



2020-2024 Child and Family Services Plan

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>

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(1) COLLABORATION AND VISION

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.

The Division of Family and Community Services (FACS) is responsible for child protection, adoptions and foster care, interstate compact on the placement of children (ICPC), Indian child welfare, services for persons with developmental disabilities, resource development and eligibility, navigation services, and early intervention/screening for infants and toddlers. In FFY 2018, FACS developed the Bureau of Operational Design which includes a Business Process Design Team and a Training and Development Team. These teams work alongside contractors to support the development, implementation, and support of FACS practices, including child welfare.

The Child and Family Services (CFS) program provides child protection, adoption, foster care, ICPC 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.

In FFYs 2017 and 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 Capacity Building Center (CBC) for States. 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. These outcomes combined with those from the Child and Family Services Review (CFSR) Round 3 and state-conducted Case Record Reviews (CRRs), a Comprehensive Organizational Health Assessment (COHA), internal and external partner and stakeholder feedback, resulted in FACS making the determination larger child welfare business improvement including the building of organizational infrastructure, was necessary to support the successful integration of CFS program goals into practice.

In May 2018, FACS began the Child Welfare Transformation (CWT) Initiative (Appendix G) to shift the CFS program towards customer centric problem solving, workflow designed solutions, operations driven leadership, and data-driven accountability. This intervention, utilizing scalable Agile planning and the integration of business practices and technology, was chosen based on the successful experiences of IDHW executive leadership implementing system-wide changes in other government programs. Organizational re-design, streamlined field-based processes, new automation, improved court and community engagement, and increased visibility of performance are being used to create sustainable change. The CWT is a three-year plan with action goals designed to support the implementation of goals found in the 2020-2024 CFSP as well as the CFSR PIP.

As part of the CWT Plan, each child welfare process (i.e. safety assessment, concurrent planning, permanency planning, case management, and foster care recruitment, licensing, and support) is being re-designed and re-implemented. CQI methods are being embedded in each re-designed process. Implementation is supported by the deployment of automated case management tools, as part of the program's new Comprehensive Child Welfare Information System (CCWIS), learning experiences, post-implementation support, and performance monitoring.

Collaboration

The Child and Family Services (CFS) program presented information regarding current performance and sought input for the 2020-2024 Child and Family Services Plan (CFSP) during multiple meetings with internal and external stakeholders in the past year. Additional input was often gathered informally.

In April 2019, CFS program representatives met with other Idaho State Team members in Washington D.C. for a State Team Meeting sponsored by the Children's Bureau. Those in attendance included representatives from the state courts and the Idaho Children's Trust Fund. The State Team identified the need for the 2020-2024 CFSP to include goals to address the collaboration and coordination

necessary for the development of future CFSPs and APSRs and implementation of related strategies (CFSP 3.1) and a goal to address Idaho's primary prevention needs (CFSP Goal 2.1 and 2.2).

Additional feedback was received through ongoing collaboration with Casey Family Programs as well as IDHW programs including the Division of Behavioral Health, the Division of Medicaid, and the Infant Toddler Program. Input was sought from the Idaho Indian Child Welfare Advisory Council (ICWAC). CFS program representatives met with members of the Coeur d'Alene Tribe and Nez Perce Tribes during a meeting held during the National Indian Child Welfare Association (NICWA) Conference in April 2019 and obtained feedback reflected in the 2020-2024 CFSP.

CFS collaborated with internal and external partners through participation in groups whose input informed the development of this CFSP including:

- Children at Risk Taskforce
- Court Improvement Project
- FACS Executive Steering Committee
- Families First Visioning Council
- Guardian ad Litem Program in Idaho
- Governor's Task Force on Children at Risk
- Idaho's Citizen Review Panel
- Idaho Department of Juvenile Corrections
- Idaho Foster Youth Advisory Board
- Idaho Indian Child Welfare Advisory Council
- IDHW Division of Behavioral Health
- IDHW Division of Medicaid
- IDHW Division of Public Health
- Maternal Infant and Early Childhood Home Visiting Program
- YES Project

Feedback received was consistent with input received during the development of the CFSR Program Improvement Plan (PIP) (Appendix F) and found during the OPE evaluations, CBC assessment, and COHA evaluation and highlighted concerns regarding inconsistent use of beneficial practices such as the Comprehensive Safety Assessment and concurrent planning, insufficient data, limited support for resource parents, and the use of informal engagement practices with community partners and stakeholders. This information was utilized in the development of the goals and strategies contained in the 2020-2024 CFSP.

During the implementation of the 2020-2024 CFSP, CFS will continue to collaborate with partners and stakeholders through participation in various groups, including those listed above. As the Division of Family and Community Services (FACS) and CFS has undergone re-organization as part of the Child Welfare Transformation (CWT) Initiative (Attachment G), the need to have a formalized, consistent process for sharing performance outcomes, identification of program strengths and areas of improvement, and development and implementation of goals and strategies for the CFSP/APSR was identified. The timely availability of quality data has been a challenge for CFS due to limitations in the current Statewide Automated Child Welfare System (SACWIS). The CWT Plan addresses this challenge through the development of performance measures for re-designed child welfare processes (CWT Plan 7, 15, and 18) and deployment of the new Comprehensive Child Welfare Information System (CCWIS) (CWT Plan 5, 12, and 16) and subsequent gathering and analysis of related data. Through the CCWIS, CFS will create information exchanges to improve the ability to share outcomes with internal and external partners and stakeholders (CWT Plan 6, 13, and 17). Feedback will be sought and integrated into CFSP implementation and development of future APSRs.

Vision Statement

Synergistic, inclusive collaboration to empower strong, healthy families and communities. Idaho's Vision Statement was developed at the State Team Meeting supported by the Children's Bureau in Washington, D.C. in April 2019.

Data Dictionary

The 2020-2024 CFSP utilizes the following dates:

Calendar Year (CY) - the standard 12-month period beginning January 1 and ending December 31 of the specified year (i.e. CY 2018 = January 1, 2018 – December 31, 2018).

Federal Fiscal Year (FFY) - the 12-month period ending September 30 of the specified year and beginning October 1 of the previous year (i.e. FFY 2018 = October 1, 2017 – September 30, 2018).

State Fiscal Year (SFY) - the 12-month period ending June 30 of the specified year and beginning July 1 of the previous year (i.e. SFY 2018 = July 1, 2017 – June 30, 2018).

The following reviews and their findings are referenced within this report:

Case Record Review (CRR) – these state-conducted reviews occur on an ongoing basis and utilize the CFSR Onsite Review Instrument (OSRI). State performance for each OSRI item in FFY 2018 and FFY 2017 is based on CRR results from reviews conducted during the noted FFY. The CRR sample size for FFY 2018 was 79; the sample size for SFFY 2017 was 68. Sample sizes include the total number of foster care and in-home cases reviewed.

Child and Family Services Review (CFSR) Round 3 Data Profile – A report of Idaho’s performance on each of the CFSR statewide data indicators, assessment against national performance, and the result of data quality checks completed by the Children’s Bureau including AFCARS and NCANDS data. State data profiles were previously compared to National Standards but were revised by the Children’s Bureau with updated calculations based on a new syntax.

Federal Child and Family Services Review (CFSR) Round 3 – The CFSR included a sample size of 68 cases. The case reviews were conducted between April 1, 2016 and September 30, 2016 and utilized the OSRI. State performance for each OSRI item in FFY 2016 is based on the results of the CFSR Round 3.

In addition to the CFSP, Idaho’s CFS program is actively involved in several other plans designed to improve child welfare outcomes. These plans are referenced within this report:

- Child and Family Services Review Program Improvement Plan (CFSR PIP)
- Child Welfare Transformation (CWT) Plan
- Idaho Court Improvement Plan, 2019 Update (2019 CIP)
- Comprehensive Addiction and Recovery Act Program Improvement Plan (CARA PIP)

(2) ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Safety Outcome 1

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

Onsite Review Instrument (OSRI) Item 1: Timeliness of Response (Idaho CFSR PIP Goal 85.7%) 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?

Results for this item are from a count of 100% of children for whom a referral was received and assigned during the timeframe noted and no variance for child contact was given.

Table 1.1 Timeliness of Response

Year	#Children	%Seen Timely
4/1/2015 – 3/31/2016	15,472	85.2%
4/1/2016 – 3/31/2017	15,646	84.3%
4/1/2017 – 3/31/2018	16,689	84.5%
4/1/2018 – 3/31/2019	18,506	83.8%

CFSR 3 Data Profile: 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)

National Performance: Rate of 9.67

FFY 2016 Idaho Performance: Rate of 6.32 – Statistically better than national performance

CFSR 3 Data Profile: 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?

National Performance: 9.5%

FFY 2016 – 2017 Idaho Performance: 7.6% - Statistically better than national performance

Strengths: The Child and Family Services (CFS) continues to exceed the national standards for maltreatment in care and recurrence of maltreatment. These indicators calculate the state's

performance using all the Adoption and Foster Care Analysis and Reporting System (AFCARS) reportable cases during the specified period. The state's performance on these two standards indicates CFS is ensuring the safety of the children placed in foster care and preventing maltreatment within 12-months.

Concerns: Despite attempts to fully implement the enhanced safety model statewide (2015-2019 Final Report 1.1.1), a review of cases failing to meet timeliness of response and child contact requirements (Item 1) indicated unclear policies and practice standards regarding expectations for assessing all members of a family/household were negatively impacting performance on Safety Outcome 1. Inconsistent and inaccurate use of supervisory variances to extend time to see children and families are another factor.

With input from internal and external partners and stakeholders, as well as qualitative data gathered through state-conducted Case Record Reviews (CRRs), 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 assigned to 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, CRRs 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. As reflected in Table 1.1, Idaho is performing below the 85.7% goal established by the Children's Bureau for the CFSR Round 3 PIP.

Plan for Improvement: CFS is re-implementing a refined safety assessment process including the clarification of timeframes and children to be seen (CWT Plan 2). The order of re-implementation roll-out was determined by data which identified Regions 2, 3, and 5 as the lowest-performing regarding safety and permanency outcomes. Implementation in those regions is included in the CFSR PIP (1.1). To ensure statewide consistency and fidelity to the model, re-implementation is necessary in the rest of the state, Regions 1, 4, 6, and 7, which is captured in the 2020-2024 CFSP (1.1).

Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate

OSRI 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%; Idaho CFSR PIP Goal N/A) 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?

FFY 2018 The outcome was a strength in 72.4% of cases reviewed

FFY 2017 The outcome was substantially achieved in 95.0% of cases reviewed

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

OSRI Item 3: Risk Assessment and Safety Management (Children’s Bureau Benchmark 95%; Idaho PIP Goal 80.4%) 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?

FFY 2018 The outcome was a strength in 73.4% of cases reviewed

FFY 2017 The outcome was a strength in 77.9% of cases reviewed

FFY 2016 The outcome was a strength in 74% of the cases reviewed

Strengths: Case Record Reviews (CRRs) and feedback from internal and external partners indicate Child and Family Services (CFS) performs better with initial safety assessment than with ongoing safety assessment. The safety model utilized by CFS has proven effective as reflected by accurate initial safety determinations. Through the guidance of the Children’s Bureau, CRR teams have become more adept in their assessment of performance in Item 2 resulting in more accurate ratings.

Concerns: The CFS program is not meeting federal benchmarks or CFR PIP goals for Safety Outcome 2. The improvement in CRR teams’ assessment of performance in Item 2 has resulted in an increase in cases rated as areas needing improvement. As with Safety Outcome 1, unclear policies and practice standards regarding expectations for assessing all members of a family/household were identified as a barrier. Incomplete identification of family/household members included in the initial safety assessment resulted in services not being provided to some involved members (Item 2) and those same members not being included in ongoing safety assessment (Item 3). Available CRR 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). Feedback from internal and external partners as well as CRR data suggest there is insufficient and inconsistent ongoing formal and informal safety assessment and supervision has been focused primarily on initial rather than ongoing safety assessment (Item 3).

Despite four consecutive years of efforts through the 2015-2019 CFSP (2015-2019 Final Report 1.1.1), CFS has been unsuccessful in full statewide implementation of the enhanced safety model of practice of safety assessment. A barrier to full statewide implementation identified through stakeholder feedback was current staff workload and caseload numbers. This area needing improvement is mainly attributed to worker capacity and structure in conducting formal re-assessments and sufficiently documenting informal risk and safety assessments during monthly contacts with children and families. The embedding of the case consultation process (2015-2019 Final Report, 1.1.3) resulted in the alleviation of some capacity concerns in offices where it was used; however, this did not occur statewide. CFS staff either do not consistently use the case consultation element of the safety model to define safety threats or conditions to “return home”, or when they do, the safety

threats or conditions are not clearly articulated within court reports, court testimony, or case plans which leaves court partners without a clear understanding of the underlying safety issues.

Plan for Improvement: CFS began the re-implementation a refined safety assessment process (CFSR PIP 1.1; CWT Plan 2) in April 2019 which will result in more accurate and consistent safety decisions. Implementation of re-designed concurrent planning processes (CFSR PIP 1.1; CWT Plan 3) will begin in the fall of 2019 to incorporate enhanced safety decision making skills throughout the life of the case. A structured consultation process (CFSR PIP 1.2) specifically addressing safety, as well as permanency and well-being, throughout the life of the case is included in the re-designed safety and concurrent planning processes. Re-implementation is being supported by learning experiences and follow-up support designed to ensure CFS social workers and supervisors have the knowledge and tools necessary to integrate the refined processes into their practice. The order of re-implementation roll-out was determined by data and prioritizes the lowest-performing regions regarding safety and permanency outcomes. Re-implementation in Regions 2, 3, and 5 are captured in the CFSR PIP (1.1 and 1.2). Re-implementation in the rest of the state (Regions 1, 4, 6, and 7) is captured in the 2020-2024 CFSP (1.1).

Permanency Outcome 1

Children have permanency and stability in their living situations

OSRI Item 4: Stability of Foster Care Placement (Idaho CFSR PIP Goal 86.0%) 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)?

FFY 2018 The outcome was a strength in 75.0% of cases reviewed

FFY 2017 The outcome was a strength in 82.5% of cases reviewed

FFY 2016 The outcome was a strength in 78% of cases reviewed

CFSR 3 Data Profile: 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?

National Performance: 4.44

FFY 2018 Idaho Performance: 5.02 – Statistically worse than national performance

OSRI Item 5: Permanency Goal for Child (Idaho CFSR PIP Goal 81.5%) Did the agency establish appropriate permanency goals for the child in a timely manner?

FFY 2018 The outcome was as strength in 80.9% of cases reviewed

FFY 2017 The outcome was a strength in 82.1% of the cases reviewed

FFY 2016 The outcome was a strength in 73% of cases reviewed

OSRI Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement (Idaho CFSR PIP Goal 57.6%) Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

FFY 2018 The outcome was a strength in 52.1% of cases reviewed

FFY 2017 The outcome was a strength in 58.0% of cases reviewed

FFY 2016 The outcome was a strength in 48% of cases reviewed

CFSR 3 Data Profile: 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?

National Performance: 42.7%

FFY 2016 Idaho Performance: 40.7% - Statistically no different than national performance

CFSR 3 Data Profile: 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?

National Performance: 45.9%

FFY 2018 Idaho Performance: 47.2% - Statistically no different than national performance

CFSR 3 Data Profile: 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?

National Performance: 31.8%

FFY 2018 Idaho Performance: 40.4% - Statistically better than national performance

CFSR 3 Data Profile: 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?

National Performance: 8.1%

FFY 2016 Idaho Performance: 7.3% - Statistically no different than national performance

Strengths: Idaho's Child and Family Services (CFS) program has continued to meet or exceed national performance related to children achieving permanency within 12 months, between 12 and 23 months, and after 24 months, as well as re-entry to foster care. These indicators calculate the state's performance using all Adoption and Foster Care Analysis and Reporting System (AFCARS) reportable

cases during the specified period. Internal and external partner and stakeholder feedback and CRR data suggest CFS requirements for using concurrent planning goals and dual assessments for resource parents positively support these outcomes. While performance related to the timely achievement of appropriate permanency goals (Item 5) declined somewhat from last year, practice in this area continues to show an improvement of 7.9% from FFY 2016.

Concerns: Idaho's performance as it relates to placement stability (Item 4) is now statistically worse than national performance when considering all children in foster care and declined significantly from 82.5% to 75% in CRRs over the last FFY. In an effort to explore the factors impacting placement stability, the CFS program analyzed the reasons placement changes were occurring. During SFY 2018, 41% of the 1,481 placement changes that occurred for children in care were the result of a resource parent's request. Of those, 35% were due to challenges experienced by the resource parent in managing the child's behaviors. Cases rating as an area needing improvement in identifying foster parent needs (Item 12C), it was found resource families were not prepared to care for the children placed in their homes, needing training in caring for children with special needs which was consistent with feedback received through post-permanency and resource parent surveys.

The use of concurrent planning consultations has been effective at improving practices related to Permanency Outcome 1; however, application of consultations and concurrent planning practices has been inconsistent statewide. A lack of fidelity to the established concurrent planning practices was noted in findings from the CFSR Round 3, CRR results, and partner and stakeholder feedback. This includes inconsistent use of the safety model to re-assess safety related to conditions for "return home" (which indicates a child can safely return home with appropriate safety plan and services in place); when the re-assessment does occur, the safety threats and conditions are not clearly articulated within court reports or court testimony which leaves court partners without a clear understanding of the underlying emerging danger issues and presents challenges to system-wide identification of when conditions to return home have been met. Likewise, it presents challenges to the identification of cases where the early pursuit of permanency through adoption or guardianship is appropriate. As noted in the 2015-2019 Final Report (1.1.1 and 1.1.3), previous efforts to improve the consistent use of the enhanced safety model including case consultations have not been successful.

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. An in-depth analysis of cases revealed the failure to engage some parents is primarily related to CFS staff capacity. Parents (mothers and fathers) who were not immediately engaged at the onset of the case due to issues such as incarceration, active mental health or substance abuse issues, or an inability to be located, were less likely to be engaged throughout the life of the case. Lack of engagement was not due to adaptive challenges, but rather influenced by workload demands and workers not appropriately prioritizing engagement in these cases.

Permanency processes for children age three and younger was identified as an area of focus for improvement during the development of the CFSR PIP through data analysis and stakeholder feedback. Children birth to five years old make up just over 31% of Idaho's general population; however, accounted for more than 50% of the substantiated child abuse and neglect cases received in SFY 2017. This data in conjunction with legislative, community partner, and stakeholder feedback emphasizing the negative impacts to children birth to three years old when concurrent planning is not consistently practiced with fidelity has resulted in the prioritization of this age group in the need for concurrent planning and permanency re-design.

Improvement Plan: In May 2019, FACS leadership approved recommendations for the re-design of concurrent planning processes (CFSR PIP 1.1; CWT Plan 3). Implementation of the re-designed processes will begin in the fall of 2019 and incorporate enhanced safety decision making skills. The re-design includes a structured consultation process which will occur no less frequently than every 90 days (CFSR PIP 1.2). The consultation will specifically address safety, permanency, and well-being throughout the life of the case with specific attention to all aspects of concurrent planning including the engagement of parents and timing of home study requests. Child and resource parent needs related to placement stability will be a component of the consultations as will the child's relationships, visits, and placements with parents, siblings, and relatives. Re-design of permanency processes, including adoption and guardianship, will occur in the summer of 2019 (CWT Plan 4 and 14) with implementation to begin in FFY 2020.

Case consultations involving children who may or are currently receiving residential treatment or experiencing other higher levels of care will include additional participants such as the child's parents, relatives, facility representatives, any prospective placement resource for step-down, and the youth when over the age of 14 years. These case consultations will continue in this format for up to 90 days after the child steps-down to general or relative foster care or is reunified with parents to assure ongoing services and support to the placement to promote placement stability.

To ensure system-wide understanding of re-designed processes, a shared learning experience including CFS staff and court partners will be held in 2019 (CFSP PIP 1.3; 2019 CIP-CFSR PIP III and CFSP Project 1 and Training Project 1). Enhanced support of resource parents will be a focus of the implementation of re-designed resource parent training, licensing, and support beginning in FFY 2020 (CFSP PIP 2.1; CWT Plan 11 and 19). Professional Family Development Plans (PFDPs) will be an element of the overall re-design (CFSR PIP 2.2) to build on the existing skills of resource parents to enable them to care for the children placed in their home. Additional efforts will be made to recruit families able to meet the needs of children exiting or at-risk of entering residential treatment services (Appendix A-2019 Foster and Adoptive Parent Diligent Recruitment Plan 2.1 and 2.2).

Implementation of all re-designed processes will be supported by learning experiences designed to ensure CFS social workers and supervisors have the knowledge and tools necessary to integrate the refined processes into their practice and follow-up coaching and support.

The order of re-implementation roll-out was determined by data and prioritizes the lowest-performing regions regarding safety and permanency outcomes. Re-implementation in Regions 2, 3, and 5 are captured in the CFSR PIP (1.1 and 1.2). Re-implementation in the rest of the state (Regions 1, 4, 6, and 7) is captured in the 2020-2024 CFSP (1.1).

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children

OSRI Item 7: Placement with Siblings (Children's Bureau Benchmark 95%; Idaho PIP Goal N/A) 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?

FFY 2018 The outcome was a strength in 91.2% of cases reviewed

FFY 2017 The outcome was a strength in 90.0% of cases reviewed

FFY 2016 The outcome was a strength in 96% of cases reviewed

OSRI Item 8: Visiting with Parents and Siblings in Foster Care (Children's Bureau Benchmark 95%; Idaho PIP Goal N/A) 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?

FFY 2018 The outcome was a strength in 92.1% of cases reviewed

FFY 2017 The outcome was a strength in 85.3% of cases reviewed

FFY 2016 The outcome was a strength in 70% of cases reviewed

OSRI Item 9: Preserving Connections (Children's Bureau Benchmark 95%; Idaho PIP Goal N/A) 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?

FFY 2018 The outcome was a strength in 89.4% of cases reviewed

FFY 2017 The outcome was a strength in 93.0% of cases reviewed

FFY 2016 The outcome was a strength in 88% of cases reviewed

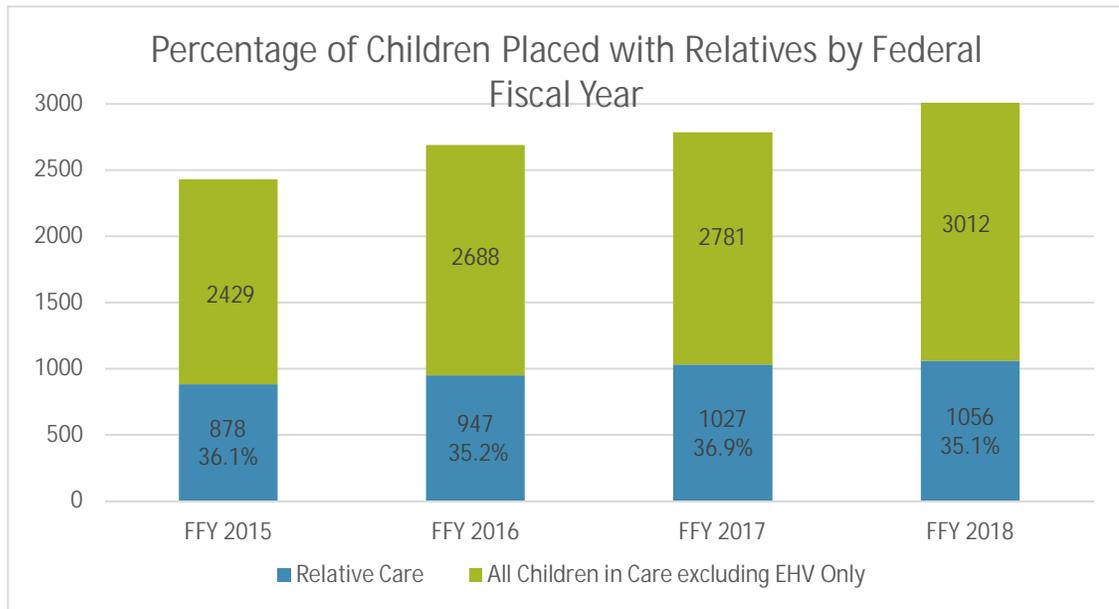
OSRI Item 10: Relative Placement (Children's Bureau Benchmark 95%; Idaho PIP Goal N/A) Did the agency make concerted efforts to place the child with relatives when appropriate?

FFY 2018 The outcome was a strength in 83.0% of cases reviewed

FFY 2017 The outcome was a strength in 92.3% of cases reviewed

FFY 2016 The outcome was as a strength in 88% of cases reviewed

Graph 10.1 Relative Placement



OSRI Item 11: Relationship of Child in Care with Parents (Children’s Bureau Benchmark 95%; Idaho PIP Goal N/A)

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?

FFY 2018 The outcome was a strength in 83.4% of cases reviewed

FFY 2017 The outcome was a strength in 81.2% of cases reviewed

FFY 2016 The outcome was a strength in 69% of cases reviewed

Strengths: There was a slight increase (1.2%) in the number of children placed with at least one sibling in foster care (Item 8) following a 3% decrease the previous year. Internal and external partners and stakeholders noted a shift in practice began several years ago and continues to occur which emphasizes the importance in sibling placement and relationships. This shift also contributed to the increase in performance (6.8% since last year and a total of 22.1% since FFY 2016) in children visiting with their parents and siblings who are not placed with them (Item 10). Outcomes related to the relationship of a child in care with parents (Item 11) also improved in FFY 2018, continuing a trend which began the previous year. To support timely engagement, Child and Family Services (CFS) social workers are able to access a centralized “locate unit” which utilizes several online and internal

systems to find identified parents and relatives. Some regions have contracted with community providers to assist with parent/child visits, increasing their capacity to do so. In FFY 2019, the Idaho Department of Health and Welfare (IDHW) completed a Border Agreement with Oregon to decrease the length of time to place children with their relatives in bordering counties.

Concerns: An in-depth analysis of cases failing Item 8 and/or 11 over three years of Case Record Reviews (CRRs) and the CFSR Round 3 revealed the reason for failing to identify and engage parents is directly related to the amount of additional efforts necessary to engage a particular parent. The reasons additional efforts are needed varied including incarceration, active substance abuse or mental health symptoms, and out of area residence. There was no one prominent issue. Additional analysis indicated 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 and impact findings related to Well-Being Outcome 1. In the last year, there was a decline in relative placement of 9.3% following an increase in performance the previous year resulting in a total decline of 5% since FFY 2016. The decline in relative placements is related to the need to identify and engage relatives earlier in cases.

Improvement Plan: CFS concurrent planning processes are being re-designed (CFSR PIP 1.1; CWT Plan 3) and include a structured consultation process which will occur no less frequently than every 90 days (CFSR PIP 1.2). The consultation will specifically address issues including the engagement of parents and relatives, visits, and sibling placements. In response to recommendations made by the concurrent planning and case management re-design team, the CFS program is in the process of hiring case aides to assist CFS social workers with the early identification and engagement of parents and relatives. The order of implementation of the structured case consultation within the re-designed concurrent planning process was informed by data and prioritizes the lowest-performing regions. Implementation in Regions 2, 3, and 5 is included in the CFSR PIP (1.1 and 1.2; CWT Plan 3) and implementation in the rest of the state (Regions 1, 4, 6, and 7) is included in the 2020-2024 CFSP (1.1).

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs

OSRI Item 12: Needs and Services of Child, Parents, and Foster Parents (Idaho CFSR PIP Goal 74.9%)
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?

FFY 2018 The outcome was a strength in 68.8% of cases reviewed

FFY 2017 The outcome was a strength in 64.7% of cases reviewed

FFY 2016 The outcome was a strength in 68% of cases reviewed

OSRI Item 13: Child and Family Involvement in Case Planning (Idaho CFSR PIP Goal 78.7%) Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

FFY 2018 The outcome was a strength in 73.2% of cases reviewed

FFY 2017 The outcome was a strength in 67.7% of cases reviewed

FFY 2016 The outcome was a strength in 72% of the cases reviewed

Table 13.1 FGDM Services

# Families Eligible for FGDM Services vs. # Families Receiving Services by Region and Year								
Region	FFY 2015		FFY 2016		FFY 2017		FFY 2018	
	Received	Eligible	Received	Eligible	Received	Eligible	Received	Eligible
1	7	119	14	139	27	125	25	126
2	15	46	23	47	13	45	11	32
3	86	154	150	156	87	143	96	159
4	106	173	145	164	94	186	72	180
5	88	91	126	105	94	98	91	120
6	111	86	84	80	81	90	78	82
7	56	53	64	78	68	73	66	83
State	469	722	606	769	464	760	439	782

OSRI Item 14: Caseworker Visits with Child (Idaho CFSR PIP Goal 85.7%) 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?

FFY 2018 The outcome was a strength in 86.1% of cases reviewed

FFY 2017 The outcome was a strength in 83.9% of cases reviewed

FFY 2016 The outcome was a strength in 79% of cases reviewed

Table 14.1 Caseworker Visits with Child

Visit Measures	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Total Contacts Required	14,269	15,710	17,469	18,951
Total Contacts Made	13,880	15,247	16,912	18,109
Total Seen in Residence	10284	11627	13142	14,000
Total % Seen	97%	97%	97%	96%
Total % Seen in Residence	72%	74%	75%	74%

OSRI Item 15: Caseworker Visits with Parents (Idaho CFSR PIP Goal 68.7%) 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?

FFY 2018 The outcome was a strength in 71.0% of cases reviewed

FFY 2017 The outcome was a strength in 60.7% of the cases reviewed

FFY 2016 The outcome was a strength in 61% of the cases reviewed

Strengths: In FFY 2018, Idaho's Child and Family Services (CFS) program had practice improvements in all items included in Well Being Outcome 1. Performance in Item 12 improved 4.1% last year for a total improvement of .8% since FFY 2016. 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 in developing a family case plan has a positive impact on the outcomes measured through Item 13. Improvements in the frequency and quality of contacts between CFS social workers and children and parents (Items 14 and 15) rose above Idaho's CFSR PIP goals. Data from the Statewide Automated Child Welfare Information System (SACWIS) system indicates CFS is meeting federal requirements for caseworker contacts with children, with most contacts occurring in the child's place of residence (Table 14.1).

Concerns: Although CFS has made practice improvements in Well Being Outcome 1, additional improvements are necessary to maintain practice related to caseworker contacts with parents and children and improve outcomes in the areas of the identification of needs and provision of services to children, families, and resource parents (Item 12) and case plan involvement (Item 13). Initial findings from Case Record Reviews (CRRs) and feedback from partners and stakeholders indicated practice related to the identification and engagement of parents significantly impacted the outcomes for these items. A close analysis of cases failing Item 13 and/or Item 15 over three years of CRRs and the CFSR Round 3 revealed the reason for failing to identify and engage parents is directly related to

the amount of additional efforts necessary to engage a particular parent. The reasons additional efforts are needed varied including incarceration, active substance abuse or mental health symptoms, and out of area residence. There was no one prominent issue. Additional analysis indicated 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 and are believed to also impact findings related to Item 12.

The use of FGDMs has improved CFS's engagement of families in the case planning process; however, the cost of these contracted services has resulted in the inability to provide them to all families who could benefit. Feedback from CFS social workers suggests the use of a contractor to facilitate FGDMs may also interfere with the assigned caseworker's ability to engage with parents in the early phases of a case.

Concerns identified in Safety Outcome 1 and Safety Outcome 2 related to the expectations for assessing and including various household and family members impact performance in Well-Being Outcome 1, as parents or caregivers not identified early-on may not be engaged in a case. Despite efforts discussed the 2015-2019 Final Report (1.1.3), CFS social workers either do not consistently use the case consultation element of the safety model to define safety threats or conditions for "return home"; or when they do, the safety threats and conditions are not clearly articulated within court reports, court testimony, or case plans. This leaves court partners without a clear understanding of the underlying emerging danger issues and the linkage of how case plan goals support mitigation of these issues resulting in case plans which may not match the safety concerns present in a case. The current format of the case plan and alternate care plan (child's case plan) have been identified by CFS staff, families, resource parents, and court partners as confusing.

Improvement Plan: Recommendations for the re-design of concurrent planning and case management processes (CFSR PIP 1.1; CWT Plan 3 and 9) were approved by FACS leadership in May 2019. The re-design recommendations include two meetings between the CFS social worker and the parents in addition to a meeting between the CFS social worker, parents, and relatives/family members in the first 30 days of a case. These meetings will improve the early engagement of parents and include the identification of parent and child needs and tasks related to case plan development.

Case aides will be hired to assist CFS social workers with these meetings. As recommended by the case management improvement team (CWT 9), CFS is collaborating with court partners to revise the case plan format. Odyssey, the new case management system being utilized by Idaho Courts, will provide reports on the engagement of parents, children, and resource parents within child protection courts (2019 CIP-Joint Courts/IDHW Project-Data Project 2).

Revised case management process implementation will occur after the re-implementation of safety assessment processes (CFSR PIP 1.1; CWT Plan 2) and at the same time as concurrent planning processes (CFSR PIP 1.1; CWT Plan 3). Safety assessment and concurrent planning processes include structured case consultations (CFSR PIP 1.2) to occur no less frequently than every 90 days and

address safety, permanency, and well-being throughout the life of the case. A re-assessment of safety, parent engagement, and case plan progress will be reviewed at each consultation.

Implementation will be supported by learning experiences (CFSR PIP 1.1) designed to ensure CFS social workers and supervisors have the knowledge and tool necessary to integrate the refined processes into their practice. A shared learning experience for CFS staff and court partners will promote a shared understanding of the new processes and case plan format (CFSR PIP 1.3; 2019 CIP-CFSR PIP III and CFSP Project 1 and Training Project 1).

Implementation of re-designed processes is being staged with roll out in lower performing regions occurring first. Re-implementation of the safety assessment and concurrent planning processes in Regions 2, 3, and 5 are captured in the CFSR PIP (1.1 and 1.2). Case management process implementation is included in the CWT Plan (9). Implementation in the rest of the state, Regions 1, 4, 6, and 7 is incorporated in the 2020-2024 CFSP (1.1).

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs

OSRI Item 16: Educational Needs of the Child (Children's Bureau Benchmark 95%; Idaho PIP Goal N/A) Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

FFY 2018 The outcome was a strength in 88.2% of cases reviewed

FFY 2017 The outcome was a strength in 95.1% of the cases reviewed

FFY 2016 The outcome was a strength in 95% of the cases reviewed

Strengths: The Child and Family Services (CFS) program has historically performed at the Children Bureau Benchmark for Well-Being Outcome 2. In FFY 2019, CFS moved from hard-copy files to electronic case files, stored in CFS eCabinet. The use of CFS eCabinet has improved the ability to store and access the educational records of children involved with the child welfare program.

Concerns: Performance on Item 16 dropped 6.9% between FFY 2017 and FFY 2018. The cause of this decline is unknown at this time, and further analysis of the decrease performance is needed. Currently, it is hypothesized the change in performance may be related to workforce capacity concerns which result in CFS social workers focusing on other areas of safety and casework practice.

Improvement Plan: As the result of recommendations made by the concurrent planning and case management re-design team, the CFS program is in the process of hiring case aides who will assist CFS social workers in obtain educational records. The implementation of structured case consultations (2020-2024 CFSP 1.1; CFSR PIP 1.2) to occur no less frequently than every 90 days will provide additional support to CFS social workers and supervisors and include a review of the child's educational and other well-being needs.

Well-Being Outcome 3

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

OSRI Item 17: Physical Health of the Child (Children's Bureau Benchmark 95%; Idaho PIP Goal N/A)

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

FFY 2018 The outcome was a strength in 86.7% of cases reviewed

FFY 2017 The outcome was a strength in 86.5% of the cases reviewed

FFY 2016 The outcome was a strength in 90% of the cases reviewed

OSRI Item 18: Mental/Behavioral Health of the Child (Children's Bureau Benchmark 95%; Idaho PIP Goal N/A) Did the agency address the mental/behavioral health needs of children?

FFY 2018 The outcome was a strength in 78.9% of cases reviewed

FFY 2017 The outcome was a strength in 85.7% of cases reviewed

FFY 2016 The outcome was a strength in 84% of cases reviewed

Strengths: In FFY 2019, Child and Family Services (CFS) moved from hard-copy files to electronic case files, stored in CFS eCabinet. The use of CFS eCabinet has improved the ability to store and access the health records of children involved with the child welfare program. CFS is partnering with the Idaho Department of Health and Welfare (IDHW)'s Children's Mental Health and Medicaid programs on issues related to meeting the mental/behavioral health needs of children involved in the child welfare program.

Concerns: Performance on Item 18 dropped 6.8% between FFY 2017 and FFY 2018. The cause of this decline is unknown at this time, and further analysis of the decrease performance is needed. Currently, it is hypothesized the change in performance may be related to lack of follow-up with treatment providers, access to trauma-informed treatment providers, and workforce capacity concerns which result in CFS social workers focusing on other areas of safety and casework practice.

Improvement Plan: As the result of recommendations made by the concurrent planning and case management re-design team (CFSR PIP 1.1; CWT Plan 3 and 9), the CFS program is in the process of hiring case aides who will assist CFS social workers in obtaining children's background information, physical health, and mental/behavioral health records. The implementation of structured case consultations (2020-2024 CFSP 1.1; CFSR PIP 1.2) to occur no less frequently than every 90 days will provide additional support to CFS social workers and supervisors and include a review of the child's physical health, mental/behavioral health, and other well-being needs (Appendix B-Health Care Oversight and Coordination Plan 1.1). Case consultations involving children who may or are currently receiving residential treatment or experiencing other higher levels of care will include additional participants such as the child's parents, relatives, facility representatives, any prospective placement resource for step-down, and the youth when over the age of 14 years. These case consultations will

continue in this format for up to 90 days after the child steps-down to general or relative foster care or is reunified with parents to assure ongoing services and support to the placement to prevent re-entry to higher level of care.

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 verifies the information available in iCARE and fills in any gaps in demographic characteristics. If the child is placed in foster care, regional administrative assistants enter any additional information available, and 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 CFS social worker upon subsequent foster care reimbursement payments. Data from 2014 – 2018 (Table 19.1) shows an average of 1,276 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 0.29% location and placement errors per month. This indicates the location and placement of each child are accurate 99.71% of the time.

Table 19.1 iCARE Placement Error Rate

Year	Average Overpayments	Average Payments	Average Error Rate
2014	3	1,101	0.25%
2015	3	1,093	0.30%
2016	5	1,252	0.40%
2017	4	1,411	0.28%
2018	3	1,526	0.20%
Average	4	1,276	0.29%

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 2018A and 2018B (Table 19.2) demonstrate the system is functioning, as no element showed an error rate above 10%, the threshold for a data-quality penalty.

Table 19.2 AFCARS Error Rate

Demographic Characteristic	AFCARS 2018B Error Rate	AFCARS 2018A Error Rate
Date of Birth	0.00%	0.00%
Sex	0.00%	0.00%
Disability	0.00%	0.00%
Ever Been Adopted	0.00%	0.04%
Race	0.00%	0.10%
Ethnicity	0.00%	0.00%
Placement Goal	0.04%	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.

Improvement Plan: Idaho met Statewide Information System requirements in CFSR Round 3. CFS has contracted with Deloitte to build Idaho's new Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI). The implementation of completed ESPI functions is occurring in conjunction with the implementation of revised safety, concurrent planning, case management, permanency, and foster care processes beginning in June 2019 (CWT Plan 5, 12, 16, and 20). Completion of the system is anticipated to occur in FFY 2021-2022.

Case Review System

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 (CRRs) 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, Child and Family Services (CFS) does not have additional aggregate data regarding family participation in case planning beyond the sample used for ongoing CRRs.

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 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). Completion of timely Family Case Plans has remained stable between 93.6% and 95.7% between 2016 and 2018. Meanwhile, timely completion of the Alternate Care Plan decreased sharply from 2016 to 2017, although has improved somewhat to 60.9% in FFY 2018.

Table 20.1 Timely Plans

Children in Foster Care 60 Days or More with Timely Plans					
Plan Type	*SFY 2016	*SFY 2017	*FFY 2017	*SFY 2018	*FFY 2018
Timely Family Case Plan	94.20%	93.60%	95.00%	95.70%	94.9%
Timely Alternate Care Plan	78.80%	87.40%	39.70%	57.00%	60.90%
# of Children	1019	1061	820	798	813

*CFS is shifting from the use of SFY to FFY for CFSP-related reports. Both SFY and FFY numbers are represented in this table to begin this shift while still providing data over multiple years

Data from CFSR Round 3 in SFY 2016, indicated 72% of families actively participated in their case plan development. FFY 2017 CRR data showed a decline with 67.7% of families actively participating; however, this improved to 73.2% in FFY 2018 (see OSRI Item 13). CFS will continue to use data from CRRs and iCARE to monitor performance in this area. Input from partners and stakeholders, as well as qualitative data from CRRs, 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 CRRs 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 CRRs. CRR data is generated using the Onsite Review Instrument (OSRI) developed by the Children's Bureau. 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: Implementation of re-designed concurrent planning (CFSR PIP 1.1; CWT Plan 3) and case management processes (CWT Plan 9) will include two meetings between the CFS social worker and parents in addition to a meeting between the CFS social worker, parents, and relatives/family members in the first 30 days. These meetings will improve the early engagement of parents including the identification of parent and child needs and tasks related to case plan development. As part of case management re-design (CWT Plan 9), CFS is collaborating with court partners to revise the case plan format to address CFS staff, court partner, and family feedback that the Family Case Plans and Alternate Care Plans are cumbersome and difficult to understand. A shared learning experience for CFS staff and court partners will promote a shared understanding of the new processes and case plan format (CFSR PIP 1.3; 2019 CIP-CFSR PIP III and CFSP Project 1 and Training Project 1). Implementation of re-designed processes is being staged with roll out in lower performing regions occurring first. Implementation in Regions 2, 3, and 5 are captured in the CFSR PIP (1.1) and CWT Plan (9); implementation in the remainder of the state, Regions 1, 4, 6, and 7, is captured the CWT Plan (3 and 9).

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?

Judicial oversight is in place to ensure periodic reviews 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 months after entry of the court's order taking jurisdiction under The Child Protective Act, and every six 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, Child and Family Services (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 the CFSR Round 3, statewide averages showed this item is a strength; however, 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 determined this is 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?

Permanency hearings have judicial oversight. Idaho Code 16-1622(b) states that a permanency hearing shall be held no later than 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 12 months thereafter, so long as the court has jurisdiction over the child.

The Idaho Administrative Office of the Courts (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; qualitative information available regarding barriers to timely hearings is not included 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.

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

Over the last several years, Idaho Courts have launched a new statewide management system. During FFY 2018 and FFY 2019, the final wave of counties transitioned to the new system marking full adoption of the software throughout the state. In the fall of 2018, Idaho Courts contracted with Tyler Technologies to develop custom reports in this new statewide case management system focused on specific child protection data measures, including a report to provide number and percentage of hearings by child where the hearing was not held timely according to the standards provided by Idaho statute. At this time, Tyler Technologies as provided an initial draft of these reports to the Idaho Courts and initial validation is underway by court staff. It is expected that the validation and continued refinement of these reports to ensure accuracy will continue through the summer of 2019. For this reason, data on the timeliness of periodic review and permanency hearings in Idaho is temporarily unavailable.

Improvement Plan: The Child and Family Services (CFS) program will continue collaborating with the courts (CWT Plan 6, 13, and 17) to develop updated measurements for timeliness of hearings. Due to restrictions in CFS's current Statewide Automated Child Welfare Information System (SACWIS) system and the court's transition to a new management system, current, accurate, and complete data related to hearing timeliness is not available. The presence of current timeliness issues cannot be confirmed or explored to determine their root cause. Idaho's focus is to improve the availability, accessibility, and quality of this data to inform any necessary improvements. The definition Idaho uses for "date child entered care" will be re-examined. Throughout the re-design of safety assessment (CFSR PIP 1.1; CWT Plan 2), concurrent planning (CFSR PIP 1.1; CWT Plan 3), permanency planning (CWT Plan 4 and 14), case management (CWT Plan 9), and foster care processes (CFSR PIP 2.1; CWT Plan 11 and 19), performance data sets will be developed, and a presentation platform created (CFSR PIP 1.1, 1.2, and 2.1; CWT Plan 7 and 15) to share information with partners and stakeholders, including the courts. Implementation of the Idaho Court's new computer system will be completed in FFY 2019 and provide reports on the timeliness of child protection hearings (2019 CIP-CFSR PIP III and CFSP Projects 2 and 3). 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. A CFS-Court Data Team (CFSR PIP 3.1.7; CWT Plan 6, 13, and 17; 2019 CIP-Data Project 1) will be developed and meet quarterly to analyze current data to confirm the existence and identify specifics of any court-related timeliness issues. As problems are identified, the team will develop a plan to address the issues.

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?

Idaho Code 16-1622(g) states that if the child has been in the temporary or legal custody of the Idaho Department of Health and Welfare (IDHW) for 15 of the most recent 22 months, IDHW shall file, prior to the last day of the 15th month, a petition to terminate parental rights (TPR), 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
- IDHW has failed to provide reasonable efforts to reunify the child with his family

The court may authorize the IDHW 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 Child and Family Services (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 petition is filed. The application of concurrent planning practices statewide has been inconsistent and there is a lack of related data.

Currently, the available data to determine substantial conformity with TPR filing comes from the CFSR Round 3 and state conducted Case Record Reviews (CRRs). Results indicate a decrease in performance (Table 23.1). A review of the 31 cases failing to meet TPR timelines between FFY 2016 and 2018 identified all but one case as being in two regions. In FFY 2018, 67.0% of those cases were from Region 3 and the remaining 33.0% were from Region 1. Of the 31 cases failing to meet TPR timeliness in between 2016 and 2018, the failure to timely file a petition to TPR was directly linked to the failure to establish adoption as the child's primary permanency goal prior to 15 months.

Table 23.1 Timely TPR Petition Data from Case Record Reviews

Timeframe	# Cases 15 out of 22 months	# Cases other ASFA TPR Criteria	# Cases with Exception to TPR	# Applicable Cases	# Cases with TPR filed timely	% Cases with TPR filed timely
FFY 2016	14	0	2	12	10	83.3%
FFY 2017	16	1	3	14	11	78.6%
FFY 2018	25	0	6	19	10	52.2%

Data Quality, Scope, Limitations, and Barriers

Neither CFS nor the Idaho Administrative Office of the Courts (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.

Improvement Plan: The timely establishment of appropriate permanency goals (Item 5) is essential to the ability to timely file petitions for TPR. In May 2019, FACS leadership approved recommendations for the re-design of concurrent planning processes (CFSR PIP 1.1; CWT Plan 3). Implementation of the re-designed processes will begin in the fall of 2019 and include a structured consultation process (2020-2024 CFSP 1.1; CFSR PIP 1.2) which will occur no less frequently than every 90 days. Consultations will specifically address the ongoing re-assessment of safety to assist in the timely identification of appropriate permanency goals and progress made on achieving those goals, including the filing of TPR petitions. The CFS program will continue collaborating with the courts to develop updated measurements for timeliness of child protection related hearings (CWT Plan 6, 13, and 17). Due to restrictions in CFS's current Statewide Automated Child Welfare Information System (SACWIS) and the court's transition to a new management system, current, accurate, and complete data related to the filing of TPR petitions is not available. The presence of legal or court-related timeliness issues cannot be confirmed or explored to determine their root cause. Idaho's focus is to improve the availability, accessibility, and quality of this data to inform any necessary improvements. Over the last several years, Idaho Courts have launched a new statewide management system. Initial validation and refinement of available reports through this system are expected to continue through the summer of 2019 (2019 CIP-Data Project 2). CFS is building additional tracking measures in the development of the new Comprehensive Child Welfare Information System (CCWIS), which will enable for accurate and complete tracking of the TPR process (CWT Plan 5, 7, 12, 15, 16, and 18). With the availability of data expected from both systems, additional information will be gained as to the level and root causes of failing to substantially conform to the timely filing of TPR petitions. A CFS-Court Data Team (CFSR PIP 3.1.7; 2019 CIP-Data Project 1) will be developed and meet quarterly to analyze current data to confirm the existence and identify specifics of any court-related timeliness issues. As problems are identified, the team will develop a plan to address the issues.

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 Child and Family Services (CFS) processes and practice standards 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 (CRRs) 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 24.1.

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:	SFY 2016	SFY 2017	SFY 2018
Attending court in person	61%	68%	68%
Providing information to the Caseworker	63%	63%	63%
Providing information to the Guardian ad Litem	37%	33%	33%
Writing a letter to the Court	14%	17%	17%
Providing information to the child(ren)'s attorney	12%	16%	16%
None of the Above	6%	4%	4%
Not Applicable	5%	5%	

Data Quality, Scope, Limitations, and Barriers

CFS continues to be reliant upon resource families' self-report during the Resource Parent Survey for data that reflects their notification and participation in court hearings. CFS plans to complete the next Resource Parent Survey during FFY 2019.

Improvement Plan: During FFYs 2019 and 2020, the new Bureau of Operational Design with the support of the Business Design Contractor will implement recommended changes to CFS's foster care processes (CFSR PIP 2.1; CWT Plan 11 and 19) which is anticipated to improve consistent and frequent communication to resource parents including notification of court hearings. The Idaho Court's new management system includes the ability to provide additional data reflecting the engagement of resource parents in the child protection courts (2019 CIP-Data Project 2). Any related information as well as qualitative feedback received during CRRs (Item 12C), will further inform ongoing assessment related to this item.

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 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 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 CFSP are provided, additional work is needed to establish a CQI system which collects data and targets change at the regional levels.

In FFYs 2017 and 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 Capacity Building Center (CBC) for States. 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 Record Review (CRR)

ICWA CRRs are conducted on at least one child per family for ICWA eligible cases and completed 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 CRR are used to enhance training curricula for new and existing caseworkers. The next ICWA Case Review is scheduled to take place in FFY 2020.

Independent Living Case Record Reviews (CRRs) and Stakeholder Interviews

Independent Living (IL) CRRs 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) up to age 26. 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. The next IL CRR is scheduled to take place in FFY 2020.

Case Record Reviews (CRRs)

CFS has conducted CRRs since 2004. In 2015, CFS began using the updated Children's Bureau OSRI during the reviews. The CRR process assesses statewide performance in the areas of safety, permanency, and well-being.

CRR 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 were used to develop the CFSR PIP. The CFSR PIP will guide the goals, objectives, interventions, and use of funds during the next two years.

In addition to the above-mentioned CQI 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 CFS's Child Welfare 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://healthandwelfare.idaho.gov/Children/AdoptionFosterCare/ChildWelfareStandards/tabid/429/Default.aspx>

As part of the Child Welfare Transformation (CWT) Initiative, CFS is developing process documents to help social workers understand the "how-to" in completing and applying practice standards.

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, CRR outcomes, and provide a vehicle for information and feedback to flow up and down the organization. These meetings consist primarily of the Child Welfare Operations and a variety of partner and stakeholder groups. 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.

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
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

Improvement Plan: Information gathered from the two OPE evaluations, CQI Self-Assessment, data obtained during CFSR Round 3, and feedback from internal and external partners and stakeholders during the CFSR PIP development process led to the decision to shift CFS to an operational focus as outlined in the CWT Plan. This focus includes customer-centered problem-solving, workflow designed solutions, and data-driven accountability. All areas of child welfare practice within CFS are being re-engineered with integrated CQI processes and updated practice standards (CFSR PIP 1.1 and 3.1; CWT Plan 2, 3, 4, 9, 11, 14, and 19). As each child welfare process is re-designed, corresponding data measures and performance metrics will be defined (CWT Plan 7, 15, and 18) and gathered through ESPI, the new CCWIS system (CWT Plan 5, 12, and 16), enabling timely data analysis. CQI methods are being implemented simultaneously with each re-designed process. Implementation includes transfer of information to ensure child welfare 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 (CWT Plan 6, 7, 13, 15, 17, and 18). 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.

The safety, permanency, and well-being of children is a shared responsibility between the CFS program and external partners and stakeholders such as tribes, policymakers, courts, law

enforcement, and community agencies; and requires collaboration with children, youth, and families. Idaho's COI process will ensure a collaboration between the agency and stakeholders which focuses on identifying shared goals and activities and establishing a multi-system plan to guide statewide child welfare improvement efforts (2020-2024 CFSP 3.1). Idaho Courts are completing the implementation of a new management system which will expand their data reporting abilities. A CFS-Court Data Team (CFSR PIP 3.1.7; CWT Plan 6, 13, and 17; 2019 CIP-Data Projects 1 and 2) will be developed to exchange of data between CFS and the courts with the purpose of system wide data-informed decision making.

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 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.

In May 2019, Eastern Washington University (EWU) entered a contract with CFS to serve as the lead in the coordination and tracking of field staff training. The contract was previously held by Idaho State University (ISU). EWU 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. EWU utilizes the Idaho Department of Health and Welfare (IDHW)'s Learning Hub management system database to track training attendance and completion. EWU will also provide 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 April 2018 to September 2018 (6-month report), which encompassed 56 sessions and 594 of participants, ratings indicate satisfaction to the level of Agree and Strongly Agree 97% of the time.

Between the months of April and September 2018, in-service topics have focused on the CFSR PIP topics including Assessing Protective Capacities, Motivational Interviewing, Integrating Ethics into each helping stage; Venting in the Workplace, Child Welfare Trauma Training, Ethics in a Learning Climate, and Ethics Incorporated.

During the current period of October 2017 through March 2018, which encompassed 14 In-Service sessions and 135 of participants, ratings indicate satisfaction to the level of Agree and Strongly Agree 79% of the time.

During the current period of April to September 2018, which encompassed 26 In-Service sessions and 248 of participants, ratings indicate satisfaction to the level of Agree and Strongly Agree 96% of the time.

Child Welfare New Worker Academy sessions include foundational knowledge and skill-building activities. From 07/01/2017-12/31/2018, CFS offered 143 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
- CARA

The total amount of time the embedded trainers spent in onsite/field training was approximately 1,225 hours during this timeframe.

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

In an effort to maintain continuous quality improvement, Child Welfare Academy Training is evaluated on an ongoing basis at multiple levels utilizing a variety of tools. These are based on

reaction through the use of an academy course evaluation, in-service course evaluation, worker academy entry and exit surveys, pre/post knowledge checks.

Improvement Plan: Participants continue to indicate being satisfied with the Academy and In-service Trainings offered by EWU Trainers as demonstrated through Academy and In-service Evaluations. Qualitative comments indicate the importance of supervision and face-to-face interactions with embedded trainers, lead workers or colleagues. In the surveys completed, supervisors indicated that worker progress was excellent in the Worker Skill Transfer Survey. Pre- and Post- Knowledge Checks demonstrate statistical significant in the following Academy Curriculums: Child Welfare in Statutory Context; Family Centered Practice; Family Group Decision Making; Foster Care; Indian Child Welfare Act; Idaho Permanency Oriented Practice and Secondary Trauma and Worker Safety. We will continue to look at how we collect entry and exit surveys and worker skills responses as we are hoping to increase the information provided.

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, Child and Family Services (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 (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 Statewide Automated Child Welfare Information System (SACWIS), 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 Eastern Washington University (EWU) trainers. Topics of the quarterly in-service trainings are based on knowledge and skills needed as identified by regional child welfare chiefs of social work, 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 2018 included:

- Assessing Protective Capacities in Caregivers
- Ethics of a Learning Culture
- Ethics in Engagement
- Focusing Your Message
- Motivational Interviewing
- iCARE documentation: An Ethical Approach
- Child Welfare Trauma Training
- A Social Workers Guide to Ethical Decision Making
- Engaging Families through Conversational Interviewing
- Child Welfare Safety Plan Training
- Child Welfare Work and Secondary Traumatic Stress
- Ethics and Stress Resistant Worker
- Venting in the Workplace
- Ethics Incorporated

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 481 hours during SFY 2018.

In addition to quarterly in-service training, the Idaho Department of Health and Welfare (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 2018, Child Welfare Leadership received training and instruction at an annual supervisor summit. The Seventh Annual Supervisor's Summit was focused on prioritizing Permanency through casework skills and applied research. 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 Bureau of Operational Design which includes a Business Process Design Team and Training and Development Team. A contract for business design support with Change in Innovation (C!A) was developed. 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 CIA 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 is included in the CFSR PIP (3.2). Supervisory learning experiences will be complimentary to Idaho's core training. Quality assurance of ongoing staff training will occur via formalized feedback loops (CFSR PIP 1.1.3) to ensure input received from sources including partner and stakeholder meetings, Case Record Reviews (CRRs), 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 D).

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 the Child and Family Services Review (CFSR) Round 3, Idaho received an overall rating of area needing improvement for this item.

Eastern Washington University (EWU) was awarded Child and Family Services (CFS)'s Statewide Resource Family Recruitment and Retention contract in August 2016 and has continued through SFY 2018 and FFY 2019. 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 and continuing through SFY 2018 and FFY 2019 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 have been added, as was information from the Reasonable and Prudent Parent Standard. In addition, EWU implemented 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. Additional data collection must occur for post-tests completed six months after the completion of 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 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan (Appendix A).

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 (CFSR PIP 2.2). 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 2018, 46 Training and Support Groups were provided across the state with 493 participants. Support Group topics included adoption, discipline and managing difficult/aggressive behaviors, working with schools, road map to DHW, trauma informed parenting, fostering drug and alcohol affected children, court process, CPR/First Aid, Five Love Languages of Children, Emergency Preparedness, grandparents raising grandchildren, working with biological parents, supervising visitation, understanding addiction, Coordinated Care including whole brained parenting, reliance and hope for healing series. Evaluations are completed inconsistently across the state. CFS will continue to work with EWU in evaluating the effectiveness of these training and support groups.

During SFY 2018 the East Hub had a higher attendance rate at Resource Family Training and Support Groups than other locations in the state. Additional analysis will need to be completed to determine how EWU and the agency affected this outcome.

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. Four sessions of the workshop were provided during SFY 2018 to 67 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 participants indicating a desire for additional information about parenting children with trauma. In addition, sensory items were provided to every person in the class to support the use of these skills in the home.

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 2018 conference, 201 evaluations of the 316 registered participants were returned. Over 82% of participants indicated they were satisfied with the content of the conference. In addition, 86% of participants felt like their main reason for attending the conference was fulfilled.

In April 2018, 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 with the assistance of the One Church One Child program provided a conference room to air the webinar. Two locations were provided in the Region IV area. 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 focused 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 334 attendees, composed of resource parents, CFS staff, and community providers.

Results from the 2017 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; the effects of prenatal drug and alcohol exposure; advocating for children's education needs; and supporting foster children and birth parents

The FFY 2018 Annual Resource Parent Survey was completed in October 2017 and the results were finalized in January 2018. More than 1600 Idaho resource parents were sent a survey about their most recent experiences caring for children placed in their home and the service and support they received from the Department. Respondents included 493 resource parents from across the state, a

31% response rate. Non-relative resource parents reflected 66% of respondents with relative and fictive kin reflecting 34%.

- Seven in 10 respondents (73%) were likely to recommend foster parenting to others; and 69% evaluated the program positively, agreeing that they were well-served by the Program. Resource parents who were relatives evaluated the Program higher than non-relatives.

Numerous factors affect resource parents' experience, but this report focused on the five factors most strongly associated with parents' positive evaluations of the Program: social workers' timely responses and court notifications; their sharing of permanency goals; and their engaging families in planning and in collaboration with providers.

- Factors 1 and 2: Prompt Replies, Timely Notification: Eight in 10 resource parents (79%) always or usually received a reply from their social worker within two business days; 77% received timely notice of court hearings. Both were strongly associated with good evaluations of the Program. Just 7% of resource parents had contact with a social worker less than once per month.
- Factors 3 and 4: Social Workers Engage Parents: Half of resource parents were usually or always asked to help plan the child's services; seven in 10 were encouraged to work with service providers – both strongly linked to high evaluations of the Program.
- Factor 5: Most Received Information about the Child: Majorities (5-8 in 10) received key information about the child's history, needs, and plan both, before and during the placement. Learning about the child's permanency goals was strongly linked to parents' high evaluations of the Program.

The majority of respondents did not receive or did not know about receipt of the following:

- (a) Child and Family Social Medical Form;
- (b) Youth Bill of Rights;
- (c) Resource Family Plan;
- (d) Child's Alternate Care Plan;
- (e) Independent Living Plan; and
- (f) Visitation Plan.

The results show many good results with room for improvement. Most findings showed 50%-80% of resource parents rating the Program's services positively. The survey response rate was modest. These findings reveal both success and room for improvement. The identified opportunities and next steps include:

Identified next steps include raising resource parents' positive evaluation to 75%; tailor communications and services to different needs of relatives v. non-relatives; and broadly communicate the survey outcomes, planned improvements, and the resulting changes.

- Raise the positive evaluation rate to 75% by improving the five top factors linked to evaluation.
- Broadly communicate the outcomes and improvement strategy to increase stakeholder engagement and future survey participation rates.
- Learn to tailor communications and services to the needs of different parent groups, such as relatives versus non-relatives.
- Track delivery of Alternative Care Plan.

Child Placing Agencies

State licensing program specialists with the IDHW Division of Licensing and Certification, license and ensure licensed child placing agencies and childcare facilities utilized by CFS 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 FFY 2018, there were seven child care agencies, 30 children's residential care facilities, one non-accredited residential school, and one therapeutic outdoor wilderness programs licensed by IDHW Division of Licensing and Certification.

Two private child care placing agencies currently work with CFS. They are PATH and Casey Family Programs. Together they license approximately 40 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 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 FFY 2018, four 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.

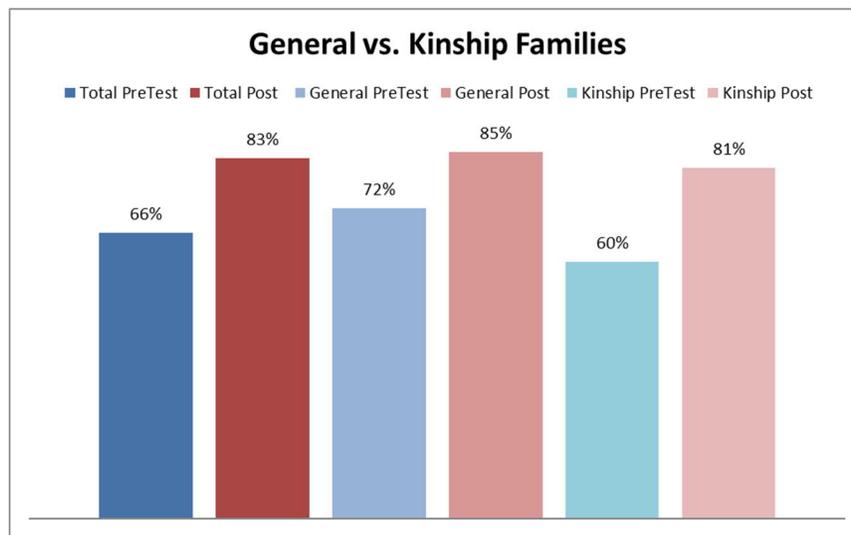
All facilities were found in substantial compliance during FFY 2018 and were issued standard licenses. No licenses were revoked.

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. Results from pre/post tests for FFY 2018 reflect an increase in knowledge and skill development for both general and kinship families.



Improvement Plan: Foster and Adoptive Parent Training is being addressed in the CFSR PIP (2.1) through the evaluation of initial training and re-design of the resource family licensing process. Formalized statewide implementation of Professional Resource Family Development Plans (PRFDPs) (2020-2024 CFSP 1.2; CFSR PIP 2.2) will provide additional support to currently licensed resource families through advanced training to assist with foster parent retention efforts. In addition, CFS will begin the re-engineering the foster care recruitment, licensing, and support processes in FFY 2019

(CFSR PIP 2.1; CWT Plan 6, 13, and 17). The effectiveness of initial resource family training will be evaluated as part of the re-engineering; effectiveness of other resource family training and availability of online training are being addressed through 2019 Roster and Adoptive Parent Diligent Recruitment Plan (3.2 and 3.3). 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 (CWT Plan 12, 15, 16, and 18). Trauma training workshops and the Empowered to Connect Conference will continue to be offered. Additional information about CFS foster and adoptive parent training can be found in Idaho's Title IV-E Training Matrix (Appendix D).

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 Review (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. 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 analysis and ongoing stakeholder engagement point to areas with room for improvement through 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 CFSP. While CFS can show services in all four service areas are available to some families, service gaps have been identified 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. 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.

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.

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 seven domains: Cultural and Personal Identity Formation, Supportive Relationships and Community Connections, Physical and Mental Health, Life Skills, Education, Employment, and Housing.

2. Services 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 Safety 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 (FGDM)

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 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. Additional information is available in Item 35: Diligent Recruitment of Foster and Adoptive Homes and the 2019 Foster and Adoptive Parent Diligent Recruitment Plan.

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

The only data currently available which speaks to the appropriateness of services comes from CRRs. Items 12A and 12B measure the number of children and parents whose needs have been identified and are referred for related services (Table 29.1).

Table 29.1 Children and Parents Receiving Appropriate Services for Identified Needs

Year	# Children	% Children Receiving Services	# Parents	% Parents Receiving Services
FFY 2016	68	87%	64	70%
FFY 2017	68	88%	61	66%

FFY 2018	77	86%	67	73%
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Additional data collected and available through the Statewide Automated Child Welfare Information System (SACWIS) and contract providers gives an accurate number of the families who receive services through a CFS-funded service provider. For example, CFS receives monthly reports of the number of parents and youth who are accessing substance abuse treatment funds. Accurate information as to the number of families receiving in-home family preservation services or utilizing CFS funds to pay for respite or day care are also available. The quality of the data is accurate but 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. The SACWIS system 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.

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 is being addressed through the statewide re-implementation of a refined safety assessment process which will improve the ability of staff to identify safety-related needs throughout the life of the case (CFSR PIP 1.1; CWT Plan 2). Consistent implementation of a case consultation process (2020-2024 CFSP 1.1; CFSR PIP 1.2) addressing the safety, permanency, and well-being needs of children and their parents will further improve the identification and addressing of needs and be included in the implementation of re-designed concurrent planning (CFSR PIP 1.2; CWT Plan 3) and case management processes (CWT Plan 9) including the clarification of policies and processes necessary to accurately identify and document the needs of children and families. Implementation of these processes is expected to occur in FFY 2020. Better identification of service needs combined with corresponding enhanced data collection methods through Comprehensive Child Welfare Information System (CCWIS) development (CWT 6, 12, and 16) will improve the ability of CFS to identify specific safety services and gaps. 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, Child and Family Services (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 Child and Family Services Review (CFSR) Round 3, this item received an overall rating of area needing improvement.

Meeting the individualized needs of children and families is an ongoing challenge with the inconsistency of community-based supports throughout Idaho's communities. Services provided to children and families are difficult to capture in quantitative data due to Statewide Automated Child Welfare Information System (SACWIS) 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.

Idaho's CFS program is working to modernize the child welfare information system, including enhancing 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.

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. In FFY 2019, a revised safety assessment process (CFSR PIP 1.1; CWT Plan 2) is being implemented statewide improving the ability of CFS staff to identify safety-related needs. The subsequent implementation of re-designed concurrent planning (CFSR PIP 1.1; CWT Plan 3) and case management processes (CWT Plan 9) in FFYs 2019 and 2020 will continue to use of a consistent case consultation process (2020-2024 CFSP 1.1; CFSR PIP 1.2) to address safety, permanency, and well-being resulting in the further improvement of the individualization of services to meet the specific needs of a child and family. The revised processes will result in CFS social workers meeting with parents twice and with parents along with their relatives/family members once during the first 30 days of the case. During these meetings, social workers, parents, and relatives will work together to identify the individual needs of the parents and children.

CFS intends to further improve the identification and meeting of a child and family's individualized needs through community providers and/or contractors utilizing the Child and Adolescent Needs and Strengths (CANS) tool. CANS will be used to assess children in foster care with placement needs greater than general foster care. The tool assesses the child's mental health and trauma-related needs.

Better identification of service needs combined with corresponding enhanced data collection (CWT Plan 7, 15, and 18) methods through the development of the Comprehensive Child Welfare Information System (CCWIS) (CWT Plan 5, 12, and 16) will improve the ability of CFS to identify specific safety services and gaps. The new 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 individualized services to families. 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 (2020-2024 CFSP 3; CWT Plan 6, 13, and 17). 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 Review (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. The engagement of partners and stakeholders has, at times, been viewed as a "separate" process from ongoing work functions which has had a negative impact on performance in this area.

Improvement Plan: The CFS is program re-designing child welfare processes including safety assessment (CFSR PIP 1.1; CWT Plan 2), concurrent planning (CFSR PIP 1.1; CWT Plan 3), case management (CWT Plan 9), permanency (CWT Plan 4 and 14), and foster care licensing and recruitment (CWT Plan 11 and 19). This is an opportunity to embed ongoing partner and stakeholder

engagement and feedback into CFS processes (2020-2024 CFSP 3 and 4). The formalization and operationalization of stakeholder feedback loops are being incorporated as part of integrating COI within each of these processes (CWT Plan 6, 13, and 17). Feedback received will be incorporated into program processes, communication, and automation changes.

To further support the ongoing engagement of partners, 2020-2024 CFSP Goal 3 (2019 CIP-CFSR PIP III and CFSP Project 4) was developed focusing on the convening of a multi-program system-wide meeting to identify cross-cutting issues, such as the accessibility of quality services, which are barriers to system-wide child welfare improvements in Idaho. Feedback and/or plans developed as result of this meeting will be reflected in future APSRs. CFS is also partnering with multiple internal and external partners and stakeholders in the development of primary prevention services (2020-2024 CFSP 2; 2019 CIP-Family First Prevention and Services Act Project 1).

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?

In the Child and Family Services Review (CFSR) Round 3, the Child and Family Services (CFS) program 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 Idaho Department of Health and Welfare (IDHW) 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, the 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 the 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). The CWFT also assists families with adoption assistance agreements in place from other states who move to Idaho in establishing Idaho Medicaid.

The IDHW Division of Medicaid is also coordinating with CFS through participation on the Visioning Council for the development of the Idaho Family First Pre-Implementation Plan (Appendix H) in accordance with the Family First Prevention Services Act (2020-2024 CFSP 1.1 and 1.2).

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

The IDHW's Bureau of 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 Statewide Automated Child Welfare Information System (SACWIS), 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 FFY 2017 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 to share information between CFS, the State Department of Education, and appropriate school districts. CFS continues to work 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.

Other Federal Programs

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 Comprehensive Child Welfare Information System (CCWIS) (CWT Plan 5, 12, and 16) have begun. Exploration of the ability to improve automation between systems of various federally and state-funded programs to allow for the improved sharing of data and information is occurring as part of CCWIS development. The new 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's 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 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 Statewide Automated Child Welfare Information System (SACWIS), iCARE, was updated in SFY 2018 to have the ability to track and report waivers/variances. Additional training and implementation is needed to provide regional leadership with the ability to utilize the data now available to monitor the status of variances and waivers.

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 and data reflects that updated assessments are being completed prior to families receiving their annual re-license in most cases. The standard for the Recruitment and Licensing of Resource Parents was updated FFY 2018 to require supervisor review and approval of home studies prior to issuing a foster care license. The thoroughness of annual assessment updates continues to vary across regions and hubs. While the content of updates varies, all versions meet licensing requirements. The redesign of foster care licensing in Summer 2020 is expected to address this issue and assist in the development of a statewide relicensing document.

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 FFY 2018, 181 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 July 2018 the state licensing program specialist and regional licensing supervisors developed a CQI tool for foster care home studies. However, the use of this CQI tool has not been fully trained and implemented in the regions. It is anticipated that the use of a CQI tool for foster care home studies will be implemented within the foster care redesign recommendations during the summer of 2020.

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 was utilized 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 IDHW's Division of Licensing and Certification.

Agencies and facilities complete re-licensing documentation and licensing specialists conduct onsite visits and file reviews. In FFY 2018, 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 FFY 2018 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: A foster care licensing re-design team will meet in the summer of 2019 to begin the re-engineering CFS's foster care processes (CFSR PIP 2.1; CWT Plan 11 and 19). Re-design will include consideration of each process involved in the recruitment, training, licensing, and retention of resource families. Implementation is expected to occur in FFYs 2020 and 2021.

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?

Child and Family Services (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 the Child and Family Services Review (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, the Statewide Automated Child Welfare Information System (SACWIS), 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 and other states Child Protection Registries, Idaho and other states Adult Protection Registries Idaho Driving Records,

Federal and Idaho State Sex Offender Registers, Medicare and Medicaid Exclusion Lists, and the Certified Nurse Aide Registry. Copies of all CHU clearances which include the Adam Walsh checks when applicable are kept in the family's licensing file.

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 social worker also completes a home visit to verify a safe home environment. Once placement is made, the adults in the home have five business days to complete the CHU background check process. The relative or fictive kin family is asked to complete the full application for licensure within 30 days, at which time a full licensing assessment is completed. A foster care license or approval for adoption is not issued until all licensing requirements are met.

The number of background checks completed by CHU in all seven regions for the purpose of foster or adoptive licensing in FFY 2018, was more than double the number of newly licensed foster and adoptive families during the same period. These numbers suggest completion of required background checks of resource parents is occurring consistently. In FFY 2018, 181 dual assessments and adoption home studies for 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 FFY 2018, CFS had 3,123 children in foster care. At the closure of FFY 2018, 123 children were placed in an unlicensed home. Of the 123 placements, 88 were licensed as relative or kinship homes utilizing variances for non-safety items, 10 youth were in out of state ICPC approved relative placements, 13 experienced a placement change prior to licensing, and 10 youth returned home prior to completion of licensing. The remaining two placements were in unlicensed placements approved by the FACS Division Administrator. A review of these placements reflected that all but the 10 ICPC placements were expedited placements with relatives or fictive kin. This process allows for placement of children with a relative or fictive kin after completion of a Code-X or name based NCIC background check.

Occasionally, children are placed with relatives or fictive kin who are not able to become licensed due to criminal, child abuse history or ICPC relative placements that experience a delay in foster care

licensing. 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 FACS Division Administrator for consideration. The Division Administrator must give placement approval. During FFY 2018, 17 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 two main reasons include an adult in the home being unable to pass criminal history checks due to historical criminal changes and ICPC delays for licensure. Of the seventeen unlicensed placements five achieved permanency through adoption or guardianship, seven were licensed, two cases were vacated and two experienced a placement change. One placement remains in an unlicensed placement.

The Idaho CFS program completed a Federal Title IV-E audit in FFY 2018 which 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

Year	IDHW Background Checks for Licensing	IDHW Background Checks for Code X	Individuals with Permanent Disqualifying Crimes	Individuals with 5-year Disqualifying Crimes
SFY 2016	1722	752	12	5
SFY 2017	1433	980	7	1
SFY 2018	1237	862	17	4
*FFY 2018	1275	917	20	4

*CFS is shifting from the use of SFY to FFY for all CFSP-related reports. Both SFY and FFY numbers are represented in this chart to begin that process while providing data over several years.

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 Child and Family Services Review (CFSR) Round 3, the Child and Family Services (CFS) program 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 and 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 FFY 2018, 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 FFY 2018, there were 3,012 children served in Idaho's foster care system, and 1,476 licensed resource families. Of those, 656 or 44% were non-relative (general) families, while approximately 741 or 50% 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

	FFY 2015	FFY 2016	FFY 2017	FFY 2018
# of Children in Foster Care	2,428	2,688	2,781	3,012
Total Licensed Foster Homes	1,199	1,338	1,383	1,476
Non-relative Family Home	556	594	595	656
Relative/Fictive-Kin	578	686	741	783

During FFY 2018, Idaho licensed 570 new resource families (Table 35.2); 32% of these families are non-relative foster/adopt families, and 67% 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 Resource Family Licenses

Newly Licensed Resources		
Resource Type	FFY 2017	FFY 2018
Non-Relative	160	180
Relative	251	290
Fictive Kin	80	93
Treatment Home	5	7
Grand Total	496	570

The number of children placed in foster care has gradually increased over the past few years. At any given time, there are approximately 1,700 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				
Location	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Region 1	173	175	176	186
Region 2	61	70	71	60
Region 3	216	213	225	243
Region 4	261	276	256	259
Region 5	99	97	109	133
Region 6	117	130	120	113
Region 7	116	108	121	135
State	1042	1068	1078	1128
Note: Each Year is the average of 4 point-in-time Resource counts at the beginning of each quarter.				

The distribution of placements of children in foster care has remained fairly consistent over the past four years with a slight increase in relative placements; 40% in non-relative licensed resource homes, 33% 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	FFY 2015	FFY 2016	FFY 2017	FFY 2018
All Children	1,280	1,428	1,598	1,721
Non-Relative	499 39.0%	571 40%	657 41.1%	678 39.4%
Relative	417 32.6%	449 31.5%	531 33.2%	573 33.4%
Fictive Kin	81 6.3%	104 7.3%	127 8.0%	140 8.1%
High Level	125 9.7%	121 8.5%	124 7.8%	130 7.6%
Home Visit	148 11.6%	173 12.1%	149 9.3%	191 11.1%
DJC/Detention	10 0.8%	10 .07%	10 0.6%	9 0.5%
Note: Each Year is the average of 4 point-in-time Resource counts at the beginning of each quarter.				

During FFY 2018, CFS saw an decrease in the number of American Indian children placed in foster care with a small increase in the number of American Indian homes. There was an increase in the number of Hispanic children placed in foster care with a corresponding increase in the number of Hispanic foster homes. The number of Black or African-American children placed in foster care decreased and there was a slight increase in the number of Black or African American foster parents. This data may indicate success in targeted recruitment efforts specific to the American Indian, Hispanic and Black population (Table 35.5). CFS needs to highlight these strategies and continue efforts to recruit families of similar race and ethnicity to the children placed in foster care.

Table 35.5A Race and Ethnicity FFY 2017

Race	# Children in Foster Care				# Licensed Foster Parents			
	FFY 2017				FFY 2017			
	Total	Ethnicity			Total	Ethnicity		
	Hispanic	Non-Hispanic	Unknown		Hispanic	Non-Hispanic	Unknown	
American Indian and Alaskan Native	127	27	96	4	48	3	45	0
Asian	13	3	10	0	16	1	14	1
Black or African-American	101	21	79	1	23	0	19	4
Native Hawaiian and Other Pacific Islander	29	10	19	0	16	3	9	4
Unable to Determine	76	3	20	53	115	11	19	85
White	2,582	421	2,137	24	2,655	195	2,339	121
Grand Total	2,928	485	2,361	82	2,873	213	2,445	215

Table 35.5B Race and Ethnicity FFY 2018

Race	# Children in Foster Care				# Licensed Foster Parents			
	FFY 2018				FFY 2018			
	Total	Ethnicity			Total	Ethnicity		
	Hispanic	Non-Hispanic	Unknown		Hispanic	Non-Hispanic	Unknown	

American Indian and Alaskan Native	107	26	78	3	60	6	46	8
Asian	16	1	14	1	20	2	15	3
Black or African-American	83	14	69		25	0	23	2
Native Hawaiian and Other Pacific Islander	29	9	20	0	9	1	6	2
Unable to Determine	126	8	19	99	149	10	26	113
White	2,762	437	2,295	30	2,776	215	2,353	208
Grand Total	3,123	495	2,495	133	3,039	234	2,469	336

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 FFY 2018, 510 licenses were closed or expired (Table 35.6), and 570 new licenses were issued, for a net gain of 60 new resource families. This is the first significant gain in the number of newly licensed foster families in several years. Further analysis will need to occur to replicate this increase in the next year. 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.

Retention

Table 35.6 Closed/Expired Licenses

Resource Type	FFY 2017	FFY 2018
Non-Relative	178	190
Relative	211	244
Fictive Kin	45	63
Treatment Home	8	13
Total	442	510

Data for FFY 2018, indicates there were 108 licenses revoked (Table 35.7). Thirteen of those were revoked for standards of care. Ninety-five licensed were revoked for voluntary reasons. In reviewing

these closures it appears that there is statewide inconsistency in entering the closure reason. Some regions use the closure reason; revoked – voluntary, when a resource family requests to close their license or decides not to renew their license. Other regions utilize the closure reason; application withdrawn, for the same situations. This training issue will be addressed through the CFS redesign as well as during the implementation of the new Comprehensive Child Welfare Information System (CCWIS).

Table 35.7 Revoked Licenses

# Resources with Licenses Revoked		
License End Reason	FFY 2017	FFY 2018
Revoked - Standard of Care	8	13
Revoked - Voluntary	108	95
Total	116	108

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 to 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 the Statewide Automate Child Welfare Information System (SACWIS) 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 reengineered foster care recruitment and licensing process will be implemented statewide in FFY 2020 (CFSR PIP 2.1; CWT Plan

11) 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 (CWT Plan 19) to determine additional improvements. Idaho's 2019 Foster and Adoptive Parent Diligent Recruitment Plan is included as Appendix A.

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 Child and Family Services Review (CFSR) Round 3, Child and Family Services (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 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 parent placement, temporary relative placement, temporary foster placement, or permanent placement through 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 (Appendix A-2019 Foster and Adoptive Parent Recruitment Plan).

All incoming and outgoing ICPC placement requests are reviewed by the ICPC program specialist or state ICPC administrator for quality and accuracy. Incoming requests from other state foster care systems are forwarded to local 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 program specialist or administrator before being sent to the placing state or, for outgoing ICPC placements, requested by the Idaho social worker through the ICPC program specialist.

Requests are made for foster care and adoptions, parent, relative, residential treatment, and private-adoptive placements. In FFY 2018, Idaho ICPC processed 416 incoming and 348 outgoing requests for placement of children in foster care.

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.

Table 36.1 ICPC Permanency Home Studies Completed within 60 Days

% of Incoming Permanency Home Studies Completed within 60 Days			
Region	FFY 2016	FFY 2017	FFY 2018
1	28.6%	19.8%	20.0%
2	39.0%	22.7%	23.5%
3	51.6%	48.2%	20.9%
4	56.5%	51.4%	43.9%
5	29.2%	44.4%	25.8%
6	54.7%	55.1%	38.2%
7	61.5%	70.4%	23.6%
State	45.4%	44.8%	27.0%

During FFY 2018, 27% of incoming adoption home study requests and final placement decisions were completed within the 60-day timeframe (Table 36.1). In September 2018, CFS also began tracking the timeframe for the completion of preliminary home study reports as required by the Safe and Timely Act; however initial reports with this data are not yet available. By tracking only final home study and decision dates instead of the preliminary home study dates, 60-day completion outcomes for FFYs 2013-2018 appear worse than actual practice. CFS often completes preliminary home study reports within 60 days, but licensure requirements such as criminal background checks, Adam Walsh checks, or medical references remain pending and completion of a final home study and placement decision are delayed. Many families participating in ICPC home studies require Adam Walsh clearances, thereby extending the amount of time it takes for a background check clearance to be received.

Idaho's use of cross-jurisdictional placements is positively impacted by 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, the Statewide Automated Child Welfare System (SACWIS), 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). By tracking the final home study and final decision date instead of the preliminary home study report, CFS has imposed limitations on the accuracy of data related to the timely completion of in-coming ICPC home study requests. 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 the SACWIS system 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.

Improvement Plan: In the past year, entered into a Border Agreement with Oregon to facilitate the timely placement of children with their out-of-state relatives in neighboring counties. In addition, the CFS program added additional support by increasing administrative support from a part-time to a full-time position and through the additional support of the other staff on the CWFT and the CWFT Manager to assist with the review and approval of incoming and outgoing ICPC requests. Processes related to timely outgoing ICPC requests as well as those related to timely completion of incoming ICPC requests are being re-designed as part of the re-engineering of case management processes (CWT Plan 9). Approved recommendations of the ICPC process improvement team includes a revision of the new applicant set-up process featuring earlier contact with the prospective placement family to occur through the office of the ICPC Administrator and the requirement for families to complete their criminal history background checks soon after receipt of the request. Further enhancements will be addressed in the foster care improvement team which will begin meeting in the fall of 2019 (CFSP PIP 2.1; CWT Plan 11 and 19). In-state cross-jurisdictional placements and child-specific recruitment for foster and adoptive placements are being addressed through the implementation of re-designed concurrent planning (CFSR PIP 1.1; CWT Plan 3) and permanency processes (CWT Plan 4 and 14). Development of Idaho's new Comprehensive Child Welfare Information System (CCWIS), has begun (CWT Plan 5, 12, and 16). The CCWIS will be compatible with NEICE and address limitations presented by use of the 1998 ICPC Database system.

(3) PLAN FOR ENACTING IDAHO'S VISION

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).

Root Causes

Over the past four years, Idaho's Child and Family Services (CFS) program has undergone multiple reviews, assessments, and evaluations including the Child and Family Services Review (CFSR) Round 3 in 2016, ongoing state-conducted Case Record Reviews (CRRs), two evaluations by the Idaho Legislature's Office of Performance Evaluation (OPE), an assessment of Continuous Quality Improvement (CQI) practices with the Capacity Building Center for States (CBC), and a Comprehensive Organizational Health Assessment (COHA) with the Butler Institute for Families. Internal and external partner and stakeholder feedback was consistent with that received during the development of the CFSR Program Improvement Plan (PIP) (Appendix F) and outcomes of the OPE evaluations, CBC assessment, and COHA evaluation. In preparation for the development of the 2020-2024 CFSP, an exploration of the challenges experienced implementing ongoing safety assessment and community engagement strategies of the 2015-2019 CFSP further illustrated the same concerns.

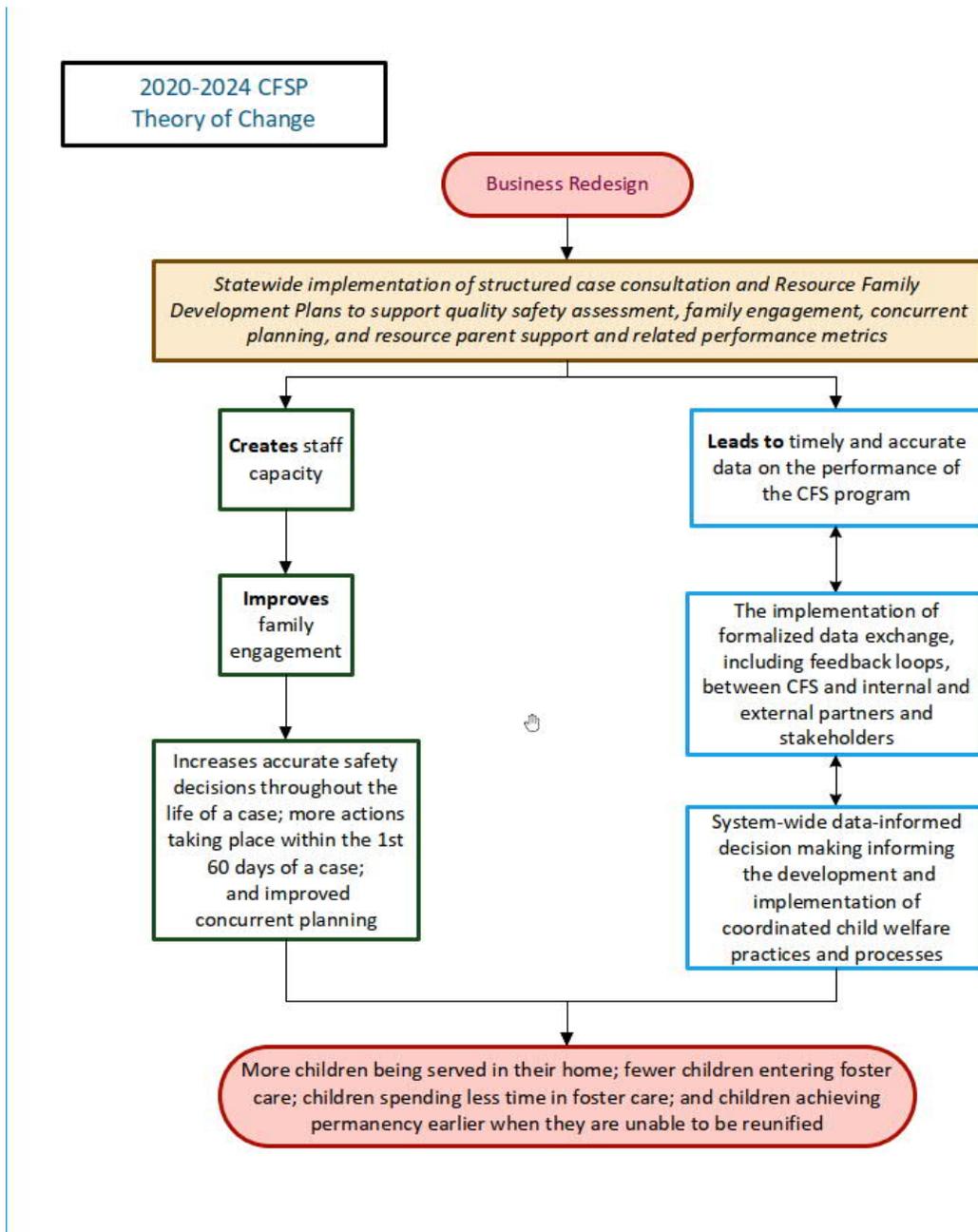
The CFS program was determined to utilize effective child welfare practices, such as an enhanced safety model and concurrent planning; however, the efficacy of the practices has been limited due to issues of workload capacity, process-related delays, inadequate family and community engagement, and limitations in the availability and use of data. Specific barriers included:

- Inconsistent on-going assessment of safety and concurrent planning
- Insufficient data and information to fully assess any potential court-related concerns
- Ineffective resource parent training and limited support
- Inadequate CFS social worker supervision and lack of accountability

Theory of Change

The 2020-2024 Child and Family Services Plan (CFSP) is focused on ensuring the safety, permanency, and well-being of Idaho children through the use of business re-design methods, engagement of community partners and stakeholders, and use of CQI to address areas needing improvement. This a focus shared by the CFSR PIP and Child Welfare Transformation (CWT) Initiative (Appendix G). By focusing on the re-design of business processes, CFS can continue to utilize effective practices already in place while enhancing their efficacy through improved workflows, increased social worker capacity, and resource parent support. The embedding of CQI methods within these processes will enhance

community engagement through increased ability to share accurate outcome data with internal and external partners and stakeholders with whom we will collaborate in the ongoing development and implementation of CFS plans, goals, and strategies.



The CWT Initiative is a larger plan designed to support the successful meeting of goals and objectives found in the 2020-2024 CFSP and the CFSR PIP. Due to the large scale of the project, significant shifts in organizational culture, processes, and practices it entails, and the retrospective nature of CRRs, CFS anticipates a period where performance outcomes may decrease before long-term improvements are made.

In addition to the 2020-2024 CFSP, the CFS program is involved in a variety of plans including the CFSR Program Improvement Plan (PIP), CWT Plan, Idaho Court Improvement Plan (CIP), Comprehensive Addition and Recovery Act (CARA) PIP, and the IDHW Strategic Plan. In consideration of the negative impact workload capacity issues have had on practice performance, the CFS program has prioritized the need for each plan to support and complement the work being implemented through the other plans. 2020-2024 CFSP goals, objectives, and strategies were designed to work in conjunction with those found on other plans.

Goal 1: Implementation of effective case consultation and resource family licensing processes that align with best practice standards, ensures safety assessment, informs permanency decisions, and supports resource parents.

Addresses Safety Outcomes 1 and 2; Permanency Outcomes 1 and 2; Well-Being Outcomes 1, 2, and 3; and Systemic Factors 23, 28, 29, 30, and 36

Quality casework practice at every stage of working with a family is essential for positive safety, permanency, and well-being outcomes for Idaho children and families. The following key practices have been identified as critical in supporting positive outcomes in Idaho:

- Safety assessment must be comprehensive, meaning it goes beyond the reported incident of maltreatment to understand how the family operates every day. Child and Family Services (CFS) social workers must actively engage all family members, gather sufficient information, reconcile discrepancies, and critically analyze the information not just at the point of initial assessment, but throughout the life of a case.
- Concurrent planning must begin early and active efforts to achieve both primary and secondary permanency goals must be made. Concurrent planning practices include: early and ongoing engagement of parents, full disclosure of case progress and permanency planning, early identification of relatives, and early and intensive reunification efforts.

As described in "Root Causes", Idaho conducted extensive analysis to determine why these practices are not occurring with consistency incorporating data from the Child and Family Services Review (CFSR) Round 3, ongoing Case Record Review (CRR)s, program evaluations, and internal and external

stakeholders including field staff, community partners, birth and resource parents, youth, the tribes and the court. Data analysis revealed the following key concerns:

- There are unclear policies and practice standards regarding expectations for assessing all members of a family/household.
- Supervision has focused primarily on initial safety assessments rather than ongoing assessments of risk and safety.
- Social workers either do not consistently use the case consultation element of the safety model to define safety threats or conditions for “return home”; or when they do, the safety threats and conditions for “return home” are not clearly articulated within court reports, court testimony, or case plans. This leaves court partners without a clear understanding of the underlying safety issues and the linkage of how case plan goals support mitigation of these issues.
- Parents (both mothers and fathers) who were not immediately engaged at the onset of a case due to issues like incarcerations, active mental health or substance abuse issues, or an inability to locate them, were less likely to be engaged throughout the life of the case. Lack of engagement was not due to adaptive challenges, but rather was influenced by workload demands and social workers not appropriately prioritizing engagement in these cases.
- Concurrent planning occurs effectively in parts of the state where staffing processes are utilized properly.
- Resource parents, legislators, court partners, youth, and fields staff have raised concerns regarding the adequacy of ongoing supports for resource parents.
- During SFY 2018, 41% of the 1,481 placement changes that occurred for children in care were the result of a resource parent’s request. Of those, 35% were due to challenges experienced by the resource parent in managing the child’s behaviors. For cases rated as an area needing improvement (ANI) in identifying and meeting foster parent needs, it was found resource families were not prepared to care for the children placed in their homes, needing training in caring for children with special needs which was consistent with feedback received through post-permanency and annual resource parent surveys.
- Resource parent focus groups conducted statewide indicated a need for additional structure for ongoing training requirements as well as additional training.
- Studies revealed Idaho’s workforce is licensed, knowledgeable, and skilled, yet social workers’ performance is challenged by significant competing demands on their time. CFS social

workers overwhelmingly expressed a desire to complete high quality casework; however, due to unmanageable workloads, they are unable to consistently meet practice requirements and engage families which negatively impacts safety and permanency outcomes.

The CFS program believes making changes to how child welfare staff are trained and supported, how workflows are designed, how work is completed and measured, and how staff and supervisors are held accountable to process-level tasks is key for staff to be successful with case consultations and will assist social workers and supervisors in maintaining a focus on these key practice areas. Recognizing our workforce concerns, we want to strengthen and use a team approach with access to workflow and performance data when supporting field staff in their casework.

A structured case consultation process which specifically addresses safety, permanency, and well-being throughout the life of a case, including specific attention to the engagement of parents, stability of placements, and timing of home study requests is part of the re-design of safety assessment (CFSR PIP 1.1 and 1.2; CWT Plan 2) and concurrent planning (CWT Plan 3) processes. Professional Family Development Plans (PFDPs) are being used as part of re-designed foster care processes (CFSR PIP 2 and CWT Plan 11). PFDPs have been in place per Idaho standards; however, are not implemented consistently and were being utilized incorrectly as a corrective action plan. The PFDP is intended to be a supportive tool in developing plans that identify ongoing training and support needs, continuing to build on the family's skills and knowledge to support placement stability.

The courts are also critical and essential partners in improving the consistent application of safety assessment and concurrent planning practices leading to improved outcomes for Idaho children and families. It is imperative we work together to ensure common understanding of CFS program practice and related court requirements. For this reason, a strategy targeted at increasing CFS communication with the courts and ensuring critical understanding of key aspects of safety and concurrent planning practices has been included in the CFSR PIP (1.1 and 1.3).

Implementation of the re-designed processes in the lowest-performing regions as to safety assessment, permanency, and meeting the needs of foster parents is included in the CFSR PIP; however, to promote statewide consistency and success, it is essential the CFS program implement them in the rest of the state as well. Therefore, implementation of these processes and practices in the areas of the state not captured in the CFSR program improvement plan (PIP) are included in the 2020-2024 CFSP.

Goal 1 (1): Measure of Progress

1. Increase performance for Risk Assessment and Safety Management (Item 3)

Goal: 80.4%

Target Date: FFY 2024

Idaho Baseline Performance: 73.4% FFY 2018 (CRR)

2. Increase performance for Stability in Foster Care Placement (Item 4)

Goal: 86.0% Target Date: FFY 2024

Idaho Baseline Performance: 75.0% FFY 2018 (CRR)

3. Increase performance for Permanency Goal for Child (Item 5)

Goal: 81.5% Target Date: FFY 2024

Idaho Baseline Performance: 80.9% FFY 2018 (CRR)

4. Increase performance for Needs and Services of Child, Parents, and Foster Parents (Item 12)

Goal: 74.9% Target Date: FFY 2024

Idaho Baseline Performance: 68.8% FFY 2018 (CRR)

5. Increased performance on Educational Needs of the Child (Item 16)

Goal: 95% Target Date: FFY 2024

Idaho Baseline Performance: 88.2% FFY 2018 (CRR)

6. Increased performance on Physical Health of the Child (Item 17)

Goal: 90% Target Date: FFY 2024

Idaho Baseline Performance: 86.7% FFY 2018 (CRR)

7. Increased performance on Mental/Behavioral Health of the Child (Item 18)

Goal: 90% Target Date: FFY 2024

Idaho Baseline Performance: 78.9% FFY 2018 (CRR)

Goal 1(1): Target Completion Date: FFY 2024

Goal 1, Strategy 1 (1.1):

Implement a structured case consultation process that supports quality safety assessment, family engagement, and concurrent planning in Regions 1, 4, 6, and 7.

The implementation of a structured case consultation processes is expected to create CFS social worker and supervisory capacity through the use of a consistent team approach to informed decision-making. Case consultations will occur at intervals of no more than every 90 days throughout the life of a case and include re-assessment of safety and concurrent planning activities including the identification and engagement of parents and relatives, stability of placements, identification and meeting of child, parent, and resource parent needs and services, and parent and child relationships and visits. Consultation documentation will provide CFS with the ability to develop data related to the array of services and accessibility of the services to children and families. Implementation of the structured case consultation process will occur within the implementation of re-designed safety assessment and concurrent planning processes. Improvements are expected to be seen in Safety Outcome 2, Permanency Outcomes 1 and 2, Well-Being Outcomes 1, 2, and 3, and Systemic Factors 23, 29, and 30.

Goal 1, Strategy 1 (1.1): Benchmarks for Measurement

Safety Assessment-Case Consultation Measurement 1:

Reports of maltreatment will receive a structured consultation within five calendar days from seeing the first child of concern.

Baseline:	0	
Benchmark:	60%	Date: December 2019
Goal:	80%	Date: May 2020

Safety Assessment-Case Consultation Measurement 2:

Cases where the child(ren) are determined to be safe will have a Comprehensive Safety Assessment (CSA) completed and closed at the first consultation.

Baseline:	60 days for CSA completion	
Benchmark:	55% of CSAs closed at first consultation	Date: December 2020
Goal:	75% of CSAs closed at first consultation	Date: May 2020

Concurrent Planning-Case Consultation Measurement:

To be determined. Measurement, benchmarks, and goals for the implementation of case consultation for concurrent planning will be defined upon implementation of the re-designed concurrent planning and case management processes in Regions 2, 3, and 5 in the fall of 2019 and be reported in the 2021 APSR.

Goal 1, Strategy 1 (1.1): Target Completion Date: FFY 2020

Goal 1, Strategy 2 (1.1)

Implementation of Professional Family Development Plans (PFDPs) with resource parents in Regions 1, 2, 3, 4, 5, and 6.

The implementation of PFDPs is expected to improve the ability of resource parents to provide care for the children placed in their home by building on their skills and knowledge. PFDPs are developed with resource parents and based on the unique needs of the specific family. Individualized attention to addressing resource parents' knowledge and skill needs will improve support they receive from CFS. A reduction in unplanned placement changes is an additional anticipated result. Improvements are expected to be seen in Permanency Outcomes 1 and 2, Well-Being Outcome 1, and Systemic Factor 28.

Goal 1, Strategy 2 (1.2): Benchmarks for Measurement

Measurements and the related performance baseline and goal for implementation for RFPDPs will not be defined until implementation occurs in Region 7 in late FFY 2020/early FFY 2021 (CFSR PIP 2.2) and be reported in the 2022 APSR.

Goal 1, Strategy 2 (1.2): Target Completion Date: FFY 2021

Goal 1(1): Staff Training, Technical Assistance, and Evaluation

The FACS Bureau of Operational Design in partnership with business design contractor Change in Innovation (C!A) will deliver the approved Case Consultation Learning Experience training to child welfare social workers, supervisors, and regional leadership. In-person training will consist of process description, performance expectations, role playing, and direct real-case application (CWT Plan 1, 2, 3, and 4) followed by immediate implementation. Case consultation training and implementation will be broken into two phases consistent with the implementation of re-designed safety assessment and concurrent planning/case management processes. Case consultation during the safety assessment phase will be rolled out first followed by case consultation during the concurrent planning/case management phase. A training curriculum for the implementation of PFDPs will developed with input and support from the Region 6 foster care licensing team who has successfully incorporated their use with resource parents. The Bureau of Operational Design and C!A will deliver the approved curriculum. Implementation of all revised processes includes a three-month period of follow-up support and coaching.

Goal 1 (1): Implementation Support

Implementation of the case consultation process will occur in each region upon that region's completion of the in-person training. Implementation of the PFDPs will occur in FFY 2021. The Bureau of Operational Design, working with business design contractor CIA, subject matter, practice, and policy experts will provide additional in-person or video conference coaching to ensure knowledge transfer, appropriate skills, process, workflow, and judgement when using the consultation process for three months following training deliver. (CFSR PIP 1.2.2 and 2). CFS is not involved in any evaluation or research activities related to this goal.

Goal 2: Implement Services to Prevent the Placement of Children in Foster Care

Addresses Safety Outcome 2 and Systemic Factors 29, 30, 31, and 32

Statewide provision of prevention services is a critical component in maintaining children safely at home whenever possible. Idaho is a rural state and experiences challenges ensuring the availability of these types of services. For this reason, it is critical for the Child and Family Services (CFS) program to collaborate with internal and external partners and stakeholder to implement prevention services.

The Family First Prevention Services Act (FFPSA) passed funding reforms to Title IV-E and IV-B to provide preventative services to families with children who are at risk of entering the foster care system. This will lead to better outcomes for children. Idaho has requested a delay for the implementation of Family First requirement for Prevention and Qualified Residential Treatment Programs (QRTP) until October 2021.

In FFY 2019, Idaho began the development of a Family First Pre-Implementation Plan (Appendix H) with the convening of a Visioning Council including IDHW staff and statewide partners and stakeholders (CWT Plan 10; 2019 CIP-Family First Prevention and Services Act Project 1). Partners and stakeholders include:

- Foster youth alumni
- Guardians ad Litem (GAL)
- Resource parents
- Kinship providers
- Idaho Department of Juvenile Corrections

- Idaho Voices for Children
- Idaho Tribes
- IDHW Division of Behavioral Health
- IDHW Division of Medicaid
- Idaho Children’s Trust Fund
- Casey Family Programs

The Visioning Council has met three times and developed smaller workgroups to address the development of QRTPs, In-Home Prevention, Kinship and Prevention in Idaho. The CFS program will utilize the Visioning Council in the successful completion of Goal 2.

Goal 2 (2): Measure of Progress

Evidenced-based prevention services in the areas of substance abuse, mental health, and parenting will be implemented.

Goal 2(2): Target Completion Date: FFY 2022

Goal 2, Strategy 2 (2.1):

Implement evidenced-based services for children who are at-risk of entering foster care and their caregivers in the areas of substance abuse, mental health, and parenting.

Goal 2, Strategy 1 (2.1): Benchmarks for Measurement

Baseline:	Services not identified	
Benchmark 1:	Evidenced-based service options identified	Date: FFY 2020
Benchmark 2:	Evidenced-based service(s) selected	Date: FFY 2021
Benchmark 3:	Service area identified	Date: FFY 2021
Benchmark 4:	Evidenced-based service(s) implemented	Date: FFY 2022

Goal 2, Strategy (2.1): Target Completion Date: FFY 2022

Goal 2, Strategy 2 (2.2):

Identify evidenced-based services for pregnant and parenting youth in foster care in the areas of substance abuse, mental health, and parenting.

Goal 2, Strategy 2 (2.2): Benchmarks for Measurement

Baseline:	Services not identified or implemented	
Benchmark 1:	Evidenced-based service options identified	Date: FFY 2020
Benchmark 2:	Evidenced-based service(s) selected	Date: FFY 2021
Benchmark 3:	Service area identified	Date: FFY 2021
Benchmark 4:	Evidenced-based service(s) implemented	Date: FFY 2022

Goal 2, Strategy 2 (2.2): Target Completion Date: FFY 2020

Goal 2 (2): Staff Training, Technical Assistance, and Evaluation

Training, technical assistance, and evaluation related to Goal 2 are unable to be determined until the evidenced-based service and service area has been identified. This information will be provided in a future APSR.

Goal 2(2): Implementation Support

Implementation support related to Goal 2 is not able to be identified until the evidenced-based service and service area has been identified. This information will be provided in a future APSR. CFS is not involved in any evaluation or research activities related to this goal.

Goal 3: Formalize ongoing and meaningful engagement and collaboration with internal and external partners and stakeholders in the development and implementation of the CFSP

Addresses Systemic Factors 25 and 31

Idaho's engagement of internal and external partners and stakeholders in the development and implementation of the Child and Family Services Plan (CFSP) has often been inconsistent and informal. In April 2019, the Child and Family Services (CFS) program Deputy Division Administrator and a child welfare policy program specialist met with other members of the Idaho State Team, including representatives from the Administrative Office of the Courts (AOC), a child welfare judge, and a representative from the Idaho Children's Trust Fund. The Idaho State Team identified the need to convene a meeting of key child welfare partners and stakeholders to identify cross-cutting issues which present barriers to system-wide child welfare improvements in Idaho (2019 CIP-CFSR PIP III and CFSP Project 4). The meeting will improve understanding of larger systems issues impacting areas of concern. A multi-system plan to address identified issues will be developed. Identified areas of concern and the developed plan will inform future APSRs.

Goal 3 (3): Measure of Progress

Key child welfare partners and stakeholders including representatives from multiple child welfare system partners and stakeholders is utilized to inform the APSR to the 2020-2024 CFSP.

Goal 3 (3): Target Completion Date: FFY 2023

Goal 3, Strategy 1 (3.1)

Convene a team of internal and external partners and stakeholders to inform the development of system-related plans, including the CFSP/APSR.

Goal 3, Strategy 1 (3.1): Benchmarks for Measurement

Baseline:	Need identified.
Benchmark 1:	Identification of key partners and stakeholders. Date: FFY 2019
Benchmark 2:	Develop mission and purpose of meeting. Date: FFY 2020
Benchmark 3:	Convene meeting

Date: FFY 2020

Benchmark 4: Develop multi-system plan and/or update the 2020-2024 CFSP/APSR informed by the meeting

Date: FFY 2021

Goal 3, Strategy 1 (3.1): Target Completion Date: FFY 2023

Goal 3 (3): Staff Training, Technical Assistance, and Evaluation

No training, technical assistance, or evaluation needs have been identified at this time.

Goal 3 (3): Implementation Support

Idaho State Team members will discuss implementation support options, including the use of an external resource to facilitate the stakeholder meeting. An update will be provided in future APSRs. CFS is not involved in any evaluation or research activities related to this goal.

Goal 4: Improve system accountability and organization supports through development and implementation of a statewide continuous quality improvement framework

Addresses Systemic Factors 25

The safety, permanency, and well-being of children is a shared responsibility between the Idaho Child and Family Services (CFS) program and external partners and stakeholders such as tribes, policymakers, courts, law enforcement, and community agencies; and requires collaboration with children, youth, and families. A Continuous Quality Improvement (CQI) process will ensure a collaboration between the agency and stakeholders which focuses on identifying shared goals and activities and establishing a continuous plan to guide statewide child welfare improvement efforts. Information in the statewide assessment and collected during interviews with stakeholders showed that although Idaho has a case record review (CRR) process operating statewide, the state does not have a fully functioning CQI system that has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. Further analysis was conducted through a CQI Self-Assessment with the Capacity Building Center for States and by the Office of Performance Evaluation of the Idaho Legislature (OPE). Information gathered from two evaluations by the OPE and CQI Self-Assessment, data obtained during CFSR Round 3, and feedback from internal and external partners and stakeholders during the CFSR 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.

Goal 4 (4): Measure of Progress

Formalize the CQI framework to promote a collaborative process between the agency and stakeholders which focuses on identifying shared goals and activities and establishing a continuous plan to guide statewide CFS improvement efforts and enhance the effectiveness of supervisor training to ensure supervisors have the skills and competencies needed to support ongoing staff development and accountability.

Goal 4 (4): Target Completion Date: FFY 2021

Goal 4, Strategy 1 (4.1)

Develop and implement a statewide continuous quality improvement framework and practice to propose, implement, monitor, and adjust for rapid change to implement transformation.

Goal 4, Strategy 1 (4.1): Benchmarks for Measurement

Baseline: Informal plan

Benchmark 1: Written policies and procedures.
Date: FFY 2020

Benchmark 2: Develop CFS-Court Data Team to evaluate and analyze data and trends to identify problems and good practices across the state to inform decisions and process designs within CFS and as appropriate in the courts.
Date: FFY 2020

Benchmark 3: Develop measures and performance feedback loops.
Date: FFY 2021

Benchmark 4: Train CFS leadership and supervisors on how to utilize the qualitative and quantitative data in improving performance, operations, and outcomes for children and families.
Date: FFY 2021

Benchmark 5: Develop CQI plan and/or update the 2020-2024 CFSP/APSR

Date: FFY 2021

Goal 4, Strategy 1 (4.1): Target Completion Date: FFY 2021

Goal 4 (4): Staff Training, Technical Assistance, and Evaluation

No training, technical assistance, or evaluation needs have been identified at this time.

Goal 4 (4): Implementation Support

CFS will assess implementation support needs, including the use of an external resource to facilitate goal benchmarks. An update will be provided in future APSRs. CFS is not involved in any evaluation or research activities related to this goal.

Goal 5: Improve collaboration and planning through quarterly meetings, action plans, and other convenings with tribal representatives

Addresses Systemic Factors 25 and 31

Goal 5 is carried over from the 2015-2019 CFSP. In FFY 2019, the Division of Family and Community Services (FACS) entered a period of re-design and re-structuring which includes the Child Welfare Transformation (CWT) Initiative (Appendix G). The CWT plan focuses on the re-processing and implementation of all child welfare processes within the CFS program. Shifts in the CFS child welfare policy team resulted in changes in the CFS policy contacts for Idaho tribes. This presents an opportunity to re-evaluate the way in which the program collaborates and plans with tribes on the CFSP, APSRs, and other plans and projects. Representatives of the Coeur d'Alene Tribe and Nez Perce Tribe expressed interest in working with the IDHW on the development and implementation of State-Tribe Title IV-E agreements. A need to not wait until the last few months before the CFSP or APSR is due before obtaining tribal feedback and input was also identified. Further improvements were recommended by safety assessment and concurrent planning improvement teams (CFSP PIP 1.1 and CWT Plan 2 and 3) which requested the statewide centralization of ICWA notification efforts.

Goal 5: Measure of Progress

Tribal feedback and input is integrated into CFS processes and plans in a timely and ongoing way.

Goal 5: Target Completion Date: FFY 2021; ongoing

Goal 5, Strategy 1 (5.1):

Develop and implement a schedule for meetings, calls, and/or other opportunities for ongoing collaboration between Idaho tribes and CFS throughout the year.

Goal 5, Strategy 1 (5.1): Benchmarks for Measurement

Baseline: Informal plan.

Benchmark 1: Meetings, calls, and/or other opportunities for ongoing collaboration scheduled with each tribe.

Date: FFY 2020

Benchmark 2: Meetings, calls, and/or other opportunities for ongoing collaboration occur with each tribe prior to April of each year.

Date: March 31, 2020

Goal 5, Strategy 1 (5.1): Target Completion Date: FFY 2020; ongoing

Goal 5, Strategy 2 (5.2)

Implement a centralized ICWA notification process within the CFS program.

Goal 5, Strategy 2 (5.2): Benchmarks for Measurement

Baseline: Centralized ICWA notification dependent on each region.

Benchmark 1: In collaboration with Idaho tribes, identify a centralized process for ICWA notification which meets the needs of tribes and CFS.

Date: FFY 2020

Benchmark 2: In collaboration with Idaho tribes, develop and/or revise any documents or tools necessary to implement the centralized process.

Date: FFY 2020-2021

Goal 5, Strategy 2 (5.2): Target Completion Date: FFY 2020

Goal 5, Strategy 3 (5.3):

Collaborate with Idaho tribes to develop an ICWA PIP informed by CRR results.

Goal 5, Strategy 3 (5.3): Benchmarks for Measurement

Baseline: No ICWA PIP

Benchmark 1: Complete an ICWA CRR in collaboration with Idaho tribes.

Date: FFY 2019-2020

Benchmark 2: In collaboration with Idaho tribes, identify areas needing improvement informed by ICWA CRR results.

Date: FFY 2020

Benchmark 3: Draft an ICWA PIP in collaboration with Idaho tribes.

Date: FFY 2020

Benchmark 4: Finalize an ICWA PIP in collaboration with Idaho tribes.

Date: FFY 2021

Goal 5, Strategy 3 (5.3): Target Completion Date: FFY 2021

Goal 5 (5): Staff Training, Technical Assistance, and Evaluation

No training, technical assistance, or evaluation needs have been identified at this time.

Goal 5 (5): Implementation Support

Implementation supports have not been identified at this time. An update will be provided in future APSRs. CFS is not involved in any evaluation or research activities related to this goal.

Goal 6: Collaborate with Tribes in the Development and/or Implementation State-Tribe Title IV-E Agreements

Addresses Systemic Factor 31

In April 2019, the Idaho Department of Health and Welfare (IDHW) and Nez Perce Tribe entered into a State-Tribe IV-E Agreement. The Coeur d'Alene Tribe has expressed interest in developing a IV-E Agreement.

Goal 6: Measure of Progress

Tribes developing or implementing services through a State-Tribe Title IV-E Agreement receive necessary supports from CFS to continue their efforts.

Goal 6: Target Completion Date: FFY 2024

Goal 6, Strategy 1 (6.1)

Provide support and assistance to the Nez Perce Tribe in accessing Title IV-E funding to implement services through the Title IV-E Agreement.

Goal 6, Strategy 2 (6.1): Benchmarks for Measurement

Baseline: State-Tribe Title IV-E Agreement signed.

Benchmark 1: Identify support needed by the Nez Perce Tribe to implement the Title IV-E plan requirements.

Date: FFY 2019; Ongoing

Benchmark 2: Address areas of support requested by the Nez Perce Tribe.

Date: FFY 2019; ongoing

Goal 6, Strategy 1 (6.1): Target Completion Date: FFY 2019; ongoing

Goal 6, Strategy 6 (6.2):

Provide support and assistance to the Coeur d'Alene Tribe in their development of a State-Tribe Title IV-E Agreement.

Goal 6, Strategy 2 (6.2): Benchmarks for Measurement

Baseline: The Coeur d'Alene Tribe has expressed interest in the development of a State-Tribe Title IV-E Agreement.

Benchmark 1: Identify support needed by the Coeur d'Alene Tribe to develop a Title IV-E Agreement.

Date: FFY 2019; Ongoing

Benchmark 2: Address areas of support requested by the Coeur d'Alene Tribe.

Date: FFY 2019; ongoing

Goal 6, Strategy 2 (6.2): Target Completion Date: FFY 2019; ongoing

Goal 6: Staff Training, Technical Assistance, and Evaluation

No training, technical assistance, or evaluation needs have been identified at this time.

Goal 6: Implementation Support

Implementation supports have not been identified at this time. An update will be provided in future APSRs. CFS is not involved in any evaluation or research activities related to this goal.

(4) SERVICES

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.

Service Coordination

Services provided by Idaho's Child and Family Services (CFS) program will be coordinated with other services on the child and family services continuum through Idaho's Visioning Council (2020-2024 CFSP 2.1 and 2.2). The intent of council is to formalize a plan for the coordination of services for families on the prevention continuum. In addition to CFS leadership and staff, participants in the Visioning Council include:

- CASA/Guardians ad Litem
- Casey Family Programs
- Foster Care Alumni
- Idaho Children's Trust Fund
- Idaho Courts
- Idaho Department of Juvenile Corrections
- Idaho Tribes
- Idaho Voices for Children
- IDHW's Division of Behavioral Health
- IDHW's Division of Medicaid
- IDHW Division of Public Health

- Kinship Care Providers
- Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Resource Families

As part of CFS's Child Welfare Transformation (CWT) Initiative (CWT Plan 6, 7, 13, 15, 17, and 18), concerted efforts are being made to develop bi-directional data exchanges with partners and stakeholders to foster improved coordination of services for children and families. Efforts are underway to develop exchanges with the Department of Juvenile Corrections, county probation programs, Idaho Courts, the State Department of Education, and IDHW's Division of Medicaid.

Service Description

Please see "Service Array" on page 56-61 for an analysis of the strengths and concerns.

Stephanie Tubbs Jones Child Welfare Services (CWS) Program (Title IV-B, Subpart 1)

Child and Family Services (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 2020-2024 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
- Parenting classes
- Concrete family supports such as gas vouchers, assistance with utility bills, clothing, and food vouchers
- Family Group Decision Meetings
- Legal fees to support permanency such as guardianship fees, paternity establishment, and legal notices
- Substance abuse treatment services
- Mental health services such as psychological evaluations and counseling
- Transportation costs to support parent, relative, sibling, and kin visitation

Foster Care Maintenance

- Foster Family and Relative Foster Care Maintenance Services

Administrative Costs

- Facility and technology services for operation of space and property to support social worker activities

Staff Training

- Staff attendance at child welfare related conferences
- Staff participation in child welfare related training

Services for Children Adopted from Other Countries

In 2020-2024, post-adoption services provided for children adopted from other countries will continue to be the same as those provided for children adopted domestically. Child and Family Services (CFS) social workers responding to requests for post-adoption support are familiar with adoption-competent services providers in their communities. They provide referrals to community services and access to services through existing regional and statewide CFS contracts. The type and availability of services varies by region based on the presence of community providers. CFS also offers Post-Permanency Grants (PPGs) which provides flexible funds to adoptive parents to use to provide supports or services related to the needs of their child. To qualify, the child must be under the age of 18 years and have been adopted through a foster care, private, independent, or intercountry adoption. The program began in July 2018. Examples of grants awarded include funds for non-Medicaid covered therapy, educational curriculum for summer at-home learning, moving expenses to maintain a child's permanent placement, and extra-curricular activities.

CFS is developing a contract to provide post-permanency services. Services through the contract were expected to be available in FFY 2019; however, the contracting process has been delayed due to the prioritization of the re-engineering of a CFS processes, beginning with safety assessment. As part of the larger organization re-design of the Division of Family and Community Services (FACS), the development of a contracts team is planned. The contract team will develop and monitor contracts for the CFS program. A contract for post-adoption services will be developed upon creation of the contracts team. Any services available through the contract will be available to children adopted privately, including those adopted from other countries.

Children from other countries who enter the foster care system due to a disrupted adoption or due to abuse or neglect are provided with the same full range of services available to any other child entering foster care.

Services for Children Under the Age of Five

Please see “Populations at Greatest Risk of Maltreatment” on page 108 regarding the activities taken to reduce the length of time young children under the age of five are in foster care without a permanent family.

Early Head Start

Early Head Start (EHS) is a home visiting program for children birth to three years 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 three to five years. 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 birth to three years old 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) is 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 mission of the council is to advise, assist, and collaborate to build capacity within families through the provision of quality early intervention services. The vision of the council is to support the ITP in meeting the individualized needs of children birth to three years of age 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 the IDHW’s Division of Family and Community Services (FACS). In support of the coordination of services for children involved with both programs, CFS utilizes a practice standard for Birth to Three Mandatory Referrals on Substantiated Reports. The Standard requires CFS to refer all children age birth to three years, 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. A streamlined referral process incorporating the process of designating a surrogate parent is in place.

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 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. Idaho's SACWIS system automates referrals from CFS to Navigation.

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.

Women, Infants, and Children Program (WIC)

The 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.

Efforts to Track and Prevent Child Maltreatment Deaths

Understanding the circumstances causing a child's death is one way to prevent other deaths of children. Information from the annual death review of child maltreatment fatalities will inform law enforcement, prosecutors, child protection social workers, administrators, legislators, and parents why children die.

Annually all deaths of children suspected to be a result of child maltreatment are reviewed by a multi-disciplinary state child fatality review team in order to prevent harm to other children. The review should lead to an understanding of risk factors, better system coordination, and lead to

effective recommendations and actions to prevent deaths and to keep children healthy, safe, and protected.

CFS in collaboration with the Governor's Task Force on Child at Risk (CARTF) continue to convene a multidisciplinary team (MDT) to review child deaths. The team was formed by the Governor's Task Force on Children at Risk, under Executive Order 2012-03 to review deaths to children under the age of 18, using a comprehensive and multidisciplinary process. The team is tasked with identifying information and education that is needed to improve the health and safety of Idaho's children. Their goal is to identify common links or circumstances in these deaths that may be addressed to prevent similar tragedies in the future. The team prepares an annual report that summarizes the findings of the child fatality review team. The report and information about the Child Fatality Review Team can be found at the following web address <https://www.idcartf.org/child-fatality-review-team>. The report is shared with stakeholders and presented at annual MDT meetings and conferences.

During FFY 2018 and 2019 the following actions and collaborative efforts were made advancing child health and safety in Idaho:

- **Child Death Investigation Training.** In early 2019, CARTF funded Child Death Investigation training for all county coroners in Idaho, citing findings and recommendations from the CFR Team. Investigation tools including SUID dolls for re-enactments were provided to all participants.
- **Safe Sleep Kit Distribution.** St. Luke's Children's Pediatric Education and Prevention Program provided free Pack N' Plays and safe sleep packs to families in need at medical facilities in urban and rural locations throughout the state.
- **Safe Sleep Initiative.** In an effort to address sudden unexplained infant deaths (SUIDs) and sleep-related deaths to infants, the Maternal and Child Health (MCH) Program has focused on supporting safe sleep practices and tobacco cessation for pregnant women. The Program is a Cribs for Kids Partner allowing the purchase of safe sleep materials and survival kits (playpen, sleep sack, etc. for families in need. The MCH Program has partnered with Ada County Paramedics to support their community safe sleep education efforts and the Maternal, Infant, and Early Childhood Home Visiting Program to provide cribs and sleep sacks to families without a safe sleep surface. The MCH Program also partnered with Project Filter (Idaho Tobacco Prevention and Control Program) to implement a statewide incentive-driven smoking cessation program for pregnant women and families with young children. The IDHW Pregnancy Risk Assessment Survey (PRATS) supported "Back to Sleep" messaging by providing survey participants with a copy of a board book that incorporated safe sleep practices.
- **Adverse Childhood Experience's (ACEs) Screening.** Adverse Childhood Experiences, also known as ACEs, are stressful or traumatic events that occur during childhood and have been linked

with negative, long-term effects on health and well-being. These experiences can include living in a home with abuse and neglect, domestic violence, substance use, parental mental illness, incarceration of a family member, or divorce. The MCH Program partnered with St. Luke's Children's to offer a quality improvement project to providers across the state to teach and support primary care providers to screen parents of infants and young children for their ACEs score and offer resources as a prevention effort to break the cycle of intergenerational toxic stress and trauma and build resiliency. The ACEs and Resiliency Learning Collaborative began in April 2018 and has approximately 40 providers participating from across Idaho.

- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The MIECHV Program is housed in the MCH Section in the Division of Public Health and has home visiting programs at each health district across the state. "Home Visiting" is an evidence-based approach to supporting pregnant women and families of young children by providing resources, education, and skills-building to raise physically, socially, and emotionally healthy children. Research demonstrates that evidence-based home visiting programs prevent child abuse and neglect, encourage positive parenting practices, promote child development and school readiness, improve the health of families and their children, and improve families' economic self-sufficiency. Home visiting is also a proven strategy for addressing ACEs and building resiliency within a family.
- Poison Control and Prevention. IDHW's MCH Program and Emergency Medical Services co-fund Idaho's poison control center which enables any person within the geographical boundaries of Idaho to call a tollfree number and receive personalized, expert advice on any possible poisonings. For Idaho, about half of the calls made to the poison center were for children under five years of age.
- Dissemination of "The Crying Plan." Women Infants and Children (WIC) and home visiting programs collaborated with the Idaho Children's Trust Fund to disseminate the "Crying Plan" tool to parents and caregivers of infants and various community programs throughout Idaho. The goal of "The Crying Plan" is to help parents and caregivers identify strategies for coping with inconsolable, crying babies which some research has found to be a trigger of abusive head trauma. Find this tool at: www.cryingbabyplan.org
- Child Care Safe Sleep Policies. During the 2018 legislative session, the Idaho Child Care Program (ICCP) presented rules to update safe sleep practices as a condition of annual health and safety inspections for all ICCP providers. The new rules went into effect beginning July 1, 2018. The Rule states that as a condition of their inspections, all providers serving infants must have incorporated safe sleep practices into their policies and operations. Safe Sleep is defined as ALONE, On their BACK, and in a Certified Product Safety Commission CRIB.

- Idaho Suicide Prevention Program. In 2018, the Program, in collaboration with the Idaho Suicide Prevention Action Collective (ISPAC), engaged in a statewide suicide prevention strategic planning process which resulted in a new state suicide prevention plan and a 20 percent increase in state funding for suicide prevention. The new plan and associated funding priorities provide for continued support of youth and schools training programs through a subgrant with the Idaho State Department of Education. These programs resulted in an estimated 550 interventions with suicidal students in Idaho middle and high schools during the fall 2018 semester.
- Adolescent Depression Screening Learning Collaborative. The Idaho Health and Wellness Collaborative (IHAWCC) along with the Children’s Healthcare Improvement Collaboration launched this project to increase early detection and initiation of treatment for depression in patients aged 12 to 17. Health care providers throughout Idaho participated. Results revealed a significant increase in depression and substance abuse screening and confirmed documented follow-up plans for 88 percent of patients who were found to have evidence of depression risk.
- Critical Congenital Heart Disease Screening. During the 2018 legislative session, the Idaho Newborn Screening (NBS) Program successfully added rules to require that all babies born in Idaho be screened for Critical Congenital Heart Disease (CCHD) beginning on July 1, 2018. CCHD refers to a group of serious heart defects occurring in infants that can be life threatening without early detection and intervention. Research shows that states with mandatory CCHD screening policies had significantly fewer infant cardiac deaths. State adoption of mandatory CCHD screening was linked with a 33% decline in infant deaths due to CCHD compared with states without mandatory screening.

CFS also compares fatality data from the CFS program with the Division of Vital Statistics for all children younger than 18. The Division of Vital Statistics confirms all fatalities reported by child welfare via the state’s SACWIS and provides the number of fatalities for all children for whom the cause of death is homicide. The data collected from Idaho’s SACIS system and the Division of Vital Statistics is used to compile complete and accurate information on child maltreatment deaths for Idaho’s NCANDS reporting.

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

In addition to services described in Item 29: Service Array, Child and Family Services (CFS) plans to support the goals of the 2020-2024 Child and Family Services Plan (CFSP) by the provision of the types of services below through the use of PSSF funds. Each of the services noted is currently available in each Region; although the accessibility and quality of the service varies depending on community providers.

Family Preservation

PSSF Family Preservation funds are used for services to support maintaining children safely in their homes or with relative caregivers and/or to prevent re-entry to foster care. CFS expects to utilize 24% of PSSF funds in this category in FFY 2019. Family Preservation services include:

- Child care
- Concrete supports such as clothing, personal care, food, door alarms, and furniture
- Domestic violence and anger management evaluation and treatment
- Education-related fees
- Family counseling
- Housing supports such as rent, utilities, and home repairs
- In-home relative caregiver supports
- Intensive family-based services, including family preservation services
- Interpretation
- Legal fees
- Medical, dental, and prescription services
- Mental health evaluation and treatment
- Parenting classes
- Substance abuse services
- Transportation
- Trauma-informed treatment and support services

Family Support

PSSF Family Support funds are used for services to support parents and resource parents. CFS expects to utilize 25% of PSSF funds in this category in FFY 2019. Family Support services include:

- Child care for resource parents
- Concrete supports for relative caregivers
- Education-related fees
- Extra-curricular activities for children
- Family counseling
- Family Group Decision Making
- Medical, dental, and prescription care
- Mental health evaluation and treatment
- Private parent, relative, and kin home studies and placement supervision
- Respite
- Transportation
- Trauma-informed treatment and support
- Visitation support

Reunification

PSSF Reunification funds are used for foster care cases with a primary plan of reunification. CFS expects to utilize 30% of PSSF funds in this category in FFY 2019. Reunification services include:

- Concrete supports such as clothing, personal care, food, door alarms, and furniture
- Domestic violence/anger management evaluations and treatment
- Education-related fees
- Family Group Decision Making
- Housing supports such as rent, utilities, and home repairs
- ICPC parent home studies and placement supervision when not provided by the receiving state
- Intensive family-based services
- Interpretation
- Medical, dental, and prescription services
- Mental health evaluation and treatment services
- Parenting classes
- Paternity establishment
- Substance abuse services
- Supervised visits/parent coaching
- Transportation
- Trauma-informed treatment and support

Adoption

PSSF Adoption funds are used for foster care cases with a primary plan of adoption to support the achievement of permanency and to support adoptive family's post-finalization. CFS expects to utilize 20% of PSSF funds in this category in FFY 2019. Adoption services include:

- Adoptive parent/pre-adoptive parent support services
- Adoption preparation and pre-placement services
- Bonding and attachment activities
- Child-specific recruitment
- Education-related fees
- Legal fees
- Mental health evaluation and treatment
- Post-adoption services such as child care, counseling, and family-based services
- Private adoption home studies and placement supervision
- Trauma-informed treatment and support

Service Decision-Making Process for Family Support Services

Since CFS uses PSSF funds to provide many of the services listed above, PSSF funds are allotted to each of the regions in the state. The field manager in each region identifies services needed in the categories of Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion. Field Managers have been provided with the definitions of each of the four PSSF categories and are aware that a minimum of 20% of the PSSF funding should be spent in each of the categories. After region-based service providers are selected through a competitive bidding process, a contract is signed. The money allotted in the contracts does not exceed the PSSF funds allotted to the service. Budget reviews are held quarterly to monitor the process and use of the PSSF funds.

Planned spending for Title IV-B, Subpart 2

Promoting Safe and Stable Families (PSSF) Category	Estimated Percentage of Funds for FFY 2019	Rationale
Family Preservation Services	24%	Estimated expenditures for FFY 2019 are in line with historical expenditure trends within these categories
Family Support Services	25%	
Time-Limited Family Reunification Services	30%	
Adoption Promotion and Support Services	20%	

Populations at Greatest Risk of Maltreatment

The Child and Family Services (CFS) program has identified children age birth to five-years old as being the population at greatest risk for maltreatment. The identification of this population as being at greatest risk was made in consideration of Idaho child welfare data. Children birth to five years old make up just over 26% of Idaho’s general child population. However, they accounted for more than 45% of the substantiated child abuse and neglect cases received during FFY 2018 (Table 4.1 and 4.2). 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 4.1 Maltreatment Substantiations (age 0-5)

FFY 2018 Child Population vs. Children with Substantiated Cases					
Population Estimates			Substantiated Children		
0-17	0-5	%	0-17	0-5	%
452,586	119,286	26.36%	1,896	857	45.75%

Table 4.2 Age 0-5 Population in Foster Care

0-5 Population Percentage of Total Foster Care Population				
	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Number of Children Age 0-5 in Foster Care as of 6/30	571	671	738	835
Percentage of Children Age 0-5 in Foster Care	42%	44%	46%	46%

In addition to the services covered in 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 Idaho Department of Health and Welfare (IDHW). 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 of 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 is streamlining concurrent planning and permanency process for children (CFSR PIP 1.1; CWT Plan 3, 4, and 14). Ongoing re-assessment of safety is being built into the structured case consultation process (CFSP Goal 1, Strategy 1; CFSR PIP 1.2) being implemented as part of the re-designed concurrent planning (CFSR PIP 1.1 and 1.2; CWT Plan 3), case management (CWT Plan 9), and permanency processes (CWT Plan 4 and 14) which is expected to reduce permanency timelines for all children in care. Activities including the selection of alternate permanent placements for children remaining in care six months after foster care entry, automatic use of waivers to reduce the adoption supervision time for children aged three and younger who are being adopted by their current placement, and the hiring of case aides to support relative search and engagement during the

first 60 days of a case are expected to further reduce the length of time children birth to five remain in foster care.

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 birth to five years old who have had a removal episode are prioritized for FGDMs. FGDMs are also available for children receiving in-home services for safety 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 birth to six years old are considered a priority one (requiring immediate response), unless there is reason to believe the child is not in immediate danger.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

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 requires monthly face to face contact with children who are in foster care under the responsibility of the state. Idaho's practice standard which includes practice requirements around child contacts can be found at the following link <http://healthandwelfare.idaho.gov/Portals/0/Children/AdoptionFoster/Contact.pdf>

Idaho plans to use 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 using 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 can access worker contact reports in iCARE at any time to monitor their worker's contacts.

Adoption and Legal Guardianship Incentive Payments

Idaho was awarded a total of \$826,500 in Adoption and Legal Guardianship Incentive payments between FFY 2015 and FFY 2018. An award letter has not yet been received for FFY 2019. Funds have been spent as follows:

- \$133,268 to in-home support services
- \$145,915 to support adoption subsidies
- \$704 to administrative costs

There is a balance of \$21,113 remaining from the FFY 2016 award which needs spent prior to 9/20/2019. No challenges exist in the spending of these funds which will be utilized to support permanency-related services for children and families.

The Child and Family Services (CFS) program identified a desire to utilize the funds to support post-permanency services early on. This decision represented a new way for Idaho to leverage these funds, and community and organizational infrastructure and processes to support it 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 FFY 2016 and survey of adoptive and guardianship families receiving adoption and guardianship assistance benefits completed in FFY 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 2017 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 FFY 2018. Due to the high cost estimations resulting from the RFI, need to re-assess necessary post-permanency services, and program prioritization of rebuilding all CFS processes, beginning with safety assessment, the contract process has been delayed. Statewide services through a post-permanency contractor are now expected to begin following the creation of a planned contracts team within FACS. Monies received from incentive awards have been identified as one source of funds for the developed services.

Adoption Savings

In July 2018, the Child and Family Services (CFS) program implemented Post-Permanency Grants (PPGs) utilizing Adoption Savings. These grants provide flexible funds to adoptive parents to provide supports or services to their child. To qualify, the child must be under the age of 18 years and have been adopted through a foster care, private, independent, or intercountry adoption. Examples of grants awarded include funds for non-Medicaid covered therapy, educational curriculum for summer

at-home learning, moving expenses to maintain a child's permanent placement, extra-curricular activities, and trauma-informed training for the adoptive parent.

CFS is developing a contract to provide post-permanency services. Services through the contract were expected to be available in FFY 2019; however, the contracting process has been delayed due to program prioritization of re-building of all child welfare processes, beginning with safety assessment. The Division of Family and Community Services (FACS) will be developing a new contracts team to complete the development and monitoring of Division contracts, including those which provide services for the CFS program. Contracted post-adopted services are now expected to be developed upon the availability of the contracts team in FFY 2020. Unused Adoption Savings calculated from previous years and future calculated savings will be utilized to provide funding for these services.

Idaho is using the same Adoption Savings calculation method and procedures for the current FFY as used in our latest FFY reporting period submission.

(5) 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.

State Collaboration in the Development of the Child and Family Services Plan (CFSP) Plan

In FFY 2019, information was shared with the Idaho Indian Child Welfare Advisory Council (ICWAC) at two separate meetings related to Idaho's current performance. Input was sought as to the identification of needs and ideas for addressing those needs from ICWAC members for the CFSP. A suggestion was made to analyze ICWA data to identify out-of-state tribes frequently connected to children in Idaho's foster care system for the purpose of collaborating with those tribes. On April 2, 2019, Michelle Weir, the CFS program's Child Welfare Policy Program Manager, and Stephanie Miller, Child Welfare Policy Program Specialist, met with Charles Henry, Coeur d'Alene Tribal Social Services Indian Child Welfare (ICW) Manager and Joni Williams, Child Protective Services Supervisor from the Nez Perce Tribe. During this meeting, input as to CFS's performance in the past year, ideas for the 2020-2024 CFSP were identified, and activities to be prioritized were discussed. A priority area of interest was the development of the Nez Perce Tribe's child welfare program as supported by the new IV-E tribal agreement and the Coeur d'Alene Tribe's interest in also developing a IV-E tribal agreement. Prior to the meeting, CFS e-mailed a link to a copy of the 2019 APSR. These priorities have been built into the 2020-2024 CFSP.

To support the integration of collaboration between the CFS program and tribes into child welfare processes while highlighting the additional attention necessary to ensure active efforts are made, goals related to State-Tribe collaboration are located under “Plan for Enacting the State’s Vision”; specifically, in Goals 4 and 5.

422 Protections

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

In FFY 2018, a CFS Policy 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 can 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.

ICWA Compliance

The Child and Family Services (CFS) program monitors and assesses its compliance with ICWA requirements through specialized case record reviews. CFS will invite Idaho tribes to participate in the next ICWA CRRs which will occur in FFY 2019-2020. CRR outcomes will be analyzed in conjunction with outcomes from the previous ICWA CRRs. CFS will work with Idaho tribes to develop an ICWA program improvement plan (PIP) to address identified issues. CRR data, in conjunction with other case record information, will be utilized to identify out-of-state tribes with whom children in Idaho's foster care system are connected.

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 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 Child Welfare Program and Policy Development Manager, policy program specialists, 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 Chafee Foster Care Program (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. CFS will ensure benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State. Currently, all tribes access CFCP and ETV funds by sending referrals to CFS.

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

During FFY 2018 no tribal referral request were received for IL or ETV services for tribal youth served by any of the Tribes living within the boundaries of the State of Idaho. Idaho will continue to work with the Tribes to identify eligible youth for referral and services.

CFSP/APSR Exchange

The CFS program will provide copies of the 2020-2024 CFSP to Idaho tribes via e-mail upon final approval by the Children's Bureau. Hard copies will be provided upon request.

(6) JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

The Idaho Department of Health and Welfare (IDHW), Division of Family and Community Services (FACS), Child and Family Services (CFS) program is responsible for the administration and oversight of the programs carried out under the Chafee Foster Care Program (CFCP) State Plan.

Program Design and Delivery

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 (CLSA) as the mandatory instrument for this purpose. Each youth who is eligible for IL services, including tribal youth, participate in a CLSA 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.

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, 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 FFY 2018, members of IFYAB was invited to and participated in the Idaho's Family First Visioning Council and workgroups. Attendees were provided with an overview and goals of the Family First Service Prevention Act (FFSPA) and goals for developing an implementation plan. Attendees were then asked to participate in round-robin style groups to address barriers and draft recommendations for an implementation plan. IFYAB members were invited to participate in the workgroups to further refine the drafted goals and objectives as well as to develop strategies and recommendations. CFS is also able to utilize feedback loops through regular IFYAB meetings to gather input from foster youth and foster youth alumni 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 advisory 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 Committees. Key advisory 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.

The IFYAB meets on a monthly basis with the state Independent Living Program specialist. There are target discussion throughout the year with IFYAB and CFS on needs and goals which assist in informing Idaho's Chafee program and plan. IFYAB provided feedback on strengthen program practice requirements on sibling placements and connections and providing support to older youth in transitioning to adulthood. Over the next year, CFS will continue to work with IFYAB on goals for Chafee program improvements and implementation of the CFSP and other CFS and FACS plans.

During FFY 2019-2020 IFYAB has been making some changes and updated to their bylaws and structure and will work CFS state IL program specialist to develop goals and strategies for their board. In addition to this IFYAB has been instrumental in providing feedback to CFS on strengths and areas for improvement which are being addressed through the redesign efforts and CWT plan. One of the areas the IFYAB and CFS will focus on is on incorporating the Positive Youth Development (PYD) Framework into CFS Chafee program over FFY 2019-2020.

NYTD

The CFS program shares results of NYTD data with staff on a regular basis. Additional work is needed to ensure information is also shared with families, children, youth, tribes, and courts to ensure data is informing the improvement of service delivery. CFS has continued to meet and pass NYTD submissions and plans to review and enhance data collection as part of efforts to update information management system (CCWIS).

Table: Percent of Youth Receiving Independent Living Services by Type of Service, FFY2018

Region	Number Served	Independent Living Needs Assessment	Academic Support	Post-Secondary Education Support	Career Preparation	Employment Program or Vocational Training	Budget & Financial Management	Housing Education & Home Management Training	Health Education & Risk Prevention	Family Support & Healthy Marriage Education	Mentoring	Supervised Independent Living	Room & Board Financial Assistance	Education Financial Assistance	Other Financial Assistance
1	100	98%	63%	46%	65%	0%	55%	72%	57%	77%	26%	8%	0%	71%	8%
2	22	100%	68%	27%	36%	0%	50%	23%	32%	77%	73%	5%	0%	77%	9%
3	125	97%	70%	25%	41%	1%	36%	25%	23%	19%	18%	6%	10%	14%	2%
4	121	96%	72%	17%	40%	0%	31%	29%	40%	34%	25%	4%	0%	20%	12%
5	60	97%	55%	40%	58%	0%	62%	50%	37%	25%	85%	5%	5%	27%	3%
6	55	98%	67%	35%	55%	0%	51%	44%	49%	33%	44%	4%	4%	40%	20%
7	39	95%	29%	3%	21%	0%	8%	5%	3%	8%	82%	8%	0%	13%	8%
All	524	97%	64%	28%	47%	0%	42%	38%	37%	38%	39%	6%	3%	33%	8%

Source: iCARE, retrieved 9/12/2019

During FFY 2020, Idaho will complete a survey and/or hold a focus group with families, children, youth, tribes, courts and other partners asking for ideas of effective ways to receive NYTD data. The CFS program will then use the findings from these survey/focus groups as ways to both share data and inform utilization of data to improve service delivery.

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 a child welfare policy 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 (IFYAB) collaborated in finalizing the Idaho Youth Bill of Rights, which is a document utilized to review youth rights with resource parents upon entering 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 - CFS is assist in reimbursing 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

encourages 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 - 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 (CHIP). 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 (CWFT) 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
- Food and Nutrition
- 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.

Serving Youth Across the State

The Independent Living Program (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 Chafee Foster Care Program (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 FFY 2018, there were 121 youth eligible for services in the North Hub. Of those, 112 received assessment, IL planning and/or services paid through CFCP. There were 260 youth eligible for IL services in the West Hub. Of those, 225 received assessment, IL planning and/or services paid through CFCP. The East Hub had 151 youth eligible for IL services. Of those, 140 received assessment, IL planning and/or services paid through CFCP.

Serving Youth of Various Ages and Stages of Achieving Independence

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 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 to 18 age range include all the services noted in the IL 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 21, 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 IL 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 18-26 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 a 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.

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.

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 Chafee Foster Care Program (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 or ETV Coordinator about all of Idaho's institutions of higher education and entrance requirements.

Idaho Department of Education - The IL or ETV 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.

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.

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 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 and Standard for Identifying, Documenting and Determining Appropriate Services for Child Victims of Human 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.

Eligibility for Benefits and Services

IL Program

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.

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)).

Chafee Training

Child and Family Services (CFS) 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 Chafee Foster Care Program (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 Child Welfare Academy is taught in collaboration with embedded trainers, regional independent living (IL) coordinators, and Idaho Foster Youth Advisory Board (IFYAB) members. Ongoing training and supports are provided through regional IL coordinators

and in-service training courses by a child welfare policy 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 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 IL program (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.

Education and Training Vouchers (ETV) Program

ETV Program

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

1. 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.
2. 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.
3. 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.
4. A youth may participate in the ETV program for no more than five (5) cumulative years.
5. Prior to the expenditure of ETV funds, Child and Family Services (CFS) will assure that each youth completes a 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 regional IL Coordinator.

6. 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.
7. An institution of higher education is defined as an educational institution that:
 - a) 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.
 - b) Is legally authorized within Idaho to provide a program of education beyond secondary education.
 - c) Provides an educational program for which the institution awards a bachelor's degree or provides not less than a two-year program that is acceptable for full credit toward such a degree.
 - d) 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.

8. The term "institution of higher education" also includes:
 1. Any school that provides not less than a one-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.

ETV Program Operation

ETV information is tracked through iCARE, and an intra-agency SharePoint site. SharePoint allows the child welfare policy program 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. This also allows for annual reporting on the number of unduplicated ETVs awarded for each school year.

ETV applications are recorded in SharePoint per school year. When they are recorded, specific data is collected, reviewed, and verified including how many applications the youth has received and the cost of attendance at the institution of higher education in accordance to section 477(i)(3) and 477(i)(4) of the Act.

ETV Program Coordination

CFS continues to partner with the Boise State University (BSU) Impact Scholars Program (ISP) through participating on quarterly ISP Advisory Board meetings. Topics of discussion include assessing progress towards ISP goals as well as ongoing partnership opportunities between BSU and CFS around support for Education and Training Voucher (ETV) youth.

Youth are 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.

A child welfare policy 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 resources, training and strategic planning for campuses across Idaho.

Chafee Foster Care Plan (CFCP) Tribal Collaboration

See Chafee Foster Care Plan (CFCP) Tribal Collaboration section found on page 115 under the Consultation and Coordination Between States and Tribes segment in this report.