



# 2018 Annual Progress and Services Report

Family and Community Services  
Child and Family Services



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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## **(1) GENERAL INFORMATION**

The Annual Progress and Services Report (APSR) includes planned activities required to receive federal allotments for the fiscal year 2018 authorized under title IV-B, subparts 1 and 2, section 106 of the Child Abuse and Prevention Treatment Act (CAPTA), Chafee Foster Care Independence program, and the Educational Training Voucher program. It also provides an update on the progress made toward accomplishing the goals and objectives of the Child and Family Services Plan (CFSP).

### ***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 on the placement of children, Indian child welfare, services for persons with developmental disabilities, resource development and eligibility, navigation services, and early intervention/screening for infants and toddlers. Child and Family Services (CFS) program provides child protection, adoption, foster care, and Indian child welfare services 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. CFS focuses on the entire family unit and builds on family strengths while supporting and empowering families to be self-reliant and self-determining. (See Attachment 5: Organizational Charts).

The CFS program is responsible for administering state title IV-E programs. As part of its title IV-E responsibility, CFS administers the funds and services of the Independent Living (IL) Program under the Chafee Foster Care Independence Act of 1999 (P.L. 106-169) and the Educational Training Voucher program. CFS also administers the Social Services Block Grant (SSBG), title IV-B parts 1 and 2 of the Social Security Act, and the CAPTA basic grant programs. CFS is responsible for annual reporting on the CFSP.

## *Collaboration*

In 2016, CFS completed Round 3 of the federal Child and Family Services Reviews (CFSR). In collaboration with the Children's Bureau, CFS presented the results of the review (Section 2: Assessment of Performance) to internal and external partners and stakeholders who attended the Program Improvement Plan Kickoff Meeting.

Internal partners included:

- Safety Assessors
- Case managers
- Supervisors
- Permanency Workers
- Chiefs of Social Work
- Training staff
- Program managers and other agency administrators

External partners and stakeholders included:

- Youth representatives
- Parents
- Foster parents
- Tribal social services representatives
- Court Appointed Special Advocates
- Court Improvement Project coordinators
- Judges
- Casey Family Program partners
- Contract staff

This group of internal and external partners and stakeholders participated in workshops designed to conduct a root-cause analysis of the reasons behind the agency's observed performance in the safety, permanency, and well-being outcomes measured through the CFSRs. The workshops also provided participants with an opportunity to suggest potential strategies to improve these outcomes and collaborate with the agency in understanding their individual perspectives and assessment of Idaho's child welfare system.

The agency will address the safety, permanency, and well-being outcomes found to be areas needing improvement through a 3-year Program Improvement Plan (Section 3: Update to the Plan for Improvement). Ongoing collaboration with these partners has been, and will continue

to be, focused on identifying shared goals, strategies, and key activities that promote improved outcomes for the children and families served by the agency. CFS is committed to reaching out to other partners in the state who can help the agency achieve positive results on child welfare outcome measures. In response to stakeholder feedback received during previous Statewide Stakeholder Meetings, CFS formed a Hub Program Improvement Plan team in each of the state's three hubs, and one Statewide Leadership team to engage the agency's partners in the development and implementation of the Program Improvement Plan, and in monitoring and reporting progress over the next three years.

The feedback received from partners and stakeholders, combined with the results of the CFSRs informed this Third Annual Progress and Services Report (2018 APSR) to the 2015-2019 Child and Family Services Plan.

Additional efforts to engage partners and stakeholders in the CFSP and APSR included:

- Regular meetings with other IDHW programs such as Behavioral Health, Medicaid, and the Infant Toddler Program
- Ongoing collaboration with Casey Family Programs, Citizen Review Panels, Idaho Foster Youth Advisory Board, Court Improvement Project, the Governor's Children at Risk Task Force, and tribes
- Internal groups such as the Child Welfare Sub-committee, the Child Welfare Program Operations meetings, and the Statewide Supervisor Workforce Development Workgroup
- Surveys and interviews with foster parents, birth parents, foster youth, and families

## (2) ASSESSMENT OF PERFORMANCE

### *Safety Outcome 1*

Children are, first and foremost, protected from abuse and neglect.

#### **Onsite Review Instrument Item 1: Timeliness of Response (Children’s Bureau benchmark 95%)**

*Were the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?*

SFY 2015 The outcome was substantially achieved in **91%** of the cases reviewed<sup>1</sup>

SFY<sup>2</sup> 2016 The outcome was substantially achieved in **76%** of the cases reviewed<sup>3</sup>

#### **National Data Safety Indicator 1: Maltreatment in care**

*Of all children in foster care during a 12-month period, what is the rate of victimization, per day of care? (Maltreatment in foster care is expressed as rate per 100,000 days in care)*

FFY 2014 Idaho Performance: **Rate of 3.77 - Exceeds Standard** (18 victimizations per 477,514 days in care). National Standard: Rate of 8.50

FFY 2016<sup>4</sup> Idaho Performance: **Rate of 2.18 - Exceeds Standard** (10 victimizations per 459,244 days in care). National Standard: Rate of 8.50

#### **National Data Safety Indicator 2: Recurrence of maltreatment**

*Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months?*

FFY 2013 - 2014 Idaho Performance: **3.5% - Exceeds Standard** (60 out of 1,714)  
National Standard: 9.1%

FFY 2015 - 2016 Idaho Performance: **3.1% - Exceeds Standard** (49 out of 1,578)  
National Standard: 9.1%

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<sup>1</sup> Results from State-conducted Child and Family Services Reviews. Sample of 109 files reviewed out of approximately 1,700 available foster care cases and 200 in-home cases.

<sup>2</sup> The State Fiscal Year (SFY) is the 12-month period ending on June 30 of the specified year, and begins on July 1 of the previous year (i.e. SFY 2016 July 1 2015 – June 30 2016).

<sup>3</sup> Results from Round 3 of the Child and Family Services Reviews. Sample of 68 files reviewed out of approximately 1,700 available foster care cases and 200 in-home cases.

<sup>4</sup> The Federal Fiscal Year (FFY) is the 12-month period ending on September 30 of the specified year, and begins on October 1 of the previous year (i.e. FFY 2016 October 1, 2015 – September 30, 2016).

**Strengths:** The Child and Family Services program continues to exceed the national standards for maltreatment in care and recurrence of maltreatment. These indicators calculate the state's performance using all the Adoption and Foster Care Analysis and Reporting System (AFCARS) reportable cases during the specified period. The state's performance on these two standards indicates CFS is ensuring the safety of the children placed in foster care, and preventing maltreatment within 12-months.

**Concerns:** With input from internal and external partners and stakeholders, as well as qualitative data gathered through case record reviews, CFS determined that not all children in a family assigned for assessment of abuse or neglect were seen within the required timeframes. The allowable time for seeing children of concern is based on the priority guidelines associated with the report (immediately to up to five calendar days), and the timeframes for seeing all other child participants in a family is within 14 calendar days. Throughout the state, the case record reviews uncovered inconsistencies in identifying which children are children of concern and which children are child participants. When children were misidentified as child participants in a family, as opposed to children of concern, the agency was not able to meet the required timeframes. This negatively impacted the timeliness of response measured in Safety Outcome 1, which at 76% for SFY 2016 and 91% for SFY 2015, is performing below the 95% benchmark established by the Children's Bureau.

## ***Safety Outcome 2***

Children are safely maintained in their homes whenever possible and appropriate.

**Onsite Review Instrument Item 2: Services provided to the family to protect child(ren) in the home and prevent removal or re-entry into foster care (Children's Bureau benchmark 95%)**

*Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?*

SFY 2015 The outcome was substantially achieved in **87%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **90%** of the cases reviewed

**Onsite Review Instrument Item 3: Risk Assessment and Safety Management (Children’s Bureau benchmark 95%)**

*Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?*

SFY 2015 The outcome was substantially achieved in **80%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **74%** of the cases reviewed

**Strengths:** Case record reviews and feedback from internal and external partners and stakeholders indicate CFS performs better with initial safety assessment than with ongoing assessment of safety. Over the last four years, CFS has been implementing an enhanced safety model of practice for initial and ongoing safety assessment. At the current stage of implementation, the staff training and support has been focused on the initial assessment. Additional training will be required in ongoing safety assessment for the agency to demonstrate improvement in this area.

**Concerns:** CFS is currently performing below the federal benchmark set at 95%. Available case review data indicates additional safety-related service resources and sufficient monitoring of safety plans are needed to provide adequate services to families to protect children in the home and prevent foster care removals (item 2). Additional contributing factors are current caseworker workload and caseload numbers. Through case record reviews and interviews, internal and external partners and stakeholders suggest there is insufficient and inconsistent ongoing formal and informal safety assessment (item 3). This area needing improvement was mainly attributed to worker training in conducting formal reassessments and sufficiently documenting informal risk and safety assessments during monthly contacts with children and families.

***Permanency Outcome 1***

*Children have permanency and stability in their living situations.*

**Onsite Review Instrument Item 4: Stability of Foster Care Placement (Children’s Bureau benchmark 95%)**

*Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?*

SFY 2015 The outcome was substantially achieved in **75%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **78%** of the cases reviewed

**Onsite Review Instrument Item 5: Permanency Goal for Child (Children’s Bureau benchmark 95%)**

*Did the agency establish appropriate permanency goals for the child in a timely manner?*

SFY 2015 The outcome was substantially achieved in **84%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **73%** of the cases reviewed

**Onsite Review Instrument Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement (Children’s Bureau benchmark 95%)**

*Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?*

SFY 2015 The outcome was substantially achieved in **53%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **48%** of the cases reviewed

**National Data Permanency Indicator 1: Permanency in 12 months**

*Of all children who entered care in a 12-month period, what percentage discharged to permanency within 12 months of entering care?*

Idaho Child and Family Services Review Data Profile (Published September 2016)

Idaho Performance A: **51.3% - Exceeds Standard** (550 out of 1,072 FFY13-14)

National Standard: 40.5% (FFY13-16)

Idaho Performance B: **50.9% - Exceeds Standard** (571 out of 1,122 FFY13)

National Standard: 40.5% (FFY13-15)

Idaho Performance C: **45.9% - Exceeds Standard** (448 out of 975 FFY12-13)

National Standard: 40.5% (FFY12-15)

**National Data Permanency Indicator 2: Permanency in 12 - 23 months**

*Of all children in care on the first day of a 12-month period who had been in care (in that episode) between 12 and 23 months, what percentage discharged to permanency within 12 months of the first day?*

Idaho Child and Family Services Review Data Profile (Published September 2016)

Idaho Performance A: **48.8% - Exceeds Standard** (138 out of 283 FFY15-16)

National Standard: 43.6% (FFY15-16)

Idaho Performance B: **63.5% - Exceeds Standard** (190 out of 299 FFY15)  
National Standard: 43.6% (FFY15)

Idaho Performance C: **59.5% - Exceeds Standard** (195 out of 328 FFY14-15)  
National Standard: 43.6% (FFY14-15)

**National Data Permanency Indicator 3: Permanency in 24+ months**

*Of all children in care on the first day of a 12-month period who had been in care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?*

Idaho Child and Family Services Review Data Profile (Published September 2016)

Idaho Performance A: **45.3% - Exceeds Standard** (73 out of 161 FFY15-16)  
National Standard: 30.3% (FFY15-16)

Idaho Performance B: **38.9% - Exceeds Standard** (68 out of 175 FFY15)  
National Standard: 30.3% (FFY15)

Idaho Performance C: **48.1%- Exceeds Standard** (91 out of 189 FFY14-15)  
National Standard: 30.3% (FFY14-15)

**National Data Permanency Indicator 4: Re-entry to Foster Care**

*Of all children who enter care in a 12-month period, who discharged within 12 months to reunification, live with relative, or guardianship, what percent re-entered care within 12 months of their discharge?*

Idaho Child and Family Services Review Data Profile (Published September 2016)

Idaho Performance A: **7.7% - Exceeds Standard** (42 out of 544 FFY13-14)  
National Standard: 8.3% (FFY13-14)

Idaho Performance B: **6.8% - Exceeds Standard** (38 out of 561 FFY13)  
National Standard: 8.3% (FFY13)

Idaho Performance C: **2.3% - Exceeds Standard** (10 out of 436 FFY12-13)  
National Standard: 8.3% (FFY12-13)

## **National Data Permanency Indicator 5: Placement Stability**

*Of all children who enter care in a 12-month period, what is the rate of placement moves, per day of foster care?*

Idaho Child and Family Services Review Data Profile (Published September 2016)

Idaho Performance A: **Rate of 4.09 - Exceeds Standard** (739 moves per 180,871 days in care FFY15-16)

National Standard: Rate of 4.12 (FFY15-16)

Idaho Performance B: Rate of **4.26 - Exceeds Standard** (665 moves per 156,017 days in care FFY15-16)

National Standard: Rate of 4.12 (FFY15)

Idaho Performance C: **Rate of 3.93 - Exceeds Standard** (589 moves per 150,051 days in care FFY14-15)

National Standard: Rate of 4.12 (FFY14-15)

**Strengths:** CFS has continued to exceed national data standards related to children achieving permanency within 12 months, regardless of the length of time spent in foster care, as well as re-entry to foster care and placement stability. These indicators calculate the state's performance using all the AFCARS reportable cases during the specified period. Internal and external partner and stakeholder feedback and case record review data suggest that CFS' requirements for using concurrent planning goals and dual assessments for foster parents, positively support these outcomes. Another element identified as enhancing practice related to Permanency Outcome 1 is the use of placement stability staffing meetings in some offices.

**Concerns:** Despite exceeding national data standards for Outcome 1, CFS did not reach the 95% performance benchmark established by the Children's Bureau for Round 3 CFSR. Performance related to the timely establishment of appropriate permanency goals (Item 5), fell 11% from the previous year's results. Findings from CFSR Round 3, in addition to partner and stakeholder feedback, suggest there are multiple reasons for these challenges. While the concept of concurrent planning is a strength, there continues to be challenges in consistency in local offices and within the judicial system. A lack of fidelity to the established concurrent planning practice standards was noted. Statewide discrepancies exist in the engagement of fathers by CFS and recognition of those fathers by courts. These discrepancies directly impact CFS' ability to make concerted efforts to achieve permanency. Court calendars and difficulty scheduling timely hearings was identified as a significant challenge in parts of the state. The ability to strengthen practice around placement matching was identified as a need to improve placement stability and decrease the time required to achieve permanency.

## ***Permanency Outcome 2***

The continuity of family relationships and connections is preserved for children.

### **Onsite Review Instrument Item 7: Placement with Siblings (Children's Bureau benchmark 95%)**

*Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?*

SFY 2015 The outcome was substantially achieved in **80%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **96%** of the cases reviewed

### **Onsite Review Instrument Item 8: Visiting with Parents and Siblings in Foster Care (Children's Bureau benchmark 95%)**

*Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?*

SFY 2015 The outcome was substantially achieved in **90%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **70%** of the cases reviewed

### **Onsite Review Instrument Item 9: Preserving Connections (Children's Bureau benchmark 95%)**

*Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?*

SFY 2015 The outcome was substantially achieved in **86%** of the cases reviewed

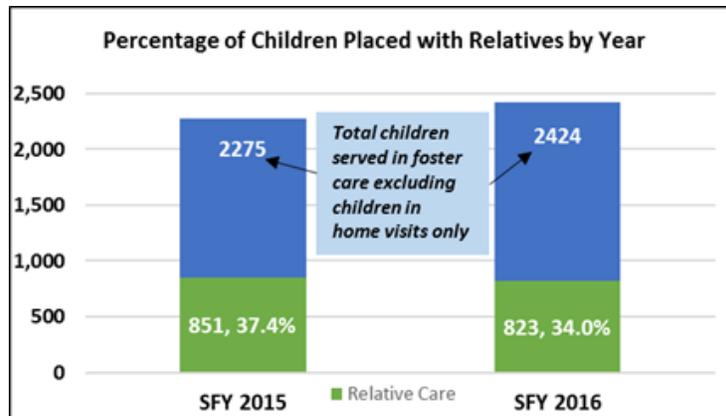
SFY 2016 The outcome was substantially achieved in **88%** of the cases reviewed

### **Onsite Review Instrument Item 10: Relative Placement (Children's Bureau benchmark 95%)**

*Did the agency make concerted efforts to place the child with relatives when appropriate?*

SFY 2015 The outcome was substantially achieved in **87%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **88%** of the cases reviewed



**Onsite Review Instrument Item 11: Relative Placement (Children’s Bureau benchmark 95%)**

*Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?*

SFY 2015 The outcome was substantially achieved in **85%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **69%** of the cases reviewed

**Strengths:** For Round 3 CFSR, CFS substantially achieved the 95% performance benchmark for OSRI Item 7 (placement with siblings). This outcome represents a practice improvement of 16% from the previous year’s results. Internal and external partners and stakeholders noted a cultural shift in practice has occurred over the past several years emphasizing the importance of sibling placement. The use of a structured team process to determine the need to separate siblings for permanency was identified as another strength.

**Concerns:** CFS did not meet the performance benchmarks for the remaining OSRI items related to Permanency Outcome 2 for Round 3 CFSR. CFSR data from SFY 2016 and case review data from SFY 2015 reflect relative placement performance fell 16% in that period. Actual placements with relatives also fell during that time from 37.4% to 34.0%. Findings from case record reviews, in addition to feedback received from partners and stakeholders, confirm initial suggestions that practice related to the identification and engagement of fathers significantly impacted outcomes for each of these items. Individual courts will not include fathers in cases until paternity is legally established—a process which can take several months. Statewide discrepancies also exist in community perceptions related to the inclusion and engagement of fathers in the child welfare process. When fathers are not recognized by CFS partners, it impacts practice related to the child’s visits, preserving paternal connections, and relative placement. Incarceration and continued sibling visits when parents are no longer visiting were identified as other possible contributing factors. The timing of out-of-state home study requests

and differences in home study practices between states were also identified as barriers to the timely and thorough assessment of relatives.

### ***Well-Being Outcome 1***

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

#### **Onsite Review Instrument Item 12: Needs and Services of Child, Parents, and Foster Parents (Children’s Bureau benchmark 95%)**

*Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?*

SFY 2015 The outcome was substantially achieved in **77%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **68%** of the cases reviewed

#### **Onsite Review Instrument Item 13: Child and Family Involvement in Case Planning (Children’s Bureau benchmark 95%)**

*Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?*

SFY 2015 The outcome was substantially achieved in **80%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **72%** of the cases reviewed

<b># of Families Eligible for FGDM Services vs. # that Received Services according to iCARE by Region and Year</b>						
<b>Region</b>	<b>SFY2014</b>		<b>SFY2015</b>		<b>SFY2016</b>	
	Received	Eligible	Received	Eligible	Received	Eligible
<b>1</b>	7	151	4	116	123	158
<b>2</b>	8	54	5	37	46	49
<b>3</b>	121	179	95	147	143	159
<b>4</b>	110	182	120	169	171	181
<b>5</b>	59	101	65	100	103	117
<b>6</b>	3	75	73	93	69	78
<b>7</b>	4	66	43	62	53	65
<b>State</b>	312	808	405	724	708	807

Source: iCARE, 4/3/2017

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

**Onsite Review Instrument Item 14: Caseworker Visits with Child (Children’s Bureau benchmark 95%)**

*Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*

SFY 2015 The outcome was substantially achieved in **85%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **79%** of the cases reviewed

FY2016 YTD	Statewide
Total Contacts Required	15,748
Total Contacts Made	15,162
Total Seen in Residence	11,541
<b>Total Percentage Seen</b>	<b>96%</b>
<b>Total Percentage Seen in Residence</b>	<b>76%</b>

**Onsite Review Instrument Item 15: Caseworker Visits with Parents (Children’s Bureau benchmark 95%)**

*Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*

SFY 2015 The outcome was substantially achieved in **66%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **67%** of the cases reviewed

**Strengths:** While CFS did not meet the Children’s Bureau benchmark of 95% for Well-Being Outcome 1, ongoing efforts have been in place to ensure families have an enhanced capacity to provide for their children’s needs. CFS continues to actively engage families using Family Group Decision Making (FGDM) meetings to identify strengths and needs for family care and support. Available data indicates a substantial increase in FGDM-eligible families in SFY 16 vs. the previous year. An ongoing increase in the use of FGDMs is expected to improve child and family involvement in case planning. Data from the child welfare information system (iCARE) indicates CFS is meeting federal requirements for caseworker contacts with children, with most the contacts occurring in the child’s place of residence.

**Concerns:** CFS is currently performing below the 95% benchmark for Well-Being Outcome 1 established by the Children’s Bureau for Round 3 CFSR. Qualitative information from case record reviews, as well as internal and external partners and stakeholders, shows barriers to locating and assessing the needs of absent parents. Additional input from CFS leadership indicates staff turnover and case documentation practices have a significant impact in this area.

The implementation of the Child and Adolescent Needs and Strengths (CANS) tool is expected to improve collaboration between child-serving agencies in Idaho to support a family's capacity to provide for their children's needs.

### ***Well-Being Outcome 2***

*Children receive appropriate services to meet their educational needs.*

#### **Onsite Review Instrument Item 16: Educational Needs of the Child (Children's Bureau benchmark 95%)**

*Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?*

SFY 2015 The outcome was substantially achieved in **93%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **95%** of the cases reviewed

**Strengths:** Results from Round 3 CFSR reflect that in 95% of the applicable cases, the children assessed had their educational needs met. Strengths identified through case record reviews and feedback from partners and stakeholders demonstrated sufficient ongoing assessment of educational needs and collaboration with school districts and foster families. CFS has been working in close collaboration with the State Department of Education, local education agencies, foster parents, and biological parents throughout the state to ensure the educational stability for children in foster care meets new requirements of the Every Student Succeeds Act (ESSA) of 2016.

**Concerns:** Although the agency is performing well in this area, additional work is needed in ensuring the child welfare information system includes up-to-date educational records and special needs assessments.

### ***Well-Being Outcome 3***

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

#### **Onsite Review Instrument Item 17: Physical Health of the Child (Children's Bureau benchmark 95%)**

*Did the agency address the physical health needs of children, including dental health needs?*

SFY 2015 The outcome was substantially achieved in **89%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **90%** of the cases reviewed

**Onsite Review Instrument Item 18: Mental/Behavioral Health of the Child (Children’s Bureau benchmark 95%)**

*Did the agency address the mental/behavioral health needs of children?*

SFY 2015 The outcome was substantially achieved in **92%** of the cases reviewed

SFY 2016 The outcome was substantially achieved in **84%** of the cases reviewed

**Strengths:** For Round 3 CFSR, CFS achieved a strength rating for Item 17. Case record review data and input from partners and stakeholders indicate children are receiving routine dental and physical care to meet their health needs. In response to guidelines published by the American Academy of Pediatrics, CFS updated its Child Well-Being standard to require a dental exam for children who either had their first tooth erupt or by 12 months of age. Subsequent exams shall occur every six months or according to a schedule prescribed by a dentist.

CFS continues to collaborate closely with Medicaid, Magellan, and Optum Idaho to develop and implement trauma-informed interventions and strategies for parents, foster parents, youth, children, and CFS staff to help children and youth self-regulate while reducing the use of psychotropic medications and increasing access to mental health services.

**Concerns:** Regarding the mental health needs of children in care, 2016 data for all children in foster care indicates 18.9% of them received psychotropic medication. The percentage for 2015 was 19.3%. For the general child population in Idaho, approximately 9% receive psychotropic medications.

Input and feedback from partners and stakeholders suggest a lack of internal documentation, assessment information, and adequate referrals for mental health needs.

## *A. Statewide Information System*

### **Item 19: Statewide Information System**

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

The Child and Family Services program is in substantial conformity with the Statewide Information System systemic factor. CFS asserts this item is a strength. The Statewide Automated Child Welfare Information System (SACWIS), iCARE, continues to meet federal requirements for readily identifying the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding twelve months, has been) in foster care.

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

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

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

If the child abuse or neglect report gets assigned for a response, the caseworker assigned to the case will verify the information available in iCARE and fill in any gaps in demographic characteristics. If the child comes into care, local administrative assistants enter any additional information available from court reports, and they enter the legal status of the child. The status, demographic characteristics, and location of the child are verified at the time of the

initial Foster Care Reimbursement Eligibility Determination, which takes place within the first 30 days of the current foster care episode.

**Data Quality**

The current location and placement data fields of each child who is in foster care go through a re-validation process every month by the assigned social worker upon subsequent foster care reimbursement payments. Data from 2013 – 2016 shows an average of 1,131 foster care reimbursement payments per month, out of those, four payments per month were considered “errors” in which the placement was not current in iCARE at the time of payment release. This error rate translates into an average of 0.35% location and placement errors per month, which indicates the location and placement of each child are accurate 99.64% of the time. See Table 19.1 below.

**Table 19.1**

	Average Overpayments	Average Payments	Average Error Rate
<b>2013</b>	6	1,080	0.56%
<b>2014</b>	3	1,101	0.25%
<b>2015</b>	3	1,093	0.30%
<b>2016</b>	5	1,252	0.40%
Average	<b>4</b>	<b>1,131</b>	<b>0.38%</b>

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

AFCARS quantitative data reports for 2016A and 2016B demonstrate the system is functioning, as no element showed an error rate above 10%--which is the threshold for a data-quality penalty. See Table 19.2 on the next page.

**Table 19.2**

Demographic Characteristic	AFCARS 2016B Error rate	AFCARS 2016A Error rate
Date of Birth	0.25%	0.00%
Sex	0.00%	0.00%
Disability	0.00%	0.06%
Ever Been Adopted	0.39%	0.99%
Race	0.15%	0.10%
Ethnicity	0.00%	0.00%
Placement Goal	2.01%	0.41%

Social workers and supervisors conduct formal reviews of placement goals and general case information before the planning, 6-month review, permanency, and all subsequent permanency court hearings. This process ensures the qualitative integrity of the data available in iCARE.

### **Data Scope, Limitations, and Barriers**

An exploration of the scope and limitations of iCARE data led to questions regarding the availability of information during the early stages of a case. Currently, there are no regular data integrity checks prior to the 30-day foster care reimbursement eligibility determination, which could pose a challenge in locating a child after an imminent danger removal. Preliminary data from AFCARS reports 2015B, 2015A, and 2014B indicate the average number of days between removal and data entry dates is 3 days, which shows this limitation is not an issue.

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

## ***B. Case Review System***

The Child and Family Services program is not in substantial conformity with the systemic factor B. Case Review System. Round 3 of the Child and Family Services Reviews determined the five items assessed under this systemic factor (Items 20, 21, 22, 23, and 24) are areas needing improvement.

### **Item 20: Written Case Plan**

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

The Family Case Plan and Alternate Care Plan documents contain the federally-required provisions for reasonable and active efforts, the appropriateness of care and placement, compelling reasons for not terminating parental rights (if applicable), education, medical, and other information important in the day-to-day care of a child placed in foster care. However, data from case record reviews and feedback from partners and stakeholders collected during Round 3 CFSR suggest case plans are not always completed jointly with the family, which make this item an area needing improvement. Currently, CFS does not have additional aggregate data regarding family participation in case planning beyond the sample used for ongoing case record reviews (68 cases per year).

There are several practice standards in operation which support the development of case plans jointly with families and children in Idaho. The Service Planning Standard and Family Group Decision Making (FGDM) Standard, both provide requirements and guidance for the development of service plans in conjunction with families and children. The standards also outline the requirements for meeting with families and individuals with critical knowledge of the family's strengths and needs, to develop a written case plan for the child in foster care.

Judicial oversight also assists in monitoring the process to ensure each child has a written case plan and the parents agree with and understand the required case plan provisions. Idaho Code 16-1621 requires CFS to prepare a written case plan in every case in which a child is determined to be within the jurisdiction of the court. This section of the Idaho Child Protective Act further requires a case plan hearing within thirty (30) days after the adjudatory hearing. While Idaho's Administrative Office of the Courts (AOC) does not track the number of case plans received, there have been no reports of cases missing the required written case plan.

The child welfare information system (iCARE) can track the timeliness of case plan entry for children who have been in care for 60 or more days. Table 20.1 on the next page, shows an increase in timely case plans from SFY15 to SFY16, but a small decrease in timeliness for alternate care plans—about 2%.

**Table 20.1**

Children in Foster Care 60 Days or More with Timely Plans		
Plan Type	SFY 2015	SFY 2016
Timely Family Case Plan	90.60%	94.20%
Timely Alternate Care Plan	80.70%	78.80%
# of Children	911	1019

Data from SFY 2016 Round 3 of the Child and Family Services Reviews, indicated 72% of families actively participated in their case plan development. SFY 2015 case record review data showed 80% of families participated in case plan development. CFS will continue to use data from case record reviews and iCARE, to monitor performance in this area. Input from partners and stakeholders, as well as qualitative data from case record reviews, suggest there are practice disparities between mothers and fathers, which highlights a deficiency in staff engagement with families during case plan development. The program’s performance in this item demonstrates this continues to be an area needing improvement.

**Data Quality, Scope, Limitations, and Barriers**

The information and data reported above was extracted from the iCARE database and case record reviews. Case record review data is generated using the Onsite Review Instrument developed by the Children’s Bureau with 40 foster care and 28 in-home cases during each period. iCARE reports are limited by the quality of data entry, and case record review data is limited by the margin of error associated with using population samples.

**Item 21: Periodic Reviews**

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

There have been improvements in some areas of the state to ensure a periodic review for each child occurs within the established timeframe. However, as indicated in Table 21.1 on the next page, there are inconsistencies across districts in the timeliness of initial and subsequent court hearings, which make this item an area needing improvement.

**Table 21.1 Timeliness of Initial and Periodic Review Hearings**

District	Calendar Year 2015						Calendar Year 2016					
	1 <sup>st</sup> Review			Subsequent Review			1 <sup>st</sup> Review			Subsequent Review		
	On Time	Total	%	On Time	Total	%	On Time	Total	%	On Time	Total	%
<b>1</b>	98	109	90%	359	365	98%	132	167	79%	323	328	98%
<b>2</b>	40	60	67%	81	85	95%	53	56	95%	135	136	99%
<b>3</b>	189	194	97%	457	459	100%	199	200	100%	530	530	100%
<b>4*</b>	211	218	97%	93	109	85%	17	23	74%	26	26	100%
<b>5*</b>	48	57	84%	198	199	100%	64	73	88%	209	215	97%
<b>6</b>	121	152	80%	129	132	98%	92	104	88%	344	345	100%
<b>7</b>	99	105	94%	121	138	88%	104	118	88%	106	118	90%
<b>State*</b>	806	895	<b>90%</b>	1438	1487	<b>97%</b>	661	741	<b>89%</b>	1673	1698	<b>99%</b>

\* Timeliness for Twin Falls County and Ada County are currently unavailable for CY2016 as they have migrated to a new database and is therefore not included in both the Fifth or Fourth District timeliness percentages and the statewide timeliness percentages.

Judicial oversight is in place to ensure a periodic review for each child occurs no less frequently than once every six months. Idaho Code 16-1622 states a hearing for review of the child’s case and permanency plan, shall be held no later than six (6) months after entry of the court’s order taking jurisdiction under The Child Protective Act, and every six (6) months thereafter.

The Idaho Administrative Office of the Courts (AOC) begins measuring the timeliness of hearings from the date the child is removed from the home, or the date of the court’s order taking jurisdiction—whichever is held first. Per the AOC, there are different practices regarding the scheduling of subsequent court hearings; some judges set all court dates at the initial hearing and others schedule one hearing at a time.

In addition to the periodic reviews conducted by the courts, CFS also has a practice standard and process in place to ensure administrative case reviews are conducted for each case. The Concurrent Planning Standard states timely six-month periodic reviews and annual permanency hearings are important to achieving permanency. In preparation for these court hearings, case staffings are held to re-assess safety, case progress, and concurrent planning goals. The standard requires these activities take place before the periodic court review, and additional practice guidance provides a timeline matrix for when to conduct these activities for administrative review. CFS does not have a current mechanism for tracking agency administrative case reviews for initial or subsequent six-month reviews.

On the 2016 Statewide Assessment submitted to the Children’s Bureau as part of Round 3 CFSR, CFS noted that in Calendar Year 2015 (CY15) an average of 90% of periodic review hearings were held timely statewide; 97% of subsequent review hearings were also held timely. While

statewide averages show this item is a strength, individual district performance varied, with some districts showing a significant portion of periodic reviews not being held timely. The additional analysis conducted by the Children’s Bureau as part of Round 3 CFSR, determined this is an area needing improvement. In CY16, performance continued to vary among districts, and there are limitations with the reported data, which continues to make Item 21: Periodic Reviews an area needing improvement.

### **Data Quality, Scope, Limitations, and Barriers**

The data quality, scope, limitations, and barriers for item 21 were combined with item 22 to improve readability. Please see page 27.

### **Item 22: Permanency Hearings**

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

Although there were improvements in permanency hearings from CY15 to CY16, individual district performance continued to vary, and a complete data set is not available for two of the largest counties in the state, making this item an area needing improvement.

Permanency hearings have judicial oversight. Idaho Code 16-1622(b) states a permanency hearing shall be held no later than twelve (12) months from the date the child is removed from the home or the date of the court's order taking jurisdiction under this chapter, whichever occurs first, and at least every twelve (12) months thereafter, so long as the court has jurisdiction over the child.

Available data in Table 22.1 on the next page, illustrates an increase in the state average for the 1<sup>st</sup> permanency hearing, and a decrease in subsequent permanency hearings during CY16. The data provided by the AOC measures timeliness from the date the child is removed from the home or the date of the court’s order taking jurisdiction, whichever is first. As shown in Table 22.1, most the districts are conducting timely initial and subsequent permanency court hearings. The AOC does not have information available regarding barriers to timely hearings. However, the AOC provides timely data to judges and Trial Court Administrators (TCAs) in each jurisdiction. The Idaho Supreme Court Child Protection Advisory Team (CPAT) and the Idaho Supreme Court Child Protection Committee (CP) receives semiannual dashboard reports which provide aggregate child protection hearing data by district and statewide. The Planning and Research Department (PAR) of the AOC provides additional data and support to judicial districts.

**Table 22.1 Timeliness of Permanency Hearings**

District	Calendar Year 2015						Calendar Year 2016					
	1 <sup>st</sup> Permanency			Subsequent Permanency			1 <sup>st</sup> Permanency			Subsequent Permanency		
	On Time	Total	%	On Time	Total	%	On Time	Total	%	On Time	Total	%
<b>1</b>	59	64	92%	58	63	92%	72	79	91%	30	40	75%
<b>2</b>	21	24	88%	19	19	100%	19	23	83%	22	25	88%
<b>3</b>	111	113	98%	41	60	68%	100	102	98%	59	102	58%
<b>4*</b>	103	104	99%	92	94	98%	3	5	60%	1	1	100%
<b>5*</b>	27	33	82%	53	60	88%	33	35	94%	30	31	97%
<b>6</b>	63	64	98%	76	76	100%	73	73	100%	66	66	100%
<b>7</b>	33	46	72%	34	40	85%	56	58	97%	27	27	100%
<b>State*</b>	417	448	<b>93%</b>	373	412	<b>91%</b>	356	375	<b>95%</b>	235	292	<b>80%</b>

\* Timeliness for Twin Falls County and Ada County are currently unavailable for CY2016 as they have migrated to a new database and is therefore not included in both the Fifth or Fourth District timeliness percentages and the statewide timeliness percentages.

On the 2016 Statewide Assessment, CFS noted that in Calendar Year 2015 (CY15) an average of 93% of initial permanency hearings were held timely statewide. 91% of subsequent hearings were also held timely. While statewide averages also showed this item is a strength, individual district performance varied, with some districts showing a significant portion of hearings not being held timely. The additional analysis conducted by the Children’s Bureau as part of Round 3 CFSR, determined this is an area needing improvement. In CY16, performance continued to vary among districts, and there are limitations with the reported data, which continues to make Item 22: Permanency Hearings an area needing improvement.

**Data Quality, Scope, Limitations, and Barriers for item 21: Periodic Reviews, and item 22: Permanency Hearings**

The AOC generates the timeliness of hearings report using data from the court’s case management system, iSTARS. As with all information systems, the reports are as accurate as the data being entered. Court clerks enter hearing dates in their case management system typically at the time of the hearing. Data from two of Idaho’s largest counties (Twin Falls County and Ada County) is currently not available and was excluded from CY16 reports. The exclusion of data in iSTARS database had a significant impact on the number of cases recorded for the Fourth Judicial District. The Idaho Courts are shifting from a legacy paper-based system to a modern electronic online judicial system. A complete transition to the new system will take place over the course of several years, Twin Falls County and Ada County have moved to the new system.

iSTARS has a few known minor data errors. Some case planning, 1<sup>st</sup> review, and 1<sup>st</sup> permanency hearings are incorrectly counted as being late. The AOC reported this error only affected a small number of cases.

One identified barrier is how timeliness is measured in Idaho. Idaho courts do not use the federal definition for “date child entered care,” which is the earlier date of judicial finding of child abuse or neglect, or 60 days from the date the child is physically or constructively removed from the home. In Idaho, it is the date of judicial finding of jurisdiction or the actual date the child is physically or constructively removed from the home, whichever is earlier. The difference in definitions could have a 30 – 60-day impact on the determination of timeliness of hearings. A second barrier is the need for developing a system for tracking administrative reviews. Such system would enable CFS to collect the data needed to demonstrate substantial conformity with the requirements of this item.

**Item 23: Termination of Parental Rights**

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

Currently, the available data to determine substantial conformity with TPR filing comes from case record reviews conducted in each region each year. Results from the reviews conducted in SFY15 and Round 3 CFSR in SFY16 indicate a minimal change in performance (Table 23.1). CFS and the AOC do not have a statewide system in place to monitor compliance with the required TPR provisions. The limited amount of available data is not sufficient to demonstrate substantial conformity for this item.

**Table 23.1 Timely TPR Petition Data from Case Record Reviews**

Timeframe	# cases 15 out 22 months	# cases with exception	# applicable cases	# cases filed timely	% of cases filed timely
SFY15	46	11	35	30	85%
SFY16	14	2	12	10	83%

Idaho Code 16-1622(g) states that if the child has been in the temporary or legal custody of CFS for fifteen (15) of the most recent twenty-two (22) months, CFS shall file, prior to the last day of the fifteenth month, a petition to terminate parental rights, unless the court finds:

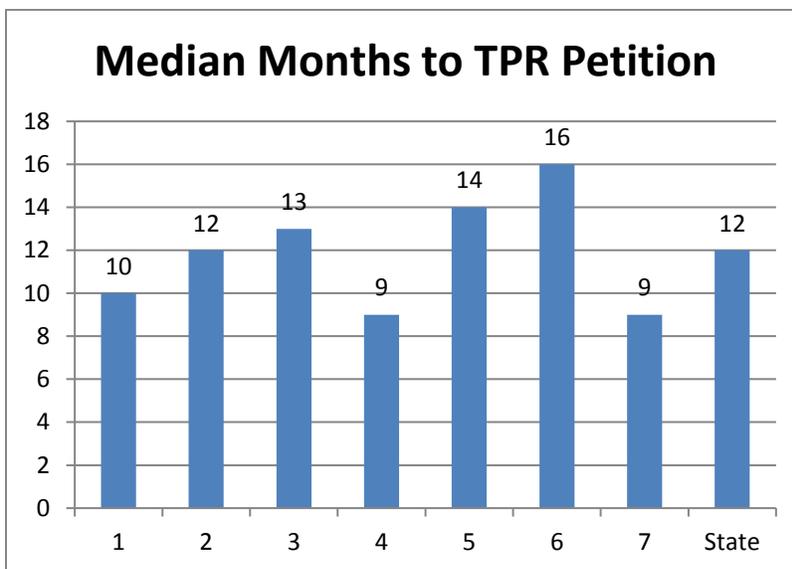
- The child is placed permanently with a relative
- There are compelling reasons why termination of parental rights is not in the best interests of the child, or
- CFS has failed to provide reasonable efforts to reunify the child with his family

The court may authorize CFS to suspend further efforts to reunify the child with the child's parent, pending further order of the court, when the court approves a permanency plan, and the permanency plan does not include a permanency goal of reunification.

There are several CFS practice standards in operation which support the filing of TPR proceedings in accordance with the required provisions. The Concurrent Planning standard and Paternity and Termination of Parental Rights standard, both provide requirements and guidance for the filing of TPR when a child has been in foster care at least 15 out of the last 22 months, unless the court finds compelling reasons that termination is not in the best interest of the child. CFS does not currently track when a court report requesting TPR is submitted or when the prosecuting attorney files it.

During CY16, the median number of months for the filing of a TPR petition was 12 months statewide; with all but one district filling within 15 months as required by federal guidelines. See Table 23.2 below.

**Table 23.2 Median Months to TPR Petition**



**Data Quality, Scope, Limitations, and Barriers**

As previously stated, case record reviews and median months to TPR petitions are the only sources of data presently available to assess this item. Neither CFS nor the AOC currently track timeliness to ensure the filing of termination of parental rights proceedings occurs in accordance with the required federal provisions.

#### **Item 24: Notice of Hearings and Reviews to Caregivers**

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

There are several CFS processes and practice guidelines currently in place to provide notice of hearings and reviews to caregivers. However, CFS does not have a tracking system to ensure caregivers are receiving these notices, which makes this item an area needing improvement. Qualitative data from case record reviews and input from partners and stakeholders suggest there are good practices across the state to ensure notifications are sent; however, the process is inconsistent statewide.

Idaho Juvenile Rule 40 requires notice to be sent to any person identified as the foster parent, pre-adoptive parent, or as a relative providing care for a child who is in the custody of the Department after the adjudicatory hearing. It also requires notice be provided for any further hearings held with respect to the child, and has a provision regarding their right to be heard. CFS also has a practice standard in operation which supports the notification and involvement of caregivers in review hearings. The Resource Parent Notification of Reviews and Court Hearing Standard provides direction and guidance regarding notifying resource parents of reviews and court hearings involving children in their care. The standard outlines the requirements for providing notification to resource parents a minimum of five working days prior to a court hearing, and it contains guidance on encouraging them to attend and participate in the review hearings.

The Annual Resource Parent Survey conducted in the fall of 2016, gathered data regarding foster parent involvement in court hearings and their right to be heard during proceedings. The Likert Scale options for each survey item were: always, usually, sometimes, or never true. One of the questions in the survey asked if the respondent received notice prior to court hearings held concerning the child(ren) in their home. 69% of respondents indicated this was always or usually true. 20% indicated this was true sometimes, and 8% stated this was never true. 3% of respondents indicated the question was not applicable to them.

Regarding their ability to provide information for court hearings and reviews, 61% indicated they attended court in person. Additional responses can be reviewed in Table 24.1 on the next page.

**Table 24.1 Resource Parent Survey**

Statement: I am able to provide information for court hearings and reviews about the child(ren)'s status and well-being in the following ways:	Percentage
Attending court in person	61%
Providing information to the Social Worker	63%
Providing information to the Guardian ad Litem	37%
Writing a letter to the Court	14%
Providing information to the child(ren)'s attorney	12%
None of the Above	6%
Not Applicable	5%
Other	7%

**Data Quality, Scope, Limitations, and Barriers**

As with previous Case Review System items, there is a need for tracking compliance with the requirements for notices of hearings and reviews to caregivers. CFS is exploring potential upgrades to the child welfare information system (iCARE), to track notices internally.

## C. Quality Assurance System

### Item 25: Quality Assurance System

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

The Idaho Department of Health and Welfare, Child and Family Services program is the agency responsible for the Quality Assurance System through Continuous Quality Improvement (CQI). CQI is the complete process of identifying, describing and analyzing strengths and issues and then testing, implementing, learning from, and revising solutions. It is an ongoing process which enables the agency to plan, make decisions, and evaluate progress.

Round 3 of the federal Child and Family Services Reviews conducted in 2016, determined CFS is not in substantial conformity with this systemic factor. Although CFS has a case record review process operating in all the jurisdictions where the services included in the Idaho Child and Family Services Plan are provided, additional work is needed to establish a CQI system which collects data and targets change at the regional levels.

The Children's Bureau Capacity Building Center for States will be providing CFS with technical assistance to expand the existing case record review process into a comprehensive CQI system which meets federal requirements for evaluating the quality of services provided in Idaho.

The CQI system will be designed to accomplish the following objectives:

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

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

Currently, CFS utilizes the following components to monitor statewide performance:

- Staff and Resource Parent Surveys
- State and Federal Case Record Reviews and Stakeholder Interviews
- Centralized Intake Unit Record Reviews
- Indian Child Welfare Act (ICWA) Case Reviews
- Independent Living Case Reviews and Stakeholder Interviews
- Monthly, Quarterly, Semi-Annual, and On-Demand Performance Reports
- Adoption and Foster Care Analysis and Reporting System (AFCARS) Data Indicators
- National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) Reports

These components constitute the formal CQI processes available in Idaho, which are discussed in more detail below:

#### ICWA Case Review:

ICWA case reviews are conducted on 100% of ICWA eligible cases and are done on a biennial basis. ICWA cases are deemed as “eligible” for review if it is determined that a child is a member of—or is eligible for membership in—a federally recognized tribe, or if membership eligibility is pending at the time of the review. Two individuals review each case. Tribal partners are invited to participate in the review process in conjunction with CFS staff. The instrument used to complete the reviews was updated in 2015 to ensure review items complied with the National Council of Juvenile and Family Court Judges’ ICWA Assessment Toolkit. The review tool measures many practice areas such as gathering information regarding American Indian/Alaska Native ancestry; active efforts; placement preferences; court actions and findings; tribal representation in court hearings; notices to tribe and parents; and qualified expert witness testimony. The tool also assesses if the AFCARS-reportable information is up to date in iCARE. CFS makes efforts to collaborate with tribal partners regarding the areas needing improvement to develop plans to address issues and improve practice. Practice trends around ICWA identified through the case review process are used to enhance training curricula for new and existing social workers.

## Independent Living Case Reviews and Stakeholder Interviews:

Independent Living (IL) case reviews and stakeholder interviews are conducted on 100% of IL eligible cases and are performed on a biennial basis. The case review pool for the next review will consist of all youth age 14-23 who currently reside in foster care or have aged out of foster care and continued to receive IL or Education and Training Vouchers (ETVs). The reviews are completed by teams of two to three reviewers and include stakeholder interviews with the youth, case manager, and foster parents. The tool used for the reviews was developed by CFS staff who work with older youth and encompasses all seven domains of Independent Living Planning. Information collected from the reviews is entered into a database for analysis. Statewide data and local results are sent directly to each region for further analysis. Results are used to identify the top five areas needing improvement, and the plan to address them is incorporated into the annual Chafee Foster Care Independence Program section of the CFSP and APSR.

## Case Record Reviews:

CFS has conducted case record reviews since 2004. In 2015, CFS began using the updated Children's Bureau Onsite Review Instrument (OSRI) to perform the reviews. The case record review process assesses statewide performance in the areas of safety, permanency, and well-being.

Case record review results are used to identify strengths and areas needing improvement in the child welfare system, and the data is used to guide the goals and initiatives reported on the annual CFSP/APSR. Areas needing improvement on the safety, permanency, and well-being outcomes data discussed on pages 8 - 19 (Assessment of Performance) will be used to develop the CFSR Program Improvement Plan, which will guide the goals, objectives, interventions, and use of funds during the next three years.

The instrument and instructions can be found here:

<http://www.acf.hhs.gov/programs/cb/resource/cfsr-round3-on-site-review-instrument>

Additional resources regarding CFSR Round 3 can be found here:

<http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews/round3>

## Program Improvement Plan:

A Program Improvement Plan (PIP) Implementation team in each of the state's three hubs and one statewide Leadership Team will oversee the development of the PIP. Hub teams will include local tribes, courts, youth, parents, foster parents, community service providers, guardians ad-litem, and internal staff. The Leadership Team will include CFS leadership and external partners and stakeholders.

Using evidence-based CQI principles, the teams will analyze quantitative data from the case record reviews, as well as qualitative data gathered at the PIP's Kick-off meeting, to gain an understanding of the root causes behind the agency's performance in each area. The teams will then design strategies for improvement, including goals, interventions, key activities, timeframes, baselines, and performance measures. Key activities will include evidence-based and promising practices; specific additions or changes in services or program designs will be incorporated using implementation science principles.

After the Children's Bureau approves the PIP, CFS will have two years to implement the strategies outlined in the plan, and one year to monitor the agency's performance.

Annual case record review results on 40 foster care cases and 28 in-home cases, in addition to the ongoing self-assessment of the seven systemic factors reported through the APSR, will serve as the foundation to demonstrate substantial conformity to federal child welfare requirements and the success of the PIP.

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

CFS practice standards can be found here:

<http://www.healthandwelfare.idaho.gov/Children/AdoptionFosterCareHome/ChildWelfareStandards/tabid/429/Default.aspx>

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

#### Child Welfare Subcommittee:

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

#### Child Welfare Operations:

Hub program managers, Child Welfare Policy Manager, Centralized Intake Unit Chief, Automated Systems and Financial Management leaders, CFS Administrators, and the Casey Family Program Director meet on a bi-monthly basis to review financial and personnel resources, case review results, state/federal data indicators, and practice trends.

#### Workgroups:

The use of task-driven workgroups provides a formal process for organizing feedback and challenges from the field and presenting them to the management team. The outcomes of these workgroups often include recommendations for solutions as well as identification of areas needing further research. The workgroups can be set up to address a specific short-term need or become an ongoing resource to address targeted goals and objectives. Currently, there are workgroups in place focused on workforce development, post-permanency services, child fatality reviews, interstate compact process improvement, Youth Empowerment Services project, etc.

Data analysts produce monthly, quarterly, semi-annual, and on-demand reports to monitor day-to-day practice and trends. There is an expectation that all planning will be based on accurate data, analysis of the data, and goal setting with both internal and external stakeholder input.

#### Data Quality Improvement Initiative:

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

- To use data to ensure the safety of children served
- To provide the field with the data and reports that are needed the most in a useful format
- To strengthen the relationships between workers in the field, the iCARE team, and the FACS data analyst

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

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

Report Type	Frequency	Purpose
<b>Worker Contact Summary</b>	Monthly	Identify missing monthly worker contacts
<b>Annual Caseworker Visits</b>	Annual	Yearly summary of caseworker visits
<b>Foster Care Report</b>	Quarterly	Provides information about children removed by zip code and compares it to the number of licensed homes in that location over time
<b>Residential Placements Report</b>	Monthly	Identify current residential placements by region and count entries and exits by facility
<b>Staff Allocation</b>	Quarterly	Calculate average case counts by worker type (Safety Assessor, Case Worker, Permanency, etc.)
<b>Licensing Report</b>	Weekly	Report the licensure status of each placement in the state
<b>Budget Reports</b>	Monthly	Provided to program managers to track expenses both at regional level and client-specific expenditures
<b>Treatment Foster Care</b>	Quarterly	Report of all children at treatment-level and congregate care level placements, length of stay, and placement detail
<b>Assessment Reports</b>	Monthly	Identify number of late or past-due safety assessments in need of closure
<b>CANS Assessments</b>	On-demand	Identify the status of CANS assessments (pending, completed, incomplete, initial or updated assessment)
<b>Placement Notification</b>	Weekly	Number of placement moves requiring foster parent notices in accordance with Idaho Statute
<b>License Status</b>	Weekly	Social worker licensure lapses
<b>ETV</b>	On-demand	Education Training Voucher (ETV) expenditures and services report
<b>ESSA</b>	Weekly	All school-aged children who have entered foster care and whether the school has been notified of the ESSA best interest determination and the child's entrance into foster care

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

This outcome requires the constant evaluation of implemented program improvement measures and follow-up, which over the next three years will be conducted primarily through the Program Improvement Plan.

## ***D. Staff and Provider Training***

### **Item 26: Initial Staff Training**

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

The Idaho Department of Health and Welfare, Child and Family Services Program has a robust statewide training system in place to ensure all new child welfare social workers and supervisors, receive the training necessary to ensure they have the basic skills and knowledge required for their positions. However, CFS does not have a reliable measurement to demonstrate the effectiveness of the training after workers have completed all the new employee courses. The absence of reliable data to evaluate training effectiveness makes this item an area needing improvement.

Idaho State University (ISU) continues to serve as the lead in the coordination and tracking of field staff training. ISU provides logistical support and curriculum development for the Child Welfare New Worker Academy through five full-time onsite trainers. These trainers participate in reviewing the training curriculum, and meet regularly with CFS leadership to ensure training needs are met. Trainers also help facilitate transfer of learning activities into the field. ISU has a database to track training attendance and completion. ISU also provides quarterly reports that outline the academy sessions presented in each region of the state as well as the number of participants.

With supervisor feedback and worker input, onsite trainers mentor new social workers and support supervisors in their role as coaches. A New Worker Performance Evaluation and Field Guide was designed to engage new employees with their supervisors in an on-the-job applied learning process.

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

Academy sessions include foundational knowledge and skill-building activities. In SFY 2016, CFS offered 92 sessions of Academy on the following topics:

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

The total amount of time the embedded trainers spent in onsite/field training was approximately 764.5 hours during SFY 2016.

### **Initial Staff Training for Contractors**

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

Casey Family Programs provides case management services to youth ages 14-21. Casey Family Programs employs licensed master social workers to provide case management or supervisory responsibilities. These social workers are supported by training and supervision which focus on applying family-centered practice principles, critical thinking skills, and trauma-informed practices. The training curriculum is designed to teach a comprehensive and integrated approach to practice; ensure staff roles are well-defined; and work assignments, caseloads, and supervisory ratios are in accordance with the Council on Accreditation standards.

Casey Family Programs hired one new staff member in SFY 2016. The staff completed their training requirements within the twelve-month time frame. All sessions of training are evaluated using post-workshop evaluations. These evaluations measure the effectiveness of the learning objectives, participant's level of understanding, content clarity, the relevance of the training, and instructor effectiveness.

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

### **Data Quality, Scope, Limitations, and Barriers**

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

### **Item 27: Ongoing Staff Training**

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

The ongoing staff training system provides learning opportunities for staff to address the skills and knowledge needed to carry out their duties. However, as it was the case with initial staff training, CFS does not have a reliable measurement to demonstrate the effectiveness of the training. The absence of reliable data to evaluate training effectiveness makes this item an area needing improvement. Round 3 CFSR results indicated CFS did not have a system for tracking compliance with ongoing training requirements, to address this issue, enhancements were made to the child welfare information system (iCARE) to track licensure compliance. A new report is generated weekly and provided to program managers highlighting lapses in staff licenses, and automated alerts are sent one-month before license expiration to the individual

staff and their supervisor. Each program manager is responsible for mitigating any license lapses.

The Idaho Bureau of Occupational Licenses requires social workers in the state to complete a minimum of twenty continuing education hours each year to maintain their license. CFS offers in-service training to all employees on a quarterly basis in collaboration with the embedded ISU trainers. The topics of the quarterly in-service trainings are based on knowledge and skills needed as identified in Child Welfare Subcommittee leadership meetings, requests from regional leadership, and by the embedded trainers themselves. In-service training regarding professional ethics is offered to all employees on a semi-annual basis at minimum. Child welfare social workers update their record in iCARE each year and are responsible for the completion of their annual continuing education hours and for submitting a copy of their current license to their supervisors each year.

Ongoing training topics covered during SFY 2016 included:

- Assessing Protective Capacities in Caregivers
- Keeping the Bounce: Resiliency in Child Welfare
- iCARE documentation: An Ethical Approach
- Child Welfare Trauma Training
- Solid Social Work Ethics: Social Media in Child Welfare
- Child and Adolescent Needs and Strengths (CANS)
- Engaging Families through Conversational Interviewing
- Child Welfare Safety Plan Training
- Cultural Humility and Ethics
- Child Welfare Work and Secondary Traumatic Stress

Based on feedback provided by staff, leadership, and embedded trainers, CFS found these trainings to adequately meet the ongoing training needs of staff. Ongoing trainings are evaluated through pre/post knowledge checks and training evaluation forms. The evaluation of the post-knowledge checks indicates that workers are receiving the skills and knowledge desired in relation to the topics presented. On average, staff are increasing their post-knowledge check scores by 70% when compared to pre-knowledge check scores. This increase indicates the material delivered is effective in increasing worker knowledge post in-service training.

Onsite embedded trainers also provide clinical support and consultation within their Hub. The support includes new worker transfer of learning, meeting with supervisors about supervision strategies, and staffing difficult cases in consultation with the supervisor and social worker. The total amount of time the embedded trainers spent in onsite/field training was approximately 764 hours during SFY 2016.

In addition to quarterly in-service training, the Idaho Department of Health and Welfare has contracted with Relias Learning to provide licensed social workers and clinicians with convenient, affordable access to continuing education units.

Most new child welfare supervisors are promoted within the agency and have completed New Worker Academy requirements in their role as case-carrying staff. In SFY 2016, all child welfare supervisors received training and instruction at an annual supervisor summit. The Fifth Annual Supervisor's Summit was focused on how supervisors are crucial to improve outcomes for children and families.

Additionally, all new supervisors are required to attend supervision courses which include:

- Managing Your Workforce
- Evaluating and Managing Performance
- Crucial Accountability
- Drug-Free Workplace
- Drug Impairment Recognition for Supervisors and Managers
- Securing the Human: Information Security for Supervisors and Managers

These courses have been found to help build supervisor competence in performing their responsibilities. Also, supervisors have access to the Department's Supervisory Resource Center, allowing them to access additional supports to assist them in more effectively managing employee performance. CFS program managers and chiefs meet with local human resources specialists on a quarterly basis to discuss performance issues and training needs.

In addition to the required training, all child welfare leadership can attend additional training offered by human resources on topics including emotional intelligence, non-violent crisis intervention and de-escalation, crucial conversations, crucial accountability and stress management.

### **Data Quality, Scope, Limitations, and Barriers**

Training evaluations show an enhancement in worker skill development post in-service training; however, there are concerns that these evaluations are self-measured assessments of skills and more satisfaction-based rather than a measurement of training effectiveness. At this time, CFS does not have a policy/procedure for performance expectations around knowledge and skills of staff, other than what is documented in their annual performance evaluation and completion of Child Welfare Academy. The Workforce Training and Development Program Specialist is currently researching competency-based evaluation tools to aid in the evaluation of skills and knowledge.

## **Item 28: Foster and Adoptive Parent Training**

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

The process in place to ensure prospective foster and adoptive parents receive initial training is currently functioning statewide. However, additional tools are needed to track the completion of ongoing training and to measure the effectiveness of each learning opportunity. For Round 3 CFSR, CFS received an overall rating of area needing improvement for this item.

Eastern Washington University (EWU) was awarded CFS's Statewide Resource Family Recruitment and Retention contract in August 2016. Contract services include:

- Resource family recruitment and retention
- Pre-service training in Parent Resources for Information, Development, and Education (PRIDE)
- Core training
- Resource Training & Support Groups
- Annual Resource Family and Social Worker Conferences

New resource families receive 27 hours of initial pre-service training broken down into nine sessions using the PRIDE model. Spanish sessions are available and provided as needed. The intent of this training is to provide resource families with the basic knowledge and skills necessary to assist them in continuing to proceed with the foster and/or adoptive care licensing process. The nine PRIDE sessions cover the following topics:

- 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

PRIDE sessions are co-trained by professional recruiters, recruiter peer mentors (RPMs), and local child welfare staff. RPMs are experienced resource parents who have undergone specialized training. Local child welfare leadership participate in the 9<sup>th</sup> session of PRIDE to welcome new families. New resource families also receive schedules for additional training, support groups, and contact information for child welfare staff in their area.

Relatives or fictive kin have the option to participate in the additional Kinship Session of PRIDE. Participants who attend the kinship session typically give positive feedback about the training; particularly as it relates to how to work with birth parents and obtain resources.

All relative and non-relative (fictive kin) resource families are required to complete PRIDE training as part of the licensure process. Compliance data indicates no resource family had their foster care license revoked due to failure to complete initial training during SFY16. Non-relative families must complete the training before they can be licensed as resource parents. Relatives can complete the training after receiving their license if they were approved for licensure through an expedited relative and fictive kin placement (Code X).

	North Hub PRIDE Individual Graduates	North Hub Family Licenses	West Hub PRIDE Individual Graduates	West Hub Family Licenses	East Hub PRIDE Individual Graduates	East Hub Family Licenses
<b>SFY 2015</b>	165	20	200	63	190	14
<b>SFY 2016</b>	82	46	153	139	100	68

In SFY16, CFS added a training requirement for all resource families to comply with federal guidelines for the implementation of the Reasonable and Prudent Parent Standard. For additional information, please see the Foster and Adoptive Parent Diligent Recruitment Plan (Attachment 2).

After the initial year of licensure, CFS requires currently licensed families to receive 10 hours of additional training annually. This requirement also applies to families seeking to foster and/or adopt through a private child placing agency.

Licensed resource parents can meet continuing education requirements through a variety of methods, including support and education groups, formal training, conferences, online courses from sites such as Foster Parent College and Adoption Learning Partners, reading books, and 1-on-1 education from a child’s treatment provider.

To achieve CFS’ vision of professionalizing resource parents, CFS is beginning to implement the Professional Resource Family and Development Plan initiative. These plans identify educational goals and track training completion for resource parents, and are a source of information

regarding ongoing training efficacy. The plans are monitored by individual licensing social workers during the annual re-licensure process. The initiative is expected to enhance resource parents' capacities, as well as guide CFS in decisions around the resources, training, and education provided to resource families. Additionally, CFS has developed a plan of correction specific to licensed resource families who may come out of compliance with licensing rules.

Resource Family Training and Support Groups are offered 6 to 7 times per year in each region. Childcare or child activities are provided at most meetings to encourage attendance. Training is provided by a range of professionals including EWU trainers, CFS staff, and local treatment providers. Feedback received from licensing and adoption social workers and supervisors during the 2015 onsite meetings with state foster care and permanency program specialists indicated resource families are in need of additional training specific to trauma-informed parenting skills, attachment, racial and ethnic diversity and adoption-specific resources as part of ongoing training needs. In SFY16, 55 Training and Support Groups were provided across the state with 458 participants. Support Group topics included sexual abuse, visitation & bouncing back from a visit, grief and loss, sensory processing, meet the judge/attorneys, communicating with your social workers, teamwork towards transitions, self-care, learning disabilities, internet safety, and trauma informed care. CFS will continue to work with EWU in evaluating the effectiveness of these groups.

The North Hub has a higher attendance rate than other locations in the state. Region 1 has, on average, 13 resource families per meeting. In reviewing the topics and attendance records it appears higher attendance rates are associated with social media reminders, personal invites from RPM's, onsite childcare, and meetings scheduled after 6:00 pm. The barriers that continue to impact attendance include distance to attend meetings, childcare for older children, and the inability to provide meals associated with the timing of the meeting.

After each annual Resource Family and Social Worker Conference, EWU conducts evaluations to gather feedback from attendees regarding a range of conference details, from the ease of the registration process and individual reasons for attending the conference, to the overall satisfaction with the workshops and speakers.

In April of 2016, through the One Church One Child Program, CFS provided a live webinar of the *Empowered to Connect Conference* by Dr. Purvis and the Texas Christian University Institute of Child Development. Each region across the state provided a conference room to air the webinar. Using Trust Based Relational Intervention methods, the training was aimed at helping resource parents, ministry leaders, and professionals, connect with children and help them heal. The training equipped attendees 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 curriculum is taught from a Christian perspective and focuses on a wide range of topics and issues relevant to adoptive and resource parents. The training helps 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, and the importance of meeting their child's sensory processing, nutritional and other psychological needs. There were 219 attendees, composed of resource parents, CFS staff, and community providers.

In addition, results from the 2016 Annual Resource Parent Survey identified resource parents need the following topics in future training:

- Parenting children who have been exposed to trauma
- Post-adoption resources
- The effects of prenatal drug and alcohol exposure

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

During SFY16, there were 6 child care agencies, 33 children's residential care facilities, 1 non-accredited residential school, and three 3 therapeutic outdoor wilderness programs licensed by CFS.

### **Child Placing Agencies**

There are two private child care placing agencies working with CFS, PATH and Casey Family Programs. Both agencies combined license a total of 101 families in Idaho. The initial and ongoing training requirements of both agencies exceed those mandated by CFS. Neither agency issues foster care licenses to prospective families until they have completed pre-service training, which includes PRIDE and CPR/first aid. Families who do not meet ongoing education requirements at the time of re-licensure are placed on corrective action plans. PATH withholds placements from those families who do not follow-through with the necessary training.

As licensed childcare placing agencies, PATH and Casey Family Programs are responsible for monitoring the completion of training requirements by their licensed families. Casey provides a minimum of 10 hours of pre-service training individually with each family in addition to the PRIDE pre-service training. In September 2015, PATH changed its policies and no longer issues foster care licenses until pre-service training is completed. Effective July 1, 2016, Reasonable and Prudent Parenting training is required before first placement. Non-violent Crisis Intervention training is due within 12 months of licensure. PATH prepares families to care for

children through extensive up-front training and orientation. The 2015 revisions PATH made to the New Generations PRIDE training are heavily focused on trauma and resiliency. Treatment Foster Care training covers the treatment planning process for children and prepares families to help children and youth reach their individual goals. This training also focuses on teaching families specifically what rights youth in foster care have. A PATH resource parent completes 60 hours of initial training before placement of a child in their home. Trauma-informed caregiving training is required within 18 months of licensure. Neither agency has the ability to issue variances or waivers; all licensing requirements must be met prior to issuing a license.

Casey Family Programs conducts Disruption Reviews when a child experiences a placement disruption from a licensed resource home. These reviews include consideration of the training received and needed by the resource family. The purpose of the review is to evaluate the quality of service provided, as well as to address future contact with the youth. Casey has plans to include a case review component to their internal compliance review. The process will include two reviewers who will meet with resource families to determine the overall quality of their experience with Casey, including a review of any training requests, how familiar they are with the scope and mission of Casey, what they understand about the licensing process, etc.

Through surveys and workshop evaluations, Casey and PATH report their licensed families feel prepared to care for the children placed in their homes. Families licensed through both of these agencies have access to in-house education, and they are invited to participate in ongoing training opportunities provided by CFS.

### **Licensed Childcare Facilities**

Childcare facilities accepting placements of children receiving IV-E foster care or adoption assistance are licensed through the Division of Licensing and Certification. Facility employees whose primary responsibilities include interaction with children are required to complete 25 hours of initial training before they can work independently. This training must include job responsibilities, policies and procedures, emergency procedures, child safety, child abuse neglect and abandonment, CPR/first aid, and applicable agency licensing requirements.

Workers employed for 24 hours or more per week are required to receive 20 hours of ongoing annual training. Those employed for less than 24 hours per week are required to receive 10 hours of ongoing annual training. Ongoing training is required to include topics of cultural sensitivity and diversity, behavior management, and child development appropriate to the population served by their facility. Each facility is responsible for providing or arranging for their staff training. State licensing program specialists review facility completion of educational requirements during annual re-licensing visits.

As reported on Round 3 CFSR, 7 out of 35 licensed facilities were identified as not meeting initial staff training requirements for at least one new staff member in 2015. Additionally, six facilities were cited for not meeting ongoing staff training requirements. Plans of correction were developed to address the training issues. Most facilities have a limited number of deficiencies every year. Since 2015, there has been an improvement with facilities meeting initial and ongoing staff training requirements. There were no additional facilities found out of compliance with initial staff training requirements.

Licensing staff monitor facility training according to IDAPA 16.06.02 Child Care Licensing Regulations during the annual re-licensing survey. A sample number of employee files are audited. The sample includes new employees, long-term employees, night staff, part-time, full-time, and various staff positions. Facilities under state contract may have other staff training and/or monitoring requirements.

All facilities were found in substantial compliance during SFY 2016 and were issued standard licenses. No licenses were revoked. However, CFS still needs to develop tools to measure the quality of ongoing training received by resource parents. The absence of this data continues to make this item an area needing improvement.

#### **Data Quality, Scope, Limitations, and Barriers**

All data specific to resource parent initial and ongoing training is collected and maintained by EWU. In comparison to self-reports from licensing staff and supervisor, the data appears to be accurate.

Data regarding the timing of PRIDE training completion as it relates to the issuing of a foster care license is not available through the child welfare information system. To obtain this information, individual case reviews would need to be completed. Despite this barrier, CFS believes families are receiving the necessary training within the required timeframe (one year following initial licensure) based upon data regarding the number of PRIDE graduates and new foster care licenses issued in each hub, resource parent survey feedback, and the absence of license revocations due to training deficiencies.

Limited resources and access to technology create additional barriers in implementing evidence-based strategies to determine the effectiveness of training. CFS will continue to work through these barriers to develop training effectiveness measurements.

## *E. Service Array and Resource Development*

### **Item 29: Array of Services**

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

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

For Round 3 of the Child and Family Services Reviews, the Idaho Child and Family Services program's array of services was determined to be an area needing improvement. Over the last four years, CFS has shifted towards more precisely and accurately assessing the needs of families and children within a trauma-informed and family-centered context.

Currently, CFS is unable to demonstrate a functioning statewide service array and resource development system that ensures services are accessible in all political jurisdictions covered by the Child and Family Services Plan. While CFS can show services in all four service areas are available to some families, CFS concluded there are extensive service gaps in rural areas which include psychiatric services for children and adolescents, respite care for caregivers, independent living services, childcare, transportation, and housing. Additionally, the timeliness and appropriateness of services in all four service areas varies by jurisdiction. CFS is not able to demonstrate the services provided are appropriate and effective.

There are some promising services such as permanency roundtables, a substance abuse court, and independent living services for children over 18, but these services are not available statewide. CFS relies heavily on the creativity of staff to provide services in rural areas of the state, but does not have a system to analyze the effectiveness of this practice in meeting the needs of children and families.

### **1. Services that Assess the Strengths and Needs of Children and Families and Determine other Services**

#### ***Comprehensive Safety Assessment***

In accordance with the CFS practice Standard for Comprehensive Safety, Ongoing, and Reassessment, every family receives a Comprehensive Safety Assessment (CSA) completed within the first 30 days by a child welfare social worker. The CSA includes an analysis of the family's functioning and a safety determination for the child based on the identification of one

or more of 14 safety threats. The CSA identifies safety service needs through the process of safety planning as well as assesses caregiver protective capacities and the needs of the child for purpose of service planning with the family.

### ***Casey Life Skills Assessment***

In accordance with the CFS practice Standard for Working with Older Youth, youth who are in foster care for 90 days and are age 14 or older are eligible for Independent Living (IL) services. The specific strengths and needs of these youths must be assessed through the Casey Life Skills Assessment which is completed by the child welfare social worker with the cooperation of the youth and the youth's caregiver or resource parent. This tool assesses the youth in 7 domains: Cultural and personal identity formation, Supportive relationships and community connections, Physical and mental health, Life skills, Education, Employment, and Housing.

## **2. Service that Address the Needs of Families in Addition to Individual Children in order to Create a Safe Home Environment**

### ***Housing Services***

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

### ***Family Preservation: In-Home Treatment Services***

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

## **3. Services that Enable Children to Remain Safely with their Parents when Reasonable**

### ***Day Care Services***

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides day care services to children both in and out of

foster care when families do not qualify for state child care assistance. This enables caregivers to maintain employment or obtain educational training. Day care services may also be provided under services to create a safe home environment.

### ***Education and Training Services***

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

### ***Evaluation Services***

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

### ***Health-Medical Services***

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

### ***Respite Services***

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

### ***Substance Abuse Services***

In accordance with the CFS practice Standard for In-Home Family Preservation Services and the Standard for Service Delivery, CFS provides substance abuse services to families when insurance or other funding sources are not available. These services include drug testing, substance abuse

assessment, and out-patient and in-patient treatment. Substance abuse services may also be provided under services to create a safe home environment.

### ***Transportation***

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

### ***Family Preservation Services: Clothing and Personal Care Items***

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

### ***Family Preservation Services: Crisis Intervention Services***

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

### ***Family Preservation Services: Parent Aide Services***

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

### ***Family Preservation Services: Family Group Decision Making***

In accordance with the CFS practice Standard for In-Home Family Preservation Services, the Standard for Service Delivery, the Standard for Service Planning and the Standard for Involving Families through Family Group Decision Making Meetings, CFS provides Family Group Decision

Making (FGDM) meeting services. FGDM recognizes and values the importance of involving family groups in decision making about children who need protection or care. FGDM processes seek the collaboration and leadership of family groups in developing and implementing plans that support safety, permanency, and well-being of their children. All families with unsafe children will have the opportunity to participate in an FGDM prior to service planning.

#### **4. Services that Help Children in Foster and Adoptive Placements Achieve Permanency**

##### ***Child Specific Recruitment***

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

##### ***Dual Assessments***

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

##### ***Idaho Wednesday's Child***

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

##### ***Treatment Services***

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

##### ***Permanency Roundtables***

Permanency Roundtables (PRTs) are conducted for youth in foster care who have been unable to achieve permanency. While any child in Idaho's foster care program may be referred for this

service, CFS has identified children or youth with the following characteristics as priorities for receiving a PRT:

- Permanency goal of APPLA
- Legally free for adoption but without an adoptive placement
- Placed in residential treatment
- Placed in foster care for more than 12 months without an identified permanent placement
- Identified by social workers as “difficult to place” or “stuck”

### **Plan for Improvement**

As part of the Program Improvement Plan that is being developed to address the program’s performance during Round 3 CFSR, CFS plans to execute the following strategies:

- Analysis of the child welfare information system (iCARE) to identify existing relevant data and identify data capacity needs for a future new information system.

Timeframe: This project is on-going with the goal of shifting to a new management system within the next year and full implementation of the new system within the next three years. Identification of existing relevant data and future data needs is on-going.

- Inclusion of Service Array and Resource Development in the state agency’s 5-year Strategic Plan.

Timeframe: the Idaho Department of Health and Welfare’s Strategic plan is a five-year plan, 2016-2020.

- Inclusion of service array and resource development in the goals of the state agency’s Executive Steering Committee.

Timeframe: Idaho Department of Health and Welfare developed an Executive Steering Committee to assist CFS with achieving the five-year Strategic Plan goals, 2016-2020.

- Reviewing and revising contracts with service providers to include performance-based contracting.

Timeframe: Statewide and regional service contracts are reviewed as the contracts are up for renewal and/or when a need for review arises.

- Inclusion of Service Array and Resource Development in statewide and hub-based Program Improvement Plan development.

Timeframe: CFS is in the process of developing a statewide PIP. The initial plan will be submitted to the Children's Bureau by the end of June. After approval there will be two years to demonstrate the plan with another year to monitor outcomes.

Through the PIP development process, significant amounts of quantitative and qualitative data have been collected and are being analyzed. Quantitative information includes data collected using the Children's Bureau Onsite Review Instrument (OSRI) on the three case record reviews conducted in the state since 2015. Sources of qualitative data include information collected from multiple internal and external partners including the tribes, courts, and youth during the state's PIP kick-off meeting; feedback from both the statewide leadership PIP team and the hub-based PIP teams; and feedback provided by parents, youth, and foster parents during three case record reviews. By fully analyzing this information, CFS will be able to better understand what areas of service array and resource development can best be targeted to make the most significant improvement for the program.

Information provided by internal and external partners indicated the following root causes for performance related to service array and resource development: confusion about who must be included in initial and on-going assessment including non-custodial parents and incarcerated parents; confusion regarding which children require on-going monthly contact; workload/caseload and time constraints, worker retention/recruitment and turnover; lack of communication with foster parents, community partners, and service providers; program and office culture and values; lack of supervision and accountability; staff training; foster parent retention/recruitment; foster parent training; lack of transparency with foster parents, community partners, families, and courts; competing priorities of external partners; lack of sufficient services available to families and children; inconsistent practice; confusion regarding roles and responsibilities; workflow and program structure; rural and geographic limitations; timely and accurate documentation; and limitations of the child welfare information system (iCARE) to collect, report, and analyze data. Analysis of this information supports accurate and comprehensive assessment as being essential to effective and appropriate service provision. CFS will address the deficiencies in Service Array and Resource Development through the Program Improvement Plan, the Idaho Department of Health and Welfare's 5-Year Strategic Plan supported by the Executive Steering Committee, the transition to a new data management system, performance-based contracts for services, and will continue to address this systemic factor in the Annual Progress and Services Report and subsequent Child and Family Services Plans.

### **Data Quality, Scope, Limitations, and Barriers**

Data available to CFS provides an accurate number of the families who are accessing services through a CFS-funded service provider. For example, CFS receives reports of the number of

parents and youth who are accessing substance abuse treatment funds monthly. Also, CFS has an accurate account of the number of families who are receiving family preservation services in the home or accessing CFS funds to pay for respite or day care. This information is collected and reported through iCARE, or is provided to CFS by contract providers. The quality of the data CFS currently has is accurate, but it does not measure the appropriateness of the services provided or their effectiveness. Data is limited to the number of families served statewide and by specific region. iCARE does not have the capacity to collect or report data linking the assessment of a family's needs and strengths to services provided, nor does it have the capacity to monitor or report service provision outcomes. Services provided to families and children are most often provided by community-based agencies and contractors that have their own data collection systems, which makes it difficult for CFS to capture and report relevant information at this time.

Idaho is a rural state with limited access to services in areas with low population density. Access to specialized services in rural areas is particularly challenging. Increasing the quantity and quality of services requires a multi-leveled approach including both community organizations and other state programs. CFS has been working on the implementation of an enhanced safety assessment model and the Child and Adolescent Needs and Strengths (CANS) tool over the last three years. Challenges have been encountered to fully implementing the models with fidelity statewide. Challenges specific to the safety assessment model implementation have included limited resources to support fidelity of the model such as additional trainings and coaching, courts requiring forms of documentation outside the model, inconsistent support of model implementation at all levels, and inability to slow down the work to allow workers and supervisors time to collect and analyze assessment information. Barriers specific to the statewide implementation of the CANS include significant challenges with recertifying trainers and coaches, which impacts the availability of statewide coaching and support to staff. Other challenges include inconsistent monitoring and limited resources to support fidelity. Accurate and comprehensive assessment of the family is paramount to ensuring families are provided with the most impactful services which are both timely and effective. At this time CFS is working towards improving accurate and comprehensive assessment of families through the PIP.

### **Item 30: Individualizing Services**

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

While there are individualized services being provided to meet the unique needs of children and families in Idaho, CFS does not currently have enough services statewide, particularly in rural areas, and there is not enough data and information to measure the availability and

accessibility of services. For Round 3 CFSR, this item received an overall rating of area needing improvement.

With the inconsistency of community-based supports throughout Idaho's communities, meeting the individualized needs of children and families is an ongoing challenge. Services provided to children and families are difficult to capture in quantitative data due to system limitations and multiple funding streams. CFS utilizes and models a Family Centered Practice approach in all interactions with children and families, and reports from stakeholders and local offices reflect that workers are striving to meet the unique needs of Idaho's children and families. Through the development and implementation of the CFSR Program Improvement Plan, CFS will promote the initial identification of needs and service provision to children and families served by the agency.

The state of Idaho is currently in the process of developing a new children's mental health system of care, The Youth Empowerment Services Project (YES). YES will provide a new way for families to find the mental health support they need for their children and youth. This new system of care will be strengths-based, family-centered, trauma-informed, and will incorporate a team approach that focuses on providing individualized supports for children. YES will offer a comprehensive array of services to address the needs of children and youth with a serious emotional disturbance. Multiple child-serving systems (family medical providers, schools, the Department of Health & Welfare, Juvenile Justice, etc.) will be working with the family to build a treatment plan around the unique strengths and needs of each child. More community-based services will be developed to reduce the number of children and youth who are placed in residential treatment programs and/or are admitted to hospitals due to their unmet mental health needs, as well as those who enter the juvenile justice system. The implementation plan for YES went into effect in May of 2016, and by 2020, YES will become a sustainable system of care. CFS continues to have active membership in various workgroups to support the development and implementation of this sustainable system of care for Idaho's children and families. CFS believes that through the ongoing development and implementation of YES, additional services and supports will be made available throughout Idaho to support the individualized needs of children and families.

The Child Adolescent Needs and Strengths (CANS) tool is used for families with unsafe children who are being served in the foster care system to gather information, guide service planning, and to initiate appropriate service referrals based on responses to questions. The results of the CANS tool should prompt the worker to complete appropriate referrals; including those to meet the mental and behavioral health needs of the child. At this time, approximately 50% of case-carrying staff are certified users of the CANS tool. CFS is currently planning next steps for the continued implementation of the CANS tool for the remainder of supervisors and case-carrying

staff who need to be trained and certified on the tool. CFS is working closely with partners at the Praed Foundation, Chapin Hall, and Casey Family Programs to help provide further support for trainers/coaches and users. Additionally, CFS is collaborating on different methodologies to utilize data around the CANS tool to help further inform and guide work with children, youth, and families. CFS is working closely with internal and external stakeholders on how all child-serving systems in Idaho will be collaborating on the CANS tool across systems. CFS believes that with the continued use of the CANS tool, there will be a positive impact with children and families receiving individualized services based on needs and strengths identified through the CANS tool.

Another one of CFS's priorities is to modernize the child welfare information system, which will enhance the program's technology platform and related software applications to support the delivery of child welfare services in the most cost-effective and time-sensitive manner. CFS intends to improve performance in this area through the ongoing development and implementation of the PIP, the continued statewide implementation of the CANS tool, the progression of YES, as well as the modernization of the child welfare information system.

#### **Data Quality, Scope, Limitations, and Barriers**

As stated above, there is currently not enough data and information to measure CFS's ability to individualize services to meet the needs of children and families served by the program. There is insufficient data on the statewide availability and accessibility of services that are developmentally and/or culturally appropriate and responsive to persons with disabilities or special needs.

## ***F. Agency Responsiveness to the Community***

### **Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR**

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

For Round 3 of the Child and Family Services Reviews, the Idaho Child and Family Services program's engagement with stakeholders was determined to be an area needing improvement. Although the agency gathers input initially from stakeholders to develop goals and objectives for the Child and Family Services Plan, there is not sufficient and ongoing consultation regarding the implementation and annual updates of CFSP goals and objectives.

Through the Program Improvement Plan, and the technical assistance from the Children's Bureau Capacity Building Center for States, CFS will engage tribes and internal/external partners and stakeholders, in the development and ongoing analysis of the agency's performance.

As part of the PIP and Continuous Quality Improvement System (CQI), internal and external partners have been participating at the local and statewide level during standing meetings designed to obtain their input on the root causes and potential strategies to improve child and family outcomes. Partners and stakeholders have been actively involved in producing initial PIP drafts and they will continue to be involved in the implementation and monitoring of the plan.

The agency plans to increase the use of surveys to gather data from service providers, and other public and private child- and family-serving agencies to further inform the goals, strategies, and key activities of the Program Improvement Plan.

### **Item 32: Coordination of CFSP Services with Other Federal Programs**

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

For Round 3 CFSR, CFS received an overall rating of area needing improvement for this item. Limited data is available to demonstrate the impact on services or benefits received by children and families served by CFS and other federal programs serving the same population.

### **Medicaid**

The Child Welfare Funding Team (CWFT) within the Division of Family and Community Services coordinates with the Division of Medicaid to authorize enhanced Medicaid benefits to foster youth who are not receiving Medicaid at the time they enter foster care. If a foster youth is receiving Medicaid at the time they enter foster care, CWFT collaborates with Self Reliance to close regular Medicaid and begin coverage under the enhanced Medicaid plan available to youth in foster care.

Foster youth placed in Idaho from another state through the Interstate Compact on the Placement of Children are supported by CWFT to obtain title IV-E Medicaid benefits, when eligible, or state-funded Medicaid benefits depending on the placement (licensed foster home, or treatment facility).

### **Housing Authority**

There are several programs within the state to help families in need of low-income housing. These programs include: the Idaho Housing Authority, the Families First Program, the Housing Choice Voucher Program, the South-Eastern Idaho Community Action Agency, and the Boise City/Ada County Housing Authority. These programs serve families with children under 18, elderly or disabled and meet the income requirements. CFS currently collaborates with these programs to help youth who have aged out of foster care obtain stable housing and reduce homelessness within this population. CFS also collaborates with these programs to secure housing for families whose current living arrangements pose a safety risk for children or the housing conditions are preventing reunification.

### **Child Support**

Child Support and CFS work together to identify legal and biological fathers of children in foster care through genetic testing. To make the collaboration more efficient, CFS began making improvement to the child welfare information system (iCARE) to allow child support workers to access pertinent case information in real time to make accurate determinations on child support cases.

### **Temporary Assistance to Needy Families (TANF)**

Title IV-E eligibility and TANF eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program.

## Idaho Department of Education

Collaboration between CFS and the Idaho Department of Education is critical to the development of educational services for youth in foster care and to coordinate potential Early Head Start and Head Start placements for children in state custody.

Recognizing the critical need for educational and child welfare agencies to partner together to provide educational stability for children in care, new requirements were put into place in December of 2016 by the Every Student Succeeds Act (ESSA). Through these partnerships, greater stability for children in foster care is promoted and supported so children in care can continue their education without disruption, maintain critical relationships with their peers and adults, and have the opportunity to achieve college and career-readiness, as well as an overall enhanced well-being. ESSA applies to preschool-age children in foster care that attend a public preschool education provided by a local education agency. Ongoing collaborative efforts with local schools had previously been in place; as educational stability for students in care has been highly prioritized by CFS. Some of the processes CFS had already been implementing became more formalized.

To comply with ESSA provisions, CFS implemented the following items:

- Collaboration with the State Department of Education to provide joint training
- Enhancement of iCARE to automatically notify designated points of contact within the school and State Department of Education when a child has come into foster care or had a placement change
- Designate both a state and regional points of contact

The iCARE team has worked diligently to create a more streamlined process on how information can be shared between CFS, the State Department of Education, and appropriate school districts. CFS has been working in close collaboration with the State Department of Education, local education agencies, foster parents, and biological parents throughout the state to ensure educational stability for children in care.

Additional collaboration with other federal programs can be found within several sections of this report:

- Infant-Toddler Program (ITP): Service Description, page 93
- Resource and Service Navigation Program: Service Description, page 94
- Maternal, Infant, and Early Childhood Home Visiting Program: Service Description, page 94
- Employment: Chafee Independence Living Program, page 124

- Idaho State Board of Education: Chafee Independence Living Program, page 129
- Homeless Prevention: Chafee Independence Living Program, page 130
- Foster Youth Pregnancy Prevention: Chafee Independence Living Program, page 132

### **Data Quality, Scope, Limitations, and Barriers**

There is limited data and information to demonstrate the impact of CFS's coordination with other federal programs on the services or benefits received by children and families served across agencies and programs.

The CFS program will continue to enhance its data collection system to identify collaboration gaps and inform coordination efforts to improve outcomes for children and families who qualify for additional federally-funded services available in the state.

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

### **Item 33: Standards Applied Equally**

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

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

Licensing requirements for individual foster and adoptive families as well as child care institutions are found in state administrative rules and apply to families licensed through the Idaho Department of Health and Welfare as well as child placing agencies. Additional practice guidelines specific to the licensing, recruitment, and retention of licensed resource families are contained within CFS practice standards. For Round 3 of the Child and Family Services Reviews, CFS received an overall rating of strength for this item.

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

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

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

During the onsite visits, the North Hub and West Hub described offering more non-safety related variances than other locations. The variances are issued to address training requirements and medical references for relative and fictive kin placements initially licensed through the Code X process. Such variances do not negatively impact a family's ability to provide a safe placement for a foster child; however, they must be resolved before a family can be considered as a permanent placement. The child welfare information system (iCARE) does not have the ability to track and report waivers/variances; this information is typically documented outside the system or as part of the case file in narrative form. This limits CFS's ability to determine the appropriate use of waivers/variances across the state. To address this issue, the iCARE team and CFS program specialist have been working together to find a solution; the system limitation is expected to be solved by SFY 2018.

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

Guidelines specific to licensing, recruitment, and retention of licensed resource families are outlined in practice standards that have been in place since 2007, as well as Idaho's statutes and the Administrative Rules Governing Standards for Child Care Licensing (IDAPA 16.06.02). Licensing forms are standardized across the state and comply with these rules. Ongoing staff training on the practice standard for licensing relatives and non-relatives continues to be

provided and is now included in New Worker Academy as of the spring of 2016. The Academy curriculum has been updated and includes training specific to completing expedited placements of relative/fictive kin. CFS will also be updating the Adoption and Foster Care Academy curriculum. This course is primarily offered to all resource family specialists and permanency social workers. The permanency and foster care program specialists will incorporate feedback from previous participants to inform future curriculum development.

All initial and updated dual licensing and adoption home studies are reviewed to ensure the study is current and includes required references, background checks, and other required information. This review is conducted by the state permanency program specialist as part of the final quality assurance process prior to adoption finalization. Any errors are required to be corrected before proceeding with the adoption. In SFY 2016, the adoptions of 182 children were reviewed as part of this process. All identified errors were non-safety-related such as failure to obtain medical references for relative resource parents who were initially issued foster care licenses with a variance for medical references. These errors do not have an impact on the family's ability to provide permanency for a child, but are required to be corrected prior to adoption finalization.

### **Child Placing Agencies**

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

All child care placement agencies were found in substantial compliance and were issued standard licenses. No provisional licenses were issued. No licensees were revoked.

iCARE issues automatic alerts to the licensing specialists responsible for ensuring compliance by child placing agencies and child care facilities 90 days prior to the expiration of each license.

### **Licensed Child Care Facilities**

Child care facilities receiving placements of children receiving IV-E foster care or adoption assistance are licensed through IDHW's Division of Licensing and Certification.

Agencies and facilities complete re-licensing documentation and licensing specialists conduct onsite visits and file reviews. In SFY 2016, re-licensing reviews were completed prior to license expiration dates for all agencies and facilities. Those found to not be in compliance with any licensing rules were required to correct the identified deficiencies through a plan of correction.

All facilities were found in substantial compliance during SFY 2016 and were issued standard licenses. No licenses were revoked.

### **Data Quality, Scope, Limitations, and Barriers**

The quality of data for standards applied equally is limited to two sources: the adoption quality assurance review and self-report from licensing supervisors and social workers. Most of the available information regarding the consistent statewide implementation of state licensing requirements is based upon self-report of those completing or supervising the completion of the licensing process. While this is not ideal, the information gathered from these reports is consistent with information found during current adoption finalization quality assurance reviews.

A standardized process for monitoring the appropriate use of non-safety related variances and statewide consistency is needed. CFS is planning to incorporate regular random statewide reviews of licensing files to ensure licensing standards, including the appropriate use of variances, are applied equally.

### **Item 34: Requirements for Criminal Background Checks**

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

The Child and Family Services program has an effective system which operates statewide and meets federal requirements for criminal background clearances related to licensing foster care and adoptive placements. The case planning process includes provisions for addressing the safety of foster care and adoptive placements for children. For Round 3 CFSR, CFS received an overall rating of strength for this item.

Information from multiple sources including the Criminal History Unit, IV-E audit (iCARE) and licensing social workers and supervisors, indicates the requirements for background checks are being met statewide. All families considered for placement of a child in foster care are required to undergo a criminal history background check, regardless of relative status. Any issues noted in the process are addressed within the licensing assessment. Very few children are placed with families who are unable to pass a criminal history or child abuse background check. Those who are in such homes are placed with relatives or fictive kin whose assessment by a child welfare social worker revealed no safety concerns.

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

The Code X process to expedite placement of a child in the home of a relative or fictive kin in exigent circumstances includes:

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

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

The number of background checks completed by CHU in all 7 regions for the purpose of foster or adoptive licensing in SFY 2013, SFY 2014, SFY 2015 and SFY 2016 was more than triple the number of newly licensed foster and adoptive families during the same years. These numbers suggest completion of required background checks of resource parents is occurring consistently. In SFY 2016, the dual assessments of resource families adopting 182 children from all 7 regions were reviewed as part of a quality assurance review of adoption finalizations. No cases were found where the adoptive family had not passed the required criminal history background checks.

During SFY 2016, CFS had 2,559 children in foster care. At the closure of SFY 2016, 55 children (2.1%) were placed in an unlicensed home. Hub program managers and chiefs of social work

confirmed the majority of these are Code X expedited placements with relatives or fictive kin who have passed CHU background checks and are in the process of becoming licensed. These 43 placements were eventually licensed. Nine children were returned home before licensure could be completed. Two children were moved to a different placement before licensure due to the relative foster parents' request as a result of a military deployment.

In less than 10 cases per year, children are placed with relatives or fictive kin who are not able to become licensed due to criminal or child abuse history. In these situations, a child welfare social worker has assessed the family and determined circumstances related to the disqualifying history are no longer present and do not pose a threat to the child. All such placements are staffed for approval by the child's social worker, supervisor, chief of social work, and hub program manager before being sent to CFS's Division Administrator for consideration. The Division Administrator must give placement approval. One child was placed in non-licensable home with approval from the Division Administrator. CFS is working on expanding the reporting capabilities of iCARE to identify children placed in non-licensable homes more readily.

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

There are three types of crimes identified in the background check process: those which do not disqualify a person from becoming a licensed foster or adoptive parent; those which disqualify a person for five years; and those which permanently disqualify a person. Individuals with a five-year disqualifying crime, who are within the five-year timeframe or with a permanent disqualifying crime on their record, do not qualify to proceed further with the licensing process as they are ineligible to be licensed for foster care or adoption. Any impact non-disqualifying crimes would have on the ability of the individual to ensure a safe environment for a child is assessed by the social worker assigned to the family. Accurate assessment of these issues is monitored by licensing supervisors statewide. If a disqualifying crime is identified prior to foster care licensure, but following placement of a child in a home through the Code X process, the child is removed from that home

STATE FISCAL YEAR	IDHW BACKGROUND CHECKS COMPLETED FOR LICENSING	IDHW BACKGROUND CHECKS CODE X	INDIVIDUALS WITH PERMANENT DISQUALIFYING CRIMES	INDIVIDUALS WITH 5 YEAR DISQUALIFYING CRIMES
SFY 2013	1535	575	6	3
SFY 2014	1669	692	14	6
SFY 2015	1707	676	14	2
SFY 2016	1722	752	12	5

### Data Quality, Scope, Limitations, and Barriers

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

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

No barriers have been identified in Idaho’s ability to ensure statewide compliance for criminal history background clearances.

### Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

For Round 3 CFSR, CFS received an overall rating of area needing improvement for this item. The current diligent recruitment efforts do not sufficiently ensure potential foster and adoptive families reflect the ethnic and racial diversity of children in the state. CFS does not have a sufficient number of licensed resource families that is comparable to the African-American, Native American, and Hispanic children in Idaho’s foster care system.

Idaho’s Statewide Resource Family Recruitment and Retention activities are contracted through Eastern Washington University (EWU). The contract services include resource family recruitment, retention, Parent Resources for Information, Development, and Education (PRIDE)

pre-service training, core training, Resource Training & Support Groups, and three annual Resource Family and Social Worker Conferences. EWU is responsible for the collection, compilation and analysis of data, and the development of reports for management specific to the Resource Parent Mentor (RPM) program.

During SFY 2016, there was an increase in the number of licensed non-relative and relative/fictive-kin resource family homes. The need to find and prepare families to foster and adopt children is ongoing. In SFY 2016, there were 2,559 children served in Idaho’s foster care system, and 1,448 licensed resource families. Of those, 824 or 57% were non-relative (general) families, while approximately 551 or 38% were relative/fictive kin caregivers.

	SFY 2014	SFY 2015	SFY 2016
<b># of Children in Foster Care</b>	2,481	2,434	2,559
<b>Total Licensed Foster Homes</b>	1,541	1,429	1,448
<b>Non-relative Family Home</b>	908	846	824
<b>Relative/Fictive-Kin</b>	570	505	551
<b>Treatment Foster Care</b>	63	78	73

During SFY 2016, Idaho licensed 498 new resource families; 37% of these families are non-relative foster/adopt families, and 60% were relative/fictive kin families. Relatives and fictive kin are recruited on a child-specific basis. Placement with relatives or fictive kin reduces the trauma experienced by a child entering foster care and enables children to maintain their connections and be placed with families able to meet the child’s cultural needs. Idaho’s rate of placement with relatives and fictive kin licensed resource families has remained fairly steady over the past three years.

<b>Newly Licensed Resources SFY 2016</b>		
<b>Resource Type</b>	<b># Resources</b>	<b>Had Placement</b>
<b>Non-Relative</b>	185	159
<b>Relative</b>	254	243
<b>Fictive Kin</b>	47	47
<b>Treatment Home</b>	12	12
<b>Grand Total</b>	498	461

Licensed Resources by Region & Year			
Location	SFY 2014	SFY 2015	SFY 2016
Region 1	184	155	157
Region 2	68	61	64
Region 3	222	216	209
Region 4	232	200	198
Region 5	108	97	101
Region 6	119	115	126
Region 7	118	117	109
	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>
<b>State</b>	1051	961	964

Note: Each Year is the average of 4 point-in-time Resource counts at the end of each quarter.

The number of children placed in foster care has gradually increased over the past few years. At any given time, there are approximately 1,500 children in foster care. Despite the increased use of relative/fictive kin placements, CFS is in continual need of more non-relative licensed resource families. The distribution of placements of children in foster care has remained fairly consistent over the past three years, 42% in non-relative licensed resource homes, 28% in relative placements, 5-6% placed with fictive kin, and 9-11% in higher levels of care (treatment foster care, group homes, residential facilities).

Distribution of Placements for Children in Foster Care			
Placement Type	SFY 2014	SFY 2015	SFY 2016
<b>All Children</b>	1,320	1,241	1,374
<b>Non-Relative</b>	555 (42.0%)	515 (41.5%)	583 (42.4%)
<b>Relative</b>	358 (27.1%)	351 (28.3%)	387 (28.2%)
<b>Fictive Kin</b>	61 (4.6%)	72 (5.8%)	89 (6.5%)
<b>High-Level</b>	124 (9.4%)	137 (11.0%)	128 (9.3%)
<b>Home Visit</b>	213 (16.1%)	156 (12.6%)	178 (13.0%)
<b>DJC/Detention</b>	9 (0.7%)	10 (0.8%)	9 (0.7%)

Note: Each Year is the average of 4 point-in-time placements counts at the end of each quarter.

During SFY 2016, CFS saw an increase in the number of African-American, Native American, and Hispanic children placed in foster care; however, there has been a decline, of at least two-

thirds, in the number of licensed African-American, Native American, and Hispanic resource families. This data indicates the continual need to emphasize recruitment and retention of resource families from diverse racial and ethnic backgrounds. CFS needs to reassess the current recruitment and retention efforts of African-American, Native American, and Hispanic families.

Race	# of Children in Foster Care SFY 2016				# Licensed Foster Parents SFY 2016			
	Total	Ethnicity			Total	Ethnicity		
		Non-Hispanic	Hispanic	Unknown		Non-Hispanic	Hispanic	Unknown
<b>White</b>	2,254	1,911	319	24	2,627	2,292	183	152
<b>American Indian</b>	81	66	13	2	49	42	3	4
<b>Mixed</b>	111	84	25	2	16	15	1	
<b>Other Pacific Islander</b>	9	3	5	1	12	9	1	2
<b>Black/African-American</b>	39	36	2	1	10	9		1
<b>Other Asian</b>	5	5			8	7	1	
<b>Filipino</b>	1	1			4	3		1
<b>Alaskan Native</b>	3	3			2	2		
<b>Unable to Determine</b>	56	9	7	40	172	24	10	138
<b>Total</b>	<b>2,559</b>	<b>2,118</b>	<b>371</b>	<b>70</b>	<b>2,900</b>	<b>2,403</b>	<b>199</b>	<b>298</b>

For additional information regarding Idaho’s recruitment of foster and adoptive families please see the Diligent Foster and Adoptive Recruitment Plan (Attachment 2).

### Retention

The factors that contribute to the retention of currently licensed resource parents are continuously under analysis; however, the exact root causes for the program’s performance in this area have not been fully identified. At any given time, there are approximately 1,000 licensed resource families in the state. During SFY 2016, 445 licenses were closed or expired, and 498 new licenses were issued, for a net gain of 54 new resource families. CFS has not been able to maintain a positive gain of licensed non-relative homes. Implementation of exit interviews with non-relative resource families who choose to close their license must be implemented to further inform Idaho’s recruitment and retention system.

Closed or Expired Licenses SFY 2016	
Resource Type	# Closed
Non-Relative	200
Relative	183
Fictive Kin	44
Treatment Home	18
<b>Total</b>	<b>445</b>

Data for SFY 2016 indicates there were 123 licenses revoked; 3 of the licenses revoked were due to a substantiated allegation of abuse and neglect or failure to comply with licensing standards. That year CFS received eight referrals that met priority guidelines for assignment related to abuse, neglect, or abandonment in a licensed resource family home. Of the eight referrals, two were substantiated for abuse or neglect.

# of Resources with Licenses Revoked during SFY 2016	
License End Reason	#
Revoked - Standard of Care	3
Revoked - Voluntary	120
<b>Total</b>	<b>123</b>

# Child Protection Referrals on Licensed Resources vs. # substantiations		
	SFY 2015	SFY 2016
<b>Foster Families Investigated</b>	6	8
<b>Foster Families Substantiated</b>	1	2

For further information regarding Idaho’s recruitment efforts, please see Idaho’s Diligent Foster and Adoptive Recruitment Plan (Attachment 2).

### **Data Quality, Scope, Limitations, and Barriers**

Over the past three years, CFS has made improvements to the data collected on recruitment and retention metrics. Since the data has been updated and specifically targets recruitment and retention practice, it would be helpful to continue to analyze the data over the next few years to identify trends.

Data specific to recruitment and licensing inquiries is limited and not readily available. CFS relies on several data systems from multiple sources that do not interface, to generate data and reports. CFS would benefit from the development of a licensing module within iCARE to track key data and information specific to the recruitment and retention program.

Rural recruitment and retention of African-American, Native American, and Hispanic families is very challenging. Relationships are key to these targeted recruitment efforts, which takes time to develop and require CFS to be present consistently.

Limited resources create many barriers to the recruitment and retention system; impacting timely licensure of prospective families and the support foster families receive.

### **Item 36: State use of Cross-Jurisdictional Resources for Permanent Placements**

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

For Round 3 CFSR, CFS received an overall rating of area needing improvement for this item. Although the agency has processes in place to ensure the effective use of cross-jurisdictional resources, CFS does not currently meet the requirement for conducting home studies received from other states within the 60-day requirement. CFS uses cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. Cross-jurisdictional permanent placements are made for the purposes of reunification, adoption, or guardianship, and occur within the state as well as outside of the state. Relative searches and child-specific recruitment methods also include outreach to prospective families in geographical locations outside the child's local community. These recruitment efforts are followed by the appropriate use of the Interstate Compact for the Placement of Children (ICPC) process.

Although accurate data regarding the timeliness of requests for outgoing ICPC permanent placements is not available, children achieving permanency out of state are consistently placed within the same period of time as termination of parental rights occurs. This placement timing is necessary to support continued reunification efforts with birth parents who remain in Idaho.

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

Cross-jurisdictional placements primarily occur when a child is reunified with a parent or placed for adoption or guardianship with relatives who reside outside of the child's community. A

child's needs may require placement in a family with a specific set of skills who is located in another jurisdiction.

To promote the selection of the permanent family best able to meet a child's needs, regardless of geographical location, CFS utilizes recruitment methods designed to reach families throughout the state, regionally, and nationally. A "Home Study" page is located on an internal SharePoint site. Any current/approved home study may be listed on the SharePoint. The page includes demographic information about adoptive families as well as information about the gender, age, sibling group size, and special needs they will consider. A copy of each family's home study is also attached. Adoptive parents are also identified through child-specific recruitment. A statewide contract for child-specific recruitment includes photo listings on websites with local, regional, and national audiences.

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

Idaho processed 746 incoming and 382 outgoing requests for placement in 2016. Requests are made for foster care and adoptions, parent, relative, residential treatment, and private-adoptive placements.

With the passage of the Safe and Timely Interstate Placement of Foster Children Act of 2006, CFS developed a practice standard to guide social workers in completing and reporting the results of final home study reports, which are due within 60-calendar days from the date Idaho's ICPC Administrator receives and processes the request. CFS reports annually on the number of days it takes to complete a final adoption home study with placement decision. During SFY 2016, 54.8% of incoming adoption home studies and placement decisions were completed within the 60-day timeframe. The average number of days for home studies not

completed within the required timeframe was 93.1 days. For final home studies not completed within 60 days, the waiting time decreased from 116.9 days in 2015 to 93.1 days in 2016.

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

### **Data Quality, Scope, Limitations, and Barriers**

When incoming ICPC home study requests are received, data entry is completed in three separate data systems including a SharePoint tracker, iCARE, and the ICPC Database. The SharePoint tracker is the only method of tracking timely completion of home studies. CFS is unable to pull reliable data from the ICPC Access Database regarding home study completion.

The tracking system measures the timeframe for completion of final home studies and final placement decisions within 60 days, but CFS does not track the timeframe for the completion of preliminary home study reports as required by the Safe and Timely Act, and described under Regulation 2, Paragraph 7 (a) below

7. Safe and Timely Interstate Home Study Report to be completed within sixty (60) calendar days. **This report is not equivalent to a placement decision.**
  - (a) Timeframe for completion of Safe and Timely Interstate Home Study Report: As quickly as possible, but not more than sixty (60) calendar days after receiving a home study request, the receiving state shall directly or by contract, complete a study of the home environment for purposes of assessing the safety and suitability of the child being placed in the home. The receiving state shall return the sending state a report on the results of the home study that shall address the extent to which placement in the home would meet the needs of the child. **This report may, or may not, include a decision approving or denying permission to place the child.** In the event the parts of the home study involving the education and training of the

placement resource remain incomplete, the report shall reference such items by including an anticipated date of completion.

- (b) Receiving state placement decision may be postponed: If the receiving state cannot provide a decision regarding approval or denial of the placement at the time of the Safe and Timely home study report, the receiving state should provide the reason for delay and an anticipated date for a decision regarding the request. A reasonable date for compliance shall be set forth in the receiving state transmittal accompanying the initial home study, if possible.

By tracking the final home study and final decision date instead of the preliminary home study report, CFS may have imposed limitations on timeframes for completion of home study reports. CFS often completes preliminary home study reports within 60 days, but requirements for licensure such as criminal background checks, Adam Walsh checks, or medical references remain pending. CFS only reports on the final home study report completion date, when a placement decision is made. CFS will explore reporting requirements and methods to determine if what is being measured accurately reflects the Safe and Timely Act expectations and reporting requirements.

The agency continues to utilize a 1998 version of Microsoft Access for the ICPC Database system, which has limitations in the available data including total numbers of the various types of placement requests and home studies. CFS will continue data entry in the three separate data systems until iCARE is modernized and/or the National Electronic Interstate Compact Enterprise (NEICE) system is on-boarded to assist with Idaho ICPC business needs and data reporting requirements.

### **(3) Update to the Plan for Improvement**

The plan for improvement is based on the analysis of child welfare outcomes measured through the Child and Family Services Reviews, other federal requirements for the Child and Family Services Plan, and the Annual Progress and Services Report.

In 2016, the Child and Family Services program completed Round 3 CFSR. A detailed account of the strengths and areas needing improvement found through this process is available in Section 2 Assessment of Performance (Pgs. 8-70). For this reporting period (2018 APSR), CFS is making significant updates to the original program goals established in the 2015-2019 CFSP to reflect child welfare program needs identified through Round 3 CFSR. The new goals for the program will be captured in the Program Improvement Plan. The PIP approval process involves rigorous negotiations between CFS and the Children's Bureau. CFS anticipates having a fully approved PIP by the end of 2017/early 2018. Once approved, the PIP will replace the goals, strategies, feedback loops, and implementation supports outlined in this section.

Below is the final update to the goals established within the 2015-2019 CFSP:

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

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

This data supported the fact that in many areas of the state, social workers had not been consistently applying the safety model previously in place. This forced CFS to look critically at the safety model. In 2013, CFS worked with the National Resource Center on Child Protection to enhance safety practice in Idaho and ensure workers are conducting comprehensive safety assessments. The new safety model continues to be a significant undertaking in terms of critical

thinking and training to staff, as well as CFS's partner agencies and the courts. Social workers are challenged to be able to articulate the family conditions which are keeping the child safe or are contributing to the safety threats to the child. Case plans should be tied directly to the identified safety threats to focus families on precisely what needs to change in order to maintain the child's safety in the home without CFS intervention. Ultimately, children should only be placed in foster care when there are no other safe options, and children placed in foster care should return to their homes as soon as a sufficient safety plan can be maintained in the home.

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

#### **Data Outcome Goals**

Increase in Exits to Reunification within 12 months to federal outcome standard by 2018

**National Standard Baseline:** AFCARS 12B-15A 40.5%

**Idaho Performance:** AFCARS 12B-15A 45.9%

Increase percentage of Adoptions in less than 24 months beginning in 2018

**National Standard Baseline:** AFCARS 14B-15A 43.6%

**Idaho Performance:** AFCARS 14B-15A 59.5%

Increase Risk and Safety Management, OSRI case record review to 92% by 2018 (Item 3)

**Baseline:** CY2013 85%

**2015 Performance:** CY2015 86%

Decrease and maintain re-entries below the federal outcome standard by 2019

**National Standard Baseline:** AFCARS 12B-13A 8.3%

**APSR Update:** AFCARS 12B-13A 2.3%

## Feedback Loops

The agency recognizes the importance of both internal and external stakeholder feedback and ongoing collaboration to achieve Goal 1. It is paramount the agency as a whole, as well as community partners including the tribes, courts, law enforcement and others, be included in the continued implementation and monitoring of progress. To this end, stakeholder feedback loops are purposefully embedded within each intervention.

Input was sought from CFS workers regarding what training topics they felt were most needed via an online survey. Curriculum for these topics has been created and is being offered around the state. New Worker Academy has been revised to include the enhanced safety model of practice and is provided to new workers, current workers who would like additional support, and community members at large. Community members who have attended include some of our Tribal partners. (For additional information on monitoring of training progress see Attachment 6: Staff and Provider Training Plan).

Significant feedback from workers was sought for the creation and implementation of the iCARE safety assessment tool prior to implementation. A structure for continuous user feedback was put in place through the iCARE team and is a venue for individual workers, as well as statewide leadership, to provide input to monitor progress and make tool modifications. Adjustments to the tool are made on a continual basis as a result of both feedback sources. The adjustments have included a formatting change to the caregiver protective capacities and minor edits to improve the user interface for workers.

Collaboration with external partners included meetings with the prosecutors and Guardians Ad-Litem in the West Hub, to provide training and discussion on the enhanced safety model of practice. Chiefs of social work also participate regularly in bi-monthly Multi-Disciplinary Team (MDT) meetings with a variety of stakeholders including law enforcement, members of the Children's Advocacy Centers, prosecutors, victim witness coordinators, juvenile and adult probation representatives, and school district officials. Topics such as removal of children from their homes is discussed and information provided by CFS regarding child protection practices based on the enhanced safety model.

An example of positive outcomes impacting Goal 1 comes from the Boise Police Department. After participating in an MDT meeting, local detectives had questions about their role in the enhanced safety model; as a result, law enforcement is beginning to involve CFS early in their investigations and making child safety decisions in partnership with social workers. This allows CFS to identify potential services to prevent children from entering foster care and ensuring safety thresholds are met before a child is declared in imminent danger.

## Implementation Supports

At this time, CFS has all identified implementation supports in place for successful implementation of the revisions to Goal 1. Revisions to goal 1 are mainly timeframe adjustments which are needed in order to establish baselines. Implementation supports include data system improvements, standard revision, training and coaching, and may include specific budget requirements and collaborative agreements with other partner agencies during 2018-2019 for the purpose of increasing safety-related services.

**Objective 1** –By 2019, CFS will consistently conduct comprehensive safety assessment with fidelity to the enhanced safety practice model.

**Measure:** A comprehensive safety assessment (CSA) with fidelity to the model is in evidence in 90% of cases as measured during CSA-specific case record reviews.

**Baseline:** No baseline data is available until December 2017 when initial QA is conducted through case record reviews.

**Intervention 1:** During 2015-2019, continue training workers on the enhanced safety practice model.

### ***APSR Update***

CFS is moving the New Worker Academy curriculum towards a blended learning style where foundational core concepts are provided in both an online training and in-person training for new workers to demonstrate their understanding and competency. By moving to a blended learning style, CFS anticipates being able to measure the effectiveness of training better, provide more skills-based support, and make foundational training more readily available to all staff. Child and Family Engagement Part 1, which includes the initial training on the enhanced safety model, is the first session to be moved to the blended learning style and will be completed and ready for use by August 1, 2017.

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

### ***APSR Update***

Intervention completed.

**Intervention 3:** By end of 2019, develop and implement a statewide consultation and staffing format to support supervisors on the new enhanced safety practice.

### ***APSR Update***

CFS has finalized a statewide standardized format including a matrix of minimum expectations and guidelines for consultation and staffing. A statewide consultation and staffing plan has not been completed. Each hub has a plan for consultation and staffing in the field offices. A statewide plan was not deemed feasible at this time due to regional and practice differences across the three hubs. Additionally, with the state in the process of developing a program improvement plan it is anticipated consultation and staffing will likely be an identified strategy in the plan or other strategies to achieve fidelity to the enhanced safety model will be identified and evaluated as appropriate.

**Objective 2** – By 2019, there will be an increase in safety service resources to support in-home safety plans.

**Measure:** Safety service resources will increase in each hub over established baseline.

**Baseline:** To be determined.

**Intervention 1:** Research and create contract-based resources for safety-related in-home services to support in-home safety plans will begin in 2017.

### ***APSR Update***

A pilot program between Region 3 CFS and Casey Family Programs began in April 2017 for Casey Family Programs to provide in-home case management and targeted coaching services to a limited number of CFS in-home cases. The pilot will be monitored and evaluated to see if increased safety services were implemented and effective. Research in other regions of the state is on target for 2019.

**Objective 3** – By 2019, case plans are directly related to safety issues and focused on enhancing parenting capacities.

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

**Baseline:** No baseline data is available until December 2017 when the model will be fully implemented and QA is conducted through case record reviews.

**Intervention 1:** By 2019, assure case planning training is modified per the safety practice model and the CANS.

***APSR Update***

Intervention on target for 2019.

**APSR Revisions to Goal 1, Objectives, and Interventions**

The target dates for Objective 1 and 2 have been revised to 2019 in order to fully incorporate the Comprehensive Safety Assessment (CSA) Quality Assurance (QA) data and establish a baseline. Initial QA of the CSA will be completed by December 2017.

***Goal 2: The agency will have a functional, sustainable and inclusive feedback loop for a Continuous Quality Improvement System which values stakeholder and family engagement***

As part of the process for developing the Child and Family Services Plan and subsequent Annual Progress and Services Reports, a need has been identified to formalize the collaboration between CFS and internal and external partners such as staff, tribes, policymakers, courts, law enforcement, children, youth, and families.

The intent of these collaborations is to establish the shared responsibility for the safety, permanency, and well-being of children between CFS and other partners who can help achieve positive outcomes for families in Idaho. The collaborations also provide an opportunity to evaluate the child welfare system, identify areas needing improvement, and build on promising practices designed to address local and statewide needs.

**Data Outcomes Goals:**

Sustained improvement at or above 78.7% on the goal for Family Involvement in Case Planning from the results of case record reviews.

**Baseline:** 2013 91%

**APSR Update:** Round 3 CFSR 72%

## Feedback Loops

It is important that community partners including the tribes, courts, law enforcement and others, be included in the continued implementation and monitoring of progress. Significant feedback from the leadership team was sought to brainstorm for ideas to strengthen stakeholder involvement in the development of the APSR. Their feedback is reflected in the interventions below.

For example, Program Managers from the West Hub have been meeting with Keeping Children Safe Panel members to encourage their participation in the various aspects of CQI, from participating in the Statewide Stakeholder meeting, to reviewing cases during onsite Case Record Reviews. Two panel members expressed interest in becoming trained Case Record Reviewers and will attend the On-Site Review Instrument training.

To support the achievement of Goal 2, the Chief of Social work in Region 6 attends monthly community meetings with faith-based organizations, schools, community resource workers, juvenile corrections/probation, children's DD program, children's mental health, law enforcement, to discuss issues affecting children in their community. Region 6 closes the feedback loop by reporting any feedback received during these meetings to the Hub Manager, who then takes the information to CFS leadership.

In Region 4, feedback received through various channels indicated communication between foster parents and CFS needed improvement. As a result, chiefs of social work in every region of the state began attending the last session of new foster parent training (PRIDE) to discuss on-going communication and invite foster parents to engage in an open line of communication with supervisors and Hub leadership to ensure their needs as foster parents are being met.

## Implementation Supports

Revisions to objectives and interventions during the current reporting period consisted of timeframe updates. Supports needed to implement each intervention below are currently available. No implementation support barriers have been identified at this time.

**Objective 1: By the end of 2018,** an assessment will be completed of all stakeholders and their relationships. Regular communication channels will be assessed. A structure for comprehensive communication will be proposed.

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

**Baseline:** Feedback received from stakeholders at the Annual Statewide Stakeholder meeting in 2015 highlighted the need for local stakeholder groups that meet regularly to inform the larger annual stakeholder meeting.

**Intervention 1:** By 2016, develop standard procedure for collecting, summarizing, documenting and posting feedback. This needs to be done in a timely progression so ideas from any level in the system can make their way into forums where policy, practice, rule and operational changes are considered and formalized. Use of the internet to communicate information will be prioritized.

#### ***APSR Update***

An Intensive Workplan was developed by the Children’s Bureau Capacity Building Center for States (CBC) to assist CFS in creating a comprehensive CQI system to address stakeholder engagement, data analysis and reporting, and implementation of child welfare practice standards.

**Objective 2:** By March 2018, as outlined in the CBC work plan, a standard for stakeholder engagement and feedback will be formalized and implemented. Stakeholders will be periodically asked to provide self-report feedback on the amount and quality of engagement they experience.

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

**Baseline:** Practice standard is currently under development and has not been finalized.

#### ***APSR Update***

It is anticipated the CBC plan will begin in the summer of 2017.

### **APSR Revisions to Goal 2, Objectives, and Interventions**

Timeframes and objectives were updated to reflect upcoming plans with the CBC to address the successful achievement of Goal 2. All activities associated with the development of the CQI system will also be captured within the upcoming Program Improvement Plan.

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

Work on Goal 3 began with activities funded through the title IV-E waiver approved by the Children’s Bureau in October 2013. Trauma-informed waiver services were targeted at children, youth, and their families and included Family Group Decision Making (FGDM) meetings, trauma

assessment and treatment, and the evidence-based Nurturing Parenting Program. In April 2016, CFS made the decision to terminate the IV-E waiver agreement. While under the waiver, CFS struggled to function within the limits imposed by the capped allocation of funds. The financial constraints resulted in the program not being able to take advantage of increased flexibility in using IV-E dollars for services that were previously not IV-E eligible. CFS will continue with the statewide implementation of the Child and Adolescent Needs and Strengths (CANS) tool. CFS will continue to fund FGDM services across the state and support trauma-informed parenting services.

Generic counseling services are available for children in foster care, but not the types of trauma-informed assessment and services that are needed. Without access to these specialized services, many resource parents, workers, and birth parents have developed an over-reliance on psychotropic medications to reduce problem behaviors rather than less intrusive interpersonal management of symptoms.

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

**Data Outcomes Goals:**

Idaho will continue to improve stability of placements for children in care by decreasing the number of moves per 1,000 days in care from 3.57 to 3.45 by 2019.

<b><u>Baseline:</u></b>	2014 National Standard 4.12 moves 2014 Idaho Performance 3.57 moves
<b>APSR update:</b>	2016 National Standard 4.12 moves 2016 Idaho Performance 4.09 moves

Using trauma-informed assessments and interventions, Idaho will decrease the number of children placed in residential care to 8% by 2019.

<b><u>Baseline:</u></b>	2014 8.3% of children were placed in residential care 2015 <sup>5</sup> 9.9% of children were placed in residential care
<b>APSR update:</b>	2016 8.3% of children were placed in residential care

As Idaho strives to have a child welfare system that is trauma-informed, the reoccurrence of maltreatment while in foster care will decrease from 3.58 victimizations per 100,000 days in care to 3.0 by 2019.

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<sup>5</sup> Data reported in the 2017 APSR contained errors, which have been corrected in the 2018 APSR. In 2015, 9.9% of children were placed in residential care rather than the 8.5% previously reported.

<b><u>Baseline:</u></b>	2014 National Standard 8.5%
	2014 Idaho Performance 3.57% victimizations
<b>APSR Update:</b>	2015 National Standard 9.1% victimizations
	2015 Idaho Performance 3.50% recurrence of maltreatment
	2016 data has not been published by the Children’s Bureau as of the date of this report.

**Feedback Loops**

Internal and external stakeholder feedback, and ongoing partnerships are critical to the success of achieving Goal 3. CFS has closely collaborated with Casey Family Programs and the Division of Behavioral Health in the development and implementation of the trauma-informed CANS tool. Dr. Nate Israel, a Policy Fellow at Chapin Hall, was brought in to provide an assessment and recommendations for the Department in collaborating with stakeholders to create a trauma-informed network of care through the utilization of the CANS tool. Stakeholders that have been involved in this process include the Division of Behavioral Health, CFS, Medicaid, Optum Idaho, and the Department of Juvenile Corrections. Dr. Israel will continue to provide consultation to the Department as the CANS tool is implemented. Additionally, CFS engaged stakeholders in participating in training on the CANS by Dr. Lyons, the developer of the CANS tool. These stakeholders included a former foster youth, foster parents, community providers, as well as the Division of Behavioral Health. CFS has engaged PATH (a treatment foster care provider) in discussions regarding the utilization of the CANS tool. Tribal partners were informed of and encouraged to attend the training on the CANS. The ICWA Program Specialist encouraged tribal members to attend and become certified on the CANS to collaborate in a trauma-informed approach to working with families.

To support staff in managing secondary traumatic stress, child welfare workers and leadership identified the need for guidance in dealing with traumatic experiences, and are currently in the process of developing a guide for supervisors to support staff.

Based on feedback and information provided by the Division of Medicaid on psychotropic medication use by children in foster care, a statewide overview of the data and trends was provided to each regional staff in an effort to help them gain awareness on the overutilization of psychotropic medications. CFS is meeting regularly with the Division of Medicaid to review data and create a plan to reduce the reliance on psychotropic medications. CFS also met with the Governor’s Task Force on Children at Risk to provide them with updated data, as well as an overview of steps CFS has taken regarding the use of psychotropic medications with foster youth. This task force is comprised of many stakeholders including law enforcement, court partners, the medical and mental health community, educators, a parent, and a former foster

youth. CFS will continue to engage this group in discussing data, practice enhancements, and identified next steps.

A post-adoption workgroup is working towards a more trauma-informed continuity of care within post-adoptive services. Members of the workgroup include community members, a private adoption agency, a community-based trauma-informed/certified therapist, and a Keeping Kids Safe panel member. State Hospital South and Children's Mental Health staff are also participating in this workgroup. Several participants have dual roles within adoption, both professionally and personally (as adoptive parents or adult adoptees). Older youth alumni have been invited to participate in this process as well. Feedback was obtained from adoptive families receiving adoption assistance in Idaho using a survey. This information will be used to target specific needs and services prioritized by adoptive families. Adoptive families will be invited to participate in the design of the post-adoption process. All workgroup participants are included in the process of identifying the needs to be addressed, services/process to meet those needs, identifying outcome measures, and developing the ongoing review process to ensure continued success of the process which is created.

CFS continues to collaborate with staff and the leadership team on how to partner with and educate stakeholders on the implementation of the trauma-informed interventions and services such as the CANS tool, parenting education, and FGDMs.

The CFS ICWA Program Specialist engages tribal partners in the collective work of enhancing trauma-informed practices. Tribal partners are invited to attend trainings provided by CFS including Child Welfare Academy sessions, as well as the Foster Parent Resource Training. Through regular collaborations with the ICWA Program Specialist, the tribes are providing feedback into the progress of establishing a trauma-informed child welfare system of care. The Nez Perce tribes expressed interest in becoming trained in the use of the CANS tool.

Foster parents are regularly engaged by CFS in the process of developing a trauma-informed system of care. Regional Peer Mentors have provided input into the online PRIDE (Parent Resources for Information Development and Education) training model that has been developed. Trauma core training has been conducted for foster parents in various locations throughout the state. The One Church One Child program provided the trauma-based Empowered to Connect Conference to adoptive and foster parents, as well as professionals. For additional information on how foster parents have been engaged in this process, please refer to Item 28: Foster and Adoptive Parent Training (Pg. 43).

### **Implementation Supports**

All needed implementation supports to implement Goal 3 successfully have been identified. Revisions to Goal 3 are primarily around timeframe adjustments. The timeframe for objective 1

has been modified due to the need for ongoing research and collaboration between programs regarding the guidance for supporting staff through critical incidents. Adjustments were made to the timeframe for having a more formalized method to help assess the physical and emotional safety and well-being of resource families as research continues in this area.

**Objective 1** – By 2019, CFS will reduce negative symptoms of secondary trauma.

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

**Baseline data:** Baseline data will be available by October 2017 after a survey is completed by CFS staff.

**Intervention 1:** By 2018, CFS will develop guidance for supporting staff through critical incidents.

#### ***APSR Update***

CFS has identified the Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA) and has received permission from the Center on Trauma and Children to use the tool to establish a baseline. This survey will be available for staff by October 2017. During the summer of 2016, program leadership received a half-day workshop on Managing the Impact of Traumatic Stress in Child Welfare. The supervisor workgroup will continue to research existing guidance for supporting staff and will design and implement program-specific guidance for staff in experiencing critical incidents.

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

**Measure:** Beginning in 2016, fewer children will be prescribed psychotropic medication and other trauma related services will increase.

**Baseline:** 2015 data indicates 19.3% of foster children received psychotropic medications. Of those children, 12% received ADHD medications, 4% received antianxiety medications, 2% received mood stabilizers, 12% received antidepressants, and 9% received antipsychotics.

**APSR Update:** Data for 2016 indicates that 18.9% of Idaho's foster children received psychotropic medication. Of those children, 13% received ADHD medications, 4% received antianxiety medications, 2% received mood stabilizers, 11% received antidepressants, and 7% received atypical antipsychotics.

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

### ***APSR Update***

Ongoing efforts have been in place to help parents and caregivers support the emotional development of their children, as well as to facilitate access to developmentally-appropriate trauma-informed services and supports. CFS continues to work closely with Medicaid, Optum (Idaho's mental health managed care contractor), and Magellan Health Services, to identify trends and possible interventions to reduce the use of psychotropic medications with foster youth.

With partners from Medicaid, Optum, and Magellan, CFS is taking a two-tiered approach to help reduce the use of psychotropic medications. CFS is in the process of conducting an in-depth file review of children in foster care with the highest number of psychotropic medications prescribed in 2015. The objective is to understand the specifics on what is happening with these children, to understand their individual stories, as well as the circumstances surrounding the unusually high number of psychotropic medications being prescribed to them. A group of highly skilled professionals is helping CFS to get a comprehensive picture of what is 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, as well as information about the prescribers and dates of services. The goal is to test interventions with social workers, foster parents, birth parents, and youth, and then refine those interventions and eventually scale them up to the state level. The second part of this endeavor is from a macro level, looking at the trends and systemic issues found in the entire population of children in Idaho. The group is looking at children who have been prescribed psychotropic medications but have not accessed behavioral health services through Optum Idaho. Additionally, they are looking at the use of psychotropic medication utilization in conjunction with outpatient behavioral health services by region, age group, gender, and mental health diagnosis. Through this macro process, the goal is to identify the larger variables and systemic issues affecting the quality of care in Idaho, and collaborate with partners at Optum, Magellan, and Medicaid to find creative solutions to those issues from a programmatic and logistical perspective.

In June of 2016, CFS met with the Governor's Task Force on Children at Risk to provide them with updated data, as well as an overview of steps that the agency

has taken regarding the use of psychotropic medications with foster youth. This task force is comprised of many stakeholders; including law enforcement, court partners, the medical and mental health community, educators, a parent, and a former foster youth. In September of 2016, CFS met with the Idaho Supreme Court's Child Protection Committee to provide them with updated data and the steps CFS has taken on this issue. Additionally, CFS met with Idaho's Keeping Children Safe Panel (Idaho's Citizen Review Panel) in October of 2016 and April of 2017 to update them on the status of our goals. CFS will continue to engage these groups in discussing data, practice enhancements, and identified next steps.

A psychotropic medication brochure was recently developed to serve as a resource for biological parents, foster parents, and youth. The brochure describes how trauma can impact a child, when psychotropic medications should be considered, side effects, questions to ask medical providers, as well as information to access both local and national resources and supports. Additionally, CFS also developed a 2016 psychotropic medication fact sheet. The fact sheet was created to provide education and awareness to our stakeholders around the use of psychotropic medication for youth in foster care. The sheet compares statistics for psychotropic medication use for youth who are in foster care vs. the general youth population in Idaho. It contains information on the highest prescribed psychotropic medications for Idaho's youth. It also highlights steps that CFS is taking around this issue.

Idaho's Psychotropic Medications for Behavioral & Emotional Disorders: A Guide for Parents and Family Members, Resource Families, Youth and Social Workers has been posted on CFS's external Foster Parent Resource page. This guide was specifically written for youth in foster care, their parents and family members, resource parents, and social workers. Its purpose is to enhance everyone's understanding of psychotropic or psychiatric medications that may be used to help a child or adolescent with behavioral and emotional problems. The guide is also intended to assist in facilitating discussions regarding psychotropic medications. Additional information includes medications used to treat emotional and behavior disorders in children and adolescents, how these medications work, and possible side effects a child or adolescent may experience.

**Objective 3** – By 2018, the state will have the internal and external capacity for trauma-informed assessment and case planning.

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

**Baseline:** No baseline data will be available until 2017 when the use of the CANS is fully implemented.

**Intervention 1:** In 2015, continue training workers, families and resource families about the impacts of trauma across the lifespan.

**Intervention 2:** By 2018, implement CANS assessment tool.

**Intervention 3:** By 2018, develop method to help assess physical and emotional safety and well-being of resource families to improve stability and inform placement moves.

**Intervention 4:** By 2018, develop community capacity of trauma-informed treatment services.

### ***APSR Update***

The initial implementation CANS tool started in October of 2015, and is continuing to make progress in the statewide implementation of the tool. Currently, approximately 50% of case-carrying staff are certified users of the tool. CFS has coaches/trainers and CANS users who are certified in every region throughout the state. The initial plan was for 100% of case-carrying staff to be certified by July of 2016. As many of the certified trainers/coaches have been experiencing difficulty with the recertification process, CFS has been partnering closely with the Praed Foundation, Chapin Hall, and Casey Family Programs to provide additional supports for this process. The target date of 2017 for having baseline data from the CANS will need to be extended until 2018, as the use of the CANS tool will not be fully implemented in 2017. CFS is working closely with partners at Chapin Hall, the Praed Foundation, Casey Family Programs, and the Division of Behavioral Health on how all child-serving systems in Idaho will be collaborating on the CANS tool to provide coordinated services and supports to children, youth, and their families.

Throughout SFY 2016, continuous training was provided on the lifetime impacts of trauma on workers, families and resource families. Resource parent training

included the *Caring for Children Who Experienced Trauma* workshop, which continues to be facilitated throughout the state. Child welfare workers, resource parents, university partners, and community partners have received Bruce Perry's *Recognizing and Mitigating Secondary Traumatic Stress* training; the course is also provided to all new and existing child welfare workers. CFS held a two-day Performance Improvement Plan kickoff meeting in February of 2017, which included CFS staff and leadership, foster families, court partners, tribes, and community partners from around the state. Through the development of the PIP, CFS will identify ways to measure the effectiveness of trainings. CFS will continue to research trauma-informed training, and will continue to provide child welfare workers with in-service training regarding trauma-informed practice and interventions.

During SFY 2016, the Foster Care Academy curriculum was updated to include effective, supportive home visits with resource families as an effort in improving ongoing assessment through home visits with case workers on an ongoing basis. Training is only a piece of this practice, and will continue to be reinforced through leadership and mentoring in the field. CFS will continue to work on implementing, modeling, and ensuring accountability at all levels.

In addition, CFS began to implement updates to the iCARE system to track placement changes. With this implementation, CFS is now able to collect data specific to why children are moving, which will better inform the system and improve support for resource families.

To align with a similar goal regarding the assessment of resource families found in CFS's Foster and Adoptive Parent Diligent Recruitment Plan, the target completion date of assessing the physical, emotional, safety, and well-being of resource families was changed to 2018. By aligning these goals, CFS will ensure that a quality and accurate assessment is occurring during initial/ongoing licensure, and that caseworkers will have the knowledge to carry this task during their monthly contacts with resource families.

The language of Goal 3, with the associated strategies and key activities, will be captured and updated within the Program Improvement Plan.

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

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

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

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

#### **Data Outcome Goals:**

- Increase the number of IL eligible youth receiving IL services from 55% to 75% by 2016.

SFY	% of eligible youth served
2014	73.2%
2015	82.1%
2016	85.5%

#### **Feedback Loops**

Feedback from all impacted by the effort of Goal 4 is highly valued in the progress and overall achievement of this goal. Feedback and engagement with community partners will be regularly sought out via the National Youth in Transition Database (NYTD) and internal Independent Living case record reviews. Results from these evaluative tools will be shared with courts, foster parents, youth in care and those who have aged out, federal partners, tribal partners, and youth advocacy organizations. Communication will be done through advisory board group presentations in the community, foster parent blog sites, youth advisory board meetings, court presentations, tribal visits/meetings, and regular email blasts to partners working with older at-risk youth populations. Tying both the evaluative components and data to communication with stakeholders is very important. Stakeholders will be welcomed to participate in the internal IL case record review as well as participate in planning once data is collected.

## Implementation Supports

Supports needed to implement each intervention are currently available through embedded trainers, regional IL coordinators, Idaho Foster Youth Advisory Board (IFYAB) members and the state IL Program Specialist. No implementation support barriers have been identified at this time.

**Objective 1:** By 2016, 65% of youth 15 years and older who are in state custody will have completed a Casey Life Skills Assessment (CLSA)/CANS and an Independent Living Plan within 90 days of IL eligibility. The assessment will be completed every year thereafter.

**Measure:** Biennial evaluation through the Independent Living case record review.

Review Year	% of youth w/CLSA within 90 days	% of youth w/IL Plan within 90 days
2013	58%	57%
2015	76%	64%
2017	No new information to report. Independent Living case record review will take place during the fall of 2017	

**Intervention 1:** In 2015, prepare “How to Guides” and conduct annual training of agency staff and tribal social service staff.

### *APSR Update*

Intervention completed. A “How to Guide” has been created and sent to all staff, and posted on the internal SharePoint site for workers to access when needed. Tribal staff who attend New Worker Academy are given a copy of the guide and have access to the guide via the state IL coordinator. The “How to Guide” is also referenced in the Older Youth New Worker Academy, so new social workers have a helpful tool when working with older youth.

**Objective 2:** By 2017, 100% compliance with the National Youth in Transition Database requirements.

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

FFY	Status	Assessed Penalty
2014a	Compliant	0.00%
2014b	Non-Compliant	1.25%
2015a	Non-Compliant	2.50%
2015b	Non-Compliant	0.50%

<b>2016a</b>	Compliant	0.00%
<b>2016b</b>	Compliant	0.00%

**Intervention 1:** Prepare “How to Guides” and conduct annual training with agency staff and tribal social services staff.

***APSR Update***

Intervention completed. Training regarding NYTD with agency staff and tribal social service staff is an ongoing effort. “How to Guides” have been created and are used during New Worker Academy and local in-service trainings.

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

**Measure:** Biennial evaluation through IL case record review.

Review Year	% of youth who received their H&E Passport
<b>2013</b>	36%
<b>2015</b>	38%
<b>2017</b>	No new information to report. Independent Living case record review will take place during the fall of 2017

**Intervention 1:** In 2015, develop a strategy for ensuring Health and Education Passports are prepared and disseminated.

***APSR Update***

Intervention completed. Information regarding the Health and Education Passports is delivered at the Older Youth New Worker Academy and through local in-service training. The IL case record review conducted in 2015 indicated that 38% of youth who emancipated from foster care received health and education passports.

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

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

Review Year	% of youth who received transition planning services
<b>2013</b>	43%
<b>2015</b>	52%
<b>2017</b>	No new information to report. Independent Living case record review will take place during the fall of 2017

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

***APSR Update***

Intervention completed. In November 2014, formal transition planning training was delivered to agency staff, tribal staff, and community partners. This training came as a direct result of the first IL case record review that showed a need for improvement in this area. The National Resource Center for Youth Development (NRCYD) trained those who attended as trainers to move this work forward in our state. In addition to the training, a resource binder was created by the NRCYD for newly trained trainers to use with youth and in teaching other staff the process of transition planning. The Independent Living case record review conducted in 2015 indicated 52% of youth age 17 or older had a transition planning meeting.

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

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

SFY	# of referrals	# of tribal youth served
2013	1	1
2014	0	0
2015	6	1
2016	0	0

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

***APSR Update***

Intervention completed. In December of 2014, a form was created to capture the information needed from tribes to enroll tribal youth in the Independent Living Program. The form was sent to all of Idaho’s tribal contacts for feedback about the practicality and usefulness of the form. Only one tribe responded, providing positive feedback about the helpfulness of the form. After hearing no other comments, the form was added to the agency’s external website as well as the IL practice standard for agency staff. The new form has been sent out to all tribal contacts and IL regional coordinators, the form is being used to help agency staff

request needed information from tribal staff to get tribal youth set up with Independent Living services.

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

### ***APSR Update***

Intervention completed. In the spring of 2015, the ICWA Program Specialist and the Independent Living Program Specialist meet with the Cœur d'Alene Tribe, the Nez Perce Tribe, and the Shoshone-Paiute Tribes to provide information and have conversations about what was working well and where barriers lay regarding access to services. During these meetings, many details were discussed including federal IL program changes, available Independent Living services, and case-specific scenarios. Response from the remaining tribes is pending for the opportunity to share this information. Invitations to upcoming training and contacts for IL services were given out. Since these meetings, all three tribes have reached out to enroll youth in local IL programs, attend IL training, and one tribe accessed IL funding to send a youth to a tribal youth leadership camp. The efforts made to meet in person and have candid conversations proved to be a great way to create relationships and partner to serve the youth better by CFS and tribes.

### ***APSR Revisions to Goal 4, Objectives, and Interventions***

The following interventions have been completed as of SFY 2016; Objective 1, Intervention1, Objective 2, Intervention1, Objective 3, Intervention1, Objective 4, Intervention1, Objective 5, Intervention1, Objective 5, Intervention2. Measures to determine whether interventions were effective include biennial Independent Living case record reviews. However, data from these reviews will not be available until SFY 2018 as IL CRR will be scheduled between August and December of 2017. During the course of SFY 2018, CFS will adjust, eliminate or add objectives, measures and interventions submitted with the CFSP to Goal 4 as the agency works towards aligning the CFSP with the Round 3 CFSR Program Improvement Plan process.

### **Future strategies for the Program Improvement Plan will be developed to:**

- Assess the current quality improvement process and case record review instrument
- Increase utilization of the National Youth in Transition Database
- Address permanency and wellbeing issues for older youth, including:
  - Ensuring that youth have access to assessment, treatment planning and the service array needed to address independent living needs

- Helping youth transition to self-sufficiency through providing transition planning
  - Ensuring youth have access to normal, age-appropriate experiences while in foster care.
- Address the underutilization of Education and Training Funds.

## (4) Service Description

### Populations at Greatest Risk of Maltreatment

The Child and Family Services program has identified children age birth to 5-years old as being the population at greatest risk for maltreatment. This age range makes up just over 31% of Idaho's general child population. However, it accounts for more than 44% of the substantiated child abuse and neglect cases received during SFY 2016. This population has been consistently identified at greatest risk of maltreatment in Idaho for several years. There is no other notable trend in the data for this at-risk population. Idaho considered this population in relation to race/ethnicity and geographic location but did not find the data to be statistically significant.

2015 Child Population vs. Children with Substantiated Cases (July 2015- June 2016)					
Population Estimates			Substantiated Children		
0-17	0-5	%	0-17	0-5	%
432837	136791	31.60%	1828	805	44.04%

Services to this population and current and future activities CFS is taking to target services to this at-risk population are as follows:

#### Infant-Toddler Program

The Infant-Toddler Program (ITP) serves children birth to three years of age with developmental delays and disabilities and is offered statewide. The program is governed by federal and state laws, specifically the Individuals with Disabilities Act (IDA), Part C, and Idaho Code Title 16, Chapter 1.

The practice standard for Birth to Three Mandatory Referrals on Substantiated Reports was recently updated, and the changes were finalized in December of 2016. The primary changes to the standard were around streamlining the referral process; as well as incorporating the process of designating a surrogate parent.

The Infant-Toddler Coordinating Council (ITCC) was launched in September of 2016. The mission of the council is to advise, assist, and collaborate to build capacity within families through the provision of quality early intervention services. Members are comprised of parents of infants and toddlers with disabilities or children with disabilities aged 12 or younger, and members of various state and community agencies and entities. The vision of the council is to support the ITP in meeting the individualized needs of children 0-3 and in empowering their families to maximize their growth and development. CFS has active membership in the ITCC.

## **Resource and Service Navigation Program**

The Resource and Service 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 outline specific goals and action steps
- Organize and actively case-manage service plans
- Work with communities to develop or assist in the stabilization of assets and resources

In April 2015, functionality was added to the child welfare information system (iCARE) to automate referrals from CFS to Navigation. During SFY 2016, Navigation received 225 automated referrals through iCARE. Additionally, Navigation has been tracking referrals from CFS in their system, GatorAid, and reported receiving a total of 1,855 referrals (including the 225 from iCARE) in SFY 2016.

## **Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)**

The Idaho Division of Public Health has implemented an evidence-based home visiting program that matches parents with trained professionals during or after pregnancy and throughout the child's first years. Infants and toddlers identified at greatest risk of maltreatment are prioritized for the program. CFS and the MIECHV program are in the early stages of developing a process for data sharing for the purpose of identifying the effectiveness of services provided to families through early home visiting.

## **Family Group Decision Making**

Family Group Decision Making (FGDM) meetings are used for the purposes of service, safety, and permanency planning. The 0 – 6 age population of children who have had a removal episode are now being prioritized for FGDMs. This particular age group is being targeted as they are the most vulnerable and fragile; placing them at the greatest risk for maltreatment, as well as data from the 4 – 6 age group showing a longer reunification time. Additionally, data reflects that approximately 44% of substantiated cases are for children ages 0 – 5. This prioritization went into effect in December of 2016.

## Services for Children Under the Age of Five

Children Under Age 5	SFY2013	SFY2014	SFY2015	SFY2016
<b>In Foster Care as of 6/30</b>	502	465	469	551
<b>% of total</b>	38%	36%	37%	39%
<b>Entering Foster Care</b>	503	476	486	559

<i>SFY 2016 Distribution of Foster Care Exit Reasons by Age</i>								
Removal End Reason	0 - 5		6 - 12		13 - 17		Total	
	#	Avg. Length of Stay in Months	#	Avg. Length of Stay in Months	#	Avg. Length of Stay in Months	#	Avg. Length of Stay in Months
<b>Adopted</b>	97	24.3	73	28	25	40.6	195	27.8
<b>Guardianship</b>	17	14.7	28	14.9	25	26.2	70	18.9
<b>Reunified</b>	386	7.5	301	7.8	194	7.1	881	7.5

The child welfare program continues to enhance services for children under the age of 5 to reduce their length of stay in care without a permanent family and to ensure that developmentally appropriate services are being provided. CFS continues to utilize the CANS tool, which was finalized and approved in January 2015. The tool has an item that is specific to children five-years old and younger. Approximately 50% of case-carrying staff are now certified users of the tool. CFS has coaches/trainers and CANS users who are certified in every region throughout the state. CFS is currently planning the continued implementation of the CANS tool for the remainder of supervisors and case-carrying staff who need to be trained and certified on the tool. CFS is working closely with partners at Chapin Hall, the Praed Foundation, Casey Family Programs, and the Division of Behavioral Health on how all child-serving systems in Idaho will be collaborating on the CANS tool to provide coordinated services and supports to children, youth, and their families.

The CFS program has been in close collaboration with the Infant Toddler Program (ITP) to ensure that ongoing education and supports are provided to biological families, foster families, children, community partners, and staff. CFS and ITP partnered to provide joint statewide training to the ITP staff and CFS leadership around the updates to the standard. Currently, CFS and the ITP are meeting regularly to discuss upcoming collaborative staff training, data analysis, as well as how to support birth parents and foster families working together to support ITP services.

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

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

The Adoption Support and Preservation Workgroup began meeting in February 2016 with the purpose of developing a statewide post-permanency support program to provide more consistent services to adoptive families. Supports and services to all adoptive families, including those who have adopted from other countries, are being considered in the development of the program. The Workgroup was unable to meet during the latter half of 2016 due to activities related to Round 3 CFSR and legislative requirements. However, it is expected to resume meeting and present final recommendations for consideration in late 2017 or early 2018.

## **(5) Program Support**

### **Training and Technical Assistance**

The Child and Family Services program provided training and technical assistance to community partners through Child Welfare Academy and other specialized training opportunities. Training sessions included: Working with Older Youth, Indian Child Welfare Act, Self-Care, Concurrent Planning, Child Welfare Trauma, Knowing Who You Are, Foster Care Academy, Child and Family Engagement, and Legal Perspectives in Child Welfare. All Child Welfare Academy sessions will continue to be available to community partners throughout the state in the upcoming year. Additionally, CFS provided support in training to foster parents, tribal partners, community therapists, educators, and guardian ad-litem regarding the Child and Adolescent Needs and Strengths (CANS) tool and Empowered to Connect (ETC) Parent Training, which is an interactive learning experience designed specifically for adoptive and foster parents. The ETC training focuses on understanding children's needs and development, while empowering caregivers with the tools and strategies to effectively meet those needs, build trust, and help children heal and grow.

Additional technical assistance and meetings were completed with agency contractors to discuss planning and work in developing a trauma-informed system of care. Trainings were also provide to community partners such as Head Start, certified family homes, health department, school districts, juvenile probation, children mental health, infant toddler, substance abuse providers, and community mental health agencies on the following topics:

- Child abuse reporting in Idaho
- Abusive head trauma
- Information about CFS program and services
- Substance abuse education
- Testifying in court proceedings

Technical assistance was also available to service providers regarding developing independent living case plans, supervised visitation, Family Group Decision Making model, and parenting models.

Technical assistance and support from Casey Family Programs was received in financial assistance, consultation, and professional guidance regarding strategies for CFS in improving permanency outcomes for youth in out-of-home care. Additional resources are also provided to improve the well-being of children in foster care by improving service supports, and providing

learning opportunities for CFS workforce and community partners to understand their role in addressing disparities for youth of color.

### **Capacity Building Center for States**

Idaho worked with the Capacity Building Center for States (CBC) in completing an assessment for technical assistance needs. CFS had requested assistance regarding program improvement planning needs related to federal and state requirements for continuous quality improvement, as well as general practice enhancements. The goal is to develop a comprehensive strategic plan for Round 3 CFSR Program Improvement Plan, CFSP/APSR, federal/state requirements, and collaboration efforts with internal/external stakeholders to improve practices and outcomes for children and families. A CBC's work plan is aimed at having a continuous quality improvement system that extends beyond the current case record review process, and increases the ability of the workforce to access and use data to inform and improve practice. Additional suggestions were made regarding the safety model implementation and state and tribal relationships which will be discussed and evaluated as part of the Program Improvement Plan.

## **(6) Consultation and Coordination Between States and Tribes**

### **Background**

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

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

The Indian Child Welfare Advisory Council (ICWAC) is designated, by the agreements, as a forum for ongoing tribal technical support and review. The group meets on a quarterly basis. The roles of Department executive leadership and tribal leadership can include either attending meetings or reviewing meeting minutes.

### **Goals for 2015-2019 include:**

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

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

#### ***APSR Update***

The ICWA Standard of practice has been updated by the program through collaboration which included gathering feedback from regional field offices and tribal partners to ensure compliance with the 2016 ICWA Rule/Regulations and Guidelines. Copies of the ICWA Standard have been shared with the Shoshone-Bannock Tribes, Shoshone-Paiute Tribes, Nez Perce Tribe, Coeur d'Alene Tribe, Kootenai Tribe of Idaho, and the Northwest Band of the Shoshone Nation for review and feedback to ensure ICWA compliance. Currently the ICWA Standard is being reviewed by CFS legal team and once

finalized, the ICWA Program Specialist and ICWA Liaisons will provide training and guidance to program staff as part of an implementation rollout.

The CFS ICWA Academy training is currently in the beginning stages of review and revision in collaboration with tribal partners. This training course is expected to be completed in the by the end of the 2017 calendar year. To ensure the application and spirit of ICWA, CFS will continue to invite tribal partners to co-facilitate the ICWA Academy sessions.

Casey Family Programs began leading the efforts this past year in facilitating and hosting a planning committee in collaboration with CFS, the Idaho Administrative Office of the Courts, and the Coeur d'Alene, Nez Perce, Shoshone-Bannock, and the Shoshone-Paiute Tribes to develop the annual ICWA conference for the calendar year 2017.

Knowing Who You Are (KWYA) training was implemented in 2010 and continues to be offered 2-3 times per year in each hub. From July 1, 2015 through June 30, 2016 sixty two (62) participants completed KWYA. This training is designed to help child welfare professionals explore race and ethnicity to prepare them to support the healthy development of their client's race and ethnic identity. The ICWA Program Specialist also discussed with Tribal partners the opportunity of attending the Training of Trainers (TOT) session to become co-facilitator.. To date no Tribal partners have taken the TOT course. This course is a mandatory training for all CFS employees.

ICWA Liaisons are encouraged to participate as a co-facilitator in the ICWA Academy training sessions in their local areas when available. ICWA Liaisons are able to connect with local staff as a leader and expert on ICWA so that they have connections when working with Native American/Alaskan Native families to ensure that ICWA work is compliant. ICWA Academy is mandatory for all CFS staff and is open to community partners and Tribal partners. Tribal partners are welcome to co-facilitate the training when they are available.

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

(a) Utilize the new National Council of Juvenile and Family Court Judges (NCJFCJ) Instrument for formal case reviews of ICWA cases which will include tribal members on the review team.

### ***APSR Update***

An ICWA case record review was last conducted in SFY2016 and the next review is planned to be completed during SFY2018. ICWA Case record reviews all completed on a biannually basis and include 100% review of all ICWA cases utilizing the updated instrument review tool. CFS has been working and consulting with tribal partners to plan

and coordination the dates of the next ICWA case record review to enhance participation.

### **(3) Develop local protocols**

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

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

#### ***APSR Update***

The Administration Office of the Courts is working towards the development of an Idaho ICWA Manual for the court system which reflects the new BIA guidelines and regulations. Representatives from CFS, courts, tribal representatives, and other community partners are working together to develop the manual. With the implementation of the Idaho ICWA Manual for courts and a revised CFS ICWA Standard and Academy curriculum for staff, CFS is confident ICWA compliance will improve throughout the state.

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

(a) Work with the National Child Welfare Resource Center for Tribes and/or Casey Family Programs to develop a formal recruitment plan for increased tribal foster homes.

#### ***APSR Update***

According to data over the past year, Idaho has experienced a minimal decrease in the number of Native American children placed in foster care as well as licensed Native American resource families. Please refer to Attachment 2: Foster and Adoptive Parent Diligent Recruitment Plan.

CFS continues to collaborate efforts to increase the number of licensed American Indian foster homes with internal and external partners. Our recruitment coordinators from Eastern Washington University (EWU) have focused on building relationships with Idaho tribes. Three of Idaho's six tribes (Shoshone-Paiute, Coeur d'Alene and Nez Perce) have engaged with the coordinators in this effort. Case workers from all three tribes have changed personnel in the past year, and EWU is continuing to rebuild those relationships. Efforts to engage with these tribes, as well as the Shoshone-Bannock Tribe, include collaborating on a program to program level for recruitment events and

offering training for tribal social workers and resource families. The Shoshone-Bannock, Nez Perce, and Coeur d'Alene tribes have recently requested a PRIDE Training of Trainer session for their staff.

On a local level (program to program), there are many strong collaborative relationships which is promising to our ability to continue to partner. However, Idaho must continue to make efforts to improve our relationships with our local tribes, at the government to government level, in efforts to improve our services provided to families and children as well as increase recruitment efforts of Native American/Alaskan Native resource families.

#### **(4) Collaboration and planning**

- (a) Hold quarterly conference calls with the tribes and ICWA liaisons to identify areas in need of improvement.
- (b) Work with the National Child Welfare Resource Center for Tribes and/or Casey Family Programs to hold a planning meeting with the tribes to develop action plans and collaborative goals for improved Tribal/State relations and ICWA compliance for the coming five years.
- (c) Assure tribal access to information about available funding to expand services.

##### ***APSR Update***

The ICWA Program Specialist meets with the regional ICWA liaisons on a quarterly basis to discuss ICWA practice, specific cases, identify any areas of need for the region and ensure that ICWA is applied consistently state wide.

The Department is continuing its efforts to develop consultation agreements with all Idaho tribes. Consultation agreements are in place with the Nez Perce and Coeur d'Alene Tribes. A draft consultation agreement with the Shoshone-Bannock Tribe is currently being negotiated.

The ICWAC meetings scheduled for August 2016, November 2016, and February 2017 were canceled due to unforeseen circumstances. The Coeur d'Alene Tribal Social Services Department had a complete staff turnover and positions were not filled until January 2017. The Shoshone-Paiute Tribal Administrator reported they had other obligations and reported not having any open Idaho cases at the time. The Kootenai Tribe of Idaho reported no open Idaho cases and that they did not plan to participate until there was a need. The Shoshone-Bannock Tribes are not participating until a consultation agreement is finalized between the Tribe and State. The Northwest Band of the Shoshone Nation typically does not participate due to limited available staff and lack

of open cases in Idaho. Given these circumstances only the Nez Perce Tribe was available. The Nez Perce Tribe in collaboration with CFS temporarily suspended the meetings until a forum could be reestablished. In May 2017, ICWAC reconvened with the Nez Perce and Coeur d'Alene Tribes present as well as representatives from CFS. The Shoshone-Paiute and Kootenai Tribe of Idaho had last minute cancellations and were unable to attend. The Northwest Band of the Shoshone Nation and Shoshone-Bannock Tribes did not respond to meeting invitations.

To enhance collaboration between tribal and state programs, CFS began monthly conference calls between CFS program specialists and tribal partners in December of 2016. These calls were developed as part of the effort to ensure CFS communication with tribal partners is more consistent and meets both party's communication needs. To accomplish this goal, tribal partners and CFS staff established a reoccurring monthly conference call which will be available to all tribal staff. These calls include the opportunity to discuss policies and procedures for the state child welfare program, ask questions or bring up concerns, discuss updated practice standards, and inform the group of available training opportunities being offered by CFS or the tribes. Through these calls, tribal partners are able to connect directly with CFS program specialists to gain information to enhance tribal programs regarding safety, permanency, and well-being, as well as Independent Living services and recruitment of resource parents for Indian children and families.

## **422 Protections**

During spring 2017, the CFS ICWA Program Specialist had formal face-to-face or phone discussions regarding Section 422 protections of the Social Security Act with the Nez Perce, Shoshone-Paiute, Coeur d'Alene Tribes, Northwest Band of the Shoshone Nation, and the Kootenai Tribe of Idaho.

The Coeur d'Alene Tribe is providing the 422 protections to the children and families they serve. The tribe reported their social services program utilizes a spreadsheet database to record demographic information for the children and families they serve. Older children are involved with developing the case plan. Health and education records for children are stored in case files and provided to foster parents, courts, and others as appropriate.

The Nez Perce Tribes are providing the 422 protections to the children and families they serve. The tribe reported their social services program does not have a child welfare information system, but their spreadsheet database system is meeting their needs to document the demographic information of the children and families they serve. The Nez Perce Tribe has a tribal court and presiding judge to conduct six-month reviews and permanency hearings.

Children participate in the case planning process at age 14. Younger children participate depending on their development and desire to be involved in planning. The health and education records of children are kept in a case file, and the information is provided to foster parents and court as appropriate.

The Shoshone-Paiute Tribes are providing the 422 protections to the children and families they serve. The tribe reported they have considered purchasing an information database system but have not found one to meet their needs that is cost effective. Currently, they keep a spreadsheet database that is meeting their needs to document the demographic information of children and families. They reported they have a contracted judge who comes to their reservation monthly to provide judicial review of their tribal social services cases. They provide a “notice of custody” document for schools and foster parents to give them a summary of a child’s education and health information. Foster parents are invited to attend court hearings and report to the court how children are doing at the six-month review hearing.

The Executive Director with the Northwest Band of the Shoshone Nation reported their tribe allows states to provide the 422 protections as they do not have a social services program. They also reported that within their enrollment database they are able to make “note” and identify if a child has been placed in foster care, guardianship, or has been adopted. When a child is in foster care they intervene in state court to become a party to the case to ensure the child is kept safe and their cultural and ethnic heritage is kept intact.

The Finance Director with the Kootenai Tribe of Idaho, stated their tribe provides for many of the 422 protections. They do not have a computer database system but keep files with the demographic characteristics, location, goals and status for children who are removed from their homes. The tribe has a tribal court that hears child protection cases twice per month. Case plans are developed with the family and child through the court system. In discussing all the 422 protections, they reported the tribe does not need any assistance from the state to provide for tribal children or families.

The Shoshone-Bannock Tribes, indicated during previous conversations in past years that they are providing for all the 422 protections.

The state of Idaho is responsible for the 422 protections for children and families who fall outside the boundaries of tribal lands when children are in the state foster care program.

In February 2017, CFS held the first of several meetings to develop a statewide Program Improvement Plan. The purpose of this plan is to establish goals to address the areas needing improvement found through the child welfare system’s self-assessment and federal case record reviews conducted for Round 3 of the federal Child and Family Services Reviews. Formal

invitations were sent to the Shoshone-Bannock Tribes, Shoshone-Paiute Tribes, Nez Perce Tribes, Coeur d'Alene Tribe, Kootenai Tribe of Idaho and the Northwest Band of the Shoshone Nation to participate in the development of the Program Improvement Plan. The Shoshone-Bannock Tribe, the Nez Perce Tribe, and Shoshone-Paiute Tribes participated in the Kickoff Program Improvement Plan meeting. Ongoing meetings regarding the Program Improvement Plan have also occurred on a hub and state level throughout the state. The representatives from the Shoshone-Bannock Tribes, Nez Perce Tribe and Shoshone-Paiute Tribes have continued to participate in the ongoing planning process.

In addition to meeting with the tribes through conference calls and in-person, the ICWA Program Specialist communicates and shares information with tribes such as training opportunities, ICWA Liaison changes, and other opportunities for tribal youth and tribal staff. CFS will continue to share electronic and paper copies of the state's APSR with each tribe. Over the next reporting period, CFS will discuss with each tribe how they would like to exchange copies of their tribal CFSP/APSR.

## **Idaho Tribes**

### **Coeur d'Alene Tribe**

In addition to the collaboration efforts being done to assist in implementing the APSR/CFSP through monthly calls and regular communication, a specific meeting was set up with the Coeur d'Alene Tribe to discuss the APSR/CFSP. A Tribal-State Collaboration and Coordination meeting to discuss the CFSP/APSR was held on May 8, 2017, with the Coeur d'Alene Tribal Social Services Indian Child Welfare Manager (ICW Manager). CFS shared information on the APSR/CFSP and discussed needs regarding Independent Living services, training courses, and tribal sub-grants. Data from the 2015 ICWA case record review was shared, as well as planning for the 2017 ICWA case record review. Results from the 2017 review will be used to develop an ICWA-specific program improvement plan with the tribes. A copy of the revised CFS ICWA Standard was provided to the tribe via email for review and to gather feedback on how to improve practice expectations for CFS staff in implementing and following ICWA. Prior to the meeting, the 2018 APSR program instructions were sent out electronically and provided again during the meeting. The ICW Manager reported tribal site visits by the ICWA Program Specialist at least twice per year would be helpful to continue collaboration and coordination efforts regarding the CFSP/APSR. The ICW Manager reported that the monthly conference calls between the tribes and CFS have been helpful and should continue. The ICWA Program Specialist discussed the terms and progress of the sub-grants with CFS for Promoting Safe and Stable Families (PSSF) and Social Services Block Grant (SSBG) with the ICW Manager. The PSSF sub-grant assists Coeur d'Alene Social Services client's with funding for drug and alcohol testing and other various client-assistance services. The SSBG contract provides funding that is utilized

to provide emergency foster care/kinship care, placement, training for foster/kinship parents, community education, and other activities to strengthen both Indian families and the overall tribal child protection program.

### **The Kootenai Tribe of Idaho**

Representatives from CFS held a Tribal/State Collaboration and Coordination meeting with the Vice-Chair and Finance Director with the Kootenai Tribe of Idaho by telephone. CFS discussed and shared information regarding Idaho's ICWA program, APSR/CFSP, ICWAC meetings, 422 protections, ICWA case record reviews, development of a ICWA program improvement plan, and CFS ICWA Standard of practice. Copies of the 2017 APSR and 2018 APSR Program Instructions, the revised CFS ICWA Standard, and data from the 2015 ICWA case record review were emailed prior to the meeting. CFS discussed the terms and progress of the CFS-tribal SSBG sub-grant. The SSBG contract provides funds to assist the Kootenai Tribe in attending social/cultural activities including school, gatherings, and sporting events. The Tribe also utilizes the funds to cover contract expenses for a psychologist to work with children and families on achieving and preventing neglect, abuse, or exploitation of children. Although the Tribe is small, the tribe has no other needs from the state to assist in providing for their families. The Kootenai Tribe continued to be included in invitations to monthly conference calls with the program to discuss the APSR/CFSP and ICWA practice, participate in ICWAC, and to attend local hub and statewide program improvement groups.

### **The Nez Perce Tribe**

On August 24, 2016, the Division of Family and Community Services' Administrator and the Child and Family Services Deputy Administrator participated in a government-to-government consultation meeting between the Idaho Department of Health and Welfare and the Nez Perce Tribe. Topics discussed included the possible development of a title IV-E agreement between the state and the tribe, access to kinship and adoption subsidies, SSBG sub-grant reporting requirements, and child care assistance for tribal youth.

In March of 2017, the Chair of the Nez Perce Tribe's Tribal Executive Committee submitted a draft Title I-V Agreement to IDHW for review and feedback. A meeting between state and tribal staff has been set for August of 2017 to review and discuss the draft proposal.

A Tribal-State Collaboration and Coordination meeting to discuss the CFSP/APSR was held on May 9, 2017, with Nez Perce Tribal Social Services representatives. CFS shared information regarding Independent Living services, training courses, and CFS and tribal sub-grants. Data from the 2015 ICWA case record review was shared, as well as planning for the 2017 ICWA case record review. A plan to use the 2017 review data to develop an ICWA-specific program

improvement plan was discussed. A copy of the revised CFS ICWA Standard was provided to the tribe via email for review and to gather feedback to improve practice expectations for CFS staff in implementing and following ICWA. Copies of the 2017 APSR and 2018 APSR Program Instructions were emailed prior to the meeting and the tribe was given copies during the meeting. Information was shared that tribal site visits by the ICWA Program Specialist at least twice per year would be helpful to continue collaboration and coordination efforts regarding the CFSP/APSR in addition to the monthly conference calls.

The tribe also expressed interest during the meeting to participate and become certified to co-facilitate Knowing Who You Are (KWYA) training in the state. The KWYA training was implemented in 2010 and continues to be offered 2-3 times per year in each hub. This training is designed to help child welfare professionals explore race and ethnicity to prepare them to support the healthy development of their client's race and ethnic identity in case plan development and practice.

The Nez Perce Tribe meets with CFS staff in the North Hub monthly to discuss the case progress, direction, and permanency of Indian children. During the meetings, CFS also discusses the terms and progress of the CFS tribal PSSF and SSBG sub-grants. The PSSF contract funding is used to support services for preserving families that are at-risk or in crisis, community-based support for families and Indian children at risk, and family reunification after a child has been removed from their home. Funds are used for training purposes and in providing direct assistance to families at risk. The SSBG contract funding is used by the tribe to support one child protection case worker. Barriers with other state agencies not recognizing tribal court orders was discussed during the meeting.

The tribe is interested in learning more about state processes surrounding the Reasonable and Prudent Parent Standard and how the state identifies domestic violence in relationships when working with families. Tribal representatives indicated the tribe would like to cover these topics in the monthly conference calls between the tribes and CFS Central Office Program Specialist team.

### **The Northwestern Band of the Shoshone Nation**

Representatives from CFS held a Tribal/State Collaboration and Coordination meeting with the Executive Director of Social Services for the Northwest Band of the Shoshone Nation, by telephone. CFS discussed and shared information regarding Idaho's CFS ICWA program, APSR/CFSP, ICWAC meetings, 422 protections, ICWA case record reviews, development of an ICWA program improvement plan, and CFS's ICWA Standard of practice. Copies of the 2017 APSR and 2018 APSR Program Instructions, the revised CFS ICWA standard, and data from the 2015 ICWA case record review were emailed prior to the meeting. CFS discussed the terms and

progress of the CFS tribal SSBG sub-grant. Tribal needs were discussed as they do not have a social services program; rather, the tribe depends on state courts and child welfare programs to provide services to tribal children and families. The tribe reported when a child is in foster care they typically intervene in state court to become a party to the case to ensure the child is kept safe and their cultural and ethnic heritage is kept intact. The tribe did state if needed they can take jurisdiction and convene a court system through their tribal council.

### **The Shoshone-Bannock Tribes**

Invitations were extended to the Shoshone-Bannock Tribes for a Tribal-State Collaboration and Coordination meeting to discuss the CFSP/APSR. The tribe respectfully declined the meeting stating that a formal consultation would be needed for this type of discussion. All documents provided to the other tribes participating in the CFSP/APSR meetings have also been emailed to the tribe to ensure they have access to the information.

### **The Shoshone-Paiute Tribes**

A Tribal-State Collaboration and Coordination meeting was held on May 15, 2017 with Shoshone-Paiute Social Services representatives to discuss the CFSP/APSR. Data from the 2015 ICWA case record review was shared, as well as planning for the 2017 ICWA case record review. Results from the 2017 review will be used to develop an ICWA-specific program improvement plan with the tribe. A copy of the revised CFS ICWA Standard was provided to the tribe for review and to gather feedback to improve practice expectations for CFS staff in implementing and following ICWA. Copies of the 2017 APSR and 2018 APSR Program Instructions were emailed prior to the meeting and the tribe was given hard copies of the documents.

During the meeting, CFS discussed the terms and progress of the CFS tribal SSBG sub-grant. The SSBG sub-grant provides funds to assist the tribe in providing services directed toward achieving economic self-support/self-sufficiency, preventing neglect, abuse or exploitation of children.

The Shoshone-Paiute Social Services Program has developed a culturally-sensitive program aimed at Native American at-risk youth and their families. The tribe is interested in gathering information on CFS processes such as Family Group Decision Making Meetings, developing safety plans with families, and participating in Knowing Who You Are trainings. They also reported that the monthly conference calls between the tribes and CFS have been helpful.

## ICWA Compliance

To ensure ICWA compliance, regional child welfare leadership, ICWA liaisons, and staff from field offices meet monthly face-to-face with the Shoshone-Bannock Tribe, Nez Perce Tribe and the Coeur d'Alene Tribe to collaborate and discuss case progress, family needs, permanency planning, and overall case management on ICWA cases. These meetings rotate each month occurring on tribal land and state offices. Currently, there are no other formal meetings with other tribes to discuss specific ICWA cases; rather, communication and collaboration occur directly between child welfare staff and tribes involved.

Case record reviews of all open ICWA cases are conducted every two years. The last review was held in November-December 2015. The upcoming review will be held early fall 2017. CFS works in conjunction with tribes in completing the ICWA case record reviews. Data from the 2015 ICWA case record review has been shared with tribal partners and the Administrative Office of the Courts, and discussions have begun in developing an ICWA program improvement plan with tribal partners once the 2017 ICWA case record review is conducted.

The following data is a comparison from the 2012 and 2015 ICWA case record review.

The 2015 ICWA case record review shows a decrease from 2012 in sending notices to the Indian child's tribe and mother but shows an increase of notices sent to fathers statewide.

**Were notices sent to the child's tribe (or Bureau of Indian Affairs (BIA) if child's tribe is unknown) for ALL court hearings?**

### Statewide Data

	2012	2015
<b>Yes</b>	67.6%	60.87%
<b>No</b>	29.7%	36.96%
<b>N/A</b>	2.7%	2.17%

**Were notices sent to the child’s mother/Indian custodian for ALL court hearings?**

**Statewide Data**

	2012	2015
<b>Yes</b>	75.7%	71.74%
<b>No</b>	16.2%	23.91%
<b>N/A</b>	8.1%	4.35%

**Were notices sent to the child’s father/Indian custodian for ALL court hearings?**

**Statewide Data**

	2012	2015
<b>Yes</b>	64.9%	67.39%
<b>No</b>	21.6%	23.91%
<b>N/A</b>	13.5%	8.7%

Practices of sending notices vary around the state. CFS staffed a position specifically designed to assist social workers in sending official ICWA notices. Not all regions utilize this service resulting in inconsistent ICWA notification practices and procedures. Training and standardization of practices and procedures for sending ICWA notices is greatly needed.

The 2015 ICWA case record review data below shows a decline of approximately 19% in the placement of Indian children with extended family, tribal placements, or other Indian homes, to preserve connections to family and culture. The data shows a decline from 2012 of approximately 8% in efforts by CFS to maintain family, community, and cultural connections for the Indian child.

**Is the child placed with extended family, someone from the child’s tribe or in another Indian home?**

**Statewide Data**

	2012	2015
<b>Yes</b>	73%	54.35%
<b>No</b>	27%	45.65%

**If “No,” have efforts have been made to maintain family, community and cultural connections for the child?**

**Statewide Data**

	2012	2015
<b>Yes</b>	80%	72.73%
<b>No</b>	20%	27.27%

There are typically three points in time when a court makes a determination of “active efforts” in a case, the shelter care/adjudicatory hearing, the six-month review hearing, and the permanency hearing. If there are more frequent hearings, findings of active efforts are required as well. The results from the 2015 ICWA case record show a significant decline of findings of active efforts by the courts in court orders. These findings highlight the need for strategies to ensure that courts are making the appropriate findings and ensuring these findings are documented in the court orders. The lack of necessary court findings also speaks to the need for training for all parties, including courts and prosecutors, on the necessary components of an ICWA case. Lack of active efforts findings could also be associated to circumstances in which there is not early identification of American Indian/Alaska Native heritage.

**Were active efforts made prior to removal to prevent the breakup of the Indian family?**

**Statewide Data**

	2012	2015
<b>Yes</b>	78.4%	41.3%
<b>No</b>	21.6%	58.7%
<b>N/A</b>	0	0

**Were active efforts made to reunify the child with his/her family?**

**Statewide Data**

	2012	2015
<b>Yes</b>	81.1%	52.27%
<b>No</b>	19.0%	47.73%
<b>N/A</b>	0	0

**At the permanency hearing(s), did the court find that active efforts were made to finalize a permanent plan?**

**Statewide Data**

	2012	2015
<b>Yes</b>	46.0%	23.81%
<b>No</b>	19.0%	35.71%
<b>N/A</b>	51.4%	40.48%

The state child welfare agency is responsible for ensuring that ICWA practice is consistent with federal requirements set out in the Indian Child Welfare Act. As reported in the statewide 2015

ICWA case record review, CFS has decreased performance in many areas since the 2012 ICWA case record review. To serve Indian children and families better, CFS must work together with tribal partners, courts, and other community partners on a state and regional level; setting goals and plans to improve ICWA compliance statewide.

The ICWA Standard of practice has been updated to ensure it is compliant with the 2016 ICWA Rule/Regulations and Guidelines. Copies of the ICWA Standard has been shared with the Shoshone-Bannock Tribes, Shoshone-Paiute Tribes, Nez Perce Tribe, Coeur d'Alene Tribe, Kootenai Tribe of Idaho, and the Northwest Band of the Shoshone Nation for review and feedback to ensure ICWA compliance. Once the ICWA Standard is finalized, the ICWA Program Specialist and ICWA Liaisons will provide training and guidance to all staff.

The CFS ICWA Academy training is currently in the beginning stages of review and revision in collaboration with tribal partners. This training course is expected to be completed in the fall 2017. To ensure the application and spirit of ICWA, CFS will continue to invite tribal partners to co-facilitate the ICWA Academy sessions.

#### **Chafee Foster Care Independence Plan (CFCIP) Tribal Collaboration**

The CFS program has been working the tribes in promoting awareness and access to CFCIP funding for services to assist youth in tribal foster care to transition to adulthood. During SFY 2016, CFS began working with the tribes on updating the referral process for tribal youth to access CFCIP services, and an updated referral form as well as tracking and reporting measures for referrals and service provision should be finalized in the coming months.

The CFS program continues to partner with each tribe residing in Idaho to make the full array of independent living services available to tribal youth. CFS works with tribes on a local and program-to-program level. Consultation is defined as a formal process in Idaho, meaning government-to-government, and is not utilized for independent living service provision purposes. CFS staff are available to support and train tribal social services staff about the Independent Living Program. Idaho tribes receive information regarding Idaho's Independent Living Program through the State Independent Living Program Specialist, the CFS Indian Child Welfare Program Specialist, the IDHW Tribal Relations Program Manager, and at regular ICWAC meetings. Benefits and services under the program are available to Indian children in Idaho on the same basis as to other children in the state, including credit reports for minors in foster care.

## **(7) Monthly Caseworker Visit Formula Grant**

Monthly Caseworker Visit grants are provided to states to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention, and training.

Idaho has used caseworker visit grant funds as follows:

- Research and implement technology for caseworkers in the field to increase the timeliness and accuracy of the documentation of completed caseworker visits with children.
- Train and implement a statewide standardized format for documentation of caseworker visits with children.
- Implement a statewide standardized quality assurance process for administrative and supervisory review of both the frequency and the quality of caseworker visits with children. This will be achieved through the use of standard data reports and a system of accountability for monitoring contacts to ensure workers achieve at least 95 percent consistently.

Wireless technology in a remote field office was installed to increase direct access to the child welfare information system (iCARE) for workers in the field. CFS is researching the use of video conferencing technology for use in some circumstances to assist workers with reducing travel time in the field and allow increased time for completion of worker contacts. CFS has provided documentation training to all regions of the state to promote a structured documentation format for monthly contacts. CFS conducts statewide quarterly audits of worker contacts with children in foster care, and requests supervisors implement corrective action plans for any worker who does not meet the requirements for monthly face-to-face contact. Supervisors are able to access worker contact reports in iCARE at any time to monitor their worker's contacts.

Idaho has consistently met or exceeded statutory performance standards for monthly contact between social workers and children in foster care.

## **(8) Adoption and Legal Guardianship Incentive Payments**

Idaho received a total of \$178,545 in Adoption and Legal Guardianship Incentive payments during FY 2015 and FY 2016. None of the funds have been spent at this time; however, no challenges exist in the ability of CFS to expend them in a timely manner. The funds will be used to support the array of permanency-related services for children and families. CFS has convened a Post-Adoption Workgroup for the purpose of developing standardized statewide post-permanency support. Monies received from incentive awards have been identified as one source of funds for the developed services.

## **(9) Child Abuse Prevention and Treatment Act (CAPTA)**

Idaho continues to be eligible to receive Child Abuse Prevention and Treatment Act (CAPTA) funds, and is meeting the eligibility requirements. There have been no substantive changes to state law or regulations related to the prevention of child abuse and neglect that affect the State's eligibility for the CAPTA state grant.

There are no substantial changes being made to the state's CAPTA plan this year. CAPTA funds will continue to be utilized to support the state's continuous quality improvement system. CAPTA funds will also continue to be utilized to support the state's enhanced child safety practice, specifically supporting a coaching model to further assist in the embedding of the practice and in developing, strengthening, and facilitating training to improve engagement with families as well as case management. Additionally, funds from CAPTA support workforce development strategies in enhancing supervisory and leadership training, maintain funding support for citizen's review panels in all regions, efforts in collaboration of the Indian Child Welfare Council to enhance relationships and practice of Indian Child Welfare Act, improving and developing systems of technology, and in conducting multidisciplinary team child fatality reviews.

Funds received through CAPTA are used to develop and implement projects that support statewide programs relating to child abuse and neglect. The following program areas were selected for 2017-2018:

- 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 improve 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)).
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4)).

- Developing and updating 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)).
- Developing, strengthening, and facilitating training including: (a) training regarding research-based strategies to promote collaboration with families; (b) training regarding the legal duties of such individuals; (c) personal safety training for caseworkers; (d) training in early childhood, child, and adolescent development (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)).
- Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect; (section 106(a)(8)).
- 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 victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (section 106(a)(13)).
- 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)).

During SFY16, the Child and Family Services program used CAPTA funds to support multiple projects to improve the quality of services for children who are victims of abuse or neglect. This has been done primarily through the provision of training to child welfare professionals and community partners in best practices, curriculum development for staff regarding abuse and neglect, and enhancing staff coaching practices.

The agency also provided CAPTA funding to support multidisciplinary child protection teams and committees including children welfare leadership committees and the Indian Child Welfare Act Committee (ICWAC).

## **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). The Idaho Children's Trust Fund is the identified recipient of federal prevention funds. CFS collaborates with the ICTF to offer prevention services. Additionally, CFS contracts for various family-support services throughout the state.

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 outline specific goals and action steps
- Organize and actively case manage service plans
- Work with communities to develop or assist in the stabilization of assets and resources

In April 2015, functionality was added to the child welfare information system (iCARE) to automate referrals from CFS to Navigation. Between July 1, 2015 and June 30, 2016, Navigation has received 225 automated referrals through iCARE. Additionally, Navigation has been tracking referrals from CFS in their system, GatorAid, and have received a total of 1,855 referrals (including the 225 from iCARE) from July 1, 2015 – June 30, 2016.

## **Reporting suspected cases of child abuse and neglect**

Child and Family Services 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, 1,253 English brochures and 803 Spanish brochures were distributed throughout Idaho.

To encourage mandatory reporting, through a contract with the University of Idaho's Cooperative Extension System, CARTF 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, 306 DVDs were distributed out of existing inventory. Upon request, regional social workers also train the public on mandatory reporting laws.

## **Policies and procedures that promote and enhance collaboration among agencies**

The Service Delivery Standard was developed by CFS to promote collaboration between all agencies and service providers. Additionally, CFS 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 in the delivery of services. Additionally, all areas of the state have good working relationships with their local domestic violence agencies and service providers.

The CAPTA plan also supports 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). It also addresses the mental and physical health needs of children identified as abused or neglected, which includes prompt and comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

During SFY2016, CFS staff have continued to consult with psychiatrists, pediatricians, representatives from Medicaid, the Infant Toddler Program, the Division of Behavioral Health, and the Supreme Court, in a collaborative effort to enhance health care 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. Additionally, CFS staff have been participating in multidisciplinary meetings with the Division of Behavioral Health Services, Division of Medicaid, Department of Juvenile Corrections, Department of Education, parents, youth, community service providers, educators, and the Praed Foundation, in a collaborative effort to implement a new system of care for Idaho's children and youth with a Serious Emotional Disturbance (SED).

## **Update on Services to Substance-Exposed Newborns**

Idaho is a mandatory reporting state for all suspected child abuse or neglect situations. Any person suspecting a child has been abused, neglected, or abandoned is required to report it within 24 hours. A newborn identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder would be required to be reported under the following law:

<http://legislature.idaho.gov/idstat/Title16/T16CH16SECT16-1605.htm>

All citizens are encouraged to call and make a report if they suspect abuse or neglect of a child. Failure to report as required in Idaho law section above is considered a misdemeanor.

Child and Family Services conducts comprehensive safety assessments on families involved in a report of an infant identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure. If the infant is found to be unsafe at the conclusion of the assessment, a safety plan to manage the safety threat is put into place, and a service plan is created with the family to address the parent's capacity to protect their child and the infant's health and treatment needs. The plan may include substance abuse assessment and treatment services to the parents, and also may include services to help the parents meet the needs of the infant—medical, developmental, or otherwise. CFS is developing and refining tracking mechanisms for safety plans and service plans specific to infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure. CFS also has made system enhancements to track the number of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Additionally, collaborative work has started with internal and external partners from within the agency, hospitals, health care programs, and home visiting programs, as well as Public Health and Maternal and Child Health Programs to meet the new requirements made by the Comprehensive Addiction and Recovery Act of 2016 (CARA). However, there is still additional work needed to fully develop and implement a plan in Idaho to fully address the required provisions. CFS has begun discussions on the development of a program improvement plan with the Children's Bureau to address the specific steps needed to come into compliance with the required provision no later than June 30, 2018. As part of the development of a program improvement plan, technical assistance may be needed for the implementation of safe care plans and other CARA requirements. (See Attachment 9: CARA PIP)

### **Amendments to CAPTA by P.L. 114-22**

As part of the amendments made to CAPTA by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015, CFS has been making updates to practice standards and state legislative changes to implement the required provisions.

In 2015, CFS implemented a new practice standard, Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking Victims, which provides direction and guidance in the assessment and identification of victims of sex trafficking. The development of the standard was done through consultation and collaboration with local sex trafficking coalitions and community partners, including but not limited to, law enforcement, child advocates, attorneys, health care professionals, youth, and internal staff. The standard defines several terms including sex trafficking and severe forms of trafficking, as well as guidance for assessment and data tracking. CFS also made changes to the child welfare information system (iCARE) to collect and report data regarding children who are victims of sex trafficking. Additional enhancements

have been made to identify and collect data regarding sex trafficking cases at the point of intake in addition to the information gathered during the assessment phase.

Beginning in SFY17, CFS plans to utilize and customize training developed through the Capacity Center for States as part of the Child Welfare Academy curriculum on sex trafficking to enhance staff skills in the identification, assessment, and delivery of comprehensive services to victims of sex trafficking. No additional technical assistance has been identified as a need related to the implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

During the 2017 legislative session, CFS presented legislation to include definitions of “sex trafficking” and “severe forms of trafficking,” as defined in sections 103(9)(A) and (10), into the Idaho Child Protective Act for children under age 18. These proposals were accepted by the Idaho Legislature and will go into effect on July 1, 2017.

#### **PROGRAM CONTACT**

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## **(10) Chafee Foster Care Independence Program**

### ***Agency Administering CFCIP***

The Idaho Department of Health and Welfare, Division of Family and Community Services, Child and Family Services Program is responsible for the administration and oversight of the programs cared out under the Chafee Foster Care Independence Program (CFCIP) State Plan. As with other section of this report, SFY2016 refers to the time period beginning July 1, 2015 and ending June 30, 2016. The reports on progress contained in this report are based on independent living goals, objectives, interventions, and planned activities outlined in the 2015-2019 Children and Family Services Plan for the state of Idaho.

### ***Program Description***

#### **Eligibility**

The eligibility criteria for a youth's participation in the Independent Living (IL) Program was developed through a process of consultation and public input. Emphasis was placed on services to those youths most likely to remain in foster care until their 18<sup>th</sup> birthday. CFS requires that a youth be in a foster care placement for ninety cumulative days, an indicator they will more likely be in care long term, and need additional assistance in attaining self-sufficiency. Eligibility requirements for independent living services are as follows:

1. A youth must be, or have been, the responsibility of the State or Indian tribe either through a court order or voluntary placement agreement with the child's family.
2. Only youth between the ages of 14-21 years of age are eligible for services and use of funds through the independent living program.
3. Youth must have resided in an eligible placement setting which includes foster care, group care, Indian boarding schools, or similar foster care placement, and excludes detention facilities, forestry camps, or other settings primarily designed for services to delinquent youth.
4. A youth must have resided in an eligible foster care setting for 90 cumulative days after attaining the age of 14.

#### **Special Circumstances:**

- If a youth is found eligible for independent living services during a foster care episode and subsequently reaches legal permanency status of reunification, adoption or guardianship, the youth remains eligible for independent living services until age 21. Room and board services will be available only to those eligible youth,

including Indian youth, who have aged out of foster care upon reaching the age of 18 years but have not yet reached the age of 21.

- Education and Training Vouchers (ETV) are available to youth who meet eligibility requirements, and who have completed secondary education. IL eligible youth with legal permanency status of adoption or guardianship prior to their 16th birthday are not eligible for ETV per section 477(i)(2) of the Social Security Act.

## **Service Provision**

### **Serving Youth Across the State**

The Independent Living Program in Idaho has been a state-administered and state-delivered program since its inception in 1987. The program has served, and will continue to serve, eligible youth in all geographic areas of the state. Youth who move from one region to another will be served by the region in which the youth currently holds residence. Any youth for whom the state is legally responsible regarding placement and care, and who satisfies the state of Idaho's criteria for IL eligibility, may be served through the program. In keeping with the CFCIP, Indian youth for whom a tribe is responsible for placement and care, and who satisfies the eligibility criteria may be served. Youth who are dually committed through an expansion of the Juvenile Justice Act, and are not in a detention facility or hospital setting, may be served if they meet the eligibility criteria.

Idaho divides the state into three hubs (North, East, and West) which consist of seven regional areas. The North Hub consists of Regions 1 and 2, the West Hub consists of Regions 3 and 4, and the East Hub consists of Regions 5, 6, and 7. Each region is allocated a budget to address IL needs based on the population of Independent Living eligible youth they serve. During SFY 2016, there were 121 youth eligible for services in the North hub. Of those, 116 received assessment, IL planning and/or services paid through CFCIP. There were 227 youth eligible for IL services in the West Hub. Of those, 187 received assessment, IL planning and/or services paid through CFCIP. The East Hub had 134 youth eligible for IL services. 109 received assessment, IL planning and/or services paid through CFCIP.

### **Serving Youth of Various Ages and States of Achieving Independence**

**Youth 14-18 years of age in foster care:** CFS provides Independent Living Services to eligible youth beginning at 14 years of age. In making this determination, CFS has established a standard of ninety cumulative days of foster care placement after the youth's 14<sup>th</sup> birthday. Engaging youth earlier recognizes the inherent risk factors of developmental and ongoing trauma experienced by children and youth who enter the foster care system. By initiating independent living services for youth younger than 16, more time is available to provide

services and prepare youth for successful transition to adulthood. Services to youth in this age range will include all the services noted in the plan, except for room and board, that will accomplish the purpose of the CFCIP. Services will be initiated with a formal assessment of their readiness for self-sufficiency. Subsequent to the assessment, an independent living plan will be developed to support eligible youth in acquiring the knowledge, skills, and resources necessary to make a successful transition to adulthood. These services will be provided by foster parents, parents, child welfare professionals, tribal social service programs, or private and public partners. Planning and implementation of the independent living service plans will be youth-driven to assure they take responsibility for their success. This age group will have the entire range of services noted earlier in the plan.

**Youth 18-21 years of age:** For youth ages 18 through 20, CFS will provide Independent Living Services to eligible youth, including Indian youth, who have experienced a foster care episode between the ages of 14-18. Youth in this age range may receive the full array of independent living services described below, including extended IV-E maintenance payments between ages 18 and 19, if they are completing secondary education, and room and board funds if they exited foster care at age 18. Services to older youth may be delivered by a wide range of service providers such as state agency staff, tribal social service programs, and community partners or youth service contractors. Youth in this age group will receive voluntary services beginning with assessment and planning for their needs.

### **Scope of Services**

**Assessment:** Paramount to this process of assisting youth to achieve self-sufficiency and the overall goals of the state program, is an assessment of each eligible youth's needs relative to their readiness to live independently. CFS has adopted and uses the Casey Life Skills Assessment as the mandatory instrument for this purpose. Each youth who is eligible for independent living services, including tribal youth, will participate in this assessment of their needs prior to the provision of services or use of any funds awarded to the state by the CFCIP. The youth, as well as their family, foster parents, child welfare professionals, and others having knowledge of a youth's preparedness for living independently, including tribes, are encouraged to participate in the assessment process. It is anticipated that by conducting a consistent, comprehensive assessment of a youth's independent living needs, the state and tribal programs will be more likely to target services that have a meaningful impact on the success of these youth as they prepare for living independently.

**Independent Living Plan:** Upon completion of this assessment, a youth-driven independent living plan will be developed for all eligible youth, including tribal youth, placed in out-of-home care who are at least 14 years of age or older. This plan created in collaboration with the youth

and other individuals familiar with the youth will include specific goals and objectives to be achieved. The result is that all eligible youth in out-of-home placements will have a distinct, Individualized independent living plan that is designed to help prepare them to make the successful transition from foster care to a self-sufficient adulthood. This will also help to assure youth participating in the state program have a comprehensive plan that encourages the inclusion of those individuals likely to be a long-term natural support system, and facilitate the likelihood of successfully completing their plan. The youth's assessment and plan will be updated on an annual basis or more frequently if the youth's circumstances change.

## **Service Array**

The services described below are designed to assist youth in transitioning to self-sufficiency:

**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.

**Life 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 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 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 development of contracts with appropriate service providers.

**Education & Training Vouchers:** The ETV program is administered through collaboration between the Independent Living Program Specialist and regional independent living coordinators. The ETV is utilized to meet the post-secondary educational and vocational training needs of youth served through the CFCIP. A maximum of \$5,000 per youth per year may be utilized in assisting a youth attend a post-secondary educational or vocational training program as defined in the Higher Education Act.

**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 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 and pregnancy prevention, sexually transmitted diseases, and avoidance of high-risk sexual behaviors. In October 2015, the Idaho Foster Youth Advisory Board collaborated in finalizing the Idaho Youth Bill of Rights which is a tool that is utilized to review youth rights with foster parents upon entering into a foster care placement or when conflict arises within the placement. Affirmations within the bill of rights include a youth's right to be who they are through learning about their sexuality in a safe and supportive environment, as well as a right to receive care and services that are free from discrimination based on gender, identity, and gender expression or sexual orientation.

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

**Age or Developmentally-Appropriate Activities:** CFS has continued to collaborate with state, public, and private entities and stakeholders in ensuring opportunities for youth to engage in age or developmentally-appropriate activities.

**Driving Privileges:** The Idaho Legislature approved Rule 16-0601-1401 modifying IDAPA 16.0.01.451. This rule change allows CFS to reimburse a licensed foster parent for the cost of vehicle insurance for a foster child as it creates an avenue for youth to drive while in foster care. It is anticipated this rule change will encourage life skills and normalization of eligible children in foster care by allowing them to become drivers while in foster care where they have family support and direction as young drivers. Youth in foster care often miss out on opportunities to be employed or participate in school activities because foster parents do not have the means to get them to and from these activities. Allowing youth to drive, would allow them more access to these normalizing activities. Additionally, youth in foster care list driving as one of the top three factors of a successful transition to adulthood.

**Self-Sufficiency:** Provision of other necessary services and assistance designed to improve participant's opportunities to transition to self-sufficiency successfully

**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.

**Medicaid Coverage:** Beginning January 1, 2014, Idaho extended Medicaid coverage to youth who aged out of foster care until their 26<sup>th</sup> birthday using the state's Children's Health Insurance Program. At this time, Idaho has chosen to only extend coverage to youth who have emancipated from Idaho's foster care system. Staff, former foster youth, current foster youth, community agencies, and local benefits offices across the state were provided information via email and social media regarding how the affordable care act helps former foster youth, how to qualify and apply, what information is needed, and provided several resources for additional information.

**Trust Accounts:** The Child Welfare Funding Team monitors/manages funds for children in foster care who receive either Social Security benefits (SSI/SSA/SSDI), child support dollars from obligated parents, or insurance or court settlements. These funds are used to offset the child's cost of foster care. Any monies left over after the child leaves care and all outstanding expenses are paid are returned to the youth. No other trust accounts are used for independent living.

**Room & Board:** Room and Board funds will be provided for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. No more than 30% of the allotment of CFCIP funds will be used for room and board. Room and board is defined as those expenses which assist eligible youth, including Indian youth, to secure adequate housing and other necessary household items which promote the goal of self-sufficiency. Independent Living room and board funds may be used for, but are not limited to, the following:

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

**Transition Planning:** Idaho foster youth are provided with a final transition planning meeting within 60 days before or after their 17<sup>th</sup> birthday, and within 90 days of their 18<sup>th</sup> birthday. This meeting is utilized to assess the youth's readiness, resources and skills and to connect the youth with the services they need to make a successful transition to adulthood.

## **Training**

Social workers receive initial and ongoing support in developing an understanding of and the skills necessary to address the goals and objectives of Idaho's CFCIP. New CFS staff is familiarized with the history and details of the CFCIP plan, and provided with an opportunity to interact with and learn from current and former foster youth through a youth panel incorporated as part of the training. Working with Older Youth New Worker Academy is taught in collaboration with embedded trainers, regional IL coordinators, and Idaho Foster Youth Advisory Board members. Ongoing training and support are provided through regional IL coordinators and in-service training courses by the Independent Living Program Specialist, regional IL coordinators, and embedded trainers as requested.

Foster parents receive PRIDE pre-service training prior to becoming licensed to provide care for children and youth in foster care. Prospective foster parents receive training which aligns with the goals and objectives of the CFCIP, such as developmental needs and continuing family relationships. During the final PRIDE session, prospective foster parents are provided with an opportunity to ask questions to a panel which includes 1-2 members of the Idaho Foster Youth Advisory Board (IFYAB). The panel shares the foster care experience from the youth's perspective. Licensed foster parents receive additional training on CFCIP goals through other training opportunities on how to ensure normalcy for children and youth in foster care.

Training will continue to include information on the purposes and philosophy of the Independent Living Program, participation requirements, implementation, measurements of success, outcomes, and all other aspects of the program that allow youth to make a smooth transition from foster care to self-sufficiency.

## ***Accomplishments***

During SFY2016, the Department increased the number of IL eligible youth which were assessed and served from 82.1% to 85.4%.

During SFY2016, the Department completed a case record review of all Independent Living-related needs. Results can be found in Goal 4 updates.

During SFY2016, the Department continued to provide advocacy, leadership and professional development opportunities to Idaho Foster Youth Advisory Board members through both local

and national conferences. Locally, youth were provided with training on the topics of youth development; balancing youth advocacy and life/creating strong sustainable youth advisory boards. Board members were also provided with public speaking 101 and learned how to share their stories strategically. Nationally, youth attended the Daniel Memorial Growing Pains Independent Living Conference in Orlando, Florida.

During SFY2016, the Department partnered with the Idaho Foster Youth Advisory board in outreach and advocacy through utilizing board members as presentation experts. Youth presented to local community agencies, partners and stakeholders including the following; the Idaho Trust Fund, Brown Mackie College, Northwest Nazarene University, and the Child Projection Committee. Youth also participated on panels to foster parents through PRIDE training, the annual Resource Parent/Social Worker conference in all three hubs and through Working with Older Youth Academy in each of the hubs.

During SFY2016, the Department partnered with the Idaho Foster Youth Advisory board to finalize the Department's standard for Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking Victims.

During SFY2016, the Department partnered with the Idaho Foster Youth Advisory board to finalize the Idaho youth in Care Bill of Rights, which was created to inform youth, resource parents, the agency, and providers about the rights foster youth have while they are in foster care. While not all the rights are legally protected, they are important goals intended to guide the agency's commitment to permanency, safety and wellbeing of children in care. Effective July 1, 2016, any child or youth who enters care or moves placements must review the Bill of Rights with their placement resource and social worker. The Bill of Rights must also be posted in a location that the child/youth has access to within the foster home to remind the child/youth of his/her rights. Two board members assisted in developing the training module used during SFY2017 to train current and new CFS staff.

## ***Collaboration***

### **Collaboration with Other Private & Public Agencies**

To help youth achieve self-sufficiency and independence, CFS will continue to consult and collaborate with public and private entities including university partners, the Idaho State Board of Education, the Department of Education, Casey Family Programs, the Idaho Court Improvement Project, law enforcement, all federally recognized tribes in Idaho, legislators, professional child welfare workers, regional and central office child welfare program managers, health care providers, legal services, foster youth and foster youth alumni, housing providers,

substance abuse treatment providers, judges, juvenile justice, Idaho's children's mental health program, and public education providers.

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

**Foster Youth Involvement:** Regional foster youth advisory boards exist in six of the seven regions and provide an organized venue for youth to convene, connect, and advocate for topics of concern that impact youth in foster care. Support for the seventh region to form a board will continue to be a focus, due to small numbers of older youth in this region and a large rural demographic, Region 7 finds it difficult to organize a youth board. Advisory board groups create opportunities for youth to develop leadership skills and have opportunities to speak on 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. All 7 regions in Idaho have at least one youth representative on the IFYAB.

During SFY 2016, CFS partnered with the Idaho Foster Youth Advisory Board (IFYAB) to develop the Standard for Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking victims. This involvement included the board interviewing community partners such as shelters that serve runaway youth. The IFYAB participated in the development of a webinar that is utilized by both current CFS staff and in new worker academy training. Other collaboration with the board included the finalization and staff training development of the Idaho Youth in Care Bill of Rights.

The board also focuses on public education issues from the youth's perspective, development of new state policies that would better serve youth in foster care, and hope to be the youth voice in new and existing child welfare policy moving forward. IFYAB members also participate in advocacy and educational speaking engagements as requested by internal and external partners and stakeholders including the Court Improvement Project, the Governor's Task Force and the Idaho State Legislature Interim Committee. Key advocacy goals include the following: sibling rights, a peer-to-peer mentoring collaborative, addressing youth homelessness and transitional housing, exploring supportive services for LGBTQ foster youth, and continued collaborative work with state and local agencies focused on improving outcomes and

experiences for children and youth in foster care and exploring collaborative work with other boards across the nation.

**Foster Club:** CFS utilizes CFCIP funds to provide scholarship opportunities for identified young adults to participate in the Foster Club Summer All-Star Internship program. The club was founded on the belief that youth who have successfully transitioned from foster care to responsible young adulthood are best suited to impact the transition of their younger peers. Since 2004, Foster Club All-Stars have been reaching out to other foster youth through conferences, training courses, and events. Foster Club All-Stars utilize learned skills both for personal and professional development and to assist in furthering advocacy efforts for children and youth in foster care.

**Casey Family Programs:** CFS' partnership with Casey Family Programs continues to flourish. Casey Family Programs has staff assigned to provide transitional services to youth. In turn, the commitment of Casey staff is used as an in-kind match towards Idaho's CFCIP funding allocation.

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

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

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

## **Cooperation in National Evaluations**

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

## **Coordination with Other Federal and State Programs for Youth**

The child welfare program continues to meet, at both the state and regional level, with partner programs to address issues and concerns in the area of independent living services. Often, representatives from the county juvenile services, housing and transitional living programs, health care agencies providing family planning and abstinence programs, educators, vocational rehabilitation, state agencies, and other groups having an interest in youth who are in need of supportive service programs are included in these meetings. Through this ongoing dialogue, CFS anticipates services to youth will be better coordinated, expanded, and delivered in such a way that achieves the purpose of the CFCIP.

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

**Homelessness Prevention:** CFS has collaborated with local and state agencies including the Idaho Housing and Finance Association (IHFA). The IHFA is the recipient of the majority of homelessness assistance funds awarded to Idaho and is responsible for the grant administration and oversight of these programs. Homeless assistance funds are used to support a comprehensive and coordinated crisis response system that includes emergency shelters, transitional housing, rapid re-housing and permanent supportive housing. Funded programs include a Continuum of Care (CoC), Emergency Solutions (ESG), and Housing Opportunities for Persons with AIDS (HOPWA). CFS has partnered with the IHFA to share information about youth systems of care in Idaho as IHFA is focused on ending homelessness for youth 18-24 who are aging out of foster care or are otherwise homeless. Part of the charge as the CoC is to collaborate with providers of housing and service providers for youth populations who may become (or are at greater risk of becoming) homeless. CFS has served as a representative for the youth population from a statewide perspective. On a regional level, CFS has participated as part of local homeless coalitions including the Region 1 Homeless Coalition and the Ada County/Boise City Continuum of Care, as well as other community organizations aimed at serving at-risk populations. These organizations include the Safe Passage Violence Prevention

Center, the Disability Action Center, the Idaho Department of Labor, the Idaho Coalition Against Sexual and Domestic Violence, and JobCorps.

In response to the requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008, the Idaho Independent Living Program provides transition planning meetings for youth 60 days before or after a youth's 17<sup>th</sup> birthday, and within 90 days of the youth's 18<sup>th</sup> birthday. The purpose of the transition planning is to assess the youth's readiness, resources, and skills to successfully navigate adulthood, as well as to ensure that the youth has services and supports in place to do so. Housing needs and youth goals regarding housing are addressed during these meetings, and a plan is developed. Youth are provided with information regarding the resources available to them as they prepare to exit the foster care system which includes the following:

- Continued IV-E maintenance payments through a voluntary placement agreement in their foster placement to complete secondary education
- Room and board assistance either through an independent landlord or rental agency or through participation in a youth serving organization such as Bannock Youth Foundation, Mana Youth Services, or JemFriends.

In addition to direct financial services, youth are required to engage in assessment and independent living planning in order to access housing assistance. The intent is to ensure that youth have ongoing case management and supportive services to have the resources necessary to make informed decisions about self-sufficiency. Wraparound services to support their housing stability such as money management, managing conflicts, tenant adequacy, etc., can be identified as a barrier to stability through assessment and independent living planning.

**Sex Trafficking:** With regard to the requirement in section 471(a)(9)(c) of the Social Security Act, CFS has developed, in consultation with partners, policies and procedures for identification, documentation and determination of appropriate services for those at risk and victims of sex trafficking. CFS has met the requirements through a variety of meetings with local specialist in trafficking, collaboration with a variety of community agencies, and development of collaborative policies that address sex trafficking of youth in foster care.

In accordance with the provisions in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); (section 106(b)(2)(B)(xxiv) of CAPTA), CFS is adhering to the identification and assessment of all reports involving children known or suspected to be victims of sex trafficking. Upon receipt of a referral relating to child abuse and neglect in which the children are known or suspected to be the victims of sex trafficking, the referral reason will be categorized as such and will be assigned for assessment. The established requirements for response are identified within the Child Welfare Standard: Priority Response Guidelines. CFS is

adhering to the training of CFS workers in identifying, assessing, and providing comprehensive services to children who are sex trafficking victims as outlined in the Standard for Reporting and Responding of Runaway Youth, Missing Youth, and Sex Trafficking Victims. CPS staff receive training curriculum from the Child Welfare Capacity Center for States on Child Welfare Response to Child and Youth Sex Trafficking.

Children/youth identified as sex trafficking victims are reported to law enforcement within 24 hours, and are referred to local community providers and supports for assessment and treatment planning. Service needs identified and provided are documented within the child/youth's service plan. CFS workers collaborate with community service providers to ensure continuity and quality of services as well as progress towards addressing the child/youth's needs.

**Pregnancy Prevention:** CFS partners with local and state agencies to increase awareness and prevention surrounding teen pregnancy and disease prevention. One such partnership includes participation on the Reproductive Health Advisory Board (RHAB) of the Central District Health Department. The purposes of the RHAB include providing an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served and by others in the community knowledgeable about the community needs for reproductive health services. The board serves as a community liaison. At the regional level, CFS partners with community agencies such as Planned Parenthood to provide education on reproductive health care and sex education.

### ***Program Support for CFCIP***

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

Training will be provided to all new child welfare staff on independent living services through the Child and Family Services Academy at least twice annually. Ongoing training for foster parents and other caregivers, including tribal foster parents, about the independent living needs of youth will occur during PRIDE.

Training will continue to include information on the purposes and philosophy of the Independent Living Program, participation requirements, implementation, measurements of success, outcomes, payment mechanisms, entry to Idaho's child welfare data system, and all

other aspects of the program that allow youth to make a smooth transition from foster care to self-sufficiency and independence.

**Idaho Youth Bill of Rights:** The Idaho Youth Bill of Rights was created to inform youth, resource parents, child welfare agencies, and providers about the rights foster youth have while they are in foster care. While not all rights are legally protected by law, they are important goals intended to guide the agency's commitment to permanency, safety, and well-being, as well as the CFCIP program purposes. Every foster family, treatment foster care home, and residential treatment facility is expected to have a copy of the bill of rights for youth age 8 and older to see and have access to. In addition, the youth, foster family, and social worker must sign a copy of the bill of rights at the time of each placement. The bill of rights includes the following:

- Have lifelong family connections
- Live with, be loved by and care for those they consider family
- Be who they are
- Be included in their case planning with a team of people that advocate with them and for them
- Have informed choice in the types of physical, dental and mental health care they receive
- Have a qualified advocate representing them and helping the youth advocate for themselves
- Participate in and receive a high-quality education, including the ability to participate in extracurricular activities
- Receive the skills, knowledge, and resources needed to be a successful adult after they transition from foster care

### ***Planned Activities for SFY2018***

#### **CFCIP Workgroup**

CFS will develop a work group comprised of regional IL coordinators; regional youth service contractors, and other identified community partners. The goal of this workgroup will be as follows:

- Explore current alignment between service array throughout Idaho and the identified 8 purposes of the CFCIP as defined in section 477 of the Act
- Identify gaps to service array including services to youth in rural areas, services to tribal youth, services to transitioning youth, services to pregnant youth, and services to LGBT youth
- Assessing the following regarding the current IL case record review tool
  - Is it effectively measuring Idaho's IL program?

- Can results be utilized to develop outcome-based contracting?
- Can the NTYD Review tool be utilized to supplement and/or inform the IL Quality Assurance Tool?
- Develop technical assistance needs

### **IL Case Record Review**

Case record reviews of all IL eligible youth will be conducted statewide during SFY 2018.

### **Technical Assistance**

Technical assistance needs identified during the CFCIP workgroup will be addressed in collaboration with the Children's Bureau and other youth-serving agencies.

### **Support of Higher Education**

A need has been identified to focus on the transition between completion of secondary education and continued exploration of post-secondary or vocational training. Therefore, CFS will target higher education preparation in the IL program through hiring a temporary education liaison. Assigned duties will include:

- Researching barriers experienced by youth in care to accessing post-secondary education or vocational training
- Promote higher education through developing and implementing higher education preparation strategies such as FAFSA Days, College Application Days, Vocational Exploration Days, or other such events

### **Impact Scholars Program**

Youth who have aged out of care face unique challenges as college students. With instability defining their adolescent years, many enter adulthood lacking interpersonal skills necessary to successfully navigate their way through college. In recognition of this risk to youth, during SFY 2018, CFS will support the implementation of the Guardian Scholars Program through a sub-grant process to one college or university in Idaho.

### **Continued Support and Development of the Idaho Foster Youth Advisory Board**

IFYAB was established five years ago in 2012, and is looking to evaluate progress as well as figure out how to continue the momentum it has built. IFYAB leadership has established the following technical assistance and training needs:

## **Technical Assistance**

- Develop & define priorities/set goals for the board- what does success look like?
- Develop processes and procedures such as how and when to take on new members
- How to continue momentum in between face to face contact
- How to use workgroups effectively
- Understanding of how to move IFYAB agenda—i.e. how to lobby and propose legislation
- How to develop agreements for professional conduct standards, especially on behavior and activities between meetings

## **Training**

- Train the Trainer on Strategic Sharing for IFYAB members so that they can in turn train new youth throughout the year
- Train the Trainer on Working with Older Youth Academy
- Self-Care/Trauma

## **LGBTQ Youth**

Collaborate with community partners including the Idaho Foster Youth Advisory Board, foster parents, contractors providing youth-specific services, Casey Family Programs, and the North Idaho Pride Alliance to develop a policy to support and affirm LGBTQ youth.

While Idaho does not have any policies or practices limiting the development of such work, CFS does not have any specific policies or processes aimed at affirming the sexual orientation and gender identity of youth served by the Independent Living Program. During SFY 2017, the Idaho Foster Youth Advisory Board (IFYAB) identified the need to focus on sexual orientation and gender identity issues after sharing experiences of youth in the Idaho foster care system. As a result, the IFYAB formed an LGBTQ workgroup and set priorities to develop and roll out training materials for foster parents and social workers to support and affirm sexual orientation and gender identity. This effort is ongoing and will continue during the next year.

Among the rights outlined by the Idaho Youth in Care Bill of Rights, children and youth have a right to be who they are. This includes a right to have their own identify, values, freedom to express their emotions, hopes, plans, goals and religion/spirituality. Youth have the right to learn about their sexuality in a safe and supportive environment. Finally, youth have a right to receive care and services that are free from discrimination based on race, color, national origin, ancestry, gender identify and gender expression, religion, sexual orientation, physical and mental disability or the fact that they are in foster care.

## **Engaging Older Youth**

During SFY2018, CFS will engage youth in the following ways:

- Engage Idaho Foster Youth Advisory Board in the development of the Idaho Program Improvement Plan as part of the regional and statewide leadership group
- Engage IFYAB members in the development and conduction of the IL case record review scheduled for SFY2018
- Support education and technical assistance to IFYAB members in learning how to use NYTD data in advocacy and policy development
- Support ongoing youth and advocacy development of IFYAB members through participation in national development opportunities including the Foster Club All-Stars program, the Foster Youth in Action Leaders for Change Conference, the Daniel Memorial Institute Independent Living Conference, and the Shared Hope International Juvenile Sex Trafficking Conference

## **National Youth in Transition Database (NYTD)**

During SFY 2016, CFS utilized data gleaned from previous NYTD submissions, including the Idaho snapshots, as well as results from internal 2013 and 2015 Independent Living Case Record Reviews, to increase communication to youth in care as well as social workers providing services. This was completed through updating training materials, participation by IFYAB members on local and statewide training opportunities for foster parents and new social workers, and at the annual Resource Parent Conferences across the state.

Data is collected for the following populations: served, baseline, and follow-up. CFS currently reports on 58 data elements for each youth. The data elements include the following: basic demographic information, education, Independent Living services provided, and case outcomes, which are measured in the baseline and follow-up surveys. These surveys are administered every three years to 17-year-old youth in foster care, and again when these youths turn 19 and 21. Increased communication efforts were made by the IL Program Specialist to regional IL coordinators, social workers, and supervisors on a monthly basis. Email communication included the following; reminders of the significance of NYTD, practice instructions regarding engaging youth in conversation during home visits, and instructions on completion of NYTD data collection. As a result of these efforts, Idaho successfully passed its FFY 2016 2<sup>nd</sup> quarter NYTD submission.

Per the program instruction issued by the Administration of Children and Families on January 13, 2017, Section G: Review Schedule, Idaho is not included in the first-priority states for conducting a NYTD review. However, in recognition of the value of the continuous quality

improvement process, CFS will be consulting with the Children’s Bureau for technical assistance in developing and implementing a case record review tool and process which will complement the NYTD review. Furthermore, CFS has participated in the *GoToWebinar –Introduction to the NYTD Review* to increase understanding of the NYTD Review process and its role in supporting continuous quality improvement in the Chafee Foster Care Independence Program.

### ***Consultation with Tribes***

The state agency continues to partner with each tribe residing in Idaho to make the full array of independent living services available to tribal youth. CFS works with tribes on a local and program-to-program level. Consultation is defined as a formal process in Idaho, meaning government-to-government, and is not utilized for independent living service provision purposes. CFS staff are available to support and train tribal social services staff about the Independent Living Program. Idaho tribes receive information regarding Idaho’s Independent Living Program through the State Independent Living Program Specialist, the CFS Indian Child Welfare Program Specialist, the IDHW Tribal Relations Program Manager, and at regular Indian Child Welfare Advisory Committee meetings. Benefits and services under the program will be available to Indian children in Idaho on the same basis as to other children in the state, including credit reports for minors in foster care.

In keeping with the requirements of the CFCIP, section 477(b)(3)(G), Idaho will negotiate in good faith an agreement with any tribe that does not receive direct CFCIP or ETV allotments, to administer or supervise their own CFCIP or Education Training Voucher (ETV) program with respect to eligible Indian children, and receive an appropriate portion of the State’s allotment for such administration or supervision.

Program-to-program tribal staff identified the following concerns related to barriers to accessing IL services:

- Access to appropriate resources
  - Plan to address concern:
    - Tribal Youth IL Service Application, Referral Process and Tracking: The IL Program Specialist will provide tribes with the tribal youth application and explain the referral process through annual onsite visits and via email communication. The IL Program Specialist will review tribal youth referrals and coordinate connection between the tribal social worker and the regional IL coordinator. The IL program specialist will track referrals to ensure continuity and quality of services.

- Case collaboration: the IL Program Specialist, in collaboration with the ICWA Program Specialist, will address tribal IL youth and service needs and concerns as they arise during monthly ICWA Program and Tribal Calls.
- Lack of training opportunities to better understand IL services
  - Plan to address concern:
    - Ongoing annual site visits to provide tribal staff with an opportunity to inquire about the CFCIP in general as well as specific youth.
    - Training opportunities: the IL Program Specialist, in collaboration with the Workforce Development and ICWA Program Specialists, will continue to ensure that tribal staff receives information and invitations to Working with Older Youth Academy.

During SFY2018, CFS will finalize referral process and develop and implement tracking and reporting measures for referrals and service provision.

### ***Education & Training Vouchers (ETV)***

#### **Program Description**

Educational Training Vouchers are available to youth who are eligible for services under Idaho's Independent Living Program. However in cases where the youth has been adopted or guardianship has been established after reaching IL eligibility, ETVs are restricted to youth who are adopted or guardianship has been established on or after their 16<sup>th</sup> birthday.

- Youth are eligible for ETV on their 21<sup>st</sup> birthday and until they turn 23 years old; as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program. Educational Training Vouchers are available to youth who are eligible for services under Idaho's Independent Living Program.
- Educational Training Vouchers are available to Indian youth who are currently in tribal custody or who have been in tribal custody and meet Independent Living Program eligibility criteria through the Regional IL Programs.
- A maximum of \$5,000 per year, or the total cost of attendance at an institution of higher education, may be used for attendance at an institution of higher education. The total

amount of the award and any other federal assistance will not exceed the cost of attendance.

- Prior to the expenditure of ETV funds, CFS will assure that each youth completes an Casey Life Skills Assessment; develops an approved Independent Living Plan which includes the plan for achieving educational goals; defines CFS' role in supporting the youth; and completes a standardized ETV application with supporting documentation approved by the appropriate hub child welfare program manager.
- Educational Training Voucher funds will be used to cover costs for educational support including, but not limited to, tuition and fees, room and board, counseling related to education and training programs tutoring, books, rental or purchase of required equipment, supplies, transportation, child care, and other identified service needs to support the youth's education goals. CFS will track the use of ETV funds separately from Chafee through the child welfare information system.
- An institution of higher education is defined as an educational institution that:
  1. Admits as regular students, only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate.
  2. Is legally authorized within Idaho to provide a program of education beyond secondary education.
  3. Provides an educational program for which the institution awards a bachelor's degree or provides not less than a 2-year program that is acceptable for full credit toward such a degree.
  4. Is a public or other non-profit institution.
  5. Is accredited by a nationally recognized agency or association, or if not so accredited, is an institution that has been granted pre-accreditation status by such an agency or association that has been recognized for the granting of pre-accreditation status, and it has been determined that there is satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time.

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

## **Accomplishments**

During SFY2016, the Department continued to partner with the Boise State University Impact Scholars Program through participating on quarterly ISP Advisory Board meetings. Topics of discussion included assessing progress towards ISP goals as well as ongoing partnership opportunities between BSU and the Department around support for ETV youth.

During SFY2016, the Department continued to partner with the Idaho Fostering Success Network comprised of colleges and universities across Idaho who are interested in supporting former foster youth on their campuses. The Department provided a conference line and co-facilitated phone calls, providing support and education around the ETV program and eligibility requirements for network members. Topics also including ways in which the Department could support Idaho colleges and universities in developing Impact or Guardian Scholars programs on their campuses.

During SFY2016, the Department provided learning opportunities through new worker academy to Department staff regarding the ETV program and eligibility requirements.

During SFY2016, the Department utilized Independent Living groups provided both by internal staff as well as contractors to promote the ETV program to youth across Idaho.

## **ETV Collaboration with Other Educational Programs**

Youth will be encouraged to take advantage of other programs such as scholarships, grants, loans, and student-work experiences as strategies to help pursue their post-secondary educational goals. Youth will be asked to apply for all available scholarships and the Free Application for Federal Student Aid (FAFSA) program website.

The IL Program Specialist participates in quarterly conference calls with the Idaho Fostering Success Network (IFSN). The IFSN is made up of faculty and staff at Idaho institutions of higher education as well as other community members and CFS staff who are committed to supporting Idaho's youth and alumni of foster care in higher education. The network provides recourses, training and strategic planning for campuses across Idaho.

### **ETV Program Support**

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

Educational Training Voucher applications are recorded in SharePoint per school year. When they are recorded, specific data is collected, including how many applications the youth has been awarded.

## (11) Statistical and Supporting Information

### Information on Child Protective Service Workforce

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

#### Education, qualifications, and training requirements:

- **Education:** All case-carrying staff and their supervisors must have at least a Bachelor's Degree in Social Work or a (very) closely related field.
- **Licensure:** 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 continuing education units (CEUs) per year to maintain the license.
- **Training:** Each new employee must complete pre-service training. Training includes a range of topics from laws, rules and policy, through Concurrent Planning and 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. Child Welfare Social Worker 2s have six months, and Child Welfare Social Workers 1s have nine months to complete probation requirements.
- **Advancement:** Child Welfare Social Worker 1, 2 and 3 classifications have been developed. Child Welfare 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.

**Demographic information and education of the child protective service personnel:**

FY 2016 Child Welfare Staff Demographics		Child Welfare Social Worker 1	Child Welfare Social Worker 2	Child Welfare Social Worker 3	Clinician	Child Welfare Supervisor	Total
<b>Number of Filled Positions</b>		<b>19</b>	<b>186</b>	<b>40</b>	<b>3</b>	<b>44</b>	<b>292</b>
<b>Educational Degrees*</b>	Bachelor of SW	* 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					
	Master of SW						
	Master of Clinical SW						
	Other Degree						
<b>Race/ Ethnicity</b>	White	17	165	36	3	40	261
	Black	0	1	1	0	1	3
	American Indian	0	2	1	0	2	5
	Asian/ Pacific Islander	1	0	0	0	0	1
	Hispanic	1	18	1	0	1	19
<b>Gender</b>	Female	17	166	34	2	39	258
	Male	2	20	6	1	5	34

\* System and administrative changes are currently under way to collect and report educational degrees in iCARE.

**Caseload Information:**

Monthly Averages by Referral Type	7/01/2014 - 6/30/2015	7/01/2015 - 6/30/2016	% Difference Year over Year
Prioritized Referrals	748	740	2.87%
I&R Only Referrals	1090	1122	2.56%
Total Referrals	1,838	1,862	3.78%

Monthly Averages for Case Types	7/01/2014 - 6/30/2015	7/01/2015 - 6/30/2016	% Difference Year over Year
Assessments	725	700	-4.57%
In Home Cases	247	227	-8.81%
Foster Care Cases	1,356	1,466	8.11%
Total Cases	2,328	2,393	2.48%
Case-Carrying Staff FTE	181.6	184.8	3.70%
Total Hub FTE	336.9	336.3	0.18%
Caseload Avg. per Case-Carrying Staff	12.9	12.9	0.00%
Caseload Avg. per FTE	6.9	7.1	2.89%

Rate per 1,000 Children ~ 7/1/2015 - 6/30/2016	North	West	East	Statewide
Rate/Safety Assessments	2.0	1.6	1.5	1.6
Rate/In Home Cases	1.0	0.3	0.6	0.5
Rate/Foster Care Placements	4.0	3.6	2.9	3.4
Caseload Avg. per Case-Carrying Staff	11.9	12.4	14.5	12.9

Monthly Averages ~ 7/1/2015 - 6/30/2016	North	West	East	Statewide
Child Population (0-17 yrs., 2015 Census Estimate)	71,893	194,888	166,056	432,837
Safety Assessments	144	306	250	700
In Home Cases	70	50	107	227
Foster Care Placements	290	693	483	1466
Total Cases	504	1049	840	2393

### Juvenile Justice Transfers

During SFY 2016, there were three youth who were transferred from the custody of the Idaho Department of Health and Welfare into the custody of the Idaho Department of Juvenile Corrections (IDJC). These youths were in foster care at the time they were adjudicated for a crime, and a judge ordered them into the custody of IDJC. There were an additional seven youth who were placed into shared custody between IDHW and IDJC. These youths were in foster care at the time they were adjudicated for a crime, and a judge ordered them to be in the shared custody of both IDHW and IDJC. The two agencies share the legal responsibility to meet the needs of these youth. This information is collected and reported in Idaho's child welfare information system, iCARE.

Region	Transfers to IDJC SFY 2016	Shared Custody SFY 2016
Region 1	0	1
Region 2	0	0
Region 3	0	1
Region 4	1	1
Region 5	1	0
Region 6	0	0
Region 7	1	4
<b>Total</b>	<b>3</b>	<b>7</b>

## **Sources of Data on Child Maltreatment Deaths**

iCARE collects information related to child maltreatment fatalities referred to CFS. However, not all child maltreatment fatalities come to the attention of CFS. If there are surviving siblings, CFS is involved in assessing the safety of the remaining children in the home. Fatality information on this type of referral is reported to the National Child Abuse and Neglect Database System (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 maltreatment fatality information is now sent to Vital Statistics who, in turn, 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 cause of death coding classifications; however, this information helps to capture more thorough information related to child maltreatment fatalities in the state.

While it was anticipated information from the annual report of the new statewide Child Fatality Review Team would be used, the team is currently reviewing cases which are two years behind the NCANDS reporting period. However, the team's reports will be shared with CFS to garner information for any practice implications.

## **Inter-Country Adoptions**

In SFY16, no children adopted from other countries entered state CFS custody as a result of the disruption or dissolution of an adoption.

## (12) Financial Information

### **Payment Limitations for Title IV-B, Subpart 1**

Expenditure	FFY 2005	FFY 2015
Federal funds expended for child care, foster care maintenance, and adoption assistance payments	\$ 318,384	\$ 318,384
Non-federal funds expended for foster care maintenance payments used as part of title IV-B state match	\$106,128	\$ 106,128

### **Payment Limitations for Title IV-B, Subpart 2**

Promoting Safe and Stable Families (PSSF) Category	Estimated Percentage of Funds for FFY 2018	Rationale
Family Preservation Services	29 %	Estimated expenditures for FFY 2018 are in line with historical expenditure trends within these categories
Family Support Services	20.8 %	
Time-Limited Family Reunification Services	31 %	
Adoption Promotion and Support Services	20 %	

### **Non-Supplantation Requirements**

	1992	FFY 2015
State share expenditure amounts for purposes of title IV-B, subpart 2	<u>\$125,000</u>	<u>\$472,067</u>

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