

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

**Statewide Annual Report
2015-2016 Recommendations**



Idaho's "Keeping Children Safe" Panels

Recognizing the importance of public participation and community engagement, beginning in 1995 the Idaho Department of Health and Welfare (IDHW) 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" (KCS) 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 sixty 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 16, 2015, 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 2015*.

Idaho Keeping Children Safe Panel 2015-2016 Recommendations

I. Psychotropic Medication Oversight

RECOMMENDATION: Implement pharma-oversight. For example, a psychiatric nurse or other healthcare professional should be engaged to manage an oversight program. The person or persons conducting oversight management should have a deep understanding of psychotropic medicines and interactions between drug combinations. Software could be utilized to red flag problem combinations of medications. We would encourage the Department to develop decision trees similar to those in Minnesota related to medications and client services.

Reason: Children's mental health services have no defined controls in place when it comes to pharma-oversight. Psychiatrists in a staggering number of cases over-prescribe psychotropic medicines without any hormonal, blood chemical, neurological, or other forms of testing. Often, children are subjected to a cocktail of prescriptions that cause severe side effects and long term damage. Often, the root of the problem is not addressed, so more meds are prescribed in an effort to control or restrain the child. All children should have the right to oversight review for prescribed medications.

Treatment Guidelines for Primary Care Providers

[Attention Deficit/Hyperactivity Disorder Assessment & Treatment Flowchart \(PDF\)](#)

[Anxiety Assessment & Treatment Flowchart \(PDF\)](#)

[Bipolar Disorder Assessment & Treatment Flowchart \(PDF\)](#)

[Depression Assessment & Treatment Flowchart \(PDF\)](#)

[Disruptive Behavior Assessment & Treatment Flowchart \(PDF\)](#)

[Eating Disorder Assessment & Treatment Flowchart \(PDF\)](#)

[Substance Use Disorder Assessment & Treatment Flowchart \(PDF\)](#)

[Trauma Assessment & Treatment Flowchart \(PDF\)](#)

Additional information requested from Spring KCS meeting:

Request for additional information regarding legislative changes made during the 2016 Legislative Session which impacted psychotropic medication use of children in foster care.

Recommendation to have available medical professional available to Child and Family Services (CFS) staff to consult with regarding psychotropic medication use and what is being prescribed.

Department Response:

Addressing the issue of psychotropic medication use in foster children remains a top priority for CFS. Child and Family Services is continuing to develop and implement trauma-informed intervention strategies for parents, resource parents, youth, and children to help self-regulate while reducing the use of psychotropic medication in our children and youth.

Use of psychotropic medications with children in foster care is a systemically complex area. Idaho's initial efforts have been in conjunction with the Division of Medicaid to

collect quality data to help understand the characteristics of prescribing practices in Idaho. A practice standard and guidance for parents, foster parents, workers, and youth has been developed, trained to statewide, and is currently in the process of being updated. Medicaid has completed an academic detailing plan to provide education on atypical antipsychotics to prescribing practitioners in Idaho. Through Child and Family Services' partnership with Medicaid, the program will be looking closely into cases of high-end users. As a result, CFS hopes to gain additional insight and develop targeted interventions to make a positive impact in this area. At the same time, CFS has been training on trauma and trauma informed services. Many children are currently being prescribed psychotropic medication for behavioral control without concurrent evidence-based treatment. CFS believes that many of the children who are in foster care are experiencing the effects of complex trauma and are in need of treatment strategies to address those behaviors without over-reliance on medication alone or medication and general counseling interventions.

Child and Family Services plans to expand its collaboration with Medicaid to include Optum in an effort to establish an interdisciplinary workgroup. Through this partnership, CFS will be exploring resources to provide oversight for psychotropic medication use. This will encompass medical healthcare professionals, as well as the utilization of software to provide alerts for medication combinations that may need further attention and analysis.

The collaboration between CFS and Medicaid has expanded to include Optum and Magellan in this interdisciplinary workgroup. As a program, CFS is taking a two-tiered approach to accomplish goals in the area of psychotropic medications. First, the program is conducting an in-depth file review of children in foster care with the highest number of psychotropic medications prescribed in 2015. The review team is comprised of a child Psychiatrist from Optum Idaho, the Magellan Pharmacist Account Manager, the Medicaid Pharmacy Program Manager, data analysts, along with CFS staff. This group is working to get a comprehensive picture of what's happening in these cases from the psychiatric, behavioral health, and child protection perspective, to the actual Medicaid claims that are being billed, the prescriptions that are being filled for these children, the prescribers, and timelines of these happening collectively. The goal is to find a solution to this complex nationwide issue by actually testing interventions with social workers, foster parents, birth parents, and youth, and then refine those interventions and eventually scale them to the state level.

The second piece of this project is working collaboratively to look at this issue on a macro level. Building on the strengths of the individuals referenced earlier, this group is researching data on children and youth receiving psychotropic medications, alongside the services and supports that are being accessed and utilized for them. This team is looking at the trends and systemic issues found on the entire population of children in Idaho. The group is looking at children who have been prescribed psychotropic medications but haven't accessed behavioral health services through Optum Idaho. In addition, the group is also looking at the use of psychotropic medication utilization in conjunction with outpatient behavioral health services by region, age group, gender, and mental health diagnosis. The goal is to identify the larger variables and systemic issues affecting quality of care in Idaho, and collaborating with our partners at Optum, Magellan, and Medicaid to find creative solutions to those issues from a programmatic and logical perspective.

Legislation was also passed during the 2016 Legislative Session which requires CFS to report psychotropic medications in court documents and during court proceedings to provide an additional layer of oversight into this issue.

II. Efficiency and Performance Assessment

RECOMMENDATION: Engage the services of a non-IDHW outside consulting firm that can perform an efficiency assessment to uncover areas where efficiency and security can be improved through technology.

Reason: Assessments performed by social workers are a necessary component in the management of children under the jurisdiction of IDHW. Assessments create a bottleneck in the system designed to provide solutions for children. The amount of documentation is extensive, and the number of staff members allocated for assessment work is limited. Concerns around computing device automation and cyber security risks must be addressed in any proposed efficiency solution.

Reason: The consulting firm will be tasked with identifying work flows, lean staffing models in relation to work flows, electronic form automation, and other technological breakthroughs that can improve time management of IDHW staff.

Additional information requested from Spring KCS meeting:

Is there a date when the analysis of the current system will be completed and implementation will begin?

What process will be utilized to analyze the workload and redundancies, thus streamlining processes and personnel needs?

Department Response:

The Division of Family and Community Services (FACS) was allocated \$260,000 during the 2016 legislative session to conduct an analysis of its electronic case management system (iCARE) for future replacement. The system documents and tracks case information, processes payments for foster families, and generates referrals to Medicaid and Child Support. iCARE remains functional but is at the end of its serviceable life. The analysis will be used to develop a multiyear project to modernize the system and project funding requests for future years.

The iCARE team has been working to incorporate court reports to generate out of the iCARE system. Modifications to court reports have been made to ensure the new legislative changes have been incorporated to all court reports. In this endeavor, all reports have been reviewed and modified to decrease the redundancies in information provided in court reports as well as to streamline the process. The iCARE team has also been working to look at additional ways in which to enhance the use of iCARE in creating dash-board screens with the intention of decreasing time staff may spend on navigating iCARE screens.

“Transforming Child Welfare Systems to Improve Outcomes for Children” is a Department Strategic Plan Initiative which involves improvement of human processes/procedures and modernization of data systems that support the child welfare work. An initial round of process mapping was completed to analyze the human processes and analysis of the data system is currently underway. This modular analysis process is scheduled for completion in FY18. As the review of some modules have completed, transitions have already been initiated. This process of overlapping reviews and transitions will continue throughout the duration of the five-year project.

The workload and redundancies analysis to streamline processes will be conducted by a blended team of external contractors, internal team members and divisional leadership.

III. Trauma Informed Practice and Training for Foster Parents

RECOMMENDATION: Continue providing both theoretical and practical trauma-informed trainings to foster parents whose foster children have experienced trauma. Begin assisting foster parents with applying the information learned in the trainings with the specific children placed in their homes.

Reason: Foster parents need to know how to move from theory to practical use of trauma-informed practice and care with the children in their homes. There is no “one size fits all” training, as children are individuals.

Additional information requested from Spring KCS meeting:

Has the Department looked into resiliency training for foster parents?

What is the communication plan to keep workers informed of new foster parent trainings?

Department Response:

The National Child Traumatic Stress Network’s training “Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents” was provided statewide through the program’s contract with Eastern Washington University (EWU). Three additional trainings were also offered in the West Hub through collaborations with Casey Family Programs and PATH. As of August 2015, 254 foster parents have participated in the training. There are plans to offer at least two of these trainings per year in each region on an ongoing basis.

The North Hub is incorporating Trust-Based Relational Intervention (TBRI): A Systemic Approach to Complex Developmental Trauma in their Training and Support Groups. Trust-Based Relational Intervention is a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children.

One Church One Child (OCOC) is planning on providing the 2017 Empowered to Connect Conference via simulcast in all seven regions across the state. The conference is a two-day conference for adoptive and foster parents, ministry leaders, and professionals designed to help them connect with children from hard places in order to help them heal, featuring TBRI methods. In the past, the conference has been led by Dr. Karyn Purvis,

Director of Texas Christian University Institute of Child Development. The training equips parents with a holistic understanding of their child's needs and development, while empowering them with the tools and strategies to effectively meet those needs, build trust, and help their child heal and grow. The training is taught from a Christian perspective and focuses on a wide range of topics and issues relevant to adoptive and foster parents, including helping parents understand the impact of their child's history, what they themselves bring to the parent-child relationship, the fundamentals of attachment, the impact of fear, the importance of meeting their child's sensory processing, nutritional, and other psychological needs. There are three main principles: empowerment—attention to physical needs; connection—attention to attachment needs; and correction—attention to behavioral needs. These principles assist both the caregiver and the child in learning healthy ways of interacting so both are able to play a role in the healing process.

Education and training regarding grief and loss for foster parents has been offered through Training and Support groups as well as through mentoring. The Department continues to solicit feedback from foster parents and research training curriculum to meet the needs of Idaho's foster parents.

Educating staff on new foster parent trainings is done at the local level through informational sharing at all staff meetings and through general communication.

IV. Foster Parent Support

RECOMMENDATION: Explore additional ways to develop support systems for foster families going through transitions.

Reason: Foster families may need help overcoming grief and loss that can be experienced when a foster child is moved from their home. There may be stigma attached to some supports that are currently offered, such as counseling.

Additional information requested from Spring KCS meeting:

What are the outcomes of foster parent's interactions with the Regional Peer Mentors (RPM's)?

Department Response:

Child and Family Services has been working with EWU to expand the use of RPMs from recruitment to the time of initial placement and during times of crisis. Resource Peer Mentors are experienced foster and adoptive parents who have undergone specialized training. They are assigned to assist recently licensed foster families in implementing newly learned skills and support them through the process of their first placements. Resource Peer Mentors can also provide mentoring to support foster parents during challenging times, such as during placement changes and managing children's externalized behaviors. Support needs may be related to a placement change of a foster child, managing the child's externalized behaviors, or other reasons.

Since August 2015, 748 families have received mentoring from an RPM. CFS is taking steps to implement a quality assurance process to speak to the outcomes of this program.

RPM Mentoring Program 8/1/2015-7/31/2016	
Mentoring Type	Families/Cases
First Placement	292
Maintenance	189
Crisis	10
Transition	6
Total	497

The data in the table above identifies the mentoring type, why an RPM was assigned to a foster family, and the number of foster families who received mentoring. Of the 497 foster families receiving mentoring, 143 families have completed their mentoring. 354 are currently still receiving mentoring services. The program is currently designed to provide mentoring for all initial placements, regardless if it is a non-relative, relative, or fictive kin foster family.

The expansion of the RPM program for newly licensed foster and adoptive families has shown initial signs of success. Initial feedback from resource families receiving mentoring has been positive, specifically in the areas of feeling connected, understanding the reunification process, and the grief and loss process as it relates to adoption. Child and Family Services will continue to work with EWU to implement strategies in measuring programmatic outcomes.

RECOMMENDATION: To provide more training/support for prospective foster families.

Additional information requested from Spring KCS meeting:

Is there a way for foster parents to get continuing education units (CEUs) or general college credit for PRIDE attendance?

Department Response:

Families who inquire about the foster care program are provided with recruitment materials and invited to local Information and Orientation Meetings (IOIMs), which are held in all seven regions and three hubs. At IOIMs, recruiters provide information about the foster care and adoption programs, as well as the application and licensing process.

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

- Session One: Connecting with PRIDE
- Session Two: Teamwork Toward Permanence
- Session Three: Meeting Developmental Needs: Attachment
- Session Four: Meeting Developmental Needs: Loss
- Session Five: Strengthening Family Relationships
- Session Six: Meeting Developmental Needs: Discipline
- Session Seven: Continuing Family Relationships

- Session Eight: Planning for Change
- Session Nine: Taking PRIDE: Making an Informed Decision

An additional Kinship Session is offered as an option for relative and fictive kin foster parents.

Upon completion and receipt of all PRIDE homework, all graduates receive a certificate of completion. The current curriculum delivered through the contract is not an approved college course. The Department has been evaluating the curriculum over the past few years. If the Department continues to utilize PRIDE pre-service training for licensure requirements, the Department will assess the benefit of seeking approval for general college credits.

Idaho Administrative Rules also require prospective foster parents to complete 10 hours of initial training no later than one year following licensure, in addition to PRIDE pre-service training. Although rule does not require training to be completed until one year after licensure, Child and Family Services requires it be completed prior to the issuing of a foster care license. Relatives, fictive kin, and families with previous foster care or adoption training may have a variance issued in order to receive the training at a later date.

RECOMMENDATION: To provide an onsite daycare component during PRIDE sessions for all future foster parents.

Reason: Offering onsite daycare can facilitate training for more foster families. Providing childcare during PRIDE may lessen any hardship in obtaining childcare in order to attend PRIDE.

Additional information requested from Spring KCS meeting:

Suggestion – Consult with Girl Scouts and Red Cross for possible assistance with child care for these events.

Department Response:

Current budgetary constraints impact the program’s ability to consistently provide child care during PRIDE. Collaborative efforts between Child and Family Services, One Church One Child, and Eastern Washington University have increased the program’s ability to provide some child care during kinship PRIDE sessions. Child and Family Services will continue to explore opportunities to provide child care for foster parents during various trainings. One Church One Child has moved under the program’s contract with EWU, and the program will continue to work with those partners to explore creative child care options. CFS acknowledges providing child care is a critical component in increasing foster parents participation in training.

RECOMMENDATION: To find alternative ways to receive PRIDE training.

Reason: The PRIDE curriculum needs to be more accessible to long, odd employment hours or families who cannot attend a classroom setting. If PRIDE is more accessible to all families interested in providing foster care, the chances of gaining licensed foster parents increase.

Additional information requested from Spring KCS meeting:

Is it possible for individuals in more rural settings of the state to participate in PRIDE training via video conferencing from schools?

Department Response:

The PRIDE curriculum was purchased from Governor State University which has developed a new on-line curriculum. There is a general consensus that a completely on-line training is not the best direction for Idaho to proceed. Idaho's PRIDE curriculum has been updated and revamped to begin the process of piloting a transition to a hybrid training model, which will include a mix of online and in-person training sessions.

Over the past year, CFS and EWU have been assessing the curriculum developed by Governor State University. The assessment has included the participation of PRIDE trainers, foster parent co-trainers and Resource Peer Mentors, as well as piloting a hybrid class in the West Hub. Based on feedback from all participants, including prospective foster families, CFS determined this particular online version does not meet Idaho's foster parents' needs due to multiple technological issues associated with the online modules. Child and Family Services is beginning to explore another PRIDE hybrid curriculum through Foster Parent College. Child and Family Services has also begun to have conversations with EWU to explore possibilities to support the participation of our rural families in trainings through video conferencing and webinar opportunities.

RECOMMENDATION: Increase reimbursement rate for foster care providers, and money for training and support services.

Reason: The current rate is far below the national average. Consequently, we believe another increase for foster care providers is necessary. Nationally Idaho continues to remain the 48th state for the lowest foster care maintenance rates. Idaho's current foster care maintenance rates continue to range between 40% and 50% below the estimated cost of caring for a child.

Additional information requested from Spring KCS meeting:

Is there additional data that measures the services we are providing through vouchers and OCOC to meet the needs of the children we serve and fill the needed gaps?

What are other states doing to provide these extra services or fill the needed gaps?

Department Response:

Child and Family Services is currently in the process of developing a request for an increase in the reimbursement rates for Idaho's foster care providers. One Church One Child continues to explore and collaborate with the community to provide supportive services for foster parents, such as access to the OCOC Trust Fund to meet various needs (i.e., beds, dressers, clothing, fees for children to participate in extracurricular activities, diapers, hygiene items, trainings, child care, foster parent night out, and appreciation events). Data specific to vouchers has not been gathered and analyzed. Vouchers are issued on a case by case basis and vary across the state.

Data regarding OCOC is routinely collected and reviewed. Since 2012, OCOC has received \$35,000 in donations, including \$12,351 in the last year. One Church One Child has received over \$160,000 in-kind donations in the last year consisting of clothing beds, furniture, hygiene items, diapers, stuff-a-duffel project, and other items. Since the Clothing Exchange in the West Hub re-opened less than a year ago, it has served over 100 children, provided over \$14,700 worth of items, and received over \$3,000 in donations. In the past year, there have been over 750 volunteers managed; 1,680 service hours recruited, and over 3,840 hours managed.

The foster care maintenance rates in most states exceed Idaho's rates, and are more comparable to the cost to care for a child, per the 2013 United States Department of Agriculture's Report on Expenditures on Children by Families. The distribution of vouchers in other states also looks different based off the state's budget and allocation of funds. In addition, many states have similar programs to OCOC or have strong community partnerships that assist in filling the gap.

V. Community Resource Workers

RECOMMENDATION: To seek dedicated funding to support Community Resource Workers in the schools.

Reason: Community Resource Workers (CRWs) provide services to families and help prevent children from entering the foster care system. Community Resource Workers have rapport within the schools and can monitor the needs of the children they serve.

Additional information requested from Spring KCS meeting:

The panel would like the Department to seek specific funding to support CRWs, not given to schools as general funds. The response doesn't speak to seeking dedicated funding specifically for CRWs. Can the funding for CRWs across the state be looked at to make sure a CRW is available in every area?

Department Response:

Family and Community Services has continued to recognize and support the valuable work that Community Resource Workers have offered to families and communities in Idaho for the last 20 years. The CRW program provides emergency assistance to families and delivers additional support and prevention services to families through the school system.

In the spring of 2016, there were 20 CRW positions throughout Idaho, with the Department contributing one-third of the salary for each position. The remaining two-thirds were provided by the school districts. Nine of Idaho's 149 school districts were being served through the program.

Family and Community Services determined it can no longer continue funding the CRW program due to competing budget demands. In evaluating core services, and given that the CRW program is funded mostly by the school districts, the decision has been made to no longer fund the CRW program effective the end of the 2015-2016 school year. Although the Department's portion of CRW funding is going away, emergency assistance funds for

families in crisis remain available. Child and Family Services has been working with individual districts to allow for their CRWs to continue accessing these emergency assistance funds via Memorandums of Understanding.

The FACS Navigation program will continue to be a statewide resource to provide preventative services to families. Navigation services, including emergency assistance, are available year-round to all eligible families in each region across the state. Navigation services can be accessed by calling the 2-1-1 CareLine.

VI. Education

RECOMMENDATION: Contact State Department of Education (SDE) Administration to begin planning to implement the educational stability provisions of the Fostering Connections Act.

Reason: Federal law requires collaboration between schools and foster care systems.

Additional information requested from Spring KCS meeting:

Can the Department work with the SDE to create “Best Interest” guidelines for stabilizing educational placements, and develop statewide standardized forms for use by IDHW and the SDE. Who educates the school district regarding the McKinney-Vinto act? Is there certain legislation that applies to school district transportation rules when kids have to change school districts?

Department Response:

Child and Family Services has been partnering with the State Department of Education to strengthen the educational successes of children and youth in foster care. In 2011, a collaborative action plan was developed between CFS, the courts, and the SDE which was comprised of both short-term and long-term goals. The steps identified included convening key stakeholders to identify system values, mandates, and processes; establishing a state and local level task force to develop recommendations to improve educational outcomes for children in care; developing local level task forces to meet to inform the state task force of state recommendations; providing training for the SDE, CFS, and courts on “Best Interest” guidelines for stabilizing educational placements; and developing statewide standardized forms for use by CFS and the SDE.

In December 2015, Congress passed the Every Student Succeeds Act (ESSA), which reauthorized the Elementary and Secondary Education Act of 1965 by instituting new protections for children in foster care. These provisions complement those in the Fostering Connections Act and take effect on December 10, 2016. These laws highlight that educational stability of children in foster care is a joint responsibility of educational and child welfare agencies. Child and Family Services collaborated with the SDE to provide a joint training on the ESSA guidance at the SDE’s Federal Directors’ meeting. This training was also provided to the Child and Family Services Program’s Child Welfare Chiefs. Child and Family Services will continue to partner with the SDE regarding the development of policies and guidance, as well as how training to staff will be provided, and how the information will be provided to families and youth.

State and regional points of contact will be developed within the State Department of Education, the local educational agencies (LEAs), as well as within CFS. Policies and guidance are currently being developed and will reflect the roles of the points of contact, and how they will continue to collaborate around the educational stability of foster children.

The State Educational Agencies, LEAs, and CFS will collaborate in both establishing and implementing the best interest determination process for children's educational stability and overall well-being. Child and Family Services is in the process of updating its Child Well-Being Practice Standard to reflect the recent ESSA provisions. Additionally, CFS is in the process of evaluating and establishing mechanisms for CFS points of contact to communicate regularly with the SEA and LEA points of contact.

RECOMMENDATION: Department of Health & Welfare and Educational Systems will collaborate with school counselors, therapists, psychologists, and teachers and administrators regarding training on trauma informed care.

Reason: Trauma informed care is more beneficial and effective than restraint and seclusion. In some areas restraint and seclusion continue to be used on children and it re-traumatizes them.

Additional information requested from Spring KCS meeting:

Can the Department develop a course for educator training the universities could utilize for post-graduation and recertification to educate teachers on trauma informed care?

Department Response:

The State Department of Education is the entity responsible for all policies regarding practices within schools. Child and Family Services staff are available to provide trainings or consultation to the SDE as requested. Child and Family Services supports the Keeping Children Safe Citizen Review Panel in engaging the SDE in providing recommendations regarding trauma informed care in the school setting.

Through the implementation of the Every Student Succeeds Act, new protections for children in foster care have been outlined. These provisions must take effect by December 10, 2016. The U.S. Department of Education has issued a guide on the ESSA provisions, which include ways for state and local educational entities to collaborate with child welfare agencies. Specifically, ESSA outlines how the local educational agencies should collaborate with child welfare (and other relevant entities) to ensure that all school staff are sensitive to the complex needs of foster youth, are informed about the impact that trauma has on a child's ability to learn, and that the appropriate interventions and strategies are in place to support them to succeed in school. Child and Family Services will be working in collaboration with both the SDE, as well as the local education agencies regarding cross-training for both educators and CFS staff on the importance of educational stability for children in care.

RECOMMENDATION: Provide training for CFS staff on the Americans with Disabilities Act (ADA) and the Idaho Special Education manual. These tools include requirements that parents and children with disabilities will be given reasonable accommodations.

Reason: Parents and children with disabilities should be treated equally.

Additional information requested from Spring KCS meeting:

What training has CFS staff received regarding the ADA and the Idaho Special Education manual at this point?

Department Response:

Child and Family Services Child Welfare Program Specialists have reviewed the program's child welfare practice standard and the federal guidance to ensure policy compliance with the Americans with Disabilities Act within CFS. A plan for revising all the practice standards to explicitly address ADA compliance in policy has been drafted and training to staff will be addressed prior to policy revisions. Child and Family Services will continue to seek opportunities to collaborate with the State Department of Education on cross-training to staff to ensure foster children's educational needs are met.

All CFS practice standards are being reviewed and revised to include the following statement: "All services provided under this Standard are to be delivered in accordance with section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990." The Individuals with Disabilities Education Act (IDEA) presumes that the first placement option considered for each child with a disability is the regular classroom with appropriate supplementary aids and services, understanding that there is no one size fits all approach. School districts must make available a range of placement options to meet the needs of children with disabilities for special education and related services, including regular classes, special classes, separate schools, home instruction, and instruction in hospitals and institutions.

Under the IDEA, each child's placement decision must be made by a group of knowledgeable persons, including the child's parents and staff from a child welfare agency when appropriate. The IDEA requires that the educational placement of each child with a disability, including children with disabilities in foster care, be determined at least annually, and be based on the child's Individualized Education Plan in accordance with the child's individual needs.

RECOMMENDATION: KCS recommends that the agency continue to work with the colleges and universities that have social work programs to develop specific tracks or courses related to child protection work.

Reason: The goal is to give potential case workers a real world view of what the work actually entails.

Department Response:

Child and Family Services will continue to work with university partners to support the development specific courses related to child protection work. Currently, Idaho State

University is offering one undergraduate credit course specific to careers within social work. This course outlines a career in child welfare within that curriculum. In addition, there have been ongoing conversations with university partners regarding creating courses that would allow students to learn more about child welfare, while at the same time earning credits towards graduation and the option of completing certain academy sessions in preparation for a career within CFS. CFS' partners at Boise State University continue to offer a course within their social work program solely based on child welfare. Boise State University also has a course that is offered to both undergraduate and post-graduate students on childhood trauma. Finally, CFS will continue to work with universities to promote the internship opportunities within the program.

VII. Social Workers

RECOMMENDATION: Reassess the current evaluation point system for Child Welfare Social Workers job classifications.

Department Response:

Child and Family Services currently has a workgroup dedicated to looking at workforce recruitment and retention. This group will be reviewing the six-level child welfare job series, including employment announcements and qualifications. Ultimately, it is the Idaho Division of Human Resources that has the decision making authority to revise the current evaluation point system for child welfare social workers.

RECOMMENDATION: Conduct a yearly survey of FACS/CFS staff. Once completed the results of the initial and the current surveys should be analyzed to determine themes, improvements, additional/new issues, etc. The results will be shared with staff and the KCS panel.

Reason: This recommendation is made with an emphasis on Social Worker retention.

Additional information requested from Spring KCS meeting:

What information from the survey has and/or is being implemented based on the feedback results from FACS/CFS staff in 2015?

Department Response:

In October 2015, a survey was sent out to all Department employees. Specific feedback for Child and Family Services indicated staff feel their work is important to them personally, they understand how their work contributes to the overall success of the organization, and they enjoy working with people in their workgroups. Areas needing improvement were identified as feeling there is not the right amount of people to get the job done, the organization does not communicate effectively with all employees about what is going on, and employees not feeling confident that changes would be made as a result of the survey. The information has been presented to staff and the program has committed to taking steps toward improvement including looking at caseloads, work load demands, staff allocation models, as well as options for improvements/upgrades to iCARE to reduce workload redundancies. Finally, in an effort to improve communication, statewide

quarterly all staff meetings by video conference will continue and program newsletters are sent out after each “chat” which focus on critical program developments and updates.

A pilot in Ada County is underway to improve the court processes. The pilot includes the use of video conference equipment in certain cases and utilization of a court support specialist to support timely submission of documents and enhanced communication between parties.

VIII. Treatment Foster Care

RECOMMENDATION: That the Department conducts an assessment of the current practice and model that Idaho uses for Treatment Foster Care.

Reason: This assessment would be used to determine if changes need to be made in order to improve the outcomes related to this service.

Additional information requested from Spring KCS meeting:

Can the Department provide additional information regarding the model, any templates, and/or results?

Department Response:

Child and Family Services currently has a contract with PATH of Idaho to provide treatment foster care. Over the past year, CFS has been working with PATH to update the current practice model outcomes and expectations around treatment foster care. Recently, CFS and PATH finalized the need to consistently measure outcomes related to length of stay, placement stability, placement changes, and the overall impact to child well-being; including the need for therapeutic services and psychotropic medications.

Over the past year CFS has been re-evaluating the treatment foster care program; ensuring the program has implemented the model with fidelity. Monthly meetings have been implemented which include the Director of PATH, child welfare contract monitors (regional program specialists), chiefs, and representatives from the Children’s Mental Health Program. These meetings have resulted in implementing modifications to the contract scope of work and practice. Those modifications address the following areas:

- Qualifications and training of treatment foster care providers
- Fidelity of the model
 - Provide short term treatment with the goal of children stepping down in the required level of care based off their mental health/behavioral health needs and progress
 - Two treatment children in a placement at one time
- Pre- and post-placement services to assess the appropriateness of the placement for the child and assist in transitioning the child
- Assessment tools utilized to determine child’s functioning/needs and progress
- Monthly reports are now being completed by the PATH case manager instead of the treatment foster care provider
- Refined data focusing on length of stay, placement outcomes, pre- and post-externalized behaviors, medication changes

In collaboration with partners, CFS plans on updating the treatment foster care model to reflect current evidenced-based best practices. Compiling, reviewing, and synthesizing data regarding the outcomes of children placed in treatment foster care will be instrumental as CFS focuses on improvement efforts.

IX. Independent Living Youth

RECOMMENDATION: Implement a bi-annual survey of Chafee Independent Living eligible youth in foster care and alumni ages 15-21.

Reason: The goal is to identify barriers/system issues related to these youth being better prepared to become adults. Regional KCS panels would have the option of assisting with these surveys.

Additional information requested:

What were these results of annual survey/review? What were the identified barriers? What has the Department done to overcome those barriers?

Department Response:

Independent Living (IL) case reviews and stakeholder interviews are conducted on 100% of IL eligible cases and are performed on a bi-annual basis. The case review pool consists of all youth age 15-23 who currently reside in foster care or have aged out of foster care and continued to receive IL or Education and Training Vouchers (ETV) services. The reviews are completed by teams of two to three people and include stakeholder interviews with the youth, case manager, and foster parents. The tool used for the reviews was developed by Child and Family Services staff who work with older youth and encompasses all seven domains of Independent Living Planning. Information collected from the reviews is entered into a database for analysis. Statewide data and local results are sent directly to each region for further analysis. Results are used to identify the top five areas needing improvement, and the plan to address them is incorporated into the Annual Progress and Services Report (APSR) to our federal partners.

Independent Living Case Record Review Results

Statewide - 2013 & 2015	Goal	Statewide	
		2015	2013
Ansell Casey Assessment	65%	76%	58%
Independent Living Plan	64%	64%	57%
Life Skills	68%	84%	61%
National Youth in Transition Database	60%	30%	53%
Permanency	78%	69%	70%
Youth Contacts	91%	89%	85%
Community Connections	81%	79%	75%
Education	87%	81%	81%
Career Development	71%	65%	64%
Mental Health	96%	95%	93%
Health	86%	72%	79%
Transition Planning (Skip if youth is under 17)	52%	52%	43%
Health and Education Passport	43%	38%	36%
Understanding and Access to Post 18 services	75%	73%	68%

Aged Out 18-21 Case Record Review Results (21-23 ETV)

		Statewide	
Case management	84%	74%	74%
Services	74%	63%	63%
ETV	80%	72%	70%

Above are the results of the 2015 IL Case Record Reviews, compared to the 2013 IL Case Record Reviews. Statewide, Idaho has become increasingly more aware of the need for youth needs assessment, planning for independent living, provision of independent living skills training, and transition planning to young people in foster care. In these areas, Idaho had either met or exceeded established goals. Nevertheless, Idaho continues to struggle with the provision of other independence related services to young people, as evident in the results above. In the interim between case record reviews, the IL program specialist met with regions to review regional results and discuss unique barriers in providing services to the populations they serve. Each region has identified areas of strengths and goals for improving outcomes in the next year. An overall common theme identified is a need for permanent, life-long connections for these at-risk populations. As CFS has made a shift towards trauma-informed care, we have become ever more aware of how imperative supportive adult relationships and connections are to successful outcomes of young people. Over the next year, the Independent Living Program is committed to exploring how to meet this need for young people in foster care.

In addition, CFS also participates in The National Youth in Transition Database (NYTD), which is a national data system designed to study the independent living services offered to youth in and out of foster care; and to measure certain outcomes of youth in foster care at ages 17, and then that same group of youth either in foster care or exited from foster care at age 19 and age 21 by way of a survey. Independent Living services' data are collected through iCARE and the outcomes' data are collected through the NYTD survey for eligible youth at ages 17, 19, and 21. Idaho currently report 58 data elements for each youth to our federal partners every six months, including outcomes for those youth who have agenda out of care. The data elements include basic demographic information, education, Independent Living services provided, and case outcomes. The case outcomes are measured in the Baseline and Follow-up surveys administered every three years to 17-year-old youth in foster care, and again when these youth turn 19 and 21. The information gathered assist the Department in better serving youth who are transitioning from foster care to adulthood. Data from the 2014 state fiscal year showed improvements in assessments being complete, and services being provided around academic support, post education support, career preparation, budgeting, home management, health education, mentoring, and financial assistance.

RECOMMENDATION: To educate the community on children who age out of foster care. A suggestion is to share the video of foster care, "From Place to Place," in community places.

Reason: Showing "From Place to Place" will allow the community more opportunity to gain information about foster care/foster children.

Department Response:

Providing education to the community around foster care, foster children, and the issues related to and impacts of youth aging out of care remains an important part of our work and focus in Idaho. Child and Family Services is interested in continuing work with our Idaho Youth Advisory Board (IFYAB) to explore the video "From Place to Place," as well as other potential materials to utilize for community presentations and awareness to this critical need and concern. The IFYAB represents current and former foster youth who routinely provide community presentation to education attendees about their experiences in foster care.

X. Educational Neglect

RECOMMENDATION: Request that the Department of Health & Welfare approach the Department of Education to request data statistics from school districts of the number of students who have been home schooled who return to the public school system. Additionally, how have the students who were home schooled progressed since they returned to the more traditional schooling program.

Should the Department of Education not have the requested data statistics aggregated, we would like to ask them to assist the KCS Citizen Review Panel by gathering this information. We would be pleased to help in any way.

Reason:

Without a better understanding, supported by statistics, of the positive and negative effects of different types or styles of home schooling: case workers would have a difficult case to determine if educational neglect is occurring under the guise of home schooling.

Department Response:

The State Department of Education does not maintain any statistical information on homeschooling in Idaho. Child and Family Services supports the Keeping Children Safe Citizen Review Panel in approaching the SDE and seeking sources for statistical information on homeschooling. The following resources may be useful:

Idaho State Department of Education Website

http://www.sde.idaho.gov/site/home_school/

The "Home School Packet" link at the bottom of that page opens up additional information and resources.

Idaho Coalition of Home Educators

PO Box 878

Eagle, ID 83616

www.iche-idaho.org

Email: listkeeper@iche-idaho.org

Christian Homeschoolers of Idaho State (CHOIS)

PO Box 45062

Boise, ID 83711-5062 www.chois.org

National Home Education Research Institute

PO Box 13939

Salem, Oregon 97309

www.nheri.org

Telephone: (503) 364-1490

Fax: (503) 364-2827

National LDS Home School Association 10107 Palisade Lakes Dr. Houston, TX

lds-nha.org

Email: information@lds-nha.org

**Idaho “Keeping Children Safe”
Regional Panel Activities During 2015**

**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
Jason Ball, Hayden
Madeline Settle, Hayden
Susan Waddell, St. Maries
DHW Liaison: Stacy White

Region 2

Co-Chair: Doris Ferguson, Lewiston
Co-Chair: Douglas Giddings, White Bird
Lura Abbott, Grangeville
Emilie McLarnan, Moscow
Greg Billups
Carol Parker
Kim Hemmert
Linda Scharnhorst
Mary Edwards
DHW Liaison: Chrissy Edmonson

Region 3

Chair: Tricia Combs, Caldwell
Linda Dripps, Caldwell
Christy Thomas, Caldwell
Shannon Jones, Caldwell
Dina Brewer, Boise
Todd Christensen, Boise
Peggy Miller, Nampa
Edwin Dilone, Caldwell
Jennifer Collins, Meridian
Sheena Strickler, Nampa
Barb Kasel, Nampa
DHW Liaison: Carol Lenz

Region 4

Chair: Tom Turco, Boise
Mary Stackle, Boise
Andrea Gillman, Boise
Melissa Ruth, Boise

DHW Liaison: Valerie Clark

Region 5

Chair: Midge Fisher, Twin Falls
Lorie Stewart, Twin Falls
Donna Bohrn, Twin Falls
Kim Martin, Twin Falls
Susan Baisch, Twin Falls
Sharon Johnson, Jerome
Mariana Fieraru, Twin Falls
Lindee Hendrix, Twin Falls
DHW Liaison: Jamie Stoker

Region 6

Chair: Peggy Haskin, American Falls
Co-Chair: Oliver Samora, Pocatello
James Elbrader, Pocatello
Irene Samora, Pocatello
Donna Boe, Pocatello
Robert Stites, Pocatello
Bobbie Branch, Pocatello
Evelyn Robinson, Pocatello
Amanda Hadley, Support, Pocatello
DHW Liaison: Shawna Miller

Region 7

Co-Chair: Gene Lund, Idaho Falls
Co-Chair: Jerry Johnson, Idaho Falls
Renee Hill, Idaho Falls
Melinda Drowns, Rigby
Shane Boyle, St. Anthony
Sally Hildebrandt, Idaho Falls
Nancy Lopez, Idaho Falls
Diane McLeod, Support, Idaho Falls
DHW Liaison: Caprice Miller

Region 1

Activities/Speakers/Participation:

- Discussed the National Conference, as one of the panel members attended this year.
- The panel visited with the One Church One Child representative to learn more about this program.
- The panel took a tour of our local adolescent acute hospital setting to learn more about mental health care and assessment in our community.
- The panel spoke with the Suboxin program coordinator to hear about this program for families in the five northern counties.
- The panel met with Heritage Health, a local non-profit program offering free mental health, dental, and medical care for the homeless population, as well as families in need in Northern Idaho.
- The panel met with a gentleman who opened a non-profit business in the Kootenai County area to serve youth and their parents who are in crisis as a means to support and provide a resource outside of what Optum provides.
- Several panel members participated in Track B selections, as well as fatality reviews.

Goals:

- Continue to build community relationships and become aware of areas in which the panel can assist.
- Case staffing as needed.
- Continued involvement on Track B selections and fatality reviews.
- Attend the Indian Child Welfare Act (ICWA) conference.

Region 2

Activities/Speakers/Participation:

- The panel recruited and added five new members from the stakeholder community. One of those individuals will officially begin her membership at the next panel meeting in November.
- Doris Ferguson attended the KCS National Conference and shared information she learned at the conference with the rest of the panel.
- Panel members shared information pertinent to child welfare practice and child maltreatment prevention based on their own experiences and/or employment. One member shared about her experience raising a relative child, another shared about her experience as a foster parent, another shared about his experience working with child welfare workers as a law enforcement officer, another shared his experience assisting

at-risk youth with obtaining an education, and another shared her experience of working to prevent domestic violence and abuse in her community.

- A former foster youth presented to the panel about his life experiences, experiences during foster care, and experiences since aging out of foster care at age eighteen. He shared information about his desire to develop a transitional housing and mentoring program for youth aging out of foster care. He also shared about his work with the Idaho Foster Youth Advisory Board, including his work to develop the Youth Bill of Rights.
- The panel contributed to the community dialogue and supported the efforts of the state to pass the legislation around the child support law.
- The panel members heard a presentation about trauma-informed practice. This presentation led to a discussion about each member's own experiences and how those experiences have impacted their lives, as well as ways to support children and families who have experienced trauma.
- One panel member participated in fatality reviews in the region.
- The panel met for meetings in March, April, May, June, July, August, and September. Topics at those meetings included: trauma-informed practice, grandparent rights, nontraditional daycare needs, the success of the pillowcase project (a past KCS project), local trainings/events, current events/updates from the Department, the impact of local forest fires on local foster/birth families, and celebratory events for local foster children and foster parents (including the upcoming Christmas party).

Goals:

- Determine community stakeholders and build relationships between the KCS panel and community stakeholders.
- Help panel members learn more about child welfare practice in Idaho and keeping children safe.
- Follow one child welfare case throughout the life of the case (from the beginning to the conclusion of the case).
- Support continued education regarding trauma-informed care for families and community members.
- Visit facilities in Region 2 that work with children who are involved in the child welfare system.
- Attend the foster parent/foster child Christmas party in order to meet and interact with current foster families and children.
- Send Christmas cards to current foster families.

- Receive information from the One Church One Child program regarding the program, efforts toward community awareness, and efforts to involve the community in supporting children and families involved in the child welfare system.

Region 3

Activities/Speakers/Participation:

- Members participated in a presentation regarding Nampa Schools-“Plan for Homeless Children and Youth” and this was at an offsite location of the Nampa School District.
- Members attended the KCS Spring Conference.
- A presentation from Advocates Against Family Violence from representatives from Hope’s Door Shelter.
- A presentation from Northwest Nazarene University intern provided information about school selection for students in out-of-home care and the McKinney-Vento Act.
- KCS members were encouraged and attended the Resource Parents & Social Worker Appreciation Picnic.
- The panel responded and provided topics for the 2016 National Citizen Review Panel Conference requesting trauma informed care assessments training on behavioral modification for children requiring time out/quiet time in padded seclusion rooms or alternatives in schools, and having a speaker from Through the Looking Glass or a member from the National Council on Disability discuss methods of reaching out and assisting parents with disabilities and services when involved in child protection situations.
- A member participated in the Child Fatality Review.

Panel Member Representation: Disability Rights of Idaho, Kinship Plus, Family Advocates, Advocates Against Family Violence Hope’s Door Shelter, Northwest Nazarene University, Nampa School District, US Army, Debt Reduction Services

Goals:

- Learn the procedure of a Central Intake call.
- Learn about termination factors, time frames, and at least two members participate in a DHW Record Review training course.
- Trauma Informed Training for KCS panel members.
- Review educational stability and the Fostering Connections Act.

- Review Federal mandates to collaborate with Department of Education and Department of Health and Welfare in regards to transportation, attendance in court, after school care programs, and trauma informed training provided to school districts.
- Recruitment and retention of KCS Panel Members.

Region 4

Activities:

- During this year, three new members were added to the Panel, participating in fatality reviews.
- Attending Child Welfare Academy.

Goals:

- Identify and install a new chair for the Panel.
- Continue recruitment for additional Panel members.
- The Panel has identified that there is a growing need to participate in permanency groups, fatality reviews, and a variety of groups in support of the Boise office of the Western Hub.
- Pursue the combining of Region 3 and Region 4 KCS Panels into a Western Hub Panel.
- The Panel will participate in Case Record Reviews as our availability allows.
- The Panel will seek opportunities to participate in training events

Region 5

Activities/Speakers/Participation:

- In 2015 our panel had presentations and meetings with the One Church One Child Program, the Children's Mental Health Program, and with our local CARES office, where we toured the facility and learned about Forensic Interviews.
- Our Panel also participated in the Darkness to light training offered by our CARES office on Child Sexual Abuse.
- This year our panel also reviewed the CQI process and looked at which items are evaluated and how they get reviewed.

Goals:

- Goals for 2016 will be discussed and decided in November at our Holiday party.
- Our plan for October is to attend the Fall Conference, and for November is to hold our annual KCS Holiday party and send out Christmas/Thank you cards to all of the Region 5 foster parents, thanking them for doing such a great job caring for our foster children.

Region 6

Activities/Speakers/Participation:

The panel participated in the following activities:

- Participated in a presentation by One Church One Child.
- Participated in a foster care licensing worker presentation; foster parent presentation;
- Viewed a video From Place to Place-video of aged out foster children;
- Attended a presentation of National Meeting;
- Attended law enforcement/prosecutor presentations;
- Completed a tour of Crisis Center in Idaho Falls
- A presentation by a biological father

Goals:

The Region VI Keeping Children Safe panel would like more trauma training/information and more foster parent/birth parent and foster child presentations. The panel would like to attend court hearings, tour the Juvenile Detention Center, and review cases. The panel would like to request a meeting with Pocatello Women's Correction Center and interview Warden Kirkman and Representative Mark Nye.

Region 7

Activities/Speakers/Participation:

- Completed fourteen case reviews with the original case workers and involved staff; five of the cases were continuations from previous reviews.
- Reviewed the current processes for determining educational neglect.
- Participated in two tele-conference trainings.
- Discussed the process when a death occurs to a child in the care of the Department of Health and Welfare, and how the KCS Panel can assist in that process.
- Investigated the importance of immunization for children in care (and those who are not in care), and the effect of not being immunized on a child's development.
- Researched the process of background checks and the impact of the perception that —earning a background check is certification by the State of Idaho that the individual is trustworthy.

Panel Member Representation: The Region 7 Panel represents a cross section of the eastern Idaho population in the areas of: religion, professional background, ethnicity (to a limited extent), and geographically (based on population concentrations).

Goals:

- Increase membership from more rural regions of eastern Idaho.
- Develop more information to clearly differentiate situations when there is educational neglect. From this information, formulate recommendations to the KCS Citizen Review Panel.
- Continue in-depth and longitudinal case studies.
- Review the use and effect of the new stress measurement instrument (CANS) the Department has developed.
- Formulate recommendations of how the Department of Health and Welfare can retain skilled and highly qualified staff.
- Examine the use of chronologies as an effective tool to communicate case information to prosecutors and the court. Determine if it is an effective tool for case workers to use in analyzing cases.