDHW currently requires assessment on 14 competencies for new staff and seven for annual performance evaluation. Supervisors also have the ability to identify additional competencies as needed. In July of 2014 the State of Idaho will began using a new electronic performance appraisal system with three main area of competency required. Additional tools, resources, and training are in the process of being developed and provided to support this system change.

Supervisors continue to track and document participation of a new worker in Academy through the performance appraisal system that allows the supervisor to document the worker's field experience and all requirements for completion of Academy.

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

In-house evaluation continues through data collection during Case Record Reviews, iCARE reports and Data Profiles. Additional mechanisms for evaluation are Division Operations, the Child Welfare Subcommittee, quarter supervisor calls, quarterly CW Learning Circles and evaluation workgroup efforts.

SF4.5 Complete Child Welfare Manual chapters.

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

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

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

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

Funding Source:	CWS/IV-E/CAPTA
Target Date for Completion:	2013
Status:	Ongoing

A curriculum has been developed for training new child welfare supervisors. Idaho CFS consulted with Dr. Cynthia Lietz, a consultant with Casey Family Programs and the state of Arizona, in July of 2012 to develop strengths based supervisor curriculum focusing on clinical supervision, task centered vs reflective supervision and individual and group supervision. The first session was offered in July of 2013 and will continue to be offered on an annual basis to new and existing supervisors. Our supervisor training academy also includes our existing Family Centered Practice for Supervisor curriculum, which is scheduled during a separate three-day period.

SF 4.9 Continue to implement the supervisor strategic plan. Deleted. See SF4.3

SYSTEMIC FACTOR 4: SUMMARY OF ACCOMPLISHMENTS 2010-2014

Idaho continues to evaluate and monitor the training needs of new and existing staff across child welfare through training evaluations, new worker academy, Case Record Reviews, staff request, identified practice issues and training needs. In July of 2013 Idaho hired a Program Specialist

for Workforce Development to target and focus on child welfare staff recruitment, initial and ongoing training needs, and retention. During the past ten months the Workforce Development Program Specialist has been reviewing and evaluating new worker academy, supervisor's academy, and in-service training needs for updating, coordinating, and providing trainings as needed. The agency continues to assess and explore other states child welfare training for new staff and supervisors to modify and update curricula for Idaho. Idaho also implemented and adopted curricula for new supervisor's academy training in 2012-2013. This will continue to be an area of focus as staff training is critical to the enhancement of practice in the State of Idaho.

SYSTEMIC FACTOR 5 SERVICE ARRAY and RESOURCE DEVELOPMENT

Strategies for:

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

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

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

The Department continues to update its website with current funding information. This website is available to Tribes and the general public. On an on-going basis the ICWA Program Specialist corresponds with the Tribes regarding available resources. The ICWA Program Specialist authored a white paper on tribal/state IVE agreements and services. The State's Tribal Relations Manager and the ICWA Program Specialist visited with tribes in Idaho to present information on IVB funding, and other resources. The ICWA Program Specialist attended the Region 10 Health and Human Services Tribal Consultation and brought back program funding information to the Tribes who were unable to attend.

SYSTEMIC FACTOR 6 AGENCY RESPONSIVENESS TO THE COMMUNITY

Strategies for:

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

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

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

Idaho’s Keeping Children Safe (KCS), Citizen Review Panels, submit annual recommendations to the Department of Health and Welfare, Child and Family Services. In April 2013, the KCS Panels formally submitted twenty three statewide recommendations for 2014. These recommendations included the areas of support to children and families, public awareness, enduring quality service, the use of multi-disciplinary teams, education, foster care, and older youth. They were submitted in conjunction with the Panel’s annual activities and membership report. Child and Family Services responded to the recommendations in March 2013. Panel members were provided an oral response during a conference as well as a written response. See Attachment A for the “Keeping Children Safe Panels’ 2013-2014 Annual Report and Department Responses”. The Annual Statewide KCS Panel Conference is scheduled for October 2014, at which time the Department’s second and final response will be provided to the statewide Keeping Children Safe Panels.

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

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

The Child Welfare Program Manager continues to serve as the Children’s Justice Act Coordinator, attending all meetings of the CARTF, and writing the CJA annual report. Many of the strategies of the Governor’s Children at Risk Task Force align with the strategies of this Comprehensive Plan as well as strategies submitted by the Supreme Court Child Protection Court Improvement Project. The Department of Health and Welfare, the Children at Risk Task Force, and the Court Improvement Project collaborate often to support and coordinate one another’s improvement efforts.

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

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

The CFS Central Office Child Welfare Program Manager is appointed to participate in the Idaho Child Protection Court Improvement Project. In addition to attending all meetings, the Department’s representative actively serves on the CIP’s shared data workgroup, and Family Reunification Drug Courts workgroup.

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

During the CFSR and corresponding PIP, the CIP and CFS worked in tandem to implement Idaho's PIP. Collaboration between the courts and CFS continues on a regular basis. For example, quarterly, CFS shares data generated from our information system with the Court. The CIP director and Child Welfare Program Manger have also participated in joint hub-based meetings with key participants from both regional and state positions. These meetings focus on sharing information and soliciting feedback on system improvements. Additionally, the CIP and Child Welfare Program Manager meet at least bi-monthly to coordinate plans and implement common goals.

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

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

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

The Idaho Indian Child Welfare Advisory Council was established on June 22, 1994. 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 includes actions directed toward improving the outcomes related to permanency, safety, and well-being for Indian child in Idaho through:

- a) Promoting and improving Indian child welfare;
- b) 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 lead Program Specialist for ICWA may be included. On the second day, the same group meets with representatives from IDHW Family and Community Services, programs, the Department's for Tribal Relations Manager, Department. of Juvenile Corrections, and the Idaho Supreme Court.

These meetings have continued to occur regularly throughout 2013 and 2014. Region 10 DHHS Child Welfare Program Specialist, Jennifer Zanella, has participated in the meetings. The meetings attempt to address issues related to improving the overall compliance with ICWA, and continue to work on relationships and cooperation between the Tribes and the Idaho Department of Health and Welfare. The meetings will continue throughout 2014, and ongoing.

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

Funding Source:	CAPTA/CWS
Target Date for Completion:	2012
Status:	Ongoing

The new ICWA Program Specialist has traveled to meet with the tribes located in the boundaries of Idaho to establish relationships and foster positive working relationships. The Regional Director for Tribal Relations has successfully sought out and signed a formal tribal consultation agreement with the Nez Perce Tribe and the Coeur d'Alene Tribe. Formal agreements for consultation with the other tribes are being developed. These agreements will enhance the ability to meet formally to discuss processes and procedures needed to improve our work with the courts and tribal social services. Turnover in the position of ICWA Program Specialist has resulted in a delay in accomplishing the development of formal processes and protocols. Discussions on these topics have begun. This will be a goal for the coming year.

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

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

The Idaho Children's Trust Fund (ICTF) was created by statute in 1985 with a governing board that currently includes a representative from Child and Family Services (CFS). This allows a child protection system perspective to be represented as related issues come before the board.

In SFY 2014, the ICTF awarded approximately \$10,000 in annual grants and approximately \$40,000 in multi-year grants to community organizations focused on child abuse prevention. On March 11 and 12, 2014, the ICTF held its annual Strengthening Families Training Institute. CFS staff were in attendance and assisted in planning the Institute as well as in facilitating

workshops. This year's keynote was presented by Kevin Trapani, CEO of the Redwoods Group who provided his presentation, "Being appalled is not enough: Developing Community-Wide Commitment to Child Sexual Abuse Prevention". In addition to Mr. Trapani the SFTI hosted the largest known training of Stewards of Children where all 179 attendees completed the training.

SYSTEMIC FACTOR 6: SUMMARY OF ACCOMPLISHMENTS 2009-2014

Child and Family Services continue to be actively involved with partners including the Keeping Children Safe Panels, the Idaho Children's Trust Fund, Indian Child Welfare Advisory Council and the Court Improvement Project. These stakeholders routinely provide collaborate with and provide feedback to the agency regarding areas needing improvement. Over the period under review, these relationships have been strengthened, for the most part, and services improved as a result.

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

Strategies for:

Systemic Factor 7 (SF7)

41. Standards for Foster Homes and Institutions

42. Standards Applied to All Homes Receiving IV-B or IV-E

43. Requirements for Criminal Background Checks

44. Diligent Recruitment of Foster and Adoptive Homes

45. State Use of Cross-Jurisdictional Resources for Permanent Placements

- SF7.1 Develop a statewide recruitment plan to increase available resource families for improved family/child matching including American Indian/Alaska Native families (PIP-2). Completed.
- SF7.2 Modify PRIDE training to include more information regarding the adoption process and questions about adoption in general. Completed.
- SF7.3 Implement rule changes to eliminate need for duplicate criminal history background checks when transitioning between being a foster and an adoptive parent. Completed.
- SF7.4 Develop a conflict resolution protocol to use between foster care "team members." Completed.
- SF7.5 Provide staff training on criminal history background checks including information on the Adam Walsh provisions and the Code-X procedure. Completed
- SF7.6 Review the role of Regional Peer Mentors and provide staff training about the role of the Regional Peer Mentor. Completed.
- SF7.7 Develop and distribute a statewide foster parent handbook. Moved to 6.9.

- SF7.8 Establish method for electronically processing ICPC requests. Completed.
- SF7.9 Support passage of ICPC Regulation changes. Completed
- SF7.10 Develop the Recruiter Peer Mentor's role in supporting new resource parents post-PRIDE Pre-Service Training. Completed.

SF7.11 Idaho will establish a One Church One Child faith-based initiative to partner with the faith community to recruit individuals and families to become licensed foster and/or adoptive parents, support those families who do become licensed or approved, and mobilize individuals to support foster youth and their birth families.

Funding Source:	IV-E, CWS
Target Date for Completion:	2013
Status:	Completed

Each Child and Family Services hub/field office has a dedicated One Church One Child (OCOC) team comprised of social workers, Recruitment Coordinators, Licensing Specialists, Navigators and a VISTA Volunteer. Families have a variety of opportunities to participate in OCOC including learning about fostering or adopting a child, supporting a foster or adoptive family or volunteering time and service toward strengthening local families. The response from faith-based communities across the state has been overwhelming. To date, over 400 churches have been contacted and of those over 100 communities of faith have formally dedicated their support to One Church One Child.

The Department has a Program Specialist assigned to OCOC. In addition, improvements have been made to child welfare through OCOC partnerships by introducing the need for adoption and foster care families to a broader base of community members. We have implemented formal tracking mechanisms to weigh the effectiveness of our OCOC efforts through our online application process and through contractors who are responsible for community outreach, recruitment and training.

SF7.12 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 in out-of-home care.

Funding Source:	IV-E/CWS
Target Date for Completion:	2014
Status:	New

Although the Department has previously worked to recruit Native American resource families, there still remains a dearth of native families available to foster AI/AN children and youth who enter out-of-home care. The Department has identified the need for concerted recruitment efforts

of AI/AN families to be available to help Native American youth in care maintain their tribal and cultural connections.

The new ICWA specialist held a conference call with the recruitment specialist in May 2013 to discuss specific ideas for recruitment. Those ideas included setting up booths for recruitment at local pow-wows, seeking input for ideas for recruitment from each tribal social services director, and increased tribal community outreach. A review of what other states are doing in the area of AI/AN recruitment is being conducted. The ICWA specialist attended the National ICWA Conference in Florida in April 2014. The specialist brought back AI/AN recruitment toolkits to be shared with the recruitment specialist. Oklahoma has been contacted about a video for AI/AN recruitment that they have produced. Other state resources are being sought.

SF7.13 Promulgate a change to administration rule to include provision of background checks for families seeking tribal foster parent licensure.

Funding Source:	IV-E/CWS
Target Date for Completion:	2014
Status:	New

The 2013 disruption in the ICWAC meeting process prevented this issue from formal discussion with tribes. It will be placed on the next meeting agenda to determine if there is tribal interest in continuing to provide this services and assisting the Department to formalize the process through administrative rule.

SF7.14 Develop partnership with local universities to promote public education on mandatory reporting requirements and advertise the state’s centralized intake system. These partnerships will also focus on recruitment of foster families and promoting awareness on the needs of older youth transitioning out of foster care.

Funding Source:	CAPTA/IV-E
Target Date for Completion:	2014
Status:	New-Withdrawn

Child and Family Services had hoped to develop a relationship with the marketing firm who oversees collegiate sporting events for state universities. Unfortunately, due to time and cost issues, this work did not move forward. CFS continues to promote public education on mandatory reporting in partnership with the Governor’s Task Force on Children at Risk. The state continues to utilize a contract with Eastern Washington University for foster care recruitment. The program’s One Church One Child Program also recruits foster families and promotes awareness on the needs of children and youth in foster care.

SYSTEMIC FACTOR 7: SUMMARY OF ACCOMPLISHMENT 2009-2014

Over the past five years the Department has been working on increasing our recruitment and retention strategies for resource parents. In 2010, a statewide recruitment plan was developed and distributed, targeting recruitment of families representative of the children in care and

particularly enhancing processes to recruit Spanish speaking and Native American families. The Department has identified the need for ongoing efforts in the recruitment of Native American families and recruitment efforts have focused on this need. People of color including Native Americans, have also been featured in our recruitment literature. Our current resource parent training, PRIDE, updated its curriculum to include more information about adoption. The Department has implemented supportive services for resource parents, which include mentoring for new resource parents. Policy, guidance and resources are accessible and maintained on the Resource Parent Resources Website and blog. A formal conflict resolution process for resource parents was developed and distributed. In 2012, One Church One Child (OCOC) Program of Idaho was initiated. The program has been successful in strengthening our community partners, educating our communities on the various needs related to children in foster care, expanding our recruitment and retention of resource parents, and create sustainability within the program.

The Department has increased the efficiency of processing ICPC requests electronically. In addition, clarification in practice was provided regarding concerns around duplicating criminal history background checks, Adam Walsh checks and Code X Criminal History Clearance provisions; our standards have been updated to include this information.

SERVICE DESCRIPTION

Promoting Safe And Stable Families (PSSF)

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

Family Preservation

- Intensive Family-Based
- Parenting Classes
- Respite
- Family Group Decision Making Meetings
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance, case management
- Counseling/ anger management
- Forensic sexual abuse interviews
- Health and safety (RN Services)
- Transportation
- 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

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.

Identification of 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

CONSULTATION AND COLLABORATION

This entire plan or its relevant components was shared and input, including updates for the coming year, was sought from the following groups:

- Central Office Administrator, Bureau Chiefs, Program Managers, and Program Specialists;
- Child Welfare Program Managers, Chiefs of Social Work, and Supervisors;
- 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); and
- Governor's Children at Risk Task Force

- Youth Advisory Board
- Statewide Stakeholder Planning Group

PROGRAM SUPPORT

Idaho Staff Development and Training Plan

IV-E Child Welfare Workforce

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

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.

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.

Partners in Training

The 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. *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. This team continues to present the KWYA curriculum for the new and existing workers.

Through contracts, DHW will continue to collaborate with universities, colleges, community colleges and providers serving Idaho in several child welfare capacities. 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.

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's effective date was August 2011. Marketing services for recruitment of resource families has 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 Division 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.

Pre-Service Education

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 contractor will retain faculty for the IV-E stipend student degree programs (at both BSW and MSW degree levels).

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 (see Attachment B). Central Office and National Resource Center staff have also provided in-service trainings.

Trainers

The hub based on-site trainers are the primary designated trainers. They use CFS Chiefs of Social Work, CFS Program Specialists, university and other partners to assist with various training. The training pool includes university partners, Casey staff, CFS Central Office and Department staff, and some external subject matter experts.

Designated supervisors oversee the orientation of new employees during their probationary period. 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 is used by supervisors as the main documentation system. Chiefs continue to be responsible for implementing the regional CRR and performance improvement process, which provides feedback for determining training needs.

Curriculum Development

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

Child Welfare Academy

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

Refinements planned for 2010-2014 included the following: Continued implementation of the New Worker Academy evaluation process; Development of New Worker Academy curriculum, training of trainers and consultations; ongoing updates to the training curriculum and review with input from the Child Welfare Subcommittee (consisting of CW Central Office staff, Chiefs of Social Work, university partners, etc.); Continued training for new supervisors and for performance management decision making; Ongoing refinement and training of the new worker; The continued inclusion of Tribal representatives, Service Integration Navigators, Casey staff and university partners into the training audience, as well as contributors to the training team; Continued development of the on-site training team and others assisting in training. Ongoing refinement of the standard curriculum elements across the curriculum and standard template for curriculum will continue to include components that reinforce the Family Centered Practice Model and integration of ethics and cultural competency. The curriculum format has been standardized and curriculum is reviewed and updated as needed; and continued issuance of CEUs for New Worker Academy topics and related training.

SUMMARY OF 2010-2014 REFINEMENTS

Idaho has been able to continue to reach the goals as identified through evaluations, review and updating of training curriculums, providing on going trainings for CW staff and supervisors, as well as continued involvement of community partners in training and practice initiatives. Idaho has used the integration of ethics, cultural competency, family centered and trauma informed practice to enhance and update practice shifts and training curricula in Idaho.

See Attachment B for the Idaho Title IV-E Training Matrix updated for FY2015. 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) and for persons wanting a refresher; Resource Parent Training; Supervisor Training; in-service training; and the IV-E Stipend program. Training is ongoing and includes content from various

disciplines and knowledge bases relevant to child and family services policies, programs and practices.

Coordination and Tracking

Idaho State University 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. 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 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.

Transfer of Learning

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. 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.

Training Period

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

Technology

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

Academy/In-service Cost Allocation Plan

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 that are IV-E eligible in order to increase the funding for New Worker Academy training and claims will be made based on this analysis.

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

Training Evaluation

FACS 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, the CQI process, Child Welfare Subcommittee, on-site trainer feedback and CW Learning Circles.

Existing mandatory CQI protocol 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 CRR process, iCARE reports and Data Outcome Profiles. Additional mechanisms for evaluation are Division Operations, the CW Child Welfare Subcommittee, quarterly CW Learning Circles and evaluation workgroup efforts.

Technical Assistance

For the period 2013-2014, the following technical assistance was planned:

- Technical assistance from the NRC for Child Protective Services to finalize revisions to safety assessment tool and practice.
- Technical assistance from the NRCYD for Peer Youth Development.
- Technical assistance to provide “train the trainers training” for Peer Youth Development work.
- Technical assistance to provide transition planning training.
- Technical assistance to provide “train the trainers” training for transition planning work.
- Technical assistance to a develop statewide recruitment plan, in collaboration with the tribes in Idaho, to increase American/Alaskan Native resource families available to foster AI/NA children and youth in out-of-home care.

Progress

This past year, Idaho collaborated with the National Resource Center for Child Protective Services to:

- Develop a practice standard on the assessment of temporary child residents;
- Develop practice guidance in relation to conducting announced vs. unannounced home visits;
- Finalize specific improvements to both Idaho's safety assessment instrument and overall safety assessment process/procedures; and
- Develop a strategy and roll-out plan for improvements and modifications.

In November 2012, Idaho began receiving requested technical assistance from the National Resource Center for Youth Development in the following areas:

- Assessment of the current structure and needs of the Idaho Youth Advisory Board; and
- Development and support of the Idaho Youth Advisory Board

The Idaho Youth Advisory Board has been successfully in operation for the past year and a half. The NRCYD will return to Idaho in May 2014 to complete their technical assistance work on transition planning and to facilitate a "train the trainers" training for transition planning work.

Idaho currently has no technical assistance planned other than completion of those listed above for the 2014 -2015 year.

COLLABORATIVE EFFORTS WITH TRIBAL PROGRAMS

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

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. 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.

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

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

The ICWA specialist continues to share information with the tribes as a part of the continued collaboration. Some of the information shared this past year includes the following: The National Council of Juvenile and Family Court Judges ICWA Compliance Toolkit; NCJFCJ Indian Child Welfare Act Facts and Fiction; and Measuring Compliance with the Indian Child Welfare Act: An Assessment Toolkit. Additional knowledge and information sharing occurs during the regularly scheduled ICWAC meetings.

PLAN FOR IMPROVEMENT OF HEALTH CARE SERVICES

Goal 1: Improve documentation of physical and mental health services in iCARE.

Strategy: When iCARE is ready for work authorizations, submit a request to re-design the health and mental health screens to make it easier to enter available data and be able to “export” the information to court reports and other documents.

Date Due: 2013 Status: Complete

Progress: During the Spring 2013, training on the topics of child well-being and psychotropic medications, we were able to get feedback from participants on barriers they were experiencing with entering health and mental health data into iCARE. This feedback will help as we progress in the redesign of some of our health related data elements

Strategy: Supervisors will monitor documentation of physical and mental health needs and services in iCARE.

Date Due: 2013 Status: Ongoing

Progress: During the spring 2013 trainings on child well-being, supervisors were encouraged to monitor data entered into iCARE health related screens. Closer attention is also being paid to the quality of the available information during case record reviews.

Goal 2: Increase worker and resource family understanding of the importance of the “well-being” goal.

Strategy: Conduct a series of statewide trainings on “Meeting Foster Youth’s Well-Being Needs” for staff, supervisors and resource parents. This will include case management strategies around physical, educational and mental health needs of the child. Will examine: importance of both case manager’s, parent’s and resource families participation in meetings with school, medical personnel and other providers; resource parents following the EPSDT (Early Periodic Screening, Diagnosis and Treatment) schedule for regular health exams; psychotropic medication; service continuity; and documentation.

Date Due: 2013 Status: Complete

Progress: Joint trainings were completed statewide for staff and foster parents regarding meeting foster youth's well-being needs. The new standard and guide regarding the Monitoring and Use of Psychotropic Medications in Foster Youth were reviewed with participants. Foster parent attendance was low. This information was placed on the resource parent website. Resource parents were also given information at the annual conference regarding the website. A number of the conference locations included presentation of material related to Monitoring and Use of Psychotropic Medication.

Goal 3: Youth turning 18 will have a completed Health and Education Passport.

Strategy: During the upcoming Independent Living CQI, reviewers will assess the current use of Health and Education Passport with youth turning 18 and develop a strategy for increasing appropriate and timely completion of passports for youth.

Date Due: 2013 Status: Ongoing

Progress: The IL case record review was completed in the fall of 2013 (see Item 17.4). The results indicated a need to prioritize the importance of Health and Education Passport with staff. The number of youth who had received these passports when they turned 18 was very low. This area is one of the top five areas being addressed in the upcoming year as needing improvement.

Strategy: During the upcoming Independent Living CQI case review, reviewers will assess youth access to and use of resources related to their sexual health and develop a strategy for insuring that their passport contains information regarding community resources regarding sexual health, family planning, HIV/AIDS and LGBTQ health issues.

Date Due: 2013 Status: Ongoing

Progress: The strategies to address Health Passports in general (see above strategy) will also need to include information regarding sexual health issues and resources.

PLAN FOR OVERSIGHT AND USE OF PSYCHOTROPIC MEDICATIONS FOR CHILDREN IN FOSTER CARE

Goal 1: Increase awareness/recognition of the issue of need for appropriate use of psychotropic medications with foster youth.

Strategy: Medicaid Pharmacy Program will gather data on psychotropic medication use with foster youth to include: child age and location; prescriber type and location; type of medication being prescribed by prescriber by location.

Date Due: 2013 Status: Ongoing

Progress: Medicaid Pharmacy Program has not yet shared/published analyzed recent psychotropic usage data.

Strategy: Share psychotropic prescription data with partners to increase visibility of/conversation about the issue. Partners will do presentations and otherwise disseminate the information. Examples include: Court Institute; Foster care web site; “well-being” statewide training; supervisor conference; foster care conference; foster care clinic providers; and clinicians who see foster children.

Date Due: 2013 Status: Complete

Progress: Statewide well-being training was conducted in January and February 2014. A significant part of the curriculum was on the Monitoring and Use of Psychotropic Medication. Training information, the standard and a user’s guide was posted on the Resource Family external website and the Department’s internal Share Point. A Denver Post article was posted which updated information on the relationship between psychotropic medication and trauma. During a recent stakeholder group with representatives from across the state, CFS gathered feedback on psychotropic medication with foster youth and trauma services.

Goal 2: Developing consensus through 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.

Strategy: CFS- Assemble interdisciplinary workgroup, conduct assessment and gather ideas for improvement.

Date Due: 2012 Status: Complete

Progress: No further meetings have been held. The new practice standard and Psychotropic Medication Guide was distributed to group members.

Strategy: CFS/BH/Medicaid attend nationwide conference in DC 8/27/12 to work on plan improvements.

Date Due: 2012 Status: Complete 2013

Progress: Conference attended by a Medicaid Administrator; Medicaid Pharmacy Program Manager; Child and Adolescent Psychiatrist with State Hospital South; Director of State Hospital North; Child Welfare Program Manager and Program Specialist.

Goal 3: Assure access to up-to-date guidelines on clinical practice to inform system including Trauma Based Services

Strategy: CFS- Promote worker participation in KLC on-line classes on psychotropic medication.

Date Due: 2013 Status: Complete

Progress: Information regarding the online psychotropic medication training available on the Department Knowledge and Learning Center was promoted during the statewide trainings on child well-being.

Strategy: CFS - Develop session on use and monitoring of psychotropic medication for PRIDE (foster parent education)

Date Due: 2013 Status: Ongoing

Progress: Reviewed and there is no information in PRIDE on this topic. Plan was to develop session curriculum in 2013. This was not accomplished, but is still being planned. Agency is looking at some re-design with regard to foster parent pre-training (PRIDE) and will join these additions to those changes.

Strategy: CFS - Post information and links on internal Child Welfare SharePoint; Foster Care/Adoption external website; and IL website.

Date Due: 2013 Status: Complete

Progress: The Psychotropic Medication Guide for Parents, Resource Parents, Youth and Social Workers was posted to the websites as planned.

Strategy: Medicaid Academic detailing (clinical information) to prescribers.

Date Due: 2014 Status: near completion

Progress: Medicaid Pharmacy Program is finalizing work with the Center for Evidence-Based Policy at OHSU to produce an academic detailing education brochure on the use of second generation (atypical) antipsychotics in children.

Strategy: CFS - Obtain training for CFS staff and community providers on evidence-based treatment for trauma, behavioral skills and techniques, medication side effects, and importance of medication as a possible supplement to active therapy.

Date Due: 2013 Status: ongoing

Progress: Initial trauma training has been completed statewide. The North Hub has been participating in the Bruce Perry, M.D. trauma consultation series. Continued training and implementation of the CANS trauma assessment will be continuing as part of Idaho's IV-E Waiver.

Strategy: CFS - Develop and disseminate standard of practice for CFS social workers

Date Due: 2013 Status: Complete

Progress: Practice standard has been finalized, posted and staff have received training.

Goal 4: Identification of which foster children and youth may need psychotropic medication.

Strategy: CFS - Train workers and resource parents to observe and describe child's behavior.

Date Due: 2013 **Status:** ongoing

Progress: The state well-being presentations began this process, but will continue to need attention. Training on use of the CANS (see below) will focus attention in this area.

Strategy: CFS - Familiarize workers and resource families with the current mental health screening tool and when to refer for additional assessment.

Date Due: 2014 **Status:** ongoing

Progress: As part of Idaho IV-E Waiver, we have chosen the Child and Adolescent Needs and Strength Survey (CANS) to be administered to all children entering foster care and those at imminent risk of entry into foster care.

Goal 5: Develop and implement an informed consent for psychotropic medication

Strategy: Examine other state/agency models for informed consent for psychotropic medication.

Date Due: 2013 **Status:** ongoing

Progress: Examination has begun.

Strategy: Get legal advice regarding the consent process

Date Due: 2013 **Status:** ongoing

Progress: Not completed

Strategy: Work with Medicaid regarding introducing informed consent by parent for psychotropic medication to prescribers

Date Due: 2015 **Status:** ongoing

Strategy: Develop consent procedure and add to CFS standard

Date Due: 2015 **Status:** ongoing

Strategy: Develop process for resolving differences of opinion and/or when the parent refuses to consent to the recommended treatment/medication.

Date Due: 2015 **Status:** ongoing

Goal 6: 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.

Strategy: Assist bio parent with increasing their knowledge and ability to ask questions of the prescriber.

Date Due: 2015 **Status:** ongoing

Strategy: Assist youth in becoming an active participant in his treatment through seeking understanding of what is happening and what the prescriber is recommending.

Date Due: 2015 Status: ongoing

Goal 7: Monitoring and impacting population trends both individual and at a population level

Strategy: Medicaid to develop and implement monitoring parameters “red flags” through the Medicaid Drug Utilization Review Board.

Date Due: 2013 Status: initial phase complete

Progress: Red Flags Program begun by the Drug Utilization Review Board in August 2012. Data is compiled by Medicaid Pharmacy and presented at the DUR meeting for each of the red flags. During quarterly meetings they have worked through each of the Red Flags.

Strategy: Medicaid to provide feedback to prescribers on a state level

Date Due: 2013 Status: Ongoing

Progress: Idaho DUR Quarterly Newsletter produced by Magellan Medicaid Administration in September 2012 featured graphs of Psychotropic Medication Use in Foster Children including the then proposed Red Flags monitoring system.

Strategy: Medicaid/CFS to develop system for case review of cases that fall outside the monitoring parameters.

Date Due: 2014 Status: Ongoing

Progress: Being completed as part of red flags process.

Strategy: Medicaid/CFS to develop resources for professional consultation and or second opinions.

Date Due: 2015 Status: ongoing

SUMMARY OF ACCOMPLISHMENTS 2010-2014

Use of psychotropic medications with children in foster care is a systemically complex issue. Our initial efforts have been in conjunction with the Division of Medicaid to collect data to help understanding the characteristics of prescribing in Idaho. There have been statewide training for staff and foster parents. A practice standard and a guide for parents, foster parents, workers and youth have been developed and trained to statewide. Medicaid has completed an academic detailing plan to provide education on atypical antipsychotics to prescribers in Idaho. At the same time we have been training on trauma and trauma informed services. Many children are currently being prescribed psychotropic medication for behavioral control without concurrent evidence based treatment. We believe that many of the children we have in foster care are experiences the effect of complex trauma and are in need of treatment strategies which address those behaviors without over-reliance on medication alone or medication and “counseling as usual” interventions.

DISASTER PLAN UPDATE

CFS Program Managers and Central Office staff will continue to review the program's Disaster Plan annually. The plan was last reviewed in September 2013, communication processes were discussed and calling trees were requested to be updated. A plan was made to discontinue use of SharePoint sites for tracking and to instead utilize the program's SACWIS system for tracking resource parent and staff information. The current plan will be updated to capture recent changes to the state's information system. The system has been migrated from a mainframe data base (FOCUS) to a Microsoft SQL data base (iCARE). To date, the state has not yet had any emergency or disaster situations requiring use of the plan.

MONTHLY CASEWORKER VISITS, FUND EXPENDITURE and VISIT DATA

The Department calculated the FFY 2007 baseline caseworker/child contact data by reviewing 339 randomly selected cases, using the sampling methodology developed by the Children's Bureau Data Team. Idaho did not submit a request to resubmit baseline data. Although Idaho's previous SACWIS system, FOCUS, a report to calculate totals of caseworker/child contact, the report was not valid. Therefore, Idaho has continued to use the sampling methodology, developed by the Children's Bureau Data Team, to calculate our 2008, 2009, 2010, 2011, and 2012 data. Beginning in FY 2012, Idaho reported the total number of visits made by caseworkers on a monthly basis to children in foster care pursuant to changes in law made by P.L. 112-34 and opposed to past reporting that counted the number of children visited each and every month in care. In 2013 a report was developed in Idaho's SAWIS system, iCARE, which provides the total number of caseworker visits completed, the location of the visit, the duration of the visit, the method of the visit (i.e. face to face) and the result of the visit. Therefore, the 2013 caseworker visit report was completed by utilizing this iCARE report.

Below are the results of the 2009-2012 hand counts that were submitted in the past. Data for 2012 is presented in a separate table due to changes in the formula for reporting contacts made by ACF.

Caseworker Visit Measures	National Standard by 2011	2009 Idaho Performance	2010 Idaho Performance	2011 Idaho Performance
# of children served in foster care		333	332	328
# of children visited every month		253	292	296
% of children receiving a caseworker visit each and every month in care	90%	76%	88%	90%
# of visit months for children who were visited every month in care		1673	2032	2065
# of visit months in which at least one visit occurred in the child's residence		1346	1643	1656
% of months in which visit occurred in child's placement provider or own home	50%	80%	81%	80%

Caseworker Visit Measures	2012 Idaho Performance
Number of Visits That Would Occur if Each Child Were Visited Once Per Month While in Care	2283
Number of Monthly Visits Made to Children	2238
Percent of Visits Made on a Monthly Basis by Caseworkers to Children in Foster Care	98%
Number of Monthly Visits Made to Children That Occurred in the Child's Residence	1838
Percent of Visits That Occurred in Child's Residence	82%

FFY	Idaho's Target % of Children Seen Each and Every Month
2009	60% with the majority of contact occurring in the child's home.
2010	70% with the majority of contact occurring in the child's home.
2011	90% with the majority of contact occurring in the child's home.
2012	90% with the majority of contact occurring in the child's home.
2013	90% with the majority of contact occurring in the child's home.

Below are the results of the 2013 worker contact report which was developed in Idaho's SACWIS system iCARE, which were submitted in December 2013. Idaho no longer uses a sampling methodology or hand count to measure caseworker visits.

Caseworker Visit Measures	2013 Idaho Performance
Number of Visits That Would Occur if Each Child Were Visited Once Per Month While in Care	14666
Number of Monthly Visits Made to Children	13706
Percent of Visits Made on a Monthly Basis by Caseworkers to Children in Foster Care	93%
Number of Monthly Visits Made to Children That Occurred in the Child's Residence	9647
Percent of Visits That Occurred in Child's Residence	70%

Idaho has met their 2013 goal. PSSF worker contact funds have been used to accomplish the following:

- Contract with Eastern Washington University to assign a student to travel and serve as a "responsible party" when children are living in residential treatment centers a significant distance from their home. The student has co-case management responsibilities with the assigned regional staff;
- Funding for family service technicians to transport children and parents to visits, to save worker time and allow them more time to complete necessary contacts.
- Hubs will monitor child worker contacts on a monthly basis through the use the iCARE "clients needing monthly contact" and "worker contact" reports. Supervisors continue to work with individual supervisees on strategies to meet monthly worker/child contacts. Hub field office- improvement plans are required if the region falls beneath 90%; and

- Each region will develop regional specific strategies for freeing up worker time to increase opportunities for completing frequent and good quality social worker/child visits.

SUMMARY OF ACCOMPLISHMENTS 2010-2014

From 2009-2012 Idaho utilized a sampling methodology to measure caseworker visits with children. In 2013 Idaho utilized a new “worker contact” report in their SACWIS system, iCARE to measure caseworker visits with children. From 2009-2013 Idaho exceeded their goal for completed visits and for seeing the child in their place of residency the majority of the time. PSSF funds have been utilized to accomplish these goals by providing for contracts for student interns to complete visits with children placed in residential/treatment facilities a distance from the local office; contracts for client service technicians to provide transportation to parents and children freeing up the worker to complete visits; improved iCARE reports to increase monitoring of caseworker visits; continued Hub monitoring and the development of hub-specific strategies to assist caseworkers with completing their visits.

ADOPTION INCENTIVE FUNDS

Idaho received \$319,936 in Adoption Incentive Funds for 2013. The funds were used to remove barriers to adoption through providing additional resources to fund adoption assistance cash payments. Adoption Incentive Funds were also used to support the development of post-adoption services through payment of registration and travel fees for adoptive families attending the Idaho Post-Adoption Center Conference in October 2013. Families receiving Adoption Assistance were eligible to receive support to attend the Conference.

SUMMARY OF ACCOMPLISHMENTS 2010- 2014

Idaho received \$3,664,736 in Adoption Incentive Funds for the years 2009 – 2013. Each year, funds were used to reduce barriers to adoption through providing additional resources to fund adoption assistance cash payments. Since the development of the annual Idaho Post-Adoption Center Conference in 2012, funds have been expended to help adoptive families attend the Conference by paying for their registration and travel fees. Idaho intends to continue to utilize any Adoption Incentive Funds received to further support permanency efforts including post-adoption services, adoption assistance support and education for adoptive families and social workers.

QUALITY ASSURANCE SYSTEM

Idaho has a number of data sources and several methods for monitoring improvements established. The state will continue to use data provided by DHHS, our SACWIS system (iCARE) and our case record review process.

During the fall and spring of 2012/2013 Idaho was selected to participate along with three other states in the piloting of the Continuous Quality Improvement Assessment Document (CQIAD). This gave Idaho an opportunity to complete a comprehensive assessment of its entire CQI system. Results of the assessment showed that the case review component of our CQI program

was the strongest. Strengths were also identified in the areas of local improvement planning and accessibility of outcome data. Enhancements in the following areas were identified: (1) Need for policies, procedures and training about the comprehensive nature of our CQI system; (2) Incorporate strategic planning for involving stakeholders in receiving feedback and in developing strategies for the CFSP; and (3) Reduce lapses in “closing the loop” on feedback and adjustment with stakeholders. We are currently looking at the results of the CQIAD with the intent of including strategies in our next five-year plan to incorporate these and other enhancements.

The following is a brief narrative of what we are currently doing with respect to CQI.

Continuous Quality Improvement Case Record Reviews – Idaho has conducted case record reviews continuously since 2004. Recent reorganization has presented some changes to our case review and improvement planning processes. This has provided an opportunity for us to address a standing concern that, in the past, each region had the same size sample and frequency of reviews regardless of the representative number of children they had in foster care.

We will continue to have the same total sample of 210 per year, but the number of cases and frequency of reviews will be different for each hub and proportional to the percentage of children each hub has in foster care.

Prior to the case record review each hub receives a list of randomly selected in-home cases and a list of randomly selected out-of-home cases. Cases which have been reviewed in the preceding year are eliminated. The cases to be reviewed are systematically drawn from those lists. We will continue to use the federal CFSR review form (OSRI) and interviews during the case reviews. Also the presence of an experienced second level reviewers working directly with the local Chief of Social Work has worked very well and will continue.

Upon completion of each individual case review, a meeting is held by the case reviewer with the case social worker and his/her supervisor to discuss the specific strengths and areas needing improvement of the case. A hub-wide exit meeting is also held via teleconference with local staff following the completion of the review. Strengths are identified. Preliminary data is immediately available and that data is shared with the group and compared with previous case record review results and composite scores. This meeting often provides an opportunity for technical assistance in response to staff questions and comments.

A unique feature of Idaho’s case record review has been the training and use of staff as case reviewers. A variety of individuals have been trained including social workers, supervisors, Chiefs of Social Work, Citizen Review Panel members, University Partners and Casey Family Programs staff. With the increase in the size of the hub case numbers, more Central Office staff have been added to local review teams both as case reviewers and as second level reviewers.

Largely because of the case record review and the Permanency Composites, individual workers, supervisors, managers and administrators have reliable information about practice taken from iCARE and case reviews including interviews with parents, children and resource parents.

Results are posted on the Department's SharePoint website. Case review data is also reviewed and discussed among all Program Managers and Central Office Administrators during Divisional Operations Team meetings.

Regional Improvement Planning

For purposes of local improvement planning, case review data and Permanency Composites are calculated for each county and field office within a hub and for the hub itself. Improvement plans are focused on performance issues in the hub field offices which are performing below goal or below standard. During the last couple of years, strategies have been primarily directed at increasing stability, improving the timeliness of permanency, maintaining children safely in their homes and family engagement.

While we have had a local improvement planning process since PIP1 in 2004, some recent changes have been happening. The Division data analyst who is assigned to CFS has becoming increasingly familiar with the child welfare data as well as the child welfare practice. That now enables her to help local leadership understand the data and how it can reveal specific practice issues. Many times, local leadership has relied on "hunches" about why their data looks like it does and based their local planning on these hunches. Sarah has begun to make compelling data presentations to the hub program managers and then to the chiefs of social work regarding our practice challenges. This is being followed up by visits at each hub. At those meetings are Central Office and hub leadership including hub supervisors. The data analyst has been able to guide participants in how the available data can help to target improvement strategies. She can challenge the "hunches" with data and participants can easily see how they need to redirect their efforts.

A particularly powerful strategy has been to ask the hub to present on their plan development sessions to the statewide meeting of the chiefs, lead chiefs of social work and Central Office Program Specialists and discuss how the consultation went and how it was helpful. Those hub sessions have been completed in the North Hub and just begun in the East Hub. The West Hub was completed in Fall 2013. The Chiefs from the North Hub did a great job in talking about their experiences and what they learned and how it will inform their planning processes. The ownership in developing solutions was very evident.

Stakeholders

While we meet regularly and have good relationships with the majority of our external stakeholders, we do not, in general, have a formalized process where we provide them access to our outcome data, discuss the data and actively involve them our CFSP planning process. Interestingly enough the same is true of our internal stakeholders. Central Office leadership meets with local staff about once a year. While these conversations tend to be meaningful with regard to practice, they too are not formalized in a way that can capture feedback and use it in planning. Central Office staff are currently planning a face-to-face consultation with our Region X partners to discuss some possible ways to make our contacts more formalized and more strategic to help increase knowledge of where we are and further invest all of our stakeholders in the actual planning process and resulting plan

The CFSP is our single child welfare plan at the core, charting where we have been and where we are going. We believe that most of our stakeholders are unaware of the importance and content of the CFSP. That is not as it should be or as we want it. Making improvements in our processes will allow us to begin some new strategies for involving stakeholders in our next Five Year CFSP.

This spring we took a major step in stakeholder involvement. The plan was to assemble a group of stakeholders to assist with CFSP and IV-E Waiver planning. Rather than have multiple groups which usually involve the same people at different times, we decided to collapse the needs we have in the area of stakeholder involvement. We were also looking for a group that would be sustainable over time, again to close the feedback and adjustment loop. We often bring people together, but then don't let them know about the impact they had, monitor outcomes and adjust the plan.

We sent out invitation letters stating clearly the agenda for the meeting. Then 2 weeks before the meeting we sent out some one page information sheets on the topics we planned to ask about at the meeting to give participants time to think about the topics. We had very good attendance and representation. There was a total group of around 30.

The day started with a welcome and very brief presentation on general information about children in Idaho foster care and how the agency is doing on national outcomes. There were also short presentations on the IV-E Waiver and the CFSP. This included our "discovery" of some of the issues we experience with stakeholder involvement in our CQI system.

Each individual participated in four listening sessions (each time in a different group) with focus questions including:

Creating a Trauma-Informed Child Welfare System

- How do we support caregivers in helping heal traumatized children?
- What would you need to support children and families who have experienced trauma?

Working with Older Youth

- How might we ensure successful transition planning for older youth?
- What ideas do you have for promoting life-long connections for older youth?

Family Engagement

- How do we help parents stay in their parental role, in the driver's seat?
- How do we ensure the family's voice is heard and families have ownership in decision making?

Meaningful stakeholder engagement

- What does it take to make stakeholder engagement meaningful, ongoing and sustainable?

Discussions were recorded verbatim by a group scribe. Participants included: tribal members; foster parents; CASA; parents; youth; law enforcement; courts; universities; and staff

representatives of workers, supervisors and chiefs. We collected an immense amount of information and compiled it into specific and overall themes and ideas. When completed, this information is going back to participants for review. This information will also be considered for our new 5 year plan and subsequent semi-annual meetings are planned.

REPORT ON CFS SERVICES FOR CHILDREN UNDER THE AGE OF 5

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.
- 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 youngster’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
Entering Foster Care	527	479	543	533

Children under 8 years old represent 51% of the foster care population. Contributing Conditions to Removal for children entering care in 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 5 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.

CHILD MALTREATMENT DEATHS

Idaho’s SACWIS information system, iCARE, collects information related to child maltreatment fatalities that are referred to Child and Family Services. However, not all child maltreatment fatalities come to the attention of Child and Family Services. If there are surviving siblings, Child and Family Services is involved to assess the safety of the remaining children in the home. Fatality information on this type of referral is reported to NCANDS. However, if there are no other children in the family, and the referent contacts only law enforcement, the child fatality may not be referred to CFS, not entered in our information system, and not included in NCANDS data. Currently only Vital Statistics receives information on all child deaths.

Child and Family Services now provides our child maltreatment fatality information to Vital Statistics who, in turn, will provides CFS with the total number of child fatalities captured in their system related to abuse and neglect. There may still be challenges with the comprehensiveness of this information due to coding classifications; however, this information brings us closer to capturing more complete information related to child maltreatment fatalities in the state. The annual report of the new statewide Child Fatality Review Team will also be used as resource.

CFS will continue to work toward gathering the information from vital statistics and the new Statewide Child Fatality Review Team to include in the NCANDS Agency File.

Maltreatment deaths reported to NCANDS FFY 2009 – 2013:

2009	2010	2011	2012	2013
4	2	2	2	4

CAPTA PLAN 2014-2015

Idaho continues to be eligible to receive CAPTA funds, meeting the eligibility requirements. There have been no substantive changes to State law or regulations that affect the State's eligibility for the CAPTA state grant.

The training and services that Idaho intends to carry out with CAPTA funds are included in the Goals, Objectives, and Strategies, that are outlined in the APSR as well as the annual CAPTA Budget.

Through CAPTA, the following program areas are selected for 2014-2015 to improve Idaho's statewide programs relating to child abuse and neglect.

- Improve the intake, assessment, screening and investigation of reports of abuse and neglect (section 106(a)(1);
- Create and improve the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation including: (1) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (2) provisions for the appointment of an individual to represent a child in judicial proceedings (section 106(a)(2);
- Improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (section 106(a)(3);
- Enhance the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4);
- Develop and update systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(a)(5);
- Develop, strengthen, and facilitate training including (A) training regarding research-based strategies to promote collaboration with families; (B) training regarding the legal duties of such individuals, and (C) personal safety training for caseworkers (section 106(a)(6);
- Improve the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvement in the recruitment and retention of caseworkers (section 106(a)(7);
- Develop and deliver information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting

suspected incidents of child abuse and neglect, including the use of differential response (section 106(b)(2);

- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated maltreatment reports (section 106(a)(14); and
- Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems (section 106(a)(13).

CAPTA funding will support training, technical assistance, and improvements in these areas.

Services, training, policies, and procedures provided to individuals using CAPTA funding are dispersed throughout this Annual Progress and Services Report.

Changes to 2013-2014 CAPTA Plan

During this next grant cycle, Idaho plans to partner with the Administrative Office of the Courts to support training and quality assurance efforts for staff involved with the implementation of family reunification drug courts.

CAPTA Activities Conducted with Alternate Funding

While the 2014 CAPTA budget does not designate funds for the following activities, these activities occur through alternate funding sources such as:

Prevention of child abuse and neglect

Many of the services aimed at preventing the occurrence of child abuse and neglect are provided by the Idaho Children's Trust Fund (ICTF). ICTF is the identified recipient of federal prevention funds. Child and Family Services collaborates closely with the ICTF to offer prevention services. CFS offers prevention services through cost sharing with the Department of Education for the Community Resources for Families Program. Additionally, CFS contracts for services throughout the state.

Reporting suspected cases of child abuse and neglect

CFS collaborates with the Governor's Children at Risk Task Force (CARTF) to distribute a brochure that outlines the responsibilities of Idaho's mandatory reporters. The brochure is available in English and Spanish. During this grant cycle, 4,869 English brochures and 450 Spanish brochures were distributed throughout Idaho. No CAPTA funds were used to print additional copies of the brochures.

To encourage mandatory reporting, through a contract with University of Idaho, Cooperative Extension System, the Children at Risk Task Force sponsored the development of an educational video on Idaho's child abuse reporting laws. The ten minute DVD/video explains the definitions of child abuse and neglect, instructs citizens on their duty to report, and gives them information on who to call and what information they should include in their report. CARTF distributes the DVDs upon request. During this grant cycle, four hundred forty-nine DVDs were distributed out of existing inventory.

Upon request, regional social workers also train the public on mandatory reporting.

Policies and procedures encouraging the appropriate involvement of families in decision making

CFS has written standards that require involvement of families in decision making. Those standards include the following:

- Involving Families Through Family Group Decision Making Meetings;
- In-Home Family Preservation Services;
- Service Planning;
- Child Well-Being; and
- Concurrent Planning.

Policies and procedures that promote and enhance collaboration among agencies, domestic violence services agencies, substance abuse treatment agencies, and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families affected by child abuse or neglect.

Child and Family Services has a "Service Delivery" standard that promotes collaboration between all agencies and service providers. Additionally, the Department has a contract to allow substance abuse liaisons to be housed in each of the main regional offices. The contract specifically defines procedures for substance abuse and CFS social workers to collaborate to deliver services. Additionally, all areas of the state have good working relationships with their local domestic violence agencies and service providers.

Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

During 2014, Child and Family Services continued consulting with psychiatrists, pediatricians, representations from Medicaid, the Division of Behavioral Health, and the Supreme Court in a collaborative effort to enhance the health care plan for children in the foster care system. Included in the overall health care plan is a plan for identifying and monitoring the use of psychotropic medication prescribed for foster children and youth. CFS finalized a standard of practice related to the oversight of psychotropic medications

for children in foster care in January 2014. Collaboration and plan implementation will continue during this next reporting period.

PROGRAM CONTACT

Miren Unsworth, Child Welfare Program Manager
State Liaison Officer
Division of Family and Community Services
Child and Family Services
450 W. State Street, 5th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5925
unswortm@dhw.idaho.gov

CAPTA BUDGET FY 2015

We anticipate that these will be the budget categories for FY 2014.

CAPTA Budget	FY 2014-2015	CAPTA Grant Purpose
Implementation and training of continuing quality assurance system	\$20,000	Section 106(a)(1) Section 106(a)(3) Section 106(a)(4)
CAPTA SLO	\$ 2,000	
Support collaboration of the Child Welfare Subcommittee to improve the delivery of services to children and families served by the child welfare system.	\$10,000	Section 106(a)(3) Section 106 (a)(4) Section 106 (a)(7)
Support collaboration of the Indian Child Welfare Advisory Council and the Department to improve the delivery of services and treatment provided to Indian children and their families.	\$20,000	Section 106(a)(14)
Maintaining Citizen Review Panels in all 7 Regions	\$16,807	
Skill training for supervisors -- 2-day training to develop and enhance competencies	\$35,000	Section 106(a)(7)
Improve the skills of supervisors through developing supervisory curriculum and implementing supervisor academy.	16,000	Section 106(a)(7)
Intake and assessment training for all new social workers, three times per year in each hub at Child Welfare Academy.	\$25,000	Section 106(a)(1)
Implement Safety Practice Revisions	\$20,000	Section 106(a)(3)
Support training and quality assurance efforts for staff involved with family reunification drug courts	\$5,000	Section 106(a)(3)
Support newly formed child fatality review team	\$15,000	Section 106(a)(4)
TOTAL	\$184,807	

CHAFEE CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

IL PROGRAM SERVICE DESCRIPTION

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

A. Description of Program Design and Delivery

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

Transitional Independent Living Plan

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

Family and Support Persons Involvement

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

Independent Living Skills

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

Educational and Vocational

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

Employment

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

Human Sexuality Issues

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

Counseling

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

Room and Board

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

Self Sufficiency

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

Outreach

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

Increasing Services

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

Support Networks

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

Training

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

B. Revisions to Goals and Objectives established in the CFSP

There are three revisions to goals or objectives for the Independent Living Program.

1. Transition Planning training provided by the National Resource Center for Youth Development (Goal 2, Strategy 2.3)
2. Development of a Foster Youth Advisory Board (Goal 5)
3. Development of Guardian Scholars programs in Idaho's state colleges. (Goal 3, Strategy 3.3)

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

No areas needing improvement were identified in the Independent Living Program

D. Services to be Provided in FY2014

Population to be served - Eligibility criteria for a youth's participation in the independent living program remains; however, inpatient hospital stays have been added to the list of settings which are excluded as eligible foster care placements for the purpose of IL eligibility. This is a clarification and does not change how eligibility for IL services is determined. Idaho requires that a youth be in foster care placement for ninety (90) cumulative days after the age of 15, an indicator they will more likely be in care long term and need additional assistance in attaining self-sufficiency. Eligibility requirements for Idaho's plan for independent living services for the upcoming year are as follows:

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

E. Geographic Areas Where Services Will Be Available

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

F. Estimated Number of Individuals and Families to be Served

In SFY 2013, 546 youth between the ages of 15 to 21 were served by the Chafee Foster Care Independence Program (CFCIP). This number includes 209 youth who reached the legal age of adulthood (18 years) while in foster care.

G. Planned Program Changes

There were no planned changes to the Independent Living Program in FY 2014.

COLLABORATION

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

PROGRAM SUPPORT

- Additional training has been identified in the Goals and Strategies for 2010-2014.
- Updates on staff development plans paid for by Caseworker Visit Funding (not applicable).
- State technical assistance provided to counties and other local or regional entities- IDHW administers all Independent Living services in Idaho. Individual regions maintain contracts for IL services, monitoring and assuring that all requirements of the Chafee Foster Care Independence Program are met.
- Idaho has requested technical assistance for the Independent Living Program and will both receive and complete technical assistance in FY 2013.
- In FY 2011, Idaho's SACWIS was modified to accept and report on data required for the National Youth in Transition Dataset for the baseline of youth in care or receiving IL services who turn 17 between October 1, 2010 and March 31, 2011.

ACCOMPLISHMENTS

Specific accomplishments for FY 2013 and Plans for FY 2014 in the seven purpose areas:

(1) Help youth transition to self-sufficiency (examples follow)

- All regional IL Programs develop IL Plans and IL Transition Plans, based on the results of Ansell-Casey Life Skills Assessments and input from persons important to the youth.
- IL Programs in multiple regions throughout the state use Family Group Decision Making to develop IL Transition Plans for youth at age 17 and convene birth family, resource family members, and other participants important to the youth's future.
- The local courts are also requesting formal copies of the Transition Plan prior to vacating the Child Protection Act at age 18.

These activities were continued in FY 2014.

SUMMARY OF ACCOMPLISHMENTS 2010-2014

Over the last five years IL planning and transition planning have been a focus with older youth work in Idaho. Efforts began with training and distributing information about best practices for engaging youth in IL planning and transition planning. Amendments were made to the Working With Older Youth Practice Standard regarding IL planning and transition planning so that local staff could have a hands-on tool when conducting both IL plans and transition plans with older youth. In 2014 the NRCYD will host a transition planning, train the trainers (TOT) to train local staff and community partners in the most up-to-date curriculum "Engaging youth in transition planning". IL planning and transition planning will continue to be closely monitored and action items taken, when needed, to promote enhanced work in this area.

(2) Help youth receive the education, training and services necessary to obtain employment
(examples follow)

- In FY 2013, IL Plans and IL Transition Plans continued to include education and training domains for youth with goals and strategies to obtain employment. For some youth, this included vocational training such as CNA classes and for others it included formal higher education.
- In FY 2013, Idaho's IL Program will collaborate with Casey Family Programs to distribute information to eligible youth, ages 18-24, to work with Casey's summer employment and work related skill building opportunities.
- Regional IL Programs use services from the WIA Department of Labor services program, Job Corps, Life's Kitchen a Culinary arts program, local YMCA programs and before and after youth age out of care.
- Statewide, Vocational Rehabilitation services are used for youth who have disabilities to prepare them for employment.
- Regional IL programs use the Trio Program, including Upward Bound, to connect with youth while they are still in high school and follow them in to college. Staff from WIA, Trio, and Vocational Rehabilitation often attend IL Transition planning meetings.

These activities were continued in FY 2014.

SUMMARY OF ACCOMPLISHMENTS 2010-2014

Local agencies continue to be the link for employment training and employment opportunities for older youth in foster care. Partnerships with larger agencies such as WIA and TRIO along with more local employment agencies train our older youth and help employ them in our communities. These existing resources will continue to be used in our state and efforts to reach out to new resources are made at local levels on an ongoing basis.

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

- In FY 2013, IL Coordinators assisted IL eligible youth with FAFSA applications seeking scholarships, and writing college essays for the ETV application process as part of the transition process to higher education.
- IL eligible youth in the Boise area used the "Students for Success Program" at Boise State University under the Trio umbrella.
- ETV eligible youth attending Boise State University also participated in a pilot of the Guardian Scholars program that should be implemented at Boise State as a full program in Fall of 2013.
- Casey Family Programs and regional IL programs use a contact person with the Trio Program to help with FAFSA applications. They also help youth make decisions about their goals and which classes to take.
- In Region 6, the Director of Admissions at Idaho State University (ISU) in Pocatello was formerly a sibling to foster youth and has been especially helpful in assisting older foster youth enroll at ISU.

- ETV eligible youth attending Idaho State University participated in first year of the Guardian Scholars program.
- The College of Western Idaho has an assigned a point person for former foster youth to assist in the enrollment process and to increase the number of foster youth who graduate from college programs.
- In Region 1 ETV eligible youth attending North Idaho College in Fall of 2013 will participate in a pilot of the Guardian Scholars program that should be implemented as a full program in Fall of 2014.

These activities were continued in FY 2014.

SUMMARY OF ACCOMPLISHMENTS 2010-2014

Over the last five years efforts have been focused on creating university and community partnerships in an effort to best meet the needs of ETV youth. These partnerships both promote foster youth attendance in higher education and have the goal of helping youth of foster care be successful on campus. Guardian Scholars programs now exist in two universities and a statewide effort to build similar programs in all of Idaho institutions of higher education continues to be a major focus for Idaho's ETV program. Currently, monthly conference calls are hosted with four of Idaho's colleges to share success and challenges in an effort to expand programs to other campuses.

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

- Idaho continues to use the "Permanency Pact" to identify adults available to help youth with 45 circumstances typically encountered by young adults.
http://www.fosterclub.com/files/PermPact_0.pdf
- In FY 2013, both the Idaho Chapter of Foster Care Alumni of America (FCAA) and Foster Youth of Idaho (FYI) association began work on development mentoring programs.
- Regions 3 and 4 continue to work with the Special Needs Adoption and Permanency (SNAPS) administered through the Idaho "Wednesday's Child" program to provide children in care between the ages of 11 and 18 with a mentor. Mentor-mentee pairs get together individually at least once a month, and have weekly contact with each other.
<http://www.idahowednesdayschild.org/misc.php?id=mentor> SNAPS supports mentors through new mentor orientation, quarterly training, and the adoptidaho.org/mentor web site.
- Regions continue foster care recruitment efforts specifically for families that can meet the unique needs of adolescents. Youth speakers are invited to foster provider training (PRIDE) to share their stories and possibly influence families to foster adolescents.
- Region 5 IL Program developed a program for youth called "Elev8." The purpose of ELEV8 is to provide teens with a safe and nurturing environment in which they can develop relationships with peers, mentors and community members. ELEV8 mentors to support and monitor youths independent living progress. Mentors will inform staff of needed referrals, concerns and celebrations throughout the year. The group meets weekly.

- Foster youth groups are active in 6 regions in Idaho and provide adult interaction and supervision while youth engage in peer support, community volunteer work and other activities that put them in contact with positive adult role models in community organizations.
- The Idaho Foster Youth Advisory Board was created in July of 2012. This group gives direct feedback to the Independent Living Program Specialist on policy directed at older youth. This group is active in each of the seven communities across the state with new worker training, new foster parent training, and community outreach.

These activities were continued in FY 2014.

SUMMARY OF ACCOMPLISHMENTS 2010-2014

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 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.

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

- In FY 2013, supports and services were provided to youth between 18 and 21 who were former foster care recipients that included room and board and supports for employment and education. IL Plans developed with those young adults include responsibilities of the youth to achieve goals on their IL Plans. These services and expectations will continue in FY 2014.
- In Region 3, a new transition home “the Arthur House” will begin taking former foster youth as a place of residence and training for sustainable independent living.
- In Region 4, IL staff work with Boise City Housing, the city’s housing authority, to find appropriate housing for youth.
- In Region 6, a partnership between Aid for Friends (a homeless shelter) and the Bannock Youth Foundation provides properties for housing dedicated to 18-21 year olds aging out of foster care.
- To increase the likelihood of success, regional IL staff asks youth to include a back-up plan in case their first choices in their transition plans aren’t attainable.
- IL eligible youth in all regions are welcome to return for services up to the 21st birthday if they did not pursue IL services at the time they reached 18 or aged out of care, and receive the same IL services as IL youth who continued IL services after leaving foster care.

These activities were continued in FY 2014.

SUMMARY OF ACCOMPLISHMENT 2010-2014

Partnerships between the IL program and local community partnership have been key to the accessibility to housing, education, and employment opportunities for youth of foster care. Regional IL programs have created partnerships to meet the basic life skills needs of foster youth. Programs like the “Arthur House” that serve as a housing option for youth who age out of care are essential to the safety and well-being of foster youth leaving foster care in our state. IL funds and IL programs are only successful with ongoing collaboration with local community partners. Youth in foster care are eligible for services via the IL program and the resources needed to meet the needs of foster youth exist in the communities in which they live, in turn creating a need for collaboration and partnership. In the last five years partnerships with the Department of Labor, local housing agencies, and faith based communities have been created to serve youth leaving foster care and have expanded the resources that are now available for youth leaving care. These efforts will continue to be made moving forward.

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

- In FY 2014, the state IL Coordinator has continued efforts to inform IL Regional staff, contractors, tribal social service staff and other partners about ETV and scholarship opportunities and provided training on FAFSA on-line applications through quarterly conference calls and onsite training.

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

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

Coordination with other Federal and State Programs for Youth

In FY 2014, the following activities were performed to coordinate services with other federal and state programs for youth.

- In FY 2014, the state Independent Living Coordinator represented Idaho’s Child Welfare IL Program at the Idaho Secondary Transition Council coordinated by the Idaho State Department of Education, Division of Special Education. Council members represent state and federal programs, as well as youth advocates and parent representatives. This participation will continue in FY 2014.
- In Region 1, the IL coordinator has partnered with a local university to help deliver IL skills classes to foster youth and help form and train foster youth to have their own youth advisory group.

- In the Boise Treasure Valley area, a collaborative group, IROCK, has been very successful in connecting public and private agency representatives at bi-monthly meetings. Participants include staff from the Department of Labor, housing programs, Vocational Rehabilitation, employment training providers, life skill training programs, Casey Family Program staff and youth, secondary and employment and post-secondary providers, and IL staff from Regions 3 and 4. Speakers have presented on opportunities for youth with disabilities, homeless alternatives, Idaho Meth Project, Medicaid Benefits, McKinney-Vento, Trio, Safe School Coalition, WIA, Board of Education, Commission for the Blind and many others. In FY 2011, the group reestablished committees for housing, employment mental health transportation and youth engagement . IROCK stands for Idaho Resources, Opportunities, Communities, and Knowledge
- In Region 4, The Idaho IL Program continued to work closely with Casey Family Programs in the delivery of IL services to youth 15 to 21 and for ETV to age 23 for youth enrolled in post-secondary education on their 21st birthday in Region 4.
- Region 6 IL staff renewed efforts to facilitate referrals from the Shoshone-Bannock Tribes' social service workers and set up a referral loop to ensure all eligible youth receive IL services. Regional IL staff assisted tribal social service staff in the development of an IL Plan for a youth in the custody of the tribe and have offered to assist with other IL Plans for tribal youth eligible for IL.
 - Region 6 IL Coordinator worked with tribal social service representatives from the Shoshone-Bannock Tribes to improve communication and coordinate eligibility determination, plan development and service delivery for tribal youth who are IL eligible.
 - On a state level, DHW continues to exchange information with tribal representatives at regular Indian Child Welfare Advisory Committee (ICWAC) meetings.

Training in Support of State CFCIP

- In FY 2013, the state IL Coordinator conducted a formal orientation to NYTD and Idaho's IL Program to all regional staff.
- In FY 2013, the state IL coordinator delivers new worker orientation to Idaho's IL Program.
- In FY 2013 Idaho's first Youth Advisory board was formed and began to speak in public venues regarding foster youth and foster care.
- In FY 2014 Engaging Youth in Transition Planning, training was received from the National Resource Center for Youth Development to formally train local staff on the importance of engagement and transition planning with youth of foster care.

Trust Funds for Youth Receiving IL or Transition Services

The Idaho Child Welfare Program has established a trust fund program for youth receiving independent living services or transition assistance. This trust fund is a supplemental fund for youth wishing to attend higher education. The Foster Youth Scholarship Fund is a community based donation fund to support former foster youth in higher educational settings.

Agency Efforts to Involve Youth in Planning

- Several regions have active groups of current foster youth in Foster Youth and Alumni of Idaho (FYI) that are interested in local Independent Living efforts and programs.

- CFS involves a panel of foster youth in new worker training, in-service training and Keeping Children Safe general meetings. Youth are paid small stipends for their participation.

Option to Expand Medicaid to IL Eligible Youth

Beginning January 1, 2014, Idaho will extend Medicaid coverage for youth who have aged out of foster care up to their 26th birthday, using the state's Children's Health Insurance Program. Idaho has chosen to only extend coverage to youth who have emancipated from Idaho's foster care system.

Results of Indian Tribe Consultation

- Regional IL Coordinators worked with tribal social service staff in their areas to collaborate on processes for delivery of IL services and supports to youth in Tribal custody or Tribal youth in IDHW custody. In Region 6, this resulted in clarification of processes to apply for IL services and supports as well as ETV and improved the relationship of IDHW and Tribal staff in delivering IL services to Tribal youth.
- Only one tribe in Idaho has expressed an active interest in directly administering the CFCIP or ETV program. The Department has offered to work with the tribes, sharing the Department's standards and processes that are required for IV-E funding and CFCIP.

NYTD Implementation

With support from IDHW and Family and Community Services (FACS) administrative and IT staff, Idaho has fully implemented NYTD into its SACWIS system. Idaho has submitted timely data on all required submissions.

Training and technical assistance is ongoing with NYTD to improve our data collection and data finding through NYTD. Training on how to collect, input, and understand data is conducted in each regional office with all staff in addition technical assistance through our central office is available for social workers in the region.

Education and Training Voucher Program

- Specific accomplishments and progress to establish, expand, or strengthen Idaho's postsecondary educational assistance program to achieve the purpose of the ETV program are described above in Section E, under specific accomplishments for FY 2013 and Plans for FY 2014. Number 7 specifically states "Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care."
- Idaho's ETV program is entirely administered by the child welfare agency. Contractors in some regions assist youth with ETV Applications, but all ETV applications are submitted to regional IL Coordinators and forwarded to the state IL Coordinator.
- Attachment E. contains the ETV information matrix.

GOALS AND STRATEGIES FOR IDAHO'S IL AND ETV PROGRAMS FOR 2010-2014

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

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

Target Date: 2010 Status: Completed 2010

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

Target Date: 2011 Status: Ongoing

The state IL Coordinator conducted a formal orientation to Idaho's IL Program via one on one training with new regional IL coordinators and via the New Worker Academy session with new social workers. IL Orientation is delivered to all new regional coordinators, even if they have worked in the program previously because the duties of the coordinator include additional tasks and require a broader knowledge of the CFCIP. In addition, all new social workers are required to attend one half day training on work with older youth.

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

Target Date: 2013 Status: Completed

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

Target Date: 2010 Status: Completed 2010

Strategy 1.5 Train all staff working with youth 15-21 to conduct a life skills assessment using the new Ansell-Casey assessment tool.

Target Date: 2013 Status: Completed 2013

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

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

Target Date: 2010 Status: Completed 2010

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

Target Date: Ongoing Status: ~~Ongoing~~ Completed

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

Strategy 2.3 Transition Planning training will be provided by the National Resource Center for Youth Development for all IL coordinators and community contractors working with older youth.

Target Date: 2013 Status: Completed

Engaging Youth in Transition Planning, training was received from the National Resource Center for Youth Development to formally train local staff on the importance of engagement and transition planning with youth of foster care.

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

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

Target Date: 2010 Status: Complete

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

Target Date: Ongoing Status: Completed

Strategy 3.3 Develop the Guardian Scholars Program in Idaho's state colleges.

Target Date: Ongoing Status: Ongoing

Progress: Guardian Scholars Programs are being developed in two of Idaho's universities in partnership with the Idaho Department of Health and Welfare. The program is designed to provide wraparound support to foster youth enrolled in higher educational settings, promote sustainability in educational programs, and ultimately increase graduations rates.

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

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

Target Date: 2010 Status: Completed 2010

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

Target Date: 2011 Status: Completed 2010

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

Target Date: 2011 Status: Completed

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

Target Date: 2012 Status: Completed

Goal 5: Development of a state Foster Youth Advisory Board

Strategy 5.1 the National Resource Center for Youth Development will provide technical assistance to the state in creating Idaho's first Foster Youth Advisory Board.

Target Date: 2013 Status: Completed

The Foster Youth Advisory Board is actively providing feedback to state policy and procedures as it related to older youth in foster care, educating the community and other foster youth about the independent living program and will become public presenters on issues facing older youth in foster care.

PROGRAM CONTACT

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

STATISTICAL AND SUPPORTING INFORMATION

Education And Training Vouchers

See Attachment E

Inter Country Adoptions

During this past year, two children previously adopted through an inter-country adoption entered Idaho's foster care system.

A 17 year old girl was briefly in foster care due to neglect as a result of concerns her adoptive mother was not attending to the teen's mental health needs. The child was adopted from Russia through A New Beginning Adoption Agency. She was reunified with her adoptive parents after three days in foster care.

The second child is a 13 year old girl who was adopted from the Finote Lewegen Orphanage in Ethiopia in 2009 by a family who lives in Washington. In the summer of 2013, the adoptive parents sent the child to live with her adoptive paternal aunt in uncle in Idaho because they no longer wanted to care for her. No legal paperwork such as a guardianship or power of attorney was completed by the adoptive parents. In March 2014 the child entered foster care after disclosing sexual abuse by her adoptive father. Because the aunt and uncle had no legal standing, they were unable to prevent the adoptive parents from regaining physical custody of the child and exposing her to unsafe conditions, thus the need for foster care. The adoptive parents have declined reunification efforts and plan to terminate their parental rights. The child's permanent plan is Adoption.

Workforce Information On Child Protective Services

The following information pertains to IDHW workers and the supervisors responsible for intake, screening, assessment and investigation of child abuse and neglect reports.

- Education, qualifications and training requirements
 - Education - All CPS staff, as defined above, must have at least a Bachelor's Degree in Social Work or a (very) closely related field.
 - Licensure – All CPS workers must have a current Social Work license prior to employment and must be maintained during their employment. The Idaho Social Work license requires 20 approved CEU's per year to maintain the license.
 - Training - Each new employee must complete pre-service training. Training is not restricted to CPS workers, it is for all new child welfare staff. It includes a range of topics from laws, rules and policy through Concurrent Planning to Worker Safety. Each new worker must complete each session of the pre-service Academy before they can assume full case responsibility for cases.
 - New employees are required to complete pre-service trainings sessions before completion of their probation periods. CWSW 2's have a six months and CWSW have nine months to complete probation requirements.

- Advancement - Social Worker 1, 2 and 3 classifications have been developed. Social worker 1 is the entry level, 2 is an experienced social worker and 3 is an experienced social worker who is seen as having supervisory abilities and works closely with the supervisor to gain experience in “lead work,” while still being under supervision themselves.
- Data on education, qualification and training of such personnel
 - See 100% requirements under education, qualifications and training requirements above.
- All Child Welfare personnel including those who do the initial CPS component. See below.

FY 2013 Child Welfare Staff Demographics		Child Welfare Social Worker 1	Child Welfare Social Worker 2	Child Welfare Social Worker 3	Clinician	Child Welfare Superv / Clinical Superv	Totals
Number of Filled Positions		18	151	36	3	38	246
Educational Degrees*	Bachelor of SW						
	Master of SW						
	Master of Clinical SW						
	Other Degree						
Race/ Ethnicity	White	15	136	34	3	37	225
	Black	0	1	1	0	0	2
	American Indian	1	2	0	0	1	4
	Asian/ Pacific Islander	0	1	0	0	0	1
	Hispanic	2	11	1	0	0	14
Gender	Female	16	135	33	2	33	219
	Male	2	16	3	1	5	27
Age	20 - 30 Years	5	36	5	0	3	49
	31 - 40 Years	8	63	11	1	10	93
	41 - 50 Years	1	29	10	1	16	57
	51 - 60 Years	4	16	8	1	7	36
	60+ Years	0	7	2	0	2	11

*unable to provide at this time. In general SW1's are Bachelor level; SW 2's are predominantly Bachelor level with some Master level; SW3's are primarily Bachelor's level with some Master's level; Clinicians are exclusively Master level and Supervisors are split between Bachelor and Master level.

- Information on caseload or workload requirements for CPS personnel including requirements for average number and maximum number of cases per CPS worker and supervisor.

The following table presents the statewide counts, by type of case, and the caseload averages for FY 2013.

SFY 2013				
Monthly Averages	North	West	East	Statewide
Child Population (0-17 yrs.)	71,159	191,542	163,952	426,653
Abuse/Neglect Referrals	117	302	224	642
Safety Assessments	113	286	213	613
In Home Cases	107	153	128	388
Foster Care Placements	346	653	422	1,420
Total Cases	682	1,393	987	3,062

SFY 2013				
Rate per 1,000 Children	North	West	East	Statewide
Rate/Referrals	1.6	1.6	1.4	1.5
Rate/Safety Assessments	1.6	1.5	1.3	1.4
Rate/In Home Cases	1.5	0.8	0.8	0.9
Rate/Foster Care Placements	4.9	3.4	2.6	3.3
Caseload Avg. per Case-Carrying Staff	14.2	13.8	12.9	16.1

*Note re: caseload averages -- The statewide average is higher than the hub averages because it includes Referrals and central intake staff.

Quarterly reports are run for the months of March, June, September, and December and are averaged to give a “typical month” count. The following table presents the statewide counts, by type of case, and the caseload averages from the four month counts for SFY 2010-2013.

Monthly Averages for Case Types					% Difference
	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY '13 vs. SFY '12
Referrals (excluding I&R)	636	628	591	694	17.40%
Assessments	797	727	658	816	24.00%
In Home Cases	310	327	296	371	25.30%
Foster Care Cases	1,691	1,612	1,510	1,410	-6.60%
Total Cases	3,434	3,294	3,055	3,291	7.70%
Case-Carrying Staff FTE	196.6	199.8	193.7	204.7	5.70%
Total Hub FTE	325.3	330.5	33.0	332.1	-0.30%
Caseload Avg. per Case-Carrying Staff FTE	17.5	16.5	15.8	16.1	1.90%
Caseload Avg. per FTE	10.6	10.0	9.2	9.9	8.00%

*Child Welfare Social Workers have seen an increase in the total number of child welfare case in SFY 2013, in a typical month. Prior to 2013, there had been a steady decline in caseload average.

Juvenile Justice Transfers

In Idaho, youth come under the purview of the Juvenile Corrections Act for an act that would constitute a criminal offense if committed by an adult. From April 1, 2013 to April 1, 2014, there were youth who were in the custody of Idaho Department of Health and Welfare under the Idaho Child Protective Act who were subsequently transferred into the custody of the Department of Juvenile Corrections under the Juvenile Corrections Act.

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

Region	# transfer to DJC 2012-2013	# transfers to DJC 2013-2014
Region 1	0	0
Region 2	0	1
Region 3	1	1
Region 4	1	3
Region 5	2	2
Region 6	0	0
Region 7	2	0
Total	6	7

More frequently, cases are expanded from the Juvenile Corrections Act to include the Child Protective Act when a judge finds that a youth had been abused, neglected, abandoned, was homeless, or the legal custodian was failing or unable to provide a stable home environment. In these cases some youth will be given a “dual” commitment, coming under the purview of both Child Protection and Juvenile Justice. In other cases, the judge may vacate the Juvenile Justice proceedings and leave the child solely under the purview of the Child Protective Act. From April 1, 2013 to April 1, 2014, youth have been expanded from the Juvenile Corrections Act to the Child Protective Act. Below are the expansions to child welfare, by Region.

Region	# Expansions to Child Welfare 2012-2013	# Expansions to Child Welfare 2013-2014
Region 1	6	3
Region 2	0	1
Region 3	8	17
Region 4	15	11
Region 5	15	20
Region 6	3	9
Region 7	10	3
Total	57	64

FINANCIAL INFORMATION

Payment Limitations Report For IV-B, subpart 2

State expenditures for Title IV-B subpart 2 for FFY 1992 were \$125,000
 State expenditures for Title IV-B subpart 2 for FFY 2012 were \$472,000
 State expenditures for Title IV-B subpart 2 for FFY 2013 were \$419,000

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

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

**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 9th 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”.

Attachment B

COMPREHENSIVE ICWA PLAN

INTRODUCTION

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

The Idaho Department of Health and Welfare's Child and Family Services Program works with the tribes in Idaho and with other community partners to ensure that the state's child welfare system complies with both the letter and the spirit of the Indian Child Welfare Act when it works with Indian families and children.

Under its Title IV-B plan, the department is charged with consulting and collaborating with the tribes located in Idaho and with assuring that the state's child welfare practice is in compliance with the federal ICWA. The department has organized these requirements around four goals: 1) Engagement of and Collaboration with Tribes; 2) Quality Assurance; 3) Compliance with ICWA Elements; and 4) Training. Below are the goals and narrative updates on the progress of the goals for 2013.

Note: Specific strategies contained in this APSR are cross referenced in this comprehensive ICWA plan (e.g. SF6.4)

1. **Engagement of and Collaboration with Tribes:** Engaging tribes within the boundaries of Idaho for purposes of collaboration, increasing understanding of the challenges to native social services, identifying areas where mutual assistance can be provided, and working to implement government-to-government consultation.

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

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 includes actions directed toward improving the

Attachment B

outcomes related to permanency, safety, and well-being for Indian child 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 lead program specialist for ICWA may be included. On the second day, the same group meets with representatives from DHW representatives, CFS hub managers and staff, the Department's Tribal Relations Manager, Department of Juvenile Corrections, and the Idaho Supreme Court.

These meetings have continued to occur regularly throughout 2013 and 2014. Region 10 DHHS Child Welfare Program Specialist, Jennifer Zanella, has participated in the meetings. The meetings attempt to address issues related to improving the overall compliance with ICWA, and continue to work on relationships and cooperation between the Tribes and the Idaho Department of Health and Welfare. The meetings will continue throughout 2014, and ongoing.

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

The new ICWA program specialist has traveled to meet with the tribes located in the boundaries of Idaho to establish relationships and foster positive working relationships. The Regional Director for Tribal Relations has successfully sought out and signed a formal tribal consultation agreement with the Nez Perce Tribe and the Coeur d'Alene Tribe. Formal agreements for consultation with the other tribes are being developed. These agreements will enhance the ability to meet formally to discuss processes and procedures needed to improve our work with the courts and tribal social services. Turnover in the position of ICWA Program Specialist has resulted in a delay in accomplishing the development of formal processes and protocols. Discussions on these topics have begun. This will be a goal for the coming year.

C, Assure tribal access to information about available funding to expand services (SF5.1)

The Department continues to update its website with current funding information. This website is available to Tribes and the general public. On an on-going basis the ICWA

Attachment B

program specialist corresponds with the Tribes regarding available resources. The ICWA program specialist authored a white paper on tribal/state IVE agreements and services. The North Hub Regional Director/Tribal Relations Manager and the ICWA program specialist visited with tribes in Idaho to present information on IVB funding, and other resources. The ICWA Program Specialist attended the Region 10 Health and Human Services Tribal Consultation and brought back program funding information to the Tribes who were unable to attend..

2. Collaborative Efforts with Tribal Programs

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

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

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

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

The ICWA specialist continues to share information with the tribes as a part of the continued collaboration. Some of the information shared this past year includes the following: The National Council of Juvenile and Family Court Judges ICWA Compliance Toolkit; NCJFCJ Indian Child Welfare Act Facts and Fiction; and Measuring Compliance with the Indian Child Welfare Act: An Assessment Toolkit. Additional knowledge and information sharing occurs during the regularly scheduled ICWAC meetings.

3. Quality Assurance: Quality assurance checkpoints early and throughout cases involving Indian children and families.

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

Attachment B

The Idaho Department of Health and Welfare's Child and Family Services Program is charged with ensuring Idaho's child welfare compliance with ICWA. To that end, the CFS ICWA Program Specialist led a statewide review of the department's ICWA practice in the fall of 2012. The statewide ICWA case record review was conducted together with the department's local ICWA Liaison, the local child welfare workers designated to support Indian child welfare practice. The review was composed of case record reviews of all open, confirmed ICWA cases¹ and of qualitative interviews with randomly selected workers who had cases with ICWA eligibility pending or denied. The review also included a short electronic survey that was distributed to tribal partners within the state, other outside partners, local Liaisons, child welfare chiefs, and others stakeholders. The review also illuminated areas in which the department's Indian child welfare practice could be strengthened.

As a result of this review a new form for early identification of AI/AN children was introduced and made part of the standard of practice for ICWA. A presentation to Idaho attorneys was completed in the fall of 2013 to increase awareness of the need for compliance with ICWA.

A new tool for the review of ICWA compliance has been introduced and will be utilized in the fall of 2014 for record reviews. The tool was adopted from NCJFCJ.

4. Compliance with ICWA Elements: Clarifying practice standards and administrative rules to make ICWA compliance less confusing to workers and providing training on and support for culturally relevant services to Indian families and their children.

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

In 2011 the National Council of Juvenile and Family Court Judges reported: Across the United States, Native American children are overrepresented in foster care at a rate of 2.2 times their rate in the general population, 21 states have some overrepresentation, and 26 percent of the states that have overrepresentation have a disproportionality index of greater than 4.1.

Since 2004, the rate of disproportionality for American Indian/Alaska Native children has dropped dramatically. In 2004, AI/AN children, who made up 1.9% of Idaho's total children, were identified in the SACWIS system as making up 8% of the total children in foster care. As the percentage of AI/AN children in Idaho's general state population has risen to 2.4% of the population in 2012, the percent of AI/AN children in care has dropped to 5.5%. Between 2004 and 2012, the disproportionality rate for AI/AN children dropped from 4.1 to 2.3.

The State of Idaho has committed to continued training and awareness, commitment at the leadership level, and intentional focus on sustainability.

Attachment B

The issues surrounding disproportionality are being examined at the highest levels of the FACS division. Throughout the year, program managers (including our Bureau Chiefs and Division Administrator) have participated in learning experiences and ongoing discussions about institutional racism and disproportionality in child welfare.

Additionally, the current New Worker Academy ICWA training continues to stress the importance of historical and current discrimination and its interplay in existing child welfare practices. Other trainings and experiences surrounding the issues of racism and discrimination are offered to staff throughout the year (e.g. Knowing Who You Are).

In 2014 the ICWA Specialist plans to incorporate 500 Nations, a video series that documents the experiences of native people throughout the Americas into the training. There is a specific segment on this video devoted to the history of the boarding schools in which Indian children removed from their families were placed. It provides a context for American Indians' historical trauma, particularly in relation to child welfare and disproportionality. Race Matters Toolkit will be introduced. It is a comprehensive toolkit that includes a video to continue conversations about race with staff and community partners. Other ideas for improving practice to address disproportionality include discussions with our regional ICWA liaisons on how disproportionality and disparities can be addressed through changes in child welfare practice, and discussions of the challenges of and opportunities for using data to reflect on improvements.

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

The ICWA expert witness is not necessarily an expert on ICWA, but rather an expert on the child rearing practices of a particular tribe. The state confers with the particular tribe related to the ICWA case to identify a Qualified Expert Witness of their choice. On occasion, tribes outside the boundaries of Idaho, will arrange for an expert witness to come to Idaho to testify at a court hearing. Many courts will also allow QEWs to testify telephonically, so that tribe-specific experts can be used as often as possible. When there is no expert available from a particular tribe, the regional staff, along with the ICWA program specialist and court personnel, works with the child's tribe to identify a potential expert witness to meet the need.

This year the ICWA program specialist presented at a Winter Conference for Idaho Attorneys and Judges. The presentation covered information related to the definition of a QEW and the need to utilize these experts in the court process.

c. Monitor the use of qualified expert witnesses in cases where children in out of home placement are subject to ICWA (14.5)

A statewide ICWA case record review was undertaken in the fall of 2012. One of the items on the current review instrument specifically looks at the use of Qualified Expert Witnesses in applicable ICWA cases. In this ICWA review, compliance with the requirement was rated by looking at court orders to ensure that the court had heard the

Attachment B

necessary QEW testimony and had made the requisite findings. Of the 32 cases reviewed, 16 had a court order evidencing QEW within 90 days of the child's removal. Eighteen of the cases had no court order evidencing QEW testimony within the time frames, and three of the cases reviewed were deemed "not applicable". As to QEW at termination of parental rights, six cases were deemed applicable. Of the six cases, five had a court order reflected use of the required QEW testimony; one did not.

Many of the cases in which the review found no QEW testimony in the court orders are from a region where there does appear to be a QEW at the hearing (as evidenced by invoices, list of participants in the court orders, etc.). However, some court orders do not make the needed finding that continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. This deficiency in the court orders illustrates another area in which department employees need to work with prosecuting attorneys and the courts to make sure that needed findings are being made and incorporated into the court's orders. It also illustrates an opportunity to engage in conversations with outside stakeholders about the importance of following all requirements of ICWA.

Another case record review is planned for late 2014 to determine progress. A new case record review instrument has been identified. The review instrument is provided, and has been tested by NCJFCJ. This year the ICWA program specialist presented at a Winter Conference for Idaho Attorneys and Judges. The presentation covered information related to the definition of a QEW and the need to utilize these experts in the court process.

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

Active efforts are defined and described in the department's Implementing the Indian Child Welfare Act (ICWA) Standard, created by the department to provide direction and guidance to the Child and Family Services program staff. Department standards are promulgated to achieve statewide consistency in the development and application of CFS core services and are implemented in the context of all applicable laws, rules, and policies. The ICWA Standard is available to all staff on the department's internal SharePoint site, from both the general child welfare page and the ICWA-specific page. In addition to the standard, the ICWA SharePoint page also includes other documents available to staff that specifically address the "active efforts" requirement of ICWA.

The day-long ICWA Academy training provided throughout the state and attended by new and more seasoned workers also included a training section specific to active efforts.

This past year the ICWA Program Specialist provided training at the Idaho Winter Conference for Prosecuting Attorneys to enhance their knowledge of active efforts, jurisdiction in ICWA cases, and ICWA in general. The difference between active and reasonable efforts is stressed in the ICWA training, and is a topic of presentation at the ICWA conference held annually. Additionally, an ICWA Compliance Toolkit has been

Attachment B

made available to the ICWA regional liaisons that include links to active efforts resources and a copy of the Oregon active efforts final print.

e. 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 in out-of-home care (SF 7.12 new)

Although the department has previously worked to recruit Native American resource families, there still remains a dearth of native families available to foster AI/AN children and youth who enter out-of-home care. The department has identified the need for concerted recruitment efforts of AI/AN families to be available to help Native American youth in care maintain their tribal and cultural connections.

The new ICWA specialist held a conference call with the recruitment specialist in May 2013 to discuss specific ideas for recruitment. Those ideas included setting up booths for recruitment at local pow-wows, seeking input for ideas for recruitment from each tribal social services director, and increased tribal community outreach. A review of what other states are doing in the area of AI/AN recruitment is being conducted. The ICWA specialist attended the National ICWA Conference in Florida in April 2014. The specialist brought back AI/AN recruitment toolkits to be shared with the recruitment specialist. Oklahoma has been contacted about a video for AI/AN recruitment that they have produced. Other state resources are being sought.

4. Training - New Worker training and ongoing work with ICWA. Strengthening our local ICWA Liaisons, who can provide local points of contact for workers. Continuing to make current information on ICWA compliance readily available to all staff.

a. Support/increase cultural competency of agency staff relative to American Indians/Alaska Natives so they can individualize services and maintain connections (14.1)

Cultural competence relative to American Indians/Alaska Natives for staff is supported throughout the year by the provision of ICWA and cultural competence training for new and existing staff. The training academy offers Knowing Who You Are and an introduction to the components of the Indian Child Welfare Act during the training academy. The importance of providing culturally relevant services to families is especially stressed by the addition of an expanded component in the ICWA training to focus specifically on this area. The training incorporates native-produced documentaries to better illustrate the current realities of native youth and families and the historical trauma suffered by many individuals and AI/AN families.

Annually, the department partners with the tribes in Idaho to present an ICWA conference open to tribal and state social service providers, as well as to the general public. Many of the training aspects are directed at maintaining connections and strengthening cultural competence. For example, the 2013 conference offered a presentation by a national tribal legal figure on Customary Adoptions, an option that can be used to afford children and youth permanency while still honoring tribal customs,

Attachment B

values, and beliefs. Subsequent to the conference, the state was able to participate in a customary adoption with a local tribe, offering the benefits of the traditional tribal adoption along with the financial benefits afforded by an adoption subsidy. The conference also included a very powerful panel of tribal representatives from tribes within the state who shared their personal experiences. Conference participants consistently shared that this part of the conference was a very powerful and moving experience, which helped them to better internalize the importance of culture and its effect on families, especially native families. The 2014 ICWA conference is currently in the planning stages. Based on feedback from last year's conference attendees, the upcoming conference will include further presentations on culturally competent practices and on the impact of historical trauma on current family and community functioning.

The department has a statewide Program Specialist position specifically identified to support local staff as they work with families who have children who are "ICWA eligible." Throughout the year, this program specialist has responded to inquiries and requests for help from the regions as local staff work within the parameters of ICWA. Additionally, each region has a staff member designated as an ICWA regional liaison who is also available as a resource to staff who have questions related to ICWA.

This year in particular ICWA regional liaisons have been provided with a variety of tools to enhance cultural knowledge and ICWA compliance. Those tools included: Practical Suggestions for Non-Indian Child Welfare Workers and Newcomers to Tribal Communities; The National Council of Juvenile and Family Court Judges ICWA Compliance Toolkit; Communication Styles of Indian Peoples; NCJFCJ Indian Child Welfare Act Facts and Fiction; and Measuring Compliance with the Indian Child Welfare Act: An Assessment Toolkit. Additional knowledge and information sharing occurs during quarterly teleconference meetings held with the ICWA regional liaisons.

b. Continue to train and meet with the seven region-based ICWA liaisons who can act as the "go to" resource persons for staffing of ICWA cases (14.3)

This year, the department focused on strengthening the presence and use of the local ICWA Liaisons as an important local tool for strong ICWA practice.

The ICWA Academy trainings for the year utilized the local ICWA Liaisons as primary trainers, giving training participants the opportunity to see the local Liaisons as ICWA "experts" they can use as they work with native families. The ICWA state program specialist traveled throughout the state to meet with each local ICWA Liaison. The local ICWA Liaisons are also used as facilitators and reviewers during the statewide ICWA case record review. The ICWA state program specialist responds to telephone inquiries on an ongoing basis from the local ICWA liaisons to interpret ICWA requirements and answer a variety of questions related to ICWA.

This year the ICWA local liaisons were provided with a Desk Guide for ICWA. It is a general reference about the major provisions of ICWA provided by Casey Family Programs. A meeting will be held in June of 2014 to bring all the local Liaisons together

Attachment B

to brain storm ideas for improving ICWA compliance, plan future trainings, and identify areas in need of strengthening in regards to our ICWA practice.

c. Annual ICWA Conference

See 4(a) above

d. Regional ICWA Trainings

See 4(b) above.

e. Stakeholder Trainings

See 4(d) above.

CONCLUSION

The department remains committed to striving to the highest standards as it works with tribes and Indian families under the Indian Child Welfare Act.

In-service Trainings: July 2013-April 2014 with tentative plans through July 2014

Trainings facilitated by ISU Trainers and/or through ISU Child Welfare Training Contract

Date	Title/Objectives Related to PIP, CQI, IV-E/IV-B	Presenter(s)	Contact Hours	Location	CEU Approved	# of Participants
7/10/13	DHW/CASA Joint Meeting Improve relationships and communication between agencies	Facilitated by Keith Orchard	1.5	CDA	No	9
7/15/13	NMT Webinar Session 2 – Discussion of FAS and effects on child development.	Bruce Perry Webinar	2	HUB 1 Chiefs, Supervisors, and SWIII's	Yes-through NMT	9
8/12/13	NMT Webinar Session 4 – Discussion of Domestic Violence and effects on child development	Bruce Perry Webinar	10	HUB 1 Chiefs, Supervisors, and SWIII's	Yes-through NMT	16
8/14/13	Motivational Interviewing Part 3 Family Engagement	Keith Orchard	1.5	Ponderay	Yes	10
9/6/13	NMT Webinar Series Session 2	Bruce Perry Webinar with Keith Orchard Coaching	1.5	Grangeville	Yes-through NMT	2
9/9/13	Motivational Interviewing III-Make up session - Family engagement	Keith Orchard	1.5	CDA	Yes	1
9/16/13	NMT Session 5 Trauma Focus-Sensory Processing - Trauma Informed practice. Impact of domestic violence on relational growth and brain development.	Bruce Perry Webinar with Keith Orchard Coaching	1.5	CDA	Yes-through NMT	8

Attachment C

Date	Title/Objectives Related to PIP, CQI, IV-E/IV-B	Presenter(s)	Contact Hours	Location	CEU Approved	# of Participants
10/06/13	NMT Webinar Series Session 5: Trauma Focus-Sensory Processing	Bruce Perry-Webinar Keith Orchard-coaching	2.25	CDA	Yes (EWU)	9
10/16-10/17/13	CW Trauma Training	Keith Orchard and Tara Ashley	14	CDA	Yes	27
10/21/13	Ethics-Solid Social Work Practice	Keith Orchard	1.5	Lewiston	Yes	6
11/6-11/7/13	CW Trauma Training	Keith Orchard and Stacy White	14	CDA	Yes	27
11/19-11/20/13	Enhancing Child Safety Practice	Amanda Pena; Michelle Weir; Rob Braniff; Keith Orchard	13	CDA	Yes	18
11/21/13	Ethics-Solid Social Work Practice	Keith Orchard	1.5	CDA	Yes	3
11/22/13	Face of addiction; understanding connection between trauma and addiction	Gabor Mate Video Keith Orchard-coaching	1.5	Kellogg	No	6
12/2-12/3/13	Enhancing Child Safety Practice	Amanda Pena; Rob Braniff; Keith O.	13	CDA	Yes	19
12/4-12/5/13	Enhancing Child Safety Practice	Amanda Pena; Rob Braniff; Keith Orchard	13	CDA	Yes	26
12/9/13	NMT Webinar Session 6: Sexualized Behaviors (Trauma-Informed Practice)	Bruce Perry-Webinar Keith Orchard-coaching	1.5	CDA	Yes (EWU)	6
12/11/13	Ethics-Solid Social Work Practice	Keith Orchard	1.5	CDA	Yes	37
12/17/13	Ethics-Solid Social Work Practice	Keith Orchard	1.5	CDA	Yes	6
1/23-1/24	Enhancing Child Welfare Safety Practice	Amanda Pena, Rob Braniff, and Keith Orchard	13	Lewiston	Yes	30
1/15/14	NMT Webinar Session 7- Psychostimulants and Children	Bruce Perry	1.5	CDA	Yes	6
2/3-2/4/14	CW Trauma Training	Keith Orchard and Stacy White	14	Lewiston	Yes	21/21
2/26/14	NMT Webinar-Session 8- Psychostimulants and Children	Bruce Perry	1.5	CDA	Yes	6

West Hub Trainer: Melissa Bernier, LMSW

Date	Title/Objectives Related to PIP, CQI, IV-E/IV-B	Presenter(s)	Contact Hours	Location	CEU Approved	# of Participants
8/1-8/2/13	Child Welfare Trauma Training	Melissa Bernier	16	West Hub: ISU Meridian	Yes 14 hours	13
8/5/13	Solid Social Work Ethics: Application of FCP	Melissa Bernier	1	West Hub: Westgate	Yes-1 hr	19
8/9/13	Solid Social Work Ethics: Application of FCP	Melissa Bernier	1	West Hub: Caldwell	Yes-1hr	17
8/19/13	Solid Social Work Ethics: Application of FCP	Melissa Bernier	1	West Hub: Payette	Yes-1 hr	7
8/20/13	Solid Social Work Ethics: Application of FCP	Melissa Bernier	1	Central Office	Yes-1hr	6
8/28-8/29/13	Child Welfare Trauma Training	Melissa Bernier, Andie Blackwood, LSW	16	West Hub: ISU Meridian	Yes – 1 hr	17
10/18/13	Stability Training	Melissa Bernier; Angie Dallolio, LSW; Shamona Spreadbury, LMSW	2.0	West Hub Caldwell	No	58
10/24-10/24/13	Child Welfare Trauma	Melissa Bernier; Andie Blackwood, LSW	14	West Hub ISU Meridian	Yes	25
11/6/13	Client Service Technicians Training	Melissa Bernier	7.0	West Hub Boise	No	8
11/7/13	Support/Stability Training	Melissa Bernier; Angie Dallolio, LSW; Shamona Spreadbury, LMSW	1.5	IDHW – Westgate	No	29
11/14-11/15/13	Child Welfare Trauma	Melissa Bernier; Amanda Clark-Andrejkovics, LCSW	14	West Hub ISU Meridian	Yes	25
2/13/14-2/14/14	Child Welfare Trauma	Melissa Bernier; Amanda Clark-Andrejkovics, LCSW	14	West Hub ISU Meridian	Yes	6/7
3/6/14-3/7/14	Child Welfare Trauma	Melissa Bernier; Tara Ashley, LCSW	14	West Hub ISU Meridian	Yes	19/19
3/27/14-3/28/14	Child Welfare Trauma	Melissa Bernier; Amanda Clark-Andrejkovics, LCSW	14	West Hub ISU Meridian	Yes	To be counted

East Hub Trainer-Amanda Clark-Andrejkovics, LCSW (Twin Falls)

Date	Title/Objectives Related to PIP, CQI, IV-E/IV-B	Presenter(s)	Contact Hours	Location	CEU Approved	# of Participants
9/24-9/25/13	Child Welfare Trauma Training	Amanda CA; Sharon Campbell	14	Twin Falls	Yes-14 hours	25
10/15/13	Ethics: Solid Social Work Practice	Amanda C- Andrejkovics	1.5	Burley	Yes	5
10/29/13	Ethics: Solid Social Work Practice	Amanda C-Andrejkovics	1.5	Twin Falls	Yes	16
10/29/13	Mini Case Management	Amanda C-Andrejkovics	2.5	Twin Falls	No	6
11/12/13 & 11/19/13	Child Welfare Trauma for CASA	Amanda CA Andrejkovics; Sharon Campbell	14	Twin Falls	Yes	12
1/21/14 & 1/28/14	Child Welfare Trauma	Amanda C Andrejkovics ; Sharon Campbell	14	Twin Falls	Yes	18/16
2/11/14	Solid Social Work Ethics	Amanda C- Andrejkovics	1.5	Twin Falls	Yes	5
2/18/14	Dealing with Resistant Clients: Motivational Interviewing-I	Amanda Clark-Andrejkovics	1	Twin Falls	Yes	8
2/19/14	Dealing with Resistant Clients: Motivational Interviewing-I	Amanda Clark-Andrejkovics	1	Twin Falls	Yes	4
2/20/14	Dealing with Resistant Clients: Motivational Interviewing-I	Amanda Clark-Andrejkovics	1	Twin Falls	Yes	5
3/4/14-3/5/14	Child Welfare Trauma	Amanda C- Andrejkovics; Sharon Campbell	14	Twin Falls	Yes	24/24
3/11/14	Dealing with Resistant Clients: Motivational Interviewing-II	Amanda Clark-Andrejkovics	1.5	Burley	Yes	5
3/12/14-3/14/14	Caring for Traumatized Youth	Amanda CA; Tara Ashley	15	Twin Falls	Yes	12/13/12
3/25/14	Dealing with Resistant Clients: Motivational Interviewing-I	Amanda Clark-Andrejkovics	1	Twin Falls	Yes	2
3/25/14	Dealing with Resistant Clients: Motivational Interviewing- II	Amanda Clark-Andrejkovics	1.5	Twin Falls	Yes	5
3/26/14	Dealing with Resistant Clients: Motivational Interviewing- II	Amanda Clark-Andrejkovics	1.5	Twin Falls	Yes	4

East Hub: Trainer-Tara Ashley, LCSW

Date	Title/Objectives Related to PIP, CQI, IV-E/IV-B	Presenter(s)	Contact Hours	Location	CEU Approved	# of Participants
7/2/13	Non-Resident Child; update on new standard	Tara Ashley	1.5	Pocatello	No	7
7/15/13	Solid Social Work Ethics: Application of FCP-Practice Session	Tara Ashley	1	Idaho Falls	Yes-1hr	1
8/19/13	Solid Social Work Ethics: Application of FCP	Tara Ashley	1	Blackfoot	Yes-1hr	7
8/20/13	Solid Social Work Ethics: Application of FCP	Tara Ashley	1	Pocatello	Yes-1hr	5
8/26/13	Solid Social Work Ethics: Application of FCP	Tara Ashley	1	Pocatello	Yes-1hr	8
8/27/13	Engaging Fathers - Chips and Chat	Tara Ashley	2 x 2	Twin Falls	No	20 /16
9/4/13	Solid Social Work Ethics: Application of FCP	Tara Ashley	1	Idaho Falls	Yes-1hr	11
9/10-9/11/13	Child Welfare Trauma Training	Tara Ashley; Sharon Campbell	14	Twin Falls	Yes-14 hr	11
9/13/13	QPR: Gatekeeping for suicide risk	Matt Olsen, LMSW	2	Pocatello	No	13
9/16/13	Caseworker/Child Contacts: Best Practice	Tara Ashley	3.5	Idaho Falls	Yes-3.5 hr	14
10/16-10/17/13	Child Welfare Trauma	Keith Orchard; Tara Ashley	14	CDA	Yes	27
10/21/13	Moving Forward with Families with neglect; CRR-safety and timeliness	Tara Ashley	1	Pocatello	No	9
10/21/13	Ethics: Solid Social Work Practice	Tara Ashley	1	Pocatello	Yes	10
2/27/14-2/28/14	Child Welfare Trauma	Tara Ashley; Kimberly Wacaster	16	Idaho Falls	Yes	17/18
3/6/14-3/7/14	Child Welfare Trauma	Melissa Bernier; Tara Ashley	14	West Hub ISU Meridian	Yes	19/19
3/12/14-3/14/14	Caring for Traumatized Youth	Amanda C- Andrejkovics; Tara Ashley	15	Twin Falls	Yes	12/13/12

Training Plans April-June, 2014

North Hub: Trainer-Keith Orchard, LCSW

Date	Title/Objectives Related to PIP, CQI, IV-E/IV-B	Presenter(s)	Contact Hours	Location	CEU Approved
April - June	Enhanced Safety Training Roll Out to community partners-courts, CASA, schools.	Rob Braniff; Stacey White; Tiffany Renner; Keith Orchard	TBD	North Hub	No
April - June	Lunch/ Learn Sessions for Self-Care and STS	Keith Orchard	1	North Hub	No
May	Team Meeting with CASA-check in to ensure communication is still strong	Keith Orchard	2	CDA	No
April-May	NMT sessions 9-10	Keith Orchard	3	CDA	Yes – thru NMT program

West Hub Trainer: Melissa Bernier, LMSW

Date	Title and Objectives (Related to PIP, CQI, IV-E/IV-B)	Presenter(s)	Location	CEU's
4/25/14	Ethics: Social Media in Child Welfare	Melissa Bernier, LMSW	West Hub-Westgate	1.5
4/28/14	Ethics: Social Media in Child Welfare	Melissa Bernier, LMSW	West Hub-Westgate	1.5
4/29/14	Ethics: Social Media in Child Welfare	Melissa Bernier, LMSW	West Hub-Caldwell	1.5
5/1/14	Ethics: Social Media in Child Welfare	Melissa Bernier, LMSW	West Hub-Caldwell	1.5

Attachment C

East Hub Trainer: Amanda Clark-Andrejkovics, LCSW (Twin Falls)

Date	Title and Objectives (Related to PIP, CQI, IV-E/IV-B)	Presenter(s)	Location	CEU's
4/9-4/10/14	Motivational Interviewing-Part III	Amanda Clark-Andrejkovics	Twin Falls	1.5 each
4/15/14	Ethics: Social Media in Child Welfare	Amanda CA	Twin Falls	1.5

East Hub Trainer: Tara Ashley, LCSW (Pocatello, Idaho Falls)

Date	Title and Objectives (Related to PIP, CQI, IV-E/IV-B)	Presenter(s)	Location	CEU's
5/1/14	Ethics: Social Media in Child Welfare	Tara Ashley	Rexburg	1.5
5/1/14-5/2/14	Child Welfare Trauma Training	Tara Ashley	Blackfoot	14 hs
5/15/14	FGDM Refresher Course for Contractors	Tara Ashley	Pocatello	No CEU's
5/16/14	FGDM Refresher Course for Idaho Falls "All Staff"	Tara Ashley	Idaho Falls	No CEU's
5/19/14	Ethics: Social Media in Child Welfare	Tara Ashley	Idaho Falls	1.5
5/29-5/30/14	Child Welfare Trauma Training	Tara Ashley	Salmon	14 hrs
6/3/14	Ethics: Social Media in Child Welfare	Tara Ashley	Pocatello	1.5
6/10/14	Ethics: Social Media in Child Welfare	Tara Ashley	Pocatello	1.5

**In-service Trainings: July 2013- April 2014
Central Office Program Specialist**

Date	Title and Objectives (Related to PIP, CQI, IV-E/IV-B)	Presenter(s)	Location	CEU's
07/23/13- 07/24/13	FACS Supervisor Summit	Sara Jarvis and John Alderson	Boise	9 hours (certificate of completion)
07/25/13- 07/26/13	FACS Supervisor Summit	Sara Jarvis and John Alderson	Boise	9 hours (certificate of completion)
9/11/13-9/12/13	KWYA community session	Nancy Egan, Robin Sanchez, Erika Wainaina	Boise	14
10/2/13-10/3/13	CFS Safety Assessment Training	Emily Hutchinson & Amanda Pena	Boise	12 hours (certificate of completion)
11/7/13-11/8/13	Enhancing Child Safety Practice	Amanda Pena, Michelle Weir; Andrea Blackwood & Miren Unsworth	Boise	14 hrs
11/14/13- 11/15/13	Enhancing Child Safety Practice	Amanda Pena, Andrea Blackwood, & Sabrina Brown	Boise	14 hrs
12/5/13-12/6/13	KWYA community session	Erika Wainaina, Virgie Arambarri, Robin Sanchez, Falen LeBlanc	Caldwell	14
12/5/13-12/6/13	Enhancing Child Safety Practice	Sabrina Brown & Andrea Blackwood	Boise	14 hrs
12/9/13- 12/10/13	Enhancing Child Safety Practice	Michelle Weir, Cami Blackburn, & Miren Unsworth	Boise	14 hrs
12/16/13- 12/17/13	Enhancing Child Safety Practice	Sabrina Brown & Michelle Weir	Pocatello	14 hrs
12/18/13 & 12/19/13	Enhancing Child Safety Practice	Amanda Pena & Andrea Blackwood	Boise	14 hrs
1/6/14-1/7/14	Enhancing Child Safety Practice	Andrea Blackwood & Miren Unsworth	Boise	14 hrs
1/6/14-1/7/14	Enhancing Child Safety Practice	Amanda Pena & Michelle	Twin Falls	14 hrs

Attachment C

		Weir		
1/9/14-1/10/14	Enhancing Child Safety Practice	Sabrina Brown, Michelle Weir; & Andrea Blackwood	Boise	14 hrs
1/13/14-1/14/14	Enhancing Child Safety Practice	Amanda Pena & Andrea Blackwood	Boise	14 hrs
1/13/14-1/14/14	Enhancing Child Safety Practice	Sabrina Brown & Michelle Weir	Idaho Falls	14 hrs
1/15/14	Well-Being/ Psychotropic Medications Training	Kathy Morris, April Crosby	Coeur d'Alene	(3 hrs., no CEU's)
1/16/14	Well-Being/ Psychotropic Medications Training	Kathy Morris, April Crosby	Lewiston	(3 hrs., no CEU's)
1/15/14-1/16/14	Enhancing Child Safety Practice	Sabrina Brown, Miren Unsworth, & Michelle Weir	Pocatello	14 hrs
1/23/14	Well-Being/ Psychotropic Medications Training	Kathy Morris, April Crosby	Idaho Falls	(3 hrs., no CEU's)
1/24/14	Well-Being/ Psychotropic Medications Training	Kathy Morris, April Crosby	Pocatello	(3 hrs., no CEU's)
1/23/14-1/24/14	Enhancing Child Safety Practice	Michelle Weir & Andrea Blackwood	Boise	14 hrs
1/27/14	Well-Being/ Psychotropic Medications Training	Kathy Morris, April Crosby	Twin Falls	(3 hrs., no CEU's)
1/30/14-1/31/14	Enhancing Child Safety Practice	Amanda Pena & Andrea Blackwood	Boise	14 hrs
2/3/14	Well-Being/ Psychotropic Medications Training	Wes Engel, April Crosby	Caldwell	(3 hrs., no CEU's)
2/6/14-2/7/14	KWYA community session	Marian Woods, Erika Wainaina, Rosa Paz	Jerome	14
2/10/14	Well-Being/ Psychotropic Medications Training	Wes Engel, April Crosby	Boise	(3 hrs., no CEU's)
3/4/14	Idaho Permanency Oriented Practice Training (iPOP)	Stephanie Miller & Falen LeBlanc	Twin Falls	6.5 hrs, no CEU's
3/5/14	Permanency Roundtable Skills Training	Stephanie Miller & Falen LeBlanc	Twin Falls	6.5 hrs, no CEU's
3/7/14-3/8/14	West Hub Resource Parent Annual Conference	Various	Boise	14

Attachment C

3/7/14-3/8/14	East Hub Resource Parent Annual Conference	Various	Jerome	14
3/7/14-3/8/14	North Hub Resource Parent Annual Conference	Various	CDA	14
3/19/14-3/21/14	KWYA TOT	Kali Scolnick, Russ Conti	Boise	21 (no CEU's given)
3/31/14	Well-Being/ Psychotropic Medications Training	Wes Engel, April Crosby	Twin Falls	(3 hrs., no CEU's)
4/14/14	Idaho Permanency Oriented Practice Training (iPOP)	Stephanie Miller & Kristen Nate	Boise	6.5 hrs, no CEU's
4/15/14	Permanency Roundtable Skills Training	Stephanie Miller & Kristen Nate	Boise	6.5 hrs, no CEU's
4/30-5/1/14	Adoption & Foster Care Academy	Stephanie Miller & Erika Wainaina	Boise	13 hrs, no CEU's
5/6/14-5/7/14	Tranistion Planning with Older Youth TOT	NRCYD	Boise	No CEU's
5/20/14	Idaho Permanency Oriented Practice Training (iPOP)	Stephanie Miller & Falen LeBlanc	Pocatello	6.5 hrs, no CEU's
5/21/14	Permanency Roundtable Skills Training	Stephanie Miller & Falen LeBlanc	Pocatello	6.5 hrs, no CEU's
5/22/14	Idaho Permanency Oriented Practice Training (iPOP)	Stephanie Miller & Falen LeBlanc	Idaho Falls	6.5 hrs, no CEU's
5/23/14	Permanency Roundtable Skills Training	Stephanie Miller & Falen LeBlanc	Idaho Falls	6.5 hrs, no CEU's

Academy Training for New Workers

Quarter: July 2013-September 2013			
Date	Title	Presenter(s) and License	#Participants
7/9/-7/10/13	Family-Centered Practice	Melissa Bernier, LMSW; Tara Ashley, LCSW	22
7/11/13	Legal Perspectives	Mary Jo Beig, JD; Brent King, JD; /Melissa Bernier, LMSW	19
7/12/13	ICWA	Melissa Bernier, LMSW; Jennifer Marrow LMSW; Angela Dallolio, LSW	21
7/15/13	ICPC	Chera Kelsey, LMSW; Melissa Bernier, LMSW	14
7/15/13	IV-E and Random Moment Time Studies (RMTS)	Wes Engel, MS; Melissa Bernier, LMSW	16
7/16-7/17/13	Knowing Who You Are	Marian Woods, LCSW; Robin Sanchez, LMSW; Erika Wainaina, LMSW	21
8/5-8/6/13	Family-Centered Practice	Tara Ashley, LCSW; Kimberly Wacaster	16
8/7/13	Legal Perspectives	Jim Price, JD; Mark Withers, JD; Tara Ashley, LCSW	13
8/8/13	ICWA	Tara Ashley, LCSW; Ann Peckenpaugh, LSW	14
6/26/13	ICPC-Televideo throughout State	Chera Kelsey, LMSW; Tara Ashley, LCSW	19
6/26/13	IV-E and Random Moment Time Studies (RMTS)-Televideo throughout State	Wes Engel, MS; Tara Ashley, LCSW	20
8/13-8/14/13	Knowing Who You Are	Marian Woods, LCSW; Erika Wainaina, LMSW; Virgie Arambari	20/19
9/4/13am	Intake Priority Guidelines	Keith Orchard, LCSW; Tiffany Renner, LMSW	11
9/4/13pm	Assessing Safety	Keith Orchard, LCSW; Tiffany Renner, LMSW	11
9/5/13	Family Group Decision Making	Keith Orchard, LCSW; Kim Fordham/Lisa Johnson	8
9/18/13	Comprehensive Assessment	Keith Orchard, LCSW; Tiffany Renner/LMSW	11
9/19/13	Concurrent Planning	Keith Orchard, LCSW; Larissa Lotton, LMSW	12
9/27/13	ICPC make up session	Chera Kelsey, LMSW	4

Attachment C

Quarter: October 2013-December 2013			
Date	Title	Presenter(s) and License	#Participants
10/8/13	Family Group Decision Making (FGDM)	Melissa Bernier, LMSW & Chris Fairchild, LSW	19
10/9/13	Intake and Priority Guidelines	Melissa Bernier, LMSW	18
10/9/13	Assessing Safety	Melissa Bernier, LMSW & Kristi Moore, LSW	22
10/10/13	Comprehensive Assessment	Melissa Bernier, LMSW & Amanda Clark-Andrejkovics, LCSW	25
10/11/13	Concurrent Planning	Melissa Bernier, LMSW & Kristen Nate, LMSW	20
11/4/13	FGDM	Tara Ashley LCSW	10
11/5/13	Intake and Priority Guidelines	Tara Ashley LCSW & Amanda C-Andrejkovics, LCSW	10
11/5/13	Assessing Safety	Amanda C- Andrejkovics, LCSW & David Nillson LSW	10
11/6/13	Comprehensive Assessment	Amanda C-Andrejkovics LCSW & Tennille Kobler LSW	10
11/7/13	Concurrent Planning	Tara Ashley, LCSW & Dawna Flora	12

Attachment C

Quarter: January 2014-March 2014			
Date	Title	Presenter(s) & License	# Participants
1/7/14	Social Work Professional Practice in Statutory Contest	Melissa Bernier, LMSW & Kathy Morris, PhD	17
1/8/14	Foster Care	Melissa Bernier, LMSW & Erika Wainaina, LMSW	17
1/8/14	Working with Older Youth (Independent Living)	Melissa Bernier, LMSW & Fallon LeBlanc, LMSW	18
1/9/14	Case Management (Case Planning)	Melissa Bernier, LMSW	18
1/10/14	Service Planning	Melissa Bernier, LMSW	17
1/16/14	IV-E Financing & Random Moment Time Study	Melissa Bernier, LMSW; Anne Bloxham, LSW & Sarah Siron	12
1/16/14	Interstate Compact on the Placement of Children (ICPC)	Melissa Bernier, LMSW & Chera Kelsey, LMSW	12
1/8/14	Social Work Professional Practice in Statutory Contest	Keith Orchard, LCSW	2
1/9/14	Foster Care	Keith Orchard, LCSW; Karen Kerbs., LMSW	2
1/9/14	Working with Older Youth (Independent Living)	Fallon LeBlanc, LMSW	7
1/16/14	Interstate Compact on the Placement of Children (ICPC)	Chera Kelsey, LMSW	4
1/16/14	IV-E Financing	Anne Bloxham, LSW & Sarah Siron	4
1/29/14	Case Management (Case Planning)	Keith Orchard, LCSW & Denise M, LMSW	6
1/30/14	Service Planning	Keith Orchard, LCSW & Shawn W, LMSW	5
2/3/14	Social Work Professional Practice in Statutory Context	Tara Ashley, LCSW & Amanda Clark-Andrejkovitz, LCSW	10
2/4/14	Foster Care	Lisa Williams, MSW & Tara Ashley, LCSW	8
2/4/14	Working with Older Youth (Independent Living)	Lisa VanVoorhis, LSW & James, Young Adult 4 Youth Panel members	13
2/5/14	Case Management (Case Planning)	Lisa VanVoorhis, LSW & Tara Ashley, LCSW	15
2/6/14	Service Planning	Amanda Clark-Andrejkovitz, LCSW & Tara Ashley, LCSW	11

Academy Training for New Workers Plans for April-June, 2014**East Hub: May 2014**

Mon-Tue	May 5-6, 2014	Family Centered Practice (Tara Ashley)
Wed	May 7, 2014	Legal Perspectives (Tara Ashley)
Thu	May 8, 2014	Indian Child Welfare Act (ICWA) (Tara Ashley)
Tue-Wed	May 13-14, 2014	Knowing Who You Are (KWYA Trainers)

North Hub: June 2014

Mon a.m.	June 9, 2014	Intake Priority Guidelines (Keith Orchard)
Mon p.m.	June 9, 2014	Assessing Safety (Keith Orchard)
Tue	June 10, 2014	Assessing Safety (continued) (Keith Orchard)
Wed	June 11, 2014	Concurrent Planning (Part I) (Keith Orchard)
Thu	June 12, 2014	Concurrent Planning (Part II) (Keith Orchard)
Fri a.m.	June 13, 2014	Family Group Decision Making (FGDM) (Keith Orchard)
Fri am	June 27, 2014	ICPC (teleconference – ALL HUBS)
Fri pm	June 27, 2014	IV-E (teleconference – ALL HUBS)



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

ROBERT B. LUCE – Administrator
DIVISION OF FAMILY AND COMMUNITY SERVICES
450 West State Street, 5th Floor
P.O. Box 83720, Boise, ID 83720-0036
PHONE 208-334-5700
FAX 208-332-7330

May 30, 2014

Dear Idaho Foster Parent,

In February 2014, we sent a survey to every licensed foster parent in Idaho, and asked you to give us feedback about your experiences over the past year. This letter is to let you know the results of the survey across the state, and update you on some improvements our agency is making to address the concerns which were shared.

Roughly 900 surveys were mailed out, and nearly 250 were returned. Overall, the feedback was quite positive. When asked questions such as, "Communication with case workers/other social workers is adequate"; "I feel like an important member of a professional team"; and "Agency workers do a good job supporting me", **62% strongly agreed or agreed, 21% were neutral, and 17% disagreed or strongly disagreed.** Some of the strengths mentioned were the support foster parents received from the workers by way of vouchers, information, and emotional support. Many foster parents also mentioned the positive experience of being able to get to know and help the children and birth families, and many others stated the adoption of a child was a positive experience.

Together, we still have work to do. The Department will continue to send out this survey annually, and use this year's survey as a starting point to monitor improvement.

Each part of the state has developed a plan, based on your feedback, on how to better address the needs of foster parents:

- In the North part of the state, each supervisor will be asked to come with their worker on one monthly visit in your home to build a relationship with you. Also, a Chief of Social Work and/or Program Manager from your area will attend the first and last PRIDE session for new foster parents.
- In the West, a Chief of Social Work will attend PRIDE graduations in order to meet new foster parents. Supervisors will increase their contact with foster parents to establish a relationship and help you feel comfortable contacting the supervisor in a social worker's absence.
- In the East, staff will increase their teaming between case managers and foster care licensing staff, and establish a budget to provide in-home services to foster parents and foster children.

I want to thank you for the detailed information you provided. The department is committed to partnering with you to ensure Idaho's children are well cared for, and providing support to all our foster parents who make this possible. Please feel free to contact me with any additional feedback or questions. Thank you for all your hard work and dedication.

Sincerely,

Erika Wainaina, Foster Care Program Specialist
(208) 334-6618
wainaine@dhw.idaho.gov

Enclosure

Foster Parent Annual Survey 2014 Report

Please select the rating that most accurately represents your experiences over the past year.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Response total
Prior to placement, I was given enough information to make a decision about welcoming a child(ren) into my home.	30.45% (74)	36.63% (89)	18.93% (46)	8.64% (21)	5.35% (13)	243
(estimated %'s)	67%		19%	14%		
The training I received adequately prepared me for foster parenting.	26.34% (64)	40.33% (98)	23.87% (58)	6.58% (16)	2.88% (7)	243
	66%		24%	10%		
Communication with case workers/other social workers is adequate.	30.17% (73)	28.93% (70)	19.42% (47)	13.64% (33)	7.85% (19)	242
	59%		20%	20%		
I feel like an important member of a professional team.	23.14% (56)	33.88% (82)	23.14% (56)	10.33% (25)	9.5% (23)	242
	57%		23%	20%		
Agency workers generally return my phone calls in a timely manner.	28.93% (70)	31.41% (76)	19.42% (47)	13.64% (33)	6.61% (16)	242
	60%		20%	20%		
Agency workers do a good job supporting me as I work with others (schools, courts, birth families, etc.) regarding the child(ren) in my home.	33.88% (82)	31.82% (77)	17.77% (43)	9.92% (24)	6.61% (16)	242
	66%		18%	16%		
The social worker home visits are helpful to me in working with the children placed in my home.	29.46% (71)	32.37% (78)	26.14% (63)	7.47% (18)	4.56% (11)	241
	62%		26%	12%		



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - GOVERNOR
RICHARD M. ARMSTRONG - DIRECTOR

ROBERT B. LUCE - Administrator
DIVISION OF FAMILY AND COMMUNITY SERVICES
450 West State Street, 5th Floor
P.O. Box 83720, Boise, ID 83720-0036
PHONE 208-334-5700
FAX 208-332-7330

Dear Idaho Foster/Adoptive Parent,

Enclosed is a survey regarding your feelings about your fostering experience over the past year. The Idaho Department of Health and Welfare values your opinions about improving our practice and forming better relationships, which include you as an important part of our team. The survey is anonymous; however, if you wish to be contacted for further discussion, you may provide your name and phone number. Please complete the survey and return in the enclosed postage-paid, addressed envelope by **March 10, 2014**. For your convenience, you may choose to complete the survey online at: <http://healthandwelfare.idaho.gov/Children/AdoptionFosterCareHome/FosterAdoptiveParentResources/tabid/1899/Default.aspx>.

A blog site has been created as a gathering place for Idaho's Foster, Adoptive, and Relative Families. Please help us create a positive environment of support and knowledge. Visit idahofosterparents.wordpress.com to join the conversation!

Thank you for your time, and the amazing job you do every day!

Erika Wainaina
Idaho Foster Care Program Specialist
(208) 334-6618
wainaine@dhw.idaho.gov

Resource Parent Annual Survey Questions:

This is a survey of how you feel your fostering experience has gone this past year. The survey is anonymous; however, if you wish to be contacted for further discussion, please provide your name and phone number in the last section. Please complete the survey by March 10, 2014.

Please select the rating that most accurately represents your experiences over the past year.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Prior to placement, I was given enough information to make a decision about welcoming a child(ren) into my home.	<input type="radio"/>				
The training I received adequately prepared me for foster parenting.	<input type="radio"/>				
Communication with case workers/other social workers is adequate.	<input type="radio"/>				
I feel like an important member of a professional team.	<input type="radio"/>				
Agency workers generally return my phone calls in a timely manner.	<input type="radio"/>				
Agency workers do a good job supporting me as I work with others (schools, courts, birth families, etc.) regarding the child(ren) in my home.	<input type="radio"/>				
The social worker home visits are helpful to me in working with the children placed in my home.	<input type="radio"/>				

Please describe what was the most or least helpful to you during your social worker home visits.

.....

.....

.....

.....

During the past year, what positive experiences have you had being a foster parent?

.....

.....

.....

.....

During the past year, what was the biggest challenge you faced as a foster parent? Is it still happening?

.....

.....

.....

.....

During the next year, name one thing the agency can do to support you as a foster parent.

.....
.....
.....
.....

Is there anything else you would like to tell us?

.....
.....
.....
.....



According to this map, in what area of the state do you reside?

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7

Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Idaho

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2011-2012 School Year</u> (July 1, 2011 to June 30, 2012)	49	28
2012-2013 School Year* (July 1, 2012 to June 30, 2013)	42	27

Comments:

*in some cases this might be an estimated number since the APSR is due June 30, 2013.

ATTACHMENT F 2013 Independent Living Case Record Review Improvement Goals	Baseline percent strengths	Number of applicable cases during 2013	Goal for Item (80% CI)	Goal for Item (99% CI)
Ansell Casey Assessment	58%	320	61%	65%
Independent Living Plan	57%	320	61%	64%
Life Skills	61%	320	65%	68%
NYTD	53%	320	57%	60%
Permanency	70%	189	73%	78%
Youth Contacts	85%	233	88%	91%
Community Connections	75%	320	78%	81%
Education	81%	320	84%	87%
Career Development	64%	320	67%	71%
Mental Health	93%	320	95%	96%
Health	79%	224	82%	86%
Transition Planning (Skip if youth is under 17)	43%	195	47%	52%
Health and Education Passport	36%	320	39%	43%
Understanding and Access to Post 18 services	68%	320	71%	75%
Case management	74%	129	78%	84%
Services	63%	129	67%	74%
ETV	70%	129	74%	80%

Goal for Item = Baseline percent strengths + (Baseline sampling error * Z value for confidence level)

Attachment F

IL Case Record Review Results

	Statewide	North Hub	West Hub	East Hub
Ansell Casey Assessment	58%	51%	67%	57%
a. Was the assessment completed within 90 days of the youth becoming eligible for IL services?	63%	60%	65%	63%
b. Was the assessment also completed by a caregiver?	24%	18%	32%	63%
c. Has the assessment been completed annually?	59%	50%	74%	49%
d. Has the assessment date been documented in ICare annually?	64%	57%	74%	59%
Independent Living Plan	57%	54%	65%	49%
a. Was the plan completed within 90 days of eligibility for IL services?	52%	42%	56%	57%
b. Did the youth participate in the development of the plan?	69%	71%	72%	64%
c. Did a caregiver or permanent connection participate in creating the plan?	46%	36%	54%	47%
d. Were all 7 domains addressed in the IL plan?	69%	75%	74%	52%
e. Does the youth have a copy of the IL plan?	44%	41%	48%	42%
f. Is the IL plan updated regularly as they complete tasks?	54%	44%	72%	41%
g. Has the IL plan been updated at least annually?	56%	47%	73%	40%
h. Has the youth participated in updating the plan?	55%	55%	65%	40%
i. Is the IL plan used during monthly contact with the youth?	56%	52%	65%	46%
j. Does the foster parent and/or bio family have an understanding of IL planning and services?	57%	54%	64%	48%
k. Does the youth understand what the IL plan is and what services are available to them?	69%	70%	70%	64%
Life Skills	61%	44%	69%	73%
a. Is the youth receiving life skills training?	61%	44%	69%	73%
NYTD	53%	58%	53%	48%
a. Has the “youth served” portion of the NYTD screen in Focus been updated at least every six months?	53%	55%	54%	47%

b. Has the IL Screen in ICare been updated annually?	54%	60%	53%	48%
Permanency	70%	73%	65%	72%
a. Is the permanency goal for the youth current in ICare?	85%	96%	80%	81%
b. Has the case been reviewed every six months for any changes in permanency?	74%	69%	79%	70%
c. Does the youth have documented permanent connections?	83%	90%	79%	81%
d. Is there documented contact between the youth and birth family or other significant individuals?	82%	94%	74%	81%
e. Has a permanency roundtable been held?	26%	15%	19%	47%
Youth Contacts	85%	56%	87%	90%
a. Has the youth been seen monthly face to face in the foster home by the assigned social worker?	85%	56%	87%	90%
Community Connections	75%	65%	81%	76%
a. Has the youth been referred to community supports/services?	86%	80%	86%	93%
b. If so has there been regular contact between the support and the social worker?	80%	66%	90%	75%
c. Has the youth volunteered in the community?	59%	49%	67%	60%
Education	81%	78%	84%	81%
a. Has ICare been updated with the youth's current educational setting and grade level?	89%	87%	92%	89%
b. Is the youth on track to graduate?	69%	64%	70%	75%
c. If there are gaps in education are these being addressed with the school and the youth?	85%	79%	85%	91%
d. Has the youth identified post secondary educational goals?	85%	89%	87%	76%
e. Has the youth been connected with someone to help them navigate post secondary options?	78%	73%	86%	72%
Career Development	64%	67%	66%	58%
a. Has the youth identified career goals?	84%	88%	89%	72%
b. Has the youth had employment experience?	62%	70%	62%	53%
c. Does the youth have a resume?	47%	44%	47%	49%
Mental Health	93%	88%	95%	96%

a. Has the youth's mental health needs been addressed?	93%	88%	96%	96%
b. Has the youth been given access to therapy and/or medication management if needed?	92%	88%	94%	95%
Health	79%	69%	77%	80%
a. Does the youth understand that they qualify for Medicaid until age 19?	90%	73%	90%	92%
b. Does the youth understand how to maintain eligibility for this coverage?	76%	68%	68%	80%
c. Has RDU been informed of the most recent address for the youth so there is no gap in medical coverage post 18?	71%	66%	72%	69%
Transition Planning (Skip if youth is under 17)	43%	35%	44%	54%
a. Has a Transition Meeting occurred?	51%	43%	49%	66%
i. 60 days before or after the youth's 17th birthday?	22%	22%	23%	19%
ii. 90 days before the youth's 18th birthday?	36%	32%	32%	53%
b. Did the youth choose who was in attendance?	45%	37%	48%	57%
c. Was the youth present at the meeting?	48%	39%	51%	62%
d. Was the meeting youth focused?	49%	39%	51%	64%
e. Was a plan developed that includes building a network of support for the youth post 18?	47%	37%	51%	62%
f. Does the youth have a copy of the Transition Plan?	36%	24%	43%	49%
g. Do all parties that attended the meeting have copies of the Transition Plan?	34%	28%	43%	34%
Health and Education Passport	36%	44%	52%	37%
a. Has the Passport been started?	57%	37%	78%	51%
b. Was the Passport given to the youth when they aged out of care?	18%	32%	24%	24%
c. Does the youth understand the purpose of the passport and that they are receiving original copies of their personal information?	34%	63%	53%	37%
Understanding and Access to Post 18 services	68%	63%	70%	72%
a. Does the youth understand what services are available to them post 18 and how to access them?	66%	63%	70%	64%
b. Does the youth's support network understand what services are available to the youth and how to access these services?	70%	63%	70%	80%

Aged Out 18-21 Case Record Review Results

(21-23 ETV)	Statewide	North Hub	West Hub	East Hub
Case management	74%	75%	84%	63%
b. Is the young person seen monthly face to face?	60%	62%	68%	43%
c. Does the young person know who the case worker is assigned to his or her case?	91%	93%	93%	90%
d. Does the young person have contact with the assigned worker monthly?	73%	71%	90%	57%
Services	63%	56%	70%	70%
a. Does the youth know what services are available to them post 18?	88%	88%	93%	87%
b. Is the youth accessing room and board funding?	37%	24%	46%	53%
ETV	70%	67%	72%	72%
a. Has information been given to the youth about ETV?	86%	84%	88%	87%
b. Does the youth participate in the ETV program?	36%	33%	37%	40%
c. Does the youth know who to connect with for ETV questions?	88%	84%	93%	90%