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

### Annual Progress and Service Report (APSR) July 1, 2011 – June 30, 2012

Approved Plan will be posted at <a href="http://www.healthandwelfare.idaho.gov/Children/AbuseNeglect/tabid/74/">http://www.healthandwelfare.idaho.gov/Children/AbuseNeglect/tabid/74/</a>
Default.aspx

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**Appendix A:** CFS-101 Part I: Annual Budget Request for Title IV-B, Subparts 1 and 2,

CAPTA, Chafee Foster Care Independence (CFCIP) and Education and

Training Voucher (ETV) Program Form

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

**Appendix C:** CFS-101, Part III: Annual Expenditures for Title IV-B, Subparts 1 and 2,

CAPTA, Chafee Foster Care Independence (CFCIP) and Education and

Training Voucher (ETV) Form

### **ATTACHMENTS**

**Attachment A:** Health Care Oversight Plan including plan for Use and Monitoring of

Psychotropic Medications for Children in Foster Care

**Attachment A(2):** IDHW/CFS draft standard for Use and Monitoring of Psychotropic

Medication for Children in Foster Care

**Attachment B:** In-Service Trainings

**Attachment C:** Keeping Children Safe Citizen Review Plan Recommendations and

**IDHW** Responses

**Attachment D:** Academy Schedule

**Attachment E**: Title IV-E Training Matrix

**Attachment F:** ETV information matrix

**Attachment G:** ICWAC membership, meeting agendas and minutes

(previously submitted via amended APSR 12/11)

#### RESPONSIBLE STATE AGENCY

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

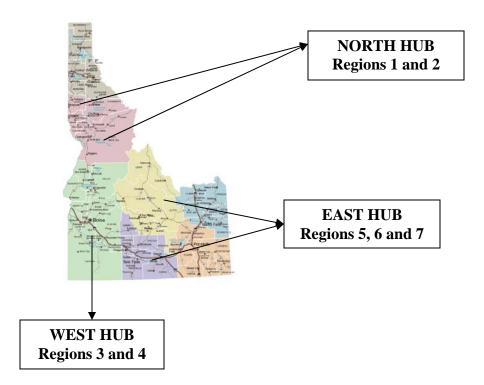
### PUBLICLY FUNDED CHILD AND FAMILY SERVICES CONTINUUM

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

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

### REORGANIZATION UPDATE

The Division continues to consolidate and standardize administration and practice across the State in all of its programs. The Child and Family Services is now organized into three administrative hubs: North, West, and East. There is one manager for the East hub, which includes Regions 5, 6, and 7, and one manager for the North hub which includes Regions 1 and 2. Regions 3 and 4 form the West hub. There is one manager for the West hub with two field managers.



### MEASUREMENT OF PROGRESS

Idaho 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 CQI case review process.

Continuous Quality Improvement (CQI) Case Reviews – Idaho has conducted CQI case reviews continuously since 2004. Recent reorganization has presented some changes to our CQI 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.

	Review #1	Review #2	Review #3	Review #4	<u>Total</u>
North Hub	24 cases	24 cases			48 cases
West Hub	19 cases (Boise only)	26 cases	27 cases	26 cases	98 cases
East Hub	21 cases	21 cases	22 cases		64 cases
Total CQI Cases reviewed for Idaho 210 cases			210 cases		

Prior to the CQI case 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 <u>four reviews</u> 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 as well as the case ratings. An exit meeting is also held 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 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 CQI system 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 samples, more Central Office staff have been added to local review teams both as case reviewers and as second level reviewers.

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

For purposes of local improvement planning, CQI data and Permanency Composites are calculated for each county <u>or field office</u> 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. Strategies are being primarily directed at increasing stability, improving the timeliness of permanency, maintaining children safely in their homes and family engagement as they were in our successfully completed PIP-2 (2008-2010).

### CONSULTATION AND COLLABORATION

This plan was shared and input, including updates for the coming year, was sought from the following groups:

- Central Office Administrator, Deputy Administrators, Program Managers, and Program Specialists;
- Child Welfare Program Managers, Chiefs of Social Work, and Supervisors;

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

### ORGANIZATION OF THE PLAN

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

- Protection and promotion of the welfare of all children;
- Prevention of neglect, abuse or exploitation of children;
- Support of at-risk families through services which allow children to remain with their families or return to their families in a timely manner;
- Promotion of the safety, permanency and well being of children in foster care and adoptive families;
- Provision of training, professional development and support to ensure a wellqualified workforce;
- Intervention and treatment services;
- Foster care:

- Services for relative care providers; and
- Independent living services for youth in other permanent living arrangements.

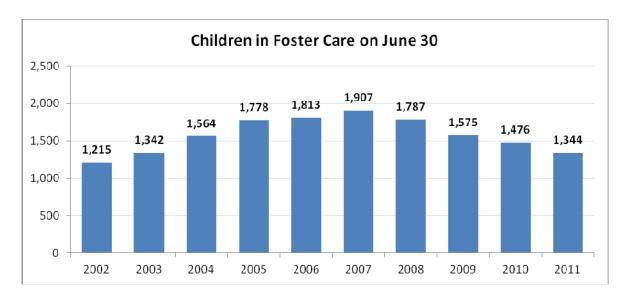
Strategic planning across all programs is ongoing and coordinated to assure that services to increase family safety, permanency, and well-being are integrated and comprehensive. The services and training that IDHW provides are family-centered.

Funding streams are identified by the following acronyms:

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

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

### THIS PAST YEAR IN IDAHO



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

Centralized Intake. This project will centralize and standardize intake, standardize local responses, and allow the division to better monitor the entry point to child welfare services. Outcomes will include: a 24-hour single line for referrals to child welfare; specialized positions for taking, documenting and prioritizing calls; and phone and documentation systems that allow for quicker response and effective quality assurance. Implementation is on-track and scheduled for summer of 2012.

One Church One Child. One Church One Child is a method of recruiting foster and adoptive parents that emphasizes a church's and a community's responsibility and ability to voluntarily provide support and acceptance for both children in foster care and the families who foster or adopt. Our partners in this effort include congregations across all faiths throughout the state. The Division is very optimistic that this initiative will be the start of a long-lasting partnership that will dramatically improve outcomes for children in care.

**Interstate Compact on the Placement of Children.** Recent changes to the Interstate Compact ("ICPC") allowed the program to approve a provisional relative out-of-state

placement in under two days. Under the old regulations this process would have taken up to thirty days. The new ICPC process mirrors in-state Code X processes for relative placements. With Code X, the Department is able to place Idaho children with relatives in Idaho upon receiving an expedited FBI criminal history background check clearance. Clearance is typically received with Code X in 24 to 48 hours. We are hopeful that the changes to ICPC regulations will similarly expedite the out-of-state cases and provide quicker stability and permanency for children.

Legislation and Administrative Rules. The Division has had multiple administrative rules considered by the Legislature during the January – April 2012 Legislative session. In addition to rules, the Division sponsored legislation on post-adoption contact/communication (no-pass), unlawful advertising for adoptions without a license (no-pass), non-financial liability for legal guardians (pass), and limited disclosure of child protection records and information (pass). We also requested an ongoing increase in the rate of the foster care stipend insofar as Idaho ranks as the 5th lowest state in terms of reimbursement, which was approved by the legislature's Joint Finance Appropriations Committee.

### GOAL I. CHILDREN WILL BE SAFE

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

<u>Strategies for Item 1.</u> Timeliness of initiating investigations of reports of child maltreatment

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal exceeded during calendar year 2011

Continue to monitor

CQI Results		
Item1 – Timeliness of Response Goal: 95%		
1/1/11-6/30/11 7/1/11 – 12/31/11		
100% 95%		
1/1/11 – 12/31/11		
98%		

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

Funding Source: CAPTA
Target Date for Completion: 2012
11

New-Revised, Ongoing

Status:

A statewide assessment was conducted to determine the consistency and efficiency of each region's unique intake process and the feasibility of centralizing intake. The assessment found that regions were doing a good job with intake calls; however, each region had a different criterion for screening (accepted or not accepted) and documenting child abuse reports. As part of the assessment several other states, the Casey Foundation, and the National Resource Center on Child Protection were consulted regarding current national intake practices. Details of these findings were posted on the Department's Child Welfare team site which is accessible to all IDHW staff. The decision was made to move forward with implementation.

This project will centralize and standardize intake, standardize regional responses, and allow FACS to better monitor the entry point to child welfare services. Centralized Intake will include a 24-hour single line for referrals to child welfare, specialized positions for taking, documenting and prioritizing calls as well as phone and documentation systems that allow for quicker response and effective quality assurance.

FACS has made significant progress toward centralized intake. It is expected to be fully operational by summer of 2012. The software and hardware have been ordered. The hiring and training processes are the two significant remaining tasks. The National Resource Center on Child Protection has been consulted and will be working with FACS to develop and deliver training to the new Central Intake staff on June 8, 2012. The unit will be located in Boise, adjacent to 2-1-1 CareLine.

### Strategies for Item 2. Repeat Maltreatment

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

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

CQI Results		
Item 2 – Repeat Maltreatment Goal: 95%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
94%	93%	
1/1/11 – 12/31/11		
93%		

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

CQI results do not meet the goal for Item 2. However, in order for Item 2 on the OSRI to be applicable, there must be a substantiated referral during the period under review. This requirement lessens the number of cases found applicable on this item. The Safety Outcome Data, however, is based on the all children with a substantiated referral during the PUR and thus, is more robust and reliable. We will continue to monitor this item.

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

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

- 3.1 Each region will increase its capacity to serve in-home cases (PIP-2). Status: Goal Met Reported APSR June 2010
- 3.2 Develop a decision tree to share with law enforcement and MDTs on when children can be maintained in their homes through in-home services (PIP-2) Status: Completed Reported APSR June 2010
- 3.3 Each region will have a mutual exchange of information between local law enforcement, prosecutors, and the Department regarding impact of removal on children, local data and services available to prevent removal (PIP-2) Status: Completed Reported APSR June 2010
- 3.4 Monitor services to families to protect child(ren) in their home and to prevent removal through CQI case reviews. Report statewide results semi-annually.

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal met previously - Continue to Monitor

CQI Results Item 3 In-home services and prevention of		
removal Goal: 96%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
95%	93%	
1/1/11 – 12/31/11		
94%		

Performance on this item is slightly below the goal. In Idaho, this is an ongoing challenge especially because law enforcement and the court have the ability to remove a child from their home. Efforts to work with law enforcement around the importance of assessment and safety planning prior to removal are ongoing at the field office level.

### 3.5 Assess the feasibility of implementing a differential response system.

Funding Source: CAPTA
Target Date for Completion: 2013
Status: Not Due

**Progress:** In November 2011, two CFS Bureau Chiefs, a Regional Child Welfare Chief, a Child Welfare Program Specialist, and an In-Home Service Contractor participated in a Shared Learning Collaborative in Las Vegas, Nevada. The collaborative was hosted by Casey Family Programs and the purpose was to gain an understanding of differential response processes and to examine how a differential response system might work in Idaho. In March 2012, a White Paper on the implementation of Differential Response in Idaho was completed by CFS and submitted to the Division Administrator for review. Idaho is planning to begin implementation of a differential response system after approximately one year of full operation of Centralized Intake.

### Strategies for Item 4. Risk of harm to children

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

Funding Source: CWS
Target Date for Completion: Ongoing

Status: goal met previously - Continue to Monitor

CQI Results			
Item 4 – Risk Assessment and Safety			
Management	Goal: 93%		
1/1/11-6/30/11	7/1/11 – 12/31/11		
91%	86%		
1/1/11 – 12/31/11			
89%			

When the CQI results are assessed for Item 4, it appears that the majority of reasons that cases don't pass include the worker's failure to see the child(ren) on a monthly basis. This is targeted through improvement efforts on Item 20 – Social Worker/Child contact.

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

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

### Strategies for Item 5. Foster care re-entries

- 5.1 Reassessment instrument will be incorporated into FOCUS with a system alert to complete a re-assessment prior to closure of a removal episode and an integrity rule that will not allow case closure until a reassessment has been completed (PIP-2) Status: Completed Reported APSR June 2010
- 5.2 Train all CFS risk assessors, case managers, licensing and permanency teams to conduct initial and ongoing assessment with relative placements and foster homes and to re-assess child safety prior to reunification and case closure (PIP-2) Status: Completed Reported APSR June 2010
- 5.3 Regions will reduce re-entry into foster care as measured by the percentage of children who re-entered foster care after being discharged from a prior entry within the last 12 months will be monitored by CQI case reviews and Data Profile. Statewide results will be reported out semi-annually. (PIP-2) Status: Standard and goal met Reported APSR June 2010
- 5.4 Work with Children at Risk Task Force to develop financial support and legislative protections for a state child mortality review team to review the deaths of children who died as a result of child abuse and neglect.

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

Funding Source: CAPTA
Target Date for Completion: 2014

Status: Revised, not due

Public awareness of the need for a statewide fatality review team is increasing. In 2010-2011, the Idaho Voices for Children approached the Governor's Children at Risk Task Force and the Department of Health and Welfare, with a request to work together to promote the enactment of state statutes to re-establish an Idaho child death review team. Idaho Voices for Children is a statewide organization that develops and promotes a policy agenda that improves child health, education, safety and family economic security. Promoting child death reviews is one of their 2011-2012 projects. Idaho Voices for Children and the Governor's Children at Risk Task Force worked to promote the re-establishment of child death review teams by conducting the following activities.

- Examined previously introduced child death review legislation;
- Met with Senators on germane committees to gain support for child death review;
   and
- Met with representatives of the Governor's Office to gain direction and support for a child death review team.

Legislators and the Governor encouraged Idaho Voices for Children, the Task Force, and the Department to find existing organizations to host the state child review team and not to incur additional government expenses during this difficult economic time. There was also concern expressed about giving any administrative body subpoena power to access records.

Efforts to recruit a legislative sponsor for child death review legislation were unsuccessful. However, the Governor's Children at Risk Task Force asked the Governor's Office to amend the Task Force's Executive Order with the following phrase:

Further, the Task Force shall establish and support a statewide child fatality review team ("CFRT") to allow comprehensive and multidisciplinary review of deaths of children younger than 18 years-old, in order to identify what information and education may improve the health and safety of Idaho's children. The statewide CFRT established and supported by the Task Force is separate and apart from child death reviews convened by the Department of Health and Welfare in circumstances where the death of a child is suspected or confirmed to have resulted from abuse or neglect.

This would allow the Task Force to serve as the advisory board to a child death review team. The Task Force intends to use \$25,000 of CJA funds to hire a facilitator to gather and prepare records and to convene a child death review team. Additionally, Child and Family Services is set to provide \$30,000 from CAPTA funds to implement the child death review team. At the time of this report, the Governor's Office has committed to amend the Executive Order to support the development of a child death review team.

The Children at Risk Task Force, Idaho Voices for Children, and DHW will continue to work together in 2012-2013 to establish a child fatality review team. We will also seek consultation from the National Center on Child Death Review to assist in the formation and training of the new team.

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

Funding Source: CAPTA
Target Date for Completion: 2012-2013

Status: New

### Strategies for Item 6. Stability of foster care placement

6.1 Monitor regional and <u>hub-based and</u> statewide rates of foster care stability through CQI case reviews and Data Profile. Statewide results will be reported semi-annually.

Funding Source: IV-E
Target Date for Completion: Ongoing

Status: Revised - Continue to Monitor

CQI Results			
Item 6 Placement Stability Goal: 82%			
1/1/11-6/30/11 7/1/11 – 12/31/11			
68% 66%			
1/1/11 – 12/31/11			
67%			

Permanency Composite		
Measure 4 Stability of Foster		
Care Placements		
Standard: 101.5		
FY 2011 (10/1/10 – 9/30/11)		
95.7		

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

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

Funding Source: IV-E
Target Date for Completion: Ongoing

Status: Exceeding Goal - Continue to Monitor

CQI Results  Does the child's foster parent(s) have adequate information to ensure the child's safety as well as the safety of any other children in the foster family's home?  Goal: 95%		
1/1/11-6/30/11 7/1/11 – 12/31/11		
100% 96%		
1/1/11 – 12/31/11		
98%		

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Exceeding Goal, Continue to Monitor

CQI Results		
Is the child's foster parent(s) included as a member of the professional team? Goal: 95%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
98%	96%	
1/1/11 – 12/31/11		
97%		

6.4 Establish model and administrative rules for CFS treatment foster homes for youth with challenging behaviors (PIP-2)

Status: Completed – Reported APSR June 2010

6.5 Prepare curriculum for training treatment foster parents concurrently with step S1.0 above (PIP-2).

Status: Completed – Reported APSR June 2010

6.6 Each region will develop and implement a regional improvement plan (RIP) to address stability in foster care that includes steps to increase relative placements and support of resource families (PIP-2).

Status: Completed – Reported APSR June 2011

6.7 Develop training/facilitation for resource parents, both relative and non-relative, and child welfare staff that encourages and assists both groups to build partnerships that provide clear expectations and identification of roles within a practice model that supports placement stability (PIP-2).

Status: Completed - Reported APSR June 2011

6.8 Develop and distribute foster parent identification badges statewide.

Status: Completed – Reported APSR June 2011

6.9 Develop an online resource for current resource parents that includes an electronic newsletter, discussion board, and resources to continue building partnerships between resource parents and staff.

Funding Source: CWS
Target Date for Completion: 2012

Status: New Completed

An online resource site has been created in an effort to better communicate with resource parents. The site includes news, policy, forms, and links to resources, articles and coming events. The site has been created as a separate page of the Adoption/Foster Care external website found at

http://healthandwelfare.idaho.gov/Children/AdoptionFosterCareHome/FosterAdoptiveParentResources/tabid/1899/Default.aspx

## 6.10 Implement an exit survey to assess reasons why resource parents leave the program.

Funding Source: CWS
Target Date for Completion: 2013

Status: New – not due

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

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

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

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

1. Because the relationship between the foster/adoptive parent and birth parent is important to the well-being of the child we want to do what we can to support a shared parenting relationship. Has (social worker) encouraged a relationship between you and (child's) birth parent(s)? If so, in what ways have you seen this? If not, what could he/she do to help?

- 2. Is (social worker) timely in returning your phone calls or responding to your emails? What method of communication seems to work best? (text, email, phone, etc.)
- 3. When you have had concerns, has (social worker) helped you problem solve around those concerns?
- 4. Have you been provided with the opportunity to give input regarding the needs of (child) and his/her family and the effectiveness of services being provided? If so, what settings or meetings have helped facilitate this?
- 5. Do you understand the current case goals for (child)? Do you feel (social worker) has kept you informed of any changes to those goals or service needs?
- 6. Have you been provided with the services/supports you need for your role? If not, what might help?
- 7. [If (child) had a court hearing over the last quarter] Did (social worker) explain the purpose of (child's) court hearing and encourage your attendance? Were you able to attend? If not, is there anything we can do to make possible your participation in the next hearing(s)?
- 8. Do you have a clear understanding to the permanency plan for (child) and what needs to occur to achieve that plan?

In addition to the survey, CFS has implemented the following activities with resource parents in each region: monthly "Targeted Communication" (meetings to discuss the challenges of placement), quarterly "Meet and Greets" (brown bag lunches, ice cream social, etc.), and quarterly "Teaming" (informational/training meetings).

### Strategies for Item 7. Permanency goal for child

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

Funding Source: CWS
Target Date for Completion: Ongoing

Status: Goal exceeded-Continue to monitor

CQI Results Item 7 – Permanency goal appropriate & timely Goal: 73%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
89%	86%	
1/1/11 – 12/31/11		
88%		

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

Status: Completed – Reported APSR June 2011

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

Status: Completed – Reported APSR June 2010

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

Status: Completed – Reported APSR June 2011

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

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

This strategy is being continued from Idaho's PIP-2. Semi-annually, regions are submitting a permanency matrix to Central Office. These are reviewed by the Division Administrator, Bureau Chiefs, and Program Managers. They are also discussed during FACS Division Operation Team Meetings and at CIP meetings to target areas of the state where delays are occurring. The regional matrices provide a quick glance of the status of legal cases in each region.

7.6 Review, synthesize and distribute results of regional matrices.

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

Progress for this strategy is included in 7.5.

7.7 Train staff and supervisors on Compelling Reasons.

Status: Goal Met – Reported APSR June 2010

<u>Strategies for Item 8</u>. Reunification, guardianship, or permanent placement with relatives

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

Funding Source: CWS
Target Date for Completion: Ongoing

Status: Goal exceeded – Continue to Monitor

CQI Results		
Item 8 Timely reunification or		
guardianship	<b>Goal: 84%</b>	
1/1/11-6/30/11	7/1/11 – 12/31/11	
91%	81%	
1/1/11 – 12/31/11		
86%		

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

8.2 Assess feasibility of Guardianship Assistance for children without a Termination of Parental Rights.

Status: Completed – Reported APSR June 2011

8.3 Implement and train on Title IV-E Relative Guardianship Assistance for youth 14 years or older and who have a sibling who are placed with them.

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

Idaho implemented a Title IV-E Relative Guardianship Assistance program for youth 14 years or older and siblings who are placed with them on October 1, 2011. The IV-E Guardianship Assistance Program is guided by internal procedures outlined in the Guardianship Assistance Practice Standard. Initial orientation to the program was provided to child welfare supervisors statewide via teleconference in September 2011. This was followed by on-site training for all child welfare staff in our two southwestern Idaho locations in Boise and Caldwell and videoconference training for all remaining offices in September 2011. Since implementation, three youth have been approved for IV-E Relative Guardianship Assistance and two youth have pending applications. Idaho's SACWIS system (FOCUS) is unable to issue payment for the IV-E Relative Guardianship Assistance without programming changes. Due to a system-wide upgrade to FOCUS, these

programming changes have not been possible. Plans are being made to incorporate the necessary changes as soon as possible. Until that time, payments are being made manually.

### **Strategies for Item 9. Adoption**

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

Funding Source: CWS
Target Date for Completion: Ongoing

Status: Goal not met – continue to monitor

Permanency Composite
Measure 2.1 Exits to
Adoption in less than 24
months
Standard: 36.8%
FY 2011 (10/1/10-9/30/11)
41.1%

Improving timely permanency is a focus of all local improvement plans. Strategies include initial placement with concurrent planning families; timely termination of parental rights; earlier (at 6 months) permanency placement selection committee meetings.

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

Funding Source: CWS
Target Date for Completion: Ongoing

Status: Goal exceeded – Continue to monitor

CQI Results		
Item 9 Adoption will complete in 24 months		
Goal: 64%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
77% 60%		
1/1/11 – 12/31/11		
69%		

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

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

**Progress:** During the 2012 legislative session, the Department proposed legislation to allow open adoptions in limited situations. In consideration of community concerns regarding open adoption, the Bill focused on youth adopted at age 12 and older from the foster care system. Open adoption would be an option only in situations where the birth parents, adoptive parents and Department agreed it would be in the child's best interest. The legislation was opposed by several private adoption attorneys. Therefore, it was pulled until the 2013 legislative session to allow more time for community education related to the importance of open adoption.

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

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

The Permanency Program Specialist has continued the statewide teleconferences with Department permanency supervisors. Line social workers are also invited to participate in the calls. Teleconferences were held on June 16, 2011, November 28, 2011, and February 24, 2012. The calls continue to be combined with quarterly foster care calls in order to support the exchange of permanency related information. Featured topics have included: updates in adoption-related legislation; adoption file scanning and storage; Adoption Month preparations; and implementation of the new web-based recruitment and application page for prospective adoptive families.

Training regarding the process for selecting permanent placements for children began with four offices in March of 2011. The remaining offices completed training in April and July 2011. The role of supervisors, practice experts and managers in the placement selection process was included in the training.

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

Adoption supervisors participated in the first annual Supervisor's Summit held in July 2011. The Summit provided training specific to supporting child welfare supervisors.

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

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

The use of the Department's internal SharePoint site to provide ongoing adoption education to child welfare employees has grown significantly. Instead of focusing solely on adoption, the site is now focused on the permanency options of adoption and guardianship. Permanency-related articles and updates as well as notification of related community-based training are featured.

Training regarding the process for selecting permanent placements for children began with four offices in the spring of 2011. The remaining regional offices completed training in April and July 2011.

Adoption social workers completed training on the new IV-E Relative Guardianship Assistance program in September 2011. Already familiar with the process of applying for and negotiating permanency assistance programs, they were asked to assume a supportive role in educating their peers about the process.

Revisions to the CFS Core Academy curriculum on concurrent planning were completed and incorporated in the summer of 2011. These revisions include the addition of information pertaining to Guardianship Assistance and the Permanent Placement Committee. All new social workers are required to attend the Core Academy. Additional revisions to the concurrent planning curriculum are expected within the next year with the goal of incorporating statewide use of Permanency Roundtables into practice.

- 9.6 Conduct adoption and licensing process mapping on a statewide and regional basis (PIP-2)
  - Status: Completed Reported APSR June 2010
- 9.7 Update the paternity standard and provide related training to social workers and supervisors.
  - Status: Completed Reported APSR June 2010
- 9.8 Develop and implement training regarding the dual home study assessment and process for social workers, supervisors and contractors performing foster care or adoption home studies.
  - Status: Completed Reported APSR June 2010
- 9.9 Establish a statewide Adoption Assistance Committee to consider requests for specialized level of subsidy payments and special conditions.
  - Status: Completed Reported APSR June 2010

9.10 Review current process for adoption assistance negotiation, consider revisions and implement any needed changes.

Status: Completed – Reported APSR June 2010

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

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

**Progress:** Exploration of the need for post-adoption services has continued. Survey results received from adoptive parents and adoption social workers in the spring of 2011 reflected an interest in on-line information. As part of an upgrade to the foster and adoptive parent recruitment website, two web pages were added in response to this need: a page for current foster or adoptive families and a page for families interested in learning more about adoption. These pages include information about support groups, news bulletins about related topics, links to informative websites and a training calendar.

The Department is working with the newly formed private Idaho Post-Adoption Center to develop the first annual Idaho Post-Adoption Center Conference to be held in September 2012. Adoptive families and professionals will be invited to attend the Conference.

## <u>Strategies for Item 10.</u> Permanency goal of other planned permanent living arrangement.

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal not met – continue to monitor

CQI Results			
Item 10 APPLA Goal: 94 %			
1/1/11-6/30/11	7/1/11 – 12/31/11		
92%	67%		
1/1/11 – 12/31/11			
79%			

There are so few APPLA cases pulled in the CQI random case selection that results on this item are very unstable. To more effectively monitor this outcome, our IL program specialist will be conducting a specialized Independent Living CQI during the summer and fall of 2012.

### Strategies for Item 11. Proximity of foster care placement

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal Exceeded – continue to monitor

CQI Results		
Item 11 Proximity of placement Goal: 95 %		
1/1/11-6/30/11	7/1/11 – 12/31/11	
98%	100%	
1/1/11 – 12/31/11		
99%		

### Strategies for Item 12. Placement with siblings

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal Exceeded – Continue to Monitor

CQI Results		
Item 12 Sibling placement Goal: 93%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
91%	97%	
1/1/11 – 12/31/11		
94%		

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

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal Exceeded – Continue to Monitor

CQI Results		
Item 13 Parent and sibling visits Goal: 86%		
1/1/11-6/30/11 7/1/11 – 12/31/11		
96%	88%	
1/1/11 – 12/31/11		
92%		

### **Strategies for Item 14.** Maintain connections

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

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

Over the past year, ICWA and cultural competence training have continued to be provided for new workers through the Knowing Who You Are and the Introduction to the ICWA components of the New Worker Academy. Quarterly Knowing Who You Are sessions have been held in addition to academy. These have been attended by staff from other agencies, community partners, experienced CFS staff and a number of other individuals.

Following the finalization of changes to the ICWA Practice Standard, the ICWA Program Specialist and another CFS Program Specialist conducted regional trainings throughout the state: August 2, 2011 Coeur d'Alene; August 3, 2011 Lewiston; August 15, 2011 Twin Falls; August 16, 2011 Caldwell; August 17 Boise; August 30, 2011 Idaho Falls; and August 31, 2011 Pocatello. During the trainings a number of questions continually surfaced. In an effort to address those specific, the ICWA Program Specialist organized a FAQ list as well as adding sections to the ICWA standard on protective supervision and on inquiring about race per AFCARS.

The ICWA Program Specialist responded to calls from the regions and provided technical assistance. Each region has a staff member designated as an ICWA regional liaison who is also available as a resource to staff on questions related to ICWA. Other resources have been made available on the Department's SharePoint site for quick and easy reference, such as frequently asked questions, regional procedures, and ICWA events.

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

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

Active efforts are defined and described in the ICWA standard. The regional trainings cited in 14.1 above focused a good deal on making "active efforts." Staff also received training and technical assistance by the Department's ICWA Program Specialist and "active efforts" continues to be a training topic.

An annual Indian Child Welfare Conference is held in coordination with the Tribes in Idaho. Training topics are selected by the ICWA conference planning committee and have included notice, placement, qualified expert witness, introduction to the Indian Child Welfare Act and procedures in Idaho for ICWA compliance. During the Indian Child Welfare Conference, held at the Coeur d'Alene Tribal Casino and Resort in June 2011, one of the sessions focused on the Department's multiple strategy plan to increase knowledge of and compliance with the ICWA. This presentation included a discussion of proposed rule changes being submitted for consideration by the Idaho legislature during the 2012 session. After this session and a round of statewide trainings, revisions to the ICWA standard were completed and finalized November 2011.

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

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

The first meeting of liaisons was held in May 2010, and included the liaisons and select Central Office staff. The purpose of the meeting was two-fold; first, as a train-the-trainer session in preparation for line worker and supervisor trainings in each region by the Program Specialist and the regional liaison and as a forum for surfacing of issues facing regional staff regarding compliance with ICWA. Quarterly teleconferences have been held since that time the goal of which was to increase the ability of local liaisons to assure compliance with ICWA provisions. While the structure of field operations has changed from 7 regions to 3 hubs, the liaisons have continued to function as contacts for their same geographic areas. During the year, the ICWA Program Specialist also met with liaisons individually and with staff during visits to the regional offices. This provided opportune times for case staffing and general discussions regarding ICWA compliance.

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

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

A current Qualified Expert Witnesses list is maintained on the internal FACS SharePoint site and on the external IDHW web site. It contains the names and contact information of

individuals currently available to serve as ICWA expert witnesses, as well as the tribe(s) for which they are able to provide testimony. The ICWA expert witness is not necessarily an expert on ICWA, but rather an expert on the child rearing practices of a particular tribe. On occasion, tribes will arrange for an expert witness to come to Idaho to testify at a court hearing. In these situations, when there is no expert available for a particular tribe, the ICWA program specialist works with the child's tribe to identify a potential expert witness to meet the need.

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

Funding Source: CWS
Target Date for Completion: 2012
Status: New

There is a perception within the Department that the use of qualified expert witnesses in cases where children are subject to ICWA has improved. This is based on case specific inquiry, training, and technical assistance related to ICWA. However, this perception has not yet been validated through monitoring and/or data collection. The Department is at the beginning phases of gathering information to explore various options for gathering this data. Under exploration is the question of whether to track this information during the ICWA CQI process specifically, or whether there are alternative ways to monitor QEW use. One possibility is to add functionality to the department's SACWIS system (FOCUS) to include whether a qualified expert witness was used in a particular case.

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

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

Establishing a baseline has been an ongoing struggle as the way data has been entered into our SACWIS system (FOCUS). The reports on the number of Indian children in foster care has been based on only part of the AFCARS definition. In the past, what the parent self-identified as the child's race was recorded. The AFCARS definition of AI/AN requires an ongoing community/tribal affiliation in order to code the child's race as American Indian or Alaska Native. The result has been reports that show a hugely disproportionate number of Indian children identified in FOCUS where the parent has identified the child and/or their own race as American Indian/Alaska Native, but do not have membership or any ongoing affiliation with a federally recognized tribe or as a Alaska Native and no ongoing participation/ties to community.

Based on our AFCARS data, some national reports have stated that Idaho is one of the most AI/AN disproportionate states in the nation. In an effort to look at this very divisive issue further, additional data was gathered to determine more detail about Idaho's Indian children. Data from the period October 2009 through October 2010 was examined. It was found that out of the 2772 children in Department foster care at some time during that period, for 348 the child's race was identified as AI/AN based on parent self report. We assume that the parents also identified Indian ancestry for the child when that information was requested. However, after extensive attempts to notify the child's possible tribe(s) named by the parents, 107 children or 4% of children in foster care were confirmed to be Indian children as defined by ICWA. 142 children were determined to not be Indian child according to ICWA, 61 children were pending (awaiting further information), and 31 had not yet received a response from the identified tribe as to their ICWA eligibility. One could conclude that while the family endorses AI/AN as their race, that does not guarantee that their children will be protected under the provisions of ICWA. It was determined that this data would be gathered annually and presented to the Indian Child Welfare Advisory Council (ICWAC), as well as shared with regional Chiefs of Social Work at the Child Welfare Subcommittee meeting.

While disproportionality does appear to exist, AFCARS data has over represented disproportionality in Idaho because Idaho workers have entered AI/AN race based on a failure to clarify the second portion of the definition which include ongoing affiliation with a tribe or a community. According to Census data, approximately 1.5% of Idaho's children's are AI/AN. A conservative estimate for the percentage of children in foster care who are AI/AN is 4%. Even if a significant percentage of the responses that had not been determined were determined, the percentage of children in foster care who are AI/AN would not exceed single digits.

Clarifications around the AFCARS definition of AI/AN were made in the ICWA standard to assist staff in entering information regarding race into our SACWIS system to accurately reflect the race category AI/AN.

We are continuing to work on realigning how the information is collected and entered into FOCUS so that we can determine in a reliable manner how many children are identified by their parents as AI/AN according to the AFCARS definition, and of that number, how many were identified as having Indian ancestry and of that number, how many are Indian children that are identified by a tribe as an Indian child according to ICWA and subject to the provisions of the ICWA.

Once that is accomplished, we can more readily look at some of the factors related to placement into foster care such as circumstances of abuse or neglect. Currently, however, no changes or upgrades are able to be made to the SACWIS system as it is being moved from a main frame to a web-based system.

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

Funding Source: CAPTA
Target Date for Completion: ongoing

Status: Goal exceeded – Continue to Monitor

CQI Results		
Item 14 Preserving ConnectionsGoal: 92%		
1/1/11-6/30/11 7/1/11 – 12/31/11		
96%	96%	
1/1/11 – 12/31/11		
96%		

### Strategies for Item 15. Relative placement

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal not met – continue to monitor

CQI Results		
Item 15 Relative Placement Goal: 93 %		
1/1/11-6/30/11	7/1/11 – 12/31/11	
91%		85%
1/1/11 – 12/31/11		
88%		

CQI results revealed that in some of the cases reviewed, the caseworker failed to pursue contacts with either the maternal or paternal side of the family or once the family members were contacted, the case manager failed to stay in contact with family members regarding possible placement. Engagement of family is one of the early key steps in Concurrent Planning. Many field offices are beginning to hold 27 days reviews which would be a likely spot at which to identify these issues and get them corrected.

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

Status: Completed – Reported in APSR 2010

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

Status: Completed – Reported in APSR 2010

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

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

Funding Source: CAPTA
Target Date for Completion: ongoing

Status: Goal exceeded – Continue to Monitor

CQI Results			
Item 16 Parent/child relationship Goal: 85%			
1/1/11-6/30/11 7/1/11 – 12/31/11			
96%	86%		
1/1/11 – 12/31/11			
91%			

### GOAL III. CHILD AND FAMILY WELL-BEING

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

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

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Ongoing – continue to monitor

CQI Results				
Item 17 Needs and Services Goal: 96		Goal: 96 %		
1/1/11-6/30/11	7/1/11 – 12/31/11			
91%	85%			
1/1/11 – 12/31/11				
88%				

For purposes of the PIP-2, we established a new baseline during the period 4/09 - 9/09 and negotiated an improvement goal of 96%.

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

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

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

CQI Results – Items 10 (APPLA) 17 (Services)	1/1/11- 6/30/11	7/1/11- 12/31/11
# of youth (15 years+) in foster care	17	15
# of youth with goal of APPLA	12	7
# of youth who received inadequate IL planning svs	0	0
Reason for inadequate IL planning svs	n/a	n/a
# of youth with goal other than APPLA	5	8
# of youth who did not received assessment/services	0	0
Reason for no assessment/services	n/a	n/a

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

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

The 2011 academy training for new workers included a section on the importance of and the how to conduct transition planning meetings. These sessions were held in each hub of the state. In addition, youth were invited and given an opportunity to speak of the importance of these plans. In 2012 a quality assurance process will be conducted on Independent Living cases (see new item 17.4 below). Transition plans will be one of a number of areas that will be reviewed for compliance.

### 17.4 Conduct an Independent Living CQI Case Review.

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

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

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal exceeded – Continue to monitor

CQI Results				
Item 18 Family Involvement Goal		<b>Goal: 78%</b>		
1/1/11-6/30/11	7/1/11 – 12/31/11			
93%	88%			
1/1/11 – 12/31/11				
90%				

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

Status: Completed – reported in APSR 2013

### Strategies for Item 19. Worker visits with child

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

Funding Source: PSSF/CAPTA

Target Date for Completion: 2011 Status: Ongoing

In September 2009, a contract was developed with Eastern Washington University to assign a student intern to travel and serve as a "responsible party" when worker/child contacts were needed for children living in residential treatment centers a significant distance from their home. Worker/child visits implemented through this contract continue to be in place statewide since this time. Besides meeting face-to-face with the child monthly, the contracted "responsible party" attends clinical staffings, completes service plan related tasks with the child during contacts, and maintains communication with both

the regionally assigned worker, the family of the child, and the staff at the residential treatment facility.

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

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

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

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

Funding Source: PSSF/CAPTA

Target Date for Completion: 2011 Status: Ongoing

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

In addition to the Exception Report, individual regions have developed a number of specific strategies to increase completion of worker/child visits. Some of these strategies include: Keeping an electronic spreadsheet available to all staff to track completion of monthly contacts; posting signage throughout employee work areas stressing the

importance of worker/child contacts; monthly e-mails from the program manager and child welfare chief reminding staff to document contacts; sending Outlook reminders to staff each week reminding them to enter their contacts from the previous week; and securing contracts for non-case work related duties, such as transportation to free up worker time.

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

Funding Source: PSSF/CAPTA

Target Date for Completion: 2011

Status: Ongoing – Continue to monitor

Quantity of monthly worker/child contacts are monitored through annual hand counts conducted by Central Office program specialists and monthly "exception reports" in FOCUS. The hand count is a process that gathers caseworker visit data through mining FOCUS contact screens and worker narrative to determine whether or not contacts were made and if so, the location those contacts took place. The FOCUS exception reports detail which children have not yet been seen. Within the next year, in-service trainings will also be offered in each hub regarding ways to improve the quality of worker/child visits. These trainings will be facilitated by our embedded trainers. Our Independent Living Program Specialist has also offered trainings in each hub focusing on improving the quality of worker contacts with older youth. Additionally, both the quantity and quality of contacts are monitored through the continuous quality improvement (CQI) process. Each year, 210 cases are reviewed through the CQI process. The CQI process reviews whether worker/child contacts are of sufficient quantity and quality necessary to the particular circumstances of each case and also meet the requirements of CFS standards of practice for worker/child contact.

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

Funding Source: PSSF/CAPTA
Target Date for Completion: 2011—2012
Status: Not due Ongoing

**Progress**: Social worker/child contacts were discussed at Division Operations and at the Child Welfare Subcommittee meetings in June 2011, December 2011, and February 2012. Worker/child contacts were discussed in the context of regional CQI outcomes and goal development for hub field office performance plans. Although Idaho has met its PIP-2 goal for this item, managers felt we should continue to monitor monthly contact through the FOCUS "exception report". Supervisors are asked to generate the report prior to the end of the month and remind social workers to see children on their case loads if contact hasn't been made. Additionally tasks related to increasing worker/child contacts have been

included on several hub field office performance plans. Central Office staff also send a post able flier to regional supervisors each month reminding them to monitor their social worker/child contacts.

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#### Strategies for Item 20. Worker visits with parents

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

Status: Goal Met – Reported APSR June 2010

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal Exceeded – Continue to monitor by CQI

CQI Results		
Item 20 Worker/Parent visits Goal: 79 %		
1/1/11-6/30/11	7/1/11 – 12/31/11	
89%	88%	
1/1/11 - 12/31/11		
88%		

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

#### **Strategies for Item 21.** Educational needs of the child

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal Met – continue to monitor

CQI Results		
Item 21– Child Educational Needs: Goal 95%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
97%	97%	
1/1/11 – 12/31/11		
97%		

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

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

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

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

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

Funding Source: CWS/IV-E
Target Date for Completion: 2012
Status: Not due

**Progress:** Meetings were held in February 2011 and August 2011 with the Department of Education, the Department of Health and Welfare and the courts. These meetings were held to discuss issues facing both foster youth and schools. The conversations included the topic of problems with the transfer of credits from one school to another. Because of frequent school changes, credits are being routinely lost by youth in foster care. Both the Dept of Ed and the Dept of HW agreed on the importance of helping youth maintain educational stability as a solution to multiple issues. More educational stability for youth will lessen the problem of credit loss and when the youth does have to change schools a process could be developed for transferring not only credits, but also important documents such as the youth individualized educational plan (IEP).

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

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

#### Strategies for Item 22. Physical health of the child

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal Exceeded – Continue to Monitor

CQI Results		
<b>Item 22 Physical Health</b>	Goal: 86%	
1/1/11-6/30/11	7/1/11 – 12/31/11	
90%	94%	
1/1/11 - 12/31/11		
92%		

#### Strategies for Item 23. Mental health of the child

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

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal exceeded – continue to monitor

CQI Results		
Item 23 – Mental Heal	th Goal: 95%	
1/1/11-6/30/11	7/1/11 – 12/31/11	
94%	96%	
1/1/11 – 12/31/11		
95%		

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

Status: Completed – Reported APSR June 2010

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

Funding Source: CWS/IV-E

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Target Date for Completion: 2013 Status: New

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

Funding Source: CWS/IV-E

Target Date for Completion: 2013 Status: New

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

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

Funding Source: CAPTA/CWS

Target Date for Completion: 2012 Status: Ongoing

In the fall of 2011, a proposal for a Statewide Ethics Committee was presented to the Child Welfare Subcommittee and the Division Operations Committee. Following these opportunities for feedback, the purpose, scope, composition and structure of the committee were refined and finalized. The purpose of the Ethics Committee is to provide CFS staff with an opportunity to consult with a group of other social work professionals about ethical issues encountered in practice. Committee staffings are not designed to provide case specific direction, but rather will facilitate a thoughtful analysis of the ethical issues and provide input to the social worker and supervisor. The committee is comprised of two Child Welfare Social Work Chiefs, one Child Welfare Supervisor, four Child Welfare Social Workers, one University Partner/Embedded Trainer, one Central Office Program Specialist and one Keeping Children Safe Panel Member. The committee will convene at the request of any CFS worker and their supervisor. The committee will meet a minimum of once per quarter, whether or not there is a specific case to staff. The committee held its initial meeting on April 2, 2012.

#### SYSTEMIC FACTOR 1 – STATEWIDE INFORMATION SYSTEM

#### **Strategies for Systemic Factor 1.** Statewide Information System

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

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

Our FOCUS system is undergoing a major change. We are migrating from a mainframe data base to a Microsoft SQL data base. This requires rewriting all main frame programming. However, the revisions will allow us to have an online system, improve our data warehouse, give us more flexibility in developing reports, and decrease monthly user costs. Due to this migration, during this performance period no additional work authorizations have been submitted.

#### SYSTEMIC FACTOR 2 - CASE REVIEW SYSTEM

#### **Strategies for:**

Systemic Factor 2 (SF2) Items 25 Written Case Plan Systemic Factor 2 (SF2) Items 26 Periodic Reviews Systemic Factor 2 (SF2) Items 27 Permanency Hearings Systemic Factor 2 (SF2) Items 28 Termination of Parental Rights Systemic Factor 2 (SF2) Items 29 Notice of Hearings ad Reviews to Caregivers

SF2.1 For 8 quarters, Legal Representation team will meet at least quarterly to (1) identify legal services that IDHW deems necessary for adequate legal representation, (2) identify areas of the state that need improved legal representation, and (3) strategize solutions to improve the delivery of legal services to the Department.

Funding Source: CWS/SSBG

Target Date for Completion: 2011

Status: Completed

As a strategy for Idaho's PIP-2, this item has been completed. The Department continues to work towards a solution for legal representation. Currently financial resources are not in place to hire additional attorneys or to implement party status of the Department. However, the Department continues to work with the courts and the Attorney General's Office to improve representation for DHW in the court room.

Since 2007, the Department has met bi-monthly with members of the Supreme Court Improvement Committee, the Attorney General's Office, and the Prosecuting Attorneys Association to identify and address areas of the state where legal representation has been problematic. As a result of those meetings, the Supreme Court and the Attorney General's Office have put additional resources in place, allowing more court time and assistance of additional Deputy Attorneys General. At regularly scheduled meetings, data is reviewed to assure that hearings are happening and timely permanency is being achieved. Through collaboration with the Supreme Court, the Attorney General's Office, the Department of Health and Welfare, and some county prosecutors, legal representation is now being monitored in all judicial districts of the state.

These activities do not provide a permanent solution for legal representation. However, they are strategies that can be implemented without adverse fiscal impact. Legal representation continues to be an issue and will continue to be addressed at meetings of the legal representation team.

- SF2.2 Develop standardized court reports with the Court Improvement Project. Status: Complete – Reported APSR June 2011
- SF 2.3 Support youth participation in court hearings. Status: Complete – Reported APSR June 2011
- SF 2.4 Familiarize magistrates with children and foster parents' right to be heard (PIP-2) Status: Completed Reported APSR June 2010
- SF2.5 Monitor notification of caregivers of reviews and hearings for an opportunity to be heard through interviews during CQI case reviews and report statewide results semi-annually.

Funding Source: CAPTA
Target Date for Completion: Ongoing

Status: Goal met – Continue to Monitor

CQI Results Have the child's foster parents been given notice		
of all hearings and reviews? Goal: 95%		
1/1/11-6/30/11	7/1/11 – 12/31/11	
94%	96%	
1/1/11 – 12/31/11		
95%		

SF2.6 Collaborate with the Idaho Prosecutors Association to train child welfare prosecutors on the laws and procedures in a child protection case (PIP-2). Status: Completed – Reported APSR June 2010

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

Status: Complete – Reported APSR June 2011

SF2.8 All new judges in Idaho will be trained in child protective proceedings. (PIP-2). Status: Completed – Reported APSR June 2010

#### SYSTEMIC FACTOR 3 -- QUALITY ASSURANCE SYSTEM

#### **Strategies for:**

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

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

Funding Source: CWS/CAPTA

Target Date for Completion: Ongoing Status: Ongoing

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

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

To train new CQI case reviewers, one full day training is conducted semi-annually. The training includes training examples and materials used by JBS in training CFSR reviewers. During this reporting period the following CQI trainings were held June 22, 2011 with 24 participants and November 30, 2011 with 26 participants. The next CQI training is scheduled for June 20, 2012, and has 27 individuals pre-registered.

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

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

The ICWA program specialist with assistance from regional ICWA liaisons completed a CQI for cases opened under the period under review from May 22, 2009 – June 8, 2010. As a result of the information gathered, the ICWA program specialist made six recommendations. While a decision was initially made to hold annual ICWA case reviews, it was determined to delay the next ICWA CQI in order to focus on addressing the recommendations resulting from the ICWA CQI. The recommendations have been placed into four categories listed below and progress toward these recommendations is as follows:

#### 1. Review Information:

Staff, including the ICWA Program Specialist and the ICWA Liaisons need to provide workers with tools and documents on the SharePoint site. Staff should review and check SharePoint site for ICWA updates and ICWA Curriculum. Child Welfare DAG, Program Manager, Program Supervisor, Program Specialist, and ICWA Liaison are to review the ICWA curriculum, forms, standards, and ICWA Law.

**Progress:** Information has been updated and posted on SharePoint for staff access. Staff are referred to the SharePoint site to reference materials. Available referencing materials and updates were included in training provided to each region.

#### 2. Update Form:

How often to call or send follow up inquiries to the tribe: Indian Ancestry and Tribal Affiliation Checklist form to be updated.

**Progress:** This form was updated and posted on the SharePoint site.

#### 3. Clarify Term "Active Efforts":

Define active efforts to include services with the tribes, child care, parenting, health care.

**Progress:** Active efforts has been defined. The definition of active efforts has been included in reference materials, staff training and technical assistance.

#### 4. Update Data instrument:

Update ICWA CQI instrument.

**Progress:** The ICWA CQI instrument is in the process of being reviewed and updated. Upon completion of updates to the instrument, the ICWA program specialist will conduct another ICWA CQI within each Hub. It is anticipated an ICWA CQI will be completed within the next six months.

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

Status: Complete Reported APSR June 2011

#### SYSTEMIC FACTOR 4 - STAFF AND PROVIDER TRAINING

#### **Strategies for:**

Systemic Factor 4 (SF4) 32. Initial Staff Training Systemic Factor 4 (SF4) 33. Ongoing Staff Training

Systemic Factor 4 (SF4) 34. Foster and Adoptive Parent Training

#### SF4.1 Train supervisors using existing training resources.

Funding Source: CWS/IV-E/CAPTA

Target Date for Completion: Ongoing Status: Ongoing

Supervisors continue to be required to attend supervision classes provided by the Department such as new supervisor training, Crucial Conversations/Confrontations training, etc. They are also required to complete Family Centered Practice for Supervisors and CQI training. Supervisors also received training and instruction at an annual supervisor summit. Topics for the supervisor summit are determined by information collected through the CQI process, data trends, and as requested by hub-based social work chiefs and program managers. The first supervisor summit was held in July of 2011, and focused on critical thinking and clinical decision-making. Specific workshops offered included: Improving Decision Making through Critical Thinking; Improving Supervision Skills; Team and Individual, Messaging-Supervising from the Middle; and Ethical Considerations in Supervising Child Welfare Cases. The second annual supervisor summit is scheduled for July 2012. Workshop topics will include Values and Ethics in Supervision and Strengths Based Supervision.

In March 2012, the Department partnered with Casey Family Programs to provide training related to trauma informed child welfare practice to supervisors and lead workers in the West Hub (Boise/Caldwell). This training will be provided in the Eastern and Northern Hubs during the summer of 2012. Supervisors also received training related to Improving Customer Service Through Family-Centered Practice in May 2012. Child Welfare Chiefs have been provided with information regarding the National Child Welfare Workforce Institute Leadership Academy for Supervisors and have been encouraged to promote participation in the course with their supervisors.

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

Idaho is currently in the early stages of developing a supervisor academy curriculum. Central Office staff is reviewing other state's supervisor training curricula. Idaho also continues to participate in the National Child Welfare Resource Center for Organizational

Improvement Supervision Peer Network. A supervisor development workgroup has been established which includes representatives from each Hub and Central Office. This workgroup met in February 2012, to plan the Supervisor Summit and discuss topics for a supervisor academy. Idaho also plans a consultation with Dr. Cynthia Lietz in July 2012. Dr. Lietz is a consultant to Casey Family Programs and the State of Arizona on best practices in supervisor training and professional development.

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

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

CFS evaluates the training system and collects information related to training needs of new and experienced staff on an on-going basis. Idaho State University (ISU) has held the training contract since 2010. Four embedded trainers provide hub-based training throughout the state as part of the ISU training contract. These embedded trainers are the instructors for the Academy in their assigned hub, assist with the transfer of learning process, provide ongoing and in-service training, and facilitate peer learning through the use of learning circles. Embedded trainers become aware of training needs within each hub as they work closely with supervisors and staff. See Attachment D for Academy schedule.

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

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

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

Funding Source: CAPTA/CWS

Target Date for Completion: 2010

#### Ongoing Completed

Idaho's Supervisory Strategic Plan was developed through consultation with the NRC on Organizational Improvement and a representative group of supervisors from each region of the State. The strategic plan was finalized and approved in July 2009.

At a meeting on May 4, 2010 two subcommittees of the larger group were convened to finalize recommendations for the following:

- 1. Essential core components to be used in supervision;
- 2. Strategies for providing consistent thoughtful scheduled supervision. (frequency, type and portions of the model that need to be included in a supervisory standard for best practice supervision);
- 3. Standard for supervision;

Status:

- 4. Statewide practice guidelines for child welfare social worker 3s;
- 5. A structure for an Individual Development Plan ensuring ongoing development and support around a specific skill set and competencies needed by Child Welfare Supervisors; and
- 6. Prioritize the topics for quarterly supervisor calls (learning circles).

A CFS Supervision Standard has been developed and implemented. The standard outlines the core components of group and individual supervision as well as guidelines for the frequency of group and individual supervision. Quarterly supervisor learning circles are occurring in each Hub. The second annual supervisor summit is scheduled for July 2012. Child Welfare Chiefs met with Regional staff and discussed potential job responsibilities specific to Child Welfare Social Worker 3's. These recommendations were then discussed with the Child Welfare Subcommittee during their winter 2010 meeting. Duties identified for Child Welfare Social Worker 3's included: providing supervisory coverage during a supervisor's absence, mentoring new social workers, providing in-service trainings to new staff, and carrying more complex cases. The development of an Individual Development Plan format for supervisors will occur in conjunction with the development of a supervisor academy curriculum to ensure the learning objectives from our supervisor academy align with the Individual Development Plan format.

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

Funding Source: CWS/IV-E/CAPTA

Target Date for Completion: 2010/2011 (date revised 4/11)

Status: Ongoing

Development of tools for assessing current competency levels continues to be an ongoing process. The State of Idaho has a mandatory electronic performance appraisal system. Employee appraisals are completed upon completion of entrance probation, and on an annual basis thereafter. IDHW previously selected 36 competencies from hundreds

described in the appraisal system which best described an IDHW employee and curriculum was developed for supervisors defining these selected competencies.

Supervisors track participation of a new worker in Academy through a performance appraisal system that allows the supervisor to document the worker's field experience and all requirements for completion of Academy. This probation evaluation template serves as an ongoing appraisal tool where individual staff can be assessed and updated competencies addressed. An optional field manual includes performance objectives, an introduction and overview of the Academy, information on linking Academy training with field training, orientation procedures, competencies, learning objectives and negotiated learning goals. It also includes a worksheet template to assist supervisors track information needed for completion of Academy. At this time, supervisory academy curriculum is being developed. This training will also include an evaluation component linking performance to the competencies addressed for supervisors.

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

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

#### SF4.5 Complete Child Welfare Manual chapters.

Funding Source: CAPTA/CWS

Target Date for Completion: 2010 Status: Ongoing

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

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

Status: Complete Reported APSR June 2011

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

Status: Complete Reported APSR June 2011

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

Funding Source: CWS/IV-E/CAPTA

Target Date for Completion: 2012 Status: New

Idaho is currently in the process of developing a training curriculum for supervisors. A supervisor development workgroup has been established and includes representatives from each Hub and Central Office. This workgroup met in February 2012, to plan the Supervisor Summit and discuss topics for a supervisor academy. This workgroup together with the Child Welfare Subcommittee are continuing to assess our supervisors' specific training needs. Idaho CFS staff are currently reviewing curricula from other states. Idaho has utilized the National Child Welfare Resource Center on Organizational Improvement's Supervisor Training Project, as well as our partners in the NRC on Organizational Improvement Supervision Peer Network, for access to these curricula and consultation on lessons learned in the implementation process. Idaho also plans to consult with Dr. Cynthia Lietz, a consultant to Casey Family Programs and the State of Arizona, on best practices in supervisor training and professional development in July 2012.

#### SF 4.9 Continue to implement the supervisor strategic plan.

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

See Item SF 4.3 for discussion of completion of this strategy.

#### SYSTEMIC FACTOR 5 – SERVICE ARRAY and RESOURCE DEVELOPMENT

#### **Strategies for:**

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

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

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

The Department's website is available to Tribes and the public. The Indian Child Welfare Specialist emails correspondence and advises Tribes of available resources on an on-going

basis. The Tribal Relations Program Manager and Program Specialist will continue to work with Tribes on other related issues not directly involving Indian Child Welfare activities.

#### SYSTEMIC FACTOR 6 – AGENCY RESPONSIVENESS TO THE COMMUNITY

#### **Strategies for:**

Systemic Factor 6 (SF6) 38. State Engagement in Consultation with Stakeholders
Systemic Factor 6 (SF6) 39. Agency Annual Reports Pursuant to the CFSP
Systemic Factor 6 (SF6) 40. Coordination of CFSP Services with other Federal Programs

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

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

Idaho's Keeping Children Safe (KCS), Citizen Review Panels, submit annual recommendations to the Department of Health and Welfare, Child and Family Services. On October 20, 2011, the KCS Panels formally submitted seventeen statewide recommendations for 2012. These recommendations included the areas of support to children and families, public awareness, enduring quality service, the use of multi disciplinary teams, education, foster care, and older youth. They were submitted in conjunction with the Panel's annual activities and membership report. Child and Family Services responded to the recommendations on April 18, 2012. Panel members were provided an oral response during a conference as well as a written response. See Attachment C for the "Keeping Children Safe Panels' 2011-2012 Annual Report and Department Responses". The Annual Statewide KCS Panel Conference is scheduled for October 11, 2012, at which time the Department's second and final response will be provided to the statewide Keeping Children Safe Panels.

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

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

The Child Welfare Bureau Chief also serves as the Children's Justice Act Coordinator, attends all meeting of the CARTF, and writes the CJA annual report. Many of the strategies of the Governor's Children at Risk Task Force align with the strategies of this Comprehensive Plan as well as strategies submitted by the Supreme Court Child Protection

Court Improvement Project. The Department of Health and Welfare, the Children at Risk Task Force, and the Court Improvement Project collaborate often to support and coordinate one another's improvement efforts.

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

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

The CFS Central Office Child Welfare Bureau Chief is appointed to participate in the Idaho Child Protection Court Improvement Project. In addition to attending all meetings, the Department's representative actively serves on the CIP's training subcommittee, the rules and statutes subcommittee, promoting children in court subcommittee, and revisions to the bench book and bench cards subcommittee.

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

During the CFSR and corresponding PIP, the CIP and CFS worked in tandem to implement Idaho's PIP. Collaboration between the courts and CFS continues on a regular basis. For example, quarterly the judicial system and CFS are sharing data generated from their respective information systems; Additionally, the CIP and CFS meet at least bi-monthly to coordinate plans and implement common goals.

The CIP shared its strategic plan and asked for input. Likewise, CFS collaborated with the courts in developing this year's APSR. CFS values the support of the Court Improvement Project Committee and will continue to assist the committee in working towards the goals of their strategic plan.

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

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

The Idaho Indian Child Welfare Advisory Council was established on June 22, 1994. ICWAC consists 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 committee includes actions directed toward improving the outcomes related to permanency, safety, and well being for Indian child in Idaho through:

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

The current meeting schedule is quarterly for two days. The location of the meeting rotates throughout the state. Day one is a meeting of tribal representatives. At the invitation of the group, the Department's lead program specialist for ICWA may be included. On the second day with the same group plus representatives from IDHW programs, IDHW regional program managers, Dept. of Juvenile Justice, and the Idaho Supreme Court.

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

Funding Source: CAPTA/CWS
Target Date for Completion: 2011 2012
Status: Ongoing

**Progress:** There is an increasing need to consider written procedural agreements between the Department and tribally operated social services or tribal court services for basic critical coordination for crisis response, child protection risk assessments, foster home placement and court appearances. Turnover of both department staff, including the ICWA Program Specialist position, and tribal staff creates increased need to consider processes, protocols, and agreements be written down for reference. Over the past year, this need was demonstrated when there was turnover of a leadership position in the Criminal History Unit. Because processes in place between the Criminal History Unit and tribes were based on a verbal agreements, those processes came into question. Efforts are being made by the Department and Tribes to develop a more formalized procedure in this area and others to address this need.

The ICWA program specialist continues to make opportunities to meet and talk with both regional leaders and their staff and tribal leaders and their staff on a more frequent basis.

In two regions, state and tribal staff meet regularly to staff cases and work to access needed services.

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

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

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

In SFY 2012, the ICTF awarded approximately \$10,000 in annual grants to community organizations focused on child abuse prevention. This year's grants were specifically awarded to programs which promoted parent leadership.

On March 13 and 14, 2012, the ICTF held its annual Strengthening Families Training Institute. CFS staff were in attendance and assisted in planning the institute as well as in facilitating workshops. During the keynote presentation, the Reverend Darrell Armstrong initiated a discussion on Promoting Resilience and the Protective Factors in the Lives of Children and Their Families. The institute also hosted presenters from the Strengthening Families National Network for the Center for Study of Social Policy and the National Alliance of Children's Trust and Prevention Funds who focused on partnering with parents to strengthen families and preventing child neglect.

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

#### Strategies for:

Systemic Factor 7 (SF7) 41. Standards for Foster Homes and Institutions Systemic Factor 7 (SF7) 42. Standards Applied to All Homes Receiving IV-B or IV-E

Systemic Factor 7 (SF7) 43. Requirements for Criminal Background Checks Systemic Factor 7 (SF7) 44. Diligent Recruitment of Foster and Adoptive Homes

Systemic Factor 7 (SF7) 45. State Use of Cross-Jurisdictional Resources for Permanent Placements

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

Status: Complete – Reported APSR June 2010

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

Status: Complete Reported APSR June 2011

SF7.3 Implement rule changes to eliminate need for duplicate criminal history background checks when transitioning between being a foster and an adoptive parent.

Status: Complete Reported APSR June 2011

- SF7.4 Develop a conflict resolution protocol to use between foster care "team members." Status: Complete Reported APSR June 2011
- SF7.5 Provide staff training on criminal history background checks including information on the Adam Walsh provisions and the Code-X procedure.

  Status: Complete Reported APSR June 2010
- SF7.6 Review the role of Regional Peer Mentors and provide staff training about the role of the Regional Peer Mentor.

Status: Complete Reported APSR June 2011

SF7.7 Develop and distribute a statewide foster parent handbook.

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

Status: Not due Moved to 6.9 above

Policy and guidance to resource parents will be included on the Resource Parent Resources Website (see strategy 6.9). Maintaining the "handbook" topics on the website will assure accurate and current information is posted and is available statewide. As families become licensed and/or approved, they will be referred to the site and become familiar with its contents and ongoing supports.

- SF7.8 Establish method for electronically processing ICPC requests. Status: Completed – Reported APSR June 2010
- SF7.9 Support passage of the new ICPC legislation and prepare agency for changes that will follow. Support passage of ICPC Regulation changes.

Funding Source: CWS
Target Date for Completion: 2012

Status: Not due Revised

**Progress:** The AAICPC has made amendments to the ICPC Regulations over the past two years. This has resulted in an amended ICPC language proposed by the new, not yet passed, ICPC legislation. It appears that the current plan is to continue to amend the regulations and thus the need to revise this strategy.

The AAICPC is in the process of amending all of the ICPC Regulations to be more specific about how the ICPC is actually to be practiced. To date, the changes made have resulted in improved practice. In particular, the changes to the Regulation 7 Expedited ICPC requests have made it possible to obtain a provisional interstate placement decision within seven calendar days. In a recent case, the approval to place was completed in only two business days. Idaho will participate in the process and support any amendments.

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

Funding Source: IV-E/PSSF

Target Date for Completion: 2012

Status: New Completed

Mentoring is increasingly being used as a support service to assist new foster/adoptive parents with the transition to providing care for youth with special needs. Mentoring connects new foster/adoptive resource parents with experienced foster/adoptive parents in their community to serve as a resource for information, problem-solving and support.

Although the needs of individual resources parents vary, the following have been identified to be the purposes of an RPM Mentor:

- A role model who has had positive experiences with the foster care and/or adoption program;
- A link to the community and available resources;
- A caring person who offers support, guidance and encouragement; and
- A source of assistance for families by helping them navigate the daily challenges
  they may face by offering their knowledge and experience in the foster care and
  adoption program.

A fourth module for the Recruiter Peer Mentor (RPM) Handbook was developed to guide practice related to the RPM mentoring role. The guide contains an introduction to mentoring, standards of practice, RPM competencies, desired outcomes, goals, mentoring steps and key points. Finally, tools and documents for RPM's are included in the module.

The Foster Care Program Specialist and the RPM Program Contractor provided a training-of-trainers with regional Recruitment Coordinators and Recruitment Leads in March of 2011. The Recruitment Leads and Coordinators are responsible for training new RPM's using the developed handbook and module.

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

Funding Source: IV-E, CWS

Target Date for Completion: 2013 Status: New

### IDENTIFICATION of POPULATIONS AT GREATEST RISK of MALTREATMENT

#### Parent Visitation Grant

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

#### Community Resources for Families Program

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

#### Resource and Service Navigation

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

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

#### PROGRAM SUPPORT

#### IDAHO STAFF DEVELOPMENT AND TRAINING PLAN

#### FY 2012 Update

The following Idaho Staff Development and Training Plan provides information regarding ongoing and planned activities for the period of 2012-2013.

#### IV-E Child Welfare Workforce

The Division of Family and Community Services (FACS) will continue to work on improvements in workforce development, practice improvement and innovation and to sustain the gains achieved by the CFS Program.

The Departments key priorities include:

- Staff and foster parent training;
- Child welfare student education (such as the scholars program that helps foster BSW interest in child welfare and movement from BSW to 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; and
- Continued implementation of a transfer of learning strategies, and in-service training related to best practices.

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

#### Partners in Training

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

Through contracts, DHW will continue to collaborate with universities, colleges, community colleges and providers serving Idaho in several child welfare capacities. The Division will make IV-E claims to help finance pre-service child welfare education,

Recruitment Peer Mentors (RPMs), and Resource Family training. Curriculum-development and training in the academies for new child welfare employees and supervisors, statewide coordination of foster/adoptive parent training, arranging child welfare in-service training, evaluation of designated training initiatives, and other related activities.

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

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

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

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

#### **Pre-Service Education**

IDHW/FACS will continue to maintain Title IV-E sub-contracts with five universities serving Idaho – ISU, LCSC, NNU, EWU and BSU. Up to 1 FTE is retained in each site to develop and monitor the IV-E field placements, conduct child welfare seminars, and conduct child welfare courses. These contracts support MSW and BSW students. FACS DHW will coordinate evaluation activity related to student recruitment and retention from all the schools. Each University contractor/partner contractor will retain faculty for the IV-E stipend student degree programs (at both BSW and MSW degree levels).

#### **In-Service Training**

The CFS Program will continue to modify and improve a case review Continuous Quality Improvement process that generates information regarding the program's ongoing training needs. Many of the identified training needs are addressed in some way in this plan. When field-based policy, procedure or practice-oriented training needs are identified through the CQI process, it directs the on-site trainer and other designated staff to provide trainings. Idaho will continue to emphasize training to maintain gains made during Idaho's Program Improvement Plan.

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

#### **Trainers**

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

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

#### **CURRICULUM DEVELOPMENT**

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

#### CHILD WELFARE ACADEMY

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

Refinements during the 2010-2014 will include:

- Continued implementation of the Academy evaluation process;
- Development of Academy curriculum to follow NRC training, training of trainers and consultations:
- Ongoing updates to the training curriculum and review with input from the Child Welfare Subcommittee (consisting of CW Central Office staff, Chiefs of Social Work, university partners, etc.).
- Continued training for new supervisors and for performance management decision making;
- Ongoing refinement and training of the new worker;

- The continued inclusion of Tribal representatives, Service Integration Navigators, Casey staff and university partners into the training audience, as well as contributors to the training team;
- Continued development of the on-site training team and others assisting in training.
- Ongoing refinement of the standard curriculum elements across the curriculum and standard template for curriculum will continue to include components that reinforce the Family Centered Practice Model and integration of ethics and cultural competency. The curriculum format has been standardized and curriculum is reviewed and updated as needed; and
- Continued issuance of CEUs for Academy topics and related training.

For June 2012-September 2013, the attached (See Attachment E) Idaho Title IV-E Training Matrix identifies courses offered to Idaho Department of Health and Welfare (IDHW) Child Welfare staff, University Partners, Casey Staff, Tribes, Foster Families or those staff preparing for employment. It includes pre service training for child welfare workers (New Worker Academy) and for persons wanting a refresher, Foster Parent Training and Supervisor Training, in-service training and the Stipend program. Training is ongoing and includes content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices.

#### **Coordination and Tracking**

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

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

#### Transfer of Learning

The on-site trainers will oversee implementation of the new worker training with support from the CW Central Office Program Manager and Program Specialists, Chiefs of Social Work and assigned Social Worker 3's. The new worker performance evaluation and field guide are designed to engage new employees with their supervisors in an on-the-job

applied learning process. The learning assignments and competency expectations defined in the new worker performance evaluation and field guide are aligned with the content delivered in the CFS Academy sessions. As new employees complete Academy modules, they will be expected to complete related field assignments as negotiated with their supervisor.

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

#### **Training Period**

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

#### **Technology**

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

#### **Academy/In-service Cost Allocation Plan**

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

#### **Foster/Adoptive Parent Training**

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

In late summer of 2011, EWU was awarded all three new Resource Peer Mentoring (RPM) contracts, one in each DHW hub. Through this contract, the University coordinates and provides consultative and other services to enhance the operations and procedures for the Recruiter Peer Mentor (RPM) program to increase the number of foster parents in the state and maintain a foster/parent pre-adoption parent-training framework that includes developing resource family (Foster Parent/Adoption) recruiter mentors. The contractor supports all levels of the resource family (Foster Parent/Adoption) continuum of care. In addition to the RPM program, training via foster care conferences and activities such as the statewide and regional recruitment plans are ongoing.

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

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

#### **Training Evaluation**

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

Existing mandatory CQI protocol will 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 will be assessed as detailed below, and content will be reviewed and revised per ongoing evaluation results.

Specific evaluation will occur in the following areas:

1) Tracking training attendance and completion.

All child welfare workers are licensed social workers in the State of Idaho at the BSW (minimal) or MSW levels. Training attendance and completion of New Worker Academy sessions are tracked, and worker retention rates will be monitored over time.

#### 2) Post-training evaluation of learning.

Pre/post evaluations will be administered to attendees following Academy training sessions and in-service trainings. These include standard class evaluations to develop worker competency, feedback on how course objectives were met and valued, and input regarding specific trainer strengths and weaknesses. Reflective questions designed to assist workers in transfer and application of new learning will be processed verbally and/or in writing at the end of each training session. Development of a New Worker Academy Exit Survey is in process and will be completed when workers finish the Academy sessions. The survey gathers data on training outcomes, competencies, and personal/professional development outcomes.

3) Transfer of Learning and Professional Development/Engagement. Supervisors complete the *Performance Plan and Review* at the end of the new worker's probationary period. This review includes assessing Customer Service, Dependability, Interpersonal Skills, Productivity, Quality, Adaptability/Flexibility, Worker Environment/Safety, Integrity/Ethics, Communication, and Decision T Making/Judgment, Job Knowledge, Self-Development, Problem-Solving/Analysis, and Teamwork. The current *Performance Review* involves narrative, qualitative report from supervisors with worker input. Plans are being made to pilot a quantitative evaluation tool to measure worker performance in each competency area. The pilot instrument, the *Worker Skill Transfer Questionnaire*, is designed to measure the application of specific knowledge from training modules.

Another pilot questionnaire, guided by theoretical framework constructs of Adult Learning Theory, Self-Determination Theory, and Transfer of Learning Research, is in the process of development and will include opportunity for worker feedback concerning their personal engagement and motivation for continued learning. The questionnaire will include questions to evaluate organizational climate, job satisfaction, interactions between supervisors and supervisees, and supervisory/training support. Data will be tracked and analyzed to assess changes in these aspects of the program.

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

4) Supervisory Support and Empowerment.

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

#### 5) Process of gathering and compiling data.

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

#### **Process of Gathering and Compiling Data**

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

#### IV-E Training Based on Training Matrix From June 2011 to Present

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

#### Evaluation

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

#### **Technical Assistance**

For the period 2011-2012, the following technical assistance was planned:

- Technical assistance from the NRC on Child Protection Services to assess the current intake system and possibly implement a centralized intake system;
- Technical assistance to explore social media for foster and adoption recruitment; and
- o Technical assistance to explore the feasibility of a differential response system.

**Progress:** In May 2011, Idaho requested technical assistance from the National Resource Center on Child Protection Services to:

- o Assess the current intake system;
- o Consult with peers in other states who have a centralized intake system;
- o Design a communication plan which will address overcoming barriers to change from child welfare staff and stakeholders;
- o Explore technology for intake systems; and
- o Train intake supervisors and university staff to sustain best practice in a training of trainers.

During 2012 and 2013, the following technical assistance is planned:

- Technical assistance from the NRC on Child Protection Services to provide consultation and assessment of current tools used for safety assessment and planning, including an evaluation of the effectiveness of the of tools used in assessing safety threats to children who do not reside with a parent who is involved in the child welfare system, but have visitation with that parent. Although the Department and the courts do not have legal custody or authority over these children, they may be unsafe during their visitation time. Idaho would also like consultation and review of their current standards and safety/comprehensive assessment to determine if they are adequate and incorporate the assessment of all caretakers, custodial and noncustodial.
- o Technical assistance to explore the feasibility of a differential response system.
- o Technical assistance to enhance communication and collaboration with tribes.

#### PROMOTING SAFE AND STABLE FAMILIES (PSSF)

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

#### **Family Preservation**

• Intensive Family-Based

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

#### **Family Support**

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

#### Reunification

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

#### Adoption

- Intensive Family Based Services
- Individual Child Recruitment Activities
- Recruitment incentives for a newly licensed foster home

- Home studies
- Adoption Preparation, Pre-placement services, and visits
- Adoption placement follow up
- Counseling
- Life Books
- Partial payment of contract for licensing

Since Idaho uses PSSF funds to provide many of these services, PSSF funds are allotted to each region of the state. The Regional Program Manager identifies services needed in the categories of Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion. Regional Program Managers have been provided with the definitions of each of the four PSSF categories and are aware that a minimum of 20% of the PSSF funding should be spent in each of the categories. After regional 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.

#### **Collaborative Efforts with Tribal Programs**

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

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

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

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

Over the next 5 years, the ICWAC will continue to foster connections and collaborations with other state committees such as the Child Protection Committee, Independent Living Committee and the Foster Care Recruitment Committee. ICWAC members will also

continue to provide input and guidance on the ICWA-related documents that agency staff will use to promote the early identification of Indian ancestry and tribal affiliation. A tribal attorney, who is a member of the ICWAC, is also involved in the development of state court documents that include ICWA content.

There does appear to be a difference of perspective between the Department and Tribes in the understanding of what "consultation" with the tribe entails, verses "collaboration" and which process would be appropriate for a given situation. Ron Beecher, the Department's Tribal Relations Program Manager, has been tasked with meeting with each of the tribes in Idaho to learn their perspectives, what "consultation" means, what consultation might look like, and input on processes to facilitate consultation. As a second step, Mr. Beecher plans to take this information and make recommendations on how the Department might move forward in creating guidelines specific to consultation and collaboration.

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

Another goal of the ICWAC is to bring multiple agencies together to discuss strategies to integrate ICWA-related issues throughout the services continuum. The annual ICWA Conference will continue and is scheduled for August 2-3, 2012.

Per Title IV-B Sec 422(b)(8), all Idaho children, including Indian children, are eligible to receive services to: (1) prevent or eliminate the need to be removed from their homes; (2) be reunified with their families if removed; and (3) achieve permanency if removed from their family. A case review system implemented in conjunction with the Idaho court system is available to all children who have been placed into foster care. Permanency hearings are available at 30 days for children abandoned at birth or shortly thereafter.

#### ICWA COMPREHENSIVE PLAN

#### Introduction

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

The ICWA goals of the current Title IV-B plan include the following:

- Engagement of and Collaboration with Tribes Engaging tribes within the boundaries of Idaho for purposes of collaboration, increasing understanding of the challenges to native social services, areas where mutual assistance can be provided and structure/process for government to government consultation.
- **Quality Assurance** Quality assurance checkpoints early and throughout cases involving Indian child and families.
- Compliance with ICWA elements Clarifying practice standards and administrative rules to make ICWA compliance less confusing to workers and assistance in providing culturally relevant services to Indian families and their children.
- **Training** New Worker training and ongoing work with ICWA liaisons to provide local points of contact for workers. Continuing to make current information on ICWA compliance readily available to all staff.

#### Goals and Progress for Engagement of and Collaboration with Tribes

\*(xx.x) indicates strategies contained in the body of the current APSR

### \*1 (SF6.4) Continue regular meetings of Idaho's Indian Child Welfare Advisory Council (ICWAC).

According to its by-laws, the purpose of the committee includes actions directed toward improving the outcomes related to permanency, safety, and well being for Indian child in Idaho through:

o Promoting and improving Indian child welfare;

- Implementation of and advocacy for the law and the spirit of the Indian Child Welfare Act (ICWA);
- o Education and awareness of the ICWA; and
- Building positive State-Tribal relations through collaboration and cooperation between the Tribes and the Idaho Department of Health and Welfare (IDHW).

See Attachment G for ICWAC committee membership, meeting agendas and minutes for the reporting period which were submitted in December 2011 with amended APSR.

The Indian Child Welfare Advisory Committee (ICWAC) continues as a long standing collaborative effort between IDHW and tribal representatives. The group has been meeting since the early 1990's. The current meeting schedule is quarterly for one and one-half days—a half day meeting between tribal social services staff and the IDHW ICWA program specialist. During the reporting period the CFS ICWA Program Specialist was welcomed into the "tribal members only" portion of the meeting. On the second day there is a meeting of tribal representatives, the North Idaho Regional Director/Tribal Program Manager (Ron Beecher), the tribal relations program specialist and representatives from IDHW programs including IDHW regional program managers, representatives from the Idaho Dept. of Juvenile Justice and the Idaho Supreme Court. This group is instrumental in development of coordinated procedures and services and contracts that pass Social Services Block Grant, Title IV-B, Part 2 funding and Independent Living funds from IDHW to tribal social services programs.

Another goal of the ICWAC is to bring multiple agencies together to discuss strategies to integrate ICWA-related issues throughout the services continuum. Recruitment of Indian foster families is a standing agenda item.

Each tribe and the state host the meeting on a rotating basis. Over time meeting with the tribes at their tribal offices has been important building blocks in tribal-state relationships. It gives an opportunity for state participants to better understand each of the tribes, especially those who do not live in close proximity to a tribe.

Currently the ICWAC brings together social services staff from tribes and the state. While useful in resolving practical day-to-day child welfare issues, it is not a substitute for government (tribal leaders) to government (state leaders) consultation when needed. It is the stated plan of the Tribal Relations Program Manager to work with tribes regarding an agreed upon structure and process for tribal "consultation" including when it is necessary and when collaboration will be adequate.

Over the next 5 years, the ICWAC will continue to foster connections and collaborations with other state committees such as the Supreme Court's Child Protection Committee, Independent Living Committee and the Foster Care Recruitment Committee to benefit Indian children. ICWAC members will also continue to provide input and guidance on the

ICWA-related materials that agency staff will use to promote the early identification of Indian ancestry and tribal affiliation.

# \*2 (SF6.5) In regions where there is a tribally operated social services or tribal court services, the Department will consult with the tribe to negotiate a procedural agreement for basic critical coordination for crisis response, child protection safety assessments, foster home placement and court appearances.

The need to consider a move by both the state and the tribes toward written agreements is increasing. Historically, frequent turnover in the ICWA Program Specialist position has been a barrier to the continuity necessary to overcome experiences and history of mistrust. This, combined with both Department and tribal turnover and a general reluctance to commit to written protocols, has left the partners without clear direction. In two field offices, Lewiston and Pocatello, state and tribal staff meet regularly to staff cases and work to co-ordinate/access needed services for Indian children. During these staffings state worker have an opportunity to learn more about the organization of tribal government and what social and other services are available to tribal members. This knowledge is critical to the provision of active efforts.

### \*3 (SF5.1) Assure tribal access to information about available funding to expand services.

The Department's website is available to Tribes and the public. The Indian Child Welfare Specialist will continue to email correspondence and advise Tribes of available resources.

#### (4) Collaborative Efforts with other Tribal Programs

The North Idaho Regional Director continues to work with Tribes on other related issues not necessarily involving Indian Child Welfare activities. Currently a cross-division "summit" for all Tribal Departments and DHW Divisions is planned for late summer 2012. A committee is in development to work on a proposal to bring to the IDHW Director's Office requesting funding for a "summit" sometime after the 2012 Idaho ICWA Conference.

State-Tribal Consultation has been a topic at both the ICWAC and the Tribal Medicaid Meetings. Approximately three years ago, following tribal consultation, the Department developed an agreement with Idaho tribes and the Divisions of Medicaid and Welfare regarding Medicaid policy development. It is thought that the upcoming summit would provide an excellent opportunity to work on development of a Tribal Consultation MOU as all of the key players would be involved.

The Shoshone-Bannock Tribes Title IV-E foster care program with direct funding from DHHS is progressing rapidly. Many of the state agency policies, rules, forms, practice standards regarding Title IV-E have been shared though the Region X ACF staff working directly with the Shoshone-Bannock Tribes. The Tribes have also sought out and received assistance from the local regional office as they prepare to begin claiming Title IV-E funds.

#### Goals and Progress for Training

# \*5 (14.1) Support/increase cultural competency of agency staff relative to American Indians/Alaska Natives so they can individualize services and maintain connections.

Training continues to be provided for new workers through the 2 day plus pre-requisite study for Knowing Who You Are and the day long Introduction to the ICWA components of the New Worker Academy. Knowing Who You Are is a training experience which emphasizes the importance of racial and ethnic heritage and identify for youth in foster care. While the training is mandatory for new state workers, tribal participants are given priority over any other community members who express the desire to attend the Academy. The ICWA Program Specialist has responded to calls from the regions for technical assistance and is able to communicate important cultural information at those opportunities. Other resources have been made available on the Department's Sharepoint site for reference by workers on a daily basis.

# \*6 (14.3) Continue to train and meet with the seven region-based ICWA liaisons who can act as the "go to" resource persons for staffing of ICWA cases.

The first meeting of liaisons was held in Boise in May 2010, and included the liaisons and select Central Office staff. The purpose of the meeting was two-fold; first, as a train-the-trainer session in preparation for line worker and supervisor trainings in each region by the ICWA Program Specialist and the regional liaison and as a forum for surfacing of issues facing regional staff regarding compliance with ICWA. ICWA liaisons will be responsible to review and monitor internal regional processes for compliance in consultation with the ICWA Program Specialist.

#### (7) Annual Conference

The annual ICWA Conference was held in June 2011 and will continue. The annual Indian Child Welfare Conference is held in coordination with the Tribes in Idaho. This year's Indian Child Welfare Conference was held at the Coeur d'Alene Tribal Casino in Worley, Idaho. One of the sessions focused on the Department's multi-strategy approach to improving ICWA practice in Idaho.

#### (8) Regional ICWA Training

ICWA training was provided statewide during August, 2011. Once the standard was approved, forms and procedures updated, and administrative rule changes proposed, training for experienced workers statewide was conducted. The training was very well-received. Participants have appreciated the attempts to make this process easier to understand and to complete. The presence of the ICWA Program Specialist, a tribal member herself, has greatly enriched the training especially as it relates to working with tribes. One of the sessions was attended by Matt West a former prosecuting attorney with the Shoshone-Bannock Tribes and a national ICWA educator. His feedback was very positive for the direction the program is moving. He was very complimentary of the content and message of the training as well as the presentation being provided by both a native and non-native trainer.

# **Goals and Progress on Quality Assurance**

\*9 (SF3.2) Conduct annual ICWA case review and submit a progress report.

The ICWA program specialist with assistance from regional ICWA liaisons completed a CQI for cases opened under the period under review from May 22, 2009 – June 8, 2010. As a result of the information gathered, the ICWA program specialist made recommendations. While a decision was initially made to hold annual ICWA case reviews, it was determined to delay the next ICWA CQI in order to focus on addressing the recommendations resulting from the ICWA CQI. Progress on recommendations include:

- Information has been updated and posted on SharePoint for staff access. Staff are referred to the SharePoint site to reference materials. Available referencing materials and updates were included in training provided to each region.
- Forms were updated and posted on the SharePoint site.
- Active efforts has been defined. The definition of active efforts has been included in reference materials, administrative rules, staff training and technical assistance.
- The ICWA CQI instrument is in the process of being reviewed and updated. Upon completion of updates to the instrument, the ICWA program specialist will conduct another ICWA CQI within each Hub. It is anticipated an ICWA CQI will be completed within the next six months.

# Goals and Progress on each of the ICWA Compliance Elements and Data

\*10 (14.6) Identify and address potential contributing factors for the disproportional number of American Indian/Alaska Native children in out-of-home placement including establishing of accurate baseline.

Establishing a baseline has been an ongoing struggle as our SACWIS system (FOCUS) reports the number of Indian children in foster care based on what the parent self-identifies as the child's race. The way that AFCARS requires race to be self-identified contributes to the lack of reliability. The result is what appears to be a disproportionate number of Indian children identified in FOCUS who do not have membership or any affiliation with a federally recognized tribe. Currently we are working on realigning how the information is collected so that we can track the number of parents and children are self-identified as AI/AN and of that number, how many were identified by a tribe as being subject to ICWA. Once that is accomplished, we can more readily look at some of the factors related to placement into foster care such as circumstances of abuse or neglect. This will also help us distinguish families who are Indian, but not subject to ICWA.

\*11 (14.4) Recruit and train additional qualified expert witnesses to provide court testimony on behalf of Indian children.

The contact information for the current list of ICWA Expert Witnesses has been updated and is maintained on the external web site.

# \*12 (14.5) Monitor the use of qualified expert witnesses in cases where children in out of home placement are subject to ICWA (new).

The Department is at the beginning phases of gathering information to explore various options for gathering this data. Under exploration is the question of whether to track this information during the ICWA CQI process specifically, or whether there are alternative ways to monitor QEW use. One possibility is to add functionality to the department's SACWIS system (FOCUS) to include whether a qualified expert witness was used in a particular case.

(August 2012) Part of the state's collaboration with Idaho Tribal Programs is our ongoing participation in the Idaho Indian Child Welfare Advisory Council (ICWAC). In an effort to strengthen the collaboration between and state and tribes, the state has requested on-site training and technical assistance from the NRC 4 Tribes and the National Indian Child Welfare Association. Individuals from these organizations were mutually chosen by both state and tribal council members.

A strategic planning session will be facilitated by the NRC 4 Tribes and NICWA representatives at the next meeting of the ICWAC in October 2012. This session will explore the origins and history of the ICWAC, better define member roles and relationships, and assist in the clarification of the mission and goals for the future. Participants will use the time to identify ways that together they can make the ICWAC more pertinent to the practice of Indian child welfare in Idaho, more effective in making needed changes and supporting the growth of culturally informed child welfare practice, and making sure that Indian children and families are appropriately served under the letter and spirit of ICWA.

# HEALTH CARE SERVICES INCLUDING PSYCHOTROPIC MEDICATION USE AND MONITORING. See Attachment A.

#### **DISASTER PLAN UPDATE**

On February 21, 2011, Program Managers and Central Office staff reviewed the Child Welfare Disaster Plan. Communication processes were discussed and calling trees were updated. Lists of children in foster care are continuously updated as defined by the plan. No revisions were made to the plan as a result of the review. The Department will continue to review and update the plan as needed.

# MONTHLY CASEWORKER VISITS AND FUND EXPENDITURE

The Department calculated the FFY 2007 baseline caseworker/child contact data by reviewing 339 randomly selected cases, using the sampling methodology developed by the

Children's Bureau Data Team. Idaho did not submit a request to resubmit baseline data. Although Idaho has developed a FOCUS report to calculate totals of caseworker/child contact, the reports have not been validated. Therefore, we continue to use the sampling methodology, developed by the Children's Bureau Data Team, to calculate our 2008, 2009, 2010, and 2011 data. Below are the results of the 2011 hand count that were submitted in December 2011.

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

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

Idaho has met their 2011goal. PSSF worker contact funds have been used to accomplish the following:

- Contract with Eastern Washington University to assign a student to travel and serve as a "responsible party" when children are living in residential treatment centers a significant distance from their home. The student has co-case management responsibilities with the assigned regional staff;
- Regions will monitor child worker contacts on a monthly basis through the use of FOCUS 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 90%; and

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

#### ADOPTION INCENTIVE FUNDS

Idaho received \$1,048,000.00 in Adoption Incentive Funds for 2011. The funds were used to remove barriers to adoption through providing additional resources to fund adoption assistance cash payments.

#### REPORT ON CFS SERVICES FOR CHILDREN UNDER THE AGE OF 5

# Assessment and Developmentally Appropriate Services for children under age 5

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

- Each child (aged 0-3) whose caretaker receives a substantiated disposition of a CA/N report is referred to the local Infant Toddler Program for a developmental assessment. Knowing that there is a high frequency of delays for very young children who are victims of child abuse and/or neglect, the ITP is very aware of the needs that these children have. ITP is located in the same division (FACS) as Child and Family Services. This co-location, both administratively and physically facilitates referrals and service coordination. These referrals on substantiated cases are mandatory for all children 0-3 whether the case is opened for in-home services or the child is removed from their home.
- ITP under IDEA Part H is a voluntary service for children and their parents. When the child is under state protective custody, every effort is made to involve the parent(s) in services and for them to consent to services. In the absence of parental consent, the court may order ITP services for the child. For children without any parents, a surrogate may be considered.
- Every child who comes into foster care becomes eligible for Medicaid and must receive a physical exam within the first 30 days according to administrative rule. Every child in the Department's custody is required to be seen for regular child well-being checks according to the EPSDT schedule and immunizations.
- Priority Response Guidelines are in effect for all reports of child abuse or neglect. All allegations of physical abuse of a child through age 6 are considered as a priority one (immediate response) unless there is reason to believe that the child is not in immediate danger.

- There are no specific resource parent/0-5 ratios, however, the limit on the number of children that a home may be licensed for is 6, including the family's own biological children.
- A concurrent plan is developed for all children who come into the custody of the Department. Many infants are adopted by the family (both relatives and non-relatives) with whom they are placed at the time of removal. For infants and toddlers efforts are made to have frequent visitation (several times a week if not every day) in the resource family's home. This gives an opportunity for the resource family to develop a relationship with the youngster's parent(s) as well as an opportunity for teaching, coaching, feedback and evaluation of parenting behaviors and skills.
- 27 day reviews are being held in a number of field offices. It is a point in time early in the case to monitor concurrent planning with the child.
- Young children in foster care are often referred to Infant Toddler (0-3), Headstart (3-4); Pre-K (4-6) programs; and Developmental Preschool (3-5).

# <u>Training and supervision of caseworker and foster parents to work with children under the age of 5</u>

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

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

Foster Care	FY	2008	FY	2009	FY	2010	FY 2	2011
Entries	#	%	#	%	#	%	#	%
Children Entering Care Age 0-2	398	30%	364	30%	395	28%	359	29%
Children Entering Care Age 0-5	637	49%	555	46%	633	45%	600	48%
All Entries/all ages	13	10	12	.14	13	97	12	45

Foster Care Entries	Idaho*	US*
Under 1 year old	12%	16%
1 to 5 years old	32%	31%
6 to 10 years old	24%	19%
11 to 15 years old	21%	23%
16 to 20 years old	10%	12%

<sup>\*</sup>Kid's Count Data 2010

Children in Idaho Foster Care All Ages FY 2011						
ALL AGES	All Entries	Still in Care after 1 year	Still in Care after 2 years			
Gender	48% female 52% male	48% female 52% male	48% female 52% male			
Race	77% White 3% AI/NA 3% Black 1% Asian 16% Hispanic	69% White 10% AI/NA 3% Black 2% Asian 16% Hispanic	75% White 8% AI/NA 4% Black 13% Hispanic			
First Placement Type	61% Foster Care 23% Kin Care 8% Resid/Facility 8% Other	66% Foster Care 23% Kin Care 6% Resid/Facility 5% Other	78% Foster Care 14% Kin Care 6% Resid/Facility 2% Other			
Last Placement Type	51% Foster Care 39% Kin Care 7% Res/Facility 3% Other	52% Foster Care 40% Kin Care 7% Res/Facility 1% Other	62% Foster Care 29% Kin Care 8% Res/Facility 1% Other			
Average Length Of Stay	4 Months	20.9 Months	27 Months			
Average # of Placements	1.5	2.8	3.5			

The children who entered foster care under the age of five are tracked using the Permanency Composite measures for Timeliness of Reunification and Timeliness of Adoption to determine likelihood of permanency. The demographics and characteristics of the children who enter care under the age of five and are still in care after certain timeframes are displayed below:

Children in Idaho Foster Care <u>Under Age of 5</u> FY2011					
Under 5	All Entries	Still in Care after 1 year	Still in Care after 2 years		
Gender	48% female 52% male	47% female 53% male	48% female 52% male		
Race	70% White 12% AI/AN 2% Black 15% Hispanic	71% White 12% AI/AN 2% Black 15% Hispanic	73% White 10% AI/AN 17% Hispanic		
First Placement Type	72% Foster Care 22% Kin Care 6% Other	62% Foster Care 38% Kin Care	70% Foster Care 30% Kin Care		
Last Placement Type	60% Foster Care 39% Kin Care 1% Other	59% Foster Care 41% Kin Care	62% Foster Care 48% Kin Care		
Average Length Of Stay	9.9 Months	20.9 Months	26.6 Months		
Average # of Placements	1.9	2.7	3.1		

- It is estimated that 33% of children <u>under the age of five in Idaho foster care</u> are projected to be without a permanent family\* in FY 2012;
- 13% of children <u>under the age of five in Idaho foster care</u> are projected to be without a permanent family\* in FY 2013;
- It is estimated that 29% of <u>all children in Idaho foster care</u> are projected to be without a permanent family\* in FY 2012; and
- 11% of <u>all children in Idaho foster care</u> are projected to be without a permanent family\* in FY 2013

\*To be without a permanent family means that the case has not been closed/finalized. It may well be that the child is living with the family who will eventually adopt the child.

The number of children under the age of 5 coming into Idaho foster care is very similar to the number coming into foster care in the nation. Children under 5 are in urgent need of timely permanency and are more vulnerable than all other children in foster care to

experiencing a lack of timely permanency. Informal assessment of reasons for this phenomenon include a tendency for the agency and the courts to extend the period of reunification. Given the potential safety threats, returning a young vulnerable child home too soon is seen as dangerous. While we think that we are placing very young children with a "concurrent" (potentially permanent) family right from the first placement, the data reveals that after one year, the children remaining in foster care have averaged 2.7 placements. Relatives can "pop up" late in the case as it becomes clear that the child and parents won't be reunified.

# **Strategies for Improvement**

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

#### CHILD MALTREATMENT DEATHS

Idaho's SACWIS information system, FOCUS, collects information related to child maltreatment fatalities that are referred to Child and Family Services. However, not all child maltreatment fatalities come to the attention of Child and Family Services. If there are surviving siblings, Child and Family Services is involved to assess the safety of the remaining children in the home. Fatality information on this type of referral is reported to NCANDS. However, if there are no other children in the family and the referent contacts only law enforcement, the child fatality may not be referred to CFS, not entered in our information system, and not included in NCANDS data. Currently only Vital Statistics receives information on all child deaths. Up to now their rules of confidentiality have not allowed them to share information with others.

However, to expand the sources of information used to compile child maltreatment fatality data, on May 7, 2012, representatives from Child and Family Services met with the Bureau Chief from the Division of Public Health to discuss sharing vital statistics information. Currently FOCUS has not yet been programmed to include our State's vital statistics information. During the meeting, it was agreed that Child and Family Services would complete an application for information, explaining the federal requirement to report all

child deaths. Vital Statistics will then develop a report to supply the information it has to FACS. It is anticipated that this strategy will improve the accuracy of reporting. However, some inaccuracies may continue, depending on the codes and categories that are used to record the cause and manner of death on the child's death certificate.

FOCUS enhancements may be needed to incorporate the data and a process would need to be developed to enter the information in FOCUS. CFS is also exploring the option of gathering the information from vital statistics and the new Statewide Child Fatality Review Team and including it in the NCANDS Agency File. As discussed in strategy 5.4 above. Idaho is also working to re-establish a Statewide Child Fatality Review Team. This will assist in verifying and supplementing vital statistic information.

Child and Family Services will continue to work to capture information on all fatalities attributable to child abuse and neglect by including the requirement in new strategy (5.5 above).

#### **CAPTA PLAN 2012-2013**

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

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

Through CAPTA, the following program areas are selected for 2012-2013 to improve Idaho's statewide programs relating to child abuse and neglect.

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

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

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

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

# Changes to 2011-2012 CAPTA Plan

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

#### **Centralized Intake**

In July 2012, a new Centralized Intake system will be implemented. CAPTA funds will be used in implementation in the following areas:

- Purchasing state of the art communication equipment;
- Publicizing a statewide number to call to report child abuse and neglect;
- Travel to each region to respond to questions and concerns of community partners; and
- Training new intake social workers and supervisors.

#### **Differential Response**

In the summer of 2013, Child and Family Services plans to implement a differential response system. CAPTA funds will be used for training social workers and supervisors. CAPTA funds will also be used in collaborating with and training community partners.

#### **Supervisory Academy**

CAPTA funds will be used to implement a Supervisor Academy. Child and Family Services is in the process of gathering and revising supervisor curriculum from other states. Plans and processes for the new academy are in development.

#### **Child Fatality Review Team**

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

# **CAPTA Activities Conducted with Alternate Funding**

While the 2012 CAPTA budget does not designate funds for the following activities, these activities occur through alternate funding sources such as:

#### Prevention of child abuse and neglect

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

# Reporting suspected cases of child abuse and neglect

CFS collaborates with the Governor's Children at Risk Task Force (CARTF) to distribute a brochure that outlines the responsibilities of Idaho's mandatory reporters. The brochure is available in English and Spanish. During this grant cycle, 6,639 English brochures were distributed throughout Idaho. No CAPTA funds were used to print additional copies of the brochures.

To encourage mandatory reporting, CARTF, through a contract with University of Idaho, sponsored the development of an educational video on Idaho's child abuse reporting laws. The ten minute video explains the definitions of child abuse and neglect, instructs citizens on their duty to report, and gives information on who to call and what information reporters should provide. Children Justice Act funds were used to produce and distribute the DVDs. During this grant cycle 1,037 DVDs were distributed from existing inventory.

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

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

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

- o Involving Families Through Family Group Decision Making Meetings;
- o In-Home Family Preservation Services;
- o Service Planning;
- o Child Well-Being; and
- o Concurrent Planning.

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

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

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

During 2012, Child and Family Services convened psychiatrists, pediatricians, representations from Medicaid, the Division of Behavioral Health, and the Supreme Court in a collaborative effort to enhance the health care plan for children in the foster care system. Included in the overall health care plan is a plan for identifying and monitoring the use of psychotropic medication prescribed for foster children and youth. Collaboration and plan implementation will continue during this next reporting period.

# PROGRAM CONTACT

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# CAPTA BUDGET

FY 2013
We anticipate that these will be the budget categories for FY 2012.

CAPTA Budget	FY 2012-2013	<b>CAPTA Grant Purpose</b>
Implementation and training of continuing quality assurance system	\$17,000	Section 106(a)(1) Section 106(a)(3) Section 106(a)(4)
CAPTA SLO	\$ 2,000	
Training and implementation of new Centralized Intake system	\$30,000	Section 106(a)(1) Section 106(b)(2)(A)(iv)
Support collaboration of the Indian Child Welfare Advisory Council and the Department to improve the delivery of services and treatment provided to Indian children and their families.	\$17,000	Section 106(a)(14)
Maintaining Citizen Review Panels in all 7 Regions	\$12,000	106(c)(4)(A) 106(c)(4)(c) 1-6(c)(6)
Skill training for supervisors 2-day training to develop and enhance competencies	\$25,000	Section 106(a)(7)
Improve the skills of supervisors through developing supervisory curriculum and implementing supervisor academy.	20,000	Section 106(a)(7)
Intake and assessment training for all new social workers, 3 times per year in each hub at Child Welfare Academy.	\$20,000	Section 106(a)(1)
Explore implementation of differentiated response	\$11,807	Section 106(b)(2)(A)(v)
Implement newly formed child fatality review team	\$30,000	Section 106(a)(4)
TOTAL	\$184,807	

# CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

#### IL PROGRAM SERVICE DESCRIPTION

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

## A. Description of Program Design and Delivery

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

## **Transitional Independent Living Plan**

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

## Family and Support Persons Involvement

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

# **Independent Living Skills**

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

#### **Educational and Vocational**

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

#### **Employment**

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

#### **Human Sexuality Issues**

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

### Counseling

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

#### **Room and Board**

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

### **Self Sufficiency**

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

#### Outreach

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

# **Increasing Services**

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

#### **Support Networks**

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

#### **Training**

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

#### B. Revisions to Goals and Objectives established in the CFSP

There are no revisions to goals or objectives for the Independent Living Program.

C. Updates to Goals and Objectives to Incorporate Areas Needing Improvement
No areas needing improvement were identified in the Independent Living Program

# D. Services to be Provided in FY2013

Population to be served - Eligibility criteria for a youth's participation in the independent living program remains; however, inpatient hospital stays have been added to the list of

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

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

## E. Geographic Areas Where Services Will Be Available

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

#### F. Estimated Number of Individuals and Families to be Served

In SFY 2011, 685 youth between the ages of 15 to 21 were served by the Chafee Foster Care Independence Program (**CFCIP**). This number includes 219 youth who reached the legal age of adulthood (18 years) while in foster care.

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

There are no planned changes to the Independent Living Program in FY 2013.

#### **COLLABORATION**

- Descriptions of activities in the ongoing process of coordination and collaboration efforts are described later in this section at "Coordination with Other Federal and State Programs for Youth."
- Collaboration between child welfare agency and the courts with regard to the development of the APSR and any CFSR or title IV-E program improvement plans is discussed elsewhere in this report.

#### PROGRAM SUPPORT

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

#### ACCOMPLISHMENTS

Specific accomplishments for FY 2012 and Plans for FY 2013 in the seven purpose areas:

#### (1) Help youth transition to self-sufficiency (examples follow)

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

These activities are planned to continue in FY 2013.

# (2) Help youth receive the education, training and services necessary to obtain employment (examples follow)

- In FY 2012, IL Plans and IL Transition Plans continued to include education and training domains for youth with goals and strategies to obtain employment. For some youth, this included vocational training such as CNA classes and for others it included formal higher education.
- In FY 2012, Idaho's IL Program will collaborate with Casey Family Programs to distribute information to eligible youth, ages 18-24, to work with Casey's summer employment and work related skill building opportunities.

- Regional IL Programs use services from the WIA Department of Labor services program, Job Corps, Life's Kitchen a Culinary arts program, local YMCA programs and before and after youth age out of care.
- Statewide, Vocational Rehabilitation services are used for youth who have disabilities to prepare them for employment.
- Regional IL programs use the Trio Program, including Upward Bound, to connect
  with youth while they are still in high school and follow them in to college. Staff
  from WIA, Trio, and Vocational Rehabilitation often attend IL Transition planning
  meetings.

These activities are planned to continue in FY 2013.

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

- In FY 2012, IL Coordinators assisted IL eligible youth with FAFSA applications seeking scholarships, and writing college essays for the ETV application process as part of the transition process to higher education. This process will continue in FY 2013.
- IL eligible youth in the Boise area used the "Students for Success Program" at Boise State University under the Trio umbrella.
- Casey Family Programs and regional IL programs use a contact person with the Trio Program to help with FAFSA applications. They also help youth make decisions about their goals and which classes to take.
- In Region 6, the Director of Admissions at Idaho State University (ISU) in Pocatello was formerly a sibling to foster youth and has been especially helpful in assisting older foster youth enroll at ISU.
- The College of Western Idaho has an assigned point person for former foster youth to assist in the enrollment process and to increase the number of foster youth who graduate from college programs.

These activities are planned to continue in FY 2013.

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

- Idaho continues to use the "Permanency Pact" to identify adults available to help youth with 45 circumstances typically encountered by young adults. http://www.fosterclub.com/files/PermPact\_0.pdf
- In FY 2013, both the Idaho Chapter of Foster Care Alumni of America (FCAA) and Foster Youth of Idaho (FYI) association plan to develop mentoring programs.
- Regions 3 and 4 continue to work with the Special Needs Adoption and Permanency (SNAPS) administered through the Idaho "Wednesday's Child" program to provide children in care between the ages of 11 and 18 with a mentor. Mentor-mentee pairs get together individually at least once a month, and have weekly contact with each other.

- <u>http://www.idahowednesdayschild.org/misc.php?id=mentor</u> SNAPS supports mentors through new mentor orientation, quarterly training, and the adoptidaho.org/mentor web site.
- Regions continue foster care recruitment efforts specifically for families that can meet the unique needs of adolescents. Youth speakers are invited to foster provider training (PRIDE) to share their stories and possibly influence families to foster adolescents.
- Region 5 IL Program developed a program for youth called "Elev8." The purpose
  of ELEV8 is to provide teens with a safe and nurturing environment in which they
  can develop relationships with peers, mentors and community members. ELEV8
  mentors to support and monitor youths independent living progress. Mentors will
  inform staff of needed referrals, concerns and celebrations throughout the year. The
  group meets weekly.
- Foster youth groups are active in 6 regions in Idaho and provide adult interaction and supervision while youth engage in peer support, community volunteer work and other activities that put them in contact with positive adult role models in community organizations.

These activities are planned to continue in FY 2013.

- (5) Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood (examples follow)
  - In FY 2012, supports and services were provided to youth between 18 and 21 who were former foster care recipients that included room and board and supports for employment and education. IL Plans developed with those young adults include responsibilities of the youth to achieve goals on their IL Plans. These services and expectations will continue in FY 2013.
  - In Region 3, a new transition home "the Arthur House" will begin taking former foster youth as a place of residence and training for sustainable independent living.
  - In Region 4, IL staff work with Boise City Housing, the city's housing authority, to find appropriate housing for youth.
  - In Region 6, a partnership between Aid for Friends (a homeless shelter) and the Bannock Youth Foundation provides properties for housing dedicated to 18-21 year olds aging out of foster care.
  - To increase the likelihood of success, Region 6 IL staff asks youth to include a back-up plan in case their first choices in their IL plans aren't attainable.
  - IL eligible youth in all regions are welcome to return for services up to the 21<sup>st</sup> birthday if they did not pursue IL services at the time they reached 18 or aged out of care, and receive the same IL services as IL youth who continued IL services after leaving foster care.

These activities are planned to continue in FY 2013.

- (6) Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care (examples follow)
  - In FY 2011 and 2012, the state IL Coordinator have continued efforts to inform IL Regional staff, contractors, tribal social service staff and other partners about ETV and scholarship opportunities and provided training on FAFSA on-line applications through quarterly conference calls and onsite training.
  - See Attachment F for summary information on ETV.
- (7) Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

All regional IL Programs provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. There are no differences between services offered to this population and other youth eligible for the IL Program in Idaho. This practice will be continued in FY 2013.

# Coordination with other Federal and State Programs for Youth

In FY 2012, the following activities were performed to coordinate services with other federal and state programs for youth.

- In FY 2012, the state Independent Living Coordinator represented Idaho's Child Welfare IL Program at the Idaho Secondary Transition Council coordinated by the Idaho State Department of Education, Division of Special Education. Council members represent state and federal programs, as well as youth advocates and parent representatives. This participation will continue in FY 2013.
- In Region 1, the IL coordinator has partnered with a local university to help deliver IL skills classes to foster youth and help form and train foster youth to have their own youth advisory group.
- In the Boise Treasure Valley area, a collaborative group, IROCK, has been very successful in connecting public and private agency representatives at bi-monthly meetings. Participants include staff from the Department of Labor, housing programs, Vocational Rehabilitation, employment training providers, life skill training programs, Casey Family Program staff and youth, secondary and employment and post-secondary providers, and IL staff from Regions 3 and 4. Speakers have presented on opportunities for youth with disabilities, homeless alternatives, Idaho Meth Project, Medicaid Benefits, McKinney-Vento, Trio, Safe School Coalition, WIA, Board of Education, Commission for the Blind and many others. In FY 2011, the group reestablished committees for housing, employment mental health transportation and youth engagement. IROCK stands for Idaho Resources, Opportunities, Communities, and Knowledge
- In Region 4, The Idaho IL Program continued to work closely with Casey Family Programs in the delivery of IL services to youth 15 to 21 and for ETV to age 23 for youth enrolled in post-secondary education on their 21<sup>st</sup> birthday in Region 4.

- Region 6 IL staff renewed efforts to facilitate referrals from the Shoshone-Bannock Tribes' social service workers and set up a referral loop to ensure all eligible youth receive IL services. Regional IL staff assisted tribal social service staff in the development of an IL Plan for a youth in the custody of the tribe and have offered to assist with other IL Plans for tribal youth eligible for IL.
- Region 6 IL Coordinator worked with tribal social service representatives from the Shoshone-Bannock Tribes to improve communication and coordinate eligibility determination, plan development and service delivery for tribal youth who are IL eligible.
- On a state level, DHW continues to exchange information with tribal representatives at regular Indian Child Welfare Advisory Committee (ICWAC) meetings.

# **Training in Support of State CFCIP**

- In FY 2012, the state IL Coordinator conducted a formal orientation to NYTD and Idaho's IL Program to all regional staff.
- In FY 2012, the state IL coordinator delivers new worker orientation to Idaho's IL Program.

# **Trust Funds for Youth Receiving IL or Transition Services**

The Idaho Child Welfare Program has not established a trust fund program for youth receiving independent living services or transition assistance.

# **Agency Efforts to Involve Youth in Planning**

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

# **Option to Expand Medicaid to IL Eligible Youth**

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

#### **Results of Indian Tribe Consultation**

• Regional IL Coordinators worked with tribal social service staff in their areas to collaborate on processes for delivery of IL services and supports to youth in Tribal custody or Tribal youth in IDHW custody. In Region 6, this resulted in clarification of processes to apply for IL services and supports as well as ETV and improved the relationship of IDHW and Tribal staff in delivering IL services to Tribal youth.

Only one tribe in Idaho has expressed an active interest in directly administering
the CFCIP or ETV program. The Department has offered to work with the tribes,
sharing the Department's standards and processes that are required for IV-E funding
and CFCIP.

# **NYTD Implementation**

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

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

### **Education and Training Voucher Program**

- Specific accomplishments and progress to establish, expand, or strengthen Idaho's postsecondary educational assistance program to achieve the purpose of the ETV program are described above in Section E, under specific accomplishments for FY 2012 and Plans for FY 2013. Number 7 specifically states "Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care."
- Idaho's ETV program is entirely administered by the child welfare agency. Contractors in some regions assist youth with ETV Applications, but all ETV applications are submitted to regional IL Coordinators and forwarded to the state IL Coordinator.
- Attachment F. contains the ETV information matrix.

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

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

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

Target Date: 2010 Completed: 2010

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

Target Date: 2011 Completed: 2011 - Ongoing

The state IL Coordinator conducted a formal orientation to Idaho's IL Program to two new Regional IL Coordinators. IL Orientation is delivered to all new regional

coordinators, even if they have worked in the program previously because the duties of the coordinator include additional tasks and require a broader knowledge of the CFCIP.

Strategy 1.3 The percent of eligible youth with IL Plans will increase to 60%, based on data in FOCUS, the child welfare program's data system. Target Date: 2013

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

Target Date: 2010 Completed: 2010

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

Target Date: 2013

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

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

Target Date: 2010 Completed: 2010

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

**Target Date: Ongoing** 

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

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

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

Target Date: 2010 – Complete

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

**Target Date: Ongoing** 

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

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

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

Target Date: 2010 Completed: 2010

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

Target Date: 2011 Completed: 2010

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

**Target Date: 2011 - Ongoing** 

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

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

Target Date: 2012 Completed: 2012

# PROGRAM CONTACT

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#### INTER COUNTRY ADOPTIONS

In 2011-2012, one child adopted from Haiti entered Idaho's foster care system due to abandonment. The child was initially adopted in 2005 by a family in California. That family voluntarily placed the child for a second adoption with another family in 2009. This adoptive family then relinquished their parental rights to the child without making an adoption plan. He entered foster care in Idaho at that time. The permanency goal for the child is adoption.

#### 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
  - <u>Education</u> All CPS staff, as defined above, must have at least a Bachelor's Degree in Social Work or a (very) closely related field.
  - <u>Licensure</u> All CPS workers must have a current Social Work license prior to employment and must be maintained during their employment. The Idaho Social Work license requires 20 approved CEU's per year to maintain the license.
  - Training Each new employee must complete 4 weeks of pre-service training. Training is not restricted to CPS workers, it is for all new 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.
  - o New employees cannot pass their 9 month probationary period if they have not completed all pre-service training sessions.
  - O Advancement Social Worker 1, 2 and 3 classifications have been developed. Social worker 1 is the entry level, 2 is an experienced social worker and 3 is an experienced social worker who is seen as having supervisory abilities and works closely with the supervisor to gain experience in "lead work," while still being under supervision themselves.
- Data on education, qualification and training of such personnel
  - See 100% requirements under education, qualifications and training requirements above.
- CPS personnel data. See below.

	d Welfare Staff graphics	Child Welfare Social Worker 1	Child Welfare Social Worker 2	Child Welfare Social Worker 3	Clinician	Child Welfare Supervisor / Clinical Supervisor	Total
Number of Fil	led Positions	23	140	34	3	35	235
	Bachelor of Social Work	22	101	26		17	166
Educational	Master of Social Work	1	38	8	3	13	63
Degrees	Master of Clinical SWk		1			1	2
	Other Degree					4	4
Average Year Welfare Expe		1.23	6.35	11.89	11.46	14	7.86
	White	23	128	34	3	34	222
	Black		1				1
Race/ Ethnicity	American Indian		1			1	2
Lumbity	Asian/ Pacific Islander						0
	Hispanic		10				10
Average Sala	ry \$/hr	\$18.34	\$20.10	\$22.59	\$22.61	\$24.28	\$20.94
	Retirements		3			1	4
	Dismissals	1					1
Staff Turnover	Lateral or Promotional Moves						0
	Voluntary Resignations	4	19	2		1	26

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

From July 2004 to December 2010, the Department conducted caseload surveys to measure the capacity of staff to meet demand for their key areas of workload: intake processing, assessments, in-home services and out-of-home (or placement) services. The Caseload Surveys were very taxing on regional staff to complete and presented a challenge for consistency given the cases had to be hand counted by each case-carrying social worker.

As reporting capabilities have expanded and data quality has increased in FOCUS, we were able to develop a model to study staff allocation by caseload. We are confident that more accurate caseloads are computed with this model as it utilizes our data system's reporting methods. Quarterly reports are run for the months of March, June, September, and December and are averaged to give a "typical month" count. The new caseload averages computed with this "typical month" count are different and not comparable to those computed using the Caseload Survey. However, this model gives a more accurate case

count and caseload average and has helped us determine a more efficient way to allocate staff across the state. The following table presents the statewide counts, by type of case, and the caseload averages from the four month counts.

Monthly Averages for Case Types	SFY 2009	SFY 2010	SFY 2011	% Change from SFY '10 to SFY '11
Intake	660	636	628	-1.3%
Assessment	789	797	727	-8.8%
In-Home Cases	289	310	327	5.5%
Foster Care Cases	1,859	1,691	1612	-4.7%
Total Cases (Monthly Avg)	3,597	3,434	3,294	-4.0%
Case-Carrying Staff FTE	201.6	196.6	199.8	1.7%
Total Regional FTE	334.63	325.33	330.47	1.6%
Caseload Avg. per Case-Carrying Staff FTE	17.8	17.5	16.5	-5.61%
Caseload Avg. per FTE	10.7	10.6	10.0	-5.5%

Child Welfare Social Workers have seen a 4% drop in the total number of child welfare cases in a typical month. Since SFY 2010, there has been a 5.6% drop in the caseload average.

# JUVENILE JUSTICE TRANSFERS

In Idaho, youth come under the purview of the Juvenile Corrections Act for an act that would constitute a criminal offense if committed by an adult. From April 1, 2011 to April 1, 2012, there were 20 youth who were in the custody of Idaho Department of Health and Welfare under the Idaho Child Protective Act who were subsequently transferred into the custody of the Department of Juvenile Corrections under the Juvenile Corrections Act.

A regional break down of the number of children under the care of IDHW who were transferred into the custody of the DJC (Dept of Juvenile Corrections) follows:

Region	# transfers to DJC
Region 1	4
Region 2	0
Region 3	6
Region 4	4
Region 5	2
Region 6	3
Region 7	1
Total	20

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, 2011 to April 1, 2012, 48 youth have been expanded from the Juvenile Corrections Act to the Child Protective Act. Below are the expansions to child welfare, by Region.

Region	# Expansions to Child Welfare
Region 1	16
Region 2	4
Region 3	10
Region 4	8
Region 5	2
Region 6	5
Region 7	3
Total	48

At this time we are unable to get an accurate count of the number of youth who were dually committed as a result of a Juvenile Corrections or a Child Welfare expansion.

#### PAYMENT LIMITATIONS REPORT FOR IV-B 2

State expenditures for Title IV-B subpart 2 for FFY 1992 were \$125,000 State expenditures for Title IV-B subpart 2 for FFY 2010 were \$406,349

Amount of IV-B subpart 1 federal funds spent on Foster Care Maintenance in FFY05 and every year since is \$318,384

Amount of non-federal funds spent to match the above in FFY05 and every year since is \$79,596.

# Health Care Services Update including Psychotropic Medication Use and Monitoring

#### ASSESSMENT

According to a GAO study in 2009, an estimated 80% of children in foster care have significant health care needs, including chronic health conditions, developmental concerns and mental health needs.

We will provide a context for the accessibility of healthcare in Idaho. Idaho has serious issues in the area of access to general and specialized health care. Idaho has the fewest doctors per capita in the US. Approximately one-third of Idaho's 44 counties have been designated Health Professional Shortage Areas (HSPA) by the federal Health Resources and Services Administration.

The availability of direct health care services is one of Idaho's largest challenges. Of Idaho's 44 counties, 41 are federally designated as Primary Care Health Professional Shortage Areas (HPSAs), 38 are Dental HPSAs, and all 44 are Mental HPSAs. HSPA's are Health Professional Shortage Areas and are designated by the federal Health Resources and Services Administration.

Idaho only has 67 primary care physicians per 100,000 population, compared to the national average of 99, and 61.5 percent of Idahoans lack access to mental health care, compared to the national average of 18.4 percent.

In addition to primary care, dental care, and mental health care shortages, Idaho also has a dramatic shortage of every medical specialty. Idaho has a rate of only 40 specialist physicians per 100,000 population, compared to the national average of 97.

Idaho ranks 49th among the 50 states (50th if the District of Columbia is considered) on the total number of physicians in the state with 198 per 100,000 population which is 66 percent of the national average. The physician shortage is likely to become more acute due to an aging workforce. Using data from the American Medical Association, it was determined that 40 percent of Idaho's physicians are age 55 or older and that 21 percent are 65 or older. Idaho has the 6th oldest physician workforce in the country. To complicate the shortages further, the reports suggest that the population of Idaho is expected to increase and was ranked 8th in growth rate between 1970 and 2000. To resolve the physician shortage, Idaho is looking for ways to expand medical education in the state. Without a medical school in Idaho, the state relies on and subsidizes 18 WAMI (Washington, Alaska, Montana and Idaho medical education consortium) seats and 8 Utah seats. With only 1.82 first-year medical school seats per 100,000 population, Idaho ranks 48th in the nation and the state is looking for new ways to open doors to medical education for Idaho students.

Looking forward, Medicaid is implementing a model of "medical homes" for mentally ill and developmentally disabled populations. This would include SED youth and youth with Developmental Disabilities. Medical home providers will also be incentivized to place patient records into an electronic health data exchange. This would allow multiple providers to enter a single record to view and/or record new and relevant information. The electronic record could follow the patient should they elect to change providers. Ideally, the medical home will use a team approach to coordinate care between providers. For children with significant psychiatric diagnoses, the shared electronic data exchange will provide significant continuity that currently rests of the initiative of multiple individuals.

The following assessment was based on conversations with multiple Medicaid staff, CFS Supervisors and Chiefs of Social Work.

**STRENGTHS:** According to the present assessment, there are a number of strengths in regard to meeting the health care needs of Idaho children in foster care:

- Approximately 80% of children and youth entering foster care are already receiving Medicaid and have a Primary Care Physician (PCP) through the Health Connections (HC) program. Sometimes the child has a history with that PCP, other times the parent has not selected a PCP and one has been assigned by HC and the child has not seen the provider. Regardless of the child's pre-removal status, all children and youth in foster care are covered under Idaho Medicaid. Medicaid representatives both at Central Office and in the field offices are familiar with the needs of foster children and the challenges of serving this population.
- Idaho Medicaid has a mandatory managed health care program named Healthy Connections (HC). Every Medicaid recipient is assigned a Primary Care Physician (PCP). The primary care physician acts as the child's health care coordinator, referring to specialists as needed and overseeing the medical care of each child patient. HC discourages changing of PCP and indicates that the majority of the PCP changes for children in foster care occur are a result of the child moving out of the community. According to HC, only the social worker can approve a change of PCP. It is assumed by HC that the social worker can carefully considered the risks and benefits of changing the child's PCP and the disruption that presents to the child and to the continuity of care. Workers are encouraged to keep the child with their pre-removal PCP whenever possible.
- In many Idaho communities there are specific clinics that see foster children. These clinics routinely work with Department social workers, bio parents and foster parents around the health care needs of foster children. They become familiar with the children and the issues related to children being in foster care.
- Administrative rule and practice standards related to health care provide clear expectations for social workers and resource families.

- Meeting the physical and mental health care needs of children in foster care is addressed in Continuous Quality Improvement case reviews. Results over the past10 years have met goal and remained consistently high. Over the past year, the physical health goal was met by a score of 92%.
- Two mechanisms are in place to expedite the child's Medicaid eligibility and status. There is a 24/7 call line where the case worker or other regional CFS staff can get the name of the child's current PCP. Resource Development Unit in CO is available to quickly troubleshoot Medicaid eligibility issues for foster children.
- Referral for Continuous Medicaid keeps kids who are on Home Visit or reunified from being dropped abruptly from Medicaid.
- In a couple of areas of the state, there are foster care clinics such as the Family Justice Center, CARES etc.
- Youth leaving the foster care system at age 18 as well as those continuing care, receive a Health and Education Passport with all relevant information which may be needed by the youth. Items include the youth's birth certificate, immunization record, etc.
- Clinics specializing in the diagnosis and treatment of HIV/AIDS or clinics familiar with health issues for LGBTQ do exist, but are limited. Most youth rely on their Primary Care Physician to address sexual health issues.

# **CHALLENGES:**

- The Division of FACS lacks medical personnel both at a central office and at a local level to provide medical direction and/or consultation to the Division or to field staff. From time to time the regions have contracted with a public nurse to provide direct services and consultation. While seen as very helpful, as contract dollars have dried up, so has this capacity.
- Documentation in the child's electronic record, both of history and current visits, treatment plan, diagnoses and medications is a huge challenge. The child's physician maintains a record, the foster parents are expected to document results of physician visits including medications, and social workers are required to complete medical information in the FOCUS SACWIS system. This is a haphazard system for tracking health care utilization and status. Occasionally staff request Medicaid claims data which provide reliable information about visits, diagnoses and medications.
- Currently there is not adequate surveillance to determine what chronic health conditions are most prevalent in foster children and how workers and resource

parents can become more knowledgeable about the management and treatment of these conditions.

- Lack of regular communication between Divisions of Medicaid, Health and FACS related to the health concerns of children and youth in foster care.
- Some areas of the state, timely access to Medicaid dental is difficult.
- Currently Idaho has very limited use of tele-medicine for children in foster care with very complex health care needs. More recently the technology has been made more readily available.

#### **Health Care Values**

# • Care should be provided in a manner sensitive to the child

Avoid additional trauma Avoid repetitive and any unnecessary procedures Use familiar providers whenever possible

## • Continuity of Care is important

Because of the relatively short LOS for the majority of kids in care, there needs to be good health care transitions at removal and reunification Attempt to keep child in their "medical home"

# • Access to care is important

Balance continuity, complexity of child's need and location of child's current provider

When a new provider or additional provider is warranted, will child be able to continue to see that provider upon return home

Available and flexible providers are needed

#### • Quality of care is important

Children need high quality services Children need and deserve culturally competent services Monitoring outcomes through data is critical Monitor via CQI

# • Integration

Collection of health information at various encounters with family

#### Partnership

More than the Department's internal resources are needed to solve these issues.

# **Improvement Plan**

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

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

**Date Due: 2013** 

**Strategy:** Supervisors will monitor documentation of physical and mental health

needs and services in FOCUS.

Date Due: 2013

Goal: Increase worker and resource family understanding of the importance of the "well being" goal.

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

**Date Due: 2013** 

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

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

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

# Oversight and Use of Psychotropic Medications for Children in Foster Care

What is described in this assessment and plan is in process toward the goal of better oversight of the use of psychotropic medication with children in foster care.

We initially began in the Fall of 2011, by considering a collaboration application to the Center for Health Care Strategies to improve the oversight, monitoring, and appropriate use of psychotropic medications for the foster care population forwarded to the Child Welfare Program from Medicaid. We decided against applying as the collaboration would require additional data collection and reporting that we were not prepared to provide at the time. However, we did want to form a workgroup to develop a Child and Family Services policy to monitor the appropriate use of psychotropic medications for foster children.

Workgroup meetings were held January 29 and February 29, 2012. Participants included the following representatives:

Child and Adolescent Psychiatrist

Pediatrician

Program Specialist from IDHW Children's Mental Health

Director, Supreme Court, Child Protection Program

Resource Parent

Regional Child Welfare Supervisor

Regional Social Worker

Director, statewide CASA/GAL programs

University partner/embedded trainer

Director, Casey Family Programs

2 Program Specialists, IDHW Child and Family Services

IDHW Medicaid Pharmacy Program Supervisor

During the first session individual members of the group verbalized their concern about how much medication foster children were being prescribed and their frustration with trying to work in this portion of the health care system as it currently exists. After organizing the ideas presented, the 2<sup>nd</sup> meeting was focused on possible solutions. This input formed the basis of the draft Department plan for Oversight and Use of Psychotropic Medications with Children in Foster Care. Another meeting is planned for June 2012 where workgroup members will be updated and work will continue.

During the meetings, information about upcoming webinars was shared as was a (linked) bibliography and copies of some of the most frequently referenced articles on the subject of psychotropic medications use with children in foster care.

# Past and Current Efforts to Positively Impact Prescribing Practices

As a result of this current collaboration we discovered that the IDHW Division of Medicaid Pharmacy Program has been making concerted efforts to address the issues of foster children receiving psychotropic medication over the last 3-4 years. This includes a replication of a 2008 GAO 6 state study conducted in Idaho in both 2008 and 2011. Results indicated that, when the same drugs were assessed, 42.9% of Idaho's Medicaid foster population was being prescribed at least one psychotropic medication. This appeared to be a significantly higher percentage than the comparison states for the same list of drugs. Other comparative state data is not as useful as data is not often collected for the same drug list. It is clear, however, that this rate is high and could benefit from further scrutiny. Idaho's Medicaid non-foster psychotropic medication usage rate is 14%, also higher than the comparison states in the GAO study.

Most recently, Medicaid has made efforts to assure the appropriate use of psychotropic medications with particular focus on atypical antipsychotic medications. They received a grant for academic detailing which involved targeting the most frequent prescribers of certain psychotropic medications for children in foster care. Prescribers were provided with additional education and information to help balance the drug detailing provided to them by drug sales representatives. Drug sales reps are often the physician's primary source of drug information. These interventions were not also well received by a number of the most prolific prescribers.

A 1990 report by the Department of Health and Human Services concluded the nation should have over 30,000 child psychiatrists but there are less than 7,000 currently practicing in the nation. Only three counties in Idaho have a child and adolescent psychiatrist providing services. In Bannock County (Pocatello), there is one per 27,500 population, in Ada County (Boise) there is one per 64,100 population, and in Kootenai County (Coeur d'Alene) there is one per 43,500 population.

An effort by IDHW Division of Behavioral Health and local Boise providers several years ago was the MATCH program. MATCH was a several year grant designed to "match" primary care physicians, pediatricians and nurse practitioners with a child and adolescent psychiatrist for the purpose of consultation. This model provided the continuity of care needed, but also augmented the tools available to the non-psychiatric practitioner. With the ending of the grant, the program continued on private funding, but eventually expired.

Currently the Medicaid Pharmacy system has a "hard stop" at the point of delivery (local pharmacies).. A current example is the hard stop on any psychotropic medication for a child 5 years and younger. The pharmacist will not be able to fill the prescription without a prior authorization completed by the prescriber and approved by a Medicaid clinical pharmacist. When the PA is reviewed, it may result in a request for additional information,

it may be denied or result in feedback to the prescriber regarding specifics about the medication and why it is not being pre-approved.

Medicaid Pharmacy Data is not yet available. We anticipate having information on prescriber, age of children, location, type of medication prescribed, denial of PA's.

# Protocol Requirements per PI-12-05

Comprehensive and coordinated screening, assessment and treatment planning mechanism to identify children's mental health and trauma-treatment needs (including psychiatric evaluation as necessary to identify needs for psychotropic medication).

## Issues to address:

Who does MH screening and trauma assessment?

When to refer for comprehensive assessment?

Who can do that assessment and treatment planning?

Issue of specialist availability

To whom does one refer to for psychotropic medication?

What are the minimum qualifications of those individuals?

What is the role of the CFS case manager in coordination?

Informed and shared decision-making (consent and assent) and methods for ongoing communication between the prescriber, the child, his/her caregiver, other health care provider, the child welfare worker and other key stakeholders.

# **Issues to address:**

Where is the locus of consent? Parent and provider, child and provider Formal vs. informal consent and assent. Written vs. verbal

Effective medication monitoring at both the client and agency level.

#### **Issues to address:**

Agency level can probably best be done by Medicaid.

Case worker needs to be sure that the prescriber has all the information they need to prescribe appropriately.

Governed by a treatment plan.

Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist (at both the agency and individual case level).

## **Issues to address:**

Where are the resources to support this level of practitioner or consultant?

Mechanism for sharing accurate and up-to-date information related to psychotropics to clinicians child welfare staff and consumers. This should include both data sharing

mechanism (e.g., integrated information systems) and methods for sharing educational materials.

#### **Issues to address:**

No integrated data systems and not likely.

Educational materials – vetted and distributed via training, on-line availability, FAQ's, information on trauma informed treatment options

# Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Strategy:** Get legal advice regarding the consent process

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

**Strategy:** Develop procedure and add to CFS standard

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

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

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

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

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

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

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

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

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

A draft of the Department's Child and Family Services program is included as Attachment A(2)