

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

**Annual Progress and Service Report (APSR)
July 1, 2012 – June 30, 2013**

Approved Plan will be posted at

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

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

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

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

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

ATTACHMENTS

Attachment A: Keeping Children Safe Panel 2012-2013 Annual Report and
 Department Responses

Attachment B: Idaho Title IV-E Training Matrix updated for FY2015

Attachment C In-Service Trainings

Attachment E: ETV chart

RESPONSIBLE STATE AGENCY

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

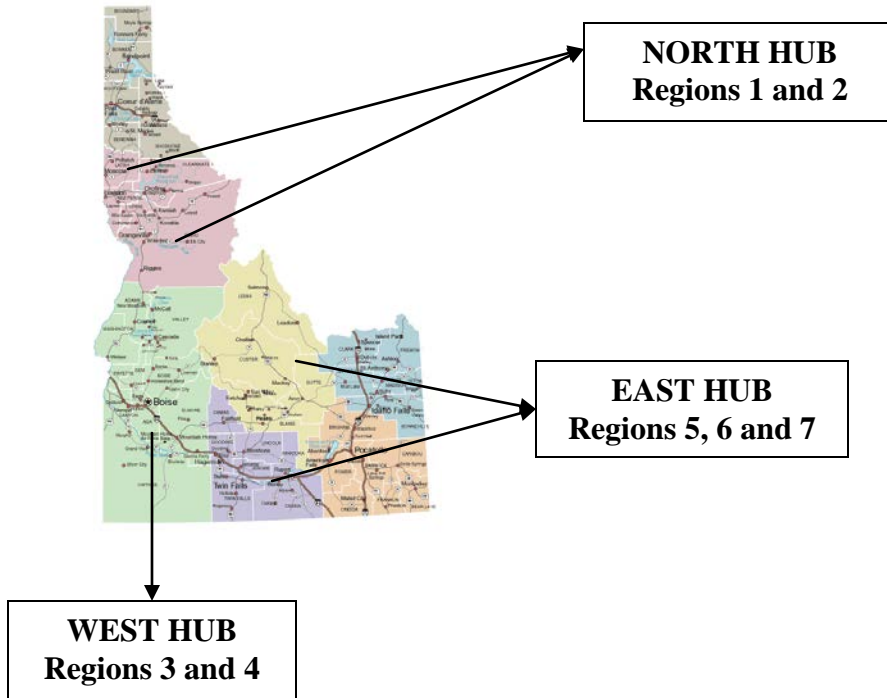
PUBLICLY FUNDED CHILD AND FAMILY SERVICES CONTINUUM

The Division of Family and Community Services (FACS) is responsible for child protection, adoptions and foster care, interstate compact, Indian child welfare, services to persons with developmental disabilities, resource development and eligibility, navigation services, and early intervention/screening for infants and toddlers. The recently expanded FACS Child and Family Services (CFS) program provides child protection, adoption, foster care, Indian child welfare services, residential, agency and child care licensing in close collaboration with other FACS division programs. CFS services reflect the Department's family-centered philosophy which affirms the belief that families should be treated with respect, involved in decision making and, when safe, are the best place for children to grow and develop. The Child and Family Services program focuses on the entire family unit and builds on family strengths while supporting and empowering families to be self-reliant and self-determining.

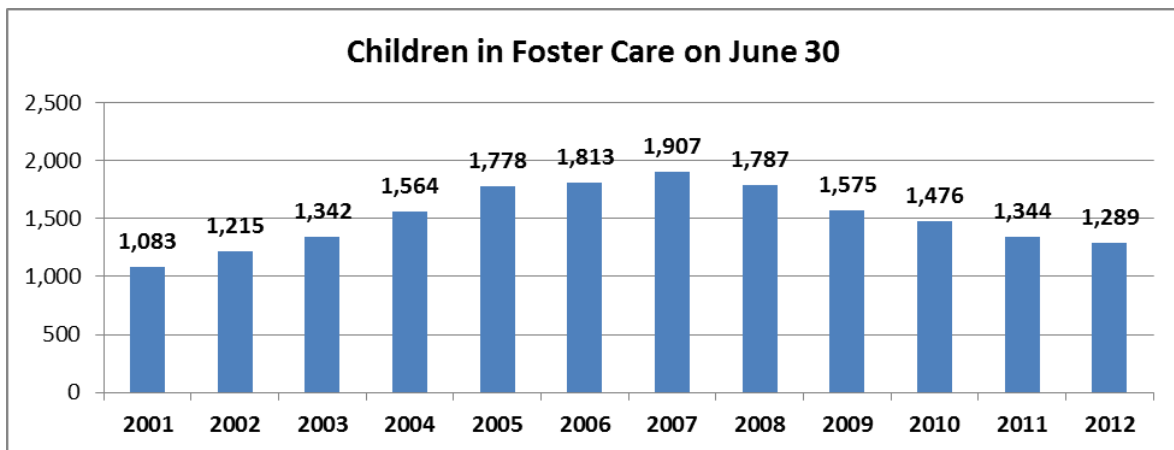
The Division of FACS' Child and Family Services Program is responsible for administering state Title IV-E programs. As part of its Title IV-E responsibility, FACS administers funds and services of the Independent Living (IL) Program under Chafee Foster Care Independence Act of 1999 (P.L. 106-169) and ETV Program. IDHW FACS Division, also administers the Social Services Block Grant (SSBG), Title IV-B parts 1 and 2, and Child Abuse Prevention and Treatment Act (CAPTA) Basic Grant programs. The FACS Child and Family Services Program is responsible for annual reporting on the CFSP.

FAMILY AND COMMUNITY SERVICES REORGANIZATION EFFORTS CONTINUE

The Division continues to consolidate and standardize administration and practice across the State in all of its programs. The Child and Family Services Program is now organized into three administrative hubs: North, West, and East. There is one Program Manager for the East hub, which includes Regions 5, 6, and 7, and one Program Manager for the North hub which includes Regions 1 and 2. There is also one Program Manager for the West hub which now includes Regions 3 and 4. Each hub has a Lead Chief of Social Work and each region has at least one Chief of Social Work who functions as the "practice" lead for their areas.



THIS PAST YEAR IN IDAHO



In addition to the ongoing challenges faced with reorganization, CFS has continued to unroll the initiatives highlighted below. These are discussed in more detail under the relevant goal and strategy in the text of this report.

Youth Advisory Board The National Resource Center for Youth Development has provided technical assistance to the state in creating Idaho’s first Foster Youth Advisory

board. This board has played an active role in spreading information about independent living in the community and to those working within child welfare.

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

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

Continuous Quality Improvement Assessment Document (CQIAD). During the fall and spring of 2012/2013 Idaho was selected to participate along with three other states in the piloting of the Continuous Quality Improvement Assessment Document (CQIAD). This gave Idaho an opportunity to complete a comprehensive assessment of its entire CQI system, identify strengths and makes plans for improvement, especially in how we work with our stakeholders around planning.

Legislative Changes

- **Adoptions and Putative Fathers**

On March 22, 2013, Governor Otter signed into law House Bill 214, an act relating to adoptions and putative fathers. This bill was sponsored by the Division of FACS and is intended to strengthen the adoption laws in Idaho. The bill touches on several titles and chapters of Idaho Code, including Title 7, Chapter 11 (Proceedings to Establish Paternity), Title 16, Chapter 15 (Adoption of Children), and Title 16, Chapter 20 (Termination of Parent and Child Relationship).

There are three substantive changes:

- (1) it establishes one date certain for putative fathers to take action;
- (2) it creates one exception to that date certain; and
- (3) it directs the department to publish in print and host on the internet a public service announcement that describes the process and procedure for putative fathers to protect their rights.

The passage of this legislation is the result of more than six years of collaborative work among FACS, adoption agencies, adoption attorneys and the legislature

- **Rule Changes regarding Child Death Disclosure**

Administrative rules governing Child and Family Services were amended to allow public disclosure of information related to child maltreatment fatalities and near fatalities.

- **Approval of Line Item Requests**

On March 1, 2013, the Idaho Joint Finance and Appropriations Committee (JFAC) unanimously recommended passage of the Child Welfare Program’s two line item requests.

Resource Parent Reimbursement Increase

The first increases funding for foster family reimbursement payments by \$516,000 for SFY2014, consisting of \$148,600 from the General Fund and \$367,400 in Federal Funds. With this increase, beginning July 1, 2013, monthly rates will go up.

| Age | New Monthly Rate | Old Monthly Rate |
|-------|------------------|------------------|
| 0-5 | \$329.00 | \$301.00 |
| 6-12 | \$366.00 | \$339.00 |
| 13-18 | \$487.00 | \$453.00 |

This is the second year in a row that JFAC has recommended an increase for our resource parents. It represents the Legislature’s tangible recognition of the work, dedication, and effort our foster parents provide each and every day.

Child-Specific Recruitment

The second line item request recommended by JFAC is for \$420,000 in funding for SFY2014 for child-specific adoption recruitment, with \$210,000 coming from each of the General Fund and Federal Funds. Some of this request will fund a recruitment contractor. Other states have placed 50% -75% of selected children with these contracts. Recruitment activities will include:

- Assessments of the child's readiness for permanency, social histories.
- Development of a child-specific recruitment plan tailored to the child's individual strengths and challenges.
- A thorough evaluation of the child's file to identify relatives and previous connections who may be placement options for the child; contact those families and assess their interest and suitability for placement. Explore possibility of permanency through the child’s current placement provider.
- "Grass-roots"-type recruitment: this includes connecting with community groups, clubs and churches related to the child's needs or areas of interest who may have members interested in becoming a placement or permanent connection for the child.
- Additional media-based recruitment opportunities available throughout the U.S.

NEW STRATEGIES FOR THIS APSR

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

SF7.12 Develop a statewide recruitment plan, in collaboration with the tribes in Idaho, to increase American Indian/Alaska Native resource families available to foster AI/AN children and youth in out-of-home care.

SF7.13 Promulgate a change to Administration Rule to include Provision of Background Checks for Families Seeking Tribal Foster Parent Licensure.

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

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

ORGANIZATION OF THE PLAN

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

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

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

Funding streams are identified by the following acronyms:

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

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

NOTE: In the current APSR, results of the case record reviews will only be reported on an annual basis. Changes in sampling methodology and scheduling has made the 6 month intervals not equivalent as they were in the past. This limits our data reporting to the previous calendar year. This will be the case for all items on the case record reviews for 2012 forward. Where this change is applicable, the strategy has been marked Revised.

GOAL I. CHILDREN WILL BE SAFE

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

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

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

| | |
|-----------------------------|--|
| Funding Source: | CAPTA |
| Target Date for Completion: | Ongoing |
| Status: | Goal exceeded during calendar year 2011 Continue to monitor Revised to annual reporting |

| Case Record Review Results | |
|-------------------------------------|------------------|
| Item1 Timeliness of Response | Goal: 95% |
| 1/1/11 – 12/31/11 | 98% |
| 1/1/12 – 12/31/12 | 97% |

Performance continues to exceed the goal.

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

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

Idaho’s Central Intake for Child and Family Services was fully implemented October 1, 2012. Beginning October 1, all of the calls statewide were directed to the new number which is 1-855-552-KIDS (5437). The unit is physically located next to the 2-1-1 Care Line in Boise as originally planned.

During the summer of 2012 the National Resource Center on Child Protective Services was consulted and a joint training for new intake social workers was completed. Since the training of the new employees the same curriculum has been used in training additional staff that were not present for the initial training.

Currently CFS is in the process of beginning to gather information from the new hardware and software to better inform the unit on the efficiency and accuracy of the calls being taken. As statewide standardization of responses begins, there are multiple and frequent on-going conversations with staff, supervisors and administration regarding the changing practice around intake and how to address any emerging issues that impact practice and safety for children.

Strategies for Item 2. Repeat Maltreatment

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

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal met previously
 Continue to monitor
Revised to annual reporting

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

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

Over the last 12 months, the goal has been met for Item 2. However, in order for Item 2 on the OSRI to be applicable, there must be a substantiated referral during the period under review. This requirement lessens the number of cases found applicable on this item. The Safety Outcome Data, however, is based on the all children with a substantiated referral during the PUR and thus, is more robust and reliable. We will continue to monitor this item.

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

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

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

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal met previously - Continue to Monitor
Revised to annual reporting

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

Performance on this item is slightly below the goal and has dropped 3 percentage points over the last 12 months. In Idaho, this is an ongoing challenge especially

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

3.5 Assess the feasibility of implementing a differential response system.

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

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

Idaho had intended to begin implementation of a differential response system for screened in referrals in 2013, approximately one year after launching our Centralized Intake Unit. In the spring of 2012, Idaho requested technical assistance from the National Resource Center on Child Protective Services to assist in making slight adjustments to our safety assessment tool, as well as the development of practice guidance in relation to conducting announced vs. unannounced home visits. Idaho also requested assistance in developing practice guidance related to the assessment of children who frequent, but do not reside in, the home of concern. A workgroup of staff from across the state was formed to work with the NRC on the requested items. As the group begin their work, it became clear Idaho's safety practice required more attention than initially thought. Slight revisions to our safety assessment tool have developed into more substantial changes. Some of these changes include: incorporating the 14 universal emerging danger threats, as well as the safety threshold criteria into our assessment, and removing the designation of "conditionally safe" from our safety decision options. These revisions were recommended in an effort to better align our safety assessment tool with the safety model of practice we transitioned to in 2009. In the process of completing this assessment and work on our safety practice, it became clear Idaho is unable to move forward with possible consideration of implementing a more comprehensive differential response system until our staff are more firmly grounded in current safety practice. The roll out of the initial revisions to our safety assessment tool should occur within the next six to eight months. Upon successful implementation and integration of these revisions, Idaho can again assess the

strength of our safety practice and the potential for implementation of a differential response system.

Strategies for Item 4. Risk of harm to children

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

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: Goal met previously - Continue to Monitor
Revised to annual reporting

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

Performance on this measure has dropped further below the established goal during the last year. Our work with the NRC on Child Protective Services (see above) is intended to target improvement of our practice specific to assessing and maintaining safety, seeing all children in the homes and effective safety planning and other safety related issues.

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

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

Strategies for Item 5. Foster care re-entries

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

Reactivate this strategy due to issues regarding re-entry into foster care.

| | |
|--|--------------|
| Permanency Composite Measure 1.4 Re-Entries to FC in less than 12 months Standard: <9.9% | |
| FY 2011 (10/1/10 – 9/30/11) | 8.8% |
| FY 2012 (10/1/11 – 9/30/12) | 10.3% |

Currently this item is included on hub improvement plans as indicated. The strategies previously identified have not resulted in sustained improvements. Staff will continue to “drill down” to these cases and examine the circumstances of re-entry and develop revised improvement strategies based on their assessment.

5.4 Work with Children at Risk Task Force to support and re-establish a state child fatality review team.

Funding Source: CAPTA/CJA
Target Date for Completion: 2014
Status: Completed

In May 2012, Idaho’s governor signed Executive Order No. 2012-03, which allows for the Governor’s Children at Risk Task Force to establish and support a statewide Child Fatality Review Team to support comprehensive and multidisciplinary reviews of deaths of children younger than 18, in order to identify what information and education may improve the health and safety of Idaho’s children.

In September 2012, the Task Force worked with the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics to hire a research analyst utilizing CJA funds. This research analyst has been tasked with gathering case records and preparing case information for Child Fatality Review Team meetings. The Task Force is utilizing \$25,000 of CJA funds toward employment of this research analyst. Additionally, Child and Family Services budgeted \$30,000 from CAPTA funds to implement the Child Fatality Review Team.

In September 2012, Teri Convington, with the National Center for Child Death Review, came to Idaho to train Task Force members on the basics of setting up a Child Fatality Review Team.

In February 2013, Ms. Convington returned to Idaho to train the newly formed Child Fatality Review Team. The review team consists of 12 representatives from law enforcement, child protective services, prosecuting attorneys offices, coroners’ offices,

public health, the pediatric medical field, emergency medical services, and child advocacy groups. The Child Fatality Review Team will meet at least quarterly and will schedule meetings and review cases by cause and manner of death. The Child Fatality Review Team met in February and April 2013 to review all Sudden Unexplained Infant Deaths from SFY 2011. The decision was made to review begin with 2011 cases to ensure all criminal proceedings had concluded and therefore improve the likelihood of gathering needed records.

5.5 Submit application to Vital Statistics to gather additional information related to the number of child maltreatment deaths.

| | |
|-----------------------------|----------------|
| Funding Source: | CAPTA |
| Target Date for Completion: | 2012-2013 |
| Status: | Ongoing |

Idaho has been limited in our ability to report comprehensive information on child fatalities due to abuse and neglect occurring in the state. We have historically only been able to report on those cases reported to and investigated by Child and Family Services which are included in our SACWIS system. In June 2012, Child and Family Services submitted a research application to the Bureau of Vital Records and Health Statistics to gather information on child deaths not captured in our SACWIS system. In the fall of 2013, Child and Family Services staff met with the Bureau Chief of Vital Statistics to discuss options for sharing this information. Vital Statistics staff was open at that time to providing CFS with necessary information to allow Idaho to report more accurate and comprehensive information related child fatalities related to abuse and neglect occurring in the state. The transition to a new data management system has delayed Idaho's 2013 NCANDS submission, it is anticipated Idaho will be able to submit our data to NCANDS by August 2013. Efforts are underway to provide Vital Statistics with the child maltreatment fatality information captured in our SACWIS system, Vital Statistics, in turn, will provide CFS with the total number of child fatalities captured in their system related to abuse and neglect. There may still be challenges with the comprehensiveness of this information due to coding classifications, however, it will bring us closer to capturing complete information related to child fatalities in the state. The annual report of the new statewide Child Fatality Review Team will also be used as resource.

Strategies for Item 6. Stability of foster care placement

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

| | |
|-----------------------------|---|
| Funding Source: | IV-E |
| Target Date for Completion: | Ongoing |
| Status: | Continue to Monitor Revised to annual reporting |

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

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

Enhancing stability is a goal on all local improvement plans. Strategies include: stability staffings with resource family and staff to preserve a placement; efforts to increase collaboration through Bridging the Gap; in-home services to resource families to preserve placements; reduce inappropriate initial placements; and increase timely permanency as the longer children and youth are in foster care, the more instability increases.

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

Funding Source: IV-E
 Target Date for Completion: Ongoing
 Status: Exceeding Goal – Continue to Monitor
Revised to annual reporting

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

According to resource parent self-report during the case record review process, they report having adequate information to ensure a child’s safety.

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

Funding Source: IV-E
 Target Date for Completion: Ongoing
 Status: Below the goal, Continue to monitor
Revised to annual reporting

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

During the case record review responses to whether or not resource parents feel like a “member of the team” dropped a couple of percentage points below the goal. These issues continue to be addressed through the Bridging the Gap and other resource family retention strategies.

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

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

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

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

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

As part of the Bridging the Gap plan, a survey of resource parents and birth parents has been implemented in order to inform our efforts at improving communication. The survey has been implemented on a quarterly basis with supervisors calling a random sample of resource parents and birth parents (equal to one case for each social worker they supervise). The following script and questions are a part of the survey:

“CFS is focused on enhancing the involvement between all of the members of a child’s care giving team. As (social worker’s) supervisor, I want to make sure you as a foster/adoptive parent know you can contact me (supervisor) especially if you have concerns you have been unable to resolve with (social worker). I have a few questions that will provide me with information that will help me supervise (social worker) constructively. I will use the information to reinforce the positives and find ways to problem solve around any concerns.”

Birth Parent Survey questions:

1. Because the relationship between the foster/adoptive parent and birth parent is important to the well-being of the child we want to do what we can to support a shared parenting relationship. Has (social worker’s name) encouraged a relationship between you and (child’s name) foster parent(s)? In what ways have you seen (social worker’s name) encourage this communication or what could he/she do to help to encourage the relationship?
2. Because the relationship between the foster/adoptive parent and birth parent is important to the well-being of the child, we want to do what we can to support a shared parenting relationship. Has (social worker’s name) encouraged a relationship between you and (child’s name) foster parent(s)? In what ways have you seen (social worker’s name) encourage this communication or what could he/she do to help to encourage the relationship?
3. Have you been provided with the opportunity to give input regarding the needs of (child’s name) and the effectiveness of services being provided?
4. Do you understand the current case goals for (child’s name) and your family? Do you feel (social worker’s name) has kept you informed of any changes to those goals or service needs?

5. [If you had a court hearing during the past quarter, did (social worker's name) explain the purpose of the court hearing and encourage your attendance?
6. Do you have a clear understanding to the permanency plan for (child's name) and what needs to occur to achieve that plan?

Resource Parent Survey questions:

1. Because the the relationship between the foster/adoptive parent and birth parent is important to the well-being of the child we want to do what we can to support a shared parenting relationship.
Has (social worker's name) encouraged a relationship between you and (child's name's) birth parents(s)?
In what ways have you seen (social worker's name) encourage this communication or what could he/she do to help to encourage the relationship?
2. When you have had concerns or needs, has (social worker's name) helped you problem solve around those concerns and provide necessary supports and/or services?
Were there concerns left unsolved or services/supports that might help?
3. Have you been provided with the opportunity to give input regarding the needs of (child's name) and his/her family and the effectiveness of services being provided?
4. Do you understand the current case goals for (child's name)?
Do you feel (social worker's name) has kept you informed of any changes to those goals or service needs?
5. If there was a court hearing during the last quarter, did (social worker's name) explain the purpose of the court hearing and encourage your attendance?
If you were unable to attend the hearing, is there anything we can do to make your participation possible at the next hearing?
6. Do you have a clear understanding of the permanency plan for (child's name) and what needs to occur to achieve that plan?

Completed survey numbers have been lower than expected. This appears to have been primarily due to supervisors being unable to contact birth parents, and in fewer cases, the resource parent. The survey was also not completed with the birth parents if TPR had occurred. Most of the responses to the survey have been positive regarding the interviewee's communication with their case workers and between the resource and birth parents. Supervisors understand that they are to follow up with the worker directly if there are any negative comments.

Strategies for Item 7. Permanency goal for child

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

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: Goal exceeded-Continue to monitor
Revised to annual reporting

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

Since the last reporting period, this percentage has dropped more than 10 percentage points. While performance remains above the goal, this downward trend is concerning. A closer look at the data reveals that goal changes during the PUR for the case record review are not being done timely and are oftentimes inappropriate given the length of the case. This appears largely related to lack of effective concurrent planning and implementation.

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

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

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

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

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

This strategy was continued from Idaho’s PIP-2. Each Region submitted a semi-annual permanency matrix to Central Office. These were reviewed by the Division Administrator, Bureau Chiefs, and Program Managers and discussed during CIP meetings to target areas of the state where delays are occurring. The matrices provided a quick glance of the status of legal cases in each region. The most recent permanency matrix report was completed in April 2012. At that time, the FACS Division Operation Team determined the information provided by the matrices was no longer worth the time required to collect the data. A

decision was made to end the permanency matrix process. Recently, the inability to accurately obtain some data elements previously contained in the matrices has been identified as a barrier in permanency program planning. These elements include the number of children in the process of being legally freed for adoption and the number of children in need of adoptive homes. A request has been made to the developers to create a SACWIS system report which will provide the same information as the permanency matrices, but will take much less time to complete.

7.6 Review, synthesize and distribute results of regional matrices.

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

Progress for this strategy is included in 7.5.

7.7 Train staff and supervisors on Compelling Reasons. Completed.

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

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

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: Goal exceeded – Continue to Monitor
Revised to annual reporting

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

| Permanency Composite Measure | |
|--|--------------|
| 1.1 Exits to Reunification in less than 12 months Standard: 75.2% | |
| FY 2011 (10/1/10 – 9/30/11) | 77.6% |
| FY 2012 (10/1/11 – 9/30/12) | 67.7% |

Our case review data and permanency composite both reflect difficulties with reunification within a 12 month period. During the process of hub improvement planning, staff will “drill down” on these cases and see what is causing delays. We are aware that some courts are continuing to extend reunification as the goal beyond 12 months, but will look for any additional factors and develop improvement strategies.

- 8.2 Assess feasibility of Guardianship Assistance for children without a Termination of Parental Rights. Completed.
- 8.3 Implement and train on Title IV-E Relative Guardianship Assistance for youth 14 years or older and who have a sibling who are placed with them. Completed.

Strategies for Item 9. Adoption

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

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: Goal exceeded - Continue to monitor

| | |
|--|--------------|
| Permanency Composite Measure 2.1 Exits to Adoption in less than 24 months Standard: 36.8% | |
| FY 2011 (10/1/10 – 9/30./11) | 41.4% |
| FY 2012 (10/1/11-9/30/12) | 55.7% |

We have continued to make dramatic improvements in timely permanency to adoption. It is a focus of all local improvement plans. Strategies include initial placement with concurrent planning families; timely termination of parental rights; earlier (at 6 months) permanency placement selection committee meetings.

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

Funding Source: CWS
 Target Date for Completion: Ongoing
 Status: Goal exceeded – Continue to monitor
Revised to annual reporting

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

This outcome continues to exceed the goal.

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

Funding Source: CWS
Target Date for Completion: 2014
Status: ~~Not due~~ Withdrawn

Progress: During the 2012 legislative session, the Department proposed legislation to allow open adoptions in limited situations. In consideration of community concerns regarding open adoption, the Bill focused on youth adopted at age 12 and older from the foster care system. Open adoption would be an option only in situations where the birth parents, adoptive parents and Department agreed it would be in the child's best interest. The legislation was opposed by several private adoption attorneys and some adoption agencies. The plan was to reintroduce the legislation during the 2013 legislative session. Elections and redistricting resulted in a majority of new legislators in the 2013 Idaho legislature. This change will require additional time and effort to educate new legislators before bringing this proposed legislation forward again. The plan to propose new open adoption legislation has been placed on hold.

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

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

The Permanency Program Specialist has continued statewide teleconferences with Department permanency supervisors during the past year. Line social workers are also invited to participate in the calls. Teleconferences were held on August 21, 2012 and November 15, 2012. The call scheduled for May 2012 was canceled due to a conflict with the annual foster care conferences statewide. The calls continue to be combined with quarterly foster care calls in order to support the exchange of permanency related information. Featured topics have included: updates in adoption-related legislation; dual home study updates; post-adoption services; adoption assistance re-negotiation; and updates to ICAMA.

Supervisors new to supervising in adoption or foster care attended Foster Care Academy and Adoption Academy on September 18 and 19, 2012. These two Academy days included presentations on the use of the dual home study assessment, PRIDE training and the emotional and developmental aspects of adoption. Adoption supervisors also attended annual Foster Care and Adoption training on September 20, 2012. The annual training focused on placement stability, disruption and dissolution.

The CFS Paternity Standard was revised to decrease the incidence of fathers being identified late in the child welfare adoption process. The Deputy Attorney General for FACS joined the Permanency Program Specialist to provide training to adoption and other child welfare supervisors and staff via videoconference with the North Hub on June 13, 2012 and the East Hub on July 10, 2012. On-site training was provided in the Caldwell office on July 10, 2012 and in the Boise office on July 13, 2012.

Supervisors continue to utilize the Concurrent Planning Review Form to assist in tracking legal and placement issues related to adoption time-frames. The purpose of the Review Form is the early identification of issues preventing timeliness of adoption.

Adoption supervisors participated in the second annual Supervisor's Summit held in July 2012. The Summit provided training specific to supporting child welfare workers.

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

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

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

Social workers new to working in adoption or foster care licensing attended Foster Care Academy and Adoption Academy on September 18 and 19, 2012. These Academy days are a supplement to New Worker Academy attended by all child welfare social workers. The training includes the use of the dual home study assessment, PRIDE training and the emotional and developmental aspects of adoption. Adoption and foster care social workers also attended annual Foster Care and Adoption training on September 20, 2012. The annual training focused on placement stability, disruption and dissolution.

The Paternity Standard was revised to decrease the incidence of fathers being identified late in the child welfare adoption process. The Deputy Attorney General for FACS joined the Permanency Program Specialist to provide training to adoption and other child welfare staff via videoconference with the North Hub on June 13, 2012 and the East Hub on July 10, 2012. On-site training was provided in the Caldwell office on July 10, 2012 and in the Boise office on July 13, 2012.

The first annual Idaho Post Adoption Conference featuring workshops on the adoption of children who have experienced trauma was held on September 28, 2012 in Boise. Adoption staff from all three Hubs attended.

As the permanency roundtable process has continued to roll out, adoption social workers have attended permanency values and roundtable skills training. These trainings were provided in Lewiston and Coeur d'Alene in the fall of 2012 and in the Boise and Caldwell area in January 2013.

- 9.6 Conduct adoption and licensing process mapping on a statewide and regional basis (PIP-2). Completed.
- 9.7 Update the paternity standard and provide related training to social workers and supervisors. Completed.
- 9.8 Develop and implement training regarding the dual home study assessment and process for social workers, supervisors and contractors performing foster care or adoption home studies. Completed
- 9.9 Establish a statewide Adoption Assistance Committee to consider requests for specialized level of subsidy payments and special conditions. Completed.
- 9.10 Review current process for adoption assistance negotiation, consider revisions and implement any needed changes. Completed

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

| | |
|-----------------------------|---------|
| Funding Source: | SSBG |
| Target Date for Completion: | 2014 |
| Status: | Not due |

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

The Department coordinated with the private Idaho Post-Adoption Center to develop the first annual Idaho Post-Adoption Center Conference: Responding to Trauma in Adoption and Foster Care. The conference was held in Boise on September 28, 2012. Adoptive families, Department social workers and community professionals attended the Conference. The Department used Adoption Incentive funds to pay for registration and travel fees for families receiving Adoption Assistance.

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

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Goal not met – continue to monitor
Revised to annual reporting

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

There are so few APPLA cases pulled in the case record review random case selection that results on this item are very unstable. To more effectively monitor this outcome, our IL program specialist will be conducting a specialized Independent Living case record review during the summer and fall of 2013.

Strategies for Item 11. Proximity of foster care placement

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Goal Exceeded – continue to monitor
Revised to annual reporting

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

Strategies for Item 12. Placement with siblings

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Goal Not Achieved – Continue to Monitor

Revised to annual reporting

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

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

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

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Continue to Monitor
Revised to annual reporting

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

Performance dropped below the established goal. It is likely that this results of non-engagement of fathers. Non-engagement of fathers is a theme of the case reviews over the reporting period. When non-engagement is present, it affects numerous items on the case review instrument including item 13.

Strategies for Item 14. Maintain connections

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

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

Throughout the year, Child and Family Services staff have worked hard to help children and families maintain connections while children are in out-of-home care by supporting

and increasing the cultural competency of agency staff and the staff's ability to individualize services and maintain connections, especially with our AI/AN families. We have continued to provide ICWA and cultural competence training for new (and more seasoned) workers through the Knowing Who You Are and the Introduction to the ICWA components of our training Academy. The day-long ICWA Academy was updated this year to specifically add an expanded component on the importance of providing culturally relevant services to the families we serve. Additionally, we were able to have representatives from local tribes participate in all three of the day-long ICWA training offered throughout the state. Participants in the trainings consistently ranked the participation of local tribal social service and legal representatives as a highlight of the training. Many participants commented that they appreciated having the tribal representatives there to explain their perspectives and to help the participants better understand some of the decisions that tribes make in shared ICWA cases. The training also incorporated native-produced documentaries to better illustrate the current realities of native youth and families and the historical trauma suffered by many American Indian/Alaska Native individuals and families. Participants in the trainings noted that the use of these narrative experiences was very useful in helping them to formulate a better understanding of the importance of the "spirit" of ICWA.

Each year the department partners with tribes in Idaho to present an ICWA conference open to tribal and state social service providers, as well as to the general public. The conference held in 2012 included many training aspects directed at maintaining connections and strengthening cultural competency. For example, the conference offered a presentation by a national tribal legal figure on Customary Adoptions, an option that can be used to afford children and youth permanency while still honoring tribal customs, values, and beliefs. (Subsequent to the conference, the state was able to participate in a customary adoption with a local tribe, offering the benefits of the traditional tribal adoption along with the financial benefits afforded by an adoption subsidy.) The conference also included a very powerful panel of tribal representatives from tribes within the state who shared their personal experiences. Conference participants consistently shared that this part of the conference was a very powerful and moving experience, which helped them to better internalize the importance of culture and its effect on families, especially native families. This year's ICWA conference is currently in the planning stages. Based on feedback from last year's conference attendees, the upcoming conference will include further presentations on culturally competent practices and on the impact of historical trauma on current family and community functioning.

The department has a statewide Program Specialist position specifically identified to support local staff as they work with families who have children who are "ICWA eligible." Throughout the year, this program specialist has responded to inquiries and requests for help from the regions as local staff work within the parameters of ICWA. Additionally, each region has a staff member designated as an ICWA regional liaison who is also available as a resource to staff who have questions related to ICWA. To strengthen the role and positive effect of the local ICWA Liaisons, the department facilitated a day-long ICWA Team Summit in April, which pulled together the local ICWA Liaisons, the state

program specialist, and the ICWA administrative staff member. The ICWA Team used their time together to, in part, brainstorm ways to grow the state workers' access to and willingness to provide culturally relevant services. Other resources have been made available on the Department's SharePoint site for quick and easy reference, such as frequently asked questions, regional procedures, and ICWA events.

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

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

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

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

The ICWA program specialist, along with the local ICWA Liaisons, completed a statewide ICWA case record review in the fall of 2012. The reviewers did not find any incidents of a court making a finding that the state had *not* made active efforts in an applicable case. The review did identify, however, a need to work with outside partners (e.g. courts and attorneys) to make sure that the correct active efforts findings were being made in all applicable court orders.¹ The ICWA program specialist is preparing a statewide ICWA training that will be taken to the field offices during the coming year. One important aspect of the training will be to reiterate with workers the important “checks and balances” role they play in helping to make sure that the courts are making the appropriate findings in their orders.¹ The training will also include a refresher about the difference between active and reasonable efforts and about the need to continually be making active efforts to keep Indian families together and to safely reunify them as quickly as possible when it is safe to do so.

¹ In other words, courts are making “reasonable efforts” findings in cases where ICWA is applicable and thus the higher “active efforts” findings should be used. There was no indication from a review of the court orders that the department was not making active efforts in their work with Indian families.

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

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

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

The new ICWA state program specialist traveled throughout the state to meet with each local ICWA Liaison. The local ICWA Liaisons were also used as facilitators and reviewers during the statewide ICWA case record review. During the review, the ICWA program specialist also interviewed each local ICWA Liaison about his/her role in the region, the current state of the region’s ICWA practice, and the needs of the regions and state vis-à-vis our ICWA practice.² Additionally, the ICWA day-long New Worker Academy training has incorporated the use of the local ICWA Liaisons as co-trainers, to give the Liaisons more ICWA experience and to give the local staff an introduction to these important local resources. The ICWA Academy trainings for the coming year will use the local ICWA Liaisons as primary trainers, giving training participants the opportunity to see the local Liaisons as ICWA “experts” they can use as they work with native families.

In April of 2013, Child and Family Services held a statewide ICWA Team Summit in Boise. This day-long meeting brought together the ICWA Liaisons, the state ICWA program specialist, and the ICWA administrative staff person. The ICWA Team used their time together in a variety of ways, including working together to better identify and define the role of the local ICWA Liaison. The Team came up with a draft definition of their role and responsibilities:

IDHW Local ICWA Liaisons. Each FACS region will designate one staff member as their local ICWA Liaison. The role of the local ICWA Liaison is to act as the initial contact point for regional staff to answer questions and to offer guidance for all matters related to ICWA. The Liaisons will help the regions to elevate the importance of ICWA within their practice models and to integrate ICWA into their everyday practices and staffings. The Liaisons will bring ICWA updates to staff and help staff understand the importance and ongoing nature of ICWA. The Liaisons will support supervisors in supervising ICWA cases and will act as consultants in complex ICWA cases. The Liaisons will assist with and advocate for needed ICWA trainings in their areas. The Liaisons will work with others in their areas to develop and strengthen relationships with local tribes and will help to educate and support outside stakeholders (such as judges, attorneys, CASA, foster parents, and contractors) in all aspects of ICWA. The Liaisons will also

² The interview responses were incorporated into the ICWA CQI Results report that is being used to inform the department’s ICWA practice focus for the coming year.

participate as active members of the statewide ICWA team, helping to direct a strong state ICWA practice.

The Team also brainstormed ideas of how to better “advertise” their services so that local staff and supervisors can better take advantage of these on-the-ground local resources. In addition, the team provided local updates, identified local needs surrounding ICWA, and worked with the iCARE and data management teams to begin the work to refine elements of our electronic case management system as it pertains to ICWA. The ICWA Team also participates in bimonthly telephone conference calls where they discuss local issues, updates from the state, and ICWA practice ideas.

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

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

A current Qualified Expert Witnesses list is maintained on the Child and Family Services internal SharePoint site and on the external IDHW web site. It contains the names and contact information of individuals currently available to serve as ICWA expert witnesses, as well as the tribe(s) for which they are able to provide testimony. During the past year, the ICWA program specialist sent letters to all the QEWs on the list, asking that they update their availability/status and that they identify any other potential QEWs in their area. This refinement has caused the list of available experts to diminish. The ICWA expert witness is not necessarily an expert on ICWA, but rather an expert on the child rearing practices of a particular tribe. On occasion, tribes will arrange for an expert witness to come to Idaho to testify at a court hearing. Many courts will also allow QEWs to testify telephonically, so that tribe-specific experts can be used as often as possible. When there is no expert available from a particular tribe, the regional staff, along with the ICWA program specialist and court personnel, work with the child’s tribe to identify a potential expert witness to meet the need. The state program specialist has also worked with local child protection prosecutors and local experts to help them navigate the QEW process. The ICWA program specialist has worked informally with QEWs located within the state to help them understand and navigate court and departmental processes.

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

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

A statewide ICWA case record review was undertaken in the fall of 2012. One of the items on the current review instrument specifically looks at the use of Qualified Expert Witnesses

in applicable ICWA cases. In this ICWA review, compliance with the requirement was rated by looking at court orders to ensure that the court had heard the necessary QEW testimony and had made the requisite findings. Of the 32 cases reviewed, 16 had a court order evidencing QEW within 90 days of the child's removal. Eighteen of the cases had no court order evidencing QEW testimony within the time frames, and three of the cases reviewed were deemed "not applicable". As to QEW at termination of parental rights, six cases were deemed applicable. Of the six cases, five had a court order reflected use of the required QEW testimony; one did not.

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

Additionally, many of the other incidents without QEW testimony within the first 90 days are from cases wherein the applicability of ICWA was not identified early on in the case. These numbers again illustrate the need for diligent identification of American Indian/Alaska Native ancestry early in our work with families.

Other mechanisms for tracking needed QEW testimony are being explored. For example, the department has moved to a new SACWIS system, iCARE. During the ICWA Team Summit in April of 2013, the statewide ICWA team met with the data management and iCARE teams to start the process of updating the ICWA screens in iCARE to better capture, monitor, and track ICWA data. As the ICWA updates to iCARE take place, the feasibility of electronically tracking QEW testimony in ICWA cases can be explored and, if possible, implemented.

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

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

The department continues to examine and address the issue of disproportionality of youth of color in our foster care system, including AI/AN youth. Since 2004, the rate of disproportionality for American Indian/Alaska Native children has dropped dramatically. In 2004, AI/AN children, who made up 1.9% of the state's total children, were identified in

our SACWIS system as making up 8% of the total children in foster care. As the percentage of AI/AN children in our general state population has risen (up to 2.4% of the population in 2012), the percent of AI/AN children in care has dropped to 5.5%. Between 2004 and 2012, the disproportionality rate for AI/AN children dropped from 4.1 to 2.3.

There is no one identifiable reason for this dramatic drop. As awareness of disproportionality rates has grown within our staff, they have worked hard with families to correctly identify AI/AN ancestry. Staff are using our Indian Ancestry Form to help families explore their heritage and to accurately identify their AI/AN heritage, per the AFCARS definition (i.e. adding the ongoing community/tribal affiliation piece). Clarifications around the AFCARS definition of AI/AN were previously made in the ICWA standard to assist staff in entering information regarding race into our SACWIS system to accurately reflect the race category AI/AN. Staff has been better trained to understand the need to add the tribal affiliation piece to the otherwise self-identifiable declaration of AI/AN race.

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

The department will continue to look for ways to help all our staff better understand issues of racism and discrimination, how they play out within the field of child welfare, and how we can all work together to combat discriminatory practices that affect our children and families.

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

Funding Source: CAPTA
 Target Date for Completion: ongoing
 Status: Goal exceeded – Continue to Monitor
Revised to annual reporting

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

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

Strategies for Item 15. Relative placement

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

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal not met – continue to monitor
Revised to annual reporting

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

The number of actual relative placements has increased dramatically in the past several years. In 2009 only 15% of foster youth were placed with relatives. In 2012, 28% of foster youth were placed with relatives. It is noted that in some cases having a relative readily available for placement distracts the worker from making a thorough exploration for other maternal or paternal relatives. Relatives may receive initial contacts, but no follow up if the relative is not needed for placement. This is an essential component of concurrent planning and needs ongoing attention.

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

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

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

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

Funding Source: CAPTA
 Target Date for Completion: ongoing
 Status: Goal exceeded – Continue to Monitor
Revised to annual reporting

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

Fathers tend to be the biggest stumbling block on this item particularly in in-home cases. In out of home cases, fathers may be located but not subsequently engaged. In in-home cases, workers find reasons not to involve children’s father even when the parental custody is split.

GOAL III. CHILD AND FAMILY WELL-BEING

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

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

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

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Ongoing – continue to monitor
Revised to annual reporting

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

Issues with this item appear to be largely related to not providing assessment and services to both mothers and fathers. There are several strategies being used to better assess and meet the needs of children, their families and resource parents. The increased use of FGDM’s has made more opportunities to assess the family’s needs and coordinate services. Child-specific resource family service plans are mandatory and clearly outline the child’s needs, what the resource parents will provide and what the Department will provide to meet the child and resource family needs.

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

Funding Source: CFCIP
 Target Date for Completion: 2011
 Status: Ongoing
Revised to annual reporting

| Case Record Review Results – Items 10 (APPLA) 17 (Services) | 1/1/12 – 12/31/12 |
|--|--------------------------|
| # of youth (15 years+) in foster care | 27 |
| # of youth with goal of APPLA | 16 |
| # of youth who received inadequate IL planning svcs | 2 |
| Reason for inadequate IL planning svcs | No IL services |
| # of youth with goal other than APPLA | 11 |
| # of youth who did not received assessment/services | 0 |
| Reason for no assessment/services | n/a |

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

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

During the summer and fall of 2013 a quality assurance process will be conducted on Independent Living cases (see new item 17.4 below). Transition plans will be one of a number of areas that will be reviewed for compliance.

The National Resource Center for Youth Development will provide both Transition planning training and “Train the Trainers” for transition planning training in 2013.

17.4 Conduct an Independent Living Case Record Review.

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

Progress: The Independent Living case record review is planned to begin summer of 2013. The IL CQI case review measurement tool and data collection process have been created. Regional IL staff were included in the development of the tool and are apprised of the upcoming IL CQI case review. Dates are being collected in each region for the case review to take place.

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

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Goal exceeded – Continue to monitor
Revised to annual reporting

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

Performance is still above the set goal. The primary issue here continues to be that when fathers are left out of the process, this is simply one of the case review items which is found to be ANI. We are continuing to enhance the practice of involving fathers. Our embedded trainer in the East Hub has delivered a “Chips and Chat” presentation to workers in her hub on some of the barriers workers experience in involving fathers such as worker’s own trauma history, etc.

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

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

Strategies for Item 19. Worker visits with child

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

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

In October 2012, the CFS Contact Standard was revised to clarify expectations for contact with children placed in out-of-state residential or treatment facilities. CFS recognizes the extreme vulnerability of this population and wanted to align practice in the field with our value of providing the best possible case management services to these youth. Providing this level of support requires consistency and a high level of knowledge regarding the

details of the case. Therefore the CFS Contact Standard requires the assigned worker to complete face to face contact a minimum of once every sixty (60) days in the residential/treatment facility and recommends face to face contact be completed every thirty (30) days in the residential/treatment facility by the assigned worker. These types of contacts cannot be completed through courtesy supervision from another field office or through a contract provider.

The Eastern Washington University contract, established in 2009, to assign a student intern as the “responsible party” to complete worker/child contacts with youth placed in residential/treatment facilities a significant distance from their home is still in place. However, this contract will no longer be utilized for youth placed in out-of state residential treatment facilities. Besides meeting face-to-face with the child monthly, the contracted “responsible party” attends clinical staffings, completes service plan related tasks with the child during contacts, and maintains communication with both the regionally assigned worker, the family of the child, and the staff at the residential treatment facility.

The student intern initially staffs the case with the CFS social worker and residential treatment staff to learn the child's family dynamics, permanency and treatment goals, and overall needs. The student intern is included in all treatment programming and CFS staffings as appropriate. The student interns contacts the youth two of the three months within a quarter with the third monthly contact completed by the CFS social worker who is dually assigned to the case as a responsible staff.

With supervision, the student intern establishes a plan for intern/child contact. Contact activities include, but are not limited to: assessing for safety, reviewing treatment goals and having the child self-assess progress, supporting family and significant connections, and assisting youth in working on lifebooks. All activities are coordinated and are in alignment with the CFS social worker and treatment provider program goals.

All regions have accessed the contract when a child is placed in residential treatment a significant distance from the region. In 2009, EWU student interns contacted 30 youth per quarter. It would take 1000 hours of CFS social worker time to accomplish these same contacts due to the additional travel required. In 2010, EWU student interns contacted an estimated 16-20 youth per quarter. It would take 700 hours of CFS social worker time to accomplish these same contacts. In 2011, interns on average contacted 20-25 youth per quarter. It would take 700 hours of CFS social worker time to accomplish these same contacts. In 2012, the intern contacted on average between 24-28 youth per quarter saving 800 hours of CFS social worker time and a cost saving of \$20,000 per quarter.

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

Funding Source:

PSSF/CAPTA

Target Date for Completion: 2011
Status: Ongoing

The iCARE SACWIS system creates a “Clients Needing Monthly Contact” report detailing which monthly contacts have not yet occurred. Supervisors statewide are using this report to monitor contacts by identifying contacts that have not yet occurred. This tool allows supervisors to meet with workers to address barriers to meeting monthly worker/child contact requirements and identify what needs to occur in order to make contacts happen prior to the end of the month.

Additional system changes in iCARE are being initiated which include a new lay-out to the contact screen where workers are to document their monthly contacts. The screen has been designed with the input of field staff to increase the usability of the contact screen and provide for more emphasis on the quality of contact with children.

In addition to the “Clients Needing Monthly Contact” report, individual regions have developed a number of specific strategies to increase completion of worker/child visits. Some of these strategies include: Keeping an electronic spreadsheet available to all staff to track completion of monthly contacts; posting signage throughout employee work areas stressing the importance of worker/child contacts; monthly e-mails from the program manager and child welfare chief reminding staff to document contacts; sending Outlook reminders to staff each week reminding them to enter their contacts from the previous week; and securing contracts for non-case work related duties, such as transportation to free up worker time.

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

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

Quantity of monthly worker/child contacts are monitored through annual hand counts conducted by Central Office program specialists and the “clients needing monthly contact” report in iCARE. The hand count is a process that gathers caseworker visit data through mining iCARE contact screens and worker narrative to determine whether or not contacts were made and if so, the location those contacts took place. The iCARE clients needing monthly contact report details which children have not yet been seen. Additionally, both the quantity and quality of contacts are monitored through the case record review process. Each year, 210 cases are reviewed through the case review process. The case review process reviews whether worker/child contacts are of sufficient quantity and quality necessary to the particular circumstances of each case and also meet the requirements of CFS standards of practice for worker/child contact.

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

Funding Source: PSSF/CAPTA
 Target Date for Completion: ~~2012~~ 2013
 Status: Ongoing – **Date Revised**

Social worker/child contacts were discussed at Division Operations in January 2013 and at the Child Welfare Subcommittee meetings in August 2012, November 2012, and January 2013. Worker/child contacts were discussed in the context of regional case record review outcomes and our annual Central Office hand count of worker/child contacts. Idaho’s new SACWIS system has a new “clients needing monthly contact” report which allows supervisors to pull cases by worker to see if all the required contacts for each worker are complete. Supervisors are asked to generate the report prior to the end of the month and remind social workers to see children on their case loads if contact hasn’t been made. Central Office staff also send a post able flier to regional supervisors each month reminding them to monitor their social worker/child contacts.

Strategies for Item 20. Worker visits with parents

20.1 To increase the quality and quantity of worker/parent contacts, train all CFS social workers on engaging both mothers and fathers and enhancing the quality of contact with all family members (PIP-2). Completed

20.2 Monitor worker/mother and worker/father contacts through hand counts and case record reviews. Report statewide results semi-annually.

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal Exceeded – Continue to monitor by CQI case review
Revised to annual reporting

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

Performance continues to be at goal.

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

Strategies for Item 21. Educational needs of the child

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Goal Met – continue to monitor
Revised to annual reporting

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

Performance continues to be at goal. During case record reviews are increasingly frequent evidence of diligent efforts to maintain children in their school or origin.

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

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

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

However, while work is being done as collaboration, DHW has amended the standards of practice to include protocol for keeping children in their school of origin and best interest guidelines for reasons that a youth be moved from the school of origin. This includes practice guidelines on how to support the child remaining in the school of origin if it is in the best interest of the child to remain in the school of origin.

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

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

Meetings were held in October of 2012 and November of 2012 with the Department of Education, the Department of Health and Welfare and the courts. These meetings were held to discuss issues facing both foster youth and schools. The conversations included the topic of problems with the transfer of credits from one school to another. Because of frequent school changes, credits are being routinely lost by youth in foster care. Both the Departments of Education and Health and Welfare agreed on the importance of helping youth maintain educational stability as a solution to multiple issues. More educational stability for youth will lessen the problem of credit loss and when the youth does have to change schools a process could be developed for transferring not only credits, but also important documents such as the youth individualized educational plan (IEP).

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

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

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

Strategies for Item 22. Physical health of the child

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

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal Exceeded – Continue to Monitor
Revised to annual reporting

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

Performance on this measure continues to exceed the established goal.

Strategies for Item 23. Mental health of the child

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

Funding Source: CAPTA
Target Date for Completion: Ongoing
Status: Goal exceeded – continue to monitor
Revised to annual reporting

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

Performance has dropped one percentage point below the goal.

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

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

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

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

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

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

Idaho is continuing to examine a number of potential trauma screening tools for potential use with all children entering foster care. Idaho recently applied for a Title IV-E Waiver with a key Waiver intervention being the development of a trauma-informed child welfare system of care, including the implementation of a trauma screening tool. Idaho is currently considering utilizing the Trauma Symptom Checklist for Children, alternate version (TSCC-A), and the Trauma Symptom Checklist for Young Children (TSCC). The Trauma Symptom Checklist is currently being field-tested in one of our Hubs. Over the next year, Idaho will select a screening tool, and will develop an implementation plan for including this tool in our comprehensive safety assessment process, including any needed training for staff.

GOAL 4. CONTINUOUSLY IMPROVE THE ORGANIZATION'S CAPABILITY TO ACHIEVE ITS GOALS OF HELPING FAMILIES AND CHILDREN

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

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

The purpose of the Ethics Committee is to provide CFS staff with an opportunity to consult with a group of other social work professionals about ethical issues encountered in practice. Committee staffings are not designed to provide case specific direction, but rather will facilitate a thoughtful analysis of the ethical issues and provide input to the social worker and supervisor. The committee is comprised of one Child Welfare Social Work Chief, one Child Welfare Supervisor, four Child Welfare Social Workers, one University Partner/Embedded Trainer, one Central Office Program Specialist, one Central Office Program Manager, and one Keeping Children Safe Panel Member. Since the inception of the CFS Ethics Committee in Spring of 2012, the committee has conducted four staffings with regional workers. The feedback from both the workers involved and the committee members has been overwhelmingly positive and the process has been identified as a useful resource. The committee has agreed to meet quarterly to discuss ethical issues in the field and identify any trends which may warrant staff training. The committee members post flyers in the regional offices to promote the Ethics Committee as a resource and the committee has a dedicated page on the Department's SharePoint site which contains the purpose statement of the committee, the committee members, and our electronic referral form.

SYSTEMIC FACTOR 1 – STATEWIDE INFORMATION SYSTEM

Strategies for Systemic Factor 1. Statewide Information System

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

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

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

SYSTEMIC FACTOR 2 - CASE REVIEW SYSTEM

Strategies for:

Systemic Factor 2 (SF2) Items 25 Written Case Plan

Systemic Factor 2 (SF2) Items 26 Periodic Reviews

Systemic Factor 2 (SF2) Items 27 Permanency Hearings

Systemic Factor 2 (SF2) Items 28 Termination of Parental Rights

Systemic Factor 2 (SF2) Items 29 Notice of Hearings ad Reviews to Caregivers

- SF2.1 For 8 quarters, Legal Representation team will meet at least quarterly to (1) identify legal services that IDHW deems necessary for adequate legal representation, (2) identify areas of the state that need improved legal representation, and (3) strategize solutions to improve the delivery of legal services to the Department. Completed
- SF2.2 Develop standardized court reports with the Court Improvement Project. Completed
- SF 2.3 Support youth participation in court hearings. Completed.
- SF 2.4 Familiarize magistrates with children and foster parents' right to be heard (PIP-2) Completed.

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

Funding Source: CAPTA
 Target Date for Completion: Ongoing
 Status: Goal met – Continue to Monitor
Revised to annual reporting

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

During case record reviews, interviews with resource parents reveals that in 96% of cases, they are reporting that they are receiving notification of reviews and hearings and experience an opportunity to be heard.

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

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

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

SYSTEMIC FACTOR 3 -- QUALITY ASSURANCE SYSTEM

See PI-11 for additional information regarding Quality Assurance System

Strategies for:

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

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

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

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

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

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

- June 20, 2012 with 30 participants;
- September 6, 2012 with 20 participants; and
- December 5, 2012 with 26 participants.

The next case reviewer training is scheduled for July 18, 2013, and has 30 individuals pre-registered.

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

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

The Idaho Department of Health and Welfare’s Child and Family Services Program is charged with ensuring Idaho’s child welfare compliance with ICWA. To that end, the CFS ICWA Program Specialist led a statewide review of the department’s ICWA practice in the fall of 2012. The statewide ICWA case record review was conducted together with the department’s local ICWA Liaison, the local child welfare workers designated to support Indian child welfare practice. The review was composed of case record reviews of all open, confirmed ICWA cases³ and of qualitative interviews with randomly selected workers who had cases with ICWA eligibility pending or denied. The review also included a short electronic survey that was distributed to tribal partners within the state, other outside partners, local Liaisons, child welfare chiefs, and others stakeholders.

This statewide review identified many areas wherein the department’s Indian child welfare practice is strong. These strengths include noticing tribes when American Indian/Alaskan Native (AI/AN) children are brought into care, providing active efforts when working with

³ The review sample did not include those open, confirmed cases that had previously been reviewed in the 2010 ICWA case record review.

Indian families, and placing children with extended family members per ICWA's placement preferences.

The review also illuminated areas in which the department's Indian child welfare practice can be strengthened. Some identified areas include ensuring early identification of AI/AN children, making changes to our electronic case file system, and working with local prosecuting attorneys to make sure that needed Qualified Expert Witness testimony is being provided timely and that the courts are making the necessary findings based on that testimony. The review also underscored the need for more thorough documentation in the electronic case file (iCARE).

One specific need identified from the review is the need to refine the current ICWA case record review instrument. The department plans to update the instrument to better track the essential and needed components of a strong state ICWA practice and to thus be able to use the information collected and the data tracked to direct and grow our ongoing ICWA practice. The department has identified refinement of the instrument as a key project for the coming year, and has asked for feedback about the needed refinements from ICWAC members and the state ICWA team. The state ICWA program specialist has also corresponded informally with other national professionals working on ICWA case file reviews to gather their ideas and suggestions about implementing a strong ICWA case file review system.

The next ICWA case record review will take place after the review instrument is updated.

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

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

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

SYSTEMIC FACTOR 4 - STAFF AND PROVIDER TRAINING

Strategies for:

- Systemic Factor 4 (SF4) 32. Initial Staff Training**
- Systemic Factor 4 (SF4) 33. Ongoing Staff Training**
- Systemic Factor 4 (SF4) 34. Foster and Adoptive Parent Training**

SF4.1 Train supervisors using existing training resources.

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

Supervisors continue to be required to attend supervision classes provided by the Department such as new supervisor training, Crucial Conversations/Confrontations training, etc. They are also required to complete Family Centered Practice for Supervisors and CQI training. Supervisors also received training and instruction at an annual supervisor summit. Topics for the supervisor summit are determined by information collected through the CQI process, data trends, and as requested by hub-based social work chiefs, program managers, and our statewide supervisor development workgroup, which includes representatives from each Hub and Central Office. The second annual supervisor summit was held in July 2012. Workshop topics included Values and Ethics in Supervision and Strengths Based Supervision.

Child Welfare Chiefs have been provided with information regarding the National Child Welfare Workforce Institute Leadership Academy for Supervisors and have been encouraged to promote participation in the course with their supervisors. Three of our Central Office staff, five of our Child Welfare Chiefs, and one of our Field Program Managers have attended the National Child Welfare Workforce Institute’s Leadership Academy for Middle Managers.

University Partner/embedded trainers currently facilitate Learning Circles with supervisors in each Hub at least once each quarter. During those Learning Circles, supervisors and chiefs come together to examine an issue or body of knowledge in which they are interested. The group then sets up a series of meeting with a specific set of goals that the members wish to accomplish through the meetings.

Idaho CFS staff consulted with Dr. Cynthia Lietz, a consultant with Casey Family Programs and the state of Arizona, in July 2012 on the development of a new child welfare supervisor training curriculum. The first academy session is scheduled for July 2013, training topics will include: strengths-based supervision, clinical supervision, task centered vs. reflective supervision, and individual and group supervision.

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

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

CFS evaluates the training system and collects information related to training needs of new and experienced staff on an on-going basis. Idaho State University (ISU) has held the

training contract since 2010. Four embedded trainers provide hub-based training throughout the state as part of the ISU training contract. These embedded trainers are the instructors for the Academy in their assigned hub, assist with the transfer of learning process, provide ongoing and in-service training, and facilitate peer learning through the use of learning circles. Embedded trainers become aware of training needs within each hub as they work closely with supervisors and staff. See Attachment C.

Workers attending trainings routinely provide feedback to the department through evaluations. Academy participants complete training evaluations provided through the contract with ISU for participant feedback on content, process and utility. These evaluation results are reviewed by both ISU and department central office staff to determine on-going needs. During quarterly meetings, embedded trainers and central office staff meet to discuss and coordinate delivery of training, identify training needs, discuss the results of evaluation and review in-service topics.

The training system and training needs are discussed by Program Managers and Child Welfare Chiefs during on-going, statewide meetings. Program Managers can bring forward identified training needs during Division Operations Team meeting. Child Welfare Chiefs and supervisors identify training needs to be brought forward at monthly Child Welfare Subcommittee meeting and quarterly supervisor calls. Chiefs of Social Work also review continuous quality improvement (CQI) instrument summaries which detail training needs identified during the review process. CQI outcomes are monitored closely and can identify practice issues or identify training needs.

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

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

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

Development of tools for assessing current competency levels continues to be an ongoing process. The State of Idaho has a mandatory electronic performance appraisal system. Employee appraisals are completed upon completion of entrance probation, and on an annual basis thereafter. IDHW previously selected 36 competencies from hundreds described in the appraisal system which best described an IDHW employee and curriculum was developed for supervisors defining these selected competencies.

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

an ongoing appraisal tool where individual staff can be assessed and updated competencies addressed. An optional field manual includes performance objectives, an introduction and overview of the Academy, information on linking Academy training with field training, orientation procedures, competencies, learning objectives and negotiated learning goals. It also includes a worksheet template to assist supervisors track information needed for completion of Academy. At this time, supervisory academy curriculum is being developed. This training will also include an evaluation component linking performance to the competencies addressed for supervisors.

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

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

SF4.5 Complete Child Welfare Manual chapters.

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|-----------------------------|-----------|
| Funding Source: | CAPTA/CWS |
| Target Date for Completion: | 2010 |
| Status: | Ongoing |

The remaining are in various stages of development. The editing and prepping was to be done by FOCUS staff, then transferred to CFS staff and now is the assignment of CFS administration. The system is backed-up and we have chapters waiting to be formatted and posted and another is close to finalization.

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

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

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

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

Idaho is currently consulting with Dr. Cynthia Lietz, a consultant to Casey Family Programs and the State of Arizona, and intends to utilize her Strengths-Based Supervision: Supporting Family-Centered Practice through Supervisory Processes curriculum as the foundation of our supervisor training curriculum. All new supervisors will attend this two-day training; the first session is scheduled for July 2013. Our seasoned supervisors received this training at our annual Supervisor Summit last year. The curriculum covers: strengths-based supervision, clinical supervision, task-centered vs. reflective supervision, and individual and group supervision. Our supervisor training academy will also include our existing Family Centered Practice for Supervisor curriculum, which will be scheduled during a separate three-day period.

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

SYSTEMIC FACTOR 5 – SERVICE ARRAY and RESOURCE DEVELOPMENT

Strategies for:

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

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

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

The Department's website is available to Tribes and the public. The ICWA program specialist emails correspondence and advises Tribes of available resources on an on-going basis. The ICWA program specialist also sends out email and information about all social service programs administered by the Idaho Department of Health and Welfare. She also meets with tribal representatives whenever possible and uses these meetings to, among other things, share ideas about possible resources available to tribes and tribal members. The program specialist worked with the tribes and our Region X partners to create and offer a webinar for tribal stakeholders throughout the state about tribal IV-E programs. The department's Regional Director for Tribal Relations and the program specialist will continue to work with Tribes on other related issues not directly involving Indian Child Welfare activities, especially through their participation in the quarterly ICWAC meetings.

SYSTEMIC FACTOR 6 – AGENCY RESPONSIVENESS TO THE COMMUNITY

Strategies for:

Systemic Factor 6 (SF6) 38. State Engagement in Consultation with Stakeholders

Systemic Factor 6 (SF6) 39. Agency Annual Reports Pursuant to the CFSP

Systemic Factor 6 (SF6) 40. Coordination of CFSP Services with other Federal Programs

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

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

Idaho's Keeping Children Safe (KCS), Citizen Review Panels, submit annual recommendations to the Department of Health and Welfare, Child and Family Services. On October 4, 2012, the KCS Panels formally submitted twenty four statewide recommendations for 2013. These recommendations included the areas of support to children and families, public awareness, enduring quality service, the use of multi-disciplinary teams, education, foster care, and older youth. They were submitted in conjunction with the Panel's annual activities and membership report. Child and Family Services responded to the recommendations on May 10, 2013. Panel members were provided an oral response during a conference as well as a written response. See Attachment A for the "Keeping Children Safe Panels' 2012-2013 Annual Report and Department Responses". The Annual Statewide KCS Panel Conference is scheduled for October 2013, at which time the Department's second and final response will be provided to the statewide Keeping Children Safe Panels.

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

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

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

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

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

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

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

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

The CIP shared its strategic plan and asked for input. Likewise, CFS collaborated with the courts in developing this year’s APSR. The CIP, Child Welfare Program Manager, and the Idaho Casey Family Programs Sr. Director have also met monthly to align our planning efforts and continue our interactive collaboration. CFS values the support of the Court Improvement Project Committee and will continue to assist the committee in working toward the goals of their strategic plan.

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

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

The Idaho Indian Child Welfare Advisory Council was established on June 22, 1994. The ICWAC has traditionally consisted of representatives from the Idaho Department of Health and Welfare and from the following Tribes: Coeur d'Alene Tribe, the Kootenai Tribe of Idaho, the Nez Perce Tribe, the Northwestern Band of the Shoshone Nation, the Shoshone-Bannock Tribes and the Shoshone-Paiute Tribes. The Idaho Indian Child Welfare Advisory Council has two co-chairs: one tribal co-chair and one state co-chair. The purpose of the council includes actions directed toward improving the outcomes related to permanency, safety, and well-being for Indian child in Idaho through:

- a) Promoting and improving Indian child welfare;
- b) Protecting the best interest of Indian children by ensuring the establishment, preservation and continuation of cultural ties and Indian heritage;
- c) Implementation of and advocacy for both the letter and the spirit of the Indian Child Welfare Act (ICWA);
- d) Education and awareness of the ICWA; and
- e) Building positive State-Tribal relations through collaboration and cooperation between the Tribes and the Idaho Department of Health and Welfare (IDHW).

The current meeting schedule is quarterly for two days. The location of the meeting rotates throughout the state. Day One is a meeting of tribal representatives. At the invitation of the group, the Department's lead program specialist for ICWA may be included. On the second day, the same group meets with representatives from IDHW Family and Community Services, programs, the Department's Regional Director for Tribal Relations, Dept. of Juvenile Corrections, and the Idaho Supreme Court.

The ICWAC has met for many years, with varying degrees of involvement and success. At the July 2012 meeting, many of the participants agreed that the group had appeared to have lost its focus and effectiveness. To that end, the group agreed to have national tribal consultants attend the next scheduled meeting (October 2012) to facilitate a strategic planning session, to help the tribal, state, and outside partner members of the council work more effectively together to strengthen the Indian child welfare practices and outcomes for native families in the State of Idaho. The state coordinated with the NRC4 Tribes to arrange for the national consultants to facilitate the strategic planning at the October meeting.

At the October 2012 quarterly Indian Child Welfare Advisory Council meeting, most of the tribal participants walked out in protest of the lack of formal tribal-state consultation agreements between the individual tribes and the Idaho State Department of Health and Welfare. At the time of the walkout, the tribes announced that they would no longer participate in ICWAC meetings until formal consultation policies were negotiated and implemented. One tribe present at the ICWAC meeting did not participate in the walkout and continues to actively participate in the Council. Another of the tribes that had initially participated in the walkout has since rejoined the ICWAC. Another of the tribes appears to be willing to participate in ICWAC at this time. One tribe is choosing to not participate due to lack of perceived need. The official status of one of the tribes vis-à-vis ICWAC is

unclear at this time, and one tribe is officially refusing to participate in the Council until official consultation policies are in place.

The ICWAC held its regularly scheduled quarterly meeting via video conferencing in January of 2013. The meeting was attended by representatives from the Nez Perce and Coeur d'Alene tribes, as well as representatives from the department and the Idaho Department of Juvenile Corrections.

The Coeur d'Alene tribe hosted the most recent ICWAC quarterly meeting on May 6, 2013 in Plummer, Idaho. At the meeting, those present agreed that, among other things, the Council would once again request technical assistance to promote a "Visioning" process to help the group better clarify its purpose and the roles of its participants. The group will use the visioning process to work on a plan to strengthen the group and its work around Indian child welfare going forward.

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

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

There is an increasing need to consider written procedural agreements between the Department and tribally operated social services or tribal court services for basic critical coordination for crisis response, child protection risk assessments, foster home placement and court appearances. Turnover of both department staff, including the ICWA Program Specialist position, and tribal staff creates increased need to consider processes, protocols, and agreements be written down for reference.

The department has prioritized the ICWA program specialist meeting locally with tribes and also with tribes and local staff together to foster positive and effective working relationships between local tribes and the department. During the past year, the ICWA program specialist has travelled to all five reservations located within Idaho at least once, and she has met with representatives from all six of the tribes in Idaho. After the walkout of the October ICWAC meeting, representatives from the Shoshone-Bannock tribes have refused to meet with the state program specialist, communicating to her that they would not meet with the state (unless it was case-specific staffings with local staff) until a formal consultation policy is signed between the tribe and the department. Meeting locally with tribal and regional staff will continue to be a priority for the state's ICWA program specialist.

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

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

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

In SFY 2013, the ICTF awarded approximately \$10,000 in annual grants to community organizations focused on child abuse prevention. This year’s grants were specifically awarded to programs which promoted parent partnerships.

On March 12 and 13, 2013, the ICTF held its annual Strengthening Families Training Institute. CFS staff was in attendance and assisted in planning the institute as well as in facilitating workshops. This year’s keynote was presented by Robin Karr-Morse, which addressed her book, *Scared Sick: The Role of Childhood Trauma in Adult Disease*. Ms. Karr-Morse engaged in a discussion regarding the importance of recognizing the neurobiological impact of trauma on children at various stages of development. The institute also hosted presenters from the Strengthening Families National Network for the Center for Study of Social Policy and the National Alliance of Children’s Trust and Prevention Funds who focused on partnering with parents to strengthen families and preventing child neglect.

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

Strategies for:

Systemic Factor 7 (SF7)

- 41. Standards for Foster Homes and Institutions**
- 42. Standards Applied to All Homes Receiving IV-B or IV-E**
- 43. Requirements for Criminal Background Checks**
- 44. Diligent Recruitment of Foster and Adoptive Homes**
- 45. State Use of Cross-Jurisdictional Resources for Permanent Placements**

SF7.1 Develop a statewide recruitment plan to increase available resource families for improved family/child matching including American Indian/Alaska Native families (PIP-2). Completed.

SF7.2 Modify PRIDE training to include more information regarding the adoption process and questions about adoption in general. Completed.

- SF7.3 Implement rule changes to eliminate need for duplicate criminal history background checks when transitioning between being a foster and an adoptive parent. Completed.
- SF7.4 Develop a conflict resolution protocol to use between foster care “team members.” Completed
- SF7.5 Provide staff training on criminal history background checks including information on the Adam Walsh provisions and the Code-X procedure. Completed
- SF7.6 Review the role of Regional Peer Mentors and provide staff training about the role of the Regional Peer Mentor. Completed.
- SF7.7 Develop and distribute a statewide foster parent handbook. Moved to 6.9.
- SF7.8 Establish method for electronically processing ICPC requests. Completed.

SF7.9 Support passage of ICPC Regulation changes.

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|-----------------------------|-----------|
| Funding Source: | CWS |
| Target Date for Completion: | 2012 |
| Status: | Completed |

At an annual business meeting in May 2012 ,the AAICPC adopted changes to Regulations 4 and 12 of the ICPC in regards to residential placements (Regulation 4) and private or independent adoptions (regulation 12). These changes were effective October 12, 2012. The Idaho ICPC Administrator participated in the annual business meeting and worked with other state administrators providing input into to changes of documentation requirements. Idaho will participate again in the 2013 ICPC Annual Business Meeting to engage in training and collaboration with other state ICPC administrators.

- SF7.10 Develop the Recruiter Peer Mentor’s role in supporting new resource parents post-PRIDE Pre-Service Training. Completed.

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

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

Patterned after the One Church One Child national organization founded by Father George Clements in Chicago, Illinois, One Church One Child in Idaho seeks to establish long-term

relationships with communities of faith with the ultimate goal of increasing support to Idaho's most vulnerable children.

In every corner of the state, child welfare workers are forming partnerships with faith-based communities to meet this goal. Each Idaho Department of Health and Welfare region has a dedicated One Church One Child (OCOC) team comprised of social workers, Recruitment Coordinators, Licensing Specialists, Navigators and a VISTA Volunteer dedicated to OCOC. Whether they are interested in learning about fostering or adopting a child, supporting a foster or adoptive family or volunteering through acts of service to improve the lives of families and children in Idaho, the response from faith-based communities across the state has been overwhelming. Thus far over 400 churches have been contacted and of those over 100 communities of faith have answered the call of OCOC and have formally dedicated their support to its mission.

A new position with the Department of Health and Welfare has recently been created to take on the leadership role of OCOC, as well as monitor contracts with Eastern Washington University to oversee recruitment and retention efforts. In addition, we have made improvements to child welfare through OCOC partnerships by introducing the need for adoption and foster care families to a broader base of community members. We have implemented formal tracking mechanisms to weigh the effectiveness of our OCOC efforts through our online application process, through the Idaho CareLine and through our contractors who are responsible for community outreach, recruitment and training

SF7.12 Develop a statewide recruitment plan, in collaboration with the tribes in Idaho, to increase American Indian/Alaska Native resource families available to foster AI/AN children and youth in out-of-home care.

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

Progress: Although the department has previously worked to recruit Native American resource families, there still remains a dearth of native families available to foster AI/AN children and youth who enter out-of-home care. The department has identified the need for concerted recruitment efforts of AI/AN families to be available to help Native American youth in care maintain their tribal and cultural connections. The department will access the NRC4 Tribes to seek technical training and assistance to put together a statewide group to create and implement a plan for recruitment and support of Native American resource parents who will be available to foster children and youth in out-of-home care. The development group will include the ICWA program specialist, the soon-to-be-hired Recruitment program specialist, the hub-based recruitment specialists, and representatives from the tribes.

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

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

Currently, the Department provides background checks for families seeking foster care licensure through tribal social service programs. This is an informal arrangement that has been worked out through personnel within the department and the tribes. During the coming year, the department will attempt to formalize this arrangement in rule, so that the department can continue to provide these background checks, regardless of personnel changes.

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

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

**(PI-1) SERVICE DESCRIPTION
PROMOTING SAFE AND STABLE FAMILIES (PSSF)**

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

Family Preservation

- Intensive Family-Based
- Parenting Classes
- Respite
- Family Group Decision Making Meetings
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance, case management
- Counseling/ anger management
- Forensic sexual abuse interviews
- Health and safety (RN Services)
- Transportation
- Mental health and anger management evaluations and treatment services.
- Miscellaneous items such as cribs, door alarms, clothing for a non-foster child to avoid bringing child(ren) into foster care.

Family Support

- Counseling services: also including intensive family based counseling, Functional Family Therapy, and case management
- Parenting classes
- Daycare expenses
- Foster Parent Support / Relative Caregiver Support
- Respite
- Health and Safety (RN Services)
- Contract for Functional Family Therapy
- Visitation/Parent Coaching
- Transportation

Reunification

- Intensive Family Based Services
- Parenting Classes
- Transportation
- Mental Health Services, counseling, psychological testing, case management
- Counseling/Anger Management Evaluations and Recommendations as directed by the court
- Substance Abuse Support and Coordination
- Drug Testing
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance
- Family Group Decision Making Meetings
- Paternity Testing
- Health and Safety (RN services)
- Sexual Abuse Counseling

Adoption

- Intensive Family Based Services
- Individual Child Recruitment Activities
- Recruitment incentives for a newly licensed foster home
- Home studies
- Adoption Preparation, Pre-placement services, and visits
- Adoption placement follow up
- Counseling
- Life Books
- Partial payment of contract for licensing

Since Idaho uses PSSF funds to provide many of these services, PSSF funds are allotted to each of the three HUBs in the state. The HUB Administrator identifies services needed in the categories of Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion. HUB Administrators have been provided with the definitions of each of the four PSSF categories and are aware that a minimum of 20% of the PSSF funding should be spent in each of the categories. After HUB-based service

providers are selected through a competitive bidding process, a contract is signed. The money allotted in the contracts does not exceed the PSSF funds allotted to the service. Budget reviews are held quarterly to monitor the process and use of the PSSF funds.

IDENTIFICATION OF POPULATIONS AT GREATEST RISK OF MALTREATMENT

Parent Visitation Grant

The Department is implementing an evidence-based home visiting program that matches parents with trained professionals during or after pregnancy and throughout the child's first years. The Idaho home visiting program is being implemented in Kootenai, Shoshone, Jerome, and Twin Falls Counties. These counties were chosen based on a needs assessment of vulnerable populations. Infants and toddlers identified at greatest risk of maltreatment are prioritized for the program.

Community Resources for Families Program

The Community Resources for Families (CRFF) program is a school-based partnership program between the Idaho Department of Health and Welfare and independent school districts throughout the State of Idaho. There are currently 24 Community Resource Worker positions throughout the state. The Community Resource Workers work in the schools with principals, counselors, and teachers to first identify and then support vulnerable children and families who are at risk of maltreatment. These social workers continue to have access to \$300,000 in Emergency Assistance funds they can utilize for prevention services for at risk families in their schools.

Resource and Service Navigation

The Navigation program works with individual families and communities to establish stability, avoid crises, and prevent child abuse and neglect. Navigators work in each region of the state to:

- Identify and develop resources and services that help individuals and families meet their basic needs and reach attainable goals;
- Develop personalized service plans with individuals and families that outlines specific goals and action steps;
- Organize and actively case manage service plans; and
- Work with communities to develop or assist in the stabilization of assets and resources

(PI-2) CONSULTATION AND COLLABORATION

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

- Central Office Administrator, Deputy Administrators, Program Managers, and Program Specialists;
- Child Welfare Program Managers, Chiefs of Social Work, and Supervisors;
- Supreme Court Child Protection Committee (CIP);

- Tribes through the Idaho State and Tribal Indian Child Welfare Advisory Committee;
- Casey Family Programs;
- University partners;
- Keeping Children Safe Panel Members (citizen review panels); and
- Governor's Children at Risk Task Force
- Youth Advisory Board

(PI-3) PROGRAM SUPPORT

IDAHO STAFF DEVELOPMENT AND TRAINING PLAN

FY 2013 Update

The following Idaho Staff Development and Training Plan provides information regarding ongoing and planned activities for the period of 2013-2014.

IV-E Child Welfare Workforce

The Division of Family and Community Services (FACS) will continue to support workforce development in two critical areas; solidifying Idaho's Family Centered Practice Model and its application with youth, families and resource parents; and 2) usher in practice improvements and innovative child welfare approaches.

The Departments key priorities include:

- Increasing application of family centered practices among staff, supervisors, management and temporary caretakers;
- On-boarding and development of new social work staff
- Supporting current social work staff in achieving their MSW
- Supporting and developing supervisory staff and Child Welfare Chiefs
- Linking with Idaho's Universities in recruiting bi-cultural and diverse staff.

These best practices include training that is organized around a family-centered practice model, family group decision making (FGDM), pre-service and continuing education of foster/adopt parents (Child Welfare League of America's PRIDE model), concurrent planning, working with foster parents and birth parents as a team, transitioning youth from foster care, among other areas to accomplish positive child welfare outcomes.

- Child welfare student education (such as the scholars program to help foster BSW interest in child welfare and movement from BSW to MSW for existing staff);
- Competency-based child welfare Academy for new employees;
- Child welfare supervisor curriculum development;
- Training logistics and evaluation of new worker Academy training;
- Continued implementation of alternative learning methods;
- Continued use of in-service training related to best practices; and
- Transfer of learning approaches and capacity building strategies.

Partners in Training

The Casey Family Programs continues to demonstrate a commitment to Idaho in the area of systems improvement. Casey continues to provide leadership, technical assistance, and funding for system improvements in many of the best practice areas noted above. ‘Undoing Racism’ training continues to be made available. *Knowing Who You Are* (KWYA) training is available statewide and at Academy. It includes an online training segment as a prerequisite for the two-day on ground training. Several DHW staff and partners completed the Certified Facilitator Certification Process. This team continues to provide the KWYA curriculum for the new and existing workers.

Through contracts, DHW will continue to collaborate with universities, colleges, community colleges and providers serving Idaho in several child welfare capacities. The Division will make IV-E claims to help finance pre-service child welfare education, Recruitment Peer Mentors (RPMs), and Resource Family training. Curriculum-development and training in the academies for new child welfare employees and supervisors, statewide coordination of foster/adoptive parent training, arranging child welfare in-service training, evaluation of designated training initiatives, and other related activities.

Contract with Eastern Washington University School of Social Work (EWU)

Eastern Washington University was awarded the Resource Peer Mentoring and Recruitment (PRM) contracts. These contracts have been implemented in all three hubs. Additionally, Eastern Washington University was awarded the statewide Resource Parent training (PRIDE) contract. That contract effective date was August 2011. Marketing services for recruitment of resource families has been added into the contract. The Division will make IV-E claims to help Recruitment Peer Mentors (RPMs) and Resource Family training. This contractor retains faculty and/or subcontractors and trainers to conduct statewide foster/adoptive parent training.

Contract with Idaho State University School of Social Work (ISU)

FACS continues to have IV-E educational contracts with ISU. The Division will make IV-E claims to help finance pre-service child welfare education, Academy for new employees, child welfare in-service training, training evaluation to improve training quality, statewide coordination of the Child Welfare and Supervisor Academy, ongoing training and designated in-service training. This contract additionally has provisions for embedded university/FACS trainers in all hubs.

Pre-Service Education

IDHW/FACS will continue to maintain Title IV-E sub-contracts with five universities serving Idaho – ISU, LCSC, NNU, EWU and BSU. Up to 1 FTE is retained in each site to develop and monitor the IV-E field placements, conduct child welfare seminars, and conduct child welfare courses. These contracts support MSW and BSW students. FACS DHW will coordinate evaluation activity related to student recruitment and retention from

all the schools. Each University contractor/partner contractor retains faculty for the IV-E stipend student degree programs (at both BSW and MSW degree levels).

In-Service Training

The CFS Program will continue to modify and improve a case review Continuous Quality Improvement process that incorporates information gathered from multiple sources and generates information regarding the program's ongoing training needs. Many of the identified training needs are addressed in some way in this plan. The CQI process informs field-based policy, procedure or practice-oriented training needs and directs the on-site trainer and other designated staff to provide training, consultation and on-going technical assistance. Idaho will continue to emphasize training to both sustain gains made during Idaho's Program Improvement Plan and to advance the state's child welfare practice.

Hub-based trainers provide at least quarterly in-service trainings within each hub. Over the past year, hub-based trainers have provided trainings on multiple topics. Central Office staff and National Resource Center staff have also provided in-service trainings. See Attachment C for a comprehensive listing of topics and trainings provided.

Trainers

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

Designated supervisors oversee the orientation of new employees during their probationary period. Through supervisor direction and worker input, onsite trainers engage in mentoring and training activities with new workers as well as supporting supervisors in their coaching role. The new worker performance evaluation is used by supervisors as the main documentation system. Chiefs continue to be responsible for implementing the regional CQI and performance improvement process, which provides data for determining training needs.

CURRICULUM DEVELOPMENT

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

CHILD WELFARE ACADEMY

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

Refinements during the 2010-2014 will include:

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

See Attachment B for the Idaho Title IV-E Training Matrix updated for FY2015. The matrix identifies courses offered to Idaho Department of Health and Welfare (IDHW) Child Welfare staff, University Partners, Casey Staff, Tribes, Foster Families or those staff preparing for employment. It includes pre service training for child welfare workers (New Worker Academy) and for persons wanting a refresher; Foster Parent Training; Supervisor Training; in-service training; and the IV-E Stipend program. Training is ongoing and includes content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices.

Coordination and Tracking

Idaho State University continues to serve as the lead school in the coordination and tracking of CW training. They continue to provide logistical support and curriculum development for the Child Welfare Academy. ISU retains four FTE on-site Academy trainers. They participate in reviewing the Department's curriculum, and have a presence at the Child Welfare Subcommittee meetings and various other workgroups and National Resource Center consultations. They work with the Department Subject Matter Experts (SMEs) on curriculum for Academy, In-Service, Supervisory Training modules and help

coordinate training, training schedules and maintain linkage with supervisors of staff attending Academy. This includes curriculum for core sessions, and curriculum guides (trainer and participant manuals).

Academy offerings are posted online and registration is via the Knowledge and Learning Center (KLC). ISU has a database to track training attendance and completion and provides necessary data to FACS.

Transfer of Learning

The on-site trainers oversee implementation of the new worker training with support from the CW Central Office Program Manager and Program Specialists, Chiefs of Social Work and assigned Social Worker 3's. The new worker performance evaluation and field guide are designed to engage new employees with their supervisors in an on-the-job applied learning process. The learning assignments and competency expectations defined in the new worker performance evaluation and field guide are aligned with the content delivered in the CFS Academy sessions. As new employees complete Academy modules and related field assignments as negotiated with their supervisor.

Supervisors continue to be responsible for documenting the achievement of competency as demonstrated through the learner's completion of learning assignments and completing the probationary evaluation, which describes the candidate for permanent employment in terms of achievement of the CFS core competencies.

Training Period

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

Technology

The Department has a learning management system and video conference capacity. The program will continue to deliver training content through these mediums and for other Academy related work that needs to be accomplished. The Department also has an on-line e-Manual available to staff. The e-Manual provides guidance and instruction on child welfare practice and contains links to information to assist workers in performing job duties.

Academy/In-service Cost Allocation Plan

Idaho will continue to make IV-E claims for Child Welfare Academy and In-service, classroom and event training provided through our Universities. The Department provided documentation to Region 10, regarding the content and structure of our associated, on-the job training component, an intensive, task-oriented, applied learning component of Academy. This curriculum analysis identified areas of the Child Welfare Academy that are

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

Foster/Adoptive Parent Training

EWU holds the contract for coordinating the implementation of the PRIDE foster parent curriculum statewide. They facilitate the collaboration of Division and CFS staff, other participating university trainers, foster parent trainers, and representatives of the Foster Parent Association. Initiative activity includes procurement of PRIDE pre-service training materials and other specialty curricula, such as Kinship, Spanish, and Core Curricula and consultation regarding implementation of the curricula in all seven Idaho regions and with private adoption providers.

EWU was awarded all three new Resource Peer Mentoring (RPM) contracts, one in each DHW hub. Through this contract, the University coordinates and provides consultative and other services to enhance the operations and procedures for the Recruiter Peer Mentor (RPM) program to increase the number of foster parents in the state and maintain a foster/parent pre-adoption parent-training framework that includes developing resource family (Foster Parent/Adoption) recruiter mentors. The contractor supports all levels of the resource family (Foster Parent/Adoption) continuum of care. In addition to the RPM program, training via foster care conferences and activities such as the statewide and regional recruitment plans are ongoing.

EWU will continue to be the lead school and support these programs (including subcontracts with other schools to extend the delivery of foster/adoptive parent training statewide) with day-to-day operations until the contract expires in June. They are responsible for collection, compilation and analysis of data and development of reports for management and others specific to the RPM program for resource families. They have administrative supervisory responsibility for non-student hourly recruitment peer mentors or RPMs. Faculty continues to be retained by each of the schools to deliver the PRIDE foster/adoptive parent training. These IV-E Trainer/Coordinators work collaboratively with CFS Program Managers, and the local and statewide foster parent associations to develop and maintain this initiative which also includes opportunities for foster/adoptive parents to access continuing education.

The university partners work with the regions to implement the PRIDE foster/adoptive parent plans that define individualized learning goals for each foster parent. Foster/adoptive parents obtain continuing education credit from foster parent conferences and other in-service training offered by the department for staff and community partners to include access to IV-E library materials available statewide through the Idaho CareLine.

Training Evaluation

FACS DHW participate along with partners to address such areas as training outcomes, field guides, differentiated instruction, new worker competencies, etc. Mechanisms for evaluation include Division Operations, the CQI process, Child Welfare Subcommittee, on-site trainer feedback and CW Learning Circles.

Existing mandatory CQI protocol continue to be utilized in reviewing child and family services. This essential aspect of evaluation corresponds directly to competence, evidence-based practice, and professional development. Effective delivery of training material is assessed as detailed below, and content reviewed and revised per ongoing evaluation results.

Specific evaluation occurs in the following areas:

- 1) Tracking training attendance and completion.
All child welfare workers are licensed social workers in the State of Idaho at the BSW (minimal) or MSW levels. Training attendance and completion of New Worker Academy sessions are tracked, and worker retention rates will be monitored over time.
- 2) Post-training evaluation of learning.
Pre/post evaluations are administered to attendees following Academy training sessions and in-service trainings. These include standard class evaluations to develop worker competency, feedback on how course objectives were met and valued, and input regarding specific trainer strengths and weaknesses. Reflective questions designed to assist workers in transfer and application of new learning will be processed verbally and/or in writing at the end of each training session. Development of a New Worker Academy Exit Survey completed when workers finish the Academy sessions. The survey gathers data on training outcomes, competencies, and personal/professional development outcomes.
- 3) Transfer of Learning and Professional Development/Engagement.
Supervisors complete the *Performance Plan and Review* at the end of the new worker's probationary period. This review includes assessing Customer Service, Dependability, Interpersonal Skills, Productivity, Quality, Adaptability/Flexibility, Worker Environment/Safety, Integrity/Ethics, Communication, and Decision Making/Judgment, Job Knowledge, Self-Development, Problem-Solving/Analysis, and Teamwork. The current *Performance Review* involves narrative, qualitative report from supervisors with worker input.

In addition, trainers use brief needs surveys and/or discussions with workers, supervisors, chiefs, and program managers regarding perceived in-service and training needs to address continued professional development of all workers. In conjunction with case record review data and analysis of above instruments, these surveys and/or discussions are used to determine a yearly in-service plan within each region.

4) Supervisory Support and Empowerment.

Brief reports on each Learning Circle experience will be completed by on-site trainers. Reports will describe the purpose of the Learning Circle, participation, and what was accomplished. Reflective questions designed to assist supervisors in transfer and application of new learning will be processed verbally and/or in writing at the end of each Learning Circle session. Results will inform individual consultation to help improve supervisor skills.

5) Process of gathering and compiling data.

Monthly activity reports are submitted by hub-based on-site trainers regarding training activities within each region for the specified time period. Post-training evaluations of learning are distributed and collected following each Academy session and In-service training. Evaluation questionnaires and measurements used to assess transfer of learning and worker engagement are distributed and collected bi-annually or as needed by onsite trainers and sent to Idaho State University for analysis. Idaho State University will provide comprehensive written reports summarizing evaluation activities to be submitted to FACS IDHW bi-annually or as needed. Recommendations for modifying training are made based on data analysis from evaluation activities. Progress on contract duties and evaluation activities are reported quarterly via required Contract monitoring reports.

Process of Gathering and Compiling Data

Post-training evaluations of learning are distributed and collected following each Academy session and In-service training. Evaluation questionnaires and measurements used to assess transfer of learning and worker engagement are distributed and collected bi-annually or as needed by onsite trainers and sent to Idaho State University for analysis. The above outlined bi-annual surveys will be distributed in conjunction with regional CQI case review dates. Idaho State University provides comprehensive written reports summarizing evaluation activities to be submitted to FACS IDHW bi-annually or as needed. Recommendations for modifying training are made based on data analysis from evaluation activities. Progress on contract duties and evaluation activities are reported quarterly via required Contract monitoring reports.

IV-E Training Based on Training Matrix from June 2012 to Present

See Attachment B for an updated Title IV-E training matrix.

Evaluation

Evaluation of the New Worker Academy will continue and academy for supervisors is being developed. In-house evaluation will continue through data collection during the CQI case review, iCARE reports and Data Profiles. Additional mechanisms for evaluation are Division Operations, the CW Child Welfare Subcommittee, quarterly CW Learning Circles and evaluation workgroup efforts.

Technical Assistance

For the period 2012-2013, the following technical assistance was planned:

- Technical assistance from the NRC for Child Protective Services, provide consultation on and revise safety assessment tools including an evaluation of the effectiveness of the of tools used in assessing safety threats to children who do not reside with a parent who is involved in the child welfare system, but have visitation with that parent.
- Technical assistance from the National Resource Center for Youth Development has provided technical assistance to the state in creating Idaho's first Foster Youth Advisory board
- The state coordinated with the NRC4 Tribes to receive consultation and assistance in developing a joint strategic plan with the tribes in Idaho around ICWA and Indian child welfare. The facilitator of the technical assistance was to meet with the members of the Indian Child Welfare Advisory Council of Idaho to help develop the strategic plan and to help identify the vision for the Council, the goals, and the next steps for the new future.

Progress:

In August 2012, Idaho began receiving requested technical assistance from the National Resource Center for Child Protective Services in the following areas:

- Assessing the current safety assessment instrument;
- Co-Facilitating a state workgroup and recommend improvements in the safety assessment process;
- Reviewing current standards and safety/comprehensive assessment to determine if they are adequate and incorporate the assessment of all caretakers, custodial and noncustodial;
- Developing practice guidance in relation to conducting announced vs. unannounced home visits.
- Recommending and designing specific improvements in both safety assessment instruments and overall safety assessment process/procedures; and
- Advising on a communication strategy and roll-out plan for improvements and modifications.

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

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

Technical assistance for development of a joint ICWA strategic plan did not occur as planned in 2012-2013.

During 2013 and 2014, the following technical assistance is planned:

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

(PI-4) COLLABORATIVE EFFORTS WITH TRIBAL PROGRAMS

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

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

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

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

Over the next 5 years, the ICWAC will continue to foster connections and collaborations with other state committees such as the Child Protection Committee, Independent Living Committee and the Foster Care Recruitment Committee. ICWAC members will also continue to provide input and guidance on the ICWA-related documents that agency staff will use to promote the early identification of Indian ancestry and tribal affiliation. A tribal attorney, who is a member of the ICWAC, is also involved in the development of state court documents that include ICWA content.

There does appear to be a difference of perspective between the Department and Tribes in the understanding of what “consultation” with the tribe entails, versus “collaboration” and which process would be appropriate for a given situation. Ron Beecher, the department’s former Regional Director for Tribal Relations, had been meeting with each of the tribes in Idaho to learn their perspectives on what “consultation” means, and what consultation might look like, as well as working with them to gather input on needed processes to facilitate consultation. This task is being carried on by the new Regional Director for Tribal Relations, Ms. Joyce Broadsword. In fact, a formal consultation policy has been (or will shortly be) signed between the Nez Perce tribe and the department.

ICWAC has revisited several components within the IDHW “Implementing the Indian Child Welfare Act” Standard, including Qualified Expert Witness, Active Efforts, Tribal Notification, TPR and Adoption proceedings. The ICWA CQI case reviews will also continue. It is through the ICWA standard and the ICWA CQI (see SF3.2 and Item 14) that the specific measures are identified for ICWA compliance. ICWAC also reviews the results of the ICWA CQI case review.

Another goal of the ICWAC is to bring multiple agencies together to discuss strategies to integrate ICWA-related issues throughout the services continuum. The annual ICWA Conference will continue and is being planned for summer 2013.

(PI-5) PLAN FOR IMPROVEMENT OF HEALTH CARE SERVICES

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

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

Date Due: 2013

Progress: Our new SACWIS system, iCARE, has developed a list of needed enhancements. Work has recently begun on updating the health and mental health

screens and started with the Immunizations screens. With the DSM-5 and the ICD-10 becoming available soon, the timing is perfect for screen re-design in these areas.

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

Date Due: 2013

Progress: Not yet systematically addressed. However, during the frequent case record reviews workers are given specific feedback on their documentation of physical and mental health needs and services in iCARE.

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

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

Date Due: 2013

Progress: There has been a delay in implementation. The curriculum in the process of development and trainings will occur before Fall of 2013.

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

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

Date Due: 2013

Progress: The IL CQI case record review process will be implemented in Summer/Fall 2013.

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

Date Due: 2013

Progress: The IL CQI case record review process will be implemented in Summer/Fall 2013.

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

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

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

Progress: Medicaid Pharmacy Program has gathered that data for 2011 and currently has 2012 data ready to be analyzed.

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

Progress: Data was shared at a Court Institute by the Medicaid Pharmacy Program in Fall 2012.

Goal #2: Developing consensus through collaboration that the use of psychotropic medication in children and youth in foster care carries both risks and benefits, but must be used only when clinically appropriate and clinically indicated.

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

Progress: Three meetings were held during 2012.

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

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

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

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

Progress: On-line curriculum reviewed. Will be encouraged during regional meetings on health care for foster youth issues.

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

Progress: Reviewed and there is no information in PRIDE on this topic. Will develop session curriculum in the coming year.

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

Progress: Nothing has been posted to date. When the final edits of the Guidelines for Parents, Resource Parents, Youth and Social Workers is completed, it will be posted on the website.

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

Progress: Medicaid Pharmacy Program is currently working with the Center for Evidence-based policy at OHSU to produce an academic detailing education brochures on the use of second generation (atypical) antipsychotics in children.

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

Progress: Trauma training is in process throughout the state.

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

Progress: Has been developed and is ready for dissemination.

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

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

Progress: Information will be provided at regional health care issues sessions.

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

Progress: Review current assessment tool and provide current information at regional health care issues sessions.

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

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

Progress: Examination has begun.

Strategy: Get legal advice regarding the consent process

Progress: Not completed

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

Progress: Not begun

Strategy: Develop procedure and add to CFS standard

Progress: Not begun.

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

Progress: Not begun.

Goal #6: Promote engaged relationships between and among the bio parents, youth, worker and prescriber to assure that parties are fully informed, motivated to follow through and able to ask questions.

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

Progress: Not begun.

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

Progress: Not begun.

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

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

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

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

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

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

Progress: Completed as part of red flags process.

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

Progress: Not begun.

(PI-6) DISASTER PLAN UPDATE

In October 2012, Program Managers and Central Office staff reviewed the Child Welfare Disaster Plan. Communication processes were discussed and calling trees were requested to be updated. Lists of children in foster care are continuously updated as defined by the plan. No revisions were made to the plan as a result of the review. The Department will continue to review and update the plan as needed.

(PI-8) MONTHLY CASEWORKER VISITS, FUND EXPENDITURE and VISIT DATA

The Department calculated the FFY 2007 baseline caseworker/child contact data by reviewing 339 randomly selected cases, using the sampling methodology developed by the Children’s Bureau Data Team. Idaho did not submit a request to resubmit baseline data. Although Idaho’s previous SACWIS system, FOCUS, a report to calculate totals of caseworker/child contact, the report was not valid. Therefore, Idaho has continued to use the sampling methodology, developed by the Children’s Bureau Data Team, to calculate our 2008, 2009, 2010, 2011, and 2012 data. Beginning in FY 2012, Idaho reported the total number of visits made by caseworkers on a monthly basis to children in foster care pursuant to changes in law made by P.L. 112-34 and opposed to past reporting that counted the number of children visited each and every month in care. Idaho is currently working to develop a new report which will alleviate the need for a hand count sample in 2013.

Below are the results of the 2009-2011 hand counts that were submitted in in the past.

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

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

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

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

Idaho has met their 2012 goal. PSSF worker contact funds have been used to accomplish the following:

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

worker/child contacts. Hub field office- improvement plans are required if the region falls beneath 90%; and

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

(PI-9) ADOPTION INCENTIVE FUNDS

Idaho received \$644,000 in Adoption Incentive Funds for 2012. The funds were used to remove barriers to adoption through providing additional resources to fund adoption assistance cash payments. Adoption Incentive Funds were also used to support the development of post-adoption services through payment of registration and travel fees for adoptive families attending the Idaho Post-Adoption Center Conference in September 2012. Families receiving Adoption Assistance were eligible to receive support to attend the Conference. Idaho intends to continue to utilize any Adoption Incentive Funds received to further support permanency efforts including post-adoption services, adoption assistance support and education for adoptive families and social workers.

(PI-11) QUALITY ASSURANCE SYSTEM

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

During the fall and spring of 2012/2013 Idaho was selected to participate along with three other states in the piloting of the Continuous Quality Improvement Assessment Document (CQIAD). This gave Idaho an opportunity to complete a comprehensive assessment of its entire CQI system. Results of the assessment showed that the case review component of our CQI program was the strongest. Strengths were also identified in the areas of local improvement planning and accessibility of outcome data. Enhancements in the following areas were identified: (1) Need for policies, procedures and training about the comprehensive nature of our CQI system; (2) Incorporate strategic planning for involving stakeholders in receiving feedback and in developing strategies for the CFSP; (3) Reduce lapses in “closing the loop” on feedback and adjustment with stakeholders. We are currently looking at the results of the CQIAD with the intent of including strategies in our next five-year plan to incorporate these and other enhancements.

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

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

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

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

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

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

Largely because of the case record review and the Permanency Composites, individual workers, supervisors, managers and administrators have reliable information about practice taken from iCARE and case reviews including interviews with parents, children and resource parents. Results are posted on the Department's SharePoint website. Case review data is also reviewed and discussed among all Program Managers and Central Office Administrators during Divisional Operations Team meetings.

Regional Improvement Planning

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

While we have had a local improvement planning process since PIP1 in 2004, some recent changes have been happening. The Division data analyst who is assigned to CFS, Sarah,

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

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

Stakeholders

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

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

In summary, we have developed many of the individual pieces identified for a comprehensive quality assurance system. However, the pieces are not necessarily being optimized and are not working together like they must to drive improvement planning.

(PI-12) REPORT ON CFS SERVICES FOR CHILDREN UNDER THE AGE OF 5

Assessment and Developmentally Appropriate Services for children under age 5

There are several avenues by which a young child's needs for services are identified and provided:

- Each child (aged 0-3) whose caretaker receives a substantiated disposition of a CA/N report is referred to the local Infant Toddler Program for a developmental assessment. Knowing that there is a high frequency of delays for very young children who are victims of child abuse and/or neglect, the ITP is very aware of the needs that these children have. ITP is located in the same division (FACS) as Child and Family Services. This co-location, both administratively and physically facilitates referrals and service coordination. These referrals on substantiated cases are mandatory for all children 0-3 whether the case is opened for in-home services or the child is removed from their home.
- ITP under IDEA Part H is a voluntary service for children and their parents. When the child is under state protective custody, every effort is made to involve the parent(s) in services and for them to consent to services. In the absence of parental consent, the court may order ITP services for the child. For children without any parents, a surrogate may be considered.
- Every child who comes into foster care becomes eligible for Medicaid and must receive a physical exam within the first 30 days according to administrative rule. Every child in the Department's custody is required to be seen for regular child well-being checks according to the EPSDT schedule and immunizations.
- Priority Response Guidelines are in effect for all reports of child abuse or neglect. All allegations of physical abuse of a child through age 6 are considered as a priority one (immediate response) unless there is reason to believe that the child is not in immediate danger.
- There are no specific resource parent/0-5 ratios, however, the limit on the number of children that a home may be licensed for is 6, including the family's own biological children.
- **A concurrent plan** is developed for all children who come into the custody of the Department. Many infants are adopted by the family (both relatives and non-relatives) with whom they are placed at the time of removal. For infants and toddlers efforts are made to have frequent visitation (several times a week if not every day) in the resource family's home. This gives an opportunity for the resource family to develop a relationship with the youngster's parent(s) as well as an opportunity for teaching, coaching, feedback and evaluation of parenting behaviors and skills. The use of a concurrent planning form helps workers and supervisors to track and assure timely completion of concurrent planning tasks.

- 27 day reviews are being held in a number of field offices. It is a point in time early in the case to monitor concurrent planning with the child.
- Young children in foster care are often referred to Infant Toddler (0-3), Headstart (3-4); Pre-K (4-6) programs; and Developmental Preschool (3-5).

Training and supervision of caseworker and foster parents to work with children under the age of 5

Trainings provided to workers include: Impact of Child Abuse on Child Development; Attachment; importance of visitation in the early years; Early Years Conference which focuses on children 0-3; and the annual foster care conference will feature topics related to 0-5. There are no “specialized” caseloads. Efforts are made to carefully design and monitor visitation for this age child.

Description of children under the age of 5 currently in foster care

| Children Under Age 5 | FY 2011 | FY 2012 | <i>FY 2013 (proj.)</i> | <i>FY 2014 (proj.)</i> |
|---------------------------|---------|---------|------------------------|------------------------|
| In Foster Care as of 9/30 | 522 | 550 | 638 | 686 |
| Entering Foster Care | 527 | 479 | 543 | 533 |

| Children Under Age 5 in Foster Care in FY 2012 | | |
|---|----------------------------------|------|
| Gender | Male | 54% |
| | Female | 46% |
| Age | < 1 Year | 11% |
| | 1 Year Olds | 22% |
| | 2 Year Olds | 19% |
| | 3 Year Olds | 26% |
| | 4 Year Olds | 23% |
| Race | American Indian/Alaskan Native | 7% |
| | Asian | 0% |
| | Black/African American | 2% |
| | Native Hawaiian/Pacific Islander | 0% |
| | White | 90% |
| Ethnicity | Hispanic | 16% |
| Placement Type | Home Visit | 32% |
| | Non-Relative Foster Care | 30% |
| | Relative Foster Care | 22% |
| | Pre-Adoptive Placement | 16% |
| | Therapeutic Care | 0% |
| | Congregate Care | 0% |
| Average Length of Stay (months) | | 11.1 |

Strategies for Improvement

- Conduct an assessment regarding timely permanency on Idaho foster children 0-5 beginning with sharing the available data statewide with supervisors and chiefs of social work.
- Look at the barriers to timely permanency for children 0-5 at one year and at two years in foster care.
- Examine detail of CQI (case review) data for 0-5 year olds outcomes as compared with outcomes data for all children.
- Based on results of assessment, pinpoint strategies for improvement.
- Based on what we learn, deliver statewide training on more timely permanency decision-making for children under the age of 5.

Strategies developed in 2012 have not been accomplished. These strategies will be maintained on the current APSR.

(PI-13) CHILD MALTREATMENT DEATHS

Idaho's SACWIS information system, iCARE, collects information related to child maltreatment fatalities that are referred to Child and Family Services. However, not all child maltreatment fatalities come to the attention of Child and Family Services. If there are surviving siblings, Child and Family Services is involved to assess the safety of the remaining children in the home. Fatality information on this type of referral is reported to NCANDS. However, if there are no other children in the family, and the referent contacts only law enforcement, the child fatality may not be referred to CFS, not entered in our information system, and not included in NCANDS data. Currently only Vital Statistics receives information on all child deaths. The transition to a new data management system has delayed Idaho's 2013 NCANDS submission, it is anticipated Idaho will be able to submit our data to NCANDS by August 2013. Efforts are underway to provide Vital Statistics with the child maltreatment fatality information captured in our SACWIS system, Vital Statistics, in turn, will provide CFS with the total number of child fatalities captured in their system related to abuse and neglect.

In the fall of 2013, Child and Family Services staff met with the Bureau Chief of Vital Statistics to discuss options for sharing information related to child maltreatment fatalities. Vital Statistics staff was open at that time to providing CFS with necessary information to allow Idaho to report more accurate and comprehensive information related to child maltreatment fatalities. The current plan will include Child and Family Services providing our new child maltreatment fatality report (once developed) to Vital Statistics who, in turn, will provide CFS with the total number of child fatalities captured in their related to abuse and neglect. There may still be challenges with the comprehensiveness of this information due to coding classifications, however, it will bring us closer to capturing more complete information related to child maltreatment fatalities in the state. The annual report of the new statewide Child Fatality Review Team will also be used as resource.

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

COMPREHENSIVE ICWA PLAN

INTRODUCTION

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

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

DEPARTMENT ICWA GOALS AND PROGRESS

Under its Title IV-B plan, the department is charged with consulting and collaborating with the tribes located in Idaho and with assuring that the state's child welfare practice is in compliance with the federal ICWA. The department has organized these requirements around four goals: 1) Engagement of and Collaboration with Tribes; 2) Quality Assurance; 3) Compliance with ICWA Elements; and 4) Training. Below are the goals and narrative updates on the progress of the goals for 2012.

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

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

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

The Idaho Indian Child Welfare Advisory Council was established on June 22, 1994. The ICWAC has traditionally consisted of representatives from the Idaho Department of Health and Welfare and the following Tribes: 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 Idaho Indian Child Welfare Advisory Council has two co-chairs: one tribal co-chair and one state co-chair. The purpose of the

council includes actions directed toward improving the outcomes related to permanency, safety, and well-being for Indian child in Idaho through:

- 1) Promoting and improving Indian child welfare;
- 2) Protecting the best interest of Indian children by ensuring the establishment, preservation and continuation of cultural ties and Indian heritage;
- 3) Implementation of and advocacy for both the letter and the spirit of the Indian Child Welfare Act (ICWA);
- 4) Education and awareness of the ICWA; and
- 5) Building positive State-Tribal relations through collaboration and cooperation between the Tribes and the Idaho Department of Health and Welfare (IDHW).

The current meeting schedule is quarterly for two days. The location of the meeting rotates throughout the state. Day One is a meeting of tribal representatives. At the invitation of the group, the Department's lead program specialist for ICWA may be included. On the second day, the same group meets with representatives from IDHW Family and Community Services, programs, the department's Regional Director for Tribal Relations, Department of Juvenile Corrections, and the Idaho Supreme Court.

The ICWAC has met for many years with varying degrees of involvement and success. At the July 2012 meeting, many of the participants agreed that the group had appeared to have lost its focus and effectiveness. To that end, the group agreed to have national tribal consultants attend the next scheduled meeting (October 2012) to facilitate a strategic planning session, to help the tribal, state, and outside partner members of the Council work more effectively together to strengthen the Indian child welfare practices and outcomes for native families in the state of Idaho. The state coordinated with the NRC4 Tribes to arrange for the national consultants to facilitate the strategic planning at the October meeting.

At the October 2012 quarterly Indian Child Welfare Advisory Council meeting, most of the tribal participants left the meeting in protest of the lack of formal tribal-state consultation agreements between the individual tribes and the Idaho Department of Health and Welfare. At the time of the walk out, the tribes announced that they would no longer participate in ICWAC meetings until formal consultation policies were negotiated and implemented. One tribe present at the ICWAC meeting stayed for the rest of the meeting and continues to actively participate in the Council. Another of the tribes that had initially left has since rejoined the ICWAC. Another of the tribes appears to be willing to participate in ICWAC at this time. One tribe is choosing to not participate due to lack of perceived need. The official status of one of the tribes vis-à-vis ICWAC is unclear at this time, and one tribe is officially refusing to participate in the Council until official consultation policies are in place.

The ICWAC held its regularly scheduled quarterly meeting via video conferencing in January of 2013. The meeting was attended by representatives from the Nez Perce and

Coeur d'Alene Tribes, as well as representatives from the department and the Idaho Department of Juvenile Corrections.

The Coeur d'Alene tribe hosted the most recent ICWAC quarterly meeting on May 6, 2013 in Plummer, Idaho. At the meeting, those present agreed that, among other things, the Council would once again request technical assistance to promote a "Visioning" process to help the group better clarify its purpose and the roles of its participants. The group will use the visioning process to work on a plan to strengthen the group and its work around Indian child welfare going forward.

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

There is an increasing need to consider written procedural agreements between the Department and tribally operated social services or tribal court services for basic critical coordination for crisis response, child protection risk assessments, foster home placement and court appearances. Turnover of both department staff, including the ICWA Program Specialist position, and tribal staff creates increased need to consider processes, protocols, and agreements be written down for reference.

The department has prioritized the ICWA program specialist meeting locally with tribes and also with tribes and local staff together to foster positive and effective working relationships between local tribes and the department. During the past year, the ICWA program specialist has travelled to all five reservations located within Idaho at least once, and she has met with representatives from all six of the tribes in Idaho. After the walk out during the October ICWAC meeting, representatives from the Shoshone-Bannock tribes have refused to meet with the state program specialist, communicating to her that they would not meet with the state staff except on case-specific staffings with local staff, until a formal consultation policy is signed between the tribe and the department. Meeting locally with tribal and regional staff will continue to be a priority for the state's ICWA program specialist.

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

The Department's website is available to tribes and the public. The ICWA program specialist emails correspondence and advises tribes of available resources on an on-going basis. The ICWA program specialist also sends out emails and information about all social service programs administered by the Idaho Department of Health and Welfare. The program specialist also meets with tribal representatives whenever possible and uses these meetings to share ideas about possible resources available to tribes and tribal members. The program specialist worked with the tribes and our Region X federal partners to create and offer a webinar for tribal stakeholders throughout the state about tribal IV-E programs. The

department's Regional Director for Tribal Relations and the program specialist will continue to work with Tribes on other related issues not directly involving Indian Child Welfare activities, especially through their participation in the quarterly ICWAC meetings.

d. Promulgate a change to Administration Rule to include Provision of Background Checks for Families Seeking Tribal Foster Parent Licensure. (new)

Currently, the Department provides background checks for families seeking foster care licensure through tribal social service programs. This is an informal arrangement that has been worked out through personnel within the department and the tribes. During the coming year, the department will attempt to formalize this arrangement in rule, so that the department can continue to provide these background checks, regardless of personnel changes.

2. Collaborative Efforts with Tribal Programs

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

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

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

Over the next 5 years, the ICWAC will continue to foster connections and collaborations with other state committees such as the Supreme Court and Youth Advisory Panel. ICWAC members will also continue to provide input on the ICWA-related documents that agency staff will use to promote the early identification of Indian ancestry and tribal affiliation. A tribal attorney, who is a member of the ICWAC, is also involved in the development of state court documents that include ICWA content.

There appears to be a difference of perspective between the Department and Tribes in the understanding of what “consultation” with the tribe entails. It is consultation verses collaboration and which process would be appropriate for a given situation. Ron Beecher, the department’s former Regional Director for Tribal Relations, had been meeting with each of the tribes in Idaho to learn their perspectives on what “consultation” means, and what consultation might look like, as well as working with them to gather input on needed processes to facilitate consultation. This task is being carried on by the new Regional Director for Tribal Relations, Ms. Joyce Broadsword. In fact, a formal consultation policy has been (or will shortly be) signed between the Nez Perce Tribe and IDHW.

ICWAC has revisited several components within the IDHW “Implementing the Indian Child Welfare Act” Standard, including Qualified Expert Witness, Active Efforts, Tribal Notification, TPR and Adoption Proceedings. The ICWA CQI case reviews will also continue. It is through the ICWA standard and the ICWA CQI (see SF3.2 and Item 14) that the specific measures are identified for ICWA compliance. ICWAC also reviews the results of the ICWA CQI case review.

Another goal of the ICWAC is to bring multiple agencies together to discuss strategies to integrate ICWA-related issues throughout the services continuum. The annual ICWA Conference will continue and is planned for August 21, 2013.

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

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

The Idaho Department of Health and Welfare’s Division of Family and Community Services is charged with ensuring Idaho’s child welfare compliance with ICWA. To that end, the FACS ICWA Program Specialist led a statewide review of the department’s ICWA practice in the fall of 2012. The statewide ICWA CQI case review was conducted in conjunction with the Department’s local ICWA Liaison, the local child welfare workers designated to support Indian child welfare practice. A case record review was completed on all open, confirmed ICWA cases⁴. Interviews were completed with randomly selected workers who had cases with ICWA eligibility pending or denied. The review also included a short electronic survey that was distributed to tribal partners within the state, local liaisons, child welfare chiefs, and others stakeholders and community partners.

This statewide review identified many areas where the department’s Indian child welfare practice is strong. These strengths include noticing tribes when American Indian/Alaskan Native (AI/AN) children are brought into foster care, providing active efforts when working with Indian families to prevent removal and to reunify, and placing children with extended family members per ICWA’s placement preferences.

⁴ The review sample did not include those open, confirmed cases that had previously been reviewed in the 2010 ICWA case record review.

The review also revealed areas where the department's Indian child welfare practice can be strengthened. These areas included ensuring early identification of AI/AN children, refining our SACWIS system, and working with local prosecuting attorneys to make sure that needed Qualified Expert Witness testimony is being provided timely and that the courts are making the necessary findings based on that testimony. The review also underscored the need for more thorough documentation and compliance with our electronic case file in iCARE, the official file of record per federal standards.

One specific need identified from the review is the need to refine the current ICWA CQI case review instrument. The department plans to update the instrument to better track the essential and needed components of a strong state ICWA practice and to thus be able to use the information collected and the data tracked to direct and grow our ongoing ICWA practice. The department has identified refinement of the instrument as a key project for the coming year, and has asked for feedback about the needed refinements from ICWAC members and the state ICWA team. The state ICWA program specialist has also corresponded informally with other national professionals working on ICWA case file reviews to gather their ideas and suggestions about implementing a strong ICWA case file review system.

Data from the 2012 ICWA CQI case review was shared with participating tribes and other community stakeholders at the January 2013 ICWAC video conference meeting. The next ICWA case record review will take place after the review instrument is updated.

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

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

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

There is no single identifiable reason for this dramatic drop. As awareness of disproportionality rates has grown, staff have worked hard with families to correctly identify American Indian/Alaska Native ancestry. Staff are using our Indian Ancestry Form to help families explore their heritage and to accurately identify their heritage, per the AFCARS definition which includes the "ongoing community/tribal affiliation" component.

Clarifications around the AFCARS definition of AI/AN were previously made in the ICWA standard to assist staff in entering information regarding race into our SACWIS system to accurately reflect the race category AI/AN. Staff has been better trained to understand the need to add the tribal affiliation piece to the otherwise self-identified declaration of AI/AN race.

The department has a new SACWIS system, iCARE. During the ICWA Team Summit in April of 2013, the statewide ICWA team including the locally identified ICWA Liaisons, the state ICWA program specialist, and the ICWA administrative staff person met with the data management and iCARE teams to start the process of updating the ICWA screens in iCARE to better capture, monitor, and track ICWA data, including race.

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

The department will continue to look for ways to help all our staff better understand issues of racism and discrimination, how they are exhibited within the field of child welfare, and how we can all work together to combat discriminatory practices that affect our children and families.

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

A current Qualified Expert Witnesses list is maintained on the internal FACS SharePoint site and on the external IDHW web site. It contains the names and contact information of individuals currently available to serve as ICWA expert witnesses, as well as the tribe(s) for which they are able to provide testimony. During the past year, the ICWA program specialist sent letters to all the QEWs on the list, asking that they update their availability/status and that they identify any other potential QEWs in their area. These updates resulted in a diminished list. On occasion, tribes will arrange for an expert witness to come to Idaho to testify at a court hearing. Many courts will also allow QEWs to testify telephonically, so that tribe-specific experts can be used as often as possible. When there is no expert available from a particular tribe, the regional staff, along with the ICWA program specialist and court personnel, work with the child's tribe to identify a potential expert witness to meet the need. The state program specialist has also worked with local child protection prosecutors and local experts to help them navigate the QEW process. The ICWA program specialist has worked informally with QEWs located within the state to help them understand and navigate court and departmental processes.

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

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

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

Many of the other cases without QEW testimony within the first 90 days are from cases wherein the applicability of ICWA was not identified early on in the child protection case. These numbers again illustrate the need for diligent identification of American Indian/Alaska Native ancestry early in our work with families.

Other mechanisms for tracking needed QEW testimony are being explored. One such mechanism is our SACWIS system, iCARE. During the ICWA Team Summit in April of 2013, the statewide ICWA team including the locally identified ICWA Liaisons, the state ICWA program specialist, and the ICWA administrative staff person met with the data management and iCARE teams to start the process of updating the ICWA screens in iCARE to better capture, monitor, and track ICWA data. As the ICWA updates to iCARE take place, the feasibility of electronically tracking QEW testimony in ICWA cases can be explored and, if possible, implemented.

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

Active efforts are defined and described in the department's Implementing the Indian Child Welfare Act (ICWA) Standard, created by the department to provide direction and

guidance to the Child and Family Services program staff. Department standards are developed in an effort to achieve statewide consistency in the development and application of CFS core services and are implemented in the context of all applicable laws, rules, and policies. The ICWA Standard is available to all staff on the department's internal SharePoint site, from both the general child welfare page and the ICWA-specific page. In addition to the standard, the ICWA SharePoint page also includes other documents available to staff that specifically address the "active efforts" requirement of ICWA.

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

The ICWA program specialist, along with the local ICWA Liaisons, completed a statewide ICWA CQI case review in the fall of 2012. The reviewers did not find any incidents of a court making a finding that the state had *not* made active efforts in an applicable case. The review did identify, however, a need to work with outside partners (e.g. courts and prosecutors) to make sure that the correct active efforts findings were being made in all applicable court orders.⁵ The ICWA program specialist is preparing a statewide ICWA training that will be taken to the field offices during the coming year. One important aspect of the training will be to reiterate with workers the important "checks and balances" role they play in helping to make sure that the courts are making the appropriate findings in their orders. The training will also include a refresher about the difference between active and reasonable efforts and about the need to continually be making active efforts to keep Indian families together and to safely reunify them as quickly as possible.

e. Develop a statewide recruitment plan, in collaboration with the tribes in Idaho, to increase American Indian/Alaska Native resource families available to foster AI/AN children and youth in out-of-home care (new)

Although the department has previously worked to recruit American Indian resource families, there still remains a very limited number of Indian families available to foster AI/AN children and youth who enter out-of-home care. The department has identified the need for concerted recruitment efforts of AI/AN families to be available to help AI/AN youth in care maintain their tribal and cultural connections. The department will access the NRC4 Tribes to seek technical training and assistance to assemble a statewide group to create and implement a plan for recruitment and support of American Indian resource parents who will be available to foster children and youth in out-of-home care. The assembled group will include the ICWA program specialist, the soon-to-be-hired recruitment program specialist, the hub-based recruitment specialists, and representatives from the tribes.

⁵ In other words, courts are making "reasonable efforts" findings in cases where ICWA is applicable and thus the higher "active efforts" findings should be used. There was no indication from a review of the court orders that the department was not making active efforts in their work with Indian families.

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

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

Throughout the year, the state has worked hard to help children and families maintain connections while children are in out-of-home care by supporting and increasing the cultural competency of agency staff and the staff's ability to individualize services and maintain connections, especially with our AI/AN families. We have continued to provide ICWA and cultural competence training for new (and more seasoned) workers through the Knowing Who You Are and the Introduction to the ICWA components of our training Academy. The day-long ICWA Academy was updated this year to specifically add an expanded component on the importance of providing culturally relevant services to the families we serve. Additionally, we were able to have representatives from local tribes participate in all three of the day-long ICWA trainings offered throughout the state. Participants in the trainings consistently ranked the participation of local tribal social service and legal representatives as a highlight of the training. Many participants commented that they appreciated having the tribal representatives there to explain their perspectives and to help the participants better understand some of the decisions that tribes make in shared ICWA cases. The training also incorporated native-produced documentaries to better illustrate the current realities of AI/AN youth and families and the ongoing effects of historical trauma on subsequent generations of Indian individuals and families. Participants in the trainings noted that the use of these documentaries was very useful in helping them to have a better understanding of the importance of the "spirit" of ICWA.

Each year the department partners with tribes in Idaho to present an ICWA conference open to tribal and state social service providers, as well as to the general public. The conference held in 2012 included many training aspects directed at maintaining connections and strengthening cultural competency. For example, the conference offered a presentation by a national tribal legal figure on Customary Adoptions, an option that can be used to afford children and youth permanency while still honoring tribal customs, values, and beliefs. Subsequent to the conference, the state was able to participate in a customary adoption with a local tribe, offering the benefits of the traditional tribal adoption along with the financial benefits afforded by an adoption subsidy. The conference also included a very powerful panel of tribal representatives from tribes within the state who shared their personal experiences. Conference participants consistently shared that this part of the conference was a very powerful and moving experience, which helped them to better understand the importance of culture and its effect on families, especially American Indian families. This year's ICWA conference is currently in the planning stages. Based on feedback from last year's conference attendees, the upcoming conference will include

further presentations on culturally competent practices and on the impact of historical trauma on current family and community functioning.

The department has a statewide program specialist position specifically identified to support local staff as they work with families who have children who are “ICWA eligible.” Throughout the year, this program specialist has responded to inquiries and requests for help from the regions as local staff work within the parameters of ICWA. Additionally, each region has a staff member designated as an ICWA regional liaison who is also available as a resource to staff who have questions related to ICWA. To strengthen the role and positive effect of the local ICWA Liaisons, the department facilitated a day-long ICWA Team Summit in April, which pulled together the local ICWA Liaisons, the state program specialist, and the ICWA administrative staff member. The ICWA Team used their time together to, in part, brainstorm ways to grow the state workers’ access to and willingness to provide culturally relevant services. Other resources have been made available on the Department’s SharePoint site for quick and easy reference, such as frequently asked questions, regional procedures, and ICWA events.

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

This year the department focused on strengthening the presence and use of the local ICWA Liaisons as an important local tool for strong ICWA practice. The new ICWA state program specialist traveled throughout the state to meet with each local ICWA Liaison. The local ICWA Liaisons were also used as facilitators and reviewers during the statewide ICWA CQI case file review. During the review, the state ICWA program specialist also interviewed each local ICWA Liaison about his/her role in the region, the current state of the region’s ICWA practice, and the needs of the regions and state vis-à-vis our ICWA practice.⁶ Additionally, the new ICWA day-long Academy training has incorporated the use of the local ICWA Liaisons as co-trainers to give the Liaisons more ICWA experience and to give the local staff an introduction to these important local resources. The ICWA Academy trainings for the coming year will use the local ICWA Liaisons as primary trainers, giving training participants the opportunity to see the local Liaisons as ICWA “experts” they can use as they work with AI/AN families.

In April of 2013, the department hosted a statewide ICWA Team Summit in Boise. This day-long meeting brought together the locally identified ICWA Liaisons, the state ICWA program specialist, and the ICWA administrative staff person. The ICWA Team used their time together in a variety of ways, including working together to better identify and define the role of the local ICWA Liaison. The Team came up with a draft definition of their role and responsibilities:

⁶ The interview responses were incorporated into the ICWA case record review results report that is being used to inform the department’s ICWA practice focus for the coming year.

IDHW LOCAL ICWA LIAISONS. Each FACS region will designate one staff member as their local ICWA Liaison. The role of the local ICWA Liaison is to act as the initial contact point for regional staff to answer questions and to offer guidance for all matters related to ICWA. The Liaisons will help the regions to elevate the importance of ICWA within their practice models and to integrate ICWA into their everyday practices and staffings. The Liaisons will bring ICWA updates to staff and help staff understand the importance and ongoing nature of ICWA. The Liaisons will support supervisors in supervising ICWA cases and will act as consultants in complex ICWA cases. The Liaisons will assist with and advocate for needed ICWA trainings in their areas. The Liaisons will work with others in their areas to develop and strengthen relationships with local tribes and will help to educate and support outside stakeholders (such as judges, attorneys, CASA, resource parents, and contractors) in all aspects of ICWA. The Liaisons will also participate as active members of the statewide ICWA team, helping to direct a strong state ICWA practice.

The team also brainstormed ideas of how to better “advertise” their services so that local staff and supervisors can better take advantage of these on-the-ground local resources. In addition, the team provided local updates, identified local needs surrounding ICWA, and worked with the iCARE and data management teams to begin the work to refine our electronic case file as it pertains to ICWA.

The ICWA Team also participates in bimonthly telephone conference calls where they discuss local issues, updates from the state, and ICWA practice ideas.

c. Annual ICWA Conference

See 4(a) above. 2013’s ICWA conference is currently in the planning stages. Based on feedback from last year’s conference attendees, the upcoming conference will include further presentations on culturally competent practices and on the impact of historical trauma on current family and community functioning. The conference will also feature a session entitled “ICWA and the Supreme Court: Update and Review.” The conference planners hope to have this session of the conference streamed over the internet so that it can be viewed by judges and attorneys statewide.

d. Regional ICWA Trainings

A statewide ICWA case record review was held in the fall of 2012. An important need that was identified from the review was the need for an updated staff training on both the letter and the spirit of ICWA. The ICWA program specialist, with collaboration from the other participants of the statewide ICWA team, is putting together a training that will be taken to the regions for staff and interested community partners within the next year. The training will focus on the historical context of ICWA and the need for culturally relevant services, as well as technical aspects of ICWA compliance.

e. Stakeholder Trainings

During the past year, the ICWA program specialist coordinated with the child protection presenter at the “new prosecutor school” (i.e. statewide training for newly elected county prosecutors) to make sure that ICWA and its importance in successfully prosecuted child protection cases was included – and stressed – during the presentation to the new prosecutors. The program specialist has also corresponded with the Idaho Prosecuting Attorney’s Association to suggest ICWA as a topic during their semi- annual prosecuting attorney conference. The ICWA training currently being created to take to the regions will be open to all interested community partners, including court personnel and CASA.

CONCLUSION

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

(PI-D) CAPTA PLAN 2013-2014

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

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

Through CAPTA, the following program areas are selected for 2013-2014 to improve Idaho's statewide programs relating to child abuse and neglect.

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

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

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

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

Changes to 2013-2014 CAPTA Plan

A description of significant changes from the State's previously approved CAPTA grant are described below.

Fatality and Near Fatality Public Disclosure Policy

During the 2013 legislative session, Idaho CFS revised our Rules Governing Use and Disclosure to align with the requirements set forth in the September 2012 Child Welfare Policy Manual revisions. The new requirement in the administrative rule includes the following language:

CHILD PROTECTION. Unless allowed by these rules or other provision of law, the Department will disclose information from child protection records in its possession upon a court order obtained in compliance with Subsection 075.02 of these rules. Disclosure of Department records under the Child Protective Act is governed by Section 16-1629(6), Idaho Code. Court records of Child Protective Act proceedings are governed by Section 16-1626, Idaho Code. Pertinent federal laws and regulations include 42 USC 5106 and 45 CFR 134.20. Information regarding child fatalities or near fatalities may be made public

Child Fatalities. In accordance with 42 USC 5106a(b)(2)(B)(x), the Department will disclose non-identifying summary information to the Statewide Child Fatality Review Team,

established by the Governor’s Task Force on Children at Risk, regarding child fatalities that were determined to be the result of abuse, neglect, or abandonment.

Public Disclosure. The Department has the discretion to disclose child-specific information under this rule when the disclosure is not in conflict with the child’s best interests and one (1) or more of the following applies: **a.** Identifying information related to child-specific abuse, neglect, or abandonment has been previously published or broadcast through the media; **b.** All or part of the child-specific information has been publicly disclosed in a judicial proceeding; or **c.** The disclosure of information clarifies actions taken by the Department on a specific case. (IDAPA 16.05.01.210)

In addition to the revisions to administrative rule, CFS updated our internal policy memorandum on child maltreatment fatality reviews to define “non-identifying case summary information “as:

- the age and gender of the child;
- information describing any previous reports or safety assessments that are pertinent to the child abuse or neglect that lead to the fatality;
- the result of any such safety assessments; and
- the services provided by and actions of the Department on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality.

Enhance Safety Practice and Explore Implementation of Differential Response

Idaho plans to continue working with the National Resource Center on Child Protective Services to strengthen our safety practice and revise our safety assessment tolls. CAPTA funds will be used for training social workers and supervisors. Upon successful implementation and integration of these revisions, Idaho will assess the potential for implementation of a differential response system. CAPTA funds will also be used in collaborating with and training community partners.

Supervisory Academy

CAPTA funds will be used to implement a Supervisor Academy. Idaho is currently consulting with Dr. Cynthia Lietz, a consultant to Casey Family Programs and the State of Arizona, and intends to utilize her Strengths-Based Supervision: Supporting Family-Centered Practice through Supervisory Processes curriculum as the foundation of our supervisor training curriculum. All new supervisors will attend this two-day training; the first session is scheduled for July 2013.

Child Fatality Review Team

In the fall of 2012, the Governor’s Children at Risk Task Force re-established a statewide Child Fatality Review Team. CAPTA funds, along with Children Justice Act funds, will be used to continue to support the new review team.

CAPTA Activities Conducted with Alternate Funding

While the 2013 CAPTA budget does not designate funds for the following activities, these activities occur through alternate funding sources such as:

Prevention of child abuse and neglect

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

Reporting suspected cases of child abuse and neglect

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

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

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

Idaho is also hoping to develop partnership with local universities and the marketing contractor of these universities to promote public education on mandatory reporting requirement and advertise the state's new centralized intake system. This may be done during announcements at sporting events and through PSA's hosted by local sports coaches.

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

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

- Involving Families Through Family Group Decision Making Meetings;
- In-Home Family Preservation Services;
- Service Planning;

- Child Well-Being; and
- Concurrent Planning.

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

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

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

During 2013, Child and Family Services continued consulting with psychiatrists, pediatricians, representations from Medicaid, the Division of Behavioral Health, and the Supreme Court in a collaborative effort to enhance the health care plan for children in the foster care system. Included in the overall health care plan is a plan for identifying and monitoring the use of psychotropic medication prescribed for foster children and youth. Collaboration and plan implementation will continue during this next reporting period.

PROGRAM CONTACT

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CAPTA BUDGET

FY 2014

We anticipate that these will be the budget categories for FY 2013.

| CAPTA Budget | FY 2013-2014 | CAPTA Grant Purpose |
|---|---------------------|---|
| Implementation and training of continuing quality assurance system | \$20,000 | Section 106(a)(1) Section 106(a)(3) Section 106(a)(4) |
| CAPTA SLO | \$ 2,000 | |
| Support collaboration of the Indian Child Welfare Advisory Council and the Department to improve the delivery of services and treatment provided to Indian children and their families. | \$20,000 | Section 106(a)(14) |
| Maintaining Citizen Review Panels in all 7 Regions | \$16,000 | 106(c)(4)(A) 106(c)(4)(c) 1-6(c)(6) |
| Skill training for supervisors -- 2-day training to develop and enhance competencies | \$31,807 | Section 106(a)(7) |
| Improve the skills of supervisors through developing supervisory curriculum and implementing supervisor academy. | 20,000 | Section 106(a)(7) |
| Intake and assessment training for all new social workers, three times per year in each hub at Child Welfare Academy. | \$20,000 | Section 106(a)(1) |
| Implement Safety Practice Revisions | \$30,000 | Section 106(a)(3) |
| Support newly formed child fatality review team | \$25,000 | Section 106(a)(4) |
| TOTAL | \$184,807 | |

(PI-E) CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

IL PROGRAM SERVICE DESCRIPTION

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

A. Description of Program Design and Delivery

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

Transitional Independent Living Plan

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

Family and Support Persons Involvement

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

Independent Living Skills

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

Educational and Vocational

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

Employment

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

Human Sexuality Issues

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

Counseling

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

Room and Board

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

Self Sufficiency

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

Outreach

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

Increasing Services

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

Support Networks

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

Training

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

B. Revisions to Goals and Objectives established in the CFSP

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

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

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

No areas needing improvement were identified in the Independent Living Program

D. Services to be Provided in FY2014

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

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

E. Geographic Areas Where Services Will Be Available

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

F. Estimated Number of Individuals and Families to be Served

In SFY 2012, 606 youth between the ages of 15 to 21 were served by the Chafee Foster Care Independence Program (CFCIP). This number includes 202 youth who reached the legal age of adulthood (18 years) while in foster care.

G. Planned Program Changes

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

COLLABORATION

- Descriptions of activities in the ongoing process of coordination and collaboration efforts are described later in this section at "Coordination with Other Federal and State Programs for Youth."

- Collaboration between child welfare agency and the courts with regard to the development of the APSR and any CFSR or title IV-E program improvement plans is discussed elsewhere in this report.

PROGRAM SUPPORT

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

ACCOMPLISHMENTS

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

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

These activities are planned to continue in FY 2014.

- (2) **Help youth receive the education, training and services necessary to obtain employment** (examples follow)
 - In FY 2013, IL Plans and IL Transition Plans continued to include education and training domains for youth with goals and strategies to obtain employment. For some youth, this included vocational training such as CNA classes and for others it included formal higher education.

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

These activities are planned to continue in FY 2014.

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

- In FY 2013, IL Coordinators assisted IL eligible youth with FAFSA applications seeking scholarships, and writing college essays for the ETV application process as part of the transition process to higher education.
- IL eligible youth in the Boise area used the "Students for Success Program" at Boise State University under the Trio umbrella.
- ETV eligible youth attending Boise State University also participated in a pilot of the Guardian Scholars program that should be implemented at Boise State as a full program in Fall of 2013.
- Casey Family Programs and regional IL programs use a contact person with the Trio Program to help with FAFSA applications. They also help youth make decisions about their goals and which classes to take.
- In Region 6, the Director of Admissions at Idaho State University (ISU) in Pocatello was formerly a sibling to foster youth and has been especially helpful in assisting older foster youth enroll at ISU.
- ETV eligible youth attending Idaho State University participated in first year of the Guardian Scholars program.
- The College of Western Idaho has an assigned a point person for former foster youth to assist in the enrollment process and to increase the number of foster youth who graduate from college programs.
- In Region 1 ETV eligible youth attending North Idaho College in Fall of 2013 will participate in a pilot of the Guardian Scholars program that should be implemented as a full program in Fall of 2014.

These activities are planned to continue in FY 2014.

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

- Idaho continues to use the “Permanency Pact” to identify adults available to help youth with 45 circumstances typically encountered by young adults.
http://www.fosterclub.com/files/PermPact_0.pdf
- In FY 2013, both the Idaho Chapter of Foster Care Alumni of America (FCAA) and Foster Youth of Idaho (FYI) association began work on development mentoring programs.
- Regions 3 and 4 continue to work with the Special Needs Adoption and Permanency (SNAPS) administered through the Idaho “Wednesday’s Child” program to provide children in care between the ages of 11 and 18 with a mentor. Mentor-mentee pairs get together individually at least once a month, and have weekly contact with each other.
<http://www.idahowednesdayschild.org/misc.php?id=mentor> SNAPS supports mentors through new mentor orientation, quarterly training, and the adoptidaho.org/mentor web site.
- Regions continue foster care recruitment efforts specifically for families that can meet the unique needs of adolescents. Youth speakers are invited to foster provider training (PRIDE) to share their stories and possibly influence families to foster adolescents.
- Region 5 IL Program developed a program for youth called “Elev8.” The purpose of ELEV8 is to provide teens with a safe and nurturing environment in which they can develop relationships with peers, mentors and community members. ELEV8 mentors to support and monitor youths independent living progress. Mentors will inform staff of needed referrals, concerns and celebrations throughout the year. The group meets weekly.
- Foster youth groups are active in 6 regions in Idaho and provide adult interaction and supervision while youth engage in peer support, community volunteer work and other activities that put them in contact with positive adult role models in community organizations.
- The Idaho Foster Youth Advisory Board was created in July of 2012. This group gives direct feedback to the Independent Living Program Specialist on policy directed at older youth. This group is active in each of the seven communities across the state with new worker training, new foster parent training, and community outreach.

These activities are planned to continue in FY 2014.

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

- In FY 2013, supports and services were provided to youth between 18 and 21 who were former foster care recipients that included room and board and supports for

employment and education. IL Plans developed with those young adults include responsibilities of the youth to achieve goals on their IL Plans. These services and expectations will continue in FY 2014.

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

These activities are planned to continue in FY 2014.

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

- In FY 2013, the state IL Coordinator has continued efforts to inform IL Regional staff, contractors, tribal social service staff and other partners about ETV and scholarship opportunities and provided training on FAFSA on-line applications through quarterly conference calls and onsite training.

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

All regional IL Programs provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. There are no differences between services offered to this population and other youth eligible for the IL Program in Idaho. This practice will be continued in FY 2014.

Coordination with other Federal and State Programs for Youth

In FY 2013, the following activities were performed to coordinate services with other federal and state programs for youth.

- In FY 2013, the state Independent Living Coordinator represented Idaho’s Child Welfare IL Program at the Idaho Secondary Transition Council coordinated by the Idaho State Department of Education, Division of Special Education. Council members represent state and federal programs, as well as youth advocates and parent representatives. This participation will continue in FY 2014.

- In Region 1, the IL coordinator has partnered with a local university to help deliver IL skills classes to foster youth and help form and train foster youth to have their own youth advisory group.
- In the Boise Treasure Valley area, a collaborative group, IROCK, has been very successful in connecting public and private agency representatives at bi-monthly meetings. Participants include staff from the Department of Labor, housing programs, Vocational Rehabilitation, employment training providers, life skill training programs, Casey Family Program staff and youth, secondary and employment and post-secondary providers, and IL staff from Regions 3 and 4. Speakers have presented on opportunities for youth with disabilities, homeless alternatives, Idaho Meth Project, Medicaid Benefits, McKinney-Vento, Trio, Safe School Coalition, WIA, Board of Education, Commission for the Blind and many others. In FY 2011, the group reestablished committees for housing, employment mental health transportation and youth engagement. IROCK stands for Idaho Resources, Opportunities, Communities, and Knowledge
- In Region 4, The Idaho IL Program continued to work closely with Casey Family Programs in the delivery of IL services to youth 15 to 21 and for ETV to age 23 for youth enrolled in post-secondary education on their 21st birthday in Region 4.
- Region 6 IL staff renewed efforts to facilitate referrals from the Shoshone-Bannock Tribes' social service workers and set up a referral loop to ensure all eligible youth receive IL services. Regional IL staff assisted tribal social service staff in the development of an IL Plan for a youth in the custody of the tribe and have offered to assist with other IL Plans for tribal youth eligible for IL.
 - Region 6 IL Coordinator worked with tribal social service representatives from the Shoshone-Bannock Tribes to improve communication and coordinate eligibility determination, plan development and service delivery for tribal youth who are IL eligible.
 - On a state level, DHW continues to exchange information with tribal representatives at regular Indian Child Welfare Advisory Committee (ICWAC) meetings.

Training in Support of State CFCIP

- In FY 2013, the state IL Coordinator conducted a formal orientation to NYTD and Idaho's IL Program to all regional staff.
- In FY 2013, the state IL coordinator delivers new worker orientation to Idaho's IL Program.
- In FY 2013 Idaho's first Youth Advisory board was formed and began to speak in public venues regarding foster youth and foster care.

Trust Funds for Youth Receiving IL or Transition Services

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

Agency Efforts to Involve Youth in Planning

- Several regions have active groups of current foster youth in Foster Youth and Alumni of Idaho (FYI) that are interested in local Independent Living efforts and programs.
- CFS involves a panel of foster youth in new worker training, in-service training and Keeping Children Safe general meetings. Youth are paid small stipends for their participation.

Option to Expand Medicaid to IL Eligible Youth

Idaho continues to extend Medicaid coverage for youth who have aged out of foster care up to their 19th birthday, using the state's Children's Health Insurance Program. State revenue shortages and budget cuts currently prohibit consideration of extending coverage to youth ages 19 to 21. National health insurance changes effective in 2014 will provide increased medical coverage for more youth who age out of care, even in the absence of the state extending Medicaid coverage for youth ages 19 to 21 who aged out of care.

Results of Indian Tribe Consultation

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

NYTD Implementation

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

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

Education and Training Voucher Program

- Specific accomplishments and progress to establish, expand, or strengthen Idaho's postsecondary educational assistance program to achieve the purpose of the ETV program are described above in Section E, under specific accomplishments for FY 2013 and Plans for FY 2014. Number 7 specifically states "Make available vouchers

for education and training, including postsecondary education, to youth who have aged out of foster care.”

- Idaho’s ETV program is entirely administered by the child welfare agency. Contractors in some regions assist youth with ETV Applications, but all ETV applications are submitted to regional IL Coordinators and forwarded to the state IL Coordinator.
- Attachment E. contains the ETV information matrix.

Goals and Strategies for Idaho’s IL and ETV Programs for 2010-2014

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

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

Target Date: 2010 Status: Completed 2010

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

Target Date: 2011 Status: Ongoing

The state IL Coordinator conducted a formal orientation to Idaho’s IL Program to two new Regional IL Coordinators. IL Orientation is delivered to all new regional coordinators, even if they have worked in the program previously because the duties of the coordinator include additional tasks and require a broader knowledge of the CFCIP.

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

Target Date: 2013 Status: Completed

Data collection efforts for NYTD have allowed our state to monitor the number of IL plans in our SACWIS system. IL plans are a data element that is required for all IL eligible youth for NYTD reporting purposes. The percentage of IL plans in our data system are well over 60% at this time.

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

Target Date: 2010 Status: Completed 2010

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

Target Date: 2013 Status: Completed 2013

The state IL Coordinator conducted a formal orientation to the Casey Life Skills Tool with all Regional IL Coordinators, social work staff, and community partners.

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

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

Target Date: 2010 Status: Completed 2010

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

Target Date: Ongoing

Status: Ongoing

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

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

Target Date: 2013

Status: New

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

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

Target Date: 2010 Status: Complete

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

Target Date: Ongoing

Status: Ongoing

During the reporting period, "College Packets" with college preparation information and timelines in Idaho were sent by the State IL Program Specialist so that regional IL coordinators can share important college information with all foster youth 15 and older.

Strategy 3.3 Develop the Guardian Scholars Program in Idaho's state colleges.
Target Date: Ongoing Status: New

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

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

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

Target Date: 2010 Status: Completed 2010

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

Target Date: 2011 Status: Completed 2010

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

Target Date: 2011 Status: Ongoing

The State IL coordinator is soliciting information from other states IL coordinators via conference calls, conferences, and meetings as they to research ways to implement ways to locate and survey this population of young adults. The State IL coordinator is also working closely with the state's information system specialist to develop the most appropriate survey to use with young adults ages 19-21.

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

Target Date: 2012 Status: Completed 2012

Goal 5: Development of a state Foster Youth Advisory Board

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

Target Date: 2013 Status: New

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

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(PI-F) STATISTICAL AND SUPPORTING INFORMATION

EDUCATION AND TRAINING VOUCHERS

See Attachment E

INTER COUNTRY ADOPTIONS

During this reporting period, no children previously adopted through an inter-country adoption entered Idaho's foster care system.

WORKFORCE INFORMATION ON CHILD PROTECTIVE SERVICES

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

- Education, qualifications and training requirements
 - Education - All CPS staff, as defined above, must have at least a Bachelor's Degree in Social Work or a (very) closely related field.
 - Licensure – All CPS workers must have a current Social Work license prior to employment and must be maintained during their employment. The Idaho Social Work license requires 20 approved CEU's per year to maintain the license.
 - Training - Each new employee must complete 4 weeks of pre-service training. Training is not restricted to CPS workers, it is for all new child welfare staff. It includes a range of topics from laws, rules and policy through Concurrent Planning to Worker Safety. Each new worker must complete each session of the pre-service Academy before they can assume full case responsibility for cases.
 - New employees cannot pass their 9 month probationary period if they have not completed all pre-service training sessions.
 - Advancement - Social Worker 1, 2 and 3 classifications have been developed. Social worker 1 is the entry level, 2 is an experienced social worker and 3 is an experienced social worker who is seen as having supervisory abilities and works closely with the supervisor to gain experience in "lead work," while still being under supervision themselves.

- Data on education, qualification and training of such personnel
 - See 100% requirements under education, qualifications and training requirements above.

- All Child Welfare personnel including those who do the initial CPS component. See below.

FY 2012 Child Welfare Staff Demographics

| | | Child Welfare Social Worker 1 | Child Welfare Social Worker 2 | Child Welfare Social Worker 3 | Clinician | Child Welfare Superv / Clinical Superv | Totals |
|----------------------------|-------------------------|-------------------------------|-------------------------------|-------------------------------|-----------|--|------------|
| Number of Filled Positions | | 22 | 155 | 33 | 4 | 38 | 252 |
| Educational Degrees* | Bachelor of SW | | | | | | |
| | Master of SW | | | | | | |
| | Master of Clinical SW | | | | | | |
| | Other Degree | | | | | | |
| Race/ Ethnicity | White | 17 | 139 | 33 | 4 | 37 | 230 |
| | Black | 1 | 1 | 0 | 0 | 0 | 2 |
| | American Indian | 0 | 2 | 0 | 0 | 1 | 3 |
| | Asian/ Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 |
| | Hispanic | 4 | 13 | 0 | 0 | 0 | 17 |
| Gender | Female | 21 | 133 | 32 | 3 | 32 | 221 |
| | Male | 1 | 22 | 1 | 1 | 6 | 31 |
| Age | 20 - 30 Years | 13 | 43 | 4 | 0 | 1 | 61 |
| | 31 - 40 Years | 5 | 60 | 11 | 2 | 12 | 90 |
| | 41 - 50 Years | 4 | 26 | 11 | 1 | 15 | 57 |
| | 51 - 60 Years | 0 | 20 | 6 | 1 | 8 | 35 |
| | 60+ Years | 0 | 6 | 1 | 0 | 2 | 9 |

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

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

| Monthly Averages | SFY 2012 | | | | SFY 2011 | | | |
|------------------------------|----------|---------|---------|-----------|----------|---------|---------|-----------|
| | North | West | East | Statewide | North | West | East | Statewide |
| Child Population (0-17 yrs.) | 71,739 | 191,617 | 164,760 | 428,116 | 72,060 | 191,563 | 165,449 | 429,072 |
| Abuse/Neglect Referrals | 97 | 298 | 197 | 591 | 97 | 333 | 198 | 628 |
| Risk Assessments | 126 | 315 | 218 | 658 | 120 | 381 | 226 | 727 |
| In Home Cases | 78 | 108 | 111 | 296 | 83 | 129 | 116 | 327 |
| Foster Care Placements | 379 | 652 | 479 | 1,510 | 374 | 742 | 497 | 1,612 |
| Total Cases | 679 | 1,371 | 1,005 | 3,055 | 673 | 1,584 | 1,037 | 3,294 |

| Rate per 1,000 Children | SFY 2012 | | | | SFY 2011 | | | |
|---------------------------------------|----------|------|------|-----------|----------|------|------|-----------|
| | North | West | East | Statewide | North | West | East | Statewide |
| Rate/Referrals | 1.4 | 1.6 | 1.2 | 1.4 | 1.3 | 1.7 | 1.2 | 1.5 |
| Rate/Risk Assessments | 1.8 | 1.6 | 1.3 | 1.5 | 1.7 | 2.0 | 1.4 | 1.7 |
| Rate/In Home Cases | 1.1 | 0.6 | 0.7 | 0.7 | 1.2 | 0.7 | 0.7 | 0.8 |
| Rate/Foster Care Placements | 5.3 | 3.4 | 2.9 | 3.5 | 5.2 | 3.9 | 3.0 | 3.8 |
| Caseload Avg. per Case-Carrying Staff | 17 | 14.8 | 16.5 | 15.8 | 16 | 18.5 | 14.4 | 16.5 |

Juvenile Justice Transfers

In Idaho, youth come under the purview of the Juvenile Corrections Act for an act that would constitute a criminal offense if committed by an adult. From April 1, 2012 to April 1, 2013, there were youth who were in the custody of Idaho Department of Health and Welfare under the Idaho Child Protective Act who were subsequently transferred into the custody of the Department of Juvenile Corrections under the Juvenile Corrections Act.

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

| Region | # transfer to DJC 2011-2012 | # transfers to DJC 2012-2013 |
|--------------|-----------------------------|------------------------------|
| Region 1 | 4 | 0 |
| Region 2 | 0 | 0 |
| Region 3 | 6 | 1 |
| Region 4 | 4 | 1 |
| Region 5 | 2 | 2 |
| Region 6 | 3 | 0 |
| Region 7 | 1 | 2 |
| Total | 20 | 6 |

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

Child Protective Act. From April 1, 2012 to April 1, 2013, youth have been expanded from the Juvenile Corrections Act to the Child Protective Act. Below are the expansions to child welfare, by Region.

| Region | # Expansions to Child Welfare 2011-2012 | # Expansions to Child Welfare 2012-2013 |
|---------------|--|--|
| Region 1 | 16 | 6 |
| Region 2 | 4 | 0 |
| Region 3 | 10 | 8 |
| Region 4 | 8 | 15 |
| Region 5 | 2 | 15 |
| Region 6 | 5 | 3 |
| Region 7 | 3 | 10 |
| Total | 48 | 57 |

At this time we are unable to get an accurate count of the number of youth who were dually committed as a result of a Juvenile Corrections or a Child Welfare expansion.

(PI-G) FINANCIAL INFORMATION

Payment Limitations Report For IV-B, subpart 2

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

State expenditures for Title IV-B subpart 2 for FFY 2011 were \$438,000

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

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