

The State of Idaho
“Keeping Children Safe”
Citizen Review Panels
Statewide Annual Report 2007



With IDHW Response
April 2008

Idaho's "Keeping Children Safe Panels"

Recognizing the importance of public participation and community engagement, beginning in 1995, the Idaho Department of Health and Welfare (IDHW) organized citizen review panels in each of its seven regions to examine how Idaho's Child Protection System works and to make recommendations for improving the system. The panels have focused on providing an independent analysis of how the child protection system responds to abuse and neglect and the overall community supports for children and families in crisis.

In 1996, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA). In its amendments to CAPTA, Congress required that states must establish Citizen Review Panels by July of 1999 in order to receive funding for the Child Abuse and Neglect State Grants Program. While this was the impetus for many states and their Citizen Review Panels, Idaho developed its Citizen Review Panels several years prior to the requirement.

Idaho's Citizen Review Panels have elected to call themselves Keeping Children Safe Panels. Throughout Idaho, most of the panels meet monthly, review cases of child abuse and neglect, attend child fatality reviews, go to court, and observe the implementation of Department policies and procedures as they interact with families and other agencies. Once a year the panels submit a report of their collective experiences, findings and recommendations to the Director of the Department of Health and Welfare.

There are approximately sixty (60) Keeping Children Safe Panel members in Idaho. Once a year, they meet together to review their activities, share ideas, and receive additional training. Each panel member serves up to eight hours a month. These citizen volunteers have repeatedly demonstrated their commitment to Idaho's children and a willingness to involve themselves in the work of making our communities safer for children.

On October 20, 2007, during their annual statewide meeting, the Keeping Children Safe Panel members discussed their regional issues and concerns. Their findings are summarized in the following *Keeping Children Safe Statewide Panel Recommendations 2007 Report*.

Introduction

The following report includes the original KCS Panel Recommendations for 2007 and the initial Department response as of April 2008. A final response from the Department will be available in October 2008. Although some regions have provided specific responses in this report, all regional programs are involved in Keeping Children Safe activities on a local level. Specific regional responses are included under the applicable recommendation and response.

These recommendations are listed by category and are not delineated by priority.

I. Prevention

A. Child Abuse and Awareness

In many communities there is a negative stigma regarding the Department of Health and Welfare. We propose to work within our communities to help promote a more positive image of the Department. We feel that there would be more people readily available to approach the subject of child abuse and neglect. We would like to see funding available to help get more information to our communities about child abuse and neglect.

Recommendation:

The Department needs to have more funding to bring awareness to the communities for child abuse and neglect.

Department Response

Education and community awareness of issues related to child abuse and neglect are important in reducing both the negative stigma that is sometimes associated with the Department as well as people's readiness to identify abuse and neglect concerns. Primary responsibility for bringing awareness to the communities for child abuse and neglect prevention is delegated to the Idaho Children's Trust Fund. The Idaho Children's Trust Fund was established by an act of the state legislature in 1985 to assist private and public agencies in identifying and establishing community-based educational and service programs for the prevention of child abuse and neglect. The role of the Idaho Children's Trust Fund is to support community based efforts to prevent the occurrence of child abuse and neglect. Part of this work includes dispersing information to Idaho's communities about these issues. To coordinate activities between the Department of Health and Welfare and Idaho Children's Trust Fund, a Children and Family Services Department employee is appointed to serve on the Idaho Children's Trust Fund Board.

Through The Idaho Children's Trust Fund, grants of \$2,500 are available to each region as seed money to raise awareness of child abuse during Child Abuse Prevention Month each April. The Trust Fund also sponsors an annual Strengthening Families to Prevent Child Abuse conference that brings practitioners from throughout the state together for two days to learn about best practices and innovations in the field.

This year, The Idaho Children's Trust Fund provided facilitators training on Nurturing Parenting™. It was also chartered as the state affiliate of Prevent Child Abuse America, joining 40 other states in efforts to prevent child abuse and neglect throughout the nation.

The Idaho Children's Trust Fund disperses grants, and provides training and technical assistance to programs throughout the state that work directly with children and their families. Each year, The Idaho Children's Trust Fund distributes approximately \$50,000.00 in Annual Grants throughout the state. The maximum grant available to programs per year for annual grants is \$5,000.00 for a 12 month period. The funding is available for small projects that are able to make a significant difference in Idaho communities. Each year, the Idaho Children's Trust Fund funds 20 programs throughout the state. Grants make the following activities possible in communities throughout the State:

- Parent education;
- Visits with new families in hospitals;
- Support groups for families with children with disabilities;
- Training for working with blended families.

The Idaho Children's Trust Fund also offers Multi-Year Grants, which provides \$40,000 over three year's time with successful completion of the previous year's outcomes. Through these grants there are six programs that will be completed this year and six more that are about to begin.

In addition to distributing grants, the Trust Fund provides a variety of opportunities throughout the year to strengthen and support organizations working with at risk children and families. The Idaho Children's Trust Fund provides ongoing technical assistance with a strong emphasis on outcome accountability and sustainability.

Regional Activities:

- Region 2 is working with the Idaho Children's Trust Fund on a grant to fund a free lunch for first grade parents in April to support strengthening families.
- Region 6 staff are currently participating with other community members in a committee that is planning activities for April Child Abuse Prevention Month utilizing the Children's Trust Fund grant available to each Region. They hope to develop some ongoing activities around prevention in the future.

B. Community Resources for Families Program (CRFF)

As a Citizen Review Panel for Idaho, we are committed to the reinstatement of the Community Resources for Families Program (CRFF) in local schools as an effective prevention program for Idaho families. We believe this is an essential way to provide early intervention services to families in the community setting, to help them help themselves. These services have been proven to be very effective in increasing child well-being, school readiness, and family self-reliance. For the past several years, the KCS statewide annual report has included a recommendation for the Department to advocate for the reallocation of funding to restore Community Resource workers in all school districts. The reallocation of funding by the legislators has not been possible up to this point.

Recommendation:

The Department should secure dedicated funding, including a workable match of state and school district funds, to increase the availability of CRFF for all school districts.

Department Response

The Department agrees with the benefits of expanding the CRFF program to include all school districts. Unfortunately, this has not been possible due to funding issues. The CRFF program is funded through a combination of TANF funds and funds from the school district. The availability of TANF funds have changed and are reduced. This reduction makes an expansion of TANF supported programs such as the CRFF program unfeasible. On the positive side, the CRFF program has not been scaled down even though there was a change in the availability of TANF funds in general.

Regional Activities:

- In Region 2, the Moscow school district contacted DHW about applying for grants to reinstate the program in their district. That would be possible when another district drops the program.
- Although Region 3 does not have a contract or FTE assigned to the role of community response worker, they are working closely with the community to address the needs of individuals there. This includes out-stationing staff to community settings and sharing office space with community partners, including local law enforcement and public health providers.
- Region 6 has the CRFF program in two districts. They would like to expand the Soda Spring contract to full time if funds were available.

C. Navigation

The Department needs to continue its support of Community Worker Programs and the Navigation Program and their ability to provide short term case management, family centered practice, and family assistance funding.

Recommendation:

Navigation services should be continued, supported, and more mobile and accessible to people who aren't able to access Navigation in Health and Welfare offices.

Department Response

On-going efforts have been made to support Navigation services and make those services more accessible to people who are unable to access Navigation on-site at the regional Health and Welfare offices. In the past year, Navigation has increased its presence in rural areas such as Riggins and throughout Eastern Idaho, as well as with tribes. There are currently 24 full-time navigators statewide. These 24 navigators are dispersed regionally as described in the table below:

Region	Number of Navigators
1	4
2	3
3	4
4	4
5	3
6	3
7	3
Total Statewide	24

Navigators are also able to access family assistance funding for clients they serve. Family assistance funding for kinship care has been secured through Casey Family Programs as well as through the Fraternal Order of the Eagles. This funding assists relatives in providing a more normalized experience for children in foster care. For example, a child may have been previously enrolled in a sport prior to their foster placement and is need of equipment so that they can continue to participate while in foster care. This funding is provided through the Casey Family Program.

D. Educational Neglect

We are concerned about education neglect. There is currently no accountability to be certain that some children are receiving adequate educations who are not enrolled in school. We understand opposition of some home educators concerning their individual rights. However, while we applaud those home-schooled students who often receive superior education, we remain alarmed that home-schooling provides an opportunity for neglectful parents to hide their children from the public. We are concerned about:

- a. Children who may be kept home to avoid detection of abuse; and
- b. Children who are not given adequate education opportunities.

Given the results from the BSU (Boise State University) report “Educational Neglect and Compulsory Schooling in Idaho,” there are 13,954 reasons to take action.

The 2,921 Idaho dropouts from the academic year 2002-2003 will generate a net loss of between \$1.5 billion and \$2 billion to the Idaho economy over their work careers.

Less than half of Idaho school districts were able to estimate the number of home-educated children within their districts. For the 2001-2002 school year, nearly 680,000 students attended more than 2,700 charter schools.

Recommendations:

- 1. The Department of Health and Welfare should partner with the Department of Education and the Home School Association to ensure that all children in Idaho are receiving an adequate education by defining educational neglect and developing a standardized monitoring and testing system.**
- 2. The Department needs to work with this committee to specify the criteria for educational neglect, making it more feasible for law enforcement and child welfare to investigate, fund, and act on the problem.**

Department Response

The Department is working with the Governor’s Children at Risk Task Force on the issue of educational neglect. During this last year, the Children at Risk Task Force reviewed other states’ statutes that address educational neglect. In strategizing how the definitions of the Idaho Child Protective Act could be revised to make it more feasible for law enforcement and the Department to investigate concerns of educational neglect, the Task Force has recommended a revision to Idaho Code Section 16-1602 to clarify what is meant by educational neglect. Below is the proposed amended statute:

16-1602(25) “Neglected” means a child:

(a) Who is without proper parental care and control, or subsistence, education, medical or other care or control necessary for his well-being because of the conduct or omission of his parents, guardian or other custodian or their neglect or refusal to provide them; provided however, no child whose parent or guardian chooses for such child treatment by prayers through spiritual mans alone in lieu of medical treatment, shall be deemed for that reason alone to be neglected or lack parental care necessary for his health and well-being, but further provided this subsection shall not prevent the court from acting pursuant to section 16-1627, Idaho Code; or

(b) Whose parents, guardian or other custodian are unable to discharge their responsibilities to and for the child and, as a result of such inability, the child lacks the parental care necessary for his health, safety or well-being; or

(c) Who has been placed for care in adoption in violation of law; or

(d) As used in Section 16-1602(25)(a), “without proper parental care and control, or subsistence, or education . . . shall mean the failure to comply with Idaho Code 33-202.

Idaho Code 33-202 comes from Chapter 2, of the education code and addresses attendance at schools. More specifically it states:

33-202. School Attendance Compulsory. The parent or guardian of any child resident in this state who has attained the age of seven (7) years at the time of the commencement of school in his district, but not the age of sixteen (16) years, shall cause the child to be instructed in subjects commonly and usually taught in the public schools of the state of Idaho. Unless the child is otherwise comparably instructed, the parent or guardian shall cause the child to attend a public, private or parochial school during a period in each year equal to that in which the public schools are in session; there to conform to the attendance policies and regulations established by the board of trustees, or other governing body, operating the school attended.

By using the standards of what is commonly taught in subjects in public or private schools, this revision would define the lack of curriculum and/or instruction as educational neglect, thereby providing criteria to law enforcement or the Department to investigate allegations of non-schooled children.

In December 2007, the Children at Risk Task Force Chairman met with the President of Idaho’s Home Schooling Association to support the proposed legislation. As a result of the meeting the President of Idaho’s Home Schooling Association gave the following response through an e-mail:

1. “We like the existing laws;
2. We don’t see your proposal as a marked deviation from the current statutes; and
3. We would not expect to oppose your efforts unless we detect some negative impact on home schooling as the bill moves through the legislature.”

The Chairman of the Children at Risk Task met with a representative from the Governor's Office to gain his support and a couple Task Force members approached two Senators to sponsor the proposed legislation. Although the Senators showed interest, the proposed legislation was not introduced during this legislative session.

The Children at Risk Task Force will invite the two Senators to a Task Force meeting this spring to encourage them to go forth with the recommended legislation next legislative session.

II. Retaining Professional Quality Staff

The following recommendation is made by the citizen volunteers to the Keeping Children Safe Panel, and is placed into the recommendation without editing by the Department of H&W staff. This has been unanimously endorsed and supported by the entire State Keeping Children Safe Panel.

Important skills and training are being lost from the Department of Health & Welfare. Within every region, Keeping Children Safe Panel members can recall the skills and training of important professionals and staff being lost. These losses were usually to pursue employment opportunities elsewhere. Often these lost staff members leave the Department because of a lack of professional challenge and recognition, and/or to improve their financial position.

The Keeping Children Safe Panel recognizes that the dangers of this continued drain of talented, trained, and experienced staff reduces the safety net for the Idaho's most vulnerable children. Continued staff losses affect the efficiency of the Department and result in either increased cost or decreased production. Idaho needs highly skilled professionals in the Department of Health and Welfare.

Compounding the Problem

1. Health and Welfare staff have had long "dry" periods with little or no increase in their salaries.
2. Professionals within the Department are not allowed to practice their profession outside the Department on a part-time basis.
3. The Department does not have a clear, well-established career ladder which staff can advance without going into management.
4. Several staff and professional members perceive few, if any, opportunities for personal advancement.
5. Good job performance needs to produce a more tangible recognition than a pat on the back, if we are to have a positive impact on moral and increase self worth in the staff.

A Positive Start

Recently both the Idaho State Legislature and the have taken positive steps by a recent pay raise and investigating a career ladder. We of the Keeping Children Safe Panel applaud these efforts and the individuals who have brought them about.

Recommendations:

- 1. That the Department continue to develop a career ladder for employees that combines:**
 - a. Advancement for additional training from in-services and university trainings.**
 - b. Placement on a longevity scale, so each employee will have an increased income each year**

competency along with classroom learning. Discretionary increases are distributed, as available, to employees according to professional conduct and performance.

Regional Activities:

- Region 4 makes every effort to identify employee development opportunities, including the identification of employee training and development objectives that are mutually defined by the employee and supervisor in the employee's performance plan/review. Training opportunities, coaching, mentoring, and on-the-job activities are then identified for staff based on their personal and professional learning and development needs.
- Region 6 continues to make efforts to provide professional opportunities for professional growth including training related to employee development plans.

III. Foster Care

The panel recognizes and respects the contributions foster parents and families provide to the community. In order to better assist the families in their efforts, we recommend the following:

Recommendations:

- 1. Review and update Department policies and standards to allow children in foster care to participate in the same activities as their foster parents' own children.**

Department Response

Although CFS entrusts the foster child's day-to-day physical and emotional care to the foster parents, foster parents face a unique situation in that they "share" the child's parenting with both CFS and, most often, the child's birth parent who maintain parental rights and responsibilities. As a result each child's ability to participate in the same activities as their foster parents' own children must be weighed on a case by case basis; always considering the perspective of all "parents" in addition to the background and abilities of each child. The Department has provided a written standard of practice (Foster Care Recreation Policy) to help facilitate the decisions made regarding the child's recreational abilities and opportunities. Although all decisions must be made with consideration of each "parents" desires, there is room for individual variances approved by the Division Administrator.

It is recognized there is work to be done to improve the written practice standard to meet the needs of the foster child and all parties involved in parenting the child. As requested by the KCS Citizen Review Panels, the practice standard will be reviewed and improvements will be made within the next six months to better facilitate the process of approving and offering recreational opportunities for foster children.

Regional Activities:

- Region 4 continues to provide foster youth with opportunities for engagement in activities that other children typically experience. These take the form of recreational, educational, social, and other activities.
- 2. Develop a checklist for foster parents to help facilitate the scheduling of medical, dental, and other appointments as deemed necessary and timely within Department standards. This checklist should be offered by the social worker at the time of placement as well as being made available on the Department's web site.**

Department Response

CFS believes that a checklist, to help foster parents facilitate the scheduling of medical, dental and other appointments for the foster child, would be helpful as a resource to foster parents as well as a way to assure timely care. Potential checklists to help facilitate scheduling of foster children are being reviewed. The checklist will be developed with the approval from both the Resource Family Board and the Idaho Foster and Adoptive Parent Association.

Regional Activities:

- Region 4: Children in care routinely receive appropriate services to meet their medical and dental needs, beginning with a health screening and immediate attention to medical/dental as they enter care. The *Alternative Care Plan* addresses the individual child's medical, emotional and dental health needs and currently serves as a method to facilitate attention to these needs.

3. Advocate for an increase in funds for foster care reimbursement, training, and support services.

Department Response

This year CFS did not request an increase in foster care reimbursement from the Idaho Legislature. Rather, priority was given to requesting an increase in child welfare staff. An increase in foster care reimbursements will be one of Children and Family Services' top priorities during the 2008-2009 Legislative Session.

Regional Activities:

- Region 2 has established foster parent peer mentors who have been a support to retaining foster parents and better hearing their needs in addition to being helpful in recruitment. There are currently five active peer mentors who assist with contacts and support to licensed foster parents as well as being involved in community efforts to gain new foster parents.

4. Partner with the Red Cross, local hospitals, or the American Heart Association to make CPR and First Aid training available in each Region two times per year. This would be in addition to training opportunities provided at the annual conference.

Department Response

The ability to provide CPR and First Aid Training on an annual basis will be added to the Resource Family Training Board as an agenda item for discussion and decision on how implementation would be feasible. Efforts will be reported to the KCS Panels.

Regional Activities:

- In Region 4, training of an identified group of foster parents in CPR/First Aid is being planned. Additionally, Region 4 facilitates a foster parent support group that meets monthly. Community resources, training and other supports are offered during this time.

5. Provide respite care budgets to each Region that will allow foster parents to access at least 10 days of respite care per year.

The ability to provide a designated respite care budget has been a Regional Program Manager decision. Respite is available to foster parents to access throughout the year as needed. Some Program Managers have limited the number of days reimbursed, while others have allowed respite on an individual basis uncapped. The KCS recommendation will be brought to the Program Managers' meeting for discussion. The decisions made will be reported to the KCS Panels.

IV. Older Foster Children

We are concerned that the older, aged-out, foster children are not being adequately served and/or tracked once they reach the age of emancipation. Therefore:

Recommendations:

- 1. The Department should evaluate the data management tools and reports so that accurate reports related to the Independent Living Plans and the completion of Ansell-Casey Life Skills Assessments will be generated.**

Department Response

The current Independent Living Data Report has been reviewed and requests for enhancements have been made to the FOCUS Group. During the Independent Living meeting scheduled for the Regional Independent Living Coordinators in spring 2008, additional data needs will be defined. Once defined, further data enhancements to FOCUS will be made and other data sources such as the Data Warehouse will be explored to identify the best sources of Independent Living data.

A final federal rule, the National Youth in Transition Database (NYTD), was published February 26, 2008. This rule implements the data collection requirements of the Foster Care Independence Act and requires States to collect and report data to the Administration for Children and Families on youth who are receiving independent living services and on the outcomes of youth who are in foster care or who age out of foster care. States will have to develop surveys to address the following data elements:

- Employment
- Education
- Personal Connections
- Housing
- At Risks Behaviors
- Medicaid/Insurance

Because States must comply with this federal rule no later than October 1, 2010, it is expected that the methods used to collect Idaho's Independent Living data will greatly improve.

- 2. The Department should conduct an analysis of the cost of extending Medicaid services to all eligible aged out youth until they are 21.**

Department Response

Although Medicaid is provided to youth to the age of 19 who voluntarily agree to continue foster care while they complete secondary school, Idaho has not yet made available continued Medicaid to age 21 whether or not the youth continues in foster care. Analysis of continued Medicaid and review of related IDAPA rules and statute is also a topic to be discussed during the Independent Living meeting in the spring of this year. The findings and decisions made by this group will be reported in the final response to the Keeping Children's Safe Panel.

- 3. The Department should develop a questionnaire to give older aged-out foster children a chance to express themselves when they leave the program. The results obtained through the use of these exit questionnaires will be given to regional managers for evaluation.**

Department Response

Idaho recognizes the importance of hearing from foster care alumni to improve services to youth as well as child welfare outcomes in the areas of permanency, safety and well-being. Youth were invited to participate in focus groups as well as the federal Children and Family Services Review (CFSR). Youth who participated in the CFSR on April 7th were asked for their willingness to participate further in the Independent Living meeting later this spring. An exit interview/questionnaire is a topic which will be shared in the Independent Living meeting and brought to the Foster Youth Alumni of Idaho (FYI). In April and May of this year, the Child Welfare Partnership Practice Board has planned three events throughout the state to bring foster care alumni together to participate in strategic planning regarding the forming of an Idaho Chapter of the Foster Care Alumni of America. Again, this will be a group that can be expected to consider current practice and recommend improvements including an exit interview/survey.

V. Data Management and Technology

Technology continues to provide greater opportunities to track and compile data and to enhance direct practice services. Two areas the KCS Panels would recommend the Department focus efforts would be:

Recommendations:

- 1. Video phones and camera-equipped computers should be provided in the Department as an option for preserving family connections. Family connections are often difficult to achieve because of separation caused by distance, treatment facilities, incarceration, or safety of the child.**

Department Response

The Department of Health and Welfare is working on a project with the Department of Corrections to implement the technology recommendations of video phones for visitation between children and their parents whom are incarcerated. Department employees have been in the research stage up to this point, and there was a survey taken at an Idaho Women's Prison. It was found that, out of the 129 women surveyed, only 16% did not have children. Of those whom did have children, 8% of the children were in State's custody. 34% of these children are being cared for by relatives other than their fathers.

Angela Fink will be working with the Department of Correction on the technology piece. The testing site will be the Women's Prison in Kuna or Pocatello. The community site will most likely be the Boise local CFS office. A committee will be formed to define the business practices and requirements for the project in April. This first location will be the pilot project. If everything goes well and there seems to be a positive outcome, the project will be expanded to the other prisons, including men's prisons. The goal is to have the project up and running by the fall of 2008.

The Department may also collaborate with Casey Family Programs to work with the children living in kinship care or with their fathers. There will also be research conducted on similar

projects which have been done in other states. This project will also include education around parenting and appropriate developmental progress of their children.

2. Develop a FOCUS report to track visits between:

- **Social workers and the children, their parents, and resource families;**
- **The children and their siblings; and**
- **The children and their parents.**

Department Response

The recommendation to develop a FOCUS report to track these visits has been completed. The visitation is now recorded to show the date, location, duration, all parties present, and the staff member who supervised. The SW/Foster Child Contact Report generates the following data for monthly Caseworker Contacts with children in Foster Care:

- Total Children Served in Foster Care
- Total Children Contacted Each and Every Month
- Total Contact Months for Children Contacted Each and Every Month
- Total Contact Months for Children Contacted in Residence
- Percent of Children Contacted Every Month
- Percent of Contacts That Occurred in Residence

The SW/Foster Child Contact Report generated from FOCUS also includes the Monthly Summary Narrative, which displays at the end of the report. The Report provides Responsible Staff with a management tool for evaluating monthly Caseworker Contacts with Foster Care children in the custody of the State of Idaho. The SW/Foster Child Contact Report displays totals and percentages for both the State and each individual Region (1-7). Children entering Foster Care at any point within a Fiscal Year are included in the report, though a Foster Care Placement must span an entire calendar month to qualify as a Contact Month. Also, multiple Caseworker Contacts within the same calendar month are counted as one Contact. Previously, the Contact Visitation Summary Report only displayed Month Served records by Client or Family. The report did not allow for monitoring of individual staff responsibility for Client and Family Contacts or Visits; this problem has been resolved. According to the FOCUS Update 3.08, created on March 12, 2008, the Contact Visitation Summary Report can now generate three separate reports based on the Client, Family, or Staff.

VI. Day Care

Keeping Children Safe is charged with reducing the risk in children's lives. Child care for parents employed during non-traditional hours may be unavailable, thus placing children at risk for potential harm. Lack of child care availability seems to be widespread regardless of socio-economics.

Recommendation:

Complete a statewide survey related to non-traditional child care hours (6 a.m. – 8 a.m., weekends, and holidays included) within a year.

Department Response

At the statewide KCS panel meeting held in October 2007, the Region 2 Keeping Children Safe Panel shared a survey and findings with the other regional panels related to day care for non-traditional hours. They urged panel members in other regions to complete surveys related to non-

traditional child care hours within this next year. Region 2 KCS panel members stated that the University of Idaho was available to assist with the survey. Given the CFSR review and multiple competing priorities, Children and Family Services will not participate in the statewide child care survey during 2008.

VII. Services

We recommend that there be increases and changes in the services that will benefit child protection, families and our communities. These service areas include legal representation for the Department of Health and Welfare, family service techs, mental health and substance abuse. We would like to recommend the following:

Recommendation:

Increase and change the following services to benefit child protection, families, and our communities.

1. Legal representation for the Department of Health and Welfare

Continue efforts to ensure that there is adequate legal representation in child protection cases. Child protection workers are not represented in court and the panel suggests the importance for this through furnishing the appropriate representation. We request that the officials of the Department of Health & Welfare address making the Department a party to the case in the Child Protection Act.

Department Response

Since October 2006, meetings have occurred including the Attorney General's Office, members of the Supreme Court Improvement Committee, IDHW's FACS Division Administrator, and the members of the Prosecutors Association. The purpose of the meetings is to explore more effective legal representation for Department social workers.

As an outcome of these meetings, the Department is advocating for clarification in judicial rule or Idaho statute that the Department is a party, and therefore has the right to adequate legal representation. Currently, some prosecuting attorneys have the perspective they represent the county or people of Idaho rather than the Department of Health and Welfare. Defining the Department of Health and Welfare as a party is the first step in ensuing improved legal representation for Children and Family Services.

Currently the Department does not have the support of the Attorney General's Office or the Prosecuting Attorneys Association to gain party status because financial resources are not in place to implement the change. However, the Department will continue to work towards party status, using both short and long-term solutions.

Work on the short-term solutions for Department representation began in September 2007. Since that time the Department has met monthly with members of the Supreme Court Improvement Committee and the Attorney General's Office to identify and address areas of the state where legal representation has been problematic. As a result of those meetings, the Supreme Court has taken the lead in scheduling meetings with two local judicial districts. Judges, prosecuting attorneys, deputy attorneys general, and Department staff have been included in the regional meetings to discuss local concerns that impact the permanency of children. The Supreme Court and the Attorney General's Office have put additional resources in place, allowing more court time in one judicial district. In collaboration with the Department, legal representation is now being monitoring in all judicial districts of the state.

In January 2008, in working on the longer-term solution of party status, the Department requested and received a one-day consultation with Margaret Burt, an attorney from the National Resource Center on Legal and Judicial Issues. She assisted the Department in clarifying the importance of party status and developing strategies and talking points the Department can use as it continues to work towards achieving its ultimate goal of party status.

In collaboration with the Department, the Supreme Court Child Protection Committee also hosted a meeting that included representatives from the Attorney General's Office, the Prosecutors Association, magistrates from each judicial district, and the Department. At this meeting Ms. Burt presented different models of agency attorney representation and best practice standards for agency representation. She pointed out it was "very uncommon for a child welfare agency not to have party status."

As a next step, the Department will conduct a cost analysis at phasing in the Deputy Attorneys General (DAG's) in representing the Department at specific points in the case. For example, the Department will explore how much it will cost to have the DAG's to represent the Department from termination of parental rights to finalization of permanency. Another cost analysis will include how much it would cost to have the DAG's take the case at the point of the adjudicatory hearing.

When resources are in place, the option of the Department becoming a party to the case will be more feasible. The Division of FACS will continue to advocate for improved legal representation for CFS social workers during all phases of judicial proceedings.

2. Family Service Techs

Increase the number of Family Tech. Positions. Currently these staff spend the majority of their time transporting children. The job description for these positions includes numerous other skilled tasks that provide direct service to parents and children. The Department needs to explore other methods to ensure safe transportation of children. This will allow current and additional Family Techs. To provide much needed services such as parent assessments, group and individual parenting education, mentoring, modeling.

Department Response

The Department submitted proposals for additional positions to be hired throughout the State. Research and analysis supported a need for more family service technicians. A limited number of Decision Units are chosen each year to be presented to the legislative committee for funding. This request for additional CFS positions was prioritized by the Department was submitted to the finance committee and was approved. The approval includes 18 new positions – 12 additional social workers and 6 new Family Service Technicians.

Family Service Technicians support social workers by taking on tasks those social workers currently perform, but do not require the skills of a social worker. This might include transportation of children, monitoring parent visitations, gathering information critical to risk assessments, and delivering education to families related to parenting and home

management. Client Service Technicians can free up valuable social worker time and can save the state money in personnel costs.

The number of Family Service Technicians currently varies by region. Statewide, the Department currently has 21 Family Service Technicians. These positions are a combination of classified positions within the Department, and contracts developed by Regional Program Managers. The statewide distribution of these technicians is described in the table below. Positions split in a job/share are reported as one full-time position, and not two part-time positions.

Region	Full-Time Family Service Technicians	Part-Time Family Service Technicians
1	0	0
2	0	2
3	2	6
4	4	0
5	4	2
6	1	0
7	0	0
Statewide Total	11	10

Regions have also utilized volunteers and student interns for transportation when necessary. The Department will allocate the six additional Family Service Technicians according to empirical measurements derived from the American Humane Association’s Idaho Child Welfare Workload Study. At this time, administration is analyzing how the six new positions will be distributed.

3. Children’s Mental Health

Treatment facilities should be closer to rural areas so the children don’t have to go so far from home for treatment.

Department Response

Rural areas of the state do not have the volume of placements to support residential centers in each community. However, the Chief of Children’s Mental Health in each region works with community partners to develop community resources and identify community gaps and needs. Children’s Mental Health is part of the Division of Behavioral Health and no longer in the same division as children and Family Services.

Residential treatment is on the more restrictive end of the continuum of mental health services and is only used when necessary. The Department’s goal is to serve children in their own homes and communities with community based services in place whenever possible. However, there are times when placing children in foster care in treatment facilities becomes necessary. The Department works with families to support their participation in their child’s treatment and maintain regular contact while in residential treatment.

A concern with residential treatment is that it lacks evidence to support sustained outcomes to show that it is an effective long-term intervention. However, therapeutic foster care does have evidence to support its efficacy. Many children placed in residential treatment, could

be successfully served in a therapeutic foster care setting if more therapeutic foster homes were available. Therefore, the Department is currently focusing on building up the capacity of therapeutic foster care in communities statewide. By strengthening therapeutic foster care, fewer children will require residential treatment, and more children will be able to be able to have their mental health needs addressed within their communities.

The Department formed a Therapeutic Foster Care Committee, in which the goal was to expand the number of quality therapeutic foster care providers in Idaho so that children will be able to have their mental health needs addressed within their own communities when possible. Department representatives from both Children Welfare and Children's Mental Health programs participate on the committee. This committee reviews the expectations, tasks, and necessary skill sets required of therapeutic foster care providers, as well as issues around recruitment, statewide consistency, reimbursement rates, certification, and on-going training.

Regional Activities:

- Region 3 has a total of five therapeutic foster homes operated by the CFS program, with two more scheduled to open this summer. In addition, the CMH team has two therapeutic homes and is in the process of recruiting additional homes.

4. Substance abuse

We recommend a stronger partnership amongst agencies at community, state, and federal levels to provide a comprehensive approach to substance abuse treatment. We recommend increased funding to the Department to facilitate this stronger partnership. Specifically we are concerned about the comprehensive treatment for the parents of minor children. We recommend the following ways to specifically use this increased funding and stronger partnership.

a. Assistance with transportation costs for participants.

Department Response

An avenue to assist with transportation costs to substance related treatment currently exists. Transportation can be made available to for all clients when needed. The request for transportation is initiated by the treatment provider once a treatment plan has been completed, by including assistance with transportation on the client's case plan. Reimbursement rates mirror Medicaid reimbursement rates. Transportation providers can enter into a contractual agreement with the Department through the Division of Behavioral Health to become eligible for this reimbursement. Substance abuse treatment providers can also follow the same process to reimburse their agency for providing transportation to their clients.

b. Increased space for both inpatient and outpatient clients

Department Response:

Idaho currently certifies 55 Substance Use Disorder Treatment Programs at 115 locations, almost double the number of providers that were certified two years ago. In addition, there are 15 more new programs in the approval process. Numbers of existing providers, as well as the number of providers currently undergoing the approval process to obtain certification, are provided in the table below by region.

Region	Number of Existing Providers	Undergoing Certification
1	14	1
2	12	0
3	15	2
4	17	7
5	13	2
6	18	1
7	23	1
Other	City of Ontario - 2	Tribal - 1

c. Aggressive comprehensive methamphetamine education for school age children.

Department Response:

The Department only funds comprehensive, evidence-based programs with its prevention funds. Research has shown that single drug specific education is not as effective in preventing use as comprehensive drug prevention programs. Within this context, methamphetamine is addressed along with other drugs of abuse such as alcohol, tobacco, marijuana, and prescription drugs. Funding is channeled to drug prevention programs such as after school programming, parenting programs, and coalitions. The link below shows all of the prevention programs broken out by region under Regional Prevention Snapshots: <http://preventionidaho.net/RegionalPreventionPlans.aspx>

Each Regional Prevention Snapshot shows basic substance abuse prevention participant demographics, the prevention providers, programs, locations and the number of participants served in SFY 2007. The Snapshot also shows the prevention providers, locations and programs being delivered in SFY 2008.

Regional Activities:

- Region 6 is starting a Family Treatment Court (Child Protection Drug Court) with grant funds this year. The addition of Recovery House to the options available in Region 6 has significantly enhanced the services available for women and children.

Thank you to the following **Keeping Children Safe Panel** members:

Region I

Wilfred Ross – KCS Co-Chair
Verna Gabel – KCS Co-Chair
Jim McCuaig
Beverly McCuaig
Claudia Burtelow
Darleen Castillo
Mary Vail
Leah Stern
Ralph Kennedy – DHW Liaison

Region II

Doris Ferguson – KCS Chair
Jean Roberts
Judy Hanby
Lura Abbott
Douglas Giddings
Kitty Geidl
Gaylene Strandbakke – DHW
Brad Forth – DHW Liaison
Jennifer Chaffee – DHW Support

Region III

Dyann Aspiazu – KCS Co-Chair
Lorri Robb – KCS Co-Chair
Vivienne Bristol
Arleen Volgamore
Amy Bava
Travis Cronin – DHW Liaison

Region IV

Robert Specht – KCS Co-Chair
Tom Turco – KCS Co-Chair
Charlotte Larson
Donna Parks
Mary Stackle
Steve Olson
Sheri Conrad – DHW Liaison
Sara Shultz – DHW Support

Region V

Wes Fields – KCS Co-Chair
Midge Fisher – KCS Co-Chair
Hillari Walker
Lorie Nebeker
Jaime Nava – DHW Liaison

Region VI

Charlie Piquet – KCS Chair
Glenda Piquet
James Elbrader
Grant Thomas – DHW Liaison

Region VII

Renee Hill – KCS Co-Chair
Gene Lund – Co-Chair
Julie Hill
Janice McNee
Jerry S. Johnson
Melinda Drowns
Marlene Bubar – DHW Liaison
Cheryl Taylor – DHW Support

KCS Statewide Panel Activities during 2007:

- ◆ Wrote letters to Mr. Tom Luna, Idaho's State Superintendent of Public Instruction about children who are being home schooled.
- ◆ In partnership with Lewis Clark State College, conducted a Child Care Survey to seek, identify, and understand the need for child care during non-traditional hours.
- ◆ Participated in "Love a Kid" Pillowcase Project to let a kid in a tough situation know that others care by presenting him/her with a pillowcase containing small things to call his/her own.
- ◆ Facilitated a meeting with community members regarding the Idaho Children's Trust Fund.
- ◆ Provided personal care items and back packs for children entering foster care.
- ◆ Sent letters of appreciation to all licensed foster homes in the Region.
- ◆ Visited the CARES Facility and were given a briefing on the activities that occur at the site.
- ◆ Shadowed case workers on home visits and attended foster family support groups.
- ◆ Promoted a Focus on Families Fair to help awareness of child abuse and child protection.
- ◆ Had booths at the Fred Meyer Safety Awareness Fair, Crime Prevention Fair, and Focus on Family Fair.
- ◆ Attended "Pay It Forward" conference for non-profit groups.
- ◆ Attended the National Keeping Children Safe Conference.
- ◆ Reviewed Casey Family programs as to permanency planning.
- ◆ Looked into the situation of foster young adults who attend college and how to support them.
- ◆ Made a checklist for foster parents.
- ◆ Identified the need to better garner community support and understanding for the Department and developed a PowerPoint presentation for community partners.
- ◆ Reviewed the Idaho Judge's Benchcards for Child Protection Cases document.
- ◆ Continued Operation Suitcase to assure each foster child receives a backpack of personal and comfort items when they are taken into care.
- ◆ Attended a regional Fatality Review
- ◆ Received training in and participated in the CQI process of quarterly file reviews, which includes interview with parents, foster parents, social workers, and foster child if appropriate.
- ◆ Conducted an interview with social workers related to legal actions and procedures concerning children on their case loads.
- ◆ Reviewed child welfare cases.

Regional panels invited a large variety of speakers to present at panel meetings throughout the year.

- ◆ Home School Coalition from Region 1
- ◆ Deputy Superintendent of CDA School District
- ◆ Senator Joyce Broadsword
- ◆ Erin Cunningham from CASA
- ◆ Tiffany Renner from North Idaho College on the PRIDE Program
- ◆ Cheri Bush, Deputy Attorney General
- ◆ Nancy Hausner, Executive Director of Idaho Children's Trust Fund
- ◆ Boise Rescue Mission
- ◆ Casey Family Programs
- ◆ Mark Schultz, LMSW, Program Specialist
- ◆ Kathy Hammond, LSW, Foster Licensing and Adoption
- ◆ Kathy Chesler, LSW, Safety Assessor

Training and Conferences in 2007:

Regional panels participated in a variety of local, statewide, and national training and conferences throughout the year.

- ◆ Attended the 5th annual Foster Care Conference
- ◆ Attended the Early Childhood Development Training on Building Resiliency in a Child.
- ◆ Attended the Teen Dating Violence training
- ◆ Attended a two day System of Care training sponsored by the Children's Mental Health Alliance
- ◆ Attended a variety of in house staffing sessions