

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

**First Annual Progress and Services Report (2016 APSR) to the  
2015-2019 Child and Family Services Plan (CFSP)**

**Approved report will be posted at**

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

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Attachment 12.2: CFS-101, Part III for FY2016 (signed)

## **(1) GENERAL INFORMATION**

The Annual Progress and Services Report includes planned activities required to receive Federal allotments for fiscal year 2016 authorized under title IV-B, subparts 1 and 2, section 106 of Child Abuse and Prevention Treatment Act , Chafee Foster Care Independence Program, and Educational Training Voucher programs. It also provides an update on the progress made toward accomplishing the goals and objectives of the Child and Family Services Plan.

### ***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 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. Child and Family Services' 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. See Attachment 5: Organizational Charts.

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 Educational Training Voucher Program. The Idaho Department of Health and Welfare's Division of FACS 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.

### ***Collaboration***

- Central Office Administrator, Bureau Chiefs, Program Manager, and Program Specialists
- Child Welfare Program Managers, Chiefs of Social Work, and Supervisors
- Child Welfare Line Staff
- Resource Families
- 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)
- Governor's Children at Risk Task Force
- Youth Advisory Board
- Statewide Stakeholder Planning Group

Ongoing collaboration is a strong feature of Idaho planning efforts. We meet with individuals and groups who are partners in the child welfare system on a regular and ongoing basis. One example is the annual statewide visits, by FACS and CFS administrators, with local staff and resource families. Another is the involvement of stakeholders in the development of local (hub) improvement plans. Each of these local improvement plans has specific strategies for involving local stakeholders.

During April of 2014, CFS conducted a listening session with a broad range of statewide stakeholders including workers, supervisors, chiefs, tribal social services representatives, parents, resource parents, university partners, Casey Family Programs, private providers, Guardian ad Litem (GAL) representatives, court representatives, and law enforcement. One of the purposes of meeting with this representative group was to receive feedback on what is going well and what is not going so well from their viewpoint and experience. It also provided an opportunity for CFS to share information, answer questions and provide data related to both general and specific aspects of the child welfare program. The feedback we got from our stakeholders both at this meeting and through ongoing contacts with many more stakeholders combined with the results of our own internal assessments and our data outcomes informed our five year Child and Family Service Plan (CFSP) (2015-2019).

This group of stakeholders, including tribes and courts, will convene periodically throughout our five year CFSP to be involved in implementation of the goals and objectives and in the monitoring and reporting of progress. In October of 2014 this group again convened to review the CFSP goals they helped develop and talk about ways in which they wanted to continue the cooperative process to implement and monitor goals and outcomes. The group identified the target of meeting on a bi-annual basis to share ideas, resources, monitor goals of the CFSP and assist in strengthening the larger child welfare system. One of the activities the group participated in was identifying objectives or interventions within the CFSP they personally wanted to commit and engage with CFS on next steps and partnership. Central office staff reached out to all the group members who had made personal commitments as an effort to keep group members involved in planning efforts. The group also collaborated on scheduling efforts to identify a date for the next gathering and a meeting was planned for the spring of 2015. However after several members indicated through cancelation or lack of response they were unable to attend, the meeting was canceled as only a couple members would have been able to attend. This group will next meet in the fall of 2015. As a part of the next meeting we are planning to structure incorporate some strategic strategies to keep this group invested in their identified mission and goals. While this group of stakeholders did not meet as a large group, efforts were made to gather feedback from all the included stakeholder groups through other methods to inform this year's APSR.

CFS conducted regular statewide and local meetings throughout the spring and summer of 2015 with regional and central office staff in the CFS program and other Department programs such as Behavioral Health, Medicaid, and Infant and Toddler Program regarding interventions, progress, and outcomes in relation to our CFSP informing this year's APSR. We have been involved through continuous feedback loops with our tribal and court partners on goals and progress of our CFSP as well as additional university and Casey partners on successful implementation and progress of our initiatives within our plan. We have active participation and collaboration with our citizen review panels, youth advisory board, L and CIP committee in planning efforts and exchange of information which is represented in this year APSR. CFS also utilized surveys and interviews with resource parents to gather their viewpoint on progress and needs in an effort to build effective partnerships within our system. Training and education opportunities were employed with our law enforcement partners around child safety in effort to maintain children safely in their homes. While CFS was able to collaborate and gather feedback from our stakeholder groups to inform this year's APSR we are committed to keeping our larger statewide stakeholder planning group engaged and involved in the planning and re-planning of our CFSP over the next five years.

Another area we are continuing to work on is around timing challenges as we have tried to implement stakeholder review/approval with any of the annual reporting and plans related to the CFSP. These timing issues can result in stakeholders seeing a plan after the fact without opportunity to give feedback into what is submitted. Together with our collaborators, one of our goals for our five year plan is development of a sustainable, ongoing and meaningful planning, feedback and adjustment loop which will extend past the rigid frame of year to year reporting and planning.

### *Measurement of Progress*

Child and Family Services has a number of data sources and several methods for monitoring improvements established. The state will continue to use data provided by DHHS and our continuous quality improvement case review process.

### *Continuous Quality Improvement Case Reviews*

Child and Family Services has conducted continuous quality improvement (CQI) case reviews since 2004. Over the 2014 calendar year we conducted a review utilizing the federal review instrument with 23 items in each hub, reviewing a total of 209 cases. CY 2014 findings indicated improvement in outcomes regarding APPLA as well as the achievement of the following goals: foster care re-entries, establishment of timely permanency goals, efforts on achieving timely adoptions, proximity of placements, preserving connections, family involvement in case planning, adequate and quality visits with children and meeting children's physical health needs. Local and state improvement plans over the past couple years have primarily focused on strategies to increase placement stability, improve timeliness of permanency, maintaining children safely in their homes and family engagement.

During the 2015 calendar year, Child and Family Services began to update and revise our case review processes to align with the federal instrument through the Online Management System (OMS). In an effort to enhance our process CFS did not conduct case record reviews during the first part of the 2015 calendar year. Child and Family Services utilized this time to provide

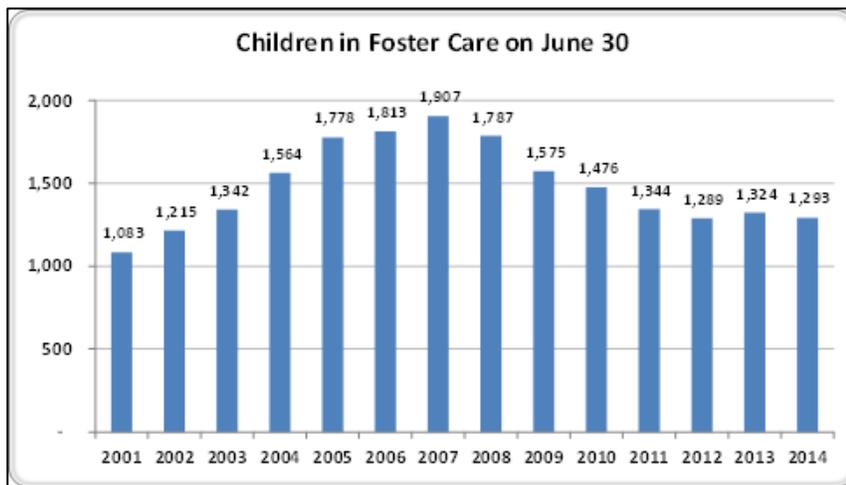
updated training to case reviewers and initial QA staff in the summer of 2015. In addition, this time was spent developing a policy and procedures manual regarding quality assurance for case reviews outlining the process; including sampling methodology, case elimination process, front loading, and other necessary criterion to enhance our CQI practice. As part of our implementation plan CFS will conduct case record reviews on a total of 108 cases in the fall of 2015, applying the updated federal instrument and OMS process. During this review period CFS will gather feedback through case reviewer surveys and from initial QA staff to further inform CQI planning; updates will be included in our CQI manual and training curriculums. Although the number of cases reviewed in 2015 will be a smaller sample size than typical for Idaho, which may impact data findings, CFS plans to continue to analyze the data to inform and enhance local and state strategies for improving practice and outcomes as a result of the reviews.

As we move forward CFS will increase our total case sample to 216 per year. This sample will include a total of 80 foster care cases and 28 in-home cases reviewed on a semi-annual basis. The number of cases reviewed for each region within the state will be proportional to the percentage of children each region has in foster care and are providing in-home services compared to state totals.

For purposes of local and state improvement planning, CRR data and data analysis obtained through our data management system is calculated for each region within a hub and for the hub itself. Improvement plans focus on performance outcomes for the hub which indicate performance is below established goals from 2008 CFSR or not aligned with standards for practice in Idaho. Having robust CQI processes assists Idaho in assuring clients receive quality services, information is gathered to inform the design and delivery of services, assuring services meet state and federal standards, support and increase staff skills and training needs, develop system improvements, monitor and assess performance and improve outcomes for families and children in the areas of safety, permanency, and well-being.

*This Past Year in Idaho*

**Children in Foster Care**



The point-in-time number of children in foster care in Idaho appears to have hit a 10 year low in 2012, and had a decrease of 31 cases from 2013 to 2014.

### *New Strategies for this APSR*

In addition to CFS updating and refining our CQI process, CFS has begun the initiatives highlighted below. These are discussed in more detail under the relevant goal and strategy in the text of this report.

#### **Child Welfare Waiver Demonstration Activities**

Child and Family Services is utilizing Federal title IV-E funds to implement three major initiatives statewide. The first phase of implementation began in January of 2015 and consists of the following initiatives: first, improve caregiver's capacity to parent through the use of the evidence-based parent training "Nurturing Parenting Programs." Second, increase family and youth involvement in case decision-making through increase use of Family Group Decision Making meetings (FGDMs). And third, develop a Trauma-Informed System of Care that includes enhanced trauma education and training for child welfare staff and universal trauma screening for children through the use of the Child and Adolescent Needs and Strengths (CANS) tool.

#### **Enhanced Child Safety Practice**

Child and Family Services implemented an enhanced safety practice in collaboration with the former National Resources Center for Child Protective Services (NRCCPS) in CY 2014. During implementation and rollout of the practice training, assessment tools, and coaching was provided across the state. While the model has led to enhancing the assessment process for child safety in Idaho, there continues to be a need to bolster and support the practice for stability and fidelity of the model. Over the next year CFS plans to strengthen and increase the coaching and case consultation model to enrich the use and fidelity of our safety practice.

### *Legislative Changes*

#### **IDAPA 16.06.01.451 DRIVERS' TRAINING, DRIVERS' LICENSES, AND PERMITS FOR CHILDREN IN ALTERNATE CARE.**

This rule change unanimously passed through both the House and Senate Health and Welfare Committees during the 2015 Idaho Legislative Session, and was enacted effective Sine Die. The rule change will continue to allow the Department to make payments for driver's training, permit, and license for a child in the Department's legal custody when driver's training or obtaining a driver's license or permit is part of the child's Independent Living Plan.

Additionally, this rule change will also allow the Department to reimburse a licensed foster parent for the cost of vehicle insurance for a foster child in their care. The Idaho Foster Youth Advisory Board provided initial and on-going feedback for this rule change citing driving as one of the top three concerns for Idaho's foster youth. The proposed rule change was also presented to the Idaho Stakeholder Group in October where they offered support for the rule change and for increasing normalizing activities for youth in foster care.

### *Organization of the APSR*

Using a combination of funding streams including title IV-B subparts 1 and 2, Child Abuse Protection and Treatment Act, Chafee Foster Care Independence Program, and Educational Training Vouchers, CFS 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.
- 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 APSR is organized by our CFSP goals and strategies. All of CFS' goals and strategies were developed with input from community partners through a sustained series of collaborative contacts throughout the year. Each goal will include an annual and data update for FFY 2015.

## (2) ASSESSMENT OF PERFORMANCE

**Exceeds goal \***   **Slightly below goal \***   **Below goal \***

\*(default) indicates the goal set for all items on the  
Child and Family Services Reviews (CFSR)/Onsite Review Instrument (OSRI)

### *Safety Outcome 1*

Children are first and foremost, protected from abuse and neglect. CFSR 2008: Not in Substantial Conformity (90% achieved)

#### **Timeliness of Response, Goal 95% (default)\* OSRI case review results**

Calendar Year 2011: 98% - exceeds goal \*

Calendar Year 2012: 97% - exceeds goal \*

Calendar Year 2013: 94% - slightly below goal \*

Calendar Year 2014: 87% - below goal \*

#### **Repeat Maltreatment, Goal 95% (default)\* OSRI case review results**

Calendar Year 2011: 93% - slightly below goal \*

Calendar Year 2012: 95% - at goal \*

Calendar Year 2013: 94% - slightly below goal \*

#### **Recurrence of Maltreatment, National Standard 9.0%**

FFY 2014: Observed Performance 5.5% - exceeds standard \*

#### **Absence of Maltreatment Recurrence, Standard 94.6% (federal outcome)**

FFY 2011: 97.8% - exceeds goal \*

FFY 2012: 96.5% - exceeds goal \*

FFY 2013: 97.1% - exceeds goal \*

#### **Maltreatment in Foster Care, National Standard 8.04 victimizations per 100,000 days in care**

FFY 2014: Observed Performance 3.58% - exceeds standard \*

## Safety Outcome 2

Children are safely maintained in their own homes whenever possible. CFSR 2008: Not in Substantial Conformity (68.7% achieved)

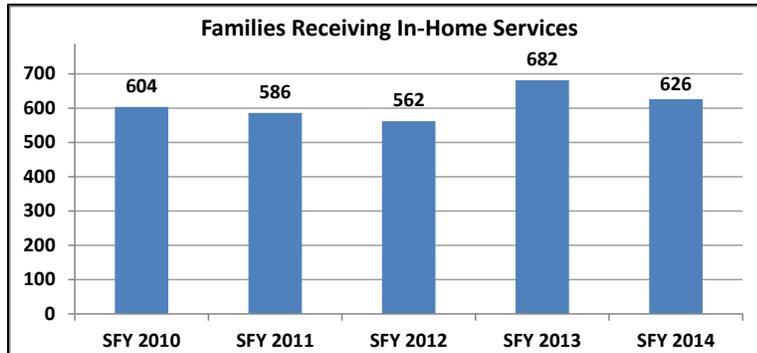
### **In-home services to prevent removal, Goal 94% (PIP-2 goal) OSRI case review results**

Calendar Year 2011: 94% - at goal \*

Calendar Year 2012: 91% - slightly below goal \*

Calendar Year 2013: 93% - slightly below goal \*

Calendar Year 2014: 93% - slightly below goal \*



### **Risk and Safety Management, Goal 92% (PIP-2 goal) OSRI case review results**

Calendar Year 2011: 89% - below goal \*

Calendar Year 2012: 88% - below goal \*

Calendar Year 2013: 85% - below goal \*

Calendar Year 2014: 87% - below goal \*

### **2015 - 2019 CFSP identified strengths and concerns**

**Strengths:** Our federal outcome and case record review data for Safety Outcomes 1 and 2 reveal that this is an area of strength for our agency. The case review data is based on a total of 210 cases reviewed per year and the federal outcomes are based on all foster care cases for the year. Data also reveals a steady trend of increasing numbers of in-home cases. Our in-home caseload contains both children who at risk for removal where the cases are under court protective supervision and those who are not court involved. Another in-home category includes those children who have been returned home from foster care and are now under court protective supervision. The range and intensity of these cases are varied. Some are cases managed by the agency and others by contractors.

**Concerns:** Concerns in this area have not been voiced by our stakeholders. Since converting our SACWIS system, reports we were accustomed to using in FOCUS have had to be rebuilt in iCARE. This is time and fiscally intensive because developers have to program each report. Because of that, creation of reports has had to be prioritized. We will continue to monitor timeliness via the case record review. Supervisors have access to a report by worker for all investigations without a child seen date. If the percentage drops below 90 percent, we will proceed with report driven feedback to supervisors on a monthly basis. We are also continuing with development of in-home services reports from iCARE. The lack of reliable reporting has

been cited as an area needing improvement in CFSR 2008. Last is a concern about risk and safety management. Based on our case record review, below goal performance in this area is primarily attributable to failure to inquire about safety with the child alone and failure to monitor the safety of all of the children in the family in an in-home case.

***APSR Update on identified strengths and concerns***

**Strengths:** Overall, Idaho continues to show consistent strength in Safety Outcomes 1 and 2. Idaho exceeds the national standards for both Recurrence of Maltreatment and Maltreatment in Foster Care. In-home cases in Idaho appear to have leveled however this may be due to a change in safety assessment practice where services to families are only to be provided when assessment information indicates a child is unsafe in the home. This is a change from the previous assessment practice where children could be found “conditionally safe” and services to the family would be provided. Child and Family Services is currently reviewing and revising our definition of “in-home” for future data collection and reporting purposes with the intent of providing accurate and consistent information for future use.

**Concerns:** Case record reviews from 2014 indicate Idaho took a dip in Timeliness to Response measures dropping from slightly below goal at 94 percent in 2013 to below goal at 87 percent in 2014. In October of 2013, CFS implemented a new practice Standard for Assessing and Managing Safety for Temporary Child Residents. This Standard outlines requirement for seeing all children who visit or frequent a home where an allegation of child abuse or neglect has occurred which is a significant practice change in some areas. Information collected during the case record reviews indicate not all children were seen within state established timeframes which significantly impacted timeliness data. In March of 2015, system changes were implemented to collect child date/time seen dates for all children in a family therefore reports regarding timeliness of seeing all children are more readily available to supervisors, chiefs, and program managers.

While Risk and Safety Management continues to be below goal at 87 percent in 2014, it has improved from 85 percent in 2013. Reasons for this measure continue to be attributed mostly to not addressing safety issues for all children in the family.

***Permanency Outcome 1***

Children have permanency and stability in their living situations. CFSR 2008: Not in Substantial Conformity (46% achieved)

**Re-entries into FC in less than 12 months, Standard less than 9.9% (federal outcome)**

FFY 2011: 8.6% - exceeds goal \*

FFY 2012: 10.3% - below goal \*

FFY 2013: 8.4% - exceeds goal \*

**Re-entry to Foster Care in less than 12 months, National Standard 8.3%**

FFY 2014: Observed performance 3.9% - exceeds standard \*

**Placement Stability, Goal 82% (established for PIP-2) Case Review Results**

Calendar Year 2011: 67% - below goal \*

Calendar Year 2012: 66% - below goal \*

Calendar Year 2013: 74% - below goal, but improved \*

**Placement Stability, Standard Score 101.5 (federal outcome)**

FFY 2011: 95.3% - below standard \*

FFY 2012: 92.5% - below standard \*

FFY 2013: 95.8% - below standard \*

**Placement Stability, National Standard 4.12 moves per 1,000 days in care**

FFY 2014: Observed performance 3.57 – exceeds standard \*

**Permanent Goal Appropriate and Timely, Goal 73% (established for PIP-2) Case Review Results**

Calendar Year 2011: 88% - exceeds goal \*

Calendar Year 2012: 76% - exceeds goal \*

Calendar Year 2013: 83% - exceeds goal \*

Calendar Year 2014: 79% - exceeds goal \*

**Timely Reunification, Goal 84% (established for PIP-2) Case Review Results**

Calendar Year 2011: 86% - exceeds goal \*

Calendar Year 2012: 77% - below goal \*

Calendar Year 2013: 90% - exceeds goal \*

Calendar Year 2014: 78% - below goal \*

**Exits to Reunification in less than 12 months, Standard 75.2% (federal outcome)**

FFY 2011: 76.2% - exceeds goal \*

FFY 2012: 67.7% - below goal \*

FFY 2013: 70.2% - below goal \*

**Permanency in 12 months for Children entering Foster Care, National Standard 40.4%**

FFY 2014: Observed Performance 45.2% - exceeds standard \*

**Exits to Adoption in less than 24 months, Standard 36.8% (federal outcome)**

FFY 2011: 41.2% - exceeds goal \*

FFY 2012: 55.7% - exceeds goal \*

FFY 2013: 54.4% - exceeds goal \*

**Permanency in 12 months for Children in Foster Care 12-23 months, National Standard 43.7%**

FFY 2014: Observed Performance 62.6% - exceeds standard \*

**Adoption will complete in 24 months, Goal 64% (established for PIP-2) Case Review Results**

Calendar Year 2011: 69% - exceeds goal \*

Calendar Year 2012: 66% - exceeds goal \*

Calendar Year 2013: 76% - exceeds goal \*

**Permanency in 12 months for Children in Foster Care 24 months or more, National Standard 30.3%**

FFY 2014: Observed Performance 40.4% - exceeds standard \*

**Another Planned Permanent Living Arrangement, Goal 94% (established for PIP-2) Case Review Results\*\*\***

Calendar Year 2011: 79% \*

Calendar Year 2012: 55% \*

Calendar Year 2013: 50% \*

Calendar Year 2014: 67% - below goal, but improved \*

\*\*\*These figures are not reliable as they are based on a sample which contains a very small number of youth with a goal of another planned permanent living arrangement (APPLA). This goal is not often used for youth in foster care.

**2015 - 2019 CFSP identified strengths and concerns**

**Strengths:** Idaho has improved its performance over time under Permanency Outcome 1. All outcome measures with the exception of Reunification within 12 months and Placement Stability continue to exceed the set goals. Exits to adoption within 24 months have consistently far exceeded the national standard. Examining data and developing intervention strategies on local improvement plans is a strength for our state. An example is Re-entry. Local management has been able to get a list of these cases from our data analyst in order to determine why these children were re-entering care. Barriers did not vary greatly across the state. Some of the common themes include: lack of engagement with Law Enforcement at time of removal; voluntary foster care cases that turned into formal court involved cases; children returned home at Shelter Care hearing only to re-enter care within weeks; lack of comprehensive safety/relapse planning and FGDM at time of dismissal; and lack of a formal staffing prior to case closure. Once identified, strategies were developed to address these issues and we are continuing to monitor for improvement.

**Concerns:** Under Permanency Outcome 1, the primary concerns continue to be placement stability and lack of reunification within 12 months. Lack of timely reunification is becoming more of a focus on local improvement plans as the outcome data shows a downward trend. Some of the themes identified locally and statewide include: child(ren) with significant behavioral issues made finding permanent placements and achieving reunification difficult; child and/or parent mental health issues that required extensive treatment that was either not available or prevented timely reunification; Indian Child Welfare Act (ICWA) eligibility determination was not completed timely; extended home visits occurred for lengthy amounts of time not allowing for reunification to occur within the 12 month time frame; establishing paternity late in

the case; and reviews regarding the level of intervention needed are not necessarily focused on safety. Local strategies have been developed to address these themes.

We appear to be making gains on placement stability in the categories of the first 12 months and in months 12-24. Again, by the time a child has been in care over 24 months, it is most often due to behavioral problems which have compromised earlier placements. As we continue to roll out more trauma informed practice including training of resource parents, we believe that that will be a key to improved stability.

***APSR Update on identified strengths and concerns***

**Strengths:** Idaho meets or exceeds all outcome measures for Permanency Outcome 1, with the exception of Timely Reunification. As measured by Idaho's PIP-2 goal of 82 percent, Idaho struggled to meet Placement Stability. The number of cases considered in this measurement was very limited as it was based upon our case record review. This year, Idaho met the National Standard for Placement Stability which captures stability for all children placed in foster care and more accurately reflects placement stability within Idaho's child welfare program.

Children Exiting Foster Care to Permanency continues to be an area of strength for Idaho. In previous years, goals for Exits to Adoption and Adoption Completion in 24 Months were exceeded. These successes continued into this year when Idaho exceeded the outcome measures for Permanency within 12 months for Children regardless of the length of time they had been in foster care. Despite Idaho's strong performance in these areas, efforts to improve our permanency practice have continued. Training and implementation of permanency roundtables, continued implementation of a revised Concurrent Planning Curriculum, and use of a child-specific recruitment contract have assisted in our permanency practice.

**Concerns:** Timely Reunification goals remain a challenge for Idaho. There is a pattern of exceeding the goal one year only to not meet the goal the following year. In Calendar Year 2014, Idaho's performance fell 23% from the previous year. Assessment of factors for this significant drop in performance and overall inconsistent outcomes in this area needs to be completed. Initial themes identified statewide include: children and/or parents with significant mental health concerns requiring extensive treatment which was either unavailable or unattainable within desired timelines; parents with substance abuse treatment needs which require a greater than 12 month period; and case reviews focused on non-safety related interventions.

As our child welfare social workers and supervisors increase their proficiency with our enhanced safety assessment process, it is anticipated case reviews will focus on safety-related interventions. Feedback will be sought from regional offices as to the challenges they experience achieving reunification within 12 months.

## ***Permanency Outcome 2***

The continuity of family relationships is preserved for children. CFSR 2008: Not in Substantial Conformity (79.5% achieved)

### **Proximity of placement, Goal 95% (CFSR default) Case review results**

Calendar Year 2011: 99% - exceeds goal \*

Calendar Year 2012: 99% - exceeds goal \*

Calendar Year 2013: 99% - exceeds goal \*

Calendar Year 2014: 99% - exceeds goal \*

### **Sibling Placement, Goal 95% (CFSR default) Case review results**

Calendar Year 2011: 94% - slightly below goal \*

Calendar Year 2012: 91% - below goal \*

Calendar Year 2013: 85% - below goal \*

Calendar Year 2014: 89% - below goal \*

### **Parent and sibling visits, Goal 86% (established for PIP-2) Case review results**

Calendar Year 2011: 92% - exceeds goal \*

Calendar Year 2012: 85% - slightly below goal \*

Calendar Year 2013: 91% - exceeds goal \*

Calendar Year 2014: 79% - below goal \*

### **Preserving Connections, Goal 92% (established for PIP-2) Case review results**

Calendar Year 2011: 96% - exceeds goal \*

Calendar Year 2012: 92% - at goal \*

Calendar Year 2013: 90% - slightly below goal \*

Calendar Year 2014: 92% - at goal \*

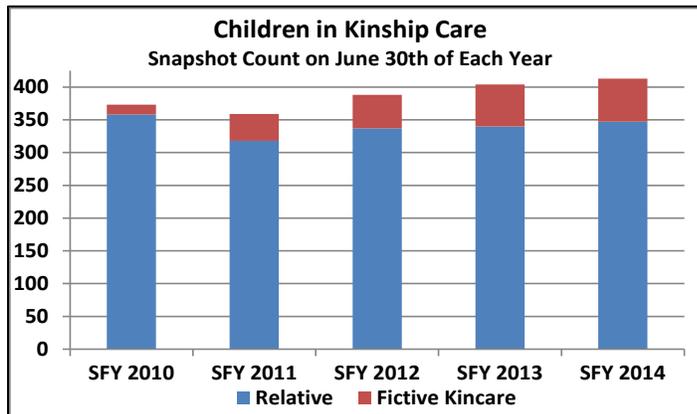
### Relative Placement, Goal 93% (established for PIP-2) Case Review

Calendar Year 2011: 88% - below goal \*

Calendar Year 2012: 86% - below goal \*

Calendar Year 2013: 85% - below goal \*

Calendar Year 2014: 86% - below goal \*



### Parent/Child Relationship, Goal 85% (Established for PIP-2) Case review results

Calendar Year 2011: 91% - exceeds goal \*

Calendar Year 2012: 88% - exceeds goal \*

Calendar Year 2013: 92% - exceeds goal \*

Calendar Year 2014: 84% - slightly below goal \*

### 2015 - 2019 CFSP identified strengths and concerns

**Strengths:** Under Permanency Outcome 2, Idaho demonstrates performance at or exceeding the goal on placement proximity, parent/child relationship, and parent and sibling visits with the child in foster care. Maintaining connections is just a couple of points below goal. We are not always able to place siblings together (see Sibling Placement above), but have made diligent efforts to keep those siblings in foster care in regular communication via phone and face to face visits.

**Concerns:** Placement of siblings together is always a challenge when the need is greater than the supply. Part of our specialized recruitment is to locate resource families who can care for sibling groups. Increases in relative and kinship placement helps greatly with sibling placements in that a family member is usually willing to take the whole group. We continue to struggle with relative placement as assessed by the case record reviews. The graph above shows that relative and kinship placements continue on an upward trend. The case review item measures whether diligent efforts were made to search for both maternal and paternal relatives. When fathers have not been identified and engaged, we usually fail to look at paternal relatives.

#### *APSR Update on identified strengths and concerns*

**Strengths:** Permanency Outcome 2's measure of Proximity of Placement continues to be an area of strong performance for Idaho. Following two years of a downward trend, Idaho improved its performance and also met the goal for Preserving Connections. An examination of case record review summaries reflects challenges remain in the timely

identification and notification of tribes under the Indian Child Welfare Act. Reasons for ICWA notification challenges need to be assessed in order for Idaho to continue to meet this performance measure.

In the Fall/Winter 2015 CFS plans on conducting case record reviews on ICWA cases to identify and evaluate the challenges with ICWA notifications. Currently, the ICWA Program Specialist is revising CFS' ICWA Standard in accordance with the 2015 BIA ICWA Guidelines. Training will be available to workers through the CFS' ICWA Academy and through ongoing Regional training for staff. Regional ICWA Liaisons will continue to be a resource for workers to ensure ICWA compliance.

**Concerns:** In 2014, Idaho struggled to meet most of the outcome measures for Permanency Outcome 2. The challenge of joint sibling placement is primarily related to the availability of foster homes able to take more than two siblings, particularly when any of the children have behavioral concerns. Identification and engagement of fathers significantly impacts performance in the areas of Parent and Sibling Visits, Parent/Child Relationship and Relative Placement. Ongoing training and consultation as to paternity issues and how they relate to timely engagement has been provided to local offices. Community beliefs as to the importance of fathers may be reflected in work with fathers as evidenced by the lack of willingness of individual courts to consider a father as part of a case and a difference in performance amongst the various hubs. Early identification of fathers directly impacts Idaho's performance measurement for Relative Placement. Other challenges in this area include late efforts to search and not re-assessing relatives for placement following placement disruptions. While the goal for Relative Placement was not met, an increasing number of children have been placed in relative or fictive kin placements. CFS will continue to focus on the importance of relative search and engagement.

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

Families have enhanced capacity to provide for their children's needs. CSR 2008: Not in Substantial Conformity (57.8% achieved)

### **Needs and services of child, parents, foster parents, 81% (established for PIP-2) Case review results**

Calendar Year 2011: 88% - exceeds goal \*

Calendar Year 2012: 82% - exceeds goal \*

Calendar Year 2013: 82% - exceeds goal \*

Calendar Year 2014: 80% - slightly below goal \*

### **Family's involvement in case planning, Goal 78% (established for PIP-2) Case review results**

Calendar Year 2011: 90% - exceeds goal \*

Calendar Year 2012: 83% - exceeds goal \*

Calendar Year 2013: 91% - exceeds goal \*

Calendar Year 2014: 85% - exceeds goal \*

### **Worker/Child Visits – Federal reporting for Worker Contacts FY2014**

APSR 2016

18

IDAHO

<b>FY2014 YTD</b>	Statewide
Total Contacts Required	14681
Total Contacts Made	13899
Total Seen In Residence	10326
<b>Total Percentage Seen</b>	<b>95%</b>
Total Percentage In Residence	74%

**Worker/Parent Visits, Goal 79% (Established for PIP-2) Case review results**

Calendar Year 2011: 88% - exceeds goal \*

Calendar Year 2012: 79% - at goal \*

Calendar Year 2013: 88% - exceeds goal \*

Calendar Year 2014: 75% - slightly below goal \*

**2015 - 2019 CFSP identified strengths and concerns**

**Strengths:** During CFSR 2008, every item under Well-Being Outcome 1 was rated as an area needing improvement. Currently we are exceeding the goal on each of these measures based on case record review data and federal reporting. We are excited that we no longer need to “hand-count” our contact data. Consistent expectations and messaging has workers completing at least monthly contact in 93percent of cases. During and since PIP-2 we have also focused on worker/parent contacts, engaging both parents in case planning as well as children, when age appropriate. This has been primarily through the use of Family Group Decision Making and other family involved team planning efforts. Interviews conducted as part of the case record review have provided corroboration for family’s perception of their active involvement in case planning.

**Concerns:** One discovery from CFSR 2008 was the challenge for workers around engaging fathers in both in-home and out-of-home cases. When fathers aren’t identified and engaged, they don’t have their needs assessed, they are not involved in visitation or worker contacts, are not involved in case planning and we don’t have access to paternal relative information. An ongoing challenge will be the appropriate identification and engagement of fathers as well as hard to reach parents in general.

***APSR Update on identified strengths and concerns***

**Strengths:** According to Idaho’s 2014 case record reviews, ongoing assessment to identify the needs of children, parents, and foster parents and to provide individualized services to meet their identified needs dipped slightly below our established goal. Most notably Idaho continues to show strength in active engagement of the family through the use of FGDMs to identify strengths and specific needs for care and support. Connections to services were achieved through direct supports provided by the Department, as well as through referrals to community service providers. Idaho has consistently met goals for worker/child contacts with the majority of those contacts occurring in the child’s place of residence. Reports for supervisors, workers, chiefs, and program managers are readily available through iCARE for continual monitoring of worker/child visits.

**Concerns:** The engagement of some parents, especially fathers, continues to be an ongoing challenge. Parents who were either not able to be located or were incarcerated were not engaged and therefore we were unable to assess for needs and could not provide supports for services to enhance their overall well-being. In some cases additional efforts to locate and engage these parents needed to be made. Documentation was also a factor whereas we need to ensure staff are providing adequate documentation in case files to reflect assessments, needs, services provided, and identified follow-up plans.

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

Children receive appropriate services to meet their educational needs. CFSR 2008: Substantial Conformity (95.5% achieved)

#### **Child Education Needs, Goal 95% (CFSR default) Case review results**

Calendar Year 2011: 97% - exceeds goal \*

Calendar Year 2012: 95% - at goal \*

Calendar Year 2013: 98% - exceeds goal \*

Calendar Year 2014: 94% - slightly below goal \*

#### **2015 - 2019 CFSP identified strengths and concerns**

**Strengths:** Children's educational needs continue to be met as assessed by the case record review.

**Concerns:** Some of the ongoing concerns voiced by stakeholders are parent involvement in individualized education plan (IEP) development and who can sign IEPs. Answers to these questions can be found in the CFS Child Well-Being Standard. Staff are routinely redirected to the information contained in the standard. We have experienced some difficulty engaging the Department of Education related to the transfer of credits from school to school for older youth.

#### ***APSR Update on identified strengths and concerns***

**Strengths:** The 2014 case record reviews reflect 98 percent of the children receiving out of home care had their educational needs met. Strengths identified during the case record review include effective collaboration with school districts and foster families, ongoing assessment to address educational needs, and educational needs being identified and addressed in a timely manner. The results also reflected strong community support through the schools to meet educational needs, creative educational planning to meet foster children's needs, and ongoing follow-up in obtaining school records.

A collaborative action plan was developed in 2011 between Child and Family Services, the school districts, and the courts to strengthen the educational successes of children and youth in foster care. The action plan comprised of both short-term and long-term goals. The steps included convening key stakeholders to identify system values, mandates, and processes; establishing a state and local level task force to develop recommendations to improve educational outcomes for children in care; developing local level task forces to meet to inform the state task force of state recommendations; and developing statewide standardized forms for use by IDHW and the State Department of Education. Two standardized form letters for use by social workers were developed to facilitate the

communication between IDHW and the school districts regarding educational needs and records of children and youth that are in the state's care.

Child and Family Services staff continue to receive training on the Child Well-Being Standard both in CFS Academy and through their local hub leadership.

**Concerns:** The 2014 case record reviews reflect 86 percent of children receiving in-home services have their educational needs met, bringing the total of all cases combined to 94 percent. Concerns identified include case files and iCARE not having up-to-date educational records including IEPs, educational needs identified in the safety assessment not being included in the family's case plan, and the need for more communication and collaboration from the Department to school districts in regards to assessments, referrals, and exchanging information.

Other concerns noted include the lack of follow-up with the Infant Toddler Program and other community resources when there were concerns regarding developmental delays, as well as a lack of documentation to show whether children's educational needs were being met on an ongoing basis. Child and Family Services has been working with the Infant Toddler Program over the past year to update our standard and develop training curriculum to outline the process for referring children to their program for services.

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

Children receive adequate services to meet their physical and mental health needs. CFSR 2008: Not in Substantial Conformity (88.1% achieved)

#### **Physical Health, Goal 86% (Established for PIP-2) Case review results**

Calendar Year 2011: 92% - exceeds goal \*

Calendar Year 2012: 89% - exceeds goal \*

Calendar Year 2013: 91% - exceeds goal \*

Calendar Year 2014: 91% - exceeds goal \*

#### **Mental Health, Goal 95% (CFSR default) Case review results**

Calendar Year 2011: 95% - at goal \*

Calendar Year 2012: 94% - slightly below goal \*

Calendar Year 2013: 92% - below goal \*

Calendar Year 2014: 93% - slightly below goal \*

#### **2015 - 2019 CFSP identified strengths and concerns**

**Strengths:** Results of case record reviews reveal that children are being routinely seen for physical checkups (Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening), routine medical care, and other services to meet their medical needs. When a case is marked ANI, it is often due to lack of dental exams and follow up treatment.

**Concerns:** A significant percentage (nearly half at last count) of children in foster care in Idaho were receiving at least one psychotropic medication. Parents and case workers are often absent from medical appointments, especially mental health related medical appointments. This is

combined with generally poor documentation of the diagnosis, medication, dosage, and frequency information in the electronic record. Stakeholders in general are concerned about the type and amount of medications children in foster care are receiving and welcome the development of trauma-informed intervention strategies for both parents and resource parents to help children learn to self-regulate with the need for medication.

***APSR Update on identified strengths and concerns***

**Strengths:** The 2014 case record reviews show that children continue to receive routine medical care for physical checkups to meet their health needs. They show ongoing referrals being made, expectations being explained to families, and the physical health needs of children being met in a timely manner. Through our title IV-E waiver demonstration activities, we continue to further develop and implement trauma-informed practices into our systems serving our children and families. Please refer to (9) Child Welfare Demonstration Activities for more detailed information.

Training on foster children and psychotropic drugs was developed and provided in 2014. Addressing this issue remains a top priority for the Division of Medicaid, and FACS will be partnering with Medicaid in this endeavor.

**Concerns:** We have been working to address the concerns from Stakeholders about the type and amount of medications that children in foster care are receiving. In Idaho in 2014, data reflects that 46.1 percent of foster children versus 16 percent of non-foster children were using psychotropic medications. We are continuing to develop and implement trauma-informed intervention strategies for parents, resource parents, youth, and children to help self-regulate while reducing the use of psychotropic medication in our children and youth.

Cases that have been marked ANI are frequently due to a lack of mental health needs being addressed. This includes a lack of assessment information, documentation, or referrals being made.

***Systemic Factor 1: State Information System***

CFSR1: 2003 – Substantial Conformity      CFSR2: 2008 – Substantial Conformity

**Available Data and Information:** Both previous CFSRs have found our SACWIS information system to be in Substantial Conformity. We continue to be able to readily identify the status, demographics, location and goals for the placement of every child in foster care.

**2015 - 2019 CFSP identified strengths and concerns**

**Strengths:** In 2012, CFS migrated from a mainframe data base (FOCUS) to a Microsoft SQL data base (iCARE). While it required the rewriting of all main frame programming, data is now housed internally on servers. This allows great flexibility in accessing the data. It also allows the ability to correct issues and easy access to the database allows our developers to correct user errors more easily. The Adoption and Foster Care Analysis and Reporting System (AFCARS) review and feedback revealed that by and large the data quality was very good, with only 1 of 66 elements exceeding a five percent error rate. Most of the required modifications are very minor.

CFS is currently reviewing issues identified by the federal reviewers, obtaining clarification as needed, and developing a plan for correction.

While CFS staff continue to express concerns with navigation and data entry into iCARE, the iCARE team has been offering short webinars on critical updates, as well as what and how to enter data. Examples of these webinars include Placement and Voucher Service Requests, Managing Invoices, Services Plans, and Alternate Care Plans. These webinars are archived for future use by staff. The iCARE training library also has a self-guided curriculum for iCARE 101 and On-Demand Training which includes topics that have been identified as opportunities for system improvement. More recently iCARE has also been offering video Boot Camps on various aspects of iCARE including topics such as Disposition, Adoption, ICPC, and The Helpdesk. Additionally regular system updates are emailed out to all staff. A centralized staff and helpdesk have replaced local support staff. iCARE staff have begun development of an iCARE e-manual to provide online assistance to staff.

**Concerns:** FOCUS/iCARE is over 15 years old. The core of the system is programmed in a language that is no longer widely used, leading to scarce development resources. We have lack of mobile data entry from the field via laptops and tablets. Additionally, the current tool to access iCARE externally has numerous compatibility issues. Although workers have access to the data, it's not easy to deliver the ad hoc reports requested by administration and supervisors in the field.

Staff continue to have delays with entering timely documentation. Many improvements have been made to iCARE to facilitate this process, but delays continue due to workload pressures.

### ***APSR Update***

The quantitative foundation of iCARE's ability to readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care has been refined over the years. The use of data and reports from the iCARE information system throughout the APSR ascertains statewide functionality and performance. The qualitative integrity of the data is limited by data entry constraints and user error.

Identified data errors are typically reported by field workers, supervisors, and/or chiefs of social work through the IT Helpdesk. The subsequent data fixes are recorded, prioritized, and completed by IT support staff in collaboration with child welfare program specialists to ensure the request meets approved standards of practice. This collaboration enables CFS to identify staff training opportunities as well as system improvement initiatives.

Child and Family Services recently rolled out phase 1 of the Data Quality Improvement Initiative, which is aimed at educating managers, chiefs of social work, and supervisors on the use of iCARE reports to improve performance and to help facilitate discussions on possible solutions and hindrances to timely data entry. The desired outcome of this initiative is that through the use of reports and collaboration between staff in the field, iCARE, and the FACS data team CFS can identify root causes (staffing needs, workload

sizes, etc.) preventing timely data entry. Initial response to the project has been positive with local action plans already underway.

Plans to develop a Child Welfare Data Warehouse are still in progress. Initial universes have been constructed and are currently being tested. iCARE team resources are being utilized to evaluate the current information system and develop strategies for modernization; the results will be presented to the Division Administrator in July 2015. Additional iCARE initiatives include the awarding of a Request for Proposal to document and evaluate statewide processes and establish standardized workflows. The project was completed by the contractor in December 2014. The results are being analyzed by the Automated Systems Unit and recommendations will be made to Division Leadership by October 2015.

### ***Systemic Factor 2: Case Review System***

CFSR1: 2003 – Not in Substantial Conformity CFSR2: 2008 – Not in Substantial Conformity

**Available Data and Information:** Item 18, CRR data, data on adoptions completed within 24 months, foster parent surveys, and Court Improvement Project reports.

**Strengths:** We have made good progress in this area through a strong working relationship with the Court Improvement Project (CIP). Court Improvement Project and state staff worked together to develop a standard court report format statewide to which judges have reacted positively. We have continued to exceed our PIP-2 goal of 78 percent on Item 18 of the OSRI which assesses family involvement in case planning. An increase in the involvement of fathers has helped with improvement in outcomes as has the increased use of Family Group Decision Making meetings. The CIP has also been collecting data on timeliness of hearings. Statewide hearings comply with statutory guidelines 88 percent of the time. This data collection has allowed the CIP to work with judicial districts and judges on ideas for improved timeliness.

**Concerns:** In some jurisdictions, termination hearings are delayed due to crowded court hearing dockets. We are working close with the CIP to develop local solutions regarding timeliness of hearings.

### ***APSR Update***

#### **Written case plan**

Data from the 2014 round of case record reviews indicates family involvement in case planning occurs 85 percent of the time. With the implementation of Idaho's title IV-E waiver, all families that will engage in service planning will be referred to – and have the option to – participate in Family Group Decision Making (FGDM) meetings to assist in the development of their individualized Service Plan. Family participation in FGDMs will strengthen their involvement in their case planning. Family Group Decision Making services will be available statewide starting June 2015. These changes to Idaho's service provision will provide more complete data to determine statewide functioning of this item. Court data indicates timely case plan hearings occur 85 percent of the time statewide.

### **Notification and Right to be Heard**

During case record reviews conducted September-October 2014, interviews with resource parents revealed that in 90% of cases resource parents report that they are receiving notification of reviews and hearings. Failure to receive notification appears to be an issue for a very small number of resource families based on the availability of data. Clearly making sure resource families are notified is a basic element of teamwork and needs to be reinforced with workers and supervisors.

### **Termination of Parental Rights (TPR)**

The Supreme Court is currently in the process of switching to a new data management system and is unable to invest the time and resources necessary to provide CFS with accurate data regarding timely completion of TPR proceedings. The transition to this new system will begin with a pilot program in Twin Falls in June 2015. Child and Family Services will continue to collaborate with court partners to gather timely and accurate data.

### **Permanency Hearing and Periodic Review**

The CIP has developed time standards and bench marks for key child protection hearings. The approved time standards have been incorporated into the Idaho Child Protection Act and Idaho Juvenile Rules. CFS staff have collaborated with the Administrative Office of the Courts (AOC) to develop a **Case Flow Management Template** to assist local judicial districts in the timely processing of child protection cases.

Members of the Supreme Court committee, in conjunction with CFS, continue to analyze outcome data and work with local judicial districts to assess and address local issues impacting timely completion of hearings. The availability of this data helps CFS monitor adequate functioning of the Case Review System to ensure court hearing and administrative reviews meet federal requirements. See table below.

## **Percentage of Timely Hearings\*\***

**July - December 2014**

<b>District</b>	<b>Shelter Care</b>	<b>Adjudicatory</b>	<b>Planning</b>	<b>1st Review</b>	<b>Subsequent Review</b>	<b>1st Permanency</b>	<b>Subsequent Permanency</b>
<b>1</b>	90%	77%	80%	89%	98%	94%	75%
<b>2</b>	47%	63%	55%	77%	98%	50%	95%
<b>3</b>	79%	96%	95%	97%	98%	98%	57%
<b>4</b>	96%	93%	92%	98%	79%	99%	92%
<b>5</b>	61%	74%	88%	84%	99%	96%	92%
<b>6</b>	94%	76%	83%	85%	98%	67%	100%
<b>7</b>	95%	85%	87%	85%	78%	89%	100%
<b>State</b>	<b>83%</b>	<b>86%</b>	<b>85%</b>	<b>90%</b>	<b>96%</b>	<b>92%</b>	<b>88%</b>

## **\*\*Data Notes**

*The Idaho Supreme Court uses a case management system that has a few known minor data calculation errors. In an effort to provide the most accurate data, one error in calculation was fixed prior to reporting the percentages above. However, there is some concern that on a handful of cases, planning hearings, 1st review hearings, and 1st permanency hearings are incorrectly being counted as late. Since this affects so few cases, it was not fixed prior to reporting. Therefore, the percentages above for these three hearings may appear slightly lower than actuality.*

### ***Systemic Factor 3: Quality Assurance System***

CF SR1: 2003 – Not in Substantial Conformity CF SR2: 2008 – Substantial Conformity

**Available Data and Information:** Late in 2012, Idaho w`ree states to participate in a pilot of the CQI Assessment Document (CQIAD). Below is a summary of the extensive self-assessment conducted as part of the CQIAD plus current updates on progress addressing concerns.

#### **Foundational Requirements – Strengths identified include:**

- Overarching culture of CQI to all levels of the agency that sees CQI as everyone’s responsibility.
- Statewide approach to assessment and improvement utilizing the CFSP and the APSR.
- Central Office staff assigned to the CFSP participate as first and second level reviewers in the case record review system.
- Idaho has a professional work force which requires a state social worker license prior to employment.
- Case record review process is integrated in the system at all levels rather than as a stand-alone component.
- Long history of having a case review process.
- Internal staff are engaged in the process which enhances worker understanding of case expectations.

#### **Foundational Requirements – Concerns identified include:**

- Need to update and enhance current policies and procedures and make readily available to staff and partners.
- Process needed for staff at different levels of the organization to learn about and participate in the CQI process.
- Tracking is needed to make sure staff meet minimum qualifications to do case record reviews.

**Foundational Requirements – Updates include:** Current policies and procedures are being updated to address CQI in a broader sense in more detail as well as changes to details of the case record review process. Recent stakeholder activity included staff from all levels of the organization to participate in and learn more about receiving, recording and integrating feedback or system improvement. Progress has begun on maintaining a central record of individuals who have been trained to do case record reviews. As we move toward CF SR 3 in 2016, we will continue to monitor any needed improvements in the way we conduct case record reviews and how we integrate stakeholder feedback into system improvement.

**Data and Analysis – Strengths identified include:**

- Idaho captures and analyzes both quantitative and qualitative data from case reviews and from its SACWIS system (iCARE); and
- Idaho data collection for AFCARS, National Child Abuse and Neglect Data System (NCANDS), and National Youth in Transition Database (NYTD) is accurate and sufficient. Idaho has processes to monitor quantitative trends over time and is able to integrate data to look at particular practice patterns in a specific office, hub or statewide.

**Data and Analysis – Concerns identified include:**

- Need to expand on data collection on children being served in their own homes.
- Incorporate more variety in sources of data including stakeholders to provide a more complete picture of practice.
- Improve data collection on systemic factors.
- Enhance the collection and analysis of statewide data on systemic factors of Case Review, Training, Service Array, and Foster Care Recruitment and Retention.
- No processes in place to assess and collect data at the statewide level regarding service array, accessibility and capacity of individual services.
- Local data is collected and analyzed to monitor and enhance recruitment and retention of foster and adoptive parents. Data and analysis on statewide performance may not be sufficient to impact recruitment and retention activities.

**Data and Analysis – Updates include:** Limited progress has been made on the concerns identified in the CQIAD. Statewide foster parent surveys have been implemented to get a better assessment of foster parent retention statewide.

**Case Review Process – Strengths identified include:**

- Case record reviews are conducted statewide on an ongoing basis. Additional targeted reviews are conducted for ICWA and Independent Living Services.
- Idaho uses the federal review instrument (OSRI) with interviews of key case participants.
- Random sampling is used to select both in and out of home cases for review.
- Idaho has processes and policies in place to ensure accurate and consistent case record review ratings.
- Idaho has a process for eliminating cases with oversight.
- Reviewers are required to complete training before participating in a review.

**Case Review Process – Concerns identified include:** The need to develop ongoing training opportunities for case reviewers and case review process leadership as well as development of a conflict of interest statement for internal and external case reviewers.

**Case Review Process – Updates include:** Conflict of interest statement will be included in revised policy and procedures (see Foundational Requirements above). We will be conducting additional training for case reviewers and leadership as we prepare for CFSR3 in 2016. This will give us an opportunity to look at what additional types and amount of training could be helpful to these individuals.

**Feedback and Adjustment – Strength identified include:**

- Idaho shares data internally using diverse methods.
- Idaho has a strong process utilizing internal subcommittee to solicit, gather, and integrate feedback for system improvement.
- Idaho uses CQI information to inform planning, monitoring, and adjustment needed to improve outcomes for children and families.
- Idaho has excellent skills in gathering and meeting with stakeholders on specific projects.
- Idaho has integrated the CFSR and PIP processes into the CFSP.

**Feedback and Adjustment – Concerns identified include:** The need to expand efforts to include a process for stakeholders to participate on a regular and ongoing basis as well as the need to ensure communication methods are accessible, clear and audience-specific.

**Feedback and Adjustment – Updates included:** As part of this five year plan, we are looking at ways to develop a meaningful, ongoing and sustainable process for involving stakeholders in feedback for system improvement. We began several months ago with a meeting of diverse stakeholders statewide. Relevant data was presented to stakeholders in a listening session on a variety of topics.

**Summary:** We will continue to build our capacity for CQI within the Division. We will focus on building evaluation/feedback into our systems so that rather than discontinue projects based on solid information and planning, we will periodically reassess our implementation and effectiveness to determine if minor changes are needed before abandoning a project only to have the need resurface at another time. We will also continue to monitor the CFSR items via a case record review and use the results to monitor progress even though we will not report them all out specifically in the APSR as we have done previously.

We will also continue our case record reviews and make adjustments as needed to complete our own CFSR3 review in 2016.

We will continue to work with each hub on the goals they have identified on their hub Improvement Plans. The process will involve periodic outcome measurement to see if strategies for improvement are effective.

As mentioned earlier, we have begun a statewide stakeholder group to assist with the feedback and monitoring of our CFSP. This process is also somewhat experimental for us as a formalized way to obtain feedback and suggestions for improvement. With this group we are in the process of discovering the most effective ways to work with and involve stakeholders in system change.

**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 reviewer 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 site. Case review data is also reviewed and discussed among all program managers and Central Office Administrators during Division 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 PIP-1 in 2004, some recent changes have been happening. The Division data analyst who is assigned to CFS has become increasingly familiar with the child welfare data, as well as the child welfare practice. That now enables him 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. The data analyst has begun making

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. The data analyst has been able to guide participants in how the available data can help to target improvement strategies. He 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 plan development sessions 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 was completed in the fall of 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.

### ***APSR Update***

Child and Family Services is currently developing a Continuous Quality Improvement Policy and Procedures Manual aimed at embedding CQI processes throughout the Child Welfare service array, as opposed to a stand-alone process focused only on case record reviews. The CQI system will aid CFS to develop the progress measures, benchmarks and feedback loops that are necessary to report/demonstrate progress towards the attainment of CFSP goals, identify areas needing improvement in the service delivery system, provide an implementation roadmap with the specific interventions necessary to effect change, address all the requirements for state conducted case record reviews for CFSR 3 purposes, and ultimately measure CFS' ability to provide quality services that protect the health and safety of children in foster care and those receiving in-home services.

Concerns identified in Data and Analysis are planned to be addressed within the CQI manual and in collaboration with CFS program specialists. The need to expand data collection on children being served in their homes begins with a standardized definition of an "in-home case" and the development of strategies to improve the integrity and reliability of the data currently being used to identify these cases.

Child and Family Services values and understands the importance of stakeholder feedback in shaping Quality Assurance processes and standards (see Systemic Factor 6: Responsiveness to the Community).

Regional Improvement Planning efforts continue to utilize reports generated on an ongoing basis for Safety, Permanency, and Well-Being Outcomes to identify areas needing improvement and devising interventions to improve results at the local level. Formal hub improvement plans were developed in 2012 and 2013. A mixture of formal and informal plans have been in place since 2014 as the use of data indicators has been normalized and integrated into day-to-day practice. The overarching initiative statewide for 2015 is the identification and overcoming of barriers to "timelines of data entry," which is a fundamental component of reliable and useful reports.

#### ***Systemic Factor 4: Staff Training***

CFSR1: 2003 – Not in Substantial Conformity CFSR2: 2008 – Substantial Conformity

See item (10) Staff Development and Training Plan in this document and Appendix F for the Title IV-E Training Matrix.

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

Idaho continues to evaluate and monitor the training needs of new and existing staff across child welfare through training evaluations, New Worker Academy, case record reviews, staff request, identified practice issues, and training needs. Child and Family Services' Program Specialist for Workforce Development will continue to target and focus on child welfare staff recruitment, initial and ongoing training needs, and retention. The Workforce Development Program Specialist has been reviewing and evaluating New Worker Academy, Supervisor Academy, and in-service training curriculums as needed. As these curriculums have been refined, CFS has moved some foundational curriculum to an online knowledge based learning center, in an effort to provide more skills-based learning in the classroom setting.

Child and Family Services continues to assess and explore other states child welfare training curriculums for new staff and supervisors to modify and update curricula for Idaho. Child and Family Services has a workgroup that will continue to assess the training needs for supervisors and staff. This will continue to be an area of focus as staff training is critical to the enhancement of practice in the State of Idaho.

#### ***Systemic Factor 5: Service Array***

CFSR1: 2003 – Not in Substantial Conformity CFSR2: 2008 – Substantial Conformity

We have a broad range of services available considering our size and economy. One data element we have is from our case record review; that is Item 17 – Assessment of Needs and Services of children, parents and foster parents. From 2011 – 2013, we exceeded our goal of 81 percent. Last year, we were slightly below our goal at 80 percent. Qualitative data from our case reviews indicate that the majority of our clients' needs are served and that we have some flexibility and creativity in making sure that happens.

Some of the services being developed under our title IV-E waiver hold promise for evidence-based treatments focused on improved parenting capacity and more trauma-informed treatment services rather than “counseling as usual.” We have been working diligently with our federal and community partners on our implementation plan. In the past year, ongoing progress and accomplishments have been made in all three of the primary intervention areas through our Title IV-E Waiver Demonstration Project. Please refer to section (9) Child Welfare Demonstration Activities for more information.

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

We are doing well to meet the majority of our client family needs as demonstrated by case record review results. We involve families in group decision making processes that help them address issues around service accessibility and individualization of services.

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Utilizing single-case contracts has allowed us to meet more individualized needs of children, youth, and families. It has given us the flexibility to access specialized services that we otherwise would not be able to utilize. There are ongoing forums with our program managers and other program leadership focusing on positive outcome-based results. We continue to work to prioritize our clients for substance abuse services and housing.

Through our title IV-E waiver demonstration, we have additional resource flexibility to further develop trauma-informed assessment, treatment services, and resources to enhance our capacity to serve children and families. The tool will be utilized to effectively guide service planning and will prompt the worker to complete appropriate referrals. This process will help us to ensure that children and families have individualized plans.

Family Group Decision Making recognizes and values the importance of involving family groups in decision making about children who need protection or care. All families with unsafe children will be referred for FGDM prior to service planning to ensure that plans are individualized and informed by the family system.

Nurturing Parenting Programs (NPP) are evidence-based, trauma informed, and family centered. Parents and children attend separate groups that meet concurrently, and are structured to enhance family communication and awareness of needs and to replace abusive behaviors with nurturing behaviors. Accessibility for services is based on criteria needs through the completion of the Department's comprehensive safety assessment. All families that meet the established criteria will be able to access the services targeted to meet their individualized needs.

The Department offers a full array of services to children and families that are provided either through direct services or through contract. These services include family preservation, family support, reunification, and adoption. Please refer to (4) Services for additional information on services and PSSF funding. An ongoing goal of the Department is capturing the measurement around our service array. We are working closely with our evaluators on developing fidelity and evaluation measurements for all of our title IV-E waiver activities. These will help us to ensure that we are providing and promoting best practices, and will allow us to assess the effectiveness of each activity. This process will help us to provide an array of services that are accessible and individualized to meet the unique needs of families and children served in Idaho. Please also see the attached Title IV-E Waiver Activities Training Plan and Implementation Rollout for Idaho (Appendix C), as well as Child Welfare Waiver Demonstration Activities (Section (9) below).

Our state is filled with many very small communities where there may be only one or no provider. They spend a good deal of time getting to services in nearby larger communities when transportation is not a barrier. Part of the challenge of getting services is inherent in a predominantly rural state. Meeting on a regular basis and getting specific feedback will likely help us look at service gaps which we may be able to help

fill. We continue to work on developing some consistent measures of service array. An ongoing goal that we are actively working on is assuring tribal access to information about available funding to expand services. Please see section (5) Consultation, Collaboration, Coordination and Communication between States and Tribes for additional information.

### ***Systemic Factor 6: Responsiveness to the Community***

CFSR1: 2003 – Substantial Conformity CFSR2: 2008 – Substantial Conformity

The agency makes a concerted effort to engage in consultation with stakeholders, review reports with these entities, and coordinate with other federal programs (see Systemic Factor 3 and Goal 2). We have a number of structures to effect this consultation including the Court Improvement Project, Governor’s Task Force for Children at Risk, the Indian Child Welfare Advisory Council, Youth Advisory Panel, the Statewide Stakeholder Group, hub staff and foster parents, service providers, and other child serving entities such as: Behavioral Health, Juvenile Justice, Education, the Infant Toddler Program, judges, prosecutors and CASA (Court Appointed Special Advocates)/GALs.

**Strengths:** The agency attempts to maintain open channels of communication. In previous CFSR reviews, stakeholders generally feel that the agency is responsive to their input.

**Concerns:** One of the challenges is to constantly balance the tendency to allow the feedback of a few unhappy stakeholders to drive system change, rather than taking a broader look at what is working and what is not based on a larger sample.

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

##### **Keeping Children Safe Panels:**

Idaho’s Keeping Children Safe (KCS), Citizen Review Panels, submit annual recommendations to the Department of Health and Welfare, Child and Family Services. In April 2014, the KCS Panels formally submitted 16 statewide recommendations for 2015. 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, adoption 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 in March 2014. Panel members were provided an oral response during a conference as well as a written response. See Attachment 4 for the “Keeping Children Safe Panels’ 2014-2015 Annual Report and Department Responses.” The Annual Statewide KCS Panel Conference is scheduled for October 2015, at which time the Department’s second and final response will be provided to the statewide Keeping Children Safe Panels.

##### **Children at Risk Task Force (CARTF):**

The FACS Deputy Administrator serves as the Children’s Justice Act (CJA) Coordinator, attending all meetings of the CARTF, and writing 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. These groups collaborate often to support and coordinate one another's improvement efforts.

**Idaho Child Protection Court Improvement Project (CIP):**

The FACS Deputy Administrator 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 various CIP workgroups, including the rules and statutes and data sharing workgroups. The FACS Deputy Administrator and the CIP Director meet on a regular basis to share data, coordinate plans, and implement common goals.

The Court Improvement Project also 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 the Child Protection Court Improvement Project's director 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.

Child and Family Services 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.

**Idaho Children's Trust Fund (ICTF):**

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

In SFY 2015, the ICTF awarded approximately \$20,000 in annual grants and approximately \$52,000 in multi-year grants to community organizations focused on child abuse prevention.

On March 17 and 18, 2015, the ICTF held its annual Strengthening Families Training Institute. Child and Family Services staff attended and assisted in planning the Institute as well as in facilitating workshops. This year's morning keynote was presented by Pat Stanislavski, Director, Partnering for Prevention, New Jersey, "Resilience: Six Key to Building "Psychological Teflon" in Ourselves and in our Children." The afternoon keynote was presented by Reverend Darrell Armstrong, Shiloh Baptist Church, Trenton, NJ, "Fostering Hope, Fostering Prevention." Additionally, the Idaho Foster Youth Advisory Board had members who presented their stories of resilience at the closing plenary.

**Summary:** Child and Family Services continue to be actively involved with partners including the Keeping Children Safe Panels, the Idaho Children's Trust Fund, Indian Child Welfare Advisory Council, and the Court Improvement Project. These stakeholders routinely collaborate with and provide feedback to the agency regarding

areas needing improvement. Over the years, these relationships have been strengthened, and services improved as a result.

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, or 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.

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.

In the spring of 2014 we took a major step in stakeholder involvement. The plan was to assemble a group of stakeholders to assist with CFSP and title IV-E waiver planning. Rather than have multiple groups which usually involve the same people at different times, we decided to consolidate the needs we have in the area of stakeholder involvement. We were also looking for a group that would be sustainable over time, again to close the feedback and adjustment loop. We often bring people together, but then don't let them know about the impact they had, monitor outcomes and adjust the plan.

Individuals in attendance included court partners, foster youth, foster parents, birth parents, law enforcement, mental health providers, tribal members, university partners, and local CFS staff. Relevant data was presented on a variety of topics centered on the 2015-2019 CFSP goals, objectives, and interventions. Unfortunately, attendance to these listening sessions has declined over time which indicates that additional work and preparations must be made in order to add sufficient value and create enough interest in these sessions to ensure sustainability, increase attendance and improve outcomes.

### ***Systemic Factor 7 – Foster and Adoptive Parent Licensing, Recruitment and Retention***

CF SR1: 2003 – Substantial Conformity    CF SR2: 2008 – Substantial Conformity

**Available data and information:** Inquiry, licensure, placement distribution, age distribution, race and ethnicity of foster children and foster parents (Appendix B); Licensing Process Map (Appendix D); Resource Parent Annual Survey Report 2014 (Attachment 6); Region mapping of removals compared to resource family availability (Appendix E); Statewide Assessment of Resource Parent Recruitment and Retention (Appendix H); and Participant Evaluation of PRIDE training for Shoshone-Paiute Tribes (Appendix I).

In 2013, CFS completed a statewide resource parent recruitment and retention assessment to further inform our current practices, strengths, and challenges. The assessment included feedback from management, staff, and stakeholders. Attached is an overview of the assessment

(see Appendix H). It was forwarded to each of our hub management teams to review; discussions were facilitated and each part of the state is working on the development and implementation of plans based on the feedback of our resource parents.

In addition, an informal assessment of the One Church, One Child (OCOC) Program was conducted. Ongoing quarterly reports are completed specific to the program. Child and Family Services has been able to gather additional data to further inform our recruitment and retention efforts of resource parents (see Appendix E).

Child and Family Services continues to work on the development and implementation of specialized recruitment projects to find families who will foster/adopt children with special needs, minority children, sibling groups, older children and children who are in residential facilities who would benefit from placement in a less restrictive family setting.

Idaho has administrative rules which regulate the licensing of all foster homes and child care institutions. A practice standard consistent with national licensing standards for relatives and non-relatives has been in place since 2007, and has been periodically revised as federal and state requirements are amended. Ongoing staff training on the practice standard continues to occur and is included in the New Worker Academy.

Idaho's Child Care Licensing rules (IDAPA 16.06.02) and the CFS practice standard require all resource families to have full licensure prior to the placement of any child in state custody. Standards are equally applied to both relative and non-relative resource families. However, in best practice and case-by-case, a relative or non-relative may receive a variance for a licensing standard not related to a safety concern such as completing all 27 hours of PRIDE training prior to licensure. Variances for non-safety issues can allow children to be placed more quickly, reduce the trauma they are exposed to, and in some cases, reduce the number of total placements for children.

In 2012, CFS implemented a review of 100 percent of licensing files prior to the state's most recent title IV-E audit. A number of deficiencies were identified and rectified. Each regional supervisor received a list of changes that needed to be made. If the issue was safety related, title IV-E was immediately suspended. Child and Family Services plans to complete periodic reviews of licensing files in the future on a smaller size sample.

Idaho currently has Criminal History Background Check rules which require anyone providing direct care, serving as foster/adoptive parent, or working on-site in a residential facility or children's agency to have a background check. Idaho's background check related to licensing for foster care and adoption is fingerprint based and includes information obtained from the FBI, National Criminal History System, Idaho Bureau of Criminal Identification, Idaho Driving Records, Idaho Child Abuse Registry, Idaho Adult Protection Registry, Sex Offender Registry, Idaho Nurse Aid Registry, and the National Medicare/Medicaid Provider Exclusion List. Monthly contacts with the child, including contact with the child in their current residence, serve as an ongoing assessment of the personal safety of the child and the safety of the residence and the child's care providers.

Attachment 2 to this document contains Idaho's Foster and Adoptive Parent Diligent Recruitment and Retention Plan. We have recently begun to acquire data specific to the race and ethnicity of children currently in foster care and our licensed resource parents (see Appendix B). Previously we had considered only the resource family head of household to determine racial/ethnic diversity. Looking at all adult providers in the home has given us more accurate information and increased the number of families who are American Indian/Alaska Native (AI/AN). Our statewide materials reflect cultural diversity for specific minority, multiethnic AI/AN and targeted groups. The material is available on-line and provides access to services to meet the cultural and language needs of the family. Idaho's standardized recruitment packet materials are culturally sensitive and available in both English and Spanish. We continue to work with tribes in Idaho to participate in various community events, opportunities to set up booths, and ensure informational meetings are scheduled and facilitated in partnership with our tribes. We also have continued to offer PRIDE trainings to our tribal partners.

Child and Family Services has started to track the areas from which children are removed and placed into state custody as well as the areas in which we have licensed resource parents. This data is being utilized to target specific areas across the state, focusing on recruitment efforts on the specific areas in which we lack the resource parents (see Attachment E). This data can help to sharpen our recruitment efforts. Armed with more data than we have had historically, as part of our planning we need to develop mechanisms to evaluate changes as they are implemented.

Child and Family Services uses a broad array of programs to promote cross-jurisdictional timely adoptive placements for waiting children. Idaho's Wednesday's Child Program maintains a website that provides national exposure to Idaho's waiting children. The website elicits inquiries from families not only in Idaho but across the nation. The Department also utilizes the Northwest Adoption Exchange and the AdoptUSKids national websites to list children who need an identified permanent resource. Idaho continues to also access Wendy's Wonderful Kids through the Dave Thomas Foundation for Adoption. Wendy's Wonderful Kids is locally facilitated through Special Needs Adoptive Parents Services (SNAPS).

Examination of placement success data for the Wednesday's Child program revealed characteristics more common in Idaho children waiting for a significantly longer period of time than their peers. For those children, traditional recruitment methods were found to not be successful. The Department contracted with SNAPS for Intensive Child-Specific Recruitment Services beginning in November 2013. Child-specific recruiters complete a Social History/Assessment for Permanency and Recruitment Plan for each youth; coordinate media-based recruitment services, complete file mining, develop the child's connections, and explore prior connections. Services are available statewide and the recruiters are co-located with Department social workers in four locations: Coeur d'Alene, Boise, Twin Falls, and Pocatello. Referrals to the program were initially slow but have increased in the last several months. In the first year of the program, 28 youth have been referred, with five now transitioning into permanent homes.

**Strengths:** Data is more readily available to address our recruitment and retention efforts. Idaho had experienced a significant decrease in foster/adoptive inquiry calls in 2013, but inquiries over the past year have steadily increased throughout the state (see Appendix E). Idaho has a

streamlined six step licensure process for all resource parents (see Appendix D). In collaboration with our university partners, CFS has developed the means to access additional data that speaks to our outcomes directly related to steps within our licensing process from inquiries, to applications, PRIDE participants, and graduates (see Appendix F).

Child and Family Services collaborates with university partners to provide Spanish speaking informational meetings and PRIDE statewide, as needed. PRIDE training was recently provided to the Shoshone-Paiute Tribes at Duck Valley. There were 16 participants. Data was gathered regarding the participants ability to meet the 5 PRIDE competencies (see Appendix I). Child and Family Services' practice continues to identify relatives earlier and assess them as potential placement resources. Relative and fictive-kin placements continue to trend upward as a result of actively searching for relatives in the early stages and throughout a case (see Appendix B).

Child welfare employees have an increased understanding of the training provided to resource parents (PRIDE) and are able to reinforce elements of the training and the transfer of learning for resource parents during monthly home visits. All seasoned child welfare social workers are required to attend train-the-trainer PRIDE curriculum. All new child welfare social workers are required to attend PRIDE along with resource parents as part of New Worker Academy.

**Challenges:** Idaho continues to face challenges in the recruitment of Native American and Spanish speaking families, as well as rural recruitment (see Appendix E).

Accessing specific data to further inform our recruitment and retention efforts is a challenge due to some of the reporting limitations of our SACWIS system. Idaho has experienced a steady decline in licensed foster parents since 2010. There has been a 20 percent reduction in the number of licensed foster homes. Per our data, approximately half of Idaho's licensed foster homes are relatives or fictive kin who are licensed for specific children. Once these children leave foster care, their caretakers do not continue being foster homes for unrelated children. However, when analyzing the data there are also concerns about the percentage of licensed resource families that do not have current placements.

There has been an increase in the number of expedited placements with relatives and fictive kin. Meeting the licensing standards takes time and adds to the challenges of recruiting and retaining the number of general resource families available for placements. We have attempted various ways to promote partnership between workers and resource families. It is still largely dependent on how responsive each specific worker is to the resource family. For many resource families who don't have worker and agency support, they endure the lack of information and responsiveness from the agency because they are devoted to the foster children in their home. Lastly the One Church, One Child program primarily functions through an AmeriCorps grant, relying heavily on VISTA volunteers to staff and maintain the program. The program faces several barriers: lack of infrastructure, community perceptions, and community awareness.

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

**Available data and information:** Foster care/adoption inquiries, submitted Foster Care/Adoption Applications, PRIDE enrollment, PRIDE completion, licensure, placement distribution, age distribution, race and ethnicity of foster children and foster

parents; licensing process map; Resource Parent 2015 Annual Survey Report; Regional mapping of removals compared to licensed resources.

**Strengths & Challenges:** Idaho's recruitment and retention process includes utilizing strategic community based recruitment plans, creating community awareness, walking families through the licensure process, mentoring newly licensed families, providing families with effective trainings to prepare them to provide safe, loving and nurturing homes for children who have experienced abuse and neglect. Child and Family Services is invested in providing ongoing professional development for resource parents, through training opportunities, enhancing their skills and capacities, providing support and networking as they commit to care for children who have been exposed to trauma.

Idaho has a continual need to find and prepare families to foster and adopt children from the Department's child welfare program. Currently, there are approximately 1,240 children in Idaho's foster care system. Idaho has 1,060 licensed resource families, with approximately 40 percent of those being relative/fictive kin caregivers (Appendix B). Idaho's total number of licensed resource families has been on a continual decline of twenty percent (20 percent) over the past four years. It has been challenging to identify the reasons for the decline; some hypotheses include our practice shift and focus on relative/fictive kin placements, families closing out their licenses upon adoption finalization; economic factors inhibiting the ability of families to care for other children; negative perceptions of foster care; and families who may have not had the support needed to care for challenging children. Child and Family Services continues to assess the factors contributing to the decline and plans to implement exit interviews for resource families who choose to close their license.

Additional data indicates we have licensed families without placements. On average, half of our licensed families do not have placements. Some of this could be related to children being on extended home visits with their birth families or the family may be on hold for various reasons related to personal requests or the needs of another child placed in the home. However, CFS has identified some families that have never accepted and/or refuse to accept placements. Further assessment needs to occur to gather additional information regarding this information and guide our next steps.

Idaho has had an ongoing increase of the numbers of children placed with relatives/fictive kin. Data collected through Idaho's SACWIS system indicates over the past year the number of children placed in a higher level of care has also increased. Child and Family Services has consistently been collecting and distributing the data we have available to leadership and our contractor on a quarterly basis. Child and Family Services has obtained data specific to the race and ethnicity of our children in foster care and our licensed resource parents. Our statewide recruitment materials reflect cultural diversity for specific minority, multiethnic Native American/ Alaskan Indian and targeted groups. The materials are accessible on-line and provide access to resources to meet the cultural and language needs of the family. Idaho's standardized recruitment packet materials are culturally sensitive and available in both English and Spanish. Child and Family Services has attended various community events/recruitment activities reaching

diverse groups (Native American Coalition of Boise, Pridefest, and several Spanish speaking communities of faith). Child and Family Services collaborates with our recruitment contractor, Eastern Washington University to provide Spanish speaking informational meetings and PRIDE, as needed. Child and Family Services recently partnered with the Nez Perce Tribe to provide a PRIDE TOT *Tradition of Caring* (Appendix G).

Child and Family Services continues to work with local tribes to participate in various community events/opportunities to set up booths, ensure information/orientation meetings are scheduled and facilitated in partnership with local tribes. PRIDE trainings continue to be offered to our tribal partners. Please see section (5) Consultation, Collaboration, Coordination and Communication Between States and Tribes.

Over the past year Idaho has seen a minimal increase in the number of Native American children placed in foster care as well as licensed Native American resource families. While Idaho has experienced an increase in the number of Mexican/Hispanic children placed in foster care, we have experienced a decrease in the number of licensed Mexican/Hispanic resource families. We have also seen an increase in the number of children ages 0-3 entering foster care; the number of children ages 4-17 entering foster care has remained fairly constant over the past year (Appendix B and E). The children, regardless of their age, entering foster care in Idaho tend to have more complex needs and behavioral issues. Idaho's recruitment plan continues to focus on the need for highly skilled, qualified, safe families to meet the needs of:

- Sibling groups.
- Racially and ethnically diverse children (Spanish speaking and Native American).
- Adolescents.
- Children ages zero to three (0-3).
- Children with more intensive supervision, behavioral, and/or special needs.
- Children who are medically fragile, gay, lesbian, bisexual, transgender, or questioning.

Currently, Eastern Washington University holds the contracts for coordination and implementation of the Recruitment Peer Mentors (RPMs) and Parent Resources for Information, Development, and Education (PRIDE) curriculum statewide. Services include resource family recruitment and retention, PRIDE pre-service training, core trainings, Resource Training & Support Groups and three annual Resource Family and Social Worker Conferences. Eastern Washington University utilizes its own internal statewide SharePoint database. They are responsible for collection, compilation and analysis of data and development of reports for management and others specific to the RPM program. The system has been highly effective in the management of foster family inquiries up until the completion of PRIDE as well as the management and tracking of hours for RPMs. Eastern Washington University will continue to be the lead and support of these programs with day-to-day operations until the contract concludes on July 31, 2015. Child and Family Services recently posted a Resource Parent Recruitment and Retention RFP for bid.

According to data provided from Eastern Washington University, over the past year, there have been approximately 1,274 inquiries from prospective foster/adoptive parents. 1,100 of those parents were assigned an RPM. Out of those inquiries only a small number followed up with attending an Initial Orientation Information Meeting (approximately 14 percent). According to Eastern Washington University, Idaho received 378 completed applications. However, according to CFS' data we've received 479 applications in the past year. The difference could be due to a variety of reasons including our influx in relative placements and ICPC placements. PRIDE graduates included 112 households (78 general families; 26 relative/Fictive Kin, 2 ICPC, 1 PCS, 5 adoptions). Fifty-four percent of inquiries never attended an Initial Orientation Information Meeting (IOIM) or pursued becoming a foster parent after the initial contact.

Child and Family Services continues to assess its six-step licensing process. We have identified some gaps within our process, including: we are not always effective in providing families with the next step; customer service at the point of initial inquiry with the Idaho 2-1-1 CareLine; the application process can be stringent and our online program is not user friendly; delays in obtaining medical references; and given the increase in expedited placements general families are often not getting licensed timely. Some strategies identified and implemented to address these concerns include: training the Idaho 2-1-1 CareLine staff on the significance of being responsive, utilizing positive customer service, implementing a familial response to all inquirers and educating them on our foster/adoptive licensing process. We have also included a three month schedule of IOIM's specific to the region/hub with every inquiry packet that is mailed out to inquirers. We are currently assessing licensing workers' caseloads and timeframes to complete expedited placements versus general licenses. Child and Family Services will continue to look at this and the impact this plays on recruitment and retention.

Child-specific recruitment is available to children in need of a permanent placement. Child and Family Services has continued its contract with Special Needs Adoptive Parents, Inc. to provide Idaho Wednesday's Child media-based recruitment and individualized child-specific recruitment (CSR). The program also facilitates the listing of youth on the AdoptUSKids website. In the past year, approximately 40 youth have been referred for the contracted CSR program. These children are those for whom we have the most difficult time identifying permanent placements. As a result, it is only recently that recruitment successes have begun to be identified. One unexpected positive outcome of the contract is that a number of youth receiving CSR services have experienced a step-down in the level of care they require (i.e. from residential treatment to a family home setting). Special Needs Adoptive Parents, Inc. offers two additional programs including Wendy's Wonderful Kids and a Heart Gallery which are also utilized.

Child and Family Services uses a broad array of programs to promote cross-jurisdictional timely adoptive placements for waiting children. The Idaho's Wednesday's Child website elicits inquiries from families not only in Idaho but across the nation. The Department also utilizes the AdoptUSKids national website to list children who need an

identified permanent resource. Child-specific recruiters through our contract with SNAPS and Wendy's Wonderful Kids are present in each hub. They meet on a frequent basis to share information about children in need of placement and families who may be a match for any of those children, regardless of geographic location. A "Home Study" page is also available on the internal child welfare SharePoint. Families with approved home studies are invited to provide a copy of their home study to be listed on this site. The site is available for all child welfare staff seeking a placement. Families with home studies on the page are from all over the state, and include families from outside of Idaho as well.

The Department has increased its efficiency in processing ICPC requests electronically. In addition, the clarification in practice was provided regarding duplication of criminal history background checks, Adam Walsh checks, and Code X Criminal History Clearance provisions; our standards have been updated to include this information.

Child and Family Services continues to focus on specific targeted recruitment outcomes based on accessible data and ongoing conversations with leadership and child welfare social workers. We need to continue to establish a more effective evaluation process of our practice, processes, and marketing materials/messaging. As recruitment efforts evolve, the Department continues to strive to implement effective strategic plans for recruitment; these plans are driven on the specific needs of our communities across the state and the needs of the children entering Idaho's foster care system. These efforts include creating a pool of highly skilled effective resource families who possess specific traits and qualities according to research. Child and Family Services has been actively tracking the areas from which children are removed and placed into state custody as well as the areas in which we licensed resource parents. This data is utilized to target specific areas across the state, focusing on recruitment efforts on the specific areas in which we lack the resource parents. Data and Geographic Information System (GIS) maps further assist in guiding recruitment strategies (Appendix E). As CFS continues to collect the data specific to our GIS maps (removals versus available resources) further community based assessments will occur with our local offices. Child and Family Services has made updates to our Statewide Foster Adoptive Parent Diligent Recruitment Plan underneath our Data section (Attachment 2).

**Retention:** In the past, we were forced to cut some of our services originally available through Eastern Washington University due to budgetary issues. Some of the services included the mentoring components related to supporting newly licensed resource parents. Based on recommendations from our resource parents during our 2013 statewide assessment, CFS collaborated with Eastern Washington University to pilot a shift in providing mentoring and support at initial placement in the North hub. This has been in place since last fall. The contract has experienced a slow start with the roll out, due to the need to re-evaluate the current pool of RPMs; to ensure they possess the necessary skills and qualities to fulfill the mentoring of newly licensed resource parents. Mentoring will include a supportive relationship available to answer questions, provide resources and be responsive. Weekly communication occurs between the RPM and case manager to discuss updates and provide feedback on any challenges the resource family may be

facing. Currently, there is little data available to speak to the outcomes related to the pilot. Child and Family Services will continue to gather data to further inform how this shift impacts retention.

Since our last submission, each hub implemented strategies to address recruitment and retention of resource parents. These strategies were developed based off the statewide assessment completed in 2013. These strategies include:

- Providing additional supervisory support in messaging difficult decisions that are impactful to resource parents.
- Connecting foster parents to other foster parents within their local neighborhood/community.
- Increasing participation of local staff and leadership during PRIDE sessions to meet and welcome new foster/adoptive families.
- Providing additional education/information to staff regarding recruitment and retention.
- Ensuring all resource parents receive up-to-date contact information for all staff, including leadership.

Over the past year, Resource Parent Recruitment & Retention training was provided to staff in four of our seven regions throughout the state. The curriculum was developed in response to the identified challenges highlighted in our 2013 Statewide Resource Parent assessment. The curriculum covered current recruitment strategies, data and information regarding the direct tie between recruitment and retention, offering various ideas to staff on how they could further implement strategies in their daily practice to contribute to retention efforts. The training also included a resource parent panel during which resource families shared their perspective about recruitment and retention; describing characteristics of positive relationships/interactions with case workers.

All new child welfare workers are required to attend PRIDE as part of their new learning/Academy prior to completion of their entrance probation period. One Church, One Child is entering its fourth year of implementation. The program continues to primarily function through an AmeriCorps VISTA grant. Over the past year we have been granted two additional VISTA positions; a Lead VISTA to further assist with coaching and support of VISTAs across the state and a standard VISTA to assist with development and management of volunteers and mentors. We also obtained a support grant that provides funds for transportation costs for our VISTAs and supervisors. We are now fully staffed across the state.

The program has reached out to over 500 potential partners; currently we have 153 partnerships. Approximately 10 percent of foster/adopt applicants who submit a foster care application identified they heard about fostering/adopting through OCOC or “place of worship.” Over the past year, VISTA members across the state have spread awareness through their participation in over 200 community events. In addition, over \$93,000 in cash and non-monetary donations have been generated to support resource families and children in foster care. The program has also been successful in the development of supportive services, including: foster parents’ night out, support groups, parenting

education groups, facilities for older youth programs/trainings, informational meetings, remodeling of visitation rooms, fun runs, appreciation events, child care, various donations, a clothing exchange, and beginning the development of a mentoring program for youth in foster care. Over 1,500 hours have been donated through volunteers.

Ongoing assessment continues to take place informally with our VISTAs and partners. We are in the process of sending out a survey to partners across the state to gather feedback regarding the program, our partnerships, and the future needs of community partners. Several barriers remain for the program, including: challenges in partnering with churches and pastors, frequency of turn over with the VISTA team, dedicated funding, and the current name of the program. We are currently working on the following strategies to mitigate the barriers:

- Over the next year the program will be going through some rebranding; changing our name and logo to Faith in Motion of Idaho.
- The AmeriCorps project grant will come to an end in April 2016. Future plans for continuation of the program include wrapping the program into the RFP contract for resource parent retention and recruitment that was put out for bid.
- Strengthening collaboration with our Eastern Washington University contract.
- Integrating monthly collaboration meetings with partners and DHW staff to build better relationships.
- Developing a statewide survey for partners to further assess partnerships.

Over the past year there has been a focus on building a stronger collaboration between OCOC and our recruitment contract with Eastern Washington University. Recruitment Coordinators and VISTAs came together for our 2015 OCOC Annual Conference in February 2015. As a team we were able to clarify Idaho's recruitment and retention vision and goals as well as develop informal hub/regional recruitment and retention plans. These informal plans are community based and focus on building awareness, recruitment, outreach to diverse members and organizations of the community, increasing the number of Initial Orientation Informational Meetings within communities of faith and providing services and events to support our current resource parents.

Child and Family Services, in collaboration with Eastern Washington University, offered the training *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. The training is a companion training to the National Child Traumatic Stress Network's Child Welfare Trauma Training. The trainings began to be implemented in November 2014 with the plan to provide two to three trainings per region/hub until July 31, 2015. Each licensed resource parent throughout the state of Idaho received a personal invitation. Through collaboration with OCOC and our community partnerships we were able to locate venues and provide child care for resource families.

Child and Family Services has begun some initial discussions with the Idaho Child Welfare Research and Training Center regarding the development of evaluation tools that speak to the effectiveness of resource parent trainings. This has included reaching out to other states who currently utilize PRIDE and requesting feedback and information on the

evaluation tools they currently utilize. This requirement has been included in our new resource parent recruitment and retention RFP.

Idaho's 2015 Annual Foster Parent Survey was mailed to all licensed resource parents. Individuals could respond either via mail or online. Child and Family Services received a 19 percent response rate. Several themes were noted which require additional focus and assessment, including: communication between case workers and resource parents and resource parents indicating they do not feel like a member of a professional team. Otherwise there was an overall positive response (Attachment 6).

Department information and resources are accessible and maintained on a resource parent website and blog. Child and Family Services provides access to all resource parents to a library which includes numerous resources regarding various needs of children placed in foster care. Educational resources and events for resource parents are also posted on our OCOC Facebook page. In June 2014, Eastern Washington University also implemented a statewide newsletter for all resource parents. This newsletter was distributed to over 3,000 people.

Child and Family Services is committed to achieving our vision of adequately supporting our resource parents. Child and Family Services has also revised our policy on assessing foster care reimbursement rates. Child and Family Services is also in the process of making revisions to our administrative directive on providing normalcy for children in foster care to include the "prudent parent standard." Child and Family Services has been working on developing a form to further assist licensing workers and resource families in the development of Family Development Plans.

Idaho's 2013 Statewide Resource Parent assessment assisted in informing the development of standardized training topics for our resource parent training and support groups. Over the past year the topics included: an overview of court processes, trauma-informed behavioral management, permanency planning (placement selection); self-care for the resource family; and visitation. In the past year we have provided 34 resource parent training and support groups and have doubled, and in some areas even tripled, our attendance rate.

### **(3) PLAN FOR IMPROVEMENT**

Child and Family Services has made significant progress in the delivery of child welfare services since PIP-1 in 2004. PIP-2 gave CFS an opportunity to dig deeper and make more improvements both in processes, outcomes and in the culture of our agency. With the exception of Placement Stability and some intermittent difficulty with Timely Reunification/Re-entry, we have exceeded in all of the outcome indicators and met our goals on most of the CFSR-2 items. Having enough workers and enough services to be uniformly available throughout the state is largely a fiscal issue. With the implementation of our title IV-E waiver, flexible funds will enable us to develop trauma-informed resources to meet the needs of our children and families that largely do not exist at the present time.

The goals in this 5 year plan are focused on helping CFS in taking the next big step. That step involves increasing both the quantity, but more importantly the quality of our work. The quality of our safety assessment and planning has to be improved so that we can focus on parents' ability to keep their children safe. The quality of our engagement with families, colleagues, partners, resource families, and tribes all need to be taken to the next level; where stakeholder participation is meaningful, ongoing and informs system change. We also need to better address the needs of our children and families through evidence-based treatments targeted at trauma. Lastly, our older youth require a renewed commitment to their success as they transition into adulthood.

We believe that these four core areas are central to our ongoing success and will help us to reach some of the "higher hanging fruit" that has been a challenge to our agency.

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

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

This data supported the fact that in many areas of our state our workers have not been consistently applying the safety model which was implemented four to five years ago. This has forced us to look critically at our safety model. Over the last 2 years we have worked with the National Resource Center on Child Protection to enhance our safety practice in Idaho and ensure workers are conducting comprehensive safety assessments. This has and continues to be a huge

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

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

### **Data Outcome Goals**

- Increase in Exits to Reunification within 12 months to federal outcome standard by 2018  
Baseline: FFY2013 70.3%\*\*  
APSR Update: FFY2014 70.7%\*\*
- Percentage of Adoptions in less than 24 months beginning in 2018  
Baseline: FFY2013 54.0%\*\*  
APSR Update: FFY2014 45.9%\*\*
- Increase Risk and Safety Management, OSRI case record review to 92 percent by 2018  
Baseline: CY2013 85%\*\*  
APSR Update: CY2014 87%\*\*
- Decrease and maintain re-entries below the federal outcome standard by 2019  
Baseline: FFY2013 7.8%\*\*  
APSR Update: FFY2014 6.5%\*\*

\*\* FFY13 data measures were calculated utilizing the FFY13 composite measures syntax. FFY14 calculations are based off the same syntax. CFS will work with federal partners to update the syntax utilized to match the new national data standards.

### **Feedback Loops**

The state recognizes the importance of both internal and external stakeholder feedback and on-going collaboration to effectively achieve Goal 1. It is paramount the agency as a whole, as well as our community partners including the Tribes, Courts, Law Enforcement and others be included in the continued implementation and monitoring of our progress. To this end stakeholder feedback loops are purposefully embedded within each intervention.

Input was sought from CFS workers regarding what training topics they felt were most needed via an online survey. Curriculum for these topics has been created and is being offered around the state. New worker Academy has been revised to include the enhanced safety model of practice and is provided to new workers, current workers who would like additional support, and

community members at large. Community members who have attended include some of our Tribal partners. (For additional information on monitoring of training progress see training plan).

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

A group of leadership collaboratively developed the case consultation and staffing process to further embed the enhanced safety model into our work. A statewide group was identified to provide coaching utilizing the case consultation and staffing process within their local areas. This group will provide on-going monitoring and feedback as well as make any needed adjustments to the case consultation and staffing process. As implementation plans are further developed for Objective 2 and 3 continuous feedback loops will be embedded in those strategies.

**Objective 1** – By 2017, CFS will consistently conduct comprehensive safety assessment with fidelity to the enhanced safety practice model.

**Measure:** A comprehensive safety assessment with fidelity to the model is in evidence in 90 percent of cases as measured during the case record review.

**Baseline:** No baseline data is available until December 2015 when the model will be fully implemented and QA is conducted through case record reviews.

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

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

Initial statewide training on the enhanced safety model was completed in January of 2014. Additional consultation has been provided by a Child Welfare Program Specialist as requested by various staff in specific local areas. The New Worker Academy safety assessment curriculum was revised and implemented in July to include information on the enhanced safety model of practice. Facilitation of the revised curriculum has been done in tandem with the embedded trainers and Child Welfare Program Specialists for consistency in application of practice concepts. Academy trainings are open to all staff that may need to revisit concepts and several supervisors and workers have attended the safety trainings for additional support. Training on the safety assessment tools in iCARE was provided to all staff prior to implementation in December 2014. The Standard for Comprehensive Safety, Ongoing, and Re-Assessment was revised in March 2015. In December 2015, all staff were sent a survey asking to identify which safety related concepts they needed the most support or training on. Respondents requested training in the following areas: safety planning, interviewing, documentation, and assessing caregiver protective capacities. Training curriculums for these four areas are being finalized with our embedded trainers,

and safety planning training has already been provided across the state (see the Idaho Training Plan for specific information on training). A coaching model and a case consultation and staffing process has been created to further embed the enhanced safety model in daily assessment work (see intervention 3 for additional information on the consultation and staffing process).

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

***APSR Update***

Implementation of the new iCARE Comprehensive Safety Assessment and Reassessment of Safety occurred in December 2015. Prior to implementation extensive collaboration between the iCARE business team, system developers, Child Welfare Program Specialists, and numerous field staff occurred to design and test tools which meet system requirements and user needs. Statewide in-person training on the new assessment tools was conducted in tandem with the iCARE team to provide both hands on technical assistance and practice guidance. Additionally, the training was recorded and is offered to staff as an online webinar which can be accessed at any time. Child and Family Services included “help” prompts with practice definitions and descriptions throughout to the assessments to assist the user with practice consistency. In March 2015, additional enhancements to the tools were implemented as a result of user feedback and system monitoring. System monitoring and collection of user feedback is on-going.

**Intervention 3:** By end of 2016, develop and implement a statewide consultation and staffing format to support supervisors on the new enhanced safety practice.

***APSR Update***

Individuals from various field offices to participate in a cohort of highly trained coaches who will provide targeted coaching support by facilitating staffings and coaching supervisors to facilitate staffings in their local areas. This cohort will convene in July 2015 for initial training and will be an integral part of the statewide implementation plan. It is expected a statewide implementation plan for consultation and staffing, including the use of the coaching cohort, will be finalized no later than September 1, 2015. This plan will establish timelines and benchmark measures as progress indicators and for evaluative purposes.

**Objective 2** – By 2017, there will be an increase in safety service resources to support in-home safety plans.

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

**Baseline:** To be determined.

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

***APSR Update***

Intervention on target for 2017.

**Objective 3** – By 2017, case plans are directly related to safety issues and focused on enhancing parenting capacities.

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

**Baseline:** No baseline data is available until December 2015 when the model will be fully implemented and QA is conducted through case record reviews.

**Intervention 1:** By 2017, assure that case planning training is modified per the safety practice model and the CANS.

#### *APSR Update*

Intervention on target for 2017.

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

Target dates for meeting data outcome goals (above) have been revised to reflect more realistic timeframes given benchmarks will need to be established concurrent with CFSR 3 requirements and finalization of intervention implementation plans. Extending target dates will enable CFS to better evaluate effectiveness of interventions. The target date for Objective 1, has been extended from 2016 to 2017 to enable CFS to establish a reliable benchmark as quality assurance processes for the enhanced safety model are still in development. The target date for Objective 2 and the associated intervention has been extended from 2016 to 2017 to enable CFS to establish a reliable benchmark as Idaho continues as part of the title IV-E waiver project, to better assess service needs and availability in the community.

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

Stakeholder feedback and information from case record reviews continue to identify that CFS staff, from workers to administration, have a number of engagement issues. This feedback was gathered from parents, youth, resource parents, staff, and colleagues. First, stakeholders, both internal and external, report they often feel their voices are not being heard. Second, they feel when they are asked for feedback the information they provide goes nowhere. And third, they feel they are not involved in decision making. These concerns are directly related to our Family Centered Practice principles and we clearly need improvement in this area.

In assessment of our Continuous Quality Improvement program, it has become clear we have focused on case record review to the detriment of some other critical aspects of CQI. The primary weakness of our system is failure to adequately collect stakeholder feedback and funnel those concerns and ideas into the system in order for it to inform needed improvements. We have also dispersed the responsibility for CQI throughout our agency which gives “buy-in” but

makes the day to day organization, training and culture developing responsibilities difficult to manage without more of a focus at the central and hub level.

**Data Outcomes Goals:**

- Sustained improvement at or above 90 percent on the goal for Family Involvement in Case Planning from the results of the case record review.

Baseline: CY2013 91%

APSR Update: CY2014 85%

**Feedback Loops:** It is important that our community partners including the Tribes, Courts, Law Enforcement and others be included in the continued implementation and monitoring of our progress. Significant feedback from the leadership team was sought to brainstorm for ideas to strengthen stakeholder involvement in the development of the APSR. Their feedback is reflected in the interventions below.

**Objective 1: By end of 2015,** an assessment will be completed of all our stakeholders and their relationships. Regular communication channels will be assessed. A structure for comprehensive communication will be proposed.

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

**Baseline:** No baseline data available until December 2015 when a standard protocol will be fully developed and implemented.

**Intervention 1:** By 2015, develop standard procedure for collecting, summarizing, documenting and posting feedback. This needs to be done in a timely progression so that ideas from any level in the system can make their way into forums where policy, practice, rule and operational changes are considered and formalized. Use of the internet to communicate information will be prioritized.

***APSR Update***

Stakeholder feedback is formally gathered primarily through semi-annual meetings. Extensive work is needed to increase attendance and improve the outcomes of these meetings. In 2015 CFS will implement the use of a newsletter and social media to increase awareness and promote collaboration with stakeholders. Specific interventions will be developed by a designated workgroup in 2015.

**Objective 2: By 2016,** a standard for stakeholder engagement and feedback will be formalized and implemented. Stakeholders will be periodically asked to provide self-report feedback on the amount and quality of engagement they experience.

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

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

**Intervention 1:**

- a. Quality Assurance Program Specialist will discuss the need for Stakeholder Engagement Standard at the Management Team meeting.

- b. Quality Assurance Program Specialist will lead the development of the Standard and assure there are no conflicts/contradictions with other departmental standards.
- c. The draft standard will be disseminated to appropriate regional staff and stakeholder group for input.
- d. Program Manager will review final draft standard and submit to Division Administrator and Legal department for review and approval.

### ***APSR Update***

Intervention on target for 2016.

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

Specific interventions were added to objective 2 to provide measurable milestones towards the completion of this objective.

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

Idaho has recently received a title IV-E waiver. Waiver services are primarily targeted at children, youth and their families and include Family Group Decision Making, trauma assessment and treatment and evidence-based parenting program such as the Nurturing Parent Program and Parent-Child Interaction Therapy. Our title IV-E waiver implementation plan has very specific goals, objectives, tasks and timeframes outlined.

We have access to generic counseling services for children in foster care, but not the types of trauma-informed assessment and services that are needed. Without access to these specialized services, many resource parents, workers, and birth parents have developed an over-reliance on psychotropic medications to reduce problem behaviors rather than less intrusive interpersonal management of symptoms. A significant number of Idaho foster youth are prescribed at least one psychotropic medication.

In general, we do not have a thorough understanding of the needs of the children in foster care. Treatment services are general and are provided to both children and their families. In order to get relevant services to meet the needs of children and families we need to work more closely with the Medicaid and Behavioral Health divisions within our agency. Children in foster care whose permanent plan is adoption need to be prepared to be adopted in order to be successful. Their parents also need to be prepared to adopt a child and address their needs in a trauma-informed manner. At the current time, we have limited post-adoptive services in communities, especially for adoptions from foster care. Rather than waiting to treat children after they are adopted, we need to understand and address the needs of those children prior to adoption. We need to identify effective services, train providers and others to provide them, and examine reimbursement strategies for those needed services and make them accessible.

These types of trauma informed assessment and services will help us to better meet the needs of children and youth who are currently in residential care. We are determined to reduce the use of residential care for foster youth.

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

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### **Data Outcomes Goals:**

- Idaho will continue to improve stability of placements for children in care by decreasing the number of moves per 1,000 days in care from 3.57 to 3.45 by 2019.  
Baseline\*: 2014 National Standard 4.12 moves  
Idaho Performance 3.57 moves
- Through the use of trauma-informed assessments and interventions, Idaho will decrease the number of children placed in residential care to 8% by 2019.  
Baseline: 2013 8.4% of children were placed in residential care  
APSR update: 2014 8.3% of children were placed in residential care
- As Idaho strives to have a child welfare system that is trauma-informed, the reoccurrence of maltreatment while in foster care will decrease from 3.58 victimizations per 100,000 days in care to 3.0 by 2019.  
Baseline\*: National Standard 8.50 victimizations  
FFY2013 Idaho Performance 3.58 victimizations  
APSR update: FFY2014 Idaho Performance 3.57 victimizations

\*Data measures developed in 2014, no data available in this format for prior years.

### **Feedback Loops:**

The Department values the importance of internal and external stakeholder feedback, and how ongoing partnerships are critical to the success of achieving Goal 3. We have closely collaborated with Casey Family Programs and the Division of Behavioral Health in the development and implementation of our trauma-informed assessment process, the CANS tool.

CFS workers and leadership identified the need for the Department to provide guidance around supporting staff through critical incidents and traumatic experiences, and are currently in the process of developing a guide for supervisors to support staff.

Based on feedback and information provided by the Division of Medicaid on psychotropic medication use by children in foster care, a statewide overview of the data and trends was provided to each regional staff in an effort for them to gain awareness on the overutilization of psychotropic medication. CFS is meeting quarterly with the division of Medicaid to review data and create a plan to reduce the reliance of psychotropic medications.

The Department created a stakeholder edition flyer of the Nurturing Parenting Program to promote stakeholder awareness and understanding of the intervention. We continue to collaborate with our staff and leadership team on how we partner with and educate our stakeholders on the implementation of the trauma-informed interventions and services such as the CANS tool, the Nurturing Parenting Program, and FGDMs.

**Objective 1** – Beginning in 2015, reduce negative symptoms of secondary trauma.

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

**Baseline data:** No baseline data will be available until February 2016 when a staff survey is conducted.

**Intervention 1:** By 2015, supervisors will receive training for supporting staff that experience secondary trauma.

**Intervention 2:** By 2015, develop program guidance for supporting staff through critical incidents.

**Intervention 3:** By 2015, develop in-service training for staff and supervisors regarding secondary trauma.

#### *APSR Update*

Child welfare supervisors received training and instruction during the 4<sup>th</sup> Annual Supervisor Summit held in July 2014 focusing on advanced secondary trauma. This training provided supervisors with advanced skills in identifying and addressing secondary trauma within the workforce. Currently, the child welfare supervisor workgroup is researching and developing program guidance for supporting staff through critical incidents. This program guidance will be implemented by the end of 2015. In-service training for staff and supervisors was developed in the winter of 2014 in partnership with Central Office program specialists and our university partners. The in-service curriculum will specifically address how child welfare workers and supervisors can utilize tools for self-care and promotes resiliency among the workforce. These in-service sessions will occur in 2016.

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

**Measure:** Beginning in 2015, fewer children will be prescribed fewer psychotropic medication and other trauma related services will increase.

**Baseline:** Percentage of foster children currently being prescribed psychotropic medications: 2013 43.6%

**APSR Update:** 2014 46.1%

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

#### *APSR Update*

In Idaho in CY2014, data reflects that 46.1 percent of foster children versus 16 percent of non-foster children were using psychotropic medications. Data from 2013 shows 43.6 percent of foster children versus 15.8 percent of non-foster children were using psychotropic medications in Idaho. We continue to develop and implement trauma-informed intervention strategies for parents, resource parents, youth, and children to help self-regulate so we can reduce the use of psychotropic medication in our children and youth. Training on foster children

and psychotropic drugs was developed and provided in 2014. Addressing this issue remains a top priority for the Division of Medicaid and FACS will be partnering with Medicaid in this endeavor.

Limitations have been identified within our iCARE system. While we are able to identify all medications prescribed to foster care children through our Medicaid department, psychotropic medications are not easily identified in iCARE. In order to be able to successfully monitor the psychotropic medications that foster children are prescribed, we will work with our program development team to create a way within our iCARE system to record and report on this information. The Department will continue to work with our community partners and staff to monitor and reduce the use of psychotropic medication among children in care.

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

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

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

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

**Intervention 2:** By 2016, implement CANS assessment tool.

**Intervention 3:** By 2016, develop method to help assess physical and emotional safety and well-being of resource families to improve stability and inform placement moves.

**Intervention 4:** By 2017, develop community capacity of trauma-informed treatment services.

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

In January of 2015, our CANS Tool Development Workgroup developed a CANS tool that was approved for CFS. We have an active CANS State Lead Implementation Workgroup that meets regularly and have developed an implementation plan for the training and use of the CANS tool. In June, we will be providing a statewide Train the Trainer on the use of the CANS tool. Progress on the implementation of the CANS assessment tool continues to be made as aligned with the Title IV-E Waiver Activities Training Plan and Implementation Rollout for Idaho (Appendix C).

In the past year, we have continued to provide training on the lifetime impacts of trauma to our workers, families and resource families. Resource parent training included the *Caring for Children Who Experienced Trauma* workshop, which was facilitated six times throughout the state. Supervisors received training and

instruction at an annual supervisor summit focused on Advanced Secondary Trauma training. Child Welfare workers, resource parents, university partners, and community partners continue to receive Bruce Perry's *Neurosequential Model of Therapeutics Case Based Series*, as well as *Recognizing and Mitigating Secondary Traumatic Stress* training for all new Child Welfare workers. We will continue to provide Child Welfare workers with in-service training regarding trauma informed practice and interventions. We continue to make progress on this intervention through multiple capacities. We continue to engage our stakeholders through regular meetings that engage them in providing consultation and the implementation of trauma-informed treatment services. Our stakeholder group includes court partners, youth, a community mental health provider, law enforcement, university partners, CASA, a resource parents, and birth parents.

We continue to assess available community resources to identify ongoing needs in an effort to ensure the appropriate services are available to the children and families we serve. Through this endeavor, we collaborate with our partners throughout the community. These collaborations include the Office of Drug Policy, Casey Family Programs, PATH, Eastern Washington University, our tribes, and residential treatment facility staff. Currently, we are researching evidence-based comprehensive assessment tools in an effort to assess the physical and emotional safety and well-being of potential resource families. In this plight, we are considering partnering with the National Resource Center for Diligent Recruitment for technical assistance.

### ***APSR Revisions to Goal 3, Objectives, and Interventions***

The language in objective 1 was revised to be more specific on what impacts the objective is targeting. The intent behind the objective is to ensure staff have the supports and information necessary to reduce the negative impacts of secondary trauma. Through this revision, we will be able to more accurately measure the success of our interventions. The objective was revised to *beginning in 2015, reduce negative symptoms of secondary trauma* from *beginning in 2015, reduce secondary trauma*.

We also revised the formatting of the objectives and interventions to reflect how they will be accomplished through chronological order.

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

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

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

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

### **Data Outcome Goals:**

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

Baseline: CY2013 56.9%

APSR Update: CY2014 55.7%

### **Feedback Loops:**

Feedback from all impacted by the effort of Goal 4 is highly valued in the progress and overall achievement of this goal. Feedback and engagement with community will be regularly sought out via NYTD and internal Independent Living case record review. Results from these evaluative tools will be shared with the court, foster parents, youth in care and those who have aged out, federal partners, tribal partners, and youth advocacy organizations. Using evaluative data to communicate progress, barriers and plans to achieve better outcomes for youth in foster care are imperative to the improvement of services delivered to older youth. Communication will be done through advisory board group presentations in the community, foster parent blog sites, youth advisory board meetings, court presentations, and regular email blasts to partners working with older at risk youth populations. Tying both the evaluative components and data to communication with stakeholders is very important. Stakeholders will be welcomed to participate in the internal IL case record review as well as participate in planning once data is collected. The overall goal is to have stakeholder participation at all levels in the effort of Goal 4.

**Objective 1:** By 2016, 65 percent of youth 15 years and older in the custody of IDHW will have completed a life skills assessment (or CANS) and an Independent Living Plan within 90 days of IL eligibility. The assessment will be completed every year thereafter.

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

**Baseline:** CY2013 63%

**APSR Update:** CY2014 data not available, IL case record reviews are conducted every other year.

**Intervention 1:** In 2015, prepare how to guides and conduct annual training of agency staff and tribal social service staff.

### ***APSR Update***

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

The Independent Living case record review is scheduled to be conducted in the Fall/Winter of 2015.

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

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

**Baseline:** CY2013 53%

**APSR Update:** CY2014 data not available, IL case record reviews are conducted every other year.

**Intervention 1:** Prepare how to guide and conduct annual training with agency staff and tribal social services staff.

*APSR Update*

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

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

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

**Baseline:** CY2013 18%

**APSR Update:** CY2014 data not available, IL case record reviews are conducted every other year.

**Intervention 1:** In 2015, develop strategy for making certain that Health and Education Passports are prepared and disseminated.

*APSR Update*

Information regarding the Health and Education Passports is delivered at the Older Youth New Worker Academy and through local in service training. The IL case record review is scheduled to be conducted in the Fall/Winter of 2015.

During this review the desired outcome to ensure at minimum 43 percent of our emancipating youth have access to these will be reviewed.

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

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

**Baseline:** CY2013 43%

**APSR Update:** CY2014 data not available, IL case record reviews are conducted every other year.

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

***APSR Update***

In November 2014, formal transition planning training was delivered to agency staff, tribal staff, and community partners. This training came as a direct result of the first IL case record review that showed a need for improvement in this area. The National Resource Center for Youth Development (NRCYD) provided this training and trained those who attended as trainers to move this work forward in our state. In addition to the training, a resource binder was created by the NRCYD for newly trained trainers to use with youth and in teaching other staff the process of transition planning. The Independent Living case record review is scheduled to be conducted in the Fall/Winter of 2015. During this review the desired outcome to ensure at minimum 52 percent of youth over 17 have an individualized IL transition plan will be reviewed.

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

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

**Baseline:** CY2013 no youth referrals.

**APSR Update:** CY2014 2 youth were referred from tribes to receive IL services.

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

***APSR Update***

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

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

***APSR Update***

In spring of 2015 the ICWA Program Specialist and the Independent Living Program Specialist meet with the Cœur d'Alene Tribe, the Nez Perce Tribe, and the Shoshone-Paiute Tribes to provide information and have conversations about what was working well and where barriers lay regarding access to services. During these meetings many details were discussed including federal IL program changes; available Independent Living services; and case specific scenarios. A response from the remaining tribes is pending for the opportunity to share this

information. In addition, invitations to upcoming trainings and contacts for IL services were given out. Since these meetings, all three tribes have reached out to enroll youth in local IL programs, attend IL training, and one tribe accessed IL funding to send a youth to a tribal youth leadership camp. The efforts made to meet in person and have candid conversations proved to be a great way to create relationships and partner to better serve the youth that both agencies serve.

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

The original objectives, measures, and interventions submitted with the CFSP satisfied federal guidelines and required no revisions.

## **(4) SERVICES**

### ***Service Coordination***

The Department of Health and Welfare is a broad umbrella which contains many of the programs directly benefiting children and families in Idaho. We are also a relatively small agency both centrally and in the field offices. Planning, case staffings, multidisciplinary teams, and trainings regularly bring those providers together. We also have an Early Education Coordinating Council house in IDHW and we also attend coordinating meetings with the state's Special Education Advisory Council. We also have close working relationships in the field offices with probation and Juvenile Justice. Child and Family Services also regularly staffs cases and does training with the Refugee Program in Idaho. Some of this coordination is formal with assigned individuals attending to represent Child and Family Services. Other times it is more informal and can occur because many of our youth and family serving programs are co-located.

### ***Service Description (PSSF) Information***

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 Services
- 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

### ***Service Decision-Making process for Family Support Services***

Since CFS uses PSSF funds to provide many of these services, PSSF funds are allotted to each of the three hubs in the state. The hub program manager identifies services needed in the categories of Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion. Hub program managers have been provided with the definitions of each of the four PSSF categories and are aware that a minimum of 20 percent 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.

### ***APSR Update***

The Department continues to offer a full array of services that are easily accessible and individualized to meet the identified needs of children, youth, and families. Through our Title IV-E Waiver Demonstration Activities, we continue to further develop trauma-informed assessment, treatment services, and resources to enhance our capacity to serve the unique needs of children and families in Idaho. Hub program managers and leadership from the Central Office have quarterly budget reviews to monitor the use of PSSF funds and services.

## *Populations at Greatest Risk of Maltreatment*

### ***APSR Update***

#### Parent Visitation Grant

The Department has implemented an evidence-based home visiting program that matches parents with trained professionals during or after pregnancy and throughout the child's first years. The Idaho home visiting program is being implemented in Kootenai, Shoshone, Jerome, and Twin Falls Counties, and will be expanded to Bonneville, Bannock, Power, Ada, Canyon, Nez Perce, and Clearwater counties during 2015. 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 22 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 outline specific goals and action steps.
- Organize and actively case manage service plans.
- Work with communities to develop or assist in the stabilization of assets and resources.

## *Services for Children under Age Five*

### 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 age 0-3 whose caretaker receives a substantiated disposition of a CA/N report is referred to the Infant Toddler Program (ITP) 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. The Infant Toddler Program 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. The practice standard was updated in April 2014. Training was also developed which will be co-trained by local Infant Toddler and Child and Family Services staff.

- Under Part C of the Individuals with Disabilities Education Act, the Infant Toddler Program 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 Infant Toddler Program 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 six 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 six, 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 child'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.
- Twenty-seven 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 Age Five

Trainings provided to workers include: Impact of Child Abuse on Child Development; Appendix C; 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 APSR 2016

no “specialized” caseloads. Efforts are made to carefully design and monitor visitation for this age child.

**Children under Age Five Currently in Foster Care**

*APSR Update*

Children Under Age 5	FY 2011	FY 2012	FY 2013	FY 2014
In Foster Care as of 9/30	522	550	498	423
% of total	(39%)	(43%)	(37%)	(35%)
Entering Foster Care	527	479	504	423

iCARE data indicated that in SFY 2014, 38.9 percent of children in foster care were under age five at some point during the year. The top two Contributing Conditions to Removal for Children Entering Care SFY 2014 were Parent Drug Abuse (43.3 percent) and Caretaker’s Inability to Cope (39 percent).

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.
- 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 five.
- Under the title IV-E waiver, our CANS assessment will have a section specific to children five years old and under to gather information about development (including prenatal) and substance exposure (before and after birth). The Idaho CANS will also have expanded parental substance abuse and trauma domains. Interventions will be developed as we delve into these issues.

*APSR Update*

We have identified the barriers that exist within iCARE that have prevented us from having access to data around timely permanency on our foster children ages 0-5. We are in the process of researching our SACWIS system so that we will have the ability to capture this data. In the past, our hubs have individually identified and reported information around timing and permanency for children 0-5. We are looking to develop a system that will be implemented and utilized statewide. Next year, we will have data to complete the assessment so we can develop specific strategies for improvement.

Our CANS assessment for Idaho was finalized and approved in January 2015. A specific section for children five years old and younger was incorporated, and includes the following areas: motor, sensory, communication, failure to thrive, feeding/elimination, birth weight, prenatal care, substance exposure, labor and delivery, parent or sibling problems, maternal availability, curiosity, playfulness, temperament, and day care/preschool. In addition, our CANS tool includes expanded parental substance abuse and trauma domains which will be utilized to further identify and develop targeted supports and interventions.

We have been working diligently with our community partners; including law enforcement and the courts, around the safety of children. We have been providing ongoing education and supports to our families, foster parents, resource families, and community partners on the safety of children. We continue to see a decline in the number of children in foster care.

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

#### *APSR Update*

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

## **(5) CONSULTATION, COLLABORATION, COORDINATION, AND COMMUNICATION BETWEEN STATES AND TRIBES**

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

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

At the government to government level, formal consultation agreements were signed in 2013 between the Nez Perce Tribe and the Department, and between the Coeur d'Alene Tribe and the Department. Other formal consultation agreements are being sought with the remaining Tribes. These agreements are specific regarding the objectives of consultation as well as tribal notification regarding policy, rule, or formal process development. The agreements also recognize the need for communication at the operational level (between tribal and Department leadership and staff) and the upper management level (between Department Executive Leadership and the Tribal Council).

The quarterly meeting of the Indian Child Welfare Advisory Committee (ICWAC) is designated, by the agreements, as a forum for ongoing tribal technical support and review. The role of Department executive leadership and tribal leadership in either attending meetings or reviewing minutes is described.

The Indian Child Welfare Advisory Committee continues to be the most long-lasting collaborative effort between Department and tribal representatives. The group has been meeting since the early 1990's. 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, per its by-laws, includes actions directed toward improving the outcomes related to permanency, safety, and well-being for Indian children 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.

- e) Building positive State-Tribal relations through collaboration and cooperation between the Tribes and the Idaho Department of Health and Welfare (IDHW).

This group has been instrumental in the development of coordinated procedures, services, and contracts that pass Social Services Block Grant and title IV-B, Part 2 funding and Independent Living funds from CFS to tribal social services programs. Recruitment of Indian foster families is a standing agenda item. Tribal representatives who attend the ICWAC periodically change, but are most often the supervisors of social services both for the state agency and the Tribal agency. Over the past year, the ICWAC has been largely focused on reevaluating and modifying its by-laws as well as seeking opportunities to reengage with those Tribes who are currently not participating on the committee.

Currently, the Shoshone-Paiute, Coeur d'Alene and Nez Perce Tribes are participating in the ICWAC. The Northwest Band of the Shoshone Nation, Kootenai Tribe of Idaho and Shoshone-Bannock Tribes are not currently participating in person. The Northwest Band of the Shoshone Nation and the Kootenai Tribes have voiced interest in the group but have been unable to attend primarily due to scheduling conflicts and shortage of staff to attend the meetings

The ICWAC has discussed ways to strengthen the group and attempted to gain participation from the other Tribes by offering to host the meeting in their local area. Due to limited resources the Kootenai Tribe has declined to host the ICWAC meeting. The Department's Tribal Relations Manager reaches out to the tribes at least quarterly to mitigate any barriers. The ICWAC is in the process of developing bylaws but struggle as participation from all tribes is needed.

Child and Family Services has been successful at completing ICWA specific case record reviews approximately once every 2-3 years. Issues are also addressed when ICWA cases are selected for the ongoing general case record review. An important component of tribal consultation is addressing the following topics: notification of proceedings, placement preferences, active efforts to prevent removal, and tribal rights to intervene in state proceedings. Child and Family Services practice requirements are clear regarding each of these areas of ICWA implementation, but CFS needs to look for opportunities to review, with Tribes, its data related to these items as well as to receive tribal feedback on the state's implementation of these ICWA provisions.

To date, there have been no formal discussions between the state and Tribes regarding who is responsible for providing the child welfare services and protections for tribal children, whether or not under tribal jurisdiction. The state's responsibility for "422" protections has been discussed when tribal members have participated in the Child Welfare Academy and at ICWAC when there have been discussions of what is required for title IV-E reimbursement.

The ICWA Program Specialist has had formal discussions regarding the Section 422 Protections with the Nez Perce, Shoshone-Bannock and Coeur d'Alene Tribes. All Tribes certify that they are providing the 422 Protections for children and families working within their agencies. The State of Idaho is responsible for the 422 Protections for children and families that fall outside the boundaries of the Tribal lands.

Regard to obtaining credit reports for tribal children ages 16 and older in foster care, it is routine practice for CFS to obtain this information for all youth in foster care age 16 and older, including tribal youth in state custody. When tribal members attend Independent Living training offered by the state, part of the curriculum is information about the need for credit reports and the reasoning behind that. This is a routine item for discussion with tribal social services when discussing IL, but it is up to the Tribe to approach the state with any need for assistance in this area.

The Shoshone-Bannock Tribes are in the late stages of implementing a title IV-E foster care program to directly access title IV-E funds from the federal Department of Health and Human Services. The Nez Perce Tribe has approached the Department regarding the negotiation of a title IV-E agreement with the state. The Nez Perce Tribe has worked diligently over the last decade to develop a Tribal Children's Code, a foster care system, and court processes aligned with the requirements of title IV-E. They have also had many years of ongoing participation on the Court Improvement Program and are very aware of the issues at the interface of Idaho's Child Welfare system, State Courts, and Indian Tribes.

As described above under Collaboration; early in 2014, each tribal chairman was written a letter inviting them and/or one of their social service staff to attend the stakeholder meeting for the CFSP and title IV-E waiver planning. Four Tribes responded by sending the following representatives:

- Amethyst Aitken, Tribal Social Services, Kootenai Tribe of Idaho.
- Nancy Egan, Tribal Administrator, Shoshone-Paiute Tribes.
- Jackie McArthur, Tribal Social Services Director, Nez Perce Tribe.
- Sharon Randle, Tribal Social Services, Coeur d'Alene Tribe.

The group's feedback was positive. They had an opportunity to talk about barriers faced by the Tribes, but also had the opportunity to learn about non-Indian children in foster care throughout the state and provide feedback regarding increasing the cultural responsiveness of services. Two of these Tribes, the Nez Perce and the Coeur d'Alene also receive title IV-B funds, and are familiar with the goals and requirements of the plan. As the foundation to an ongoing process, representatives acknowledged feeling welcomed and heard.

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

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

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

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

In January and February 2015 the ICWA Program Specialist attended the new workers ICWA Academy to observe the training curriculum in preparation for updating the curriculum to meet new BIA Guidelines and Regulations. Evaluations from the past year are being analyzed for training needs. The ICWA Program Specialist, Regional ICWA

Liaisons, Workforce Training and Development Program Specialist and Embedded Trainers from Idaho State University will work together to update and revise the ICWA Academy training curriculum.

The new ICWA Program Specialist continues to hold quarterly conference calls with the Regional ICWA Liaisons. This group has reviewed the new BIA Guidelines and discussed how the changes will impact practice with Native American families in Idaho. The Regional ICWA Liaisons promote integration and implementation of the ICWA and mentor staff on individual cases when needed. The Regional ICWA Liaisons work closely with Tribes in their areas to develop and strengthen relationships between the State and Tribes. Currently, North Hub and East Hub staff meets with local Tribes in person on a monthly basis to staff cases. These cases are staffed to promote the implementation of the law and spirit of ICWA and to ensure ongoing communication and collaboration between the State staff and Tribal partners. Currently, the ICWA Program Specialist is revising CFS' ICWA Standard in accordance with the 2015 BIA ICWA Guidelines. Training will be available to workers through the CFS' ICWA Academy and through ongoing Regional training for staff. Regional ICWA Liaisons will continue to be a resource for workers to ensure ICWA compliance. The ICWA Program Specialist and Regional ICWA Liaisons work with outside stakeholders such as judges, attorneys, CASA, foster parents, and contractors to ensure they understand the ICWA.

Idaho's Annual ICWA Conference was held in Lewiston, Idaho in October 2014 at the Nez Perce Clearwater River Casino. Workshop topics focused on best-practices for Court Improvement in the application of the ICWA, Collaboration and ICWA Compliance, Meth in Indian Country, and Understanding and Applying ICWA at the local level. A youth panel also discussed issues they see in Indian country and what they feel is needed to overcome the issues. The ICWAC is currently in the process of planning a 2015 conference.

CFS Stakeholder Meetings were held on April 3, 2014 and October 10, 2014. The group is comprised of CFS Program Specialists, a foster parent, foster youth, Tribal Social Services representatives, Court officials/Judges, Law Enforcement, and other community partners. The group is able to discuss barriers observed from members and create possible solutions to be implemented into the Child Welfare system. This group will continue to meet twice per year to discuss identified needs in the Child Welfare system.

In 2010 the Department began implementation of Knowing Who You Are. This training is designed to help child welfare professionals explore race and ethnicity to prepare them to support the healthy development of their client's race and ethnic identity. This course is a mandatory training for all Child and Family Services employees. To date, 275 participants have completed the course.

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

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

### ***APSR Update***

A case review of ICWA cases in the State of Idaho is expected to take place in Fall/Winter 2015. Currently, the NCJFCJ instrument is being reviewed to ensure that the data collected is accurate to reflect the changes in the 2015 Bureau of Indian Affairs (BIA) Guidelines and Regulations.

The last ICWA case record review was conducted in 2012 (Attachment 8). Data from the final report indicated that “in none of the court orders reviewed did the reviewers identify a court making a finding that the Department had not made active efforts. Rather, in twenty-two cases no active efforts finding was made; the courts had, instead, made findings of ‘reasonable efforts’ as it does in non-ICWA cases” (p. 6). In May 2015, the ICWA Program Specialist reached out to regional ICWA Liaisons to inquire about local courts making a finding that active efforts had not been made. At this time, there are no known cases that the court has not found the state has not made active efforts. The Administrative Office of the Courts has begun planning on the development of an ICWA manual for judges and court personnel. Child and Family Services staff have offered to assist in the development of the manual.

In regards to “notification” the ICWA CRR 2012: Final Report states “the Department has need to improve in notifying both the parents and Tribes of each placement change.” Notice to the Tribe was sent in 18 percent of the applicable cases (5 out of 27) (p. 8). At this time, there is no current data to quantify statewide progress in this area. A recent examination of case record review summaries for CY2014 reflected challenges around timely identification and notification of tribes. CFS plans to conduct case record reviews on ICWA cases in the fall of 2015 to identify and evaluate the challenges with identifications and ICWA notifications.

In regards to “notice of hearings,” the ICWA CRR 2012: Final Report “found that in most cases, notice of hearings is being sent to parents and Tribes” (p. 8). The 2015 ICWA case record review should provide qualitative findings in determining progress in this area.

In regards to “placement preferences” the ICWA CRR 2012: Final Report shows “approximately two-thirds of the out-of-home cases of American-Indian children in Idaho followed the prescribed placement preferences and were placed in the homes of extended family.” (p. 9). A report generated from the Child Welfare database system, iCARE, showed 30 out of 69 American-Indian children placed in foster care had a placement of “home visit, relative foster care, relative pre-adoptive care, parental care” from 4/1/2014 – 3/31/2015. The data system is currently unable to identify if the non-familial placements are in accordance to the ICWA placement preferences.

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

- (a) Work with NCR4 Tribes and/or Casey Family Programs to develop formal protocols and processes for joint case planning for children identified as ICWA children brought into care from Tribes located within the boundaries of Idaho.
- (b) Work with NCR4 Tribes and/or Casey Family Programs to develop processes and procedures for coordination for crisis response, child protection safety assessments, and foster home placement and court appearances.

***APSR Update***

Indian Child Welfare Advisory Committee meetings were held in October 2014 and February 2015. The Nez Perce Tribe, the Shoshone-Paiute Tribes, the Department of Juvenile Corrections, Idaho Supreme Court staff, the Department's ICWA Program Specialist, Tribal Regional Director, and FACS Deputy Division Administrator were present for the meeting. The committee discussed engaging a federal representative from Region X to help facilitate discussion and development of by-laws. The committee discussed the concern that not all tribes in the state are participating in the ICWAC and possible solutions to encourage their participation through building relationships. Tribes had questions about sub-grants, SSBG, and PSSF, and availability of more funding to use to work with Indian children and families. The tribes discussed the need for qualified expert witnesses, as well as Native Foster Homes. Information was provided about the Indian Youth Conference being held in Fort Hall, Idaho in March 2015. Discussion occurred about the larger stakeholder group and its purposes, and importance that tribal representatives are present. An update was given on the title IV-E waiver and programs being implemented such as Nurturing Parenting Program, Family Group Decision Making, and the Child and Adolescent Needs and Strengths assessment. As previously stated, in the upcoming year the Courts, tribal representatives, and other community partners will work together to develop an Idaho ICWA Manual for the court system which reflects the new BIA Guidelines and Regulations.

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

- (a) Work with NCR4 Tribes and/or Casey Family Programs to develop a formal recruitment plan for increased tribal foster homes.

***APSR Update***

Child and Family Services has experienced some challenges in strengthening its relationships with tribal partners, which has impacted our ability to collaborate in recruitment efforts for Native American/Alaskan Indian resource parents. Over the past few years, CFS has experienced several transitions with our Child Welfare ICWA Program Specialist, which has contributed to some barriers related to relationship building. It appears, on a local level, there are many strong collaborative relationships which is promising to our ability to continue to partner. During the past year, the CFS' new ICWA Program Specialist has reached out to local Tribes to schedule face-to-face visits to learn more about the strengths and barriers in partnering with the Department; including having discussions regarding resource parent recruitment and retention. Child and Family Services has connected the Nez Perce Tribe with our Eastern Washington University Recruiter Peer Mentor and PRIDE programs. Eastern Washington University and CFS recently partnered with the Nez Perce Tribe to provide a PRIDE TOT and

Tradition of Caring Curriculum. Child and Family Services is currently working on scheduling some time to meet with the Coeur d'Alene Tribe and further discuss the strengths and challenges related to resource parent recruitment and retention, to identify opportunities, to collaborate, and to share resources.

Child and Family Services has also collaborated with Casey Family Programs and the Native American Coalition of Boise (NACOB). Native American Coalition of Boise invited the CFS and Casey Family Programs to participate in a local bar-b-que and set up a recruitment booth to provide information regarding the licensing process and other opportunities to support Native American/Alaskan Indian children in foster care. An Initial Orientation Informational Dinner was held, and personal invites went out to all the individuals who expressed interest at the bar-b-que. A local licensed Native American foster parent led the meeting and shared information regarding the need for Native American Indian/Alaskan Native resource parents and shared his family's experience as foster parents. In collaboration with the CFS, the foster parent also educated the participants about the Department's six-step licensing process and procedures. Child and Family Services representatives shared other opportunities for people to get involved in support of Native American children in foster care, such as becoming a cultural mentor, support children's parents, provide transportation, etc.

The Department plans to continue to collaborate with Casey Family Programs and NACOB to identify additional opportunities to strengthen and build relationships and increase our recruitment efforts. Native American Coalition of Boise has also provided invitations to local events; such as potlucks and beading gatherings.

#### **(5) Collaboration and planning**

- (a) Hold quarterly conference calls with the Tribes and ICWA liaisons to identify areas in need of improvement.
- (b) Work with NCR4 Tribes and/or Casey Family Programs to hold a planning meeting with the Tribes to develop action plans and collaborative goals for improved Tribal/State relations and ICWA compliance for the coming five years.
- (c) Assure tribal access to information about available funding to expand services.

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

In February 2015, a conference call was held with regional ICWA Liaisons to identify areas of need in the regions and to discuss updating the Indian Child Welfare Act Academy curriculum. In the upcoming year the ICWA Program Specialist will continue to work with regional ICWA Liaisons to update the Indian Child Welfare Act Academy curriculum and to inquire about training needs in their local areas. Regional ICWA Liaisons have inquired about continued ICWA and permanency trainings for staff in local areas. This training will likely occur in June 2015. The ICWA Program Specialist will continue to hold quarterly conference calls with regional ICWA Liaisons and include Tribes when necessary.

Child and Family Services will also continue to discuss (both during ICWAC meetings and individually with Tribes) the option of utilizing technical assistance resources (either

via federal resources or Casey Family Programs) to support improved tribal relations and ICWA compliance. Child and Family Services is currently discussing the development of a title IV-E Agreement with the Nez Perce Tribe. Both Casey Family Programs and federal partners have offered technical assistance in the development of an agreement.

### ***APSR Collaboration with Tribes Update***

The Nez Perce Tribal Social Services Supervisor reported during a conference call in December 2014 that Qualified Expert Witnesses are not being utilized in their area. The ICWA Program Specialist and Casey Family Programs assisted the Nez Perce Tribe in accessing Qualified Expert Witness Training for tribal individuals to represent their Tribes in court hearings. The training is expected to take place in May 2015. Child and Family Services maintains a list of Qualified Expert Witnesses (QEWs) on the Children and Family Services internal SharePoint site and on the external IDHW website. This list contains names, contact information, and the individual's expertise. This year, the ICWA Program Specialist contacted the listed QEWs and Tribes within the state to ask about new QEWs and to ensure contact information was current of the existing QEWs. On occasion, Tribes outside of Idaho will arrange and send a QEW to testify in court hearings.

On April 9, 2015, a consultation meeting was held between the Nez Perce Executive Council and the Idaho Department of Health Welfare. Topics discussed included: permanency practices within the state, specifically, concerns regarding the use of termination of parental rights and adoption as a permanency option, as well as opportunities to maximize the use of customary adoption and guardianships, foster parent licensing protocols utilized by the State and Tribe, services offered to children who reside on the reservation but do not meet criteria for services (via either tribal or state code), the application of the Interstate Compact on the Placement of Children, and the possibility of a Tribal-State IV-E Agreement.

On May 28, 2015 the Director of the Idaho Department of Health and Welfare sent the Chairman of the Fort Hall Business Council a letter expressing interest in pursuing mediation to facilitate ongoing dialogue on policy and practice issues. The Department is awaiting a response from the tribes but remains hopeful a productive mediation session can be held.

The ICWA Program Specialist extended invitations via email and telephone to all tribes in the state to schedule Tribal/State Collaboration and Coordination meetings at the program to program level. The Nez Perce, Shoshone-Paiute, and Coeur d'Alene Tribes accepted the invitation. The Kootenai Tribe declined to meet face to face, as they reported they do not have a social services program and did not feel the need at this time due to low numbers of Tribal child welfare cases. The Northwest Band of the Shoshone Nation did not respond. The Shoshone-Bannock Tribe was unable to get approval through their council. At each meeting, the ICWA and Independent Living Program Specialists were present to discuss maintaining ICWA compliance, Independent Living Services, Foster Care Recruitment, and any other topics that the tribes felt of importance.

A Tribal/State Collaboration and Coordination meeting was held on March 4, 2015 with Nez Perce Tribal Social Services. Child and Family Services shared information regarding Independent Living services, trainings, processes and standards, contact information for regional

Liaisons and discussed the stakeholder meeting scheduled for April 28, 2015. They reported timely notification of ICWA cases from the state is not always consistent and they do not always get copies of the petition, reports, and court orders. The Nez Perce Tribe reported intervention and transfer of jurisdiction is not a quick process with state court and they have concerns that the judges typically do not speak to the Tribal Social Services representative in hearings. They also reported that communication between the Tribe and state workers could be improved. The Tribe also had questions related to the state's practices on relative search and engagement. Information regarding the state's practice expectations and standards were shared. Child and Family Services staff will share concerns raised regarding court practices with the Supreme Court Child Protection Committee. In an effort to begin working on repairing relationship and communication barriers with the Nez Perce Tribe the CFS has begun meeting on a monthly basis to staff cases and discuss practice issues.

A Tribal/State Collaboration and Coordination meeting was held on March 30, 2015 with Shoshone-Paiute Social Services. Child and Family Services shared information regarding Independent Living services, trainings, processes and standards, contact information for regional Liaisons, and discussed the stakeholder meeting scheduled for April 28, 2015. They reported that they have a cultural preservation individual that they use as their QEW in state cases. In discussing active efforts they reported that they are typically invited to attend Family Group Decision Making meetings and home visits with state caseworkers. They did have concerns about the availability of Native American homes for foster and pre-adoptive placements. They showed interest in working with the CFS around recruitment of Native American foster homes. They also felt the need for training in regards to ICWA for attorneys and judges as they reported some delays with transfer of jurisdiction.

A Tribal/State Collaboration and Coordination meeting was held on April 6, 2015 with Coeur d'Alene Tribal Social Services. Child and Family Services shared information regarding Independent Living services, trainings, processes and standards, contact information for regional Liaisons, and discussed the stakeholder meeting scheduled for April 28, 2015. The Coeur d'Alene Tribal Social Services staff have an interest in and have been invited to participate in trainings offered by CFS and community partners on child welfare practice issues. In discussing active efforts tribal staff reported that they currently do not have many cases with the State of Idaho, and that most cases are transferred to tribal courts. The ICWA Program Specialist connected them with the Foster Care and Recruitment Program Specialist, as they were interested in learning how the state licenses foster families.

The Independent Living Program Specialist informed the Nez Perce, Shoshone-Paiute, and Coeur d'Alene Tribes about obtaining credit reports and information about independent living services for eligible children. The Independent Living Program Specialist and ICWA Program Specialist have followed up with the Tribes post meetings and have shared the CFS Standards and internal training calendars with all of the Tribes in the state to promote understanding and collaboration with the Tribes processes and procedures.

In the upcoming months as the BIA Regulations are finalized the Department will begin work on updating the ICWA Academy curriculum, participate in the development of ICWA Manual for courts and update the National Council of Juvenile and Family Court Judges (NCJFCJ)

instrument and complete case record reviews of ICWA cases. Child and Family Services and community partners are in the planning stages of this year's Annual ICWA Conference. Child and Family Services will continue to collaborate with the Tribes to ensure the accessibility of services and the active recruitment and retention of Native American foster families. Child and Family Services will continue to update its website with current funding information. This website is available to Tribes and the general public. On an on-going basis the ICWA Program Specialist will correspond with the Tribes regarding available resources and Child Welfare information.

## **(6) CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

### **A. Agency Administering CFCIP (section 477(b)(2) of the Act)**

The Idaho Department of Health and Welfare, Division of Family and Community Services, Child and Family Services Program is responsible for the administration and oversight of the programs carried out under the Chafee Foster Care Independence Program (CFCIP) State Plan. The independent living activities and services planned throughout Federal Fiscal Years 2015 – 2019 will continue the agency’s commitment to provide individualized assistance to youth as they transition from foster care toward self-sufficiency.

### **B. Serving Youth across the State**

Program development and planning is accomplished at the central office level and program implementation is the responsibility of each of the Department’s seven regions/three hubs. This allows for program modification to address the unique needs and issues of specific communities.

The program has served, and will continue to serve eligible youth in all geographic areas of the state. Youth who move from one region to another will be served by the region in which the youth currently holds residence. Any youth for whom the state is legally responsible regarding placement and care, and who satisfies the State of Idaho’s criteria for IL eligibility, may be served through the program. In keeping with the CFCIP, Indian youth for whom a tribe is responsible for placement and care and who satisfy the eligibility criteria may be served. Youth who are dually committed through an expansion of the Juvenile Justice act and are not in a detention facility or hospital setting may be served if they meet the eligibility criteria.

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

Idaho divides the state into three hubs that consist of seven regional areas. Each region is allocated a budget to address IL needs based on the population of Independent Living eligible youth they serve. The North Hub consists of Regions 1 and 2. This hub serves 137 eligible youth, of which 90 youth receive direct IL funding for services. The West Hub consists of Regions 3 and 4. This hub serves 212 eligible youth, of which 107 youth receive direct IL funding for services. The East Hub consists of regions 5, 6, and 7. This hub serves 132 eligible youth, of which 71 youth receive direct IL funding for services.

### **C. Serving Youth of Various Ages and States of Achieving Independence**

**Youth under 16 years of age:** Idaho provides Independent Living Services to eligible youth beginning at 15 years of age when a youth has been determined likely to remain in foster care until their eighteenth birthday. In making this determination, CFS has established a standard of ninety cumulative days of foster care placement after the fifteenth birthday as the criteria which indicates that youth are likely to remain in foster care until they reach 18. By initiating independent living services for youth younger than 16, more time is available to provide services and prepare youth for successful transition to independent living. Services to youth in this age range will include all the services noted in the plan, except for room and board, that will accomplish the purpose of the CFCIP. This includes attending to the service areas of basic life skills, education, employment, and personal support. Services to youth of this age under Idaho’s plan will be provided by state agency staff, tribal social service programs, and community partners or contractors.

**Youth 15-18 years of age:** For youth between the ages of 15 and 18 who are residing in foster care placements, services will be initiated with a formal assessment of their readiness for self-sufficiency. Subsequent to the assessment, an independent living plan will be developed to support eligible youth in acquiring the knowledge, skills, and resources necessary to make a successful transition to adulthood. These services will be provided by foster parents, parents, child welfare professionals, tribal social service programs, or private and public partners. Youth will be instrumental in the planning and implementation of their independent living service plans to assure they take responsibility for their success. This age group will have the entire range of services noted earlier in the plan available to them except that no room and board payments may be made on their behalf.

**Youth 18-21 years of age:** For youth ages 18 through 20, Idaho will provide Independent Living Services for eligible youth, including Indian youth, who have left foster care placement upon reaching the age of 18, but have not yet reached 21. Youth in this age range may receive all appropriate independent living services, including room and board funds. These services to older youth may be delivered by a wide range of service providers such as state agency staff, tribal social service programs, and partners such as the Casey Family Programs. This group of older youth will also participate in an assessment and planning process similar to that of younger foster youth.

#### Room and Board

Room and board funds will be provided for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. No more than 30 percent of the allotment of CFCIP funds will be used for room and board.

For the State of Idaho Independent Living Program, room and board is defined as those expenses which assist eligible youth, including Indian youth, to secure adequate housing and other necessary household items which promote the goal of self-sufficiency. Independent living room and board funds may be used for, but are not limited to, the following:

- Rent payments.
- Security, cleaning and similar deposits.
- Costs related to household utilities.
- Foodstuffs.
- Other household goods and supplies that are essential for a youth's health, safety, or well-being.
- Housing related expenses essential to attend an institution of higher learning, vocational programs or comparable educational setting.

#### Medicaid Coverage

Beginning January 1, 2014, Idaho extended Medicaid coverage to youth who aged out of foster care until their twenty-sixth birthday using the state's Children's Health Insurance Program. At this time Idaho has chosen to only extend coverage to youth who have emancipated from Idaho's foster care system.

## Trust Accounts

The agency's Resource Development Unit monitors/manages funds for children in foster care who receive either Social Security benefits (SSI/SSA/ OASDI), child support dollars from obligated parents and/or insurance or court settlements. These funds are used to offset that child's cost of foster care. Any monies left over after the child leaves care and all outstanding expenses are paid are returned. No other trust accounts are used for the purpose of independent living.

## **D. Collaboration with Other Private and Public Agencies**

Child and Family Services will continue to consult and collaborate with public and private entities in helping adolescents in foster care achieve self-sufficient independence. On a state level, this includes university partners, the Idaho State Board of Education, the Department of Education, Casey Family Programs, the Idaho Court Improvement Project, law enforcement, all federally recognized Tribes in Idaho, legislators, professional child welfare workers, regional and central office child welfare program managers, health care providers, legal services, foster youth and foster youth alumni, housing providers, substance abuse treatment providers, judges, juvenile justice, Idaho's children's mental health program, and public education providers.

On a local level, assessment, planning, and intervention strategies are coordinated with eligible youth, community partners, parents and family members, foster parents, training staff, case managers, and persons requested by youth to participate in assessment, plan development, and services. Idaho integrates independent living services with existing community programs to assure the most effective system of service delivery. Independent living skills training is provided to youth by state staff and private agencies to assure that youth are prepared for independent living.

Beginning January 1, 2014, Idaho extended Medicaid coverage to youth who aged out of foster care until their twenty-sixth birthday using the state's Children's Health Insurance Program. At this time Idaho has chosen to only extend coverage to youth who have emancipated from Idaho's foster care system.

The information listed below was given to staff, former foster youth, current foster youth, community agencies, and local benefits offices across the state via email and social media.

### ***Former Foster Care Youth: Health Care Coverage to age 26***

#### ***How Does the Affordable Care Act Help Former Foster Youth?***

*The Affordable Care Act (ACA) includes a provision that allows young people who "aged out" of foster care (turned 18 while in foster care) access to affordable health care coverage through Medicaid up to age 26. This provision becomes effective January 1, 2014.*

#### ***How to Qualify?***

*Effective January 1, 2014, Medicaid will be available, regardless of income, to former foster youth who were in foster care and receiving Medicaid at age 18 and who have not yet reached the age of 26.*

*If you are a youth who aged out of foster care in Idaho and move to another state, you must check with the other state to see if you can obtain coverage in that state.*

*Unfortunately, youth from states other than Idaho will not be able to obtain coverage in Idaho.*

### ***How to Apply?***

*Please call to verify eligibility; someone will help you with the next steps in applying if you qualify.*

*Falen LeBlanc*

*Phone: 208-334-4932*

*Email: leblancf@dhw.idaho.gov*

### ***What Information Should You Have Ready Before You Call?***

- *Name*
- *Birthdate*
- *Social Security Number*
- *Current Address and Phone Number*
- *Email*
- *Medical Card (if you have one)*

### ***Resources for more information:***

<http://childwelfaresparc.org/wp-content/uploads/2013/09/Medicaid-to-26-for-Youth-in-Foster-Care.pdf>

<http://www.childrenspartnership.org/publications/health-reform-e-update/621-aca-enrollment-a-foster-youth>

<http://www.ylc.org/our-work/action-litigation/aging-outtransition/medi-cal-for-former-foster-youth/>

<http://www.cssp.org/policy/2013/The-Affordable-Care-Act-and-Implications-for-Youth-Aging-Out-of-Foster-Care.pdf>

The Idaho Foster Youth Advisory Board has recently taken on a project to address youth who run (away) from foster care. Their hope is to reduce the number of youth who run from foster care and create a protocol for reaching out to those on the run to ensure their safety. The Idaho Foster Youth Advisory Board recognizes that youth who run from care are often times the same youth who end up in human trafficking situations. The Idaho Foster Youth Advisory Board hopes to create a program that addresses this issue for Idaho's foster youth.

In addition, local agencies that address these issues in Idaho will be used for research and training to better educate IFYAB member on these issues.

**Foster Youth Involvement:** Regional foster youth advisory boards exist in six of the seven regions providing an organized venue for youth to convene, connect and advocate for topics of concern that impact youth of foster care. These groups create opportunities for youth to develop leadership skills and have opportunities to speak to issues that relate to youth in foster care in

their local areas. Statewide, the Idaho Foster Youth Advisory Board exists to bring together the exceptional youth from each regional board to serve as advocates at the state level and represent the voice of the regional board. The Idaho Foster Youth Advisory Board focuses on public education of foster care issues from the youth perspective, development of new state policies that would better serve youth of foster care, and hope to be the youth voice in new and existing child welfare policy moving forward.

The Idaho Department of Health and Welfare supports the new state chapter of Foster Care Alumni Association (FCAA), approved in December 2008, by the national association. Officers have been elected and the director is an alumnus of foster care in Idaho. Current members live in different areas of Idaho and new members are being recruited statewide. For more information on FCAA, see the national web site at <http://www.fostercarealumni.org>. In support of youth and alumni participation in FCAA, Idaho has determined that Idaho Independent Living funds may be used for annual dues for eligible youth.

Another foster youth program unique to Idaho is the Idaho Resources, Opportunities, Communities, and Knowledge (IROCK). The mission of IROCK for Young Adults is to “prepare and support young people on their journey to independence.” This is a coordinated effort among staff from private and public agencies including the Department of Labor, independent living training providers, private employment and residential providers, school personnel, IDHW, Casey Family Program, and case management staff and agencies. The web site for IROCK is <http://irock4ya.ning.com>. Idaho Resources, Opportunities, Communities, and Knowledge is currently located in the two largest regions in the state. Idaho is facilitating the expansion of similar IROCK collaborations in all parts of the state and conveying their recommendations to the state Independent Living Program on an ongoing basis.

**Casey Family Programs:** The Department’s partnership with the Casey Family Programs continues to flourish. Casey Family Programs, Boise Field Office, has three full time staff assigned to provide transitional services to youth. In turn, the commitment of Casey staff is used as in-kind match towards Idaho’s CFCIP funding allocation. Casey Family Programs also continues to be a significant contributor and support to the Foster Youth/Alumni in Idaho advisory group, the Idaho chapter of Foster Care Alumni Association, and IROCK.

**State Board of Education:** The Idaho Department of Health and Welfare continues to partner with the Idaho State Board of Education regarding Idaho’s Educational Training Voucher (ETV) Program with an intended goal of assisting youth in making the best educational choices when they apply for ETV Program funds. Information is distributed to regional independent living and tribal social service staff through the state’s Independent Living Coordinator about all of Idaho’s institutions of higher education and entrance requirements.

**Idaho Department of Education:** The state Independent Living Coordinator will participate on the Idaho Department of Education’s Secondary Transition Council and will share information about secondary transition with regional staff as well as Casey Family Programs and tribal staff. Locally, state and tribal social services staff, in addition to private agencies providing independent living services, will collaborate with each youth’s school program to coordinate plans for transition and education.

**Citizen Review Panels:** Citizen Review Panel members continue to express an interest in issues affecting older youth in care and youth who age out of care. Known in Idaho as “Keeping Children Safe Panel,” members include recommendations to the state that affect youth eligible for IL services. Idaho’s Independent Living Program will continue to respond to these recommendations and provide information to panel members on those topics of interest and concern.

**Coordination with other Federal and State Programs for Youth:** The Department continues to meet, at both the state and regional level, with partner programs to address issues and concerns in the area of independent living services. Often, representatives from the county juvenile services, housing and transitional living programs, health care agencies providing family planning and abstinence programs, educators, vocational rehabilitation, state agencies, and other groups having an interest in youth who are in need of supportive service programs are included in these meetings. Through this ongoing dialogue, the Department anticipates services to youth will be better coordinated, expanded, and delivered in such a way that achieves the purpose of the CFCIP.

Regional Independent Living Coordinators engage in collaboration with private persons and agencies that develop and maintain transitional living programs for youth who have exited foster care, but still need the structure and support of a small group living arrangement to help them prepare for self-sufficiency and personal responsibility.

**Tribes Residing in Idaho:** Child and Family Services continues to partner with each Indian tribe residing in Idaho to make available a full array of independent living services to tribal youth. Regional staff are available to provide support and training to tribal social services staff about the Independent Living Program and full access to those services by Indian youth. Idaho tribes receive information regarding Idaho’s Independent Living Program through the State Independent Living Coordinator, the CFS ICWA Program Specialist, IDHW Tribal Relations Program Manager, and at regular Indian Child Welfare Advisory Committee meetings. Benefits and services under the program will be available to Indian children in Idaho on the same basis as to other children in the state.

In keeping with the requirements of CFCIP section 477(b)(3)(G), Idaho will negotiate in good faith with any Tribe that does not receive a CFCIP or ETV allotment directly from the Secretary for a fiscal year and requests to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and receive an appropriate portion of the State’s allotment for such administration or supervision.

**E. Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)**

Idaho has developed the eligibility criteria for a youth’s participation in the independent living program through a process of consultation and public input. These criteria have been developed to emphasize services to those youth most likely to remain in foster care until their 18<sup>th</sup> birthday. Idaho requires that a youth be in foster care placement for ninety cumulative days, an indicator they will more likely be in care long term and need additional assistance in attaining self-

sufficiency. Eligibility requirements for Idaho's plan for independent living services are as follows:

1. A youth must be, or have been, the responsibility of the State or Indian tribe either through a court order or voluntary placement agreement with the child's family.
2. Only youth between the ages of 15-21 years of age are eligible for services and use of funds through the independent living program.
3. Youth must have resided in an eligible placement setting which includes foster care, group care, Indian boarding schools, or similar foster care placement, and excludes detention facilities, forestry camps, or other settings primarily designed for services to delinquent youth.
4. A youth must have resided in an eligible foster care setting for 90 cumulative days after attaining the age of 15.
5. 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.

#### **F. Cooperation in National Evaluations**

Child and Family Services assures that, as the state agency responsible for the implementation of the independent living program in Idaho, it will cooperate with national evaluations of the effects of the independent living program implemented to achieve the purposes of the Chafee Foster Care Independence Program (Section 477(b)(2)(F)).

#### **G. Education and Training Vouchers (ETV) Program**

Educational Training Vouchers are available to youth who are eligible for services under Idaho's Independent Living Program; however, for purposes of the voucher program, in cases where the youth has been adopted or guardianship has been established after reaching IL eligibility, ETVs are restricted to youth who are adopted or guardianship has been established on or after their sixteenth birthday.

Youth are eligible for ETV on their twenty-first birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program. Educational Training Vouchers are available to youth who are eligible for services under Idaho's Independent Living Program.

Educational Training Vouchers are available to Indian youth who are currently in tribal custody or who have been in tribal custody and meet Independent Living Program eligibility criteria through the Regional IL Programs.

A maximum of \$5,000 per year or the total cost of attendance at an institution of higher education may be used for attendance at an institution of higher education. The total amount of the award and any other Federal assistance will not exceed the cost of attendance.

Prior to the expenditure of ETV funds, Child and Family Services will assure that each youth completes an Ansell-Casey Life Skills Assessment, develops an approved Independent Living Plan which includes the plan for achieving educational goals and IDHW's role in supporting the

youth, and completes a standardized ETV application with supporting documentation approved by the appropriate hub child welfare program manager.

Educational Training Voucher funds will be used to cover costs for educational support including, but not limited to, tuition and fees, room and board, counseling related to education and training programs tutoring, books, rental or purchase of required equipment, supplies, transportation, child care, and other identified service needs to support the youth's education goals. Child and Family Services will track the use of ETV funds separately from Chafee through Idaho's SACWIS system.

An institution of higher education is defined as an educational institution that:

1. Admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate.
2. Is legally authorized within Idaho to provide a program of education beyond secondary education.
3. Provides an educational program for which the institution awards a bachelor's degree or provides not less than a 2-year program that is acceptable for full credit toward such a degree.
4. Is a public or other nonprofit institution.
5. Is accredited by a nationally recognized accrediting agency or association, or if not so accredited, is an institution that has been granted pre-accreditation status by such an agency or association that has been recognized for the granting of pre-accreditation status, and it has been determined that there is satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time.

The term "institution of higher education" also includes:

1. Any school that provides not less than a 1-year program of training to prepare students for gainful employment in a recognized occupation and that meets the provision of paragraphs (1), (2), (4), and (5) of subsection (a) of the Higher Education Act.
2. A public or nonprofit private educational institution in any State that, in lieu of the requirement in subsection (a)(1), admits as regular students persons who are beyond the age of compulsory school attendance in the State in which the institution is located.

Child and Family Services will take advantage of other programs such as scholarships, grants, loans, and student work experience as strategies to help youth pursue their postsecondary educational goals. Youth will be asked to apply for all available scholarships and grants by applying through the Free Application for Federal Student Aid (FAFSA) program web site.

Educational Training Voucher information is tracked in two ways via our SACWIS system, iCARE, and intra-agency SharePoint site. SharePoint allows the state IL coordinator to ensure ETV funding is being used most effectively by identifying trends such as student progress, current year in college, semester grades, student spending, and the colleges that students are attending. This gives a big picture of ETV spending and can be drawn down to look closely at local spending. This collective information helps to build programs to assist students in college and creates avenues to reach out to former foster youth attending higher education.

Educational Training Voucher applications are recorded in SharePoint, per school year. When they are recorded, specific data is collected including how many applications the youth has been awarded. SharePoint allows at a glance to see new applicants along with those who have been receiving ETV for the duration of their college experience. Reports can also be pulled to show this data.

#### **H. Consultation with Tribes (section 477(b)(3)(G))**

**Tribes Residing in Idaho:** Child and Family Services continues to partner with each Indian tribe residing in Idaho to make available a full array of independent living services to tribal youth. Regional staff will provide support and training to tribal social services staff about the Independent Living Program and full access to those services by Indian children. Idaho tribes receive information regarding Idaho's Independent Living Program through the State Independent Living Coordinator, the CFS Indian Child Welfare Program Specialist, the IDHW Tribal Relations Program Manager and at regular Indian Child Welfare Advisory Committee meetings. Benefits and services under the program will be available to Indian children in Idaho on the same basis as to other children in the state, including credit reports for minor in foster care.

In keeping with the requirements of CFCIP section 477(b)(3)(G), Idaho will negotiate in good faith with any Tribe that does not receive a CFCIP or ETV allotment directly from the Secretary for a fiscal year and requests to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and receive an appropriate portion of the State's allotment for such administration or supervision.

The Independent Living Program Specialist attended site visits with tribal staff who agreed to meet to discuss IL and ETV topics. Two tribal agencies chose not to meet, one did not have a population of tribal youth that had this need and the other was unable to schedule a time to meet. Since the time of those visits in the spring of 2015 approximately 10 tribal youth have been referred to the IL program and one tribal youth to the ETV program. During the site visits tribal staff had an opportunity to inquire about both programs and were offered training opportunities such as the new worker academy Working with Older Youth. In addition, since the time of the visits tribal staff who have eligible youth continue to reach out for services as needed. The site visits were a very positive move in a direction to better serve tribal youth and tribal workers. The site visits were also a great way for the IL program specialist to become better informed of the needs of tribal youth and to create a more collaborative approach to service delivery moving forward. Annual site visits and regular communication are a necessity to increase the number of tribal youth that are served through the IL and ETV programs. Tribal staff identified some barriers to IL services such as: access to appropriate resources, lack of training opportunities to better understand IL services, and staff turnover. When training and/or conferences pertaining to IL and ETV are offered this information is shared with tribal contacts along with an effort to compensate travel expenses.

All IL and ETV program services are accessible to tribal youth; this is described in the CFCIP.

#### **I. Chafee Foster Care Independence Program Improvement Efforts**

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The Idaho Foster Youth Advisory board serves as a partner to CFS by assisting the IL state coordinator in assessing new and current older youth policy in our state, by leading Foster Youth Involvement and IL functions in the local field offices, by speaking at public child welfare events such as pride panels and resource parent conferences, and helping to write and represent new policy for foster youth of Idaho.

### **J. Chafee Foster Care Independence Program Training**

Training on the Independent Living Program is an ongoing effort to inform new CFS staff and contractors, tribal social service staff, resource families, and other entities critical to the success of Idaho's Independent Living Program about the purpose and implementation of independent living services. Updated training will be delivered to these entities whenever program needs or requirements change.

Training will be provided to all new child welfare staff on independent living services through the Child and Family Services Academy at least twice annually. Ongoing training for foster parents and other caregivers, including tribal foster parents, relative to the independent living needs of youth will occur during PRIDE, a required curriculum which all resource parents must complete as a condition of being licensed as a foster home.

Training will continue to include information on the purposes and philosophy of the Independent Living Program, participation requirements, implementation, measurements of success and outcomes, payment mechanisms, entry to Idaho's child welfare data system and all other aspects of the program that allow youth to make a smooth transition from foster care to self-sufficiency and independence.

### ***Chafee Foster Care Independence and Education and Training Vouchers Programs***

#### **INDEPENDENT LIVING PROGRAM SERVICE DESCRIPTION**

Idaho continues to provide the services described the five year plan (2015-2019) 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 2015-2019 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 and 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.

### ***APSR Revisions to Goals and Objectives established in the CFSP***

No revisions to goals or objectives are needed.

### ***APSR Updates to Goals and Objectives to Incorporate Areas Needing Improvement***

No areas needing improvement were identified in the Independent Living Program

## **B. Services to be provided in FY2015**

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 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.
- 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 2014, 278 youth between the ages of 15 to 21 were served by the Chafee Foster Care Independence Program. This number includes 72 youth who reached the legal age of adulthood (18 years) while in foster care.

### **G. Planned Program Changes**

There were no planned changes to the Independent Living Program in FY 2015.

### **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.

## **Goals and Strategies for Idaho's IL and ETV Programs for 2015-2019**

**Goal 1:** Every youth 15 years of age and older in the custody of IDHW will have completed a life skills assessment (Casey Life Skills Assessment) or the CANS within 90 days of IL eligibility and every year thereafter until the age of 18.

**Intervention 1:** Compare and contrast the Casey Life Skills Assessment and the CANS for decision on which tool to use in life skills assessment.

**Target Date: 2016**

*APSR Update*

**Status:** Continued

The CANS assessment is still in development at this time and therefore cannot be used to compare and contrast with the Casey Life Skills Assessment. When the CANS tool is completed a full evaluation of both tools will be conducted.

**Intervention 2:** A "How to Guide" will be developed which contains instructions for staff on how to conduct and complete life skills assessments and properly document the assessment in the child welfare information system (iCARE).

**Target Date: 2016**

*APSR Update*

**Status:** Complete

A "How to Guide" has been created and been made available to all agency staff. The guide is accessible when needed to help agency staff complete the Casey Life Skills assessment. In addition this document is overviewed in Older Youth Academy and available on the IL SharePoint site.

**Intervention 3:** 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 conducting a life skills assessment, including data entry.

**Target Date: 2016**

*APSR Update*

**Status:** Ongoing

Tribal contacts have been invited to Older Youth Academy where agency staff are taught all aspects of conducting the Casey Life Skills Assessment. In addition, when visiting local tribes (Spring 2015) an offer to come to the local tribal agency and facilitating specific IL training was offered. After the tribal visits two tribal agency staff have participated in Older Youth Academy to learn more about all IL programming including the Ansell Casey Assessment.

**Intervention 4** Data related to life skills assessment completions will be gathered every 6 months on each youth over 15 to verify that an assessment has been conducted timely with all IL youth.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

The National Youth in Transition Database has served as the measurement tool for ongoing completion of this Strategy. Every six months, NYTD requires that we record and submit for federal reporting the most recent numbers on completed assessments. Idaho's SACWIS system is able to pull reports that show missing or late life skills assessments. This allows us to have the most accurate information on completed and updated life skills assessments.

**Goal 2:** Every youth 15 years of age and older in the custody of IDHW will have a youth involved Independent Living plan based on a life skills assessment within 90 days of IL eligibility.

**Intervention 1:** 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 and obtaining credit reports.

**Target Date: 2016**

*APSR Update*

**Status:** Ongoing

Tribal contacts have been invited to Older Youth Academy where agency staff are taught all aspects of conducting the IL plan and obtaining credit reports. In addition, when visiting local tribes (Spring 2015) an offer to come to the local tribal agency and facilitating specific IL training was offered. After the tribal visits two tribal agency staff have participated in Older Youth Academy to learn more about all IL programming including IL planning and information on obtaining credit reports.

**Intervention 2:** A "How-to Guide" will be developed which contains instructions for staff on how to conduct and complete an independent living plan, properly document the plan in the child welfare information system (iCARE) and how to renew the plan annually.

**Target Date: 2016**

*APSR Update*

**Status:** Complete

A "How to Guide" has been created and been made available to all agency staff. The guide is accessible when needed to help agency staff complete and properly document the IL Plan. In addition this document is overviewed in Older Youth Academy and available on the IL SharePoint site.

**Intervention 3:** Data inquiries related to Independent Living Plans will be gathered every six months on all IL eligible youth to verify that a plan has been conducted timely.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

The National Youth in Transition Database has served as the measurement tool for ongoing completion of this Strategy. Every six months, NYTD requires that we record and submit for federal reporting the most recent numbers on completed IL plans. Idaho's SACWIS system is able to pull reports that show missing or

late IL plans. This allows us to have the most accurate information on completed and updated IL plans.

**Goal 3:** Implement the National Youth in Transition Database requirements.

**Intervention 1:** Annual 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 NYTD.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

National Youth in Transition Database training is conducted regularly in local field offices based on the local office need. In addition, NYTD training is a portion of the Older Youth Academy.

**Intervention 2:** A “How-to Guide” will be developed which contains instructions for staff on how to conduct and complete NYTD requirements, properly document data in the child welfare information system and how to ensure youth understand what NYTD is.

**Target Date: 2016**

*APSR Update*

**Status:** Completed

National Youth in Transition Database, “How to Guides” with specific instructions on each NYTD population have been created. Agency staff have access to these documents via the internal SharePoint. These guides lay out the practice and documentation steps to accurately conduct the NYTD requirements.

**Intervention 3:** Data inquiries related to NYTD will be gathered every six months on all IL eligible youth to verify that “Youth served,” “Baseline,” and “Follow-up” surveys have been conducted timely.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

Idaho’s SACWIS system is able to pull reports that show missing or late NYTD records. This allows us to have the most accurate information on completed and updated required NYTD data.

**Goal 4:** Every youth in foster care will have an individualized Independent Living Transition Plan in accordance with the requirements of the Fostering Connections to Success and Increasing Adoption Act of 2008.

**Intervention 1:** Annual training will be provided to regional IL and tribal social service staff in each region by the state independent living coordinator and regional staff trained as trainers on “Engaging youth in Transition Planning.”

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

Transition planning training is conducted regularly in local field offices based on the local office need. In addition, Transition Planning training is a portion of the Older Youth Academy.

**Intervention 2:** A “How to Guide” will be developed which contains instructions for staff on how to conduct and complete timely transition plans, properly document data in the child welfare information system (iCARE) and how to ensure youth understand the purpose of transition planning and are engaged in the meetings.

**Target Date: 2016**

*APSR Update*

**Status:** Completed

A “How to Guide” has been created and been made available to all agency staff. The guide is accessible when needed to help agency staff complete and properly document the Transition Plan. In addition, this document is overviewed in Older Youth Academy and available on the IL SharePoint site.

**Goal 5:** Youth who emancipate from foster care will have access to important information and records that will be necessary for living independently.

**Intervention 1:** Every youth who emancipates from Idaho’s custody will receive a Health and Education passport that includes in its contents, but is not limited to: an original copy of birth certificate, Social Security card, immunization record, medical card, education records, health records, letter of verification, transition plan, ETV information, and state/regional resource guide.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

The Health and Education Passport should be given to all youth before they age out foster care. Overview of this binder is covered in Older Youth Academy including what should be included in the binder and when and how to deliver it to the youth. In addition to teaching to the binder and its contents, each case will be reviewed to ensure a Health and Education Passport has been delivered to the youth during the upcoming Independent Living case record review.

**Goal 6:** Youth throughout Idaho will have the opportunity to have their voice heard by rule and policy makers in Idaho’s Child Welfare System.

**Intervention 1:** Regional youth advisory boards will be held regularly to give youth an organized place to share their ideas and thoughts about foster care and an opportunity to share their stories with those involved in the foster care system.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

All seven regions in Idaho have at least one youth representative on the Idaho Foster Youth Advisory Board. Regionally, there are six active boards. Support for the seventh region to form a board will continue to be a focus. Due to small

numbers of older youth and a large rural demographic, this region finds it difficult to organize a youth board. This region does however have a youth representative on the state IFYAB board.

**Intervention 2:** The Idaho Foster Youth Advisory board will serve at the state level and represent the regional youth advisory boards in youth led initiatives and projects.

**Target Date: Ongoing**

*APSR Update*

**Status: Ongoing**

All seven regions in Idaho have at least one youth representative on the Idaho Foster Youth Advisory Board. The IFYAB provides an avenue for youth to learn how to share their stories in a strategic way, influence change in the child welfare system, and have a safe place to come together to celebrate successes and work through difficulties together as a cohesive group.

**Intervention 3:** The Idaho Foster Youth Advisory board will train and educate youth throughout the state in “Strategic Sharing” so that all youth are formally trained before they present to child welfare staff and community partners.

**Target Date: Ongoing**

*APSR Update*

**Status: Ongoing**

Strategic Sharing is the curriculum that IFYAB has chosen as their fundamental way to learn and practice sharing the foster care story. Members of IFYAB are trained and help facilitate this curriculum with local board members. As an Idaho Foster Youth Advisory Board rule, an IFYAB member or regional youth member will participate in this curriculum before any speaking engagements.

**Goal 7:** A concentrated effort will be made to implement a version of The Guardian Scholars Program in all of Idaho’s college and universities.

**Intervention 1:** The Idaho Fostering Success Network will serve as a monthly venue for colleges and universities interested in creating a Guardian Scholars Program on campus to meet regularly and have conversation about how to implement new programs and share success stories on existing programs.

**Target Date: On going**

*APSR Update*

**Status: Ongoing**

Monthly conference calls led by the Boise State University Impact Scholars program are held regularly with different topic points chosen by the participating colleges and universities. The participation has grown significantly and there is a vested interest in growing programs on campus.

**Intervention 2:** The state independent living program coordinator and the Guardian Scholars liaison will do onsite informational meetings for educational staff and will assist with implementation of new programs.

**Target Date: On going**

*APSR Update*

**Status: Ongoing**

In 2014 and 2015, onsite visits to Idaho State University, College of Western Idaho, and North Idaho College were conducted. At each of these visits, meetings were conducted to inform the college/university about Guardian Scholars programs and the need they serve on campus. During those meetings, current statistics of foster youth attending their campus was given, along with current dropout rates for foster youth on that campus. All three schools have begun work to serve foster youth on campus. Idaho State University and North Idaho College have begun to form their own versions of Guardian Scholars. Efforts to support these schools to develop their own programs continue, as well as reaching out to other schools.

**Intervention 3:** The state independent living program coordinator will work closely with current Guardian Scholars Programs to ensure the success of students and programs.

**Target Date: On going**

*APSR Update*

**Status: Ongoing**

Currently, the state independent living coordinator and the Guardian Scholars program coordinator work closely together to ensure the overall goals and objectives of reaching all of Idaho colleges and universities is being met. Additionally, local foster student data is monitored closely to ensure that students' needs are being addressed and advocated for.

## **(7) MONTHLY CASEWORKER VISIT FORMULA, GRANTS, AND STANDARDS FOR CASEWORKER VISITS**

Idaho's caseworker visit requirements are found in the Child and Family Services Standard for Contact between the Social Worker and the Child, the Family and Resource Parents(s) or Other Alternate Care Providers. The requirement for monthly contact is required by Idaho Administrative Rules, IDAPA 16.06.01.405.05.a: "Face-to-face contact with a child by the responsible party must occur at least monthly or more frequently depending on the needs of the child or the provider, or both, and the stability of the placement. Face-to-face contact may be made in settings other than where the child resides as long as contact between the responsible party and the child occurs where the child resides a minimum of once every sixty (60) days."

In summary, Idaho child welfare social workers are required to complete face to face contact with every child under the responsibility of the state, at least once per month. There is an exception for youth placed in out of state residential facilities where face to face contact must be made a minimum of every 60 days with contact through telephone is required monthly. During planned contact between the social worker and child, the social worker must assess the child's safety, well-being, and permanency goal and must document their informal assessment in the form of a monthly contact note in the SACWIS system (iCARE).

Idaho will use caseworker visit grant monies over the next five years as follows:

- Continue funding university contracts to assign advanced child welfare students as the "responsible party." As a responsible party, these students are able to complete face to face contact with youth residing in in-state residential facilities a significant distance from their home.
- Research and implement technology for caseworkers in the field to increase the timeliness and accuracy of the documentation of completed caseworker visits with children.
- Train and implement a state-wide standardized format for documentation of caseworker visits with children.
- Implement a state-wide standardized quality assurance process for administrative and supervisory review of both the frequency and the quality of caseworker visits with children. This will be achieved through the use of standard data reports and a system of accountability for monitoring contacts to ensure workers achieve at least 95 percent consistently.

### **Monthly Caseworker Visits, Fund Expenditure and Visit Data**

Child and Family Services collects and reports data on monthly caseworker visits with children in foster care as required in section 424 (f) of the Social Security Act. Idaho exceeded requirements for FY2014 whereas the total number of visits completed by caseworkers on a monthly basis to children in foster care was not less than 90 percent. Additionally, Idaho exceeded the federal requirement that at least 50 percent of completed caseworker monthly visits occur in the child's place of residence.

Below are the results of the FY2014 worker contact report which was developed in Idaho's SACWIS system iCARE and were submitted in December 2014. Idaho performance results for 2013 are included for comparison.

<b>Caseworker Visit Measures</b>	<b>2013 Idaho Performance</b>	<b>2014 Idaho Performance</b>
<b>Number of Visits That Would Occur if Each Child Were Visited Once Per Month While in Care</b>	14666	14681
<b>Number of Monthly Visits Made to Children</b>	13706	13899
<b>Percent of Visits Made on a Monthly Basis by Caseworkers to Children in Foster Care</b>	93%	95%
<b>Number of Monthly Visits Made to Children That Occurred in the Child's Residence</b>	9647	10326
<b>Percent of Visits That Occurred in Child's Residence</b>	70%	74%

Idaho has exceeded the FY2014 federal goal. Promoting Safe and Stable Families 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 the iCARE “clients needing monthly contact” and “worker contact” reports. 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 95 percent.
- 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.

## **(8) ADOPTION INCENTIVE PAYMENTS**

Idaho will utilize Adoption Incentive Payments for adoption-preparation and post-adoption services during 2015-2019. Financial support for adoptive families attending the Idaho Post-Adoption Center Conference is expected to continue. A post-permanency workgroup will be identified to develop a post-permanency program plan including services which may be funded with Adoption Incentive Payments. Idaho has not experienced challenges with the timely expenditure of Adoption Incentive Payments. Quarterly budget reviews will include the use of Adoption Incentive payments to ensure continued timely expenditure of the funds.

### ***APSR Update***

Idaho utilizes Adoption Incentive Payments for adoption-preparation and post-adoption services. No challenges have been encountered with the timely expenditure of these funds. This past year, Adoption Incentive Payments enabled Idaho to complete modernization of adoption record storage for private and public adoptions, allowing for a more efficient response to adoptees, adoptive parents and birth parents requesting post-permanency support. The Idaho Post-Adoption Center did not hold their annual conference this year as had been expected, so funds were not used to support attendance. A post-permanency workgroup will be identified in the fall of 2015 to develop a post-permanency support program plan including services which may be funded with Adoption Incentive Payments.

## **(9) CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES**

Idaho has received a title IV-E waiver. Idaho's demonstration project includes three primary interventions: (1) development of a trauma-informed system of care; (2) expansion of Family Group Decision Making; and (3) implementation of evidence based, Nurturing Parenting Program, designed for high-risk families to strengthen parenting skills.

Idaho's title IV-E waiver is focused on improving outcomes at the individual, program, and system level. Outcomes will be measured in each of the domains of safety, permanency, and well-being as described below. More specific identification of short and long term goals will be developed in conjunction with the waiver evaluator.

### **Domain - Safety**

Children are protected from abuse and neglect as a result of improved parent functioning, increase in parental protective capacities and parenting practices. Outcome measures include:

- The CFSR national standard regarding the number of children who re-enter foster care after being reunified will be exceeded as a result of demonstration activities.
- The number of families receiving services in-home will increase allowing children to remain safely in their homes and reducing the number of foster care entries.

### **Domain - Permanency**

Children will achieve permanent homes more timely and will experience improved placement stability. Outcome measures include:

- Children will be reunified with their parent(s) or primary caretaker(s) more timely as a result of activities specifically targeted towards supporting families.
- Decreased utilization of congregate care placements.
- Placement stability will be within the CFSR national standards.
- Youth aging out of foster care without a permanency placement or plan will decrease.

### **Domain - Well-being**

Families have enhanced capacity to provide for their children's needs and ensure that overall well-being is achieved and maintained. Children who have experienced trauma will receive appropriate treatment and services. Outcome measures include:

- The number of parents or caretakers who provide for their children's needs and family's well-being will increase with improved parental functioning.
- The number of children receiving primary care, developmental, educational, dental, substance treatment, and mental health services that meet identified needs will continue to meet national standards as assessed by the CFSR case record review instrument.
- Child well-being/self-efficacy will improve as measured by a standardized instrument (i.e. CANS).

Through enhanced trauma informed practice strategies, workforce and partner training, and flexible use of resources, we expect to increase the numbers of children and families served in-home, increase placement stability for children in care, reduce the length of time in care, provide

timely reunification and permanency, continue to reduce our use of residential placements and ultimately increase child well-being.

### ***APSR Update***

In the past year, ongoing progress and accomplishments have been made in all three of the primary intervention areas through our Title IV-E Waiver Demonstration Project. We are expanding our internal and external capacity for a trauma informed system of care. This will be achieved through enhanced trauma education and training for child welfare staff, universal trauma screening, and evidence-based practices.

We have had ongoing planning and have started the implementation process of multiple interventions, as listed in Goal 3 of Idaho's plan for improvement. A CANS Tool Development Workgroup completed a CANS tool that was approved for CFS in January of 2015. A State Lead Implementation Workgroup continues to meet regularly and assists in making recommendations and decisions to inform statewide implementation planning and use of the CANS tool. Dr. Lyons, the developer of the CANS Tool, will be providing a Train the Trainer for us in June of 2015. We will continue to partner closely with Dr. Lyons in the training, coaching, certification, and recertification process for our staff. Workers, families, and resource families have had ongoing evidence-based training on the lifetime impacts of trauma. As we intentionally partner with our stakeholders, families, resource families, and community partners, we enhance Idaho's community capacity of trauma informed treatment services.

Child and Family Services adopted the program standard "Involving Families through Family Group Decision Making Meetings" in 2005. The standard affirms FGDM as an important practice within our Child Welfare Program. Child and Family Services will be increasing family and youth involvement in case decision-making through Family Group Decision Makings. As we launch statewide implementation for the expanded use of FGDM in June of 2015, FGDMs will be used prior to service planning, and can be convened anytime in the life of a case. All families with unsafe children will be referred for FGDM prior to service planning.

We have had a State Lead Implementation Workgroup that meets regularly to make decisions and recommendations that inform statewide implementation and planning of FGDMs. We provided a statewide training for coordinators and facilitators in April of 2015. We have provided ongoing staff trainings that started in April, and will continue through June. In June, the statewide implementation of FGDMs will begin. As a result of expanding the use of FGDMs, we hope to see shared decisions surrounding placement options to support the needs of children and improve placement stability. We believe that greater family engagement in their service plans will expedite the reunification process and reduce the length of stay in foster care.

The Nurturing Parenting Programs are evidence-based, trauma informed, and family centered classes that were designed for families that are at risk for abuse and neglect with children birth to 18 years. Nurturing Parenting Programs are designed to meet the assessed and individualized needs of families that are in need of treatment and

comprehensive supports for the prevention of child abuse and neglect. The classes offer interventions for families at risk for child maltreatment, and can provide resources and educational support groups for families that desire to improve their parenting skills. Child and Family Services selected the NPP as one of the title IV-E waiver activities to improve parent functioning and parenting practices, provide more stable placement settings, and to enhance the overall well-being of children and families.

In January of 2015, a staff and provider training for NPP were completed in the East Hub. Later that month, Region 6 began the implementation of the NPP classes. In April of 2015, we partnered with the Office of Drug Policy to bring Dr. Bavelok, the creator of NPP, to Idaho to provide comprehensive three-day training. Staff and provider trainings are currently being planned, and will be offered by the end of June 2015. Families who have specific criteria met on our comprehensive safety assessment will automatically be referred for NPP classes.

Please see Appendix C: IV-E Waiver Activities Training Plan and Implementation Rollout for Idaho for additional specifics on the activities listed above.

#### **PROGRAM CONTACT**

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## **(10) IDAHO STAFF DEVELOPMENT AND TRAINING PLAN**

### **A. Background**

The Idaho Child and Family Services Program made substantial changes since the last two CFSR statewide reviews. During the 2008 CFSR, the reviewers noted that Idaho was in substantial conformity with the systemic factor of training. The following Idaho Staff Development and Training Plan provides information regarding ongoing and planned activities for the period of 2015-2019.

### **B. Title IV-E Child Welfare Workforce**

Child and Family Services will continue to work on improvements in workforce development, practice improvement and innovation in order to sustain the gains achieved to date.

The Department's key priorities include: staff and resource parent training; child welfare student education (such as the scholars program that helps foster Bachelors of Social Work (BSW) interest in child welfare and movement from BSW to Masters of Social Work (MSW)); recruitment and retention; 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 implementation of transfer of learning strategies, and in-service trainings related to best practices. These best practices include training that is organized around a trauma informed, family-centered practice model with Family Group Decision Making, PRIDE pre-service and continuing education of resource/adopt parents, concurrent planning, cultural competency, working with resource parents and birthparents as a team, transitioning youth from foster care, and implementation of the Casey life skills assessment tool, to name a few.

### **C. Partners in Training**

Through partnerships and contracts, IDHW will continue to collaborate with community partners, universities, colleges, and providers serving Idaho in several child welfare capacities. FACS will make title IV-E claims to help finance pre-service Academy child welfare education, Recruitment Peer Mentors, 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.

- i. Casey Family Programs** continues to demonstrate a commitment to Idaho in the area of systems improvement. Casey Family Programs provides leadership, technical assistance, and funding contributing to the enhancement of our system, through best practice initiatives as noted above. Permanency Roundtable train the trainers sessions were made available, funding is provided to continue with implementation and to ensure practice is consistent statewide. Knowing Who You Are (KWYA) training is available statewide and required through New Worker Academy. Knowing Who You Are includes an online training segment as a prerequisite for the two-day on-site training. Several IDHW staff and partners completed the Certified Facilitator Certification process for KWYA and Permanency Roundtable Training. These teams

continue to facilitate KWYA and Permanency Roundtables trainings new and existing workers.

Over 2014, Casey Family Programs has provided technical assistance and partnership with the Department in the development and implementation of the CANS tool. This partnership continues to aid in the development of a trauma informed system of care for the children and families we serve.

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

Eastern Washington University was awarded the Recruitment Peer Mentoring contracts. These contracts have been implemented in all three hubs. Additionally, Eastern Washington University was awarded the statewide Resource Parent training (PRIDE) contract. Marketing services for recruitment of resource families have been added to the contract. This contractor will retain faculty and/or subcontractors and trainers to conduct statewide foster/adoptive parent training. The contracts were initiated in August 2011 and expire on July 31, 2015. The Department is currently in the process of developing a new contract.

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

Child and Family Services continues to have title IV-E educational contracts with Idaho State University. The Department will make title 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 Academy, ongoing training and designated in-service training. This contract has additional provisions for embedded university/CFS trainers in all hubs.

**iv. Contract for Title IV-E Scholars Program**

Child and Family Services will continue to maintain title IV-E sub-contracts with five universities serving Idaho: Idaho State University, Lewis-Clark State College, Northwest Nazarene University, Eastern Washington University, and Boise State University. Up to one full time position (FTP) is retained in each site to develop and monitor the title IV-E field placements, conduct child welfare seminars, and conduct child welfare courses. These contracts support MSW and BSW students. Child and Family Services will coordinate evaluation activities related to student recruitment and retention from all the schools. Each university contractor/partner will retain faculty for the title IV-E stipend student degree programs at both BSW and MSW degree levels.

**D. Staff Training**

Idaho achieved substantial conformity in staff training in 2008. Child and Family Services remains committed to providing and improving staff training in the areas of pre-service Academy training, ongoing in-service staff training, and resource and adoptive parent training to enhance the safety, well-being, and permanency of children and families in Idaho.

## **Overview**

Idaho State University continues to serve as the lead in the coordination and tracking of CW training. They continue to provide logistical support and curriculum development for the Child Welfare New Worker Academy. Idaho State University retains five FTPs on-site Academy trainers. The hub-based on-site trainers are the primary designated trainers. They participate in reviewing the Department's curriculum, and have a presence at the Child Welfare Subcommittee meetings and various other workgroups.

The hub-based on-site trainers work with the Department's subject matter experts (program specialists) on the development of curriculum for Academy, In-Service, and 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. Idaho State University has a database to track training attendance and completion and provides necessary data to CFS. Child and Family Services Chiefs of Social Work, Program Specialists, and university and other partners assist with various trainings. The training pool includes university partners, Casey Family Programs staff, CFS Central Office and Department staff, and some external subject matter experts.

The on-site trainers oversee implementation of the New Worker Academy training with support from the Child Welfare Policy Office Program Manager, Program Specialists, Chiefs of Social Work, and assigned Child Welfare Social Worker 3s. Through supervisor direction and worker input, onsite trainers engage in mentoring and training activities with new workers, as well in supporting supervisors in their coaching role. 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. New employees complete Academy modules and related field assignments as negotiated with their supervisor through the utilization of the Transfer of Learning form. Supervisors continue to be responsible for documenting the achievement of a competency as demonstrated through the learner's completion of learning assignments and probationary evaluation, which describes the candidate for permanent employment in terms of achievement of the CFS core competencies. Chiefs continue to be responsible for implementing the regional CRR and performance improvement process, which provides feedback for determining training needs.

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

The Department has a learning management system and video conferencing 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. Idaho will continue to make title IV-E claims for Child Welfare New Worker Academy and in-service training, and classroom and event trainings provided through our universities. The Department provided documentation to Region X regarding the content and structure of our associated, on-the job training component, an intensive, task-oriented, applied learning component of New Worker Academy. This curriculum analysis identified areas of the Child Welfare New Worker Academy which are title IV-E eligible, in order to increase the funding for New Worker Academy training, and claims will be made based on this analysis.

### **Staff Training Evaluation**

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

Existing mandatory and standardized case record reviews 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.

Child and Family Services continues to provide evaluation through tracking of staff trainings and completion, post training evaluations, transfer of learning engagement, surveys, staff discussions, and reports from contractors and partners. Evaluation of the New Worker Academy and Supervisor Academy will continue and updates and changes will be made based on identified needs and practice enhancements. In-house evaluations will continue through data collection during the case record review process, iCARE reports and Data Outcome Profiles. Additional mechanisms for evaluation are Division Operations group, the Child Welfare Subcommittee, quarterly Child Welfare Learning Circles, employee performance evaluations, employee exit interviews, and evaluating workgroup efforts.

Child and Family Services is in the process of expanding and integrating a more robust evaluation process in addition to the current method for gauging the effectiveness of child welfare training on increasing staff values, knowledge, and skill. Child and Family Services will focus efforts on quality improvements by enhancing evaluation tools and using evidence-based models and initiatives. One of the methods for evaluation being currently assessed is the implementation of pre- and post-test to our current New Worker Academy, Supervisor Academy, and in-service trainings. Child and Family Services is also working to expand stakeholder involvement in gathering feedback around effectiveness of the training of staff. Child and Family Services will utilize current stakeholder meetings, case record review, Multidisciplinary Teams, and workgroups to gather this feedback. Our goal is to ensure training for staff includes transfer of learning strategies that support the application of skill development, values, and knowledge learned in the training environment to the field. All trainings will continue to be guided by Idaho Child Welfare Practice Standards in supporting the professional development of our staff to promote the safety, well-being, and permanency needs of children and families.

**Technical Assistance** planned for 2015 includes 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 American Indian/Alaska Native children and youth out-of-home care.

### **Initial Staff Training**

As part of Idaho's self-assessment in 2008, an enhanced New Worker Academy and New Worker Caseload/Supervision Continuum standard was developed to address competencies and learning needs of newly hired staff in child welfare. Child and Family Services has continued to collaborate with ISU to teach Academy sessions, update curriculum, and coordinate the New Worker Academy. Child and Family Services continues to refine the New Worker Academy with face-to-face hub based training with some Academy topics provided via video conferencing or through the Department Knowledge and Learning Center eLearning format. This allows new workers to participate in training locally.

See Appendix F for the Idaho Title IV-E Training Matrix. The matrix identifies courses offered to Idaho Department of Health and Welfare Child Welfare staff, university partners, Casey Family Services Staff, Tribes, Resource Families, or those staff preparing for employment. It includes pre-service training for child welfare workers (New Worker Academy).

### **Strengths**

Staff across the state continue to provide feedback through training evaluation surveys about the quality of and their satisfaction with the training provided in the various topics of New Worker Academy. Feedback suggests that the material being covered is helpful to them in gaining a fuller understanding of CFS practice.

### **Ongoing Challenges**

Significant changes in Idaho's child welfare practice have resulted in the need to update and develop curriculum and training provided to newly hired staff. As part of various forms of feedback through case record review, training evaluations, exit interviews, child welfare subcommittee, quarterly supervisor calls, embedded trainer calls and meetings, child welfare operations meetings, and stakeholder meetings the following areas have been identified:

- At times CFS turnover remains high, with regional turnover rates ranging from 13 percent to 50 percent.
- Due to workload demands, new employees and supervisors often comment about the difficulty they have in completing New Worker Academy pre-learning assignments and other transfer of learning applications.
- New staff continue to initiate New Worker Academy at different points in the curriculum due to Idaho's small child welfare workforce and large geographic area, preventing the formation of cohort sessions.
- Child and Family Services continues to need to enhance regular and effective methods to evaluate Academy curriculum and the effectiveness of training on enhancing staff values, knowledge, and skills in promoting safety, well-being, and permanency for children and families in Idaho.

## **Staff Training Summary**

Initial staff training continues to evolve and change to meet Idaho's practice initiatives and enhancements in the development of a more trauma informed and family centered practice model. Child and Family Services remains faced with a choice of adding/updating topics from our current new worker model of initial staff training, or rethinking and building a model to better prepare workers and enhance recruitment and retention efforts for child welfare staff. While CFS conducts regular evaluations of worker satisfaction of training, there is a need to evaluate the effectiveness of initial staff training to ensure training provided is developing new staff's values, skills, and knowledge.

### ***APSR Update***

**Goal 1:** Idaho will have a highly skilled child welfare workforce that is prepared to meet the diverse needs of children and families' safety, well-being, and permanency in Idaho by integrating of in service trainings including ethics, cultural competency, family-centered and trauma-informed practice to enhance and update practice shifts and training curricula in Idaho.

The goal of training in Child and Family Services is to develop and enhance the fundamental knowledge, skills and attitudes needed for workers, supervisors, and managers to efficiently deliver safety assessment tools, family engagement strategies and child welfare practice model. As child welfare agencies work in partnership with a wide range of stakeholders, the training of CFS staff is done in collaboration with CFS leadership, Central Office staff, and contracted service providers, including university partners. During 2014, training continued to be focused on the following casework practice initiatives: the implementation of the Enhanced Safety Model and Trauma-Informed Practice.

Supervisors received training and instruction at an annual supervisor summit. The Fourth Annual Supervisor's Summit held in July 2014 was focused on Advanced Secondary Trauma training for supervisors. New supervisors continue to be required to attend supervision courses provided by the Department such as: Managing Your Workforce, Evaluating and Managing Performance, Crucial Accountability, Drug Free Workplace, Drug Impairment Recognition for Supervisors and Managers, and Securing the Human: Information Security for Supervisors and Managers. In addition, Child Welfare supervisors have access to the Department's Supervisory Resource Center, allowing them to access supports for supervisors to assist them in more effectively managing employee performance.

Child and Family Services also offers supervisory trainings including case record review training and the 2-day Supervisory Academy (Critical Thinking and Family-Centered Practice for Supervisors). Our embedded trainers continue to facilitate learning circles with supervisors and chiefs in each hub once each quarter. Child and Family Services continues to promote the National Child Welfare Workforce Institute Leadership Academy for Supervisors online training.

**Objective 1:** Provide effective and timely training to a new child welfare social workers that reflect the diversity needs of the families and children served in Child Welfare.

Funding Source: CWS/IV-E/CAPTA

Target Date for Completion: Ongoing

Status: Ongoing

**Measure:** Staff will report satisfaction and effectiveness of type and amount of training provided/received; type and amount of support provided/received and type and amount of information/communication provided/received.

**Intervention 1:** Evaluate current initial child welfare core training curricula to assure it is effective, family centered, trauma informed, culturally sensitive and promotes comprehension of values, skills, and knowledge needed for child welfare staff statewide.

**Intervention 2:** Develop and integrate evidence-based evaluation tools, to measure effectiveness and quality of core child welfare training curricula. The evaluations will focus on demonstrating the increase in skill, knowledge and transfer of learning of new child welfare social workers.

**Intervention 3:** Develop a mechanism for ongoing evaluation of the training system and ways to identify ongoing training needs of experienced staff.

**Summary:** Over the course of the last year, several child welfare core curriculums have been reviewed and revised due to the enhancements made within Idaho's child welfare practice. These modifications include enhancements to comprehensive safety assessment core curriculum, revisions to curricula in the areas of case management and service planning. Our intake curriculum was moved to the Knowledge Learning Center to provide for additional skills based training within the classroom setting.

The Workforce Development Program Specialist continues to work with our embedded trainers on the development and implementation of pre/post knowledge checks in an effort to measure the effectiveness and quality of core child welfare training curricula. Over the past year, the training team has developed and implemented pre/post knowledge checks for in-service training.

Child and Family Services continues to evaluate our training system and collects information related to training needs of new and experienced staff on an on-going basis. Idaho State University continues to hold the training contract for CFS. In late 2014, the need for an additional embedded trainer was identified. At this time, ISU is currently reviewing applicants to add the additional embedded trainer who will also aid in the creation of curriculum. Embedded trainers become aware of training needs within each hub as they work closely with program managers, chiefs, supervisors and staff (Attachment 7 for In-Service Trainings descriptions).

Training evaluations continue to be reviewed by both ISU and CFS staff to determine on-going training needs. Program managers, chiefs, supervisors, and central office staff continue to review summaries from CRRs to assist in identification of practice issues or training needs.

**Objective 2:** Develop a tool to assess current competency level of individual line staff and supervisors.

Funding Source: CWS/IV-E/CAPTA

Target Date for Completion: 2017

Status: Ongoing

**Measure:** Beginning in 2015, the Department will work with current child welfare staff and leadership to develop a template within the electronic performance appraisal system to assess child welfare competencies.

**Intervention 1:** Utilize Supervisor Workgroup to develop template for accessing child welfare workers at all levels.

**Summary:** The State of Idaho continues to have a mandatory electronic performance appraisal system. Employee appraisals are completed upon completion of entrance probation, and on an annual basis thereafter. In July of 2014, the State of Idaho began using a new electronic performance appraisal system with three main areas of competency. Additional tools, resources, and training are in the process of being developed to support this system change. Supervisors continue to track and document participation of a new worker in Academy through the performance appraisal system which allows the supervisor to document the worker's field experience and all other requirements for completion of Academy.

In addition, in 2014, CFS staff, supervisors, and embedded trainers began utilizing Transfer of Learning sheets to assess and enhance the transfer of learning of new workers from in-class Academy sessions to in field work.

All supervisors in the Department continue to be 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.

**Objective 3:** Explore Supervisory curriculum from other states and modify curriculum for Idaho.

Funding Source: CWS/IV-E/CAPTA

Target Date for Completion: 2017

Status: Ongoing

**Intervention 1:** Utilize Supervisor Workgroup to develop and enhance the skills of Child Welfare Supervisors by promoting best practice and statewide consistency.

**Summary:** All supervisors in the Department continue to be 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.

A curriculum has been developed for training new child welfare supervisors. Idaho CFS consulted with Dr. Cynthia Lietz, in July of 2012 to develop strengths based supervisor curriculum focusing on clinical supervision, task centered versus reflective supervision and individual and group supervision. The first session was offered in July of 2013 and will continue to be offered on an annual basis to new and existing supervisors. Our supervisor training Academy also includes our existing Family Centered Practice for Supervisor curriculum, which was provided in July 2014.

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## (11) STATISTICAL AND SUPPORTING INFORMATION

### *Information on Child Protective Services Workforce*

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 Child Protective Services (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 continuing education units (CEUs) per year to maintain the license.
  - Training: Each new employee must complete 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 are required to complete pre-service trainings sessions before completion of their probation periods. Child Welfare Social Worker 2s have six months, and Child Welfare Social Workers 1s have nine months to complete probation requirements.
  - Advancement: Child Welfare Social Worker 1, 2 and 3 classifications have been developed. Child Welfare Social Worker 1 is the entry level, 2 is an experienced social worker, and 3 is an experienced social worker who is seen as having supervisory abilities and works closely with the supervisor to gain experience in "lead work," while still being under supervision themselves.
- Data on education, qualification and training of such personnel
  - See 100 percent requirements under education, qualifications and training requirements above.

- All Child Welfare personnel including those who do the initial CPS component. See below.

**FY 2014 Child Welfare Staff Demographics**

		Child Welfare Social Worker 1	Child Welfare Social Worker 2	Child Welfare Social Worker 3	Clinician	Child Welfare Supervisor	Totals
Number of Filled Positions		<b>27</b>	<b>187</b>	<b>45</b>	<b>3</b>	<b>43</b>	<b>305</b>
Educational Degrees*	Bachelor of SW	* Unable to provide at this time. In general SW1's are Bachelor level; SW 2's are predominantly Bachelor level with some Master level; SW3's are primarily Bachelor's level with some Master's level; Clinicians are exclusively Master level and Supervisors are split between Bachelor and Master level					
	Master of SW						
	Master of Clinical SW						
	Other Degree						
Race/Ethnicity	White	24	167	41	3	42	277
	Black	0	1	1	0	0	2
	American Indian	0	2	1	0	1	4
Race/Ethnicity	Asian/ Pacific Islander	0	1	0	0	0	1
	Hispanic	3	16	2	0	0	21
Gender	Female	24	166	42	2	37	271
	Male	3	21	3	1	6	34
Age	20 - 30 Years	7	33	5	0	3	49
	31 - 40 Years	9	37	11	1	10	93
	41 - 50 Years	7	29	10	1	16	57
	51 - 60 Years	4	16	8	1	7	36
	60+ Years	0	7	2	0	2	11

\* Previously iCARE did not track educational degrees. However, as of 5/1/15 system changes have been made to store this information and will be included in the next submission of the APSR.

- Information on caseload or workload requirements for CPS personnel including requirements for average number and maximum number of cases per CPS worker and supervisor.

The following tables present the statewide counts, by type of case, and the caseload averages for the period between April 1, 2014 and March 31, 2015.

<b>Monthly Averages</b>	<b>North</b>	<b>West</b>	<b>East</b>	<b>Statewide</b>
Child Population (0-17 yrs., 2013 Census Estimate)	71,159	191,542	163,952	426,653
Safety Assessments	146	329	257	732
In Home Cases	64	67	120	251
Foster Care Placements	279	667	417	1362
Total Cases	489	1063	794	2345

<b>Rate per 1,000 Children</b>	<b>North</b>	<b>West</b>	<b>East</b>	<b>Statewide</b>
Rate/Safety Assessments	2.0	1.7	1.6	1.7
Rate/In Home Cases	0.9	0.4	0.7	0.6
Rate/Foster Care Placements	3.9	3.5	2.6	3.2
Caseload Avg. per Case-Carrying Staff	11.2	12.1	12.6	12.0

In October of 2012, child protection referrals began to be handled by a centrally located staff of 15 personnel. Below are the referral numbers for the past two years broken down by prioritized referrals that required safety assessments and those that were informative only.

<b>Monthly Averages by Referral Type</b>	<b>4/01/2013 - 3/31/2014</b>	<b>4/01/2014 - 3/31/2015</b>	<b>% Difference Year over Year</b>
Prioritized Referrals	664	732	10.24%
I&R Only Referrals	1060	1092	3.02%
Total Referrals	1,724	1,824	5.80%

Quarterly reports are run for the months of March, June, September, and December and are averaged to give a “typical month” count. The following table presents the statewide counts, by type of case, and the caseload averages from the four month counts for April 1, 2013 to March 31, 2015. The total FTPs do not include central office staff.

<b>Monthly Averages for Case Types</b>	<b>4/01/2013 - 3/31/2014</b>	<b>4/01/2014 - 3/31/2015</b>	<b>% Difference Year over Year</b>
Assessments	664	732	10.24%
In Home Cases	296	251	-15.20%
Foster Care Cases	1,433	1,362	-4.95%
Total Cases	2,393	2,345	-2.01%
Case-Carrying Staff FTE	193.8	194.8	0.57%
Total Hub FTE	332.1	337.1	1.51%
Caseload Avg. per Case-Carrying Staff	12.3	12.0	-2.44%
Caseload Avg. per FTE	7.2	7.0	-2.78%

Child Welfare Social Workers have seen a slight decrease in the total number of child welfare cases over the past year. Previously submitted numbers actually had overstated the number of assessments as they were counted in each month that they remained open. Now each assessment is only counted once in the month that it begins in. Also, prioritized referrals were included in total case counts, but because they are handled by central staff, they are no longer counted here.

### *Juvenile Justice Transfers*

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

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, 2014 to April 1, 2015, there were seven youth who were in the custody of the 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 (DJC) 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 follows:

<b>Region</b>	<b># Transfers to DJC 2013-2014</b>	<b># Transfers to DJC 2014-2015</b>
Region 1	0	1
Region 2	1	0
Region 3	1	0
Region 4	3	3
Region 5	2	2
Region 6	0	1
Region 7	0	0
<b>Total</b>	<b>7</b>	<b>7</b>

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, 2014 to April 1, 2015, fifty-four (54) youth have been expanded from the Juvenile Corrections Act to the Child Protective Act. Below are the expansions to child welfare, by Region:

<b>Region</b>	<b># Expansions to Child Welfare 2013-2014</b>	<b># Expansions to Child Welfare 2014-2015</b>
Region 1	3	4
Region 2	1	1
Region 3	17	5
Region 4	11	13
Region 5	20	15
Region 6	9	5
Region 7	3	11
<b>Total</b>	<b>64</b>	<b>54</b>

### *Sources of Data on Child Maltreatment Deaths*

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

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 CFS. If there are surviving siblings, CFS 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.

Child and Family Services now provides our child maltreatment fatality information to Vital Statistics who, in turn, provides CFS with the total number of child fatalities

captured in their system related to abuse and neglect. There may still be challenges with the comprehensiveness of this information due to cause of death coding classifications; however, this information brings us closer to capturing more complete information related to child maltreatment fatalities in the state.

While it was anticipated information from the annual report of the new statewide Child Fatality Review Team would be used, the team is currently reviewing cases which are two years behind the NCANDS reporting period, therefore the information is not current and not useful for the purpose of NCANDS annual reporting. However, the team's reports will be shared with CFS to garner information for any practice implications.

### *Education and Training Vouchers*

#### *APSR Update*

See Appendix A

### *Inter-Country Adoptions*

#### *APSR Update*

During FFY 2014, one child previously adopted through an inter-country adoption entered Idaho's foster care system due to reasons related to the dissolution of an adoption.

The child is a female who was 13 years old at the time of her placement in foster care. In 2009, she was adopted from the Finote Lewegen Orphanage in Ethiopia by a family who lives in Washington. In the summer of 2013, the adoptive parents sent the child to live with her adoptive paternal aunt and uncle in Idaho because they no longer wanted to care for her. No legal paperwork such as a guardianship or power of attorney was completed by the adoptive parents. In March 2014, the child entered foster care after disclosing sexual abuse by her adoptive father. Because the aunt and uncle had no legal standing, they were unable to prevent the adoptive parents from regaining physical custody of the child and exposing her to unsafe conditions, thus the need for foster care.

The adoptive parents terminated their parental rights and the aunt and uncle declined to be a permanent placement. The child's permanent plan is Adoption and she is placed in a non-relative pre-adoptive placement.