



2019 ANNUAL PROGRESS AND SERVICES REPORT

CHILD AND FAMILY SERVICES PROGRAM



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Approved report will be posted at

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

Michelle Weir, Child Welfare Policy Program Manager
 Division of Family and Community Services
 Child and Family Services
 450 W. State Street, 5th Floor
 P.O. Box 83720
 Boise, Idaho 83720-0036
 (208) 334-5651
Michelle.Weir@dhw.idaho.gov

(1) GENERAL INFORMATION

The Annual Progress and Services Report (APSR) includes planned activities required to receive federal allotments for the fiscal year 2019 authorized under title IV-B, subparts 1 and 2, section 106 of the Child Abuse and Prevention Treatment Act (CAPTA), Chafee Foster Care Program, and the Educational Training Voucher (ETV) 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. The 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 IDHW's family-centered philosophy which affirms the belief that families should be treated with respect, involved in decision making and, when safe, are the best place for children to grow and develop. The CFS program focuses on the entire family unit and builds on family strengths while supporting and empowering families to be self-reliant and self-determining.

The 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. The CFS program is responsible for annual reporting on the CFSP.

Collaboration

In SFY 2017, CFS continued program improvement planning efforts from Round 3 of the federal Child and Family Services Reviews (CFSR). In collaboration with the Children's Bureau, CFS has continuously refined drafts of the CFSR Program Improvement Plan (PIP) aimed to address the major areas found in need of improvement. Internal and external partners and stakeholders have been engaged in the plan development process at a regional and statewide level.

Internal partners included:

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

External partners and stakeholders included:

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

Internal and external partners and stakeholders continue to participate in regional meetings to provide additional insight into the agency's observed performance on the safety, permanency, well-being, and systemic factor outcomes measured through the CFSRs and state-conducted case record reviews.

The agency will address the safety, permanency, and well-being outcomes needing improvement through a two-year CFSR PIP. 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 CFSR PIP, and in monitoring and reporting progress over the next two years. In February and March 2017, CFS convened a PIP kick-off meeting which included 75 internal and external stakeholders. Participants came from each region and included CFS employees from regional offices and the state office representing all roles, Casey Family Programs, tribes, foster and adoptive parents, foster youth alumni, citizen review panel members, embedded trainers, CASA, and community service providers. At the meeting, partners reviewed Idaho's performance on the CFSR and identified root causes for areas needing improvement and strengths which could be leveraged to address those areas. Partners and stakeholders were then organized into local PIP teams which met weekly over three months to analyze their regional data and make recommendations to the Statewide Leadership Team. The Statewide Leadership Team reviewed the recommendations along with additional data from subsequent Case Record Reviews and Permanency Composites. In evaluating the conclusions and recommendations of the PIP teams, CFSR PIP Goals, Strategies, and Key Activities were identified.

This Annual Progress and Services Report (2019 APSR) to the 2015-2019 Child and Family Services Plan (CFSP) was informed by the results of CFSR Round 3, stakeholder feedback received during the PIP development process, and state conducted Case Record Reviews. 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, the Idaho Foster Youth Advisory Board, Court Improvement Project, the Governor's Task Force on Children at Risk, and tribes
- Internal groups such as the Child Welfare Subcommittee, the Child Welfare Program Operations meetings, and the Statewide Supervisor Workforce Development Workgroup
- Surveys and interviews with resource parents, birth parents, foster youth, and families

Partner and stakeholder feedback was incorporated into the implementation of ongoing strategies as well as decisions related to continued use of specific strategies.

The continued commitment of CFS to the engagement of partners and stakeholders will be reflected in Idaho's CFSR PIP. In order to maximize the benefits of engagement, stakeholder feedback loops will be clarified and formalized. The purpose and efficacy of established meetings will be re-assessed to ensure information necessary to inform feedback loops is being captured. In SFY 2019, CFS will create a process and method to gather feedback and share information with key partners and stakeholders on safety and permanency performance. Received feedback will inform the 2020-2024 CFSP to be developed over the

next year. Feedback will be incorporated into program process, communication, and automation changes supporting Idaho's CFSR PIP.

Idaho Updates

In evaluating the conclusions and recommendations of the CFSR PIP teams, FACS determined organizational infrastructure needed to be built to support the successful integration of PIP goals and strategies into practice. In SFY 2018, Idaho began the Child Welfare Transformation Initiative (CWT) shifting towards customer centric problem solving, workflow designed solutions, operations driven leadership, and data-driven accountability. The CWT is a three-year plan with action goals designed to support the implementation of goals found in the CFSP as well as the CFSR PIP. Organizational re-design, streamlined field-based processes, new automation, improved court and community engagement, and increased visibility of performance will be used to create sustainable change.

(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 2017 The outcome was substantially achieved in **84%** of the cases reviewed¹

SFY² 2016 The outcome was substantially achieved in **76%** of the cases reviewed³

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

FFY⁴ 2014 Idaho Performance: **Rate of 3.77 - Exceeds Standard** (18 victimizations per 477,514 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 2015 - 2016 Idaho Performance: **3.1% - Exceeds Standard** (49 out of 1,578)
National Standard: 9.1%

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

Strengths: The Child and Family Services (CFS) 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

¹ 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.

² 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).

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

⁴ 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).

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 state conducted 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, 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 less likely to meet the required timeframes. This negatively impacted the timeliness of response measured in Safety Outcome 1. At 84% for SFY 2017 and 76% for SFY 2016, Idaho is performing below the 95% benchmark established by the Children’s Bureau for the Child and Family Services Reviews (CFSR) Round 3.

Plan for Improvement: Timeliness of response will be addressed in Idaho’s CFSR Program Improvement Plan (PIP). In SFY 2019, CFS will refine and re-implement the safety assessment process resulting in more accurate and consistent safety decisions. Refinement will include clarification of timeframes and children to be seen and updated learning experiences for staff. Re-implementation will be supported by learning experiences designed to ensure caseworkers and supervisors have the knowledge and tools necessary to integrate the refined processes into their practice.

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 2017 The outcome was substantially achieved in **70%** 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 2017 The outcome was substantially achieved in **78%** 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, 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% during CFSR Round 3. 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 staff workload and caseload numbers as gathered through stakeholder feedback. 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 capacity and structure in conducting formal reassessments and sufficiently documenting informal risk and safety assessments during monthly contacts with children and families. The implementation of a case staffing and consultation process, which is a key strategy of Idaho's CFSR PIP, is expected to support coaching and structure for staff in their capacity to ensure quality and accurate assessments of safety and risk.

Plan for Improvement: CFS is finalizing a business design contract to support process and practice changes which will be reflected in Idaho's CFSR PIP. The first priority of contractor will be the evaluation, streamlining, documentation, and re-implementation of Idaho's Comprehensive Safety Assessment during SFY 2019. Re-engineering the safety assessment process, including case staffing and consultation, is expected to result in more timely and accurate safety decisions throughout the life of a case. Accurate assessment of safety concerns will enable social workers to identify related services and develop appropriate safety plans to support a family's ability to maintain their children safely in the home. Workload capacity issues will be addressed by ensuring social workers and supervisors have the knowledge and tools necessary to carry out the process. Re-implementation will occur in chunks to avoid overwhelming staff and to incorporate quality assurance monitoring.

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 2017 The outcome was substantially achieved in **78%** 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 2017 The outcome was substantially achieved in **83%** 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 2017 The outcome was substantially achieved in **50%** 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 May 2017)

Idaho Performance: **52% - Exceeds Standard** (549 out of 1,105 FFY13-14)

National Standard: 40.5% (FFY13-16)

Idaho Performance B: **49% - Exceeds Standard** (494 out of 1,008 FFY14)

National Standard: 40.5% (FFY13-15)

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 May 2017)

Idaho Performance A: **49.8% - Exceeds Standard** (141 out of 283 FFY15-16)

National Standard: 43.6% (FFY15-16)

Idaho Performance B: **56.5% - Exceeds Standard** (178 out of 315 FFY16)

National Standard: 43.6% (FFY15)

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 May 2017)

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

National Standard: 30.3% (FFY15-16)

Idaho Performance B: **43.6% - Exceeds Standard** (71 out of 163 FFY16)

National Standard: 30.3% (FFY15)

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 May 2017)

Idaho Performance A: **7.6% - Exceeds Standard** (41 out of 543 FFY13-14)

National Standard: 8.3% (FFY13-14)

Idaho Performance B: **4.5% - Exceeds Standard** (22 out of 488 FFY14)

National Standard: 8.3% (FFY14)

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 May 2017)

Idaho Performance A: **Rate of 4.22 - Exceeds Standard** (758 moves per 179,811 days in care FFY15-16)

National Standard: Rate of 4.12 (FFY15-16)

Idaho Performance B: **Rate of 4.47 - Exceeds Standard** (764 moves per 170,869 days in care FFY16)

National Standard: Rate of 4.12 (FFY16)

Strengths: The Child and Family Services (CFS) program has continued to exceed national data standards related to children achieving permanency within 12 months, 13 - 24 months, and 24+ months, 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 CFS requirements for using concurrent planning goals and dual assessments for resource 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. Performance related to the timely establishment of appropriate permanency goals (Item 5), improved by 10% from the previous year's results.

Concerns: Despite exceeding national data standards for Permanency Outcome 1 and improved performance in case record review items related to permanency outcomes, CFS did

not reach the 95% performance benchmark established by the Children's Bureau for the Child and Family Services Reviews (CFSR) Round 3. Findings from CFSR Round 3, in addition to partner and stakeholder feedback, suggest there are multiple reasons for the challenges observed in this area. While the concept of concurrent planning is a strength, there continue to be challenges with the consistent application of concurrent planning practices in local offices. A lack of fidelity to the established concurrent planning practice standards was noted. Lack of early identification and engagement of parents was identified as a common factor in cases where inappropriate permanency goals were present or timely permanency was not achieved. While statewide discrepancies in the identification of fathers by CFS staff and recognition of those fathers by courts impacted concerted efforts to achieve permanency, analysis revealed the failure to engage parents to be more significantly related to worker capacity. Court calendars and difficulty scheduling timely hearings for termination of parental rights was identified as a challenge in parts of the state. CFS workers are experiencing challenges effectively communicating permanency-related information to courts which impacts resulting court orders. The ability to strengthen practice around resource parent training and support as well as placement matching were identified as a need to improve placement stability and decrease the time required to achieve permanency.

Improvement Plan: Inconsistent application of concurrent planning practices will be addressed in Idaho's CFSR Performance Improvement Plan (PIP). In SFY 2019, a structured case consultation and staffing process specifically addressing safety, permanency, and well-being throughout the life of the case will be developed and the concurrent planning process will be re-designed. Re-design of permanency processes for children aged 3 and younger will also occur in SFY 2019, with permanency processes for children over the age of 3 to be addressed the following year. Concurrent planning and permanency re-design will follow re-implementation of the safety assessment process to incorporate enhanced safety decision making skills to ensure children do not remain in foster care any longer than necessary. In collaboration with our Deputy Attorneys General and the courts, specific guidelines as to the legal establishment of paternity and case involvement of fathers will be developed. Idaho courts are in the process of transitioning to a new computer system which will allow for the more efficient and accurate collection of data regarding permanency-related court hearings. Worker capacity issues will be addressed through the refinement of concurrent planning and permanency processes as well as intentional implementation planning. The new processes will be rolled out in chunks to avoid overwhelming staff. Through the implementation process, social workers, supervisors, and court and judicial partners will obtain the shared language and knowledge necessary to ensure consistent concurrent planning and permanency. Learning experiences will include the information and tools necessary for each particular group. Effective written communication of safety and permanency assessment and recommendations will be further addressed in SFY 2020 when the use of new information templates and court reports will begin. An evaluation of initial resource parent training will be conducted. Placement stability will be further enhanced by the implementation of supports identified in individualized Professional Resource Family Development Plans.

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 2017 The outcome was substantially achieved in **93%** 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 2017 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 2017 The outcome was substantially achieved in **87%** of the cases reviewed

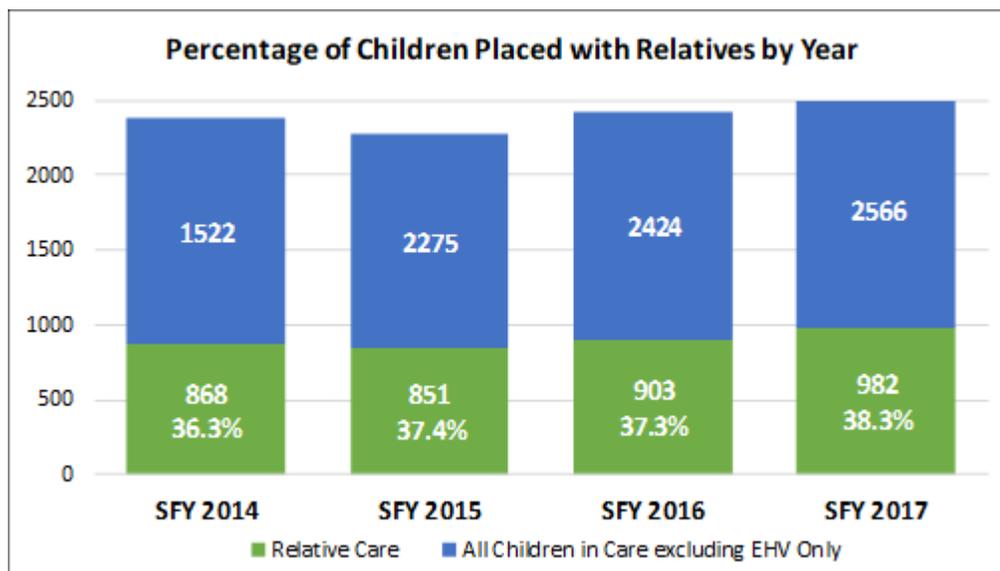
SFY 2016 The outcome was substantially achieved in **88%** of the cases reviewed

Onsite Review Instrument Item 10: Relative Placement (Children's Bureau benchmark 95%) *Did the agency make concerted efforts to place the child with relatives when appropriate?*

SFY 2017 The outcome was substantially achieved in **79%** of the cases reviewed

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

Graph 9.1 Relative Placement



Onsite Review Instrument Item 11: Relationship of Child in Care With Parents (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 2017 The outcome was substantially achieved in **80%** of the cases reviewed

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

Strengths: For SFY 2017, performance in Item 11 represents a practice improvement of 11% from the previous year's results. Item 8 improved by 20%. Internal and external partners and stakeholders noted a 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 and the slight increase in the percentage of relative placements (Graph 9.1) were also identified as strengths.

Concerns: The initial findings from state conducted Case Record Reviews and feedback from partners and stakeholders indicated practice related to the identification and engagement of non-custodial parents significantly impacted outcomes for each of these items. A close analysis of cases failing Item 8 and/or Item 11 over three years of Case Record Reviews and the Child and Family Services Reviews (CFSR) Round 3 revealed the reason for failing to identify and engage parents is directly related to amount of additional effort necessary to engage a particular parent. The reasons additional efforts are needed varied including incarceration, active substance abuse, active mental health symptoms, and out of area residence. There was no one prominent issue. Additional analysis indicates the core reason

for lack of parent engagement is due to worker capacity to make the additional efforts. These findings are consistent to recent partner and stakeholder feedback. Additional challenges include inconsistencies related to the recognition of fathers. Specific 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 Child and Family Services (CFS) partners, it impacts practice related to the child's visits, preserving paternal connections, and relative placement. 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 parents and relatives.

Improvement Plan: Capacity issues impacting the identification and engagement of parents will be addressed in the CFSR Program Improvement Plan (PIP). In collaboration with our Deputy Attorneys General and the courts, specific guidelines as to the legal establishment of paternity and case involvement of fathers will be developed. A structured consultation and staffing process which specifically addresses safety, permanency, and well-being throughout the life of the case, including specific attention to the engagement of parents and timing of home study requests, will be developed. Paternity guidelines and the consultation and staffing process will be implemented statewide through the roll out of the re-designed concurrent planning process. Parent/child relationships, visitation, and sibling and relative placement will be addressed through the re-design of permanency process for children age 3 and younger. Implementation of the revised concurrent planning process and permanency processes for children age 3 and younger will occur in SFY 2019 with a re-designed permanency process for all other children to be implemented the following year.

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 2017 The outcome was substantially achieved in **70%** 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 2017 The outcome was substantially achieved in **72%** of the cases reviewed

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

Table 13.1 FGDM Services

# of Families Eligible for FGDM Services vs. # that Received Services according to iCARE by Region and Year								
Region	SFY2014		SFY2015		SFY2016		SFY2017	
	Received	Eligible	Received	Eligible	Received	Eligible	Received	Eligible
1	7	151	4	116	123	158	89	136
2	8	54	5	37	46	49	32	41
3	121	179	95	147	143	159	129	148
4	110	182	120	169	171	181	124	167
5	59	101	65	100	103	117	78	99
6	3	75	73	93	69	78	85	94
7	4	66	43	62	53	65	65	78
State	312	808	405	724	708	807	602	763

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 2017 The outcome was substantially achieved in **85%** of the cases reviewed

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

Table 13.2 Caseworker Visits with Child

Visit Measures	FY	FY	FY	FY
	2014	2015	2016	2017
Total Contacts Required	14,681	14,291	15,748	17,470
Total Contacts Made	13,899	13,849	15,162	16,889
Total Seen in Residence	10,326	10,258	11,541	13,113
Total Percentage Seen	95%	97%	96%	97%
Total Percentage Seen in Residence	74%	74%	76%	78%

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 2017 The outcome was substantially achieved in **67%** of the cases reviewed

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

Strengths: While the Child and Family Services program (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 (Table 13.1) to identify strengths and needs for family care and support. The use of FGDMs for the purpose of developing a family case plan has a positive impact in the outcomes measured through item 13. Data from the child welfare information system (iCARE) indicates CFS is meeting federal requirements for caseworker contacts with children, with most of the contacts occurring in the child's place of residence (Table 13.2).

Concerns: CFS is currently performing below the 95% benchmark for Well-Being Outcome 1 established by the Children's Bureau for the Child and Family Services Reviews (CFSR) Round 3. 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.

Improvement Plan: The improvement of assessment skills throughout the life of a case will be addressed in Idaho's CFSR Program Improvement Plan (PIP). In SFY 2019, the statewide implementation of refined safety assessment and concurrent planning practices is expected to result in improved identification of the needs of children and parents. Consultation and staffing processes will be included and provide timely feedback and guidance to promote child and parent engagement. Workload capacity issues have negatively impacted Idaho's performance on items related to parent engagement. These issues will be addressed through the clarification and streamlining of policies and processes as well as implementation practice which ensures social workers and supervisors have the knowledge and tools necessary to engage families. Technology improvements resulting from CCWIS automation development will provide additional support. The subsequent re-engineering of case management processes in SFY 2020 will be included in Idaho's 2020-2024 Child and Family Services Plan (CFSP).

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 2017 The outcome was substantially achieved in **87%** of the cases reviewed

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

Strengths: Although performance in this item had a slight decrease from the previous year, 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, resource parents, and biological parents throughout the state to ensure the educational stability for children in foster care meets new requirements of Every Student Succeeds Act (ESSA) of 2016.

Concerns: Additional work is needed in ensuring the child welfare information system includes up-to-date educational records and special needs assessments. CFS saw a decrease in this outcome in SFY 2017 vs. the previous year.

Improvement Plan: Idaho met requirements for Well-Being Outcome 2 during the CFSR Round 3 and will not be included in the CFSR PIP; however, a slight decrease in performance was noted in this area in SFY 2017. CFS is in the process of developing an electronic case management file cabinet which will support more efficient education-related documentation. Improved documentation in addition to the implementation of ESSA guidelines in SFY 2019 are anticipated to maintain or improve practice related to Well-Being Outcome 2.

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 2017 The outcome was substantially achieved in **88%** 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 2017 The outcome was substantially achieved in **80%** of the cases reviewed

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

Strengths: State conducted 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, the Child and Family Services program (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, whichever is sooner. Subsequent exams are to occur every six months or according to a schedule prescribed by a dentist.

The State of Idaho is 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 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 Idaho Department of Health and 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 admitted to hospitals due to 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 is projected to 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.

CFS continues to collaborate closely with Medicaid, Magellan, and Optum Idaho to develop and implement trauma-informed interventions and strategies for parents, resource 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, input and feedback from partners and stakeholders suggest a lack of internal documentation, assessment information, and adequate referrals for mental health services. 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 Medicaid child population in Idaho, approximately 9% receive psychotropic medications. 2017 data will be available summer of 2018.

Improvement Plan: In SFY 2019, the statewide implementation of refined safety assessment and concurrent planning practices is expected to result in improved identification of the needs of children. As will be reflected in the Child and Family Services Reviews (CFSR) Program Improvement Plan (PIP), consultation and staffing processes will be defined and provide

timely feedback and guidance to promote consideration of children's well-being needs in safety assessment, concurrent planning, and permanency planning. In SFY 2019, CFS will implement an electronic case file system to improve documentation efficiencies including needs and services related to the physical and mental health of children. Additional changes impacting to identification and meeting of children's needs will be included in Idaho's 2020-2024 Child and Family Services Plan (CFSP).

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?

For the Child and Family Services Review (CFSR) Round 3, the Child and Family Services (CFS) program was found in substantial conformity with the Statewide Information System systemic factor. 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 12 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 social worker 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, 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 - 2017 shows an average of 1,187 foster care reimbursement payments per month, 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 0.36% location and placement errors per month. This indicates the location and placement of each child are accurate 99.63% of the time. See Table 19.1 below.

Table 19.1 iCARE Placement Error Rate

	Average Overpayments	Average Payments	Average Error Rate
2013	6	1,080	0.56%
2014	3	1,101	0.25%
2015	3	1,093	0.30%
2016	5	1,252	0.40%
2017	4	1,411	0.28%
Average	4	1,187	0.36%

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. 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.

The AFCARS quantitative data reports for 2017A and 2017B 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 below.

Table 19.2 AFCARS Error Rate

Demographic Characteristic	AFCARS 2017B Error rate	AFCARS 2017A Error rate
Date of Birth	0.00%	0.00%
Sex	0.00%	0.00%
Disability	0.00%	0.05%
Ever Been Adopted	0.00%	0.00%
Race	0.09%	0.10%
Ethnicity	0.00%	0.00%
Placement Goal	0.00%	0.00%

Social workers and supervisors conduct formal reviews of placement goals and general case information before the planning, six-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. This 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 date and data entry date is three days. During this time, the social worker, their supervisor, and a licensing worker are the primary sources of information as to the child's placement location.

One identified barrier in the information system is the accuracy of demographic information available in iCARE, specifically, race and ethnicity. CFS is currently verifying the accuracy of these two data points within the state-conducted case record review process. One of the barriers to this approach is the difficulty in producing aggregate data since the information is collected in the review instrument in narrative form. CFS will continue to evaluate processes to evaluate this data and guide next steps to assure the qualitative characteristics of the information available in iCARE.

Improvement Plan: Idaho met Statewide Information System requirements in CFSR Round 3. Activities to begin building the new CCWIS have started, and CFS anticipates the project will be completed in SFY 2021.

Case Review System

The Child and Family Services (CFS) program was found not in substantial conformity with the systemic factor Case Review System. The Child and Family Services Reviews (CFSR) Round 3 determined the five items assessed under this systemic factor (Items 20, 21, 22, 23, and 24) are areas needing improvement based on stakeholder feedback and absence of sufficient data to demonstrate case review system functioning.

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, 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 state conducted Case Record Reviews and feedback from partners and stakeholders collected during CFSR Round 3 suggest case plans are not always completed jointly with the family, making 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. However, family participation in the case planning process is not discussed during court proceedings. 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 below shows a small decrease in timely case plans from SFY 2016 to SFY 2017, but an increase in timeliness for alternate care plans—about 9%.

Table 20.1 Timely Plans

Children in Foster Care 60 Days or More with Timely Plans			
Plan Type	SFY 2015	SFY 2016	SFY 2017
Timely Family Case Plan	90.60%	94.20%	93.60%
Timely Alternate Care Plan	80.70%	78.80%	87.40%
# of Children	911	1019	1061

Data from CFSR Round 3 in SFY 2016, indicated 72% of families actively participated in their case plan development. SFY 2017 Case Record Review data showed the same percentage of families (72%) 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. A close analysis of cases failing Item 13 over three years of Case Record Reviews and CFSR Round 3 revealed the reasons for failing to engage parents in case planning activities is directly related to the amount of additional effort necessary to engage a particular parent. The program's performance on this item 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 which includes an in-depth review of 40 foster care and 28 in-home cases each state fiscal year. 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.

Improvement Plan: The engagement of parents in service/case planning activities will be addressed in Idaho's CFSR Program Improvement Plan (PIP) through the development of a structured consultation and staffing process in SFY 2019. The case consultation and staffing process will be designed to provide timely feedback and guidance to promote the engagement of children and parents in service/case planning. In collaboration with our Deputy Attorneys General and the courts, specific guidelines as to the legal establishment of paternity and case involvement of fathers will be developed. Technological enhancements made available through CCWIS development will provide additional support. Further improvements will be incorporated into Idaho's 2020-2024 Child and Family Services Plan (CFSP).

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 below, there are inconsistencies across judicial districts in the timeliness of initial and subsequent court hearings resulting in an area needing improvement. Additionally, judicial districts are migrating to a new database, which limits the amount of available data.

Table 21.1 Timeliness of Initial and Periodic Review Hearings

District	Calendar Year 2016						Calendar Year 2017					
	1 st Review			Subsequent Review			1 st Review			Subsequent Review		
	On Time	Total	%	On Time	Total	%	On Time	Total	%	On Time	Total	%
1	132	167	79%	323	328	98%	137	143	96%	372	375	99%
2	53	56	95%	135	136	99%	40	44	91%	196	201	98%
3*	199	200	100%	530	530	100%						
4*	17	23	74%	26	26	100%						
5*	64	73	88%	209	215	97%						
6	92	104	88%	344	345	100%	123	127	97%	274	276	99%
7	104	118	88%	106	118	90%	107	115	93%	146	163	90%
State*	661	741	89%	1673	1698	99%						

* Timeliness data for the Third, Fourth, and Fifth Districts is currently unavailable for CY2017 as they have migrated to a new database and is therefore not included in 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 agency 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.

In Calendar Year 2016 (CY 2016) an average of 89% of periodic review hearings were held timely statewide and 99% of subsequent review hearings were also held timely. While statewide averages show this item is a strength, individual judicial district performance varied, with some districts showing periodic reviews were 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 CY 2017, performance continued to vary among districts, and there are limitations with the reported data as the Third, Fourth, and Fifth Districts have completely migrated to a new database that is not able to produce reports at this time. The continued lack of available data makes 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 Item 22 below.

Improvement Plan: The Improvement Plan for Item 21 is combined with Item 22 to improve readability. Please see Item 22 below.

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 observable improvements within the available data in permanency hearings from CY 2016 to CY 2017 (Table 22.1), a complete data set is not available for three of the largest districts in the state to demonstrate consistent statewide performance, resulting in an area needing improvement.

Permanency hearings have judicial oversight. Idaho Code 16-1622(b) states that 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.

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 below, most districts are conducting timely initial and subsequent permanency

court hearings. The AOC does not have qualitative information available regarding barriers to timely hearings in their electronic record system. 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) receive 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 2016						Calendar Year 2017					
	1st Permanency			Subsequent Permanency			1st Permanency			Subsequent Permanency		
	On Time	Total	%	On Time	Total	%	On Time	Total	%	On Time	Total	%
1	72	79	91%	30	40	75%	82	92	89%	58	68	85%
2	19	23	83%	22	25	88%	33	36	92%	40	41	98%
3*	100	102	98%	59	102	58%						
4*	3	5	60%	1	1	100%						
5*	33	35	94%	30	31	97%						
6	73	73	100%	66	66	100%	71	73	97%	63	63	100%
7	56	58	97%	27	27	100%	54	58	93%	22	23	96%
State*	356	375	95%	235	292	80%						

* Timeliness data for the Third, Fourth, and Fifth Districts is currently unavailable for CY2017 as they have migrated to a new database and is therefore not included in timeliness percentages and the statewide timeliness percentages.

In CY 2016 an average of 95% of initial permanency hearings were held timely statewide. 80% of subsequent hearings were also held timely. While statewide averages also showed this item is a strength, performance varied by district, 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 the CFSR Round 3, determined this is an area needing improvement. In CY 2017, a complete data set is not available for three of the largest districts in the state to demonstrate consistent statewide performance, resulting in an area needing improvement for item 22.

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 three of Idaho's largest judicial districts is

currently not available and was excluded from CY 2016 and CY 2017 reports. The exclusion of data in the iSTARS database had a significant impact on the number of cases recorded for the Third, Fourth, and Fifth judicial districts. A complete transition to the new system will take place over the course of several years. At the time of this report the Third, Fourth, and Fifth districts have moved to the new system, but no reports have been built in the new database to report on timeliness of hearings.

iSTARS has a few known minor data errors. Some case planning, 1st review, and 1st permanency hearings are incorrectly counted as being late. The AOC reported this error 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.

Improvement Plan: CFS will continue collaborating with the courts to address timely review and permanency hearings. The definition Idaho uses for “date child entered care” will be re-examined. Throughout the re-processing of safety assessment (SFY 2019), concurrent planning (SFY 2020), permanency planning (SFY 2019 and 2020), case management (SFY 2020), and foster care (SFY 2020) processes, performance data sets will be developed, and a presentation platform created to share information with partners and stakeholders, including the courts. Implementation of the court system’s new computer system will be completed in SFY 2019. Improved data will enable CFS, the court system, partners and stakeholders to accurately identify and then address barriers impacting the timely completion of review and permanency hearings.

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. Results from the reviews conducted in SFY 2015, SFY 2016, and SFY 2017 indicate a gradual decrease in performance (Table 23.1). Neither CFS nor AOC 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%
SFY17	26	1	25	20	80%

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 the 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.

Data Quality, Scope, Limitations, and Barriers

As previously stated, Case Record Review results are the only source 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.

Improvement Plan: In order to determine the level and root causes of failing to be in substantial conformity regarding the filing of TPR, CFS must first access sufficient data. CFS will collaborate with the court system to develop methods to identify, track, and share the related data. The court system's implementation of a new computer system will provide additional data and will be completed in SFY 2019. In addition, CFS will develop performance data sets and platforms to share the information with stakeholders, including the court system. The information will be shared as updated processes regarding safety assessment,

concurrent planning and permanency for children aged 3 and younger are implemented in SFY 2019 and foster care and case management are implemented in SFY 2020. The improved data will enable CFS, the court system, and other partners and stakeholders to accurately identify and then address barriers impacting the timely filing of TPR.

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 standards currently in place to provide notice of hearings and reviews to caregivers. CFS does not have a tracking system to ensure caregivers are receiving these notices, and therefore cannot produce adequate statewide data to demonstrate system functioning, 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, practices are inconsistent statewide.

Idaho Juvenile Rule 40 requires notice of court hearings to be sent to any person identified as the resource 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 2017, gathered data regarding resource 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. 70% 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. Responses regarding court participation can be reviewed in Table 24.

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:	SFY2016	SFY2017
Attending court in person	61%	68%
Providing information to the Caseworker	63%	63%
Providing information to the Guardian ad Litem	37%	33%
Writing a letter to the Court	14%	17%
Providing information to the child(ren)'s attorney	12%	16%
None of the Above	6%	4%
Not Applicable	5%	5%

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, as well as caregivers' right to be heard.

Improvement Plan: CFS is collaborating with the Administrative Office of the Courts (AOC) on designing a tracking mechanism to collect data related to notice of hearings and reviews to caregivers. Both CFS and the AOC will be transitioning to new computer systems with enhanced data management capabilities. Through improved tracking data, related needs will be identified and a plan to address those needs can then be developed. In addition, CFS will redesign processes related to the support of resource parents, including supporting their involvement in court hearings in SFY 2020.

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 (CFS) 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.

The Child and Family Services Reviews (CFSR) Round 3 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 areas where the services included in the Idaho Child and Family Services Plan (CFSP) are provided, additional work is needed to establish a CQI system which collects data and targets change at the regional levels.

In SFY 2017 and SFY 2018, CFS was evaluated by the Office of Performance Evaluation (OPE) for the Idaho Legislature. The OPE Child Welfare System Evaluation Report released in February 2017 found excessive workloads resulted in compromised performance and should be addressed by examining opportunities for efficiencies within processes, documentation, and technology. Recommendations included formal oversight to ensure ongoing accountability, visibility, and accessibility for all child welfare partners and stakeholders. In March 2018, Child Welfare System: Reducing the Risk of Adverse Outcomes was completed by OPE. This evaluation found improved data collection methods and reporting capabilities are necessary for CFS to more efficiently analyze the data required for understanding the use and effectiveness of actions taken to prevent children from entering foster care. Improved data analysis and reporting would also enhance stakeholder collaboration. Other identified needs were improved clarity in policies and standards to address a lack of consistency.

In SFY 2018, CFS completed a CQI system self-assessment with technical assistance from the Children's Bureau Capacity Building Center for States (CBC). The assessment found a need for staff at all levels to receive formal, introductory, ongoing, and specialized training specific to their roles and responsibilities as it relates to CQI and to be involved in all phases of the CQI process.

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
- Stakeholder meetings
- 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, some of which are discussed in more detail below:

ICWA Case Review

ICWA case reviews are conducted on at least one child per family for 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 2017, 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. 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 caseworkers.

Independent Living Case Reviews and Stakeholder Interviews

Independent Living (IL) case reviews and stakeholder interviews are conducted with a statistically significant sample of open cases (95% confidence level and 5% margin of error). The case review pool consists of all youth age 14-21 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 resource parents. The tool used for the reviews was developed by CFS staff who work with older youth and measures compliance in key areas of independent living practice. Information collected from the reviews is analyzed and a plan for improvement is developed based on the findings. In SFY 2017, planning began for the IL case reviews to be carried out the next state fiscal year.

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) during 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. 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 earlier in Assessment of Performance will be used to develop the CFSR Performance Improvement Plan (PIP). The CFSR PIP will guide the goals, objectives, interventions, and use of funds during the next two years.

Program Improvement Plan (PIP)

CFSR Implementation teams in the state's three hubs and seven regions and one Statewide Leadership Team. Hub and regional teams included local tribes, courts, youth, parents, resource parents, community service providers, guardians ad-litem, and internal staff. The Statewide Leadership Team included CFS leadership and external partners and stakeholders.

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

After the Children's Bureau approves the CFSR 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.

In addition to the above-mentioned processes, CFS has developed over 40 practice standards to guide practice statewide and ensure children and families receive quality

services. 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 monthly Child Welfare Subcommittee meeting. Members of the subcommittee represent staff from all regions of the agency and include chiefs of social work, program specialists, and various stakeholders based on agenda items.

Child Welfare Operations

Deputy Division Administrator, field Program Managers, Child Welfare Policy Manager, Centralized Intake Unit Chief, Automated Systems and Financial Management, CFS Administrators, CFS Bureau Chief, and the Casey Family Program Director meet monthly 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 reports in Table 25.1 below, to staff and leadership statewide on a regular basis.

Table 25.1 Data Reports

Report Type	Frequency	Purpose
Worker Contact Summary	Monthly	Identify missing monthly worker contacts
Annual Caseworker Visits	Annual	Yearly summary of caseworker visits
Foster Care Report	Quarterly	Provides information about children removed by zip code and compares it to the number of licensed homes in that location over time
Residential Placements Report	Monthly	Identify current residential placements by region and count entries and exits by facility

Staff Allocation	Quarterly	Calculate average case counts by worker type (Safety Assessor, Case Worker, Permanency, etc.)
Licensing Report	Weekly	Report the licensure status of each placement in the state
Budget Reports	Monthly	Provided to program managers to track expenses both at regional level and client-specific expenditures
Treatment Foster Care	Quarterly	Report of all children at treatment-level and congregate care level placements, length of stay, and placement detail
Assessment Reports	Monthly	Identify number of late or past-due safety assessments in need of closure
CANS Assessments	On-demand	Identify the status of CANS assessments (pending, completed, incomplete, initial or updated assessment)
Placement Notification	Weekly	Number of placement moves requiring foster parent notices in accordance with Idaho Statute
License Status	Weekly	Social worker licensure lapses
ETV	On-demand	Education Training Voucher (ETV) expenditures and services report
ESSA	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 CFSSR PIP.

Improvement Plan: An improved quality assurance system will be addressed in Idaho's CFSSR PIP. Information gathered from two evaluations by the Office of Performance Evaluation of the Idaho Legislature (OPE) and CQI Self-Assessment, data obtained during CFSSR Round 3, and feedback from internal and external partners and stakeholders during the CFSSR PIP development process led to the decision to shift CFS to an operational focus. This focus includes customer-centered problem-solving, workflow designed solutions, and data-driven

accountability. All areas of child welfare practice within CFS will be re-engineered with integrated CQI processes. As each child welfare process is re-designed beginning in SFY 2019, corresponding data measures and performance metrics will be defined and gathered through CCWIS, enabling timely data analysis. CQI methods will be implemented simultaneously with each re-engineered process. Implementation will include the transfer of information to ensure staff have the information and support necessary to support CQI processes. Data and performance outcomes will be made available to all levels of staff as well as external partners and stakeholders. Corresponding internal and external feedback loops will be formalized and received feedback incorporated into process, communication, and automation changes. A re-evaluation of the purpose and necessity of regularly scheduled meetings with internal and external stakeholders will be conducted to ensure they are meeting the program's need for effective feedback.

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 (IDHW), Child and Family Services (CFS) program was found not in substantial conformity with this systemic factor. CFS has a robust statewide training system in place to ensure all new child welfare social workers receive the training necessary to ensure they have the basic skills and knowledge required for their positions. However, CFS does not have 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 three full-time onsite trainers. These trainers participate in reviewing the training curricula and meet regularly with CFS leadership to ensure training needs are met. Trainers also help facilitate transfer of learning activities into the field. ISU utilizes the IDHW's Learning Hub management system 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 21 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.

Child Welfare New Worker Academy training is consistently well received by participants. During the period of July 2016 through September 2016 which encompassed 27 Academy sessions and 232 of participants, evaluation ratings indicate satisfaction to the level of Agree and Strongly Agree 92% of the time. Overall, data indicates workers are satisfied with training and indicate increased knowledge in the majority of the sessions.

Child Welfare New Worker Academy sessions include foundational knowledge and skill-building activities. In SFY 2017, CFS offered 99 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 845.75 hours during SFY 2017.

Initial Staff Training for Contractors

Agencies that partner or contract with CFS to provide case management services 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 some youth ages 14-21 who live in Region 3 or 4. 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. Their 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 assess the effectiveness of their training through 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 provides 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 does not have reliable measurements to demonstrate the effectiveness of new employee training courses. The absence of reliable data to evaluate training effectiveness is a barrier to assessing and improving the adequacy of the training.

Improvement Plan: The contract for initial and going staff training, including New Worker Academy, will be sent out for bid and awarded in SFY 2019. CFS will work with the winning contractor to expand and integrate a more robust evaluation process on staff values, knowledge, and skills. Partner and stakeholder feedback regarding the effectiveness of staff training will also be sought through current stakeholder meetings, Case Record Reviews, and multi-disciplinary teams and inform ongoing training. See the Idaho Title IV-E Training Matrix (Appendix C) for more details about New Worker Academy.

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 with initial staff training, CFS does not have reliable measurements to assess or demonstrate the effectiveness of training. The absence of reliable data to evaluate training effectiveness makes this item an area needing improvement. Child and Family Services Reviews (CFSR) Round 3 results indicated CFS does 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 addressing any license lapses.

The Idaho Bureau of Occupational Licenses requires social workers in the state to complete a minimum of 20 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. 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, as well as submitting a copy of their current license to their supervisors each year.

Ongoing training topics provided during SFY 2017 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
- Engaging Families through Conversational Interviewing
- Child Welfare Safety Plan Training
- Cultural Humility and Ethics
- Child Welfare Work and Secondary Traumatic Stress

- Ethics and Stress Resistant Worker
- Medical Child Abuse and Neglect
- Venting in the Workplace
- Ethics of Engagement

Based on feedback provided by staff, leadership, and embedded trainers, CFS found these trainings 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.

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 providing ongoing clinical support and consultation was approximately 482 hours during SFY 2017.

In addition to quarterly in-service training, the IDHW 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 the New Worker portion of Child Welfare Academy requirements in their role as case-carrying staff. In SFY 2017, Child Welfare Leadership received training and instruction at an annual supervisor summit. The Sixth Annual Supervisor's Summit was focused on leading to a Learning Organization and Climate. In addition, in April 2017 a cohort of staff new to their role in leadership attended a week-long training on Strengths-Based Supervision and Family-Centered Practice Supervision.

All new supervisors are also 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 IDHW's Supervisory Resource Center, allowing them to access additional supports to assist them in more effectively managing employee performance. CFS Program Managers and Chiefs of Social Work 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-reported 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

Improvement Plan: Recognizing the importance of effective staff training, CFS developed the new Bureau of Operational Design which includes a Business Process Design Team and Training and Development Team. A contract for business design support is also being finalized. The Business Process Design team will re-engineer CFS practice areas to identify clear processes and performance expectations to support staff and supervisors in knowing how to meet their responsibilities in working with children and families. The Training and Development Team and business design contractor will utilize this information to provide training. As each re-designed process is rolled out statewide, effective implementation and training processes will be utilized to ensure all social workers and supervisors have the knowledge, skills, values, and tools necessary for their specific positions and to support the transfer of their knowledge and skills into practice. Supervisors will be provided with the knowledge, skills, values, and tools necessary to integrate the new processes into their supervision and support of caseworkers. Supervisor training and development will be included in Idaho's CFSR PIP. Learning experiences will be complimentary to Idaho's core training. Quality assurance of ongoing staff training will occur via formalized feedback loops to ensure input received from sources including partner and stakeholder meetings, Case Record Reviews, and multi-disciplinary teams is received and incorporated into subsequent training and implementation plans. Additional information regarding ongoing staff training can be found in Idaho's Title IV-E Training Matrix (Appendix C).

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 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. In CFSR Round 3, Idaho 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 Family Training & Support Groups
- Annual Resource Family and Social Worker Conferences

New resource families receive 27 hours of initial pre-service training comprised of nine sessions using the PRIDE model. Kinship for Kin Care providers and 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 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

During SFY 2017 modifications were made to the PRIDE sessions to update some of the training tools, videos, and layered learning activities. Trauma-informed parenting intervention through Trust Based Relational Intervention (TBRI) concepts was added, as was information from the Reasonable and Prudent Parent Standard. In addition, EWU piloted a hybrid model of PRIDE through Foster Parent College. In June of 2017, a pre- and post-test was implemented to measure the effectiveness of the PRIDE curriculum. A pre-test is required at

the time of registration. Post-tests are administered upon completion of a session and six months following a participant's graduation from PRIDE.

PRIDE sessions are co-trained by professional recruiters, resource peer mentors (RPMs), and local child welfare staff. RPMs are experienced resource parents who have undergone specialized training. Local child welfare leaders participate in the ninth session of PRIDE to welcome new families and provide information about communication and the grievance process. New resource families also receive schedules for additional training, support groups, and contact information for child welfare staff in their area.

Relatives and fictive kin have the option to participate in an 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, fictive kin, and non-relative 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 SFY 2017. 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 are approved for licensure through an expedited relative and fictive kin placement, known as a Code X. In SFY 2016, CFS added a training requirement for all resource families to comply with federal guidelines for the implementation of the Reasonable and Prudent Parent Standard (RPPS). RPPS is an online training required prior to attending PRIDE. For additional information regarding training additions, please see the Foster and Adoptive Parent Diligent Recruitment Plan (Attachment 2.1).

After the initial year of licensure, CFS requires 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 the vision of professionalizing resource parents and formalize ongoing training requirements, CFS is beginning to implement the Professional Resource Family and Development Plan (PRFDP) initiative. PRFDPs identify key competencies, educational goals, and track resource family training progress. The plans also serve as a source of information regarding ongoing training efficacy. The plans are monitored by the family's licensing social worker during the annual re-licensure process. Plan development and monitoring is expected to enhance resource parents' capacities, as well as guide CFS in decisions regarding the resources, training, and education provided to licensed families. Implementation planning, training and monitoring for workers is needed to ensure plans are completed with all families and are of sufficient quality. CFS has also developed a formal Plan of Correction template specific to licensed resource families who may be out of compliance with licensing rules.

Resource Family Training and Support Groups are offered six to seven 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 through the SFY 2017 Resource Family Annual survey indicated resource families are interested in training specific to trauma-informed parenting skills, post-adoption resources, the effects of prenatal drug and alcohol exposure, supporting children in foster care and their birth parents, as well as advocating for children's educational needs. In SFY 2017, 43 Training and Support Groups were provided across the state with 371 participants. Support Group topics included adoption, legislative changes, discipline and managing difficult/aggressive behaviors, working with schools, meet and greet with local CFS staff, trauma informed parenting, fetal alcohol syndrome disorder, grief and loss, sensory processing, court process, and the reasonable and prudent parenting standard. CFS will continue to work with EWU in evaluating the effectiveness of these training and support groups.

The North Hub has a higher attendance rate at Resource Family Training and Support Groups than other locations in the state. Region 1 has, on average, 14 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.

In addition, each year two core trainings are provided in each hub. In 2015, CFS implemented Caring for Children Who Have Been Exposed to Trauma: A Workshop for Caregivers. This curriculum was developed through the National Child Traumatic Stress Network. Seven sessions of the workshop were provided during SFY 2017 to 58 participants. EWU's evaluation tools indicate the training is meeting the training objectives by educating resource families about the impact of trauma and enhancing their knowledge and skills to parent children exposed to trauma, as well as the knowledge and support for self-care. Resource parent feedback from attendees has been positive, with many comments like the following:

- The best aspect of today's training was "examples, actual experiences, knowledge of presenters and use of every minute."
- Describe one action you intend to take away from the training "see with trauma informed lenses, take care of myself and of past traumatic experiences in my life," and "look for signs and triggers in children that come into my home; reaching out to resources for help and advice."

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

Following the 2017 conference, 210 evaluations of the 355 registered participants were returned. Over 90% of participants indicated they were satisfied with the content of the conference. In addition, participants’ written feedback indicated an overwhelming positive experience, specific comments included:

“Fantastic speakers.”

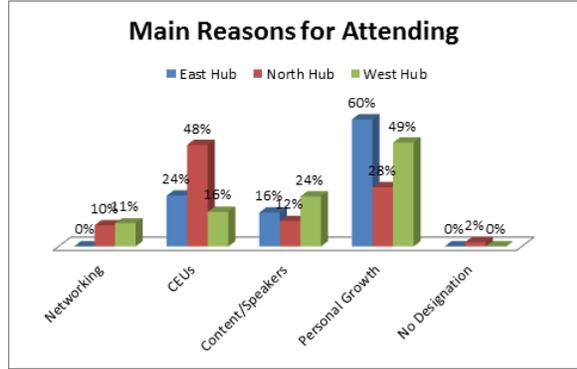
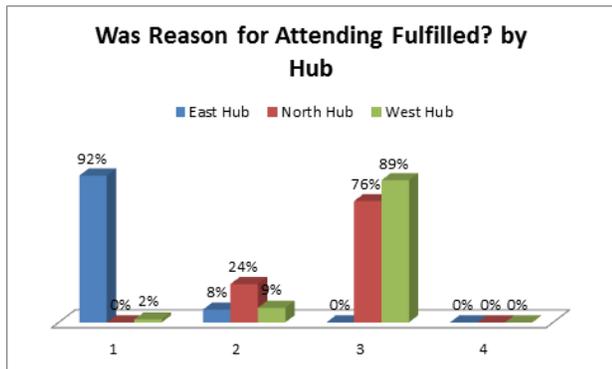
“Very useful information.”

“Best training I have ever attended.”

“Excellent content! Completely applicable and easy to learn.”

“Concrete tools, ability to apply information due to way information was presented. [It] made it approachable and not overwhelming.”

The following graphs reflect the responses to two of the survey items.



In April of 2017, through the One Church One Child Program, CFS provided a live webinar of the Empowered to Connect Conference by Dr. Karyn Purvis and the Texas Christian University Institute of Child Development. Each region across the state provided a conference room to air the webinar. Using TBRI 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 272 attendees, composed of resource parents, CFS staff, and community providers.

Results from the 2016 Annual Resource Parent Survey again identified resource parents need the following topics in future training: parenting children who have been exposed to trauma; post-adoption resources; and the effects of prenatal drug and alcohol exposure

Child Placing Agencies

The SFY 2017 Annual Resource Parent Survey was delayed until October of 2017. Results from the survey are being analyzed and will be reported on next year's APSR.

State licensing program specialists with the IDHW Division of Licensing and Certification, license and ensure CFS's licensed child placing agencies and childcare facilities comply 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 SFY 2017, there were seven child care agencies, 30 children's residential care facilities, one non-accredited residential school, and three therapeutic outdoor wilderness programs licensed by CFS.

Two private child care placing agencies currently work with CFS. They are PATH and Casey Family Programs. Together they license approximately 75 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 Family Programs provides a minimum of 10 hours of individual pre-service training with each family in addition to PRIDE. PATH changed its policies and no longer issues foster care licenses until pre-service training is completed. The 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. PATH's recent revisions to the New Generations PRIDE training focus 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 about the specific 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 IDHW's 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.

During SFY 2017, three of the 30 licensed facilities were identified as not meeting initial staff training requirements for at least one new staff member. Additionally, three 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. 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 2017 and were issued standard licenses. No licenses were revoked.

Data Quality, Scope, Limitations, and Barriers

All data specific to resource parent initial and ongoing training is collected and maintained by EWU. The data appears to be accurate, based on self-reports and data maintained by licensing supervisors across the state.

Data regarding the timing of PRIDE training completion as it relates to the issuing of a foster care license is not available through iCARE. To obtain this information, an audit would need to be completed. 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, CFS believes families are receiving the necessary training within the required timeframe (one year following initial licensure). Based on collateral information, resource families are completing PRIDE prior to licensure or are issued a variance to complete the training within the following six months.

At the end of SFY 2017, CFS and EWU partnered in developing a pre/post-test for PRIDE pre-service training. Administration of the pre/post-tests began in June 2017. The pre-test is administered at PRIDE registration. The post tests are administered upon PRIDE graduation and six months post-graduation. CFS will continue to work with EWU in assessing the current pre/post-tests through review and analysis of results on a quarterly basis, as well as begin to develop tools to measure the effectiveness of current ongoing trainings provided to resource families.

Improvement Plan: Foster and Adoptive Parent Training is being addressed in the CFSR PIP. Formalized statewide implementation of Professional Resource Family Development Plans (PRFDPs) will provide additional support to currently licensed resource families through advanced training to assist with foster parent retention efforts. In addition, CFS will re-engineer the foster care recruitment, licensing, and support processes in SFY 2020. The effectiveness of initial resource family training will be evaluated as part of the re-engineering. The business design contract will provide support for this process which will include methods to identify, track, and share data related to resource parent training. Additional information about CFS foster and adoptive parent training can be found in Idaho's Title IV-E Training Matrix (Appendix C).

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 the Child and Family Services Reviews (CFSR) Round 3, the Child and Family Services (CFS) program's array of services was determined to be an area needing improvement. This determination was due, in part, to the absence of data regarding the availability and effectiveness of services statewide. However, cumulative data from Case Record Reviews conducted in SFY 2015, 2016, and 2017 (313 cases) determined that the needs and services to children were sufficiently met in 88.75% of the cases (276 cases). The needs and services to parents were sufficiently met in 71.74% of the cases (198 cases). Furthermore, partner and stakeholder interviews conducted by the Children's Bureau during CFSR Round 3 did not indicate service array was a major issue.

Root-cause analyses and ongoing stakeholder engagement point to areas with room for improvement through CFS Continuous Quality Improvement (CQI) efforts. Currently, CFS is unable to produce specific data to demonstrate a functioning statewide service array and resource development system that ensures services are accessible in all service areas covered by the Child and Family Services Plan (CFSP). While CFS can show services in all four service areas are available to some families, CFS concluded there are service gaps in rural areas including 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 location.

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 readily available statewide. CFS relies heavily on the creativity of staff to provide services in rural areas of the state.

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) within the first 45 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 assessing caregiver protective capacities and the needs of the child(ren) 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 caseworker 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.

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, resource 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.

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. Caseworkers 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 resource 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 thereby 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 available 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 Another Planned Permanent Living Arrangement (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 caseworkers as "difficult to place" or "stuck"

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 who have their own data collection systems, making 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-level approach including both community organizations and other state programs

Improvement Plan: 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. Assessment of children and families will be addressed in the CFSR Performance Improvement Plan (PIP). In SFY 2019, the safety assessment process is being refined, streamlined, operationalized, and re-implemented statewide, improving the ability of staff to identify safety-related needs throughout the life of the case. Consistent implementation of a case consultation and staffing process addressing safety, permanency, and well-being needs of children and their parents will further improve the identification and addressing of needs. Better identification of service needs combined with corresponding enhanced data collection methods through CCWIS development will improve the ability of CFS to identify specific safety services and gaps. Building on the improvements made to safety assessment processes, case management will be refined in SFY 2020 including the clarification of policies and processes necessary to accurately identify and document the needs of children and families. CCWIS data abilities will allow for the gathering of data related to those identified needs and services received enhancing the ability of CFS to identify and address services gaps. Information about the availability of needed services and gaps will also be provided through expanded partner and stakeholder engagement. Engagement processes and feedback loops will be developed related to specific child welfare practice areas. Implementation of the formalized feedback loops will be coordinated with the implementation of the related child welfare practice area.

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 individualized services are 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 the CFSR Round 3, 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 a Family Centered Practice approach in all interactions with children and families. Reports from partners, stakeholders, and local offices reflect that social workers are striving to meet the unique needs of Idaho's children and families.

Another CFS priority 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.

Plan for Improvement: Accurate and comprehensive assessment of individuals is essential to ensuring each person receives timely and effective services to meet those needs. The individualization of services will be addressed in the CFSR PIP. In SFY 2019, the safety assessment process will be re-evaluated, streamlined, operationalized, and re-implemented statewide improving the ability of staff to identify safety-related needs. Consistent implementation of a case consultation and staffing process addressing safety, permanency, and well-being will further improve the individualization of services to meet the specific needs of a child and family. The Child and Adolescent Needs and Strengths (CANS) tool is used to assess a child's strengths and needs to support service planning, the individualization of services, and related decision-making. It is utilized across Idaho child-serving systems including IDHW's Division of Behavioral Health's Children's Mental Health (CMH) program and other public and private community agencies. CFS will partner with the CMH, the IDHW's Division of Medicaid, and public and private agencies to develop a process for children working with CFS to receive a CANS assessment. Better identification of service needs combined with corresponding enhanced data collection methods through CCWIS development will improve the ability of CFS to identify specific safety services and gaps. Further improvements are anticipated when case management policies and processes necessary to accurately identify and document the needs of children and parents are clarified. Increased access to data and performance metrics through CCWIS will ensure the individual needs of children and parents are reflected in their service/case plans. Data collection specific to identified needs and the services received will enhance the ability of CFS to identify and address services gaps. Information about the availability of needed services and

gaps will also be provided through expanded partner and stakeholder engagement. Engagement processes and feedback loops will be developed related to specific child welfare practice areas. Implementation of the formalized feedback loops will be coordinated with the implementation of the related child welfare practice area.

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?

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

Through the CFSR Program Improvement Plan (PIP), CFS will engage tribes as well as internal and external partners and stakeholders in the development and ongoing analysis of the agency's performance.

As part of the CFSR PIP, CFS will formalize and operationalize t continuous quality improvement (CQI). Currently, internal and external partners participate at local and statewide 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 the initial CFSR PIP drafts and they will continue to be involved in the implementation and monitoring of the plan..

Improvement Plan: Engagement and Consultation with Stakeholders will be included in Idaho's CFSR PIP. CFS is incorporating the formalization and operationalization of stakeholder feedback loops as part of integrating CQI within each process. In SFY 2019, CFS will create a process and method to gather feedback and share information with key partners and stakeholders on performance related to safety and permanency for children age 3 and younger. Feedback received through this process, as well as that received during the CFSR PIP development process, will be incorporated into program processes, communication, and automation changes. These processes, communication, and automation changes will be reflected in the 2020-2024 CFSP to be developed over the next year. Stakeholder feedback loops and CQI processes regarding permanency for all other children, foster care licensing and support, and case management will be formalized in SFY 2020. Feedback received

through these processes will inform the development of future CFSPs and APSRs through incorporation into program processes, communication, and automation changes.

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 CFS coordinates with the IDHW's Division of Medicaid's Self Reliance program 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 (ICPC) 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, the elderly, and/or the disabled, who meet income requirements. CFS 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 whose 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 and establishing court orders. To make the collaboration more efficient, CFS improved the child welfare information system (iCARE) to share pertinent case information with child support workers 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 federal 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 also applies to preschool-age children in foster care who receive a public preschool education provided by a local education agency. Educational stability for students in foster care has been a priority for CFS and the agency has continued its ongoing collaborative with local schools.

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 state and regional points of contact

The iCARE team 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, resource 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
- Resource and Service Navigation Program: Service Description
- Maternal, Infant, and Early Childhood Home Visiting Program: Service Description
- Employment: Chafee Independence Living Program
- Idaho State Board of Education: Chafee Independence Living Program

- Homeless Prevention: Chafee Independence Living Program
- Foster Youth Pregnancy Prevention: Chafee Independence Living Program

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.

CFS will continue to enhance the 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.

Improvement Plan: CFS is focused on improving our data collection system to better inform coordination efforts with federally-funded programs. Activities to begin building Idaho's CCWIS system have begun. The CCWIS system will include the ability to connect a child or parent's identified needs with services provided, thus allowing CFS to gather data as to the provision of other federally-funded services to families. Information about the availability and provision of services will enable increased coordination of services both at the individual level and the larger system level. Any barriers will be identified and plans to address those barriers developed.

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 (CFS) 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 Title IV-E audit and ongoing adoption case reviews. All variances/waivers in licensing practices are within the application of state requirements. Variances/waivers are issued for non-safety related reasons 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 (IDHW) as well as child placing agencies. Additional practice expectations specific to the licensing, recruitment, and retention of licensed resource

families are contained within CFS practice standards. For the Child and Family Services Reviews (CFSR) Round 3, CFS received an overall rating of strength for this item.

The assessment and licensing of foster and adoptive families is organized geographically. The East and West Hubs have individual licensing teams in each of its regions (3, 4, 5, 6, and 7), while the North Hub (Regions 1 and 2) have combined licensing teams with social workers present in each region. Idaho's licensing process includes family completion of a 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 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, 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 the ability of CFS to determine the appropriate use of waivers/variances across the state. To address this issue, the iCARE team and CFS foster care program specialist have been working together to find a solution; the system limitation is expected to be resolved 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 data reflects that 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 case 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.

Expectations 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 was integrated into the New Worker portion of Child Welfare Academy in 2016. The Academy curriculum has been updated and includes training specific to completing expedited placements of relative/fictive kin.

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 2017, 232 adoptions of 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.

In preparation for Idaho's Title IV-E review in January 2018, a brief tool was revised at the end of SFY 2017. This tool will be utilized in the beginning of SFY 2018 to review all licensed foster homes in state and out of state to ensure compliance with safety related standards prior to issuing a license.

Child Placing Agencies

State licensing program specialists with the IDHW's Division of Licensing and Certification ensure Idaho's licensed child placing agencies and childcare facilities comply 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.

There are two private child care placing agencies working with CFS, Casey Family Programs and PATH. Both child care placement agencies were found to be in substantial compliance and were issued standard licenses. No provisional licenses were issued. No licenses 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 Title IV-E foster care or adoption assistance are licensed through the Division of Licensing and Certification.

Agencies and facilities complete re-licensing documentation and licensing specialists conduct onsite visits and file reviews. In SFY 2017, 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 2017 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 caseworkers. 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.

Improvement Plan: In SFY 2019, CFS will implement the tracking of variances of waivers through iCARE to provide data regarding the use and reasons for issuing a variance or waiver. Beginning in SFY 2020, CFS will re-design foster care processes including the recruitment, licensing, and support of resource families. Expectations for communication and performance will be clarified. Implementation of the re-engineered process will ensure staff and supervisors have the knowledge, skills, and tools necessary to recruit, license, and support resource parents. Data tracking within the new CCWIS system will support quality assurance, performance management, and accountability.

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?

CFS has an effective system which operates statewide and meets federal requirements for criminal background clearances related to licensing foster care and adoptive families. The case planning process includes provisions for addressing the safety of foster care and adoptive placements for children. For CFSR Round 3, 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. When such a home is approved, it is typically one in which a child is 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 caseworker 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 caseworker 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 seven regions for the purpose of foster or adoptive licensing in SFY 2013 through 2017, was more than triple the number of newly licensed foster and adoptive families during the same period of time. These numbers suggest completion of required background checks of resource parents is occurring consistently. In SFY 2017, 161 dual assessments of resource families adopting children from all seven 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 2017, CFS had 2,714 children in foster care. At the closure of SFY 2017, 68 children (2.1%) were placed in an unlicensed home. Field 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. Sixty of those 68 placements were eventually licensed.

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 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 field Program Manager before being sent to the Family and Community Services (FACS) Division Administrator for consideration. The Division Administrator must give placement approval. During SFY 2017, seven resource families (relative/fictive kin) were staffed through this formal process with the Division Administrator for approval to place children in an un-licensable home. The majority of the resource families were not licensable as a result of criminal charges. One family was developing a plan to demonstrate their financial stability and was otherwise able to meet licensing requirements.

A Title IV-E audit completed by CFS in January 2018, verified the consistent inclusion of criminal history background checks in the licensing process and files. This audit included a review of 80 cases. No cases were found to have any errors 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 (Table 34.1). 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.

Table 34.1 Background Checks

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
SFY 2017	1433	980	7	1

Data Quality, Scope, Limitations, and Barriers

Reported information and data was gathered from multiple sources including a federal Title 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, resulting data and information regarding meeting criminal background check requirements appears to be reliable.

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 specific concerns in each case were addressed.

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

Improvement Plan: Idaho meets expectations for criminal background check requirements. No changes negatively impacting this rating are anticipated. There is no plan for further enhancements or improvements at this time.

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 the CFSR Round 3, 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 proportional to the African-American, American Indian, 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). Contracted 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 2017, 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 2017, there were 2,714 children served in Idaho's foster care system, and 1,502 licensed resource families. Of those, 806 or 54% were non-relative (general) families, while approximately 643 or 43% were relative/fictive kin caregivers. Table 35.1 highlights the increase in the number of children served in foster care, compared to licensed foster homes categorized by type.

Table 35.1 Children vs. Foster Homes

	SFY 2014	SFY 2015	SFY 2016	SFY 2017
# of Children in Foster Care	2,481	2,434	2,559	2,714
Total Licensed Foster Homes	1,541	1,429	1,448	1,502
Non-relative Family Home	908	846	824	806
Relative/Fictive-Kin	570	505	551	643
Treatment Foster Care	63	78	73	53

During SFY 2017, Idaho licensed 511 new resource families (Table 35.2); 35% of these families are non-relative foster/adopt families, and 64% 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 increased over the past year.

Table 35.2 New Licenses

Newly Licensed Resources SFY 2017		
Resource Type	# Resources	Served a Placement
Non-Relative	180	167
Relative	257	248
Fictive Kin	72	71
Treatment Home	2	2
Grand Total	511	488

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 (Table 35.3).

Table 35.3 Regional Distribution of Licensed Families

Licensed Resources by Region & Year				
Location	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Region 1	184	155	157	155
Region 2	68	61	64	68
Region 3	222	216	209	226
Region 4	232	200	198	199
Region 5	108	97	101	109
Region 6	119	115	126	121
Region 7	118	117	109	114
State	1051	961	964	992
Note: Each Year is the average of 4 point-in-time Resource counts at the end of each quarter.				

The distribution of placements of children in foster care has remained fairly consistent over the past three years, 43% in non-relative licensed resource homes, 31% in relative

placements, 7% placed with fictive kin, and 8% in higher levels of care such as treatment foster care, group homes, residential facilities (Table 35.4).

Table 35.4 Placement Distribution

Distribution of Placements for Children in Foster Care				
Placement Type	SFY 2014	SFY 2015	SFY 2016	SFY 2017
All Children	1,320	1,241	1,374	1,491
Non-Relative	555 42.0%	515 41.5%	583 42.4%	650 43.6%
Relative	358 27.1%	351 28.3%	387 28.2%	455 30.5%
Fictive Kin	61 4.6%	72 5.8%	89 6.4%	104 7.0%
High-Level	124 9.4%	137 11.0%	128 9.3%	125 8.4%
Home Visit	213 16.1%	156 12.6%	178 13.0%	148 9.9%
DJC/Detention	9 0.7%	10 0.8%	9 0.7%	9 0.6%

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

During SFY 2017, CFS saw an increase in the number of American Indian and Hispanic children placed in foster care, as well as the number of American Indian and Hispanic resource families. There has been a decline in the number of African-American children placed in foster care. This data may indicate success in targeted recruitment efforts specific to the Hispanic population (Table 35.5). CFS needs to highlight these strategies and share them across the state.

Table 35.5 SFY 2017 Race and Ethnicity

Race	# of Children in Foster Care				# Licensed Resource Parents			
	Total	Ethnicity			Total	Ethnicity		
		Non-Hispanic	Hispanic	Unknown		Non-Hispanic	Hispanic	Unknown
White	2,401	2,023	351	27	2,720	2,342	203	175

American Indian	85	71	12	2	51	39	5	7
Mixed	32	28	3	1	16	15		1
Other Pacific Islander	115	82	32	1	14	11	1	2
Black/African-American	3	3			11	8	2	1
Other Asian	11	5	6		7	5	1	1
Filipino					4	3		1
Alaskan Native	2	1	1		1	1		
Unable to Determine	65	13	2	50	177	26	10	141
Total	2,714	2,226	407	81	3,001	2,450	222	329

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 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 2017, 495 licenses were closed or expired (Table 35.6), and 511 new licenses were issued, for a net gain of 16 new resource families. CFS has not been able to maintain a significant positive gain of licensed resource homes. Further analysis indicates at least half of closures are relative and fictive kin resource families. 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.

Table 35.6 Closed/Expired Licenses

Closed or Expired Licenses SFY 2017	
Resource Type	# Closed
Non-Relative	201
Relative	226
Fictive Kin	53
Treatment Home	15
Total	495

Data for SFY 2017, indicates there were 127 licenses revoked (Table 35.7). Two of the licenses revoked were due to a substantiated allegation of abuse and/or neglect or failure to comply with licensing standards. That year CFS received 15 referrals that met priority guidelines for assignment related to abuse, neglect, or abandonment involving a licensed resource family home. Of those referrals, two were substantiated for abuse or neglect (Table 35.8).

Table 35.7 Revoked Licenses

# of Resources with Licenses Revoked during SFY 2017	
License End Reason	#
Revoked - Standard of Care	11
Revoked - Voluntary	116
Total	127

Table 35.8 Substantiations

# Child Protection Referrals on Licensed Resources vs. # substantiations			
	SFY 2015	SFY 2016	SFY 2017
Foster Families Investigated	6	8	15
Foster Families Substantiated	1	2	2

Data Quality, Scope, Limitations, and Barriers

Limited resources create many barriers to the recruitment and retention system; impacting timely licensure of prospective families and the support foster families receive. Over the past four years, CFS has made improvements recruitment and retention metrics. These metrics include measurements of Idaho's licensing steps from inquiry through the licensure process and the average length of time for resource parents to achieve each step. Additional, data includes effectiveness of recruitment efforts and retention data that speaks to resource family closures. Since the data has been updated and specifically targets recruitment and retention metrics that speak to Idaho's practice, it would be helpful to continue to analyze the data over the next few years to identify trends.

Although Idaho has made improvement to our data metrics, 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, American Indian, and Hispanic families is very challenging. Relationships are key to these targeted recruitment efforts and relationship building takes time and requires CFS staff and leadership to be present consistently rather than relying completely on contractors.

Improvement Plan: Improved access to data specific to recruitment efforts is necessary for the CFS to develop a more effective resource parent recruitment and retention plan. A re-engineered foster care recruitment and licensing process will be implemented statewide in SFY 2020 and include the monitoring and tracking of related data. The data will be analyzed to determine the types of resource parents most needed by geographic location, race/ethnicity, ability to take sibling groups, and characteristics of children needing placement. The resulting information will be considered in a re-evaluation of Idaho's resource parent recruitment and retention effort to determine additional improvements. No changes are needed to Idaho's Diligent Recruitment Plan at this time.

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 the CFSR Round 3, 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. 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) or in-state cross jurisdictional processes.

Although sufficient quantitative data regarding the timeliness of requests for outgoing ICPC permanent placements is not available, qualitative data suggests 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.

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 occur for the purpose of parent placement, temporary relative placement, temporary foster placement, or permanent placement for the purpose of guardianship or adoption with a family who resides outside 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 web site. Any current/approved home study may be listed on the SharePoint. The page includes demographic information about prospective 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 (regional coverage), Region 4 (regional coverage), Region 5 (regional coverage), Region 6 (regional coverage), and Region 7 (regional coverage). State case management teams conduct all incoming parent and unlicensed relative home study requests. State foster care licensing teams conduct all incoming ICPC assessments including those for 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 made by the supervising social worker or 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 ICPC processed 734 incoming and 418 outgoing requests for placement in SFY 2017. 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. These home study reports 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 2017, there were 45 permanency home study requests made to Idaho. 57.8% 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 103.3 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, however there was a small increase to 103.3 days in 2017.

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 resource 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 CFS 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 due to system limitation with the software.

The SharePoint 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. It 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 implemented to assist with Idaho ICPC business needs and data reporting requirements.

Implementation Plan: In SFY 2019, CFS will streamline the process of receiving, reviewing, and completing incoming ICPC requests. This will include improvements to the SharePoint tracking site used to monitor ICPC-related timeframes and the development and implementation of quality assurance measures. Practice related to outgoing ICPC and cross-jurisdictional placement requests will be addressed in the CFSSR PIP. The re-design of concurrent planning processes and permanency processes for children aged 3 and younger will address the early identification of parents and relatives and timely requests for out of area home studies.

(3) IMPROVEMENT PLAN

The plan for improvement is based on the analysis of child welfare outcomes measured through Federal and State conducted Child and Family Services Reviews (CFSR), program performance on other federal requirements for the Child and Family Services Plan (CFSP), and findings in the Annual Progress and Services Report (APSR).

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 partners and 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 (ASFA) 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 refine the comprehensive safety assessment process. A business design contract is being developed to support the re-engineering and re-implementation of the process statewide resulting in more timely, accurate, and consistent safety decisions. Safety assessment re-

processing will include a statewide consultation and staffing process which follows, and further reinforces, the enhanced safety model. Accurate identification of safety concerns will enhance social workers' abilities to develop appropriate safety and services plans and identify related services thereby supporting a family's ability to maintain their children safety in the home or have their children in foster care 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%

Idaho Performance: SFY 2017 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%

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

Measure: To be determined.

Baseline: To be determined.

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

APSR Update

Strategy 1 is being revised. Content for Child and Family Engagement Part 1 was broken down into six online learning modules during June 2017. These learning modules are required to be completed by all new workers and available

to be taken for credit by all staff. By breaking the content into modules, it allows for more flexibility for all workers and encourages seasoned staff to take all or several modules to brush up on their learning. New workers are required to take the 1.5 day in-person skills-based training after completing all the modules. This training is also available to seasoned staff who are wanting the additional support. Evaluation of this course has indicated a high satisfaction with the training format. The pre-test/post-testing indicates the online curriculum is effective in delivering the curriculum content and the in-person training is increasing worker assessment skills.

Following the roll out of the revised Child and Family Engagement Part 1 training, careful re-analysis of data from CFSR Round 3 and state conducted case record reviews in addition to significant internal and external partner and stakeholder feedback led CFS to determine the safety assessment process needed refined and re-implemented in order for successful application to occur. The re-processing of safety practices will occur in SFY 2019. A contract for professional business design services is being completed to support this project. Implementation of the refined process will include a measuring and monitoring plan which has not yet been identified. Baselines, measures, and benchmarks will be defined. The monitoring plan will include increased performance visibility for all levels of staff to promote quality safety assessment. An implementation plan will be developed by the new Bureau of Operational Design and business design contractor to ensure social workers and supervisors have the knowledge and tools necessary to conduct comprehensive safety assessment throughout the life of a case. This intervention is expected to be completed in the first half of SFY 2020.

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

APSR Update

Intervention completed.

Strategy 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

Consultation and Staffing implementation will be incorporated into Idaho's re-processing of safety practices. A statewide workgroup reviewed existing staffing formats and guidelines. The workgroup's feedback will be available to the business design contractor tasked with the responsibility of implementing the refined safety assessment practice in SFY 2019. The implementation plan will ensure staff and supervisors have the knowledge and tools necessary to

conduct comprehensive safety assessment throughout the life of a case. An ongoing monitoring and evaluation process will be implemented for continuous quality improvement. This intervention is on target for completion by the end of 2019.

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.

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

APSR Update

The pilot program with Region 3 and Casey Family Programs has continued to progress with Casey taking seven in-home cases to provide in-home case management services. Monitoring of the pilot has indicated this number of cases is appropriate given current staff resources at Casey. Through this pilot, the region has identified several needed services and begun working with Idaho Child Care Program (ICCP) representatives to discuss crisis child care, Navigation to meet families' basic needs, and the Boise State Nursing Program to discuss linkages with health services. As part of Idaho's ongoing work to enhance continuous quality improvement (CQI), performance metrics will be established to capture information about services provided to families as well as identify performance gaps. Statewide development of safety-related services will continue in the state's 2020-2024 CFSP.

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 (CANS) Assessment are matched to the services identified in the case plan in 90% of cases.

Baseline: No baseline data is available until December 2019 when the model will be fully implemented and quality assurance is conducted through case record reviews.

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

APSR Update

Intervention ended for the 2015-2019 CFSP. Due to workload capacity concerns, CFS will no longer be administering the CANS, but will partner with other agency programs and community agencies to provide the assessment. The re-engineering of Idaho's safety assessment process will occur in SFY 2019 and address the accurate identification of safety concerns. Further activities will be addressed in the 2020-2024 CFSP.

Feedback Loops - CFS recognizes the importance of both internal and external stakeholder feedback and ongoing collaboration to achieve CFSP 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. For the training interventions in Goal 1, input was sought from CFS social workers regarding what training topics they felt were most needed via an online survey. Curriculum for these topics was created and is offered around the state. New Worker Academy training has been revised to include the enhanced safety model and is provided to new social workers, current social workers who would like additional support, and community members. Community members who have attended include tribal staff. (For additional information on monitoring of training progress see Attachment 4: Staff and Provider Training Plan).

Significant feedback from social 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 by the iCARE team and is a venue for individual social 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 in local bi-monthly Multi-Disciplinary Team (MDT) meetings with a variety of stakeholders including court partners, 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 CFSP 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 ensure safety thresholds are met before a child is declared in imminent danger.

Implementation Supports - Revisions to Goal 1 are related to timeframe adjustments necessary to achieve the successful re-implementation of a refined safety assessment process and address workload capacity issues. Implementation supports will include technology improvements and training and field support through the new Bureau of Operational Design and business design contractor. In order to successfully develop service/case plans directly related to a family's safety issues, those safety issues must first be accurately identified. Addressing the accurate identification of safety issues will continue through the end of the 2015-2019 CFSP. Therefore, Objective 3 (case plans directly related to safety issues and enhancing parenting capacities), is being ended without completion but will be incorporated into the 2020-2024 CFSP.

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 (CFSP) and subsequent Annual Progress and Services Reports (APSR), the need to formalize the collaboration between CFS and internal and external partners such as staff, tribes, policymakers, courts, law enforcement, children, youth, and families was identified.

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: 2017 72%

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 the continuous quality improvement (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.

Strategy 1: Develop standard procedures 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

During CFSR Round 3, it was determined CFS does not have a functioning CQI system in place. An assessment of Idaho's CQI system was completed with technical assistance from the Capacity Building Center for States (CBC) in SFY 2018. In SFY 2019, CFS will begin the evaluation, definition, streamlining, documentation, and re-implementation of child welfare processes beginning with safety, concurrent planning, and permanency for children age 3 and younger. As each process is re-implemented, CQI measures will be incorporated using corresponding data measures. Performance metrics will be defined and gathered through CCWIS enabling timely visibility of data. Data and performance outcomes will be made available to social workers, supervisors, leadership, and external partners and stakeholders. Corresponding internal and external feedback loops will be formalized. Received feedback will be incorporated into process, communication, and automation changes. A re-evaluation of the purpose and necessity of regularly scheduled meetings with internal and external stakeholders will be conducted to ensure they are meeting the program's need for effective feedback.

Strategy 2: By the end of 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.

APSR Update

Strategy 2 is being ended without completion. CFS partnered with the CBC for an assessment of the state's CQI system; however, this did not result in the development of a work plan. CQI and stakeholder engagement will continue to be a priority and be reflected in the Child and Family Services (CFSR) Program

Improvement Plan (PIP). CFS will formalize partner and stakeholder feedback loops. In SFY 2019, CFS will create a process and method to gather feedback and share information with key stakeholders on safety and permanency performance. Received feedback will inform the 2020-2024 CFSP to be developed over the next year through incorporation into program processes, communication, and automation changes supporting the CFSR PIP. This process will continue with the implementation of revised processes related to foster care, case management, and foster care recruitment which will also be included in the 2020-2024 CFSP.

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 ideas to strengthen stakeholder involvement in the development of the APSR. Their feedback is reflected in the interventions outlined in this plan. Beginning in SFY 2019, internal and external feedback will continue to be sought through the formalization of feedback loops.

Implementation Supports - An assessment of the implementation supports needed to operationalize the CQI measures for each process will be conducted in advance of the implementation of each process. CCWIS development will support CQI measures including the gathering and reporting of data. Further implementation support will be provided through the newly developed Training and Development Team. No implementation support barriers have been identified at this time.

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, the Child and Family Services (CFS) program decided 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 recently ended implementation of the Child and Adolescent Needs and Strengths (CANS) tool due to workforce capacity issues, but will partner with public and private programs to ensure the children with whom CFS are working are able to receive CANS assessments. 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.

Social workers and supervisors 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.

Baseline: 2014 National Standard 4.12 moves
2014 Idaho Performance 3.57 moves

APSR update: 2017 National Standard 4.12 moves
CY 2017 Idaho Performance 4.10 moves

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

Baseline: 2014 8.3% of children were placed in residential care
2015 9.9% of children were placed in residential care

APSR update: 2017 8.1% 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.

Baseline: 2014 National Standard 8.5%
2014 Idaho Performance 3.57% victimizations

APSR Update: 2015 National Standard 9.1% victimizations
CY 2017 Idaho Performance 5.4% recurrence of maltreatment

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: Survey data from October 2017 indicated 48% of workers experience Moderate to High Direct Secondary Traumatic Stress

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

APSR Update

The Child Welfare Trauma Informed Organizational Assessment was sent out to all child welfare staff in October of 2017. The 81% response rate demonstrated staff engagement and proportional representation of staff by region. The survey found that about half of respondents agreed that the program has provided adequate support to minimize secondary traumatic stress. Staff said the program's strongest secondary traumatic stress (STS) responses were in resilience-building. Its weakest responses were in building STS-informed policies and in monitoring for STS impact. A discussion with a supervisor around STS was the intervention most strongly related to a positive STS rating. A guide for supervisors in supporting staff in managing STS is being developed.

Strategy 2: Beginning in 2016, reduce reliance on psychotropic medication to manage dysregulated behavior of children in foster care.

APSR Update

CFS is awaiting the data for 2017 on the use of psychotropic medication for Idaho's children in foster care. This information is compiled by our partners in IDHW's Division of Medicaid and Magellan Health Services. 2016 data for all children in foster care indicates 18.9% received psychotropic medication. The percentage for 2015 was 19.3%. For the general Medicaid child population in Idaho, approximately 9% receive psychotropic medications. Please see the update below for ongoing efforts provided by CFS to help reduce the reliance on psychotropic medication to manage dysregulated behavior of children in foster care.

Strategy 3: Continue plan for monitoring the use of psychotropic medications with youth in foster care.

APSR Update

Recent state legislation requires CFS to include psychotropic medication information in court reports. This information includes whether or not a child has been prescribed psychotropic medications, and information on each medication including the dosage and prescriber. These changes will help provide additional awareness and oversight of the use of psychotropic medication children and youth in foster care.

CFS developed a training curriculum provided statewide to resource parents and staff on the use of psychotropic medication with children in foster care. The training includes providing an awareness of a trauma-informed system of care, how medications may be one part of a comprehensive treatment plan that first includes other therapies that address specific behavioral/emotional disorders, being part of a child and family's treatment team, and how to actively engage

and support youth in their treatment planning and care. This training will be co-facilitated by a CFS social worker in conjunction with a local child psychiatrist.

CFS continues to work closely with our partners in the Division of Medicaid and Optum (Idaho's mental health managed care contractor) on the use of psychotropic medication with children in foster care. We continue to assess identified needs, as well as enhance resources and supports for our resource families, youth, birth parents, and staff. CFS is in the process of updating Idaho's Psychotropic Medications for Behavioral & Emotional Disorders: A Guide for Parents and Family Members, Resource Families, Youth and Social Workers. The intent of the guide is to increase awareness and understanding of psychotropic or psychiatric medications that may be prescribed to help a child or youth with behavioral or emotional problems. The guide was specifically written for youth in foster care, their parents and family members, resource parents, and caseworkers. CFS is partnering with the Division of Medicaid in this endeavor and will also be gathering input from youth and families.

CFS met with Idaho's Keeping Children Safe Panel (Idaho's citizen review panel) twice in SFY 2018 and apprised them of updates on practice enhancements and identified next steps that are being taken to help reduce the overuse of psychotropic medications with children and youth in foster care.

When psychiatric consultations or second opinions are needed, CFS social workers utilize local psychiatrists as resources. In addition, CFS continues to explore additional resources.

Strategy 4: By 2019, the state will have the internal and external capacity for trauma-informed assessment and case planning.

Measure: Caseworkers are able to complete the Child and Adolescent Needs and Strengths (CANS) tool, 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 2020 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 2019, implement CANS assessment tool.

Intervention 3: By 2019, 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 2019, develop community capacity of trauma-informed treatment services.

APSR Update

Strategy completed and ended.

Intervention 1 - Completed. CFS continues to provide child welfare workers with in-service training regarding trauma-informed practice and interventions and research trauma-informed training. Trauma-based training was provided to resource parents at the annual resource parent conference in SFY 2017. Information about the impacts of trauma and trauma-informed practices have been integrated into multiple sections of New Worker Academy as well as pre-services PRIDE training for resource families.

Intervention 2 - Ended. The initial statewide implementation of the CANS tool started in October of 2015. Through the implementation process, CFS encountered significant challenges. These challenges include the disconnect between the CANS ratings and the day-to-day work of CFS staff, including utilizing the CANS ratings to inform service planning. Additionally, CFS encountered significant challenges with some of our CANS “champions”/coaches and the recertification process. One of the primary roles of the champions is to provide ongoing support and to assist in overseeing the reliable use of the CANS tool. Prior to moving to the next phase of implementation, CFS worked to ensure supports were in place to address the identified barriers. CFS worked closely with the developer of the tool, as well as his leadership team for additional analysis and supports. A state lead implementation workgroup was developed comprised of staff at all levels of the CFS program representing all areas of the state. This workgroup started meeting in the fall of 2017. The primary roles of this workgroup were to make recommendations and make decisions informing the continued statewide implementation of the tool, to work with technical assistance supports to help link the use of the tool to service planning, and to assist with the evaluation of data to inform practice, planning, and next steps. CFS continued to receive stakeholder feedback that workload capacity was the most significant barrier to successful implementation of the CANS and a decision was made to no longer proceed with the plan for CFS staff to directly utilize the CANS tool.

Intervention 3 - Ended. The assessment of the physical and emotional safety and well-being of resource families is necessary to improve stability and to help inform placement moves. CFS holds ongoing stability staffings to identify and

assess if any additional services may need to be put in to place to support enhancing placement stability.

To further support placement stability, CFS developed a feedback loop for Resource Peer Mentors to report any potential concerns that they may have including concerns that may impact placement stability. Any identified concerns go to CFS staff including licensing staff, the caseworker, as well as CFS leadership.

Professional Resource Family Development Plans (PRFDPs) identify strengths and challenges resources families experience, and training plans are developed to meet the individualized needs of each family. The intent of PRFDPs is to enhance the skills and competencies of resource families; therefore, increasing placement stability for our foster children and youth. Some regions have implemented PRFDPs and will continue to utilize them. Statewide implementation of the plans will be addressed in Idaho's Child and Family Services Reviews (CFSR) Program Improvement Plan (PIP).

Intervention 4 - Ended. Although CFS staff will not be administering the CANS, the tool is being utilized across child-serving systems statewide. CFS will partner with these systems to develop a process to ensure children working with CFS receive a CANS assessment as needed. The State of Idaho is in the process of developing a new children's mental health system of care called Youth Empowerment Services (YES). YES will provide a new way for families to find the mental health support and resources they need for children and youth. This new system of care will offer a comprehensive array of services to address the needs of children and youth with serious emotional disturbance. Through a coordinated and collaborative effort, multiple child-serving agencies (family medical providers, schools, and other IDHW programs, and Juvenile Justice) will work with the family to create a treatment plan around the individualized needs and strengths of each child.

Access to YES services will provide resources to help improve the level of functioning and overall well-being of children and youth who are challenged with complex mental health disorders. Idaho is creating multiple pathways for accessing a children's mental health assessment. The assessment process will be enhanced by using the CANS tool. After the assessment process, the family will have the opportunity to establish their child and family team with any of the people in their lives who support them and their child, as well as the professionals and clinical service providers who are working with the child. The child and family have the most critical voices in the treatment planning process. The treatment plan will be built directly from the results of the CANS, and the family will be the primary driver of the treatment plan.

CFS is working closely with other IDHW programs and child-serving agencies to collaboratively design how this process will be implemented. This process will be rolled out in phases between 2017 and 2020.

Feedback Loops - Intervention 1. To support staff in managing secondary traumatic stress, child welfare social workers and leadership identified the need for guidance in dealing with traumatic experiences and are developing a guide for supervisors to support staff. CFS engaged tribal partners in the collective work of enhancing trauma-informed practices. Tribal partners are invited to attend trainings provided by CFS including New Worker Academy sessions and the Foster Parent Resource Training. Through regular collaboration, the tribes provide feedback as to the establishment of a trauma-informed child welfare system of care. The Nez Perce Tribe expressed interest in becoming trained in the use of the CANS tool.

Intervention 2. Ongoing partnerships including internal and external partner and stakeholder feedback are critical to the success of achieving CFSP Goal 2. CFS has partnered with stakeholders including the Division of Behavioral Health, Medicaid, Optum Idaho, and the Department of Juvenile Corrections. It is through this feedback process CFS recognized successful implementation of CFS staff administered CANS could not be achieved at this time.

Intervention 3. Resource parents are regularly engaged by CFS in the process of developing a trauma-informed system of care. Resource Peer Mentors provided input into the online PRIDE training model. Core training on trauma has been conducted for resource 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 resource parents have been engaged in this process, please refer to Item 28: Foster and Adoptive Parent Training.

Intervention 4. 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 2015 and 2016 data and trends was provided to each regional staff in an effort to help them gain awareness on the apparent overutilization of psychotropic medications. CFS also met with the Governor's Task Force on Children at Risk in early 2017, to provide them with updated data, as well as an overview of steps CFS has taken regarding the use of psychotropic medications with youth in foster care. 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.

Per the recommendations of a post-adoption workgroup which began in SFY 2016, a contract is being developed to provide trauma-informed continuity of care within permanency services. Members of the workgroup included community members, a private adoption agency, a community-based trauma-informed/certified therapist, and a citizen review panel member.

State Hospital South and Children's Mental Health staff also participated. Several participants had dual roles within adoption, both professionally and personally (as adoptive parents or adult adoptees). Older youth alumni were invited to participate in this process as well. Feedback was obtained from adoptive families receiving adoption assistance in Idaho using a survey in SFY 2017. The resulting information was used to target specific services prioritized by adoptive families.

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.

Implementation Supports - The revision to CFSP Goal 3 is the ending of Strategy 4 related to CANS administration by CFS staff. As the revision is the removal of an item; no additional implementation supports are necessary. All supports needed to implement the remaining CFSP Goal 3 interventions successfully are in place.

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 IL eligible youth served
2014	73.2%
2015	82.1%
2016	85.5%
2017	87.7%

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	88%	71%

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

APSR Update

Intervention completed. Guides were created and sent to staff as well as posted on the internal SharePoint site as a resource for workers to access as needed. CFS has reviewed the outcomes of this intervention through the SFY2018 Independent Living case record review results as indicated above and through a Chafee work group completed during SFY2017. Training with agency staff and tribal social service staff is an ongoing effort.

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

APSR Update

Intervention completed. Training regarding National Youth in Transition Database (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, these interventions have resulted in 100% compliance with the NYTD requirements.

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
2013	36%
2015	38%
2017	71%

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

APSR Update

Intervention completed. A template for needed documents was provided through the internal SharePoint site. Regional coordinators assist workers with identifying needed documents and ensuring staff understand the purpose and importance of the health and education passports as part of the transition plan for older youth. Additionally, new staff has the opportunity to hear why these passports are important during Working with Older Youth academy. Training with agency staff and tribal social service staff is an ongoing effort.

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
2013	43%
2015	52%
2017	90%

Strategy 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, a formal transition planning training to implement the use of the newly developed guide on Engaging Youth in Transition Planning, was delivered to agency staff, tribal staff and community

partners. This training came as a direct result of the first IL case record review which indicated a need for improvement in providing support to youth transitioning to adulthood. The National Resource Center for Youth Development (NRCYD) trained attendees as trainers to move this work forward in Idaho. In addition to 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 IL case record review conducted during SFY 2018 indicated that 63.4 % of youth who exited care received these important documents. This is a significant increase over figures for 2015 of 52%. Training with agency staff and tribal social service staff regarding the need for these documents will be an ongoing effort.

Strategy 2: In 2015, provide each tribe information on the process for tribal youth to apply for IL services.

APSR Update

Intervention completed. During SFY 2014, a form was created to capture information needed from tribes to enroll tribal youth in the Idaho Independent Living Program. This form was sent to all of Idaho's tribal contacts for feedback about the practicality and usefulness. The form was finalized and added to the CFS external website. During SFY 2017, CFS reviewed concerns shared by tribal partners around accessibility and communication. After receiving feedback from regional coordinators and tribal partners, a new process for tracking tribal referrals was established and the form was updated to reflect legislative changes to the age of eligibility. The new process was shared during a SFY 2017 ICWAC meeting.

Strategy 3: In 2015, meet with tribal staff and youth to determine how to serve tribal youth through the IL program.

APSR Update

Intervention completed. During SFY 2015, the ICWA and IL program specialist met with three of Idaho's tribes to provide information regarding Idaho's Independent Living program and gather feedback regarding collaboration and access to services experienced by tribal partners. CFS shared changes to federal legislation impacting state services and elicited feedback. Information sharing and collaboration has continued with individual tribes and collectively through quarterly ICWAC meetings. Additionally, the IL program specialist participates in monthly ICWA Program and tribal conference calls which are utilized to staff and collaborate with tribal partners around child welfare needs.

Feedback Loops - Feedback from youth, resource parents, birth parents, caseworkers, and other stakeholders is highly valued in the progress and overall achievement of this goal. Feedback from and engagement with community partners will be regularly sought out via NYTD and internal Independent Living case record reviews. Results from these evaluative tools will be shared with courts, resource parents, youth in care and those who have aged out, federal partners, tribal partners, and youth advocacy organizations. Communication will occur through the Youth Advisory Board presentations in the community, resource 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. Combining 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 CFS IL Program Specialist. No implementation support barriers have been identified at this time.

(4) SERVICE DESCRIPTION

Populations at Greatest Risk of Maltreatment

The Child and Family Services (CFS) program has identified children age birth to 5-years old as being the population at greatest risk for maltreatment. The identification of this population as being a greatest risk was made in consideration of Idaho child welfare data. Children birth to 5 years old make up just over 31% of Idaho's general child population. However, they accounted for more than 50% of the substantiated child abuse and neglect cases received during SFY 2017 (Table 3.1 and 3.2). This population has been consistently identified at greatest risk of maltreatment in Idaho for several years. Idaho considered populations in relation to race/ethnicity and geographic location but did not find the data to be statistically significant. No other populations have been identified at greatest risk. There is no other notable trend in the data for this at-risk population.

Table 3.1 Maltreatment Substantiations (age 0-5)

SFY 2017 Child Population vs. Children with Substantiated Cases					
Population Estimates			Substantiated Children		
0-17	0-5	%	0-17	0-5	%
437,173	138,581	31.70%	1,887	977	51.78%

Table 3.2 Age 0-5 Population in Foster Care

0-5 Population Percentage of Total Foster Care Population				
	SFY2014	SFY2015	SFY2016	SFY2017
Number of Children Age 0-5 in Foster Care as of 6/30	555	550	611	725
Percentage of Children Age 0-5 in Foster Care	44%	43%	44%	45%

Table 3.2 Length of Stay by Exit Reasons

Age 0-5 Distribution of Foster Care Exit Reasons						
Removal End Reason	SFY 2015		SFY 2016		SFY 2017	
	#	Avg. Length of Stay in Months	#	Avg. Length of Stay in Months	#	Avg. Length of Stay in Months
Adopted	159	26.3	97	24.3	131	24.4
Guardianship	23	12.9	17	14.7	20	15.5
Reunified	355	8.8	386	7.5	358	7.0

In addition to the services covered below in the Services for All Idaho Children Under the Age of Five, CFS provides the following services to this at-risk population:

Concurrent Planning

A concurrent plan is developed for all children who come into the custody of the Department. Many infants are adopted by the relative or non-relative family with whom they are placed at the time of removal. For infants and toddlers, efforts are made to have frequent visitation (several times a week or not daily) in the resource family's home. This gives an opportunity for the resource family to develop a relationship with the child's parent(s), as well as an opportunity for teaching, coaching, feedback, and evaluation of parenting behaviors and skills. In recognition of the impact of child welfare timeframes on the development and attachment of young children, CFS will be streamlining concurrent planning processes and permanency process for children 0-3 in SFY 2019.

Family Group Decision Making

Family Group Decision Making (FGDM) meetings are used for the purposes of service, safety, and permanency planning. The population of children 0-5 who have had a removal episode are now being prioritized for FGDMs. This age group is being targeted as they are the most vulnerable and at the greatest risk for maltreatment. Additionally, data reflects that approximately 44% of substantiated cases are for children ages 0 - 5. This prioritization went into effect in December of 2016. FGDMs are also available for children receiving in-home services for the purpose of safety planning and service planning.

Priority Response Guidelines

Priority Response Guidelines are in effect for all reports of child abuse or neglect. All allegations of physical abuse of a child 0-6 are considered a priority one (requiring immediate response), unless there is reason to believe the child is not in immediate danger.

Services for All Idaho Children Under the Age of Five

Early Head Start

Early Head Start (EHS) is a home visiting program for children 0-3 and their parents. EHS Family Educators provide services in family homes weekly to support the development of strong parent-child relationships and child development. Developmental screenings are also provided.

Head Start Preschool Services

Head Start is a center-based preschool for children between the ages of 3-5. The program is designed to meet each child's individual needs while preparing them for kindergarten and life-long learning through play. On-site learning opportunities are provided for parents including parenting classes, nutrition classes, health education, and assistance in furthering education as well as referrals and information about community resources and services.

Infant-Toddler Program

The Infant-Toddler Program (ITP) serves children 0-3 with developmental delays and disabilities and is offered statewide to all children meeting ITP eligibility requirements. The program is governed by federal and state laws, specifically the Individuals with Disabilities Act, Part C, and Idaho Code Title 16, Chapter 1.

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.

CFS and ITP are both part of IDHW's Division of Family and Community Services (FACS). In regards to coordination of services for children involved with both programs, CFS updated the practice standard for Birth to Three Mandatory Referrals on Substantiated Reports in December of 2016. The Standard requires CFS to refer all children age 0-3, who have been the subject of a substantiated report of maltreatment, to ITP including children placed in foster care and children receiving in-home services. The primary changes to the standard were to streamline the referral process and to incorporate the process of designating a surrogate parent.

The CFS program works in close collaboration with 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. CFS and ITP meet 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.

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

CFS refers families to Navigation for services which assist in reducing the length of time a child is in foster care without a permanent home and address the developmental needs of children in foster care or children receiving in-home services. In April 2015, functionality was added to the child welfare information system (iCARE) to automate referrals from CFS to Navigation. During SFY 2017, Navigation received 221 automated referrals through iCARE. Additionally, Navigation has been tracking referrals from CFS in their system and reported receiving a total of 625 referrals from CFS for Navigation (including the 221 from iCARE) in SFY 2017.

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

IDHW's 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.

Women, Infants, and Children Program

The Women, Infants, and Children (WIC) program is a supplemental nutrition program for women and their children up to the age of 5. The program provides nutritious supplemental foods, support for breastfeeding, as well as nutritious education and referrals to health care services at no cost to eligible families.

Stephanie Tubbs Jones Child Welfare Services: Title IV-B, Subpart 1

CFS will continue to utilize Title IV-B, Subpart 1 to protect and promote the welfare of all children in Idaho; prevent the abuse, neglect, or exploration of children; support at-risk families through services which allow children to remain safely with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

To assist in meeting the goals of Title IV-B, Subpart 1 and Idaho's 2015-2019 Child and Family Services Plan (CFSP), CFS plans to support the following services through use of CWS funds:

Protective Services

- Intensive family-based services, including family preservation services (CFSP Goals 1 and 3)
- Parenting classes (CFSP Goals 1 and 3)
- Concrete family supports such as gas vouchers, assistance with utility bills, clothing, and food vouchers (CFSP Goal 1)
- Family Group Decision Meetings (CFSP Goals 1 and 3)
- Legal fees to support permanency such as guardianship fees, paternity establishment, and legal notices (CFSP Goals 1 and 3)
- Substance abuse treatment services (CFSP Goal 1)
- Mental health services such as psychological evaluations and counseling (CFSP Goals 1, 3 and 4)
- Transportation costs to support parent, relative, sibling, and kin visitation (CFSP Goal 3 and 1)

Foster Care Maintenance

- Foster Family and Relative Foster Care Maintenance Services (CFSP Goals 1 and 3)

Administrative Costs

- Facility and technology services for operation of space and property to support social worker activities (CFSP Goals 1, 2, 3, and 4)

Staff Training

- Staff attendance at child welfare related conferences (CFSP Goals 1, 2, 3, and 4)
- Staff participation in child welfare related training (CFSP Goals 1, 2, 3, and 4)

Promoting Safe and Stable Families Program (PSSF) Services: Title IV-B, Subpart 2

To assist in meeting the goals of Idaho's 2015-2019 Child and Family Services Plan (CFSP), CFS plans to support the following services through use of PSSF funds:

Family Preservation

- Intensive family-based services, including family preservation services (CFSP Goals 1 and 3)
- Parenting classes (CFSP Goals 1 and 3)
- Respite (CFSP Goals 1 and 3)
- Family Group Decision Making (FGDM) meetings (CFSP Goals 1 and 3)
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance, case management (CFSP Goal 1)
- Counseling (CFSP Goals 1 and 3)
- Transportation (CFSP Goals 1 and 3)
- Mental health and anger management evaluations and treatment services (CFSP Goals 1 and 3)
- Concrete supports such as cribs, door alarms, or clothing for a non-foster child to avoid bringing a child into foster care (CFSP Goal 1)

Family Support

- Counseling services, including intensive family-based counseling (CFSP Goals 1 and 3)
- Parenting classes (CFSP Goals 1 and 3)
- Daycare expenses (CFSP Goal 1)
- Foster parent support/relative caregiver support (CFSP Goals 1 and 3)
- Respite care (CFSP Goals 1 and 3)
- Visitation/parent coaching (CFSP Goals 1 and 3)
- Transportation (CFSP Goals 1 and 3)

Reunification

- Intensive family-based services (CFSP Goals 1 and 3)
- Parenting classes (CFSP Goals 1 and 3)
- Transportation (CFSP Goals 1 and 3)
- Mental health services including counseling, psychological testing, and case management (CFSP Goals 1 and 3)
- Anger management evaluations and services (CFSP Goal 1 and 3)
- Substance abuse support and coordination (CFSP Goal 1)
- Drug testing (CFSP Goal 1)

- In-home services to facilitate reunification or preserve placement (CFSP Goals 1 and 3)
- Family Group Decision Making Meetings (FGDM) (CFSP Goals 1 and 3)
- Paternity establishment (CFSP Goal 1)
- Sexual abuse counseling (CFSP Goal 3)

Adoption

- Intensive family-based services (CFSP Goals 1 and 3)
- Child-specific recruitment services (CFSP Goal 3)
- Home studies (CFSP Goal 3)
- Adoption preparation, pre-placement services, and visits (CFSP Goals 1 and 3)
- Adoption placement follow-up (CFSP Goals 1 and 3)
- Counseling (CFSP Goal 3)
- Life books (CFSP Goal 3)
- Post-adoption services such as child care and counseling (CFSP Goals 1 and 3)

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.

CFS is developing a contract to provide post-permanency services. Services through the contract are expected to be available in SFY 2019 and will be available to children adopted privately, including those adopted from other countries.

(5) PROGRAM SUPPORT

Training and Technical Assistance

The Child and Family Services (CFS) program provides training and technical assistance to community partners through the Child Welfare New Worker Academy and other specialized training opportunities. In SFY 2017, all sessions of Academy are available to community partners and 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 Academy sessions will continue to be available to community partners throughout the state in the upcoming year. CFS also provided training to resource parents, tribal partners, community therapists, educators, and guardians ad-litem regarding the Child and Adolescent Needs and Strengths (CANS) tool and Empowered to Connect (ETC) Parent Training, 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 the development of a trauma-informed system of care. Training was provided to community partners and programs such as Head Start, certified family homes, the Idaho Health Districts, school districts, juvenile probation, the Idaho Department of Health and Welfare's (IDHW) Children's Mental Health and Infant Toddler Programs, 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, the Family Group Decision Making (FGDM) model, and parenting models.

Technical assistance and support from Casey Family Programs was received through 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 of technical assistance needs. The CBC assisted CFS in an assessment of Idaho's CQI processes. The assessment did not result in a work plan; however, CFS is utilizing the results of the self-assessment in the development of CQI methods which will be integrated into revised child welfare processes beginning in SFY 2019. No further technical assistance from the CBC is being provided.

The Butler Institute for Families

CFS worked with the Butler Institute for Families to complete the Idaho Child and Family Services Comprehensive Organizational Health Assessment (COHA). Results were received in SFY 2019 and will be utilized by a business design contractor to support the integration of the Child and Family Services Reviews (CFSR) Program Improvement Plan (PIP) and Child and Family Services Plan (CFSP) goals into practice. No further technical assistance from the Butler Institute is being provided.

(6) CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Background

Tribes living within the boundaries of the State of Idaho are the Coeur 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.

The Child and Family Services (CFS) program and tribal program staff have become increasingly active and successful in ongoing collaborative efforts to access, coordinate, and enhance services for tribal children and families 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 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 agreements, as a forum for ongoing tribal technical support and review. The group meets on a quarterly basis. The roles of the Idaho Department of Health and Welfare executive leadership and tribal leadership can include either attending meetings or reviewing meeting minutes.

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.

During spring 2018, the CFS ICWA Program Specialist had face-to-face and phone discussions regarding Section 422 protections of the Social Security Act with the Nez Perce Tribe, the Shoshone-Paiute Tribes, the Coeur d'Alene Tribes, the 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 resource parents, courts, and others as appropriate.

The Nez Perce Tribe is 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 beginning 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 resource 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 contract with a 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 resource parents to give them a summary of a child’s education and health information. Resource 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 of 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 maintained.

The Finance Director of 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.

State Collaboration in the Development of the CFSR Program

Improvement Plan

Throughout the year the Child and Family Services (CFS) program held several meetings to develop a statewide Child and Family Services Reviews (CFSR) Program Improvement Plan (PIP) to establish goals to address areas needing improvement found through the CFS self-assessment and CFSR Round 3. Formal invitations were sent to 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 to participate in the development of the CFSR PIP. The Shoshone-Bannock Tribes, the Nez Perce Tribe, and the Shoshone-Paiute Tribes participated in the CFSR PIP Kickoff Meeting. Ongoing meetings regarding the

CFSR PIP also occurred statewide on regional, hub, and state levels. The representatives from the Shoshone-Bannock Tribes, Nez Perce Tribe and Shoshone-Paiute Tribes have continued to participate in the ongoing planning process.

State Collaboration in the Development of the APSR

Coeur d'Alene Tribe

On December 12, 2017, the Division of Family and Community Services (FACS) Administrator and the Child and Family Services (CFS) Deputy Administrator participated in a government-to-government consultation meeting between the Idaho Department of Health and Welfare (IDHW) and the Coeur d'Alene Tribe. The meeting also included programs provided through IDHW's Divisions of Medicaid, Behavioral Health and Welfare. Topics discussed under the CFS program included the Idaho Indian Child Welfare Advisory Council (ICWAC)/State and Tribal Collaboration outcomes, Tribal Foster Family training, Social Services Block Grant (SSBG) and the Promoting Safe and Stable Families (PSSF) sub-grants, general improvement areas and efficiencies in the provision of services, the ICWA Conference in North Idaho and coordinating efforts when children are domiciled out of state. In addition to the collaboration efforts to assist in implementing the Child and Family Services Plan (CFSP)/Annual Progress and Services Report (APSR) 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 April 6, 2018, with the Coeur d'Alene Tribal Social Services Indian Child Welfare Manager (ICW Manager) and the ICWA Program Specialist. The ICWA Program Specialist shared information on the state's APSR/CFSP and discussed needs regarding Independent Living services, training courses, and tribal sub-grants. The CFS ICWA Program Specialist discussed the terms and progress of the sub-grants with CFS for PSSF and SSBG with the ICW Manager. The PSSF sub-grant assists Coeur d'Alene Social Services clients with funding for drug and alcohol testing and other 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 tribe's ICW Manager reported that they continue to co-facilitate the CFS ICWA session of Child Welfare New Worker Academy with the CFS North Hub contractor when available. A copy of the 2018 APSR was given to the ICW Manager who reported the tribe was working on applying for IV-B grant funds and therefore did not have an annual report to provide CFS.

Additionally, several meetings have been held over the past year either in person or by phone discussing possibility of IV-E tribal agreement. The discussions are ongoing and planned to continue over the next fiscal year.

The Kootenai Tribe of Idaho

Representatives from CFS held a Tribal/State Collaboration and Coordination meeting with the Finance Director with the Kootenai Tribe of Idaho by telephone. The ICWA Program Specialist 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 practice standard. Copies of the 2018 APSR were emailed to the tribe. The ICWA Program Specialist 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. The tribe currently has no other needs from the CFS program to assist in providing for their families. CFS continues to ensure that the Kootenai Tribe is included in invitations to participate in ICWAC, attend local hub and statewide CFSR program improvement groups, and participate in monthly tribal calls

The Nez Perce Tribe

On December 12, 2017, the FACS Administrator and the CFS Deputy Administrator participated in a government-to-government consultation meeting between the IDHW and the Nez Perce Tribe. Topics discussed included the status the Title IV-E agreement between the state and the tribe, child support enforcement, TANF Program, Medicaid and billing issues and behavioral health needs.

A Tribal-State Collaboration and Coordination meeting to discuss the CFSP/APSR was held on April 5, 2018, with Nez Perce Tribal Social Services representatives. CFS shared information regarding Independent Living (IL) services, training courses, and CFS and tribal sub-grants. Copies of the 2018 APSR was provided to the tribe at the meeting. The Tribe provided a copy of their Tribal CFSP/APSR to the ICWA Program Specialist. The Nez Perce Tribe meets with CFS staff in the North Hub monthly to discuss case progress, direction, and permanency of Indian children in State foster care. The ICWA Program Specialist discussed 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 expressed an interest in trainings such as working with older youth, crisis intervention and IL. They reported that they will have an intern this next year that will primarily focus on the IL program for tribal youth. They reported they continue, when available, to co-train the ICWA academy sessions held by the CFS.

Additionally, several meetings have been held over the past year either in person or by phone discussing possibility of IV-E tribal agreement. The Nez Perce tribe submitted a proposed Memorandum of Agreement (MOU) to Idaho in SFY 2017 regarding a process for tribal reimbursement under Title IV-E. The discussions are ongoing and planned to continue over the next fiscal year to discuss the MOU and next steps in moving towards a Tribal IV-E agreement with the Idaho Department of Health and Welfare.

The Northwestern Band of the Shoshone Nation

A Tribal-State Collaboration and Coordination meeting with the Tribal Secretary, Dennis Alex, from the Northwest Band of the Shoshone Nation, by telephone on May 9, 2018. The ICWA Program Specialist discussed and shared information regarding Idaho's CFS ICWA program, APSR/CFSP, ICWAC meetings, 422 protections, ICWA case record reviews and development of an ICWA program improvement plan. Copies of the 2018 APSR were emailed. Mr. Alex reported that he has been unable to attend ICWAC meetings recently but plans to attend in the future. 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 maintained. The tribe did state that, if needed, they can take jurisdiction and convene a court 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 with the FACS Administrator, the CFS Deputy Administrator, and the IDHW Director would be needed for this type of discussion. All documents provided to the other tribes participating in the CFSP/APSR meetings were emailed to the tribe to ensure they have access to the information. The Shoshone-Bannock Tribes continue to work closely with the local offices meeting monthly to staff all open ICWA cases to ensure Indian children's safety as well as ICWA compliance in areas such as placement preferences, permanency, preservation to community and culture and overall Indian children's well-being.

The Shoshone-Paiute Tribes

A Tribal-State Collaboration and Coordination meeting was held on March 19, 2018, with Shoshone-Paiute Social Services representatives to discuss the CFSP/APSR. Copies of the 2018 APSR were provided at the meeting and the Tribes reported that they do not have a IV-B plan and no annual report to provide CFS. They discussed the need for native foster homes and as well as general native foster homes that would be accepting of LGBT youth. They

brought up the possibility of an MOU with Idaho that would allow them to place youth on the Nevada side of their reservation. The Tribes commended the work of the Mountain Home CFS office in providing administrative staff support to aid the tribe in submitting electronic documents to the courts. During the meeting, the ICWA Program Specialist 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.

In addition to meeting with the tribes through conference calls and in-person, the ICWA Program Specialist communicates and shares information with tribes including 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 meet federal Title IV-B requirements and exchange copies of their tribal CFSP/APSR.

Chafee Foster Care Plan (CFCP) Tribal Collaboration

The state agency continues to partner with each tribe residing in Idaho to make the full array of independent living (IL) services available to tribal youth. The ICWA Program Specialist works with tribes on a local and program-to-program level. Government-to-government consultation is not utilized for independent living services purposes. CFS staff are available to support and train tribal social services staff about the Independent Living Program (ILP). Idaho tribes receive information regarding Idaho's ILP through the CFS Independent Living Program Specialist, the CFS ICWA Program Specialist, the IDHW Tribal Relations Program Manager, and at regular Indian Child Welfare Advisory Committee (ICWAC) 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 CFCP, section 477(b)(3)(G), Idaho will negotiate in good faith an agreement with any tribe that does not receive direct CFCP or Education and Training Voucher (ETV) allotments. With an agreement in place, the tribe would be able to administer or supervise their own CFCP or ETV program with respect to eligible Indian children. The tribe would also receive an appropriate portion of the State's allotment for such administration or supervision. At this time, all tribes access CFCP and ETV funds by sending referrals to CFS.

Tribal staff identified access to appropriate resources and lack of training opportunities to better understand IL services as barriers to accessing IL services. In response to these identified barriers, during SFY 2017, CFS developed a Tribal Youth IL Service Application and Referral and Tracking process. The IL Program Specialist will provide tribes with the tribal youth application and explain the referral process through annual onsite visits, via email correspondence, and during the 2017 Indian Child Welfare Advisory Council. The IL Program Specialist will review tribal youth referrals and coordinate connection between the tribal

caseworker and the regional IL coordinator. The IL program specialist will track referrals to ensure continuity and quality of services.

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. Ongoing annual in-person site visits will be scheduled to provide tribal staff with an opportunity to inquire about the CFCP in general, as well as youth-specific program and service needs.

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.

ICWA Compliance

The Child and Family Services (CFS) program monitors and assesses its compliance with ICWA requirements through specialized case record reviews. In 2018, CFS reviewed 58 cases statewide to evaluate the following components:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe

The resulting data is currently being analyzed and will be shared with tribal partners and regional management to assess needs and next steps regarding ICWA compliance.

CFSP Plan for Improvement

Goal 1: Improve Consultation and Coordination with Tribes

Strategy 1: Enhance training on the ICWA and related topics.

APSR Update

The ICWA Standard of Practice is in the process of being updated by CFS. This process included gathering feedback from regional field offices and tribal partners to ensure compliance with the Bureau of Indian Affairs 2016 ICWA Rule/Regulations and Guidelines. Copies of the revised 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 the Child and Family Services (CFS) legal team. When final, the ICWA Program Specialist and ICWA Liaisons will provide training and guidance to program 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 updated in Fall 2018. 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 lead in facilitating and hosting a planning committee in collaboration with CFS, the Idaho Administrative Office of the Courts, the Coeur d'Alene Tribe, the Nez Perce Tribe, the Shoshone-Bannock Tribes, and the Shoshone-Paiute Tribes to develop the annual ICWA conference for the calendar year 2017. With the help of Casey Family Programs, two conferences were held. The first conference was held in Boise, Idaho, on October 6-7, 2017 with 110 people in attendance. The second conference was held in Lapwai, Idaho, on October 8-9, 2017, with 77 people in attendance. The conferences focused on the 2016 Regulations and application of the law within Child Welfare.

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, 2016, through June 30, 2017, eight sessions of KWYA were held statewide with a total of 76 internal participants and 18 outside participants. 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. This course is a mandatory training for all CFS employees. The ICWA Program Specialist also discussed with tribal partners the opportunity of attending the Training of Trainers (TOT) session to become co-facilitators. To date, no tribal staff have taken the TOT course.

ICWA Liaisons are encouraged to participate as a co-facilitator in the ICWA New Worker Academy training sessions in their local areas when available. ICWA Liaisons are available as local experts on ICWA. The ICWA session of Academy is mandatory for all CFS staff and is open to tribal partners. Tribal partners are welcome to co-facilitate the training when they are available.

Strategy 2: Involve tribal staff in case record reviews.

APSR Update

A ICWA case record review was concluded in April 2018 for all ICWA cases open during SFY 2017. The SFY 2017 Case Record Review gathered data regarding identification of Indian children, notices sent to parents, Indian custodian, tribes and BIA, court findings and actions, and foster care placement preferences for Indian

children. Invitations were sent to the Shoshone-Bannock, Northwest Band of the Shoshone Nation, Shoshone-Paiute, Nez Perce, Coeur d'Alene and Kootenai Tribes to participate as reviewers. The Shoshone-Bannock Tribes accepted but were subsequently unavailable. Tribal staff from the Nez Perce Tribe and the Coeur d'Alene Tribe participated in the North Hub reviews. Currently, CFS is working on analyzing the data and will prepare a final report. The final report will be shared with internal leadership and staff, external partners and Idaho tribes.

Strategy 3: Develop formal protocols and processes for joint case planning for children identified as American Indian for purposes of ICWA, coordination of crisis response, child protection safety assessments, foster home placements, and court appearances.

APSR Update

In February 2018, the Administration Office of the Courts began working on the development of an Idaho ICWA Manual for the court system which reflects the new Bureau of Indian Affairs guidelines and regulations. Representatives from CFS, courts, Idaho tribes, and other community partners worked together to develop the manual which was completed the first week of May 2018. The Idaho ICWA Manual will be presented to the Magistrate Conference by Judge Bryan Murray. 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.

Strategy 4: Improve recruitment of tribal foster homes.

APSR Update

During SFY 2017, CFS saw an increase in the number of American Indian children placed in foster care, as well as the number of licensed American Indian resource families.

The CFS program continues to collaborate on recruitment efforts with internal and external partners, including Idaho tribes, to increase the number of licensed American Indian foster homes. Recruitment coordinators from Eastern Washington University (EWU) continue to strengthen relationships with Idaho tribes. Three of Idaho's six tribes (the Shoshone-Paiute Tribes, the Coeur d'Alene Tribe and the Nez Perce Tribe), continue to engage with the EWU coordinators and CFS regional licensing teams. Efforts to engage with these tribes include collaborating on a program to program level for recruitment events and training for tribal caseworkers and resource families.

EWU participated in the following recruitment events during SFY 2017:

- Coeur d'Alene Tribe Winter Blessing November and December 2016
- Fort Hall Craft Fair in December 2016
- Nez Perce County Fair in September 2016

- Red River Powwow in September 2016

Additional recruitment strategies include:

- Posting recruitment marketing material with a Resource Peer Mentor who works on the Coeur d'Alene Tribe Reservation
- Collaboration with the organizational leader of the Native American Coalition to provide a personal invitation to tribal members/partners to an informational meeting.

On a local program to program, there are many strong collaborative relationships which are promising for our ability to make progress. Idaho must also continue to make efforts to improve our government to government relationships with our Idaho tribes, in order to improve our services provided to families and children as well as increase recruitment efforts of American Indian resource families.

Strategy 5: Improve collaboration and planning through quarterly calls, action plans, and other meetings with tribal representatives.

APSR Update

The ICWA Program Specialist meets with the CFS 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 Tribes is currently being negotiated.

The ICWAC met in March 2017, May 2017, July 2017, and February 2018. The October 2017, meeting was canceled due to the Idaho ICWA Conference. The Shoshone-Paiute Tribes, the Coeur d'Alene tribe, and the Nez Perce and Northwest Band of the Shoshone Nation participated in ICWAC this year. The Shoshone-Bannock Tribes are not participating until a consultation agreement is finalized between the Tribe and State.

(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:

- To research and implement technology for caseworkers in the field to increase the timeliness and accuracy of the documentation of completed caseworker visits with children
- To train and implement a statewide standardized format for documentation of caseworker visits with children
- To 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 consistently achieve at least 95 percent of the required visits

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. The Child and Family Services (CFS) program 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 caseworkers and children in foster care (Table 6.1).

Table 6.1 Worker Visits

Visit Measures	FY 2014	FY 2015	FY 2016	FY 2017
Total Contacts Required	14,681	14,291	15,748	17,470
Total Contacts Made	13,899	13,849	15,162	16,889
Total Seen in Residence	10,326	10,258	11,541	13,113
Total Percentage Seen in Residence	74%	74%	76%	78%
Total Percentage Seen	95%	97%	96%	97%

(8) ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Idaho received a total of \$178,545 in Adoption and Legal Guardianship Incentive payments during FFY 2015 and FFY 2016. The funds will be used to support the array of permanency-related services for children and families; however, none of the funds have been spent at this time. Delays occurred in the spending of the funds as they will be utilized to support services new to the Child and Family Services (CFS) program and an effective structure and process for the services required development. A desire to utilize the funds to support post-permanency services was identified early on. This decision represented a new way for Idaho to leverage these funds, and community and organizational infrastructure and processes were not in place. CFS recognized the importance of incorporating internal and external partner and stakeholder feedback in the development of post-permanency services as it was essential to target those services believed to be most beneficial to Idaho families. A workgroup to explore the issues was convened in SFY 2016 and survey of adoptive and guardianship families receiving adoption and guardianship assistance benefits completed in SFY 2017. Reviews of research, national data and post-permanency services in other states were conducted. This information was combined with the feedback received from the post-adoption workgroup and 2016 survey to identify which specific services CFS would target for inclusion in the post-permanency program to be developed. Community-based post-permanency services are limited in the state. To assist in the estimation of the cost of a post-permanency contract, a Request for Information was completed in early SFY 2019. Statewide services through a post-permanency contractor are expected to begin in SFY 2019. 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 used to support the state's continuous quality improvement system. CAPTA funds will also continue to be used 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, CAPTA funds will 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 2018-2019:

- 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 SFY 2017, the Child and Family Services (CFS) 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 ICTF 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

Reporting suspected cases of child abuse and neglect

CFS collaborates with the Governor's Children at Risk Task Force (CARTF) to distribute a brochure that outlines the responsibilities of Idaho's mandatory reporters. The brochure is available in English and Spanish. During this grant cycle, 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 caseworkers 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 caseworkers 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 SFY 2017, CFS social workers 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.

CFS 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 may include services to help the parents meet the medical, developmental or other needs of the infant. 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. The Children's Bureau approved CFS's CARA Program Improvement Plan (PIP) 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 PIP, technical assistance may be needed for the implementation of safe care plans and other CARA requirements. FFY 2018 CAPTA appropriations increased funding specific to plans of safe care for substance affected infants. Increased funding will be used for implementation and monitoring of plans of safe care with health care professionals. This will require continued outreach, education, and development of provider policy and/or agency agreement to institutionalize plans of safe care into practice. A multi-disciplinary approach to monitoring plans of safe care will also be addressed through agency policy or agreement by creating a

multi-disciplinary committee to review services provided to this population and make recommendations to state and local service provider agencies based on the review.

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 SFY 2017, CFS plans to utilize and customize training developed through the Capacity Building Center for States as part of the Child Welfare New Worker 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 went into effect on July 1, 2017.

PROGRAM CONTACT

Michelle Weir, Child Welfare Program Manager
State Liaison Officer
450 W. State Street, 5th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5651
Michelle.Weir@dhw.idaho.gov

(10) CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Agency Administering Chafee

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 carried out under the Chafee Foster Care Program (CFCP) State Plan. As with other sections of this report, SFY2017 refers to the time period beginning July 1, 2016, and ending June 30, 2017. 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 Program (ILP) 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 18th birthday. The Child and Family Services (CFS) program 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; and
4. A youth must have resided in an eligible foster care setting for 90 cumulative days after attaining the age of 14.

Service Provision

Serving Youth Across the State

The ILP 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 resides. Any youth for whom the state is legally responsible regarding placement and care, and who satisfies the State of Idaho's criteria for independent living (IL) eligibility, may be served through the program. In keeping with the CFCP, Indian youth for whom a tribe is responsible for placement and care, and who satisfy the eligibility criteria may be served. Youth who are dually committed through an expansion of the Juvenile Justice Act, and are not in a detention facility or hospital setting, may be served if they meet the eligibility criteria.

Idaho divides the state into three hubs (North, East, and West) containing 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 IL eligible youth the region serves. During SFY 2017, there were 122 youth eligible for services in the North Hub. Of those, 119 received assessment, IL planning and/or services paid through CFCP. There were 231 youth eligible for IL services in the West Hub. Of those, 223 received assessment, IL planning and/or services paid through CFCP. The East Hub had 161 youth eligible for IL services. Of those, 154 received assessment, IL planning and/or services paid through CFCP.

Serving Youth of Various Ages and States of Transition to Adulthood

Youth 14-18 years of age in foster care - CFS provides IL services to eligible youth beginning at 14 years of age. To meet this criterion, CFS has established a standard of ninety (90) cumulative days of foster care placement after the youth's 14th 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 IL services for youth younger than age 16, more time is available to provide services and prepare youth for successful transition to adulthood. Services to youth in the 14-18 age range include all the services noted in the Independent Living Plan, except for room and board. Services are initiated with a formal assessment of the youth's readiness for self-sufficiency. Following the assessment, an IL plan is developed to support the eligible youth in acquiring the knowledge, skills, and resources necessary to make a successful transition to adulthood. These services are provided by resource parents, parents, child welfare professionals, tribal social service programs, or private and public partners. Planning and implementation of the IL service plans are youth-driven to assure that they are invested in and take ownership over their own goals and successes. This age group has the entire range of services noted earlier in the plan.

Youth 18-21 years of age - For youth ages 18 through 20, CFS provides IL 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 room and board payments to resource parents for youth 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.

Youth 18-21 years of age with legal permanency - If a youth is found eligible for IL services during a foster care episode and subsequently reaches legal permanency status of reunification, adoption or guardianship, the youth remains eligible for IL services until age 21. Room and board services are 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.

Youth 18-21 years of age with legal status of adoption or guardianship prior to age 16 - Education and Training Vouchers (ETV) are available to youth who meet the 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.

Scope of Services

Assessment - Paramount in 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 uses the Casey Life Skills Assessment as the mandatory instrument for this purpose. Each youth who is eligible for IL services, including tribal youth, participate in a Casey Life Skills Assessment of their needs prior to the provision of services or use of any funds awarded to the state by the CFCP. The youth, as well as their family, resource 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 IL plan is 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 placement have a distinct, individualized IL 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, resource parents, and other relevant parties, including Indian tribes, in the development of the youth's IL 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 and Training Vouchers (ETV) - The ETV program is administered through collaboration between the IL Program Specialist and regional IL coordinators. The ETV is utilized to meet the post-secondary educational and vocational training needs of youth served through the CFCP. 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 document utilized to review youth rights with resource 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 - In 2015, the Idaho Legislature approved Administrative Rule 16-0601-1401 modifying IDAPA 16.0.01.451. This rule change allows CFS to reimburse a licensed resource parent for the cost of vehicle insurance for a foster child to create an avenue for youth to drive while in foster care. 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 resource parents do not have the means to get them to and from these activities. Allowing youth to drive will 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 a 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 26th birthday using the state's Children's Health Insurance Program. At this time, Idaho has chosen to only extend coverage to youth who have aged out of 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 federal 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 after all outstanding expenses are paid are returned to the youth. No other trust accounts are used for independent living.

Room and Board - Room and Board funds are 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 state allotment of CFCP 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. IL 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 an initial transition planning meeting within 60 days before or after their 17th birthday, and a final transition planning meeting within 90 days of their 18th 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 CFCP. New CFS staff are familiarized with the history and details of the CFCP plan. They are also 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. The Working with Older Youth session of Child Welfare New Worker Academy is taught in collaboration with embedded trainers, regional IL

coordinators, and Idaho Foster Youth Advisory Board members. Ongoing training and supports are provided through regional IL coordinators and in-service training courses by the IL Program Specialist, regional IL coordinators, and embedded trainers as requested.

Resource 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 CFCP, such as developmental needs and continuing family relationships. During the final PRIDE session, prospective resource parents are provided with an opportunity to ask questions of youth on a panel which includes one or two members of the Idaho Foster Youth Advisory Board (IFYAB). The panel shares their foster care experiences from the youth's perspective. Licensed resource parents receive additional training on CFCP 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 ILP, 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 SFY 2017, the Child and Family Services (CFS) program increased the number of youth eligible for independent living (IL) who were assessed and served from 85.4% to 96.5%.

During SFY 2017, CFS reviewed and updated the IL Case Record Review tool which was then utilized during SFY 2018 to conduct regional reviews throughout the state. Results can be found in Goal 4 updates.

During SFY 2017, CFS continued to provide advocacy, leadership and professional development opportunities to Idaho Foster Youth Advisory Board (IFYAB) members through both local and national conferences. Statewide, youth were provided with training on the topics of youth organizing, branding and somatic experience. Board members were trained as Training of Trainers (TOT's) for strategic sharing. They are now available to train peers who are learning to tell their stories. Board members also received support from internal staff and national partners in continuing to develop their vision for the board. Youth attended the national Daniel Memorial Growing Pains Independent Living Conference in Kansas City, Missouri, and the Foster Youth in Action Leaders for Change Conference in Chevy Chase, Maryland.

During SFY 2017, CFS partnered with the IFYAB in outreach and advocacy through asking board members to be presentation experts. Youth presented to local community agencies, partners and stakeholders including the following: the Idaho Trust Fund, the University of Idaho College of Law, Boise State University's Alumni Association, and the Child Protection Committee. Youth also participated on panels to resource parents through PRIDE training,

the annual Resource Parent and Social Worker conference in all three hubs and through Working with Older Youth Academy in each of the hubs.

Collaboration

Collaboration with Other Private and Public Agencies

To help youth achieve self-sufficiency and independence, the Child and Family Services (CFS) program 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, resource parents, training staff, case managers, and persons requested by youth to participate in their assessment, plan development, and service provision. CFS integrates independent living (IL) services with existing community programs to assure the most effective system of service delivery. IL skills training is provided to youth by state staff and private agencies to assure that youth are prepared for independent living.

During SFY 2017, CFS held a focus group comprised of regional IL coordinators, regional youth service contractors and identified community partners. The focus group included information sharing, feedback gathering and discussion around the Independent Living program statewide, successes and barriers. The outcome of this process included recommendations for a service array gap analysis and the need for additional resources focused on identifying barriers between secondary education and post-secondary education.

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 (IFYAB) exists to bring together the exceptional youth from each regional board to serve as advocates at the state level and represent the voice of the regional board. All seven regions in Idaho have at least one youth representative on the IFYAB.

During SFY 2017, members of the Idaho Foster Youth Advisory Board were invited to and participated in the Child and Family Services Reviews (CFSR) Program Improvement Plan

(PIP) Kickoff Meeting. Attendees were provided with the results of the Case Record Reviews and statewide self-assessment to identify root causes for the state's observed performance in each area. Attendees were then asked to participate in round-robin style groups to address barriers and draft recommendations to the program improvement plan's goals and objectives. IFYAB members were invited to participate in the established Hub PIP teams to further refine the drafted goals and objectives as well as to develop strategies for their own region to improve local performance on the target areas. Due to the schedules of identified youth, they were unable to continue engagement at the Hub or local level. Nevertheless, CFS is able to utilize feedback loops through regular IFYAB meetings to gather input from young people in Idaho.

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 for Children At Risk 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, 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 CFCP 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's 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 CFCP 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 IL Coordinator about all of Idaho's institutions of higher education and entrance requirements.

Idaho Department of Education - The IL 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. The panel regularly makes recommendations to improve services to IL-eligible youth. Idaho's IL 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 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 IL services. 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 and are often 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 CFCP.

Regional IL 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 CoC's goal is to link youth populations who may become (or are at greater risk of

becoming) homeless with local housing and service providers. CFS provides a statewide perspective and advocacy for Idaho's youth population in many of these groups.

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 IL Program provides transition planning meetings for youth 60 days before or after a youth's 17th birthday, and within 90 days of the youth's 18th 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:

- Room and board 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. CFS social workers receive training curriculum from the Capacity Building 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 social 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 Sexual Health Information Education Advisory Board of the Central District Health Department. The purposes of the SHIEAB 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 CFCEP

Training on the Independent Living Program (ILP) is an ongoing effort to inform new Child and Family Services (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 sessions will be provided to all new child welfare staff on independent living (IL) services through the Child Welfare New Worker Academy at least twice annually. Ongoing training for resource parents and other caregivers, including tribal resource 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 ILP, participation requirements, implementation, measurements of success, outcomes, payment mechanisms, entry to Idaho's child welfare data system, positive youth development 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 of these 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 CFCP program purposes. Every resource 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, resource family, and caseworker 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 SFY 2018 - 2019

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 Independent Living Program (ILP) through continued use of a hired temporary Education and Training Voucher (ETV) Program Specialist. 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 2018-2019, CFS will support the implementation of the Impact 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

The Idaho Foster Youth Advisory Board (IFYAB) was established in 2012. During SFY 2018-2019, CFS will continue to support, develop and define its partnership with IFYAB. Additionally, IFYAB will continue to explore the following training needs:

- Understanding the legislative process and IFYAB's collective/individual member roles/responsibilities in this process as an advisory board to CFS and as an advocacy group for youth in foster care
- Train the Trainer on Working with Older Youth Academy
- Self-Care/Trauma

LGBTQ Youth

Collaborate with community partners including IFYAB, resource 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 CFS does not have any policies or practices limiting the development of such work, CFS does not currently have any specific policies or processes aimed at affirming the sexual orientation and gender identity of youth served by the ILP. During SFY 2017, IFYAB identified the need to focus on sexual orientation and gender identify issues after hearing about other's shared 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 resource parents and caseworkers to support and affirm sexual orientation and gender identity. This will continue to be an ongoing effort.

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 SFY 2018, CFS will engage youth in the following ways:

- Engage Idaho Foster Youth Advisory Board in the development of the Independent Living Program Improvement Plan
- 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 Chafee Grantee's meeting, the Foster Youth in Action Leaders for Change Conference, and the Daniel Memorial Institute Independent Living Conference, in addition to statewide leadership and professional development opportunities through summer camp and elections

National Youth in Transition Database (NYTD)

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, IL 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 has maintained compliance of the 2017a and 2017b NYTD submissions.

Idaho has been informed that a NYTD review will be scheduled in 2019. In preparation, Idaho will collaborate with federal partners to discuss what tasks need to be accomplished prior to the scheduled review. Additionally, during SFY2019, CFS will complete the following NYTD related tasks;

- Complete analysis of NYTD data
- Explore quality and accuracy of data collection and procedures
- Explore methods to utilize NYTD data to engage stakeholders in continuous quality assurance and systems improvement

Explore methods to utilize NYTD data and stakeholder recommendations as part of outcome monitoring, policy and practice decisions.

Collaboration with Tribes

The state agency continues to partner with each tribe residing in Idaho to make the full array of independent living (IL) services available to tribal youth. The Child and Family Services (CFS) program 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 IL service provision purposes. CFS staff are available to support and train tribal social services staff about the Independent Living Program (ILP). Idaho tribes receive information regarding Idaho's ILP through the State IL 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 CFCP, section 477(b)(3)(G), Idaho will negotiate in good faith an agreement with any tribe that does not receive direct CFCP or Education and Training Voucher (ETV) allotments. With an agreement in place, the tribe would be able to administer or supervise their own CFCP or ETV program with respect to eligible Indian children. The tribe would also receive an appropriate portion of the State's allotment for such administration or supervision. At this time, all tribes access CFCP and ETV funds by sending referrals to CFS.

Program-to-program tribal staff identified the following concerns related to barriers to accessing IL services: access to appropriate resources, and lack of training opportunities to better understand IL services.

In response to these identified barriers, during SFY 2017, CFS engaged in the following efforts: Tribal Youth IL Service Application, Referral Process, and Tracking. The IL Program Specialist provided 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 caseworker and the regional IL coordinator. The IL program specialist will track referrals to ensure continuity and quality of services.

During SFY 2018-2019 CFS staff will present information during an ICWAC meeting regarding IL and be available to support and train tribal social services staff about the available services through Idaho's Independent Living Program.

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. Ongoing annual site visits to provide tribal staff with an opportunity to inquire about the CFCP in general as well as specific youth completed by the ICWA program specialist or the IL program specialist as requested by the tribe.

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.

The CFS program finalized a referral process and develop and implement tracking and reporting measures for referrals and service provision. Tribal partners were provided with the updated process during July 2017 ICWAC meeting.

Education and Training Vouchers

Program Description

Educational Training Vouchers (ETV) are available to youth who are eligible for services under Idaho's Independent Living Program (ILP).

- Youth are eligible for ETV until they turn 26 years old; as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program. ETV are available to youth who are eligible for services under Idaho's ILP.
- ETV are available to Indian youth who are currently in tribal custody or who have been in tribal custody and meet ILP 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.
- A youth may participate in the ETV program for no more than five (5) cumulative years.
- Prior to the expenditure of ETV funds, CFS will assure that each youth completes an Casey Life Skills Assessment; develops an approved IL 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.
- ETV funds will be used to cover costs for educational support including, but not limited to, tuition and fees, room and board, counseling related to education and training programs tutoring, books, rental or purchase of required equipment, supplies, transportation, child care, and other identified service needs to support the youth's education goals. CFS will track the use of ETV funds separately from Chafee through 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.

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 SFY 2017, Child and Family Services (CFS) continued to partner with the Boise State University (BSU) Impact Scholars Program (ISP) 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 CFS around support for ETV youth.

During SFY 2017, CFS 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. CFS 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 SFY 2017, CFS provided learning opportunities through new worker academy to CFS staff regarding the ETV program and eligibility requirements.

During SFY 2017, the CFS utilized IL groups provided both by internal staff as well as contractors to promote the ETV program to youth across Idaho.

Recommendations from the CFCP focus group held during SFY 2017 identified the need for an ETV program specialist to explore barriers in accessing ETV services for Idaho youth. Identified priorities, tasks and activities will be addressed during SFY 2018.

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

ETV 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.

ETV applications are recorded in SharePoint per school year. When they are recorded, specific data is collected, including how many applications the youth has been awarded.

(11) STATISTICAL AND SUPPORTING INFORMATION

Information on Child Protective Service Workforce

The following information pertains to Child and Family Services (CFS) 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 - Caseworkers 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 caseworker 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 period. Child Welfare Social Worker 1s have nine months to complete probation requirements. Child Welfare Social Worker 2s have six 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 caseworker, and 3 is an experienced caseworker who demonstrates supervisory abilities and works closely with the supervisor to gain experience in "lead work," while still being under supervision themselves.

Demographic information - During SFY 2017, CFS employed 292 diverse individuals to serve the racial and ethnical needs of the children and families served in Idaho (Table 10.1)

Table 10.1 Child Welfare Staff Demographics

		Child Welfare Social Worker 1	Child Welfare Social Worker 2	Child Welfare Social Worker 3	Clinician	Child Welfare Supervisor	Total
Number of Filled Positions		19	186	40	3	44	292
Race/ Ethnicity	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
Gender	Female	17	166	34	2	39	258
	Male	2	20	6	1	5	34

Juvenile Justice Transfers

During SFY 2017, there were six youth who were transferred from the custody of the Idaho Department of Health and Welfare (IDHW) 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. Additionally, a Juvenile Corrections Act Proceeding can be expanded by a judge to a Child Protective Act Proceeding (Idaho Juvenile Rule 16). During SFY 2017, there were 63 such expansions (Table 10.2)

Table 10.2 Juvenile Justice Transfers

Region	Transfers to IDJC SFY 2017	Rule 16 Expansions SFY 2017
Region 1	1	12
Region 2	0	2
Region 3	0	11
Region 4	1	16
Region 5	1	8
Region 6	0	5
Region 7	3	9
Totals	6	63

Sources of Data on Child Maltreatment Deaths

The child welfare information system, 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. Information gathered by CFS when a child fatality is due to abuse or neglect is reported to the National Child Abuse and Neglect Database System (NCANDS). 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 the Idaho Bureau of Vital Statistics receives information on all child deaths.

Child maltreatment fatality information is now sent to Vital Statistics which, 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 local cause of death coding determinations; however, this information helps to capture more thorough information related to child maltreatment fatalities in the state.

A new statewide Child Fatality Review Team is currently reviewing child deaths. However, the team is currently reviewing cases which are two years behind the NCANDS reporting period. Nevertheless, the team's annual reports will be shared with CFS to garner information for any practice implications.

Inter-Country Adoptions

In SFY 2017, no children adopted from other countries entered state CFS custody as a result of the disruption or dissolution of an adoption.

(12) FAMILY FIRST PREVENTION SERVICES ACT

Public Law 115-123, the Family First Prevention Services Act

On February 9, 2018, Congress enacted Public Law 115-123, the Family First Prevention Services Act (FFPSA). This law made a number of changes to requirements and definitions in programs authorized by title IV-B, the Chafee program, and the Chafee Educational and Training Program. The State of Idaho has chosen to address the information required by Program Instruction ACYF-CB-PI-18-06 separately, in an APSR Amendment that will be submitted to the Children's Bureau no later than August 15, 2018.

(13) 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	24 %	Estimated expenditures for FFY 2019 are in line with historical expenditure trends within these categories
*Family Support Services	22 %	
* Time-Limited Family Reunification Services	31 %	
**Adoption Promotion and Support Services	19 %	

* FFPSA revised statutory definitions of “family support” and “family reunification” related to the use of PSSF funding for services to families. This revision will permit Idaho to provide family support services to foster families to support quality family-based setting for children in foster care. Idaho will provide these services to foster families when needed and as a part of the foster family’s resource development plan. This revision will permit Idaho to provide family reunification services to families beyond the previously limited timeframe. Idaho will provide family reunification services when they are needed and in association with the family’s service plan.

** The spending of Adoption Promotion and Support Services in FFY 2018 fell below 20% by 1%. Spending is believed to have fallen below the 20% requirement due to lack of clarity on the types of services able to be paid for by these funds. Clarification has subsequently been provided to field program managers and appropriate spending of these funds is now occurring. Timely and appropriate use of PSSF Adoption funds is also benefiting from changes to the Child and Family Services (CFS) budget process which has shifted from a regional or hub-based spending decisions to statewide spending decisions.

Non-Supplantation Requirements

	1992	FFY 2015
State share expenditure amounts for purposes of title IV-B, subpart 2	\$125,000	\$472,067