

State of Idaho
“Keeping Children Safe”
Citizen Review Panel

**October 2009 Department Response to
October 2008 KCS Annual Report**



Idaho's "Keeping Children Safe Panels"

Recognizing the importance of public participation and community engagement, beginning in 1995, the Department of Health and Welfare 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 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, panel activities include meeting monthly, reviewing cases of child abuse and neglect, attending child fatality reviews, going to court, and observing the implementation of Department policies and procedures as they interact with families and other agencies.

Keeping Children Safe Panels have been informed and involved in federal Children and Family Services Reviews and development of Idaho's Program Improvement Plans that are developed as a result of the federal reviews. 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 23, 2008, 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 2008 Report*, along with the April 2009 response to those recommendations. Final Department Responses will be shared with the KCD panel members in October 2009.

We are most grateful to the citizen panel members for their concern about the safety and well being of all children, as well as the time and energy they put into this important part of Idaho's Child Welfare Program.

These recommendations are listed by category and not by priority.

I. Data Management

A. Child/Worker Visitation

The Children and Family Services Program of the Department of Health Welfare should continue in their efforts to enhance the FOCUS data management system and also to assure that workers are entering data in the way that best reflects the visitation and contact for a client family in a given month. Currently workers are required to enter data on mandated visitations which include the following: worker and child, children and their siblings who are also in foster care, biological parents and the worker, and visits between biological parents and their children. Despite reports from workers that they are making the mandated visitations, the reports being pulled from the data system continue to show significant discrepancies between the data in FOCUS and the printed report. Child Welfare supervisors and managers need the ability to pull a report from the data system that reflects the actual social worker activities. Furthermore, the current system does not allow supervisors and managers to pull a report that only includes the target populations for which these visitations are mandated.

Recommendation:

- **Develop accurate reports for the open cases that require worker/family contact**
- **Deliver training for workers responsible for data entry**

Department Response: Prior to this year there were two FOCUS reports that assisted in tracking worker contact data, the contact visitation summary report and the social worker/foster child contact report. Although these reports are helpful, a few problems exist with their accuracy. A FOCUS contacts subcommittee, which consists of both FOCUS and CFS staff, has been established to identify the problems with each report and make recommendations to resolve these concerns. As concerns are identified, plans are being developed to resolve the problems.

Incorrect FOCUS data entry and social workers failing to close cases in a timely manner also contributes to inaccurate data on the social worker/contact reports. Leaving a case open in FOCUS also requires the social worker to continue to see the child even though, for all practical purposes, the social worker considers the case closed. Regional Information Systems Coordinators (ISC's) continue to train new staff on FOCUS entry and have been asked to provide additional training to seasoned staff to ensure improved data entry. Recently, correct FOCUS data entry procedures for worker contact have been distributed to staff through a FOCUS update release. Supervisors should also identify staff that may need additional support and training from ISC's as they monitor a staff's ability to correctly enter data.

Additionally, an exception report was developed this year which provides an at-a-glance summary of children who have not received a monthly visit. This exception report has been designed to help supervisors work with their staff to ensure that contacts are being made and accurately entered into the data system.

Increased social worker contact with children and parents is one of goals of the Department's Program Improvement Plan. As part of these strategies, regions are monitoring the quality and quantity of monthly contacts between social workers and children, fathers, and mothers.

Progress will be reported to Central Office and examined quarterly to ensure there is ongoing improvement in this area.

Regional Response:

Region V has an established FOCUS training protocol for new staff using the Information Service Coordinator (ISC) as primary trainer. All supervisors are trained in using the contact visitation report with their social workers.

B. Ansell-Casey/ Independent Living Plan

In order for foster children to recognize their potential, to become productive citizens of Idaho, and help them become good parents themselves, we must help them make the transition into adulthood. Presently the reports do not appear to accurately reflect the work being done by staff. Currently youth eligible for independent living funds are required to have a current Ansell-Casey assessment and independent living plans.

Recommendation:

We recommend that work be done to enable supervisors to pull a report that will reflect which youth have a current Ansell-Casey assessment and an independent living plan.

Department Response: A request has been submitted to the Product Owner Council for FOCUS, the Department's information system for the Child Welfare program, to develop a report that will allow regional staff to obtain a report identifying which youth in care between the ages of 15 and 21 have current Ansell-Case Assessment results and an Independent Living Plan. Regional staff continue to have access to assessment and plan information by individual youth but not in an aggregate format.

II. Legal Representation

DHW Child Protection Workers are very well trained professionals whose recommendations relative to child protective court action are absolutely essential. Also when court dispositions occur, most of the time it is the Social Worker who carries out the court order. At this time due to the lack of legal representation the Social Worker has no means of effective representation in these matters, thus our recommendation:

Recommendation:

- 1. Provide legal representation for Social Workers and ensure that they are a party to the case under the Child Protection issue.**
- 2. The State Deputy Attorney General should be given the responsibility to represent the child welfare worker in the court proceedings.**

Department Response: Currently financial resources are not in place to hire additional attorneys or to implement party status of the Department. However, the Department will continue to work towards party status, using both short and long-term solutions during all phases of judicial proceedings.

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, 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.

For the next two years, efforts towards improved legal representation will be documented and monitored as part of Idaho's Program Improvement Plan. At regularly scheduled meetings between representatives from the Department and the Supreme Court Improvement Committee, data will be reviewed and monitored to assure that hearings are happening and timely permanency is being achieved. As part of the 2009 Program Improvement Plan, the Department will also develop a regional monitoring system to track hearings and crucial steps in concurrent planning. This information will be shared with the courts and compared with the data in the court's ISTAR system. This process and tool will serve to address some of the issues that were associated with legal representation.

Additionally, to inform the legal representation meetings that are taking place, a statewide survey was conducted in January 2009, to identify counties in which the Department needs additional legal representation. Examples of questions asked on the survey include:

1. In what percent of cases does the child protection attorney (prosecuting attorney) make the Department's opinions and recommendations known to the court?
2. How often does the child protection attorney assist you in understanding what is needed for the next step in the case.
3. In what percent of cases do you access the child protection attorney for consultation between hearings?

In addition to the survey, focus groups were held to gather verbal input on the strengths and challenges of legal representation that exist in different areas of the State. The Director of the Supreme Court Improvement Committee and the Deputy Attorney General were present during those focus groups to gain a thorough understanding of the issues Department social workers face.

Combined with the focus group and survey information, strategies for improving legal representation in the counties identified as needing assistance will be developed, and upon agreement, Memorandums of Understanding between identified Department of Health and Welfare offices, regional Deputy Attorneys General, and County Prosecutors will be written and signed to address critical legal services that are needed by the Department.

In 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.

III. Resources

In order to implement an effective substance abuse awareness effort a comprehensive collection of data is essential. With this information an effective advocacy program can be implemented. By providing critical and essential information to parents we can enlist their aid to attack some of the underline elements that cause child abuse.

Recommendations:

- 1. Continue gathering data on the impact that substance abuse by parents/care givers has on our children and our communities. Collect data on the number of removals directly**

related to substance abuse; number of Termination of Parental Rights; and the total financial cost related to these cases. Provide the data for an awareness campaign to educate the public on the direct effect of substance abuse for children and communities.

Department Response: There is no current report that directly attaches substance abuse by parents/caregivers to the removal reason for children or to termination of parental rights. At this point, it is not the substance abuse, but the behaviors exacerbated by substance abuse, that are linked. For example, a shaken baby case may involve a depressed parent whose depression and inability to cope with parenting is exacerbated by substance abuse. Both depression and substance abuse would be factors in the parent's case plan, but would not be linked directly in the current data system as the "cause" of the removal. The "cause" would more likely be identified as physical abuse and/or injury of a child. Although we capture substance abuse as one of the contributing factors to child abuse or neglect, since there are multiple contributing factors, in most cases it is difficult to make a direct link to substance abuse and the total financial cost of these cases.

Due to the current economic climate, funding to enhance the existing data system is limited and funding is not available to promote public service announcements or campaigns to educate the public on the direct effect of substance abuse on children. Fortunately, there are existing public service announcements that are being aired that describe the consequences of drug addiction.

Related to substance abuse and data collection, Idaho is currently a Safe and Stable Families grant recipient which allows the establishment of pilot Family Drug Courts for parents with substance abuse issues who are involved in the Child Welfare system. These Family Drug Courts are being established in three regions across the state. This grant requires data to be collected regarding substance use and child welfare. A portion of this data report will include an assessment of Idaho's current data collection system in regards to substance use and child welfare and will include recommendations for future data collection.

2. Investigate how other rural areas in other states deal with children's mental health issues and other alternatives to treatment facilities. We also recommend follow-up with the therapeutic foster care committee. We would eventually like to have treatment facilities reasonably accessible in all regions throughout the state

Department Response: Access to mental health services in rural parts of the country is universally challenging. Often families have to travel significant distances to obtain necessary services. There are also instances where service providers travel a great distance in order to provide services in rural areas. A primary challenge is that communities with small populations often do not have the volume of individuals and families necessary for a provider to maintain a full workload in that location alone. Some rural communities lack formal service delivery systems, or may offer only some of the formal services that are available in larger communities.

In rural Idaho, it is not always reasonable to have a treatment facility in each community, but what is reasonable is to support the family's access to the services they need. Services that utilize natural supports and involve strength-based strategies are often the most effective regardless if families live in rural or urban communities. Effective interventions in communities lacking formal service delivery systems focus on the natural support systems of

the youth and their family. An example of this would be relying on the neighbor for respite care or spending time with a favorite grandfather in areas where respite providers are not available.

Idaho communities, like other rural communities, rely on what is readily available in small communities – schools and primary care providers. The Department looks for ways to strengthen what is already available within a community and build upon that foundation to address gaps in services. For example, many children in need of psychotropic medication management can have those needs adequately met through their primary care provider. However, some children with very complex mental health needs require access to a child psychiatrist. To address this need, the Department is using tele-psychiatry to provide psychiatric services in areas where access to a child psychiatrist might otherwise be unavailable. The Department has also developed contracts with school districts statewide so that the school is able to provide day treatment services in the schools within their districts.

The Department, like many other states, is utilizing two approaches that build both on the natural support systems of families and the parents' ability to manage their child's mental health outside of the formal mental health system. One of these approaches is the wraparound process, which is founded on a model of building a family team that supports the child and family. The other approach is called Parenting with Love and Limits. This is an intervention that the Department began in June of 2008 and is a blend of group parent skills training and individual coaching/family therapy sessions.

Additionally, one way for a child to receive intensive mental health services closer to the child's home environment is through therapeutic foster care, when this level of service is indicated. On the continuum of the mental health service array system, therapeutic foster care is more intensive than extensive out-patient services with familial supports in place, but less restrictive than residential treatment. Through the therapeutic foster care committee, the Department is working on an initiative to increase the availability of therapeutic foster homes throughout the state. This includes creating a consistent therapeutic foster care training curriculum, certification, and support so that therapeutic foster parents are adequately trained and supported in meeting the needs of children placed in their homes. In order to increase the number and availability of treatment foster homes, Children and Family Services is drafting proposed administrative rules that will allow the Department to establish additional homes. This has been identified as one of the strategies in our Program Improvement Plan.

Currently, there are privately owned and operated residential treatment facilities in each region of the state, but finding a facility that will accept a child with severe emotional or behavioral problems can still be a challenge. The Department tries, whenever possible, to place children in facilities that are close to their own community, but most importantly, placement decisions are made based on the best interest of the child. Some factors that are considered in evaluating what is in the child's best interest include:

- The type and level of therapeutic interventions needed and available;
- Whether the facility is a locked facility;
- The safety of the child and the other residents in the facility; and
- Whether or not the facility offers a family treatment component.

3. Provide additional child abuse and neglect prevention funding.

Department Response: The Idaho Children's Trust Fund (ICTF) has primary responsibility for bringing awareness to the communities for child abuse and neglect prevention. While located within state government, the ICTF is a unique public-private partnership. Through the ICTF, grants, training, and technical assistance are available to programs throughout the state that work directly with children and families to prevent child abuse and neglect. Each year, the Idaho Children's Trust Fund distributes approximately \$50,000 in Annual Grants throughout the state. The ICTF also offers Multi-Year Grants, which provide \$40,000 over three year's time with successful completion of the previous year's outcomes.

We fully support additional funding for the ICTF since its mission to prevent child abuse and neglect cannot be accomplished with the limited funds currently available. The Trust Fund's board and staff are exploring options for expanding public funding but current economic conditions make that difficult. The ICTF is funded through Idaho state income tax donations, community based child abuse prevention federal funding, individual and corporate donations, and interest earned on ICTF accounts. Due to the current economy and increased competition for the tax designated funds, there are concerns that charitable donations to the ICTF will decrease.

With challenges presented by the economic climate, collaboration between the Department, ICTF, and other community partners is essential to coordinate child abuse and neglect prevention efforts. To coordinate activities between the Department of Health and Welfare and ICTF, a Children and Family Services Department employee is appointed to serve on the ICTF Board. The ICTF executive director also participates on Idaho's Child Welfare Program Improvement Plan (PIP) committee.

Regional Responses:

Region 2 staff participated with community partners of the YWCA of Lewiston, the LCSC Warrior baseball team and Gritman Hospital during April 09 to plant pinwheel gardens as part of the Idaho Children's Trust Fund Child Abuse Prevention campaign.

For the Region 2 2008 Idaho Children's Trust Fund project, Department staff coordinated a paid lunch for parents of first grade students in Region 2 in all school districts. This provided parents with a positive contact with the school and also information on positive parenting.

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. We hope to have some ongoing activities around prevention in the future through this group.

4. Develop and provide child abuse prevention pamphlets.

Department Response: There are several pamphlets available which provide child abuse prevention information in areas such as physical abuse, neglect, shaken baby syndrome, Safe Haven, and how to report child abuse and neglect. These educational pamphlets also include risk factors and practical tips to reduce risk. This information is available to the public free of charge and can be requested on-line through the Health and Welfare web-site and the 211 Idaho Care Line. This information is also distributed at Public Information Fairs and supplied to each

regional office throughout the state for further distribution. Additionally, several hospitals include the shaken baby and Safe Haven pamphlets in their new parent information kits. The Idaho Children's Trust Fund also disperses information to Idaho's communities about issues related to child abuse and neglect and community based prevention efforts.

5. Develop neutral settings for visitation: a house that is off site from DHW.

Department Response: Enhanced visitation rooms and facilitating visitation in more natural, family-centered environments is desired across the state, and the degree to which this is in place varies. All regions recognize the need for visitation to occur in the most natural environment possible. In all regions, visitation is available and can take place in visitation rooms located at Health and Welfare. While efforts are made to make the visitation rooms comfortable, they are on-site.

Some regions have agreements or are establishing agreements with local community recreation centers, which allow a neutral location for families to spend time together during unsupervised visitation. Region 4 currently contracts with two agencies which provide supervised and monitored visitation in more normative family-centered environments. Whenever possible, Region 4 prefers to provide visitation services in the family home. One of the Region's contractors has the ability to provide visitation services in a home complete with a kitchen and dining area, and a backyard that backs up to a community park.

Region V, in cooperation with Twin Falls County, has developed a house that is used for off site visitation. This house is now furnished, has a working stove, cooking utensils, dinnerware and toys as well as a partially fenced back yard so that families can visit in a non-threatening, more normalized setting. The house has been operational since 10/08 and has averaged 5 visits per week since that time. The house is available to be used by the 5th District Family Court Services for divorce visitation as well.

Several regions would like to develop additional contracts that would provide further opportunities for supervised visitation off-site, but have been unable to proceed due to the current lack of funding. To enhance visitation in spite of finding shortages, regions are increasingly working with resource parents, relatives, and fictive kin, to support visitation efforts. Resource parents are encouraged to mentor parents. This can include inviting parents to the resource family's home to participate in activities which include their child while modeling positive adult/child interactions. The Department is also increasing efforts to engage maternal and paternal relatives in supporting the child and family while in foster care. These supports could include facilitating visitation in a relative's home or at a site familiar to the child, such as a local park.

6. Seek closer adult treatment facilities, so visitation is not impossible.

Department Response: Rural areas of the state do not have the volume of placements to support treatment facilities in each community. Therefore, there are times when a person seeking inpatient treatment must access treatment at a facility that is at a substantial distance from their own community due to a lack of availability at an existing treatment facility located nearby. The Division of Behavioral Health continues to closely monitor capacity needs in rural areas and works with their Management Services Contractor to increase the capacity of adult treatment facilities where needed.

Additionally, service enhancements have been made in an effort to increase positive outcomes for programs that work with families who also have adults with mental illness. For example, the Division of Behavior Health began paying for family therapy at the end of state fiscal year 2008 which will allow for an inclusion of addressing familial issues that are impacted by the adult's mental health needs.

IV. 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 & 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 Department 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:

A. Social Workers

- 1. Continue to develop and implement 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**
 - c. **Additional pay based on the difficulty of assignments within the employee's field of specialization**
2. **The Department find a way so professionals may be employed or practice their profession, outside of the Department without threat of a conflict of interest.**
 3. **The employee evaluation will be made, in part, by the employee's progress on a career development plan that they assisted in developing for themselves. The Department should make an effort to combine and summarize these plans and assist by offering trainings, classes and in-services to assist the employees in making progress toward their goals.**
 4. **From additional training and work experience, more advanced employees should be assigned more difficult cases. There should be a rank system which provides peer and community recognition for the employee, and impacts their pay as well.**
 5. **That professional appearance, conduct and performance be recognized with immediate, discretionary, one time funds awarded to the individual by the region supervisor.**
 6. **The Department should have a goal to encourage each staff member to grow professionally. Each Region's supervisor should organize training opportunities and in-service to support the general themes determined by the individual needs.**

Department Response: The Department began implementation of a career ladder in July 2008 for social workers with multiple levels that allow advancement on the basis of 1) education and training, 2) experience, and 2) roles and responsibility. Social Worker positions in the child welfare program have been reclassified to Child Welfare Social Worker 2, Child Welfare Social Worker 3, Child Welfare Supervisor, Child Welfare Regional Program Specialist and Child Welfare Chief. The Child Welfare Social Worker 2 position is the full working level position and can be underfilled with a Child Welfare Social Worker 1 hire which requires a 9 month probationary period allowing the incumbent to complete the necessary training specific to work in child welfare before being reclassified and promoted to Child Welfare Social Worker 2 status. The Department has completed implementation of the Child Welfare positions with only 4 social worker position within the Department to be reclassified to Child Welfare Social Worker 2. We anticipate full implementation by December 2009.

In response to the recommendation to allow outside employment for state employees, Department policy allows for outside employment when that employment does not pose a conflict of interest; social workers submit a form requesting approval for outside employment and each case is considered individually. An additional concern is that the National Social Worker Code of Ethics does not allow dual relationships with clients. Social work licensing is a requirement for state social workers and a consideration for outside employment.

Personnel evaluations incorporate individual employee career goals as well as training and educational opportunities to reach those goals. Workers assume responsibility for more difficult cases as they gain education, experience, and competence.

All new employees enter into Competency Based Learning Contracts with their supervisors that correspond with the six weeks of New Worker Academy courses. The probationary period was increased from 6 to 9 months; this allows for new workers to complete the six weeks of New Worker Academy and assume increasing responsibility for caseloads. Supervisors and workers develop plans that build hands-on competency along with classroom learning. At this level, staff are classified as Child Welfare social Worker 1. After 9 months, they are reclassified to Child Welfare Social Worker 2, or the journeyman level upon completion of probation. Discretionary increases are distributed, as available, to employees according to professional conduct and performance.

All regions continue to make efforts to provide professional opportunities for professional growth including training related to employee's development plan.

B. Client Service Technicians.

The addition of Children & Family Client Services Technician positions throughout the state has been helpful. These positions will continue to help in the rural areas with transportation of clients and family members to family visits, doctor's appointments, assist in supervision of visits, and court hearings. These services provide an effective "force multiplier" to increase the efficiency of the professional staff. The use of a Client Services Technician releases the professional's time at a cost of less than 75% of the professional's cost.

Recommendations:

The establishment of a training program for Client Services Technicians.

- 1. Create the position of Volunteer Client Services Technician, which will offer community members the opportunity to provide part time service.**

Department Response: At this time, a volunteer Client Services Technician position has not been formalized. However, volunteers across the state donate valuable time and resources to the Department completing a multitude of tasks. The range of opportunities for someone to volunteer at the Department is broader than the specific position of a Client Services Technician. Volunteers across the state are informally completing many of the tasks asked of Client Services Technicians. For example, regions utilize volunteers and student interns for transportation when necessary. Additionally, extended family members and fictive kin are being considered as potential supports and resources for children in foster care. These individuals are encouraged to volunteer their time and/or resources to support the child. This support can include transporting the child or parent for visitation, or monitoring visitation, thereby completing some of the tasks that would be asked of a Volunteer Client Services Technician.

- 2. Increase the number of part-time and full-time paid Client Services Technicians in the state.**

Department Response: Client Service Technicians are able to perform tasks often performed by social workers that do not require a social worker skill set to perform. For example, Client Service Technicians can assist with transportation of children, monitor parent visitations, and deliver 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. In 2008, the Department was allocated 18 additional positions – four of those positions were Family Service Technicians.

Due to the current economy, the Department is unable to pursue additional Client Services Technicians positions at this time.

3. Within one year, perform a supervision evaluation of the effectiveness of the Client Services Technician program, to answer the question of what is the optimal ratio of professional staff to Client Services Technician time, in order to achieve the highest level of efficiency.

Department Response: In 2006, the American Humane Association completed a workload study of the Idaho Child Welfare system. The workload study looked at the composition of Child Welfare staff across the state, as well as the amount of time spent carrying out various tasks. The time study did not specifically target Client Services Technicians, but did identify time spent on tasks performed by social workers that could potentially be completed by someone other than a social worker. Based on the results of the workload study, the Department was able to advocate for additional positions in 2007. The six positions were distributed as follows:

- Region 1 received one Office Specialist 2 position;
- Region 3 received two Family Service Technician positions;
- Region 4 received one Office Specialist 2 position and one Family Service Technician position; and
- Region 6 received one Family Service Technician position.

Since that time, the economic climate has prevented the Department from seeking additional positions. Rather, the Department's focus currently is in maintaining existing staff. Therefore, there are no plans at this time to develop and monitor a formalized volunteer Client Services Technician program.

V. Day Care Centers

Given that foster children are placed in child care centers, we recommend the following:

Recommendations:

1. The Department introduced legislation modifying Idaho Code related to Child Care Facilities. Such legislation would provide for enhanced child safety and disclosure documents. These activities would be in concert with other groups and agencies interested in child safety such as the Idaho Association Education Young Children and STARS.

Department Response: Enhanced child care licensing laws were introduced to the State Legislature during the 2009 legislative session. State Senator Corder and Representative Saylor championed a bill that passed and will significantly change child care regulations in Idaho as of January 1, 2010. Changes include but are not limited to:

- The creation and implementation of a fire arms standard;
- The creation and implementation of a water safety standard;
- A requirement that criminal history checks and background checks be regularly updated for licensed and ICCP providers;

- A lowering of the required staff to child ratio for all age groups except infants;
- A limit on group sizes; and
- The presence of at least one person onsite at all times who has been trained in CPR and First Aid
- A requirement for the Department to provide information to parents about what to look for when selecting quality child care.

Many agencies and community organizations provided input which was considered in the development of the 2009 legislation.

2. Collaborate with the Idaho Child Care Program (ICCP) to obtain information for resource parents on selecting a child care facility for their children.

Department Response: The Department website provides information for parents who are looking for child care. This information is found on the child care page at www.healthandwelfare.Idaho.gov which defines what is meant by “quality” child care; what to look for in a child care provider, program, and environment; tips for choosing a child care; a review of various child care options to consider; questions to ask before choosing a child care; and links to related informational articles.

Additionally, the Idaho Child Care Program (ICCP) contracts with the University of Idaho for Child Care Resource and Referral services throughout Idaho. Information about quality child care is readily available through the Child Care Resource and Referral Offices and the Idaho Association for the Education of Young Children and their web page www.idahostars.org

3. The Department should seek to provide additional funding for resource parents who place their children in child care such that the total cost is covered. This may be in coordination with the ICCP program if the resource parent qualifies for ICCP.

Department Response: The Child Care and Development Fund (CCDF) rules require that every two years the Department conduct a market rate survey to establish the market rate for child care by region, type of care, and age of child. Once the market rate is established through this process, the Department may set the payment at no more than the 75th percentile of the market rate. Basically, this means that 75% of all child care providers providing that type of care in a specific region will be charging the same rate the Department pays or less. If a person elects to take a child to a provider that charges more than the 75th percentile of the market rate, CCDF funds cannot pay the difference.

In many areas across Idaho, the Department rate has fallen below the 75th percentile identified through the CCDF process. The Department attempted to raise the market rates and remedy this problem last spring, but was unsuccessful due to the decline in the economy. There are situations and times where additional funding for child care is available through another funding source, but this only occurs on a case by case basis. There are some situations where the difference in cost is paid by the region, but this is made more difficult as resources become more and more limited.

4. The Department should seek to coordinate a statewide survey of non traditional child care facilities through the local health districts and/or the ICCP program.

Department Response: When child care providers are registered providers for the ICCP program or enrolled in the professional development system (PDS) through Idaho STARS, information about these programs is available to the Department through their registration in these programs. There are currently 40 programs which have Spanish speaking providers available in Idaho. However, the PDS system does not currently track hours of childcare availability nor which centers offer non-traditional hours. At this time, funding is not available to coordinate and conduct a statewide survey to collect additional information not currently collected through the registrations mentioned above.

VI. 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. The Department will continue to seek additional funding for resource parents.

Department Response: For the 2008-2009 legislative sessions, CFS planned to request a Decision Unit for an increase in foster care reimbursement. Due to the economy and budget reductions, the increase did not occur in the legislative session. The Department is committed to request similar Decision Units as the budget improves. The Idaho Foster and Adoptive Parent Association has also formed a legislative committee to continue progress in the area of Idaho's foster care reimbursement.

2. The Department will incorporate CPR/First aid into the Pride training.

Department Response: PRIDE is intended as a pre-service training and assessment process that addresses five competency areas considered essential to a foster parent's development as a member of the professional team. One competency area, related to safety, is that children needing family foster care or adoption will be protected and nurtured. Although prospective foster parents are not expected to be CPR/First Aid Certified to enter the foster care program, this could be a part of their Family Development Plan completed, per Department Standard, thirty (30) days following licensure. Although the Department has provided opportunities for individual families to participate in CPR/First Aid Training, there has not been consideration in requiring CPR/First Aid Certification prior to each family's participation in the foster care program statewide.

Regional Response:

Region V has incorporated CPR/First Aid into its training for Therapeutic Foster Care homes. This training is being made available to all foster families, as well as those interested in Therapeutic Foster level care.

3. The Department will develop a program to provide for recertification of resource parents in CPR/First Aid at no cost to the resource parent.

Department Response: Those foster parents who have taken advantage of the regional opportunities to complete CPR/First Aid training do have the opportunity to discuss a plan for re-certification when updating their Family Development Plan and annual training requirements. Because of budget constraints, the \$45 cost of certification, for each parent, must

be an individual consideration between each foster parent and the regional office they are licensed through.

4. Shelter Care Homes

The Department of Health and Welfare needs to consider the use of shelter care foster homes as initial placement for children entering foster care if an emergency relative placement is not an option. This would allow the Department to gather additional information regarding a child's special needs and/or behaviors. Children would benefit from the Department having time to consider the best potential match given the pool of available longer term foster homes. Foster parents and children would have the ability to meet prior to placement change.

Department Response: Although there is merit in having time to assess children prior to placement, the Department of Health and Human Services discourages the practice of establishing and placing children in shelter homes. During future Child and Family Service Reviews, the use of this practice would automatically cause Idaho to be out of compliance because the review allows for no more than one placement. The federal instrument requires, if there is more than one placement, that all placement changes are made in an effort to achieve the child's case goals.

Foster Care stability and the ability to make a placement for a child that is in his or her best interests are an important focus for the Department. The Department is looking at how to increase the number of relative placements as research has shown that these are the most stable placements. When relative placements can not occur, immediate consideration of the child's needs and the best placement possible is critical to the child's well-being. This immediate consideration or matching should occur as quickly and as thoroughly as possible, whether this occurs with the child's first placement being in a shelter home or a temporary foster home.

Through the Department's Program Improvement Plan, there will be critical further development in the area of foster care stability that will be reported back to the KCS panels in the coming year.

5. Foster care study/Evaluation

Partner with regional college or university to develop and implement a standard statewide survey. This data would be helpful in presenting to the legislature and related funding requests for recruitment, training in addition to PRIDE, additional support, foster care reimbursement, and additional funds to support foster children. The study could focus on issues such as:

- **Number of trained foster homes**
- **Reason for becoming foster parents**
- **Why do people leave?**
- **Level of support received**
- **Why do people stay?**
- **How many were limited to one placement**

Department Response: The need for a statewide recruitment and retention effort was identified in the Child and Family Services Review (CFSR) and written into the Program Improvement Plan (PIP). This effort is being developed in collaboration with AdoptUsKids which is providing technical assistance to Idaho.

The statewide recruitment workgroup developed a process and framework for developing the statewide Resource Family Recruitment Plan. Based on an assessment of critical issues, the Idaho Statewide Resource Family Recruitment Plan and Action Steps was developed. Currently each regional office is developing a regional plan that fits into the goals of the statewide plan. Regional plans will be completed by November 2, 2009. Each plan will assess our process to develop and support resource parents from responding to inquiries to supporting a resource parent through the placement of each child. Following is the statewide recruitment plan vision, critical issues, goals and strategies for the next year:

Idaho Resource Family Recruitment Vision:

All children and youth will have the families they need who reflect their race and ethnicity and are committed to providing stability, normalcy and permanence. These children and families will be valued and assisted by caring, mutually supportive staff and community partners.

Statewide Critical Issues

Critical Issue #1:

How can we streamline the inquiry to placement process so it is more efficient, consistent and family friendly?

Critical Issue #2:

What can we do to support staff to support foster/adoptive/kin parents?

Critical Issue #3:

How can we target the recruitment of the families we need?

Idaho Recruitment Plan Goals

Goal 1: Recruitment Activities

Recruit an array of available kinship, foster and adoptive families that reflect the diversity of the children in need of placement and are willing and able to partner with DHW to achieve safety, timely permanence and wellbeing outcomes for the children and youth in care.

Goal 2: Improving Systems

Continually improve our systems to support and partner with kinship, foster and adoptive parents to achieve timely permanency and placement stability outcomes.

Goal 3: Recruitment Processes

Create efficient, consistent and family friendly processes that result in a sufficient number of qualified kinship, foster and adoptive parents to partner with DHW to achieve safety, stability and timely permanence for children and youth.

Goal 1 Strategy 1: Recruitment Data

Strategy: Support regional recruitment efforts to meet the identified needs of their children and families in the region.

Objective: FACS, with contractor ICWRTC, will provide Regional Recruitment Teams demographic and recruitment process data that will increase targeted recruitment activities.

Results Intended: Regional recruitment teams will report they have the data they need to effectively recruit targeted populations.

Goal 1 Strategy 2: Communications Marketing Plan

Strategy: Develop a communications/marketing framework that is relevant to the population that needs to be recruited.

Objective: FACS, with contractor ICWRTC, will produce statewide recruitment communications marketing plan that will support regional recruitment team efforts by June 30, 2010.

Results Intended: Effective framework to guide statewide recruitment efforts.

Goal 1 Strategy 3: Treatment Families

Strategy: Collaborate with community partners to develop a targeted recruitment process that will support the treatment needs of identified children.

Objective: Regional Teams will implement targeted recruitment strategies that will increase the number of treatment foster care homes by June 30, 2010.

Results Intended: Treatment Foster Families (TFF) will be available to care for identified children.

Goal 2 Strategy 1: Spanish Families

Strategy: Develop a targeted recruitment process that is culturally sensitive to Spanish speaking kin, foster and adoptive parents.

Objective: By June 30, 2010, a Spanish Speaking targeted recruitment process will be developed to recruit families for Spanish PRIDE sessions.

Results Intended: System is culturally competent and Spanish speaking families feel supported by the system.

Goal 2 Strategy 2: RPM Mentor Trainer Role

Strategy: Develop mentoring role of Recruitment Peer Mentoring Program.

Objective: A RPM mentor program structure and training will be implemented to improve permanency and placement stability outcomes by June 30, 2010.

Results Intended: Families feel supported by the system.

Goal 3 Strategy 1: Statewide Recruitment Structure

Strategy: Optimize resources to improve licensing and approval processes.

Objective: FACS, with contractor ICWRTC, will develop and coordinate a regional recruitment structure that supports regional recruitment efforts.

Results Intended: Coordinated and effective statewide recruitment efforts.

VII. Substance Abuse

Recommendations:

1. Rural Substance Abuse Services

The panel recommends continued support for Substance Abuse Services by providing transportation costs, treatment resources, and other out of the pocket expenses for accessing recovery services in rural areas. We also recommend the need for more funding to help the growing needs of treatment for families. The Department needs to be involved with the “Meth Project” to help educate our children and families about the effects of Methamphetamines.

Department Response: In State Fiscal year 2008, 981 clients receiving treatment also had an open child protection case. Two hundred ninety two were men and 676 were women. In State

Fiscal year 2009, 1,074 clients receiving treatment also had an open child protection case. Individuals needing substance abuse services who also have an open child protection case are prioritized for treatment. This allows them to enter treatment quickly after a substance abuse assessment, bypassing any waiting lists. Expediting services for parents of children involved in child welfare is essential in timely reunification efforts.

Individuals receiving substance abuse treatment stay in treatment an average of 106 days. Individuals who receive substance abuse treatment and have an open child protection case are offered the following ancillary services as needed:

- Housing
- Child Care
- Transportation
- Family Therapy
- Life Skills education
- Case management

Behavioral Health is also involved with the Idaho Meth Project through their involvement with the Interagency Committee on Substance Abuse Prevention and Treatment (ICSAP). The Department routinely receives updates and gives input as a stakeholder to the Idaho Meth Project. For the next fiscal year, due to a decline in the economy, it is anticipated that additional funding to further expand substance abuse treatment will be limited.

Regional Response:

Region V has had meetings with nursing staff at Magic Valley Regional Medical Center on closer collaboration regarding children in need of medical care, as well as drug exposed and drug affected infants. This is the beginning of on-going collaboration between the two systems.

Region 6 started 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 significantly enhanced the services available for women and children.

2. Hospital Collaboration

Infants testing positive for drugs by hospitals are inconsistently reported to child welfare in the state. Children and Family Services, in collaboration with the Idaho Hospital Association should develop guidelines for the consistency in testing and reporting drug exposed infants. This collaboration would encourage hospitals to work with child protection offices for formulating a cohesive, consistent, and equitable child welfare response.

Department Response: The Idaho Child Protective Act provides a mandate for hospital personnel to report drug exposed infants. In the statute, doctors and nurses are specifically identified as mandated reporters. Information about what child abuse is and how to report it is available to the public and distributed free of charge across the state. Additionally, in some regions, physicians are included as part of the child protection multidisciplinary team.

Not only does the Child Protective Act mandate that drug exposed infants be reported to the child welfare agency, the federal Child Abuse Prevention Treatment Act (CAPTA) also contains that provision. Since 1974, CAPTA has been part of the federal government's efforts

to help states and communities improve their practices in preventing and treating child abuse and neglect. CAPTA programs support innovations in state child protective services as well as research, training, data collection, technical assistance, and program evaluation. As a recipient of CAPTA funds, Idaho must demonstrate that Idaho will have “policies and procedures to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptom.” Idaho’s Child Protective Act includes the requirement that health care providers notify the child protective services system and thereby fulfill the CAPTA requirement.

VIII. Older Youth

The Keeping Children Safe Panel is concerned about the older youth or the youth aging out of the system. We are concerned the older youth do not have the tools and are not being properly prepared to meet the challenges they face as they leave the system. We believe the recommendations provided would enhance the chance for successful reintegration of the older youth into the community and society.

Recommendations:

- 1. The Department needs to help young adults who are aging out of the system obtain driver’s license. They need help with training, education, and insurance to assure they can operate a vehicle safely within the laws for the State of Idaho.**

Department Response: The Department supports the efforts of all youth in care to prepare for independent living when they reach the age of majority at 18 or when they leave alternate care settings, such as foster homes. There are three steps that make it possible for youth in care or aging out of care to become drivers in Idaho: 1) successful completion of driver’s training, 2) written approval to receive a driver’s license from the legal guardian, and 3) financing for insurance.

Independent Living funds are available to all youth who have been in care more than 90 days after their 15th birthday are often used to pay for driver’s training.

Written approval for a driver’s license can be given by the youth’s parent or legal guardian. If the Department is the youth’s legal guardian, approval can be made by the regional CFS program manager or designee. If parental rights have not been terminated, the parents should still sign for the driver’s license when the child is in Department custody.

Obtaining a driver’s license and being able to drive are challenges for any young adult and the Department makes every effort to assist youth in care to meet this challenge in a way that keeps them in the mainstream with their peers who are not in care.

- 2. We recommend that legislation be enacted that makes all children who have been in the care of the Department of Health and Welfare for the last six months before they turn 18 years of age, or if the parents rights have been terminated, be automatically eligible for the services of the Idaho Division of Vocational Rehabilitation (IDVR). The IDVR is well suited to help children make the transition to world of work or college depending on their skills and aptitudes.**

Department Response: In compliance with the federal Rehabilitation Act of 1973, as amended, the purpose and general requirements of the Idaho Vocational rehabilitation

participant services program, the Idaho Division of Vocational Rehabilitation (IDVR) program assists eligible persons with a determination by qualified personnel that the applicant has a physical or mental impairment. Some, but not all, youth in care are eligible for IDVR services if they have been determined to have a physical or mental impairment by IDVR. However, there are a number of agencies in Idaho's Workforce Development System that provide employment services for youth. Some of those include:

Idaho Department of Labor

The Workforce Investment Act (WIA) is a federally funded program that provides funding to support training and employment services for adults, dislocated workers and low-income, at-risk youth. The WIA helps eligible young adults 16-21 years of age with services, including occupational training and supportive services such as transportation and child care through the Workforce Development System.

Workforce Development System

The Workforce Development System is comprised of a statewide Governor's Workforce Development Council, a single state planning region, and numerous state and local employment and training organizations that work in partnership to bring services to Idaho students, job seekers and business customers. Services are designed to meet the needs of students, high school graduates, dropouts, and others who are in need of employment and training assistance and are located in each of the six geographic regions of the state. More information can be found at an Idaho Department of Labor office or on the web at www.labor.idaho.gov.

Idaho Job Corps

Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16 through 24 improve the quality of their lives through vocational and academic training. The Idaho Job Corps provides assistance to gain GED or other education leading to high school diplomas for youth who have dropped out of school. A number of youth who have been in care have taken advantage of this opportunity.

Regional Independent Living Coordinators and staff within the Children and Family Services Program help youth who have been in care between ages 15 and 18 to explore many aspects of preparation for independent living as adults and one critical area in which planning takes place is in prevocational and vocational programs.

- 3. We recommend that the Department of Juvenile Correction and County Juvenile Services provide 30 day prior notice to the Department of Health and Welfare when foster care placement is necessary of a minor's up coming release from a DJC facility or County facility. This will allow the Department of Health and Welfare a reasonable period of time to review the case (conduct a Child Adolescent Level of Care Utilization System assessment) and find a suitable placement. Perhaps this could be accomplished by the Director of Department of Health and Welfare communicating directly with the Director DJC.**

Department Response: The current Rule 16 of the Idaho Juvenile Rules allows for an assessment, prior to commitment to the Department. As set forth in Idaho Code, Section 16-1603, "the court may order the proceeding expanded to a Child Protection Act proceeding or direct the Department of Health and Welfare to investigate the circumstances of the juvenile and his or her family and report to the court." Rule 16 expansions most often occur without

prior notice and assessment when a child is about to be discharged from juvenile detention or a hospital and the parent/guardian refuses to take responsibility for the child. In these situations, the suggested thirty day prior notice cannot occur.

Laying the foundation for fulfilling this recommendation is a new amendment to Rule 19. It requires screening teams be convened before a juvenile offender is committed to the Department of Juvenile Corrections. The purpose of the screening team is to make sure that every effort is made to use community based programs for juvenile offenders prior to the commitment. The screening team shall consist of representatives from Juvenile Probation, Juvenile Corrections and the Department of Health and Welfare. It is possible that the screening teams may be convened prior to some Rule 16 expansions.

To address the concerns of increasing commitments from juvenile corrections and probation, on March 4, 2009, Michelle Britton (Family and Community Services Administrator) convened a meeting with the Department of Juvenile Corrections, Juvenile Probation, and the Supreme Court. The Director and Deputy Directors of the Department were also present for the meeting. The idea of conducting assessments and screenings prior to expanding a juvenile justice case to child protection was discussed. Judge Murray agreed to look into possible rule changes to allow this to occur. This meeting was the first in a series of meetings that will discuss how all of our systems can work together to find solutions for children with challenging behaviors. The Department and the Courts have also requested technical assistance related to system change. Through the technical assistance and discussions, it is hopeful the Department can receive prior notice of children being discharged from DJC and a Rule 16 commitment.

4. We recommend that the Department conduct an analysis of the cost of extending Medicaid services to all eligible aged out youth until they are 21. We believe providing such extended service is necessary to support the aged out youth especially with prescribed medicines. Secondly, although there is national data, there is a lack of specific Idaho data as to what happens to youth that age out of the system. By providing a Medicaid card we would at least know if they are accessing medical services and where they are at the time.

Department Response: Although the Idaho Department of Health and Welfare has not yet made available continued Medicaid to age 21 for youth who have lived in alternate care, a new federal law has passed that makes this an easier option for states that haven't extended Medicaid coverage to this group. The "Fostering Connections and Increasing Adoptions Act of 2008" contains provisions that will allow states to provide care and support to youth in foster care until the age of 19, 20, or 21 if the youth is actively engaged in work or education. This option would likely extend Medicaid coverage for the duration of time the young adult remains in care.

In the meantime, all youth in Idaho who age out of foster care at age 18, or until they finish high school, are eligible for Medicaid coverage to age 19. This allows them to receive the medical and behavioral health care that so many young adults need to get a healthy start to independence.

IX. Public Awareness

Recommendations:

1. Drug Awareness Campaign

Data gathered under substance abuse recommendations will be used to educate the public on awareness of cost of abuse.

Department Response: Primary responsibility for efforts related to substance use is housed in the Department under the Division of Behavioral Health. In state fiscal year 2008 the Division of Behavioral Health Bureau of Substance Use Disorders worked with the Regional Advisory Committees and the community coalitions to educate the public on awareness of the cost of abuse. They also completed a Treasure Valley epidemiological work paper that analyzed the costs and consequences of abuse in the Treasure Valley area. The data from this work paper was distributed to the media.

2. Child Abuse Awareness/Prevention

The Committee recommends the Department allocate funding for a State wide Child Abuse Neglect Campaign. Specific to prevention efforts, recommendations include: educational awareness and materials to parents to address and prevent Neurological damage to young children from shaken baby incidents; children's exposure to domestic violence; impacts of substance abuse in families. Educational resource campaign to assist parents with parenting techniques, stress management and call for help. Support to assist with financing the campaigns could include collaborating with health insurance companies, hospitals, physician organizations, parent organizations, television stations, and professional organizations.

Department Response: Department Response: Primary responsibility for bringing awareness to the communities for child abuse and neglect prevention is delegated to the Idaho Children's Trust Fund (ICTF). The ICTF 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 Idaho Children's Trust Fund is also the Idaho chapter of Prevent Child Abuse America and through them coordinates the Pinwheels for Prevention campaign during April each year. The Trust Fund provides \$1000 to \$2500 in each of the seven regions of Idaho and last year provided over 19,000 pinwheels to represent most of the babies born in Idaho last year. The following is a partial list of activities undertaken during April 2009, which was designated as Child Abuse Prevention Awareness month:

- **April 1st:** Presentation: American Falls Assembly of God Church 10 AM by Family Services Alliance
- **April 2nd:** Mayor's Proclamation Signing and Pinwheel Garden Planting, Idaho Falls. Mayor Jared Fuhrman will be signing at 10:00am and then planting afterwards.
- Presentation by Family Services Alliance at Larsan-Sant Library, Preston 9:30 AM
- **April 4th:** Casino Night Fundraiser 6-10:30 pm hosted by Redline Recreational Toys. Proceeds go to Family Advocates. Tickets are \$35 and can be purchased online.
- **April 6th:** Kick Off at Coeur d'Alene Library from 11 to 4.
- Health Fair in Twin Falls, literature distribution.

- **April 7th**: Presentation: Blackfoot Independence High School 9:30 AM by Family Services Alliance
- **April 8th**: Presentation: American Falls Assembly of God Church 10 AM by Family Services Alliance
- Child Abuse Prevention Action Coalition Meeting, Harding Center, CDA 8:30AM
- **April 9th**: Presentation by Family Services Alliance at Larsan-Sant Library, Preston 9:30 AM
- Big Brother, Big Sisters Open House Coeur d'Alene Library 4:30-7:30
- **April 10th**: Larry Gebbert at Family Advocates in Boise.
- Children Village Silver Anniversary Charity Auction Coeur d'Alene 5 PM
- **April 11th**: Pinwheel Gardens planting for Prevent Child Abuse Idaho in Magic Valley various locations
- **April 14th**: Presentation: Blackfoot Independence High School 9:30 AM by Family Services Alliance
- **April 15th**: Presentation: American Falls Assembly of God Church 10 AM by Family Services Alliance
- Wind Symphony "Dreams of Children" NIC-Boswell Hall 7:30-9:30
- **April 16th**: Presentation by Family Services Alliance at Larsan-Sant Library, Preston 9:30 AM
- **April 17th**: Early Childhood Professional Banquet Christ the King Lutheran Church, CDA 7PM
- **April 20th**: Child Sexual Abuse Prevention Training Kootenai Medical Center, CDA 6-9PM
- **April 21st**: Capstone Breakfast with David Lawrence in Region 1. ICTF Director, Roger Sherman also spoke. About 200 people attended and a shared speaker with Spokane.
- Presentation: Blackfoot Independence High School 9:30 AM by Family Services Alliance
- **April 22nd**: Presentation: American Falls Assembly of God Church 10 AM by Family Services Alliance
- **April 23rd**: Child Abuse Prevention Luncheon with local guests including Bonneville County Prosecutors, law enforcement officials, as a thank you for those who work on behalf of families to prevent child abuse, Red Lion, Idaho Falls.
- Presentation by Family Services Alliance at Larsan-Sant Library, Preston 9:30 AM
- **April 25th**: Safer Places, Safer Children Child Abuse Prevention Training, Idaho Falls. This will focus on basic ways to protect children and staff at schools and centers.
- 9th Annual Celebration of Families and Children in Boise at Discovery Center, Idaho's Heart and Idaho Child Abuse Prevention Coalition.
- **April 28th**: Presentation: Blackfoot Independence High School 9:30 AM by Family Services Alliance
- **April 29th**: Presentation: American Falls Assembly of God Church 10 AM by Family Services Alliance
- **April 30th**: **Day of the Child**: Open Houses at Post Falls Head Start 5:30-7:30, Rathdrum Head Start Lakeland Center and Harding Family Center 10AM.

Pinwheel gardens were planted in a variety of places around the state including Mountain Home Air Force Base, 10 Head Start Centers in the Magic Valley, at several schools in

Rexburg. In addition to events in April, the Trust Fund works with groups to do awareness work throughout the year. Currently it is working with community organizations in the Treasure Valley to respond to issues related to the death of 8 year old Robert Manwill, allegedly at the hands of his mother's boyfriend.

The ICTF welcomes the KCS panels to be involved in all awareness efforts. Again, more funding for these efforts could substantially increase their impact. The ICTF has increased its use of social media by beefing up its website and creating a FaceBook Fan page that now has over 500 fans, most of whom are not connected to the ICTF in other ways.

The ICTF works with groups nationally to obtain information about the latest research and best practice in preventing child abuse and neglect. ICTF is part of The National Alliance of Children's Trust and Prevention Funds, and is affiliated with Prevent Child Abuse America. These affiliations assist the ICTF in collaborative strategies, prevention initiatives, and events. The ICTF also sponsors an annual Strengthening Families Training Institute that brings practitioners from throughout the state together for two days to learn about best practices and innovations in the field.

The Keeping Children Safe Recommendations related to prevention have been forwarded to the Idaho Children's Trust Fund for their consideration and implementation.

3. Educational Neglect

Continue to focus on educational neglect of the unschooled children. Previous studies show that one in fifteen school age children are not receiving adequate education as a result of the current laws.

Department Response: In 2008, the Chairman of the Children at Risk Task Force met with a representative from the Governor's Office to gain the Governor's support to strengthen the Child Protective Act by providing additional guidelines related to educational neglect.

Continuing to address educational neglect, the Children at Risk Task Force hosted a meeting on October 21, 2008. A diverse group of interested professionals, including legislators, home schoolers, public educators, and parents were invited to discuss proposed legislation and to seek input to ensure it is appropriate for the State of Idaho. Through this meeting, the Children at Task Force and the Idaho Home Schooling Association agreed on language that would furnish guidelines for investigating educational neglect. The proposed legislation also furnishes protections for parents who choose to provide home education. The proposed legislation would revise Idaho Code 33-202 and Idaho Code 16-1602.

Following are the backgrounds and statements of purpose that describe the proposed legislative changes:

Idaho Code 33-202

Currently Idaho Code 33-202 makes no specific reference to home schooling or charter schools. Providing language covering children being taught at home by their parent or guardian gives specific recognition of home schooling as a legally acceptable form of instruction. The proposed amendment to Idaho Code 33-202 adds language which refers to a child being taught at home by his or her parent or guardian. It specifically authorizes home education as an

alternative to public, private or parochial school attendance, or other comparable instruction. The addition of public charter schools (including on-line or virtual charter schools) to the other options of public, private, or parochial schools incorporates current technology and expands the available options for child education.

Idaho Code 16-1602

Currently the Child Protection Act definition of “neglect” makes unclear and ambiguous reference to educational neglect. This makes it difficult for courts to interpret and for citizens to report educational neglect. As a result, proper support is difficult to provide in cases to protect children who are not attending public, private, parochial schools, or who are not receiving comparable instruction at home. The proposed amendment to Idaho Code 16-1602(25) clarifies under what circumstances a child may be found to suffer educational neglect by tying this term to the compulsory education requirements of Idaho Code 33-202. The new language will provide guidance to parents, child protection social workers, and the courts in applying this standard. Two Idaho legislators agreed to sponsor the proposed revisions during the 2009 legislative session.

On February 3, 2009, the proposed revisions were heard and approved by the Idaho Senate Education Committee. The Children at Risk Task Force Chairman and the President of the Idaho Home Schooling Association testified at the hearing to promote the bill. On the floor of the Senate, Senators proposed some clarification in wording to the bill after which the bill was returned to the Senate Committee for revisions. The revised bill passed both the Senate and House and became effective July 1, 2009.

X. Community Resource Workers

Recommendation:

KCS panel recommends that DHW continue efforts to obtain dedicated funding to be used under the oversight of the Community Resources for Families Program in order to restore Community Resource Worker in all elementary schools in the state. 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.

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. In the past, the CRFF program has been funded through a combination of TANF funds and funds from the school district. The availability of TANF funds has changed and been reduced. This reduction makes an expansion of TANF supported programs such as the CRFF program unfeasible.

To address this need, the CRFF program and Navigation have teamed up to address the needs of school aged children. Together they manage the distributions of Emergency Assistance funds, share resources, and share a collective database.

Regional Activities:

- Region 1 does not have a Community Resource for Families program. However, Family Resource Services and Emergency Assistance is available to families through the Resource and Service Navigation Program. There are four Navigators.
- In Region 2, there are 5 Community Resource workers in three school districts.
- Region 3 does not have a contract or FTE assigned to the role of Community Resource Worker. However, Family Resource Services and Emergency Assistance is available to families through the Resource and Service Navigation Program. There are four Navigators.
- Region 4 has Community Resource workers in the Boise School District. This school year Region 4 has 7 social workers who split their time between 20 elementary schools in the Boise School District. There is a District protocol in place that makes it possible for Community Resource workers to assist the families in other elementary schools.
- Region 5 has CRFF programs in Gooding, Filer and Blaine counties.
- Region 6 has CRFF programs in two districts and would like to expand the Soda Springs contract to full time if funds were available. Due to financial issues the CRFF program was at risk of being eliminated by the Pocatello school district. Continuance of the program was dependent on passage of a levy. In an election on April 7, a six million dollar supplemental levy passed by 74%. Therefore, the CRFF programs will continue at their current level.
- In Region 7, a regional Navigator monitors the CRW program with three school districts participating. There are 2.5 FTE assigned to the CRW program.

XI. Intake

The following recommendation was made by Region 1 KCS Panel members, specifically for that area. Since some regions in the state have already developed a centralized approach for regional calls, this recommendation is not included in the statewide recommendations. However, Region 1 Panel members felt it was so essential to Region, they wanted it to be included in the statewide report. Region V also responded to this recommendation.

Recommendation:

The “front-end” (intake) of the child protection services process involves receiving reports of abuse and neglect from reporters in the community, screening the reports and assessing those reports where there is a concern for a child’s safety or other key risk factors are present. In 2008 a community in the region raised concerns about CFS procedures relating to front-end of the child protection services process, including responding to telephone reports and notifying law enforcement. The panel would make the following recommendations to improve the intake process by:

- **Centralized intake in each Region for consistency and quality**
- **Intake calls to be recorded for quality assurance**
- **Community education for reporting purpose to contact DHW or law enforcement**

Region 1 Department Response:

Region 1 believes that high quality customer service and compassion are the foundation for all Department activities. We appreciate the Keeping Children Safe Panel in Region 1 recognized along with honoring the skills and valuable role of the front-line child protection screener. Outreach programs to educate the public expectations so they are aligned with the Departments in reporting child maltreatment is essential in developing the centralized reporting system.

In July, 2009, Region 1 completed the centralization of the regional intake process. A new phone system was installed in the Couer d'Alene office designed with three stations to accept calls reporting suspected or known child neglect or abuse. The Region also hired an additional screener. The system is designed to accommodate a primary, secondary, and back-up screener. The system was implemented with no disruption to our child abuse reporting process. It is doubtful that anyone knows the difference. To date the system has operated near flawlessly. Later this fall recording capacity will be also installed into the system. This will complete the transition to augment the accountability and tracking of reporting to ensure that referrals are responded to in a timely manner and logged providing a historical record.

Region 5 has had a centralized screening unit for the past 5 years and feels that it is effective in providing consistency in screening calls and gathering information.

Region 4 has utilized a centralized intake unit for well over ten years. This unit is staffed by three experienced social workers who are well versed in the Child Protection Act, Department policies and procedures, and community resources. Region IV intake social workers and other staff frequently present at community meetings and events to educate the public on the Child Protection Act and reporting procedures.

KCS Statewide Panel Activities During 2008

- Invitations letters were sent to regional state legislators to attend a panel meeting to discuss educational neglect on June 29. No legislators attended.
- A second letter dated November 2, 2007 was sent to Mr. Tom Luna, Idaho's State Superintendent of Public Instruction to determine his interest in conducting a survey to determine the number of children that were being home schooled. Again, there was no response. The first letter was sent to Mr. Luna on April 2, 2007.
- An email was sent to regional KCS panel to establish support for legal representation for child welfare workers by making the DHW a "party to the case" in the CPA.
- Claudia Burtelow resigned from the KCS panel in 2007. Fred Cruzan joined the KCS panel in 2008.
- Child Care Provider Survey – The Panel developed a questionnaire that was sent to approximately 150 child care providers in Region II to seek their input into a resolution to the urgent need for child care during non-traditional hours. Non-traditional hours are considered to be from 6:00 p.m. to 8:00 a.m., Saturdays, Sundays, and holidays. A summary of the results of the questionnaire are as follows:
- "Love a Kid" Pillowcase Project – The purpose of this project is "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." The Panel was able to ensure that every child in foster care received a pillowcase. They only have a few pillowcases left so they would like to have more made so they can have some available to new foster children and also donate to others such as the domestic violence shelter at the YWCA.
- Attended foster families support groups.
- CQI file review
- Attended "Pay it forward" conference for non-profit groups
- Compiled a cookbook with AARO. The proceeds from bake sales and cookbook sales, help to fund Operation Backpack
- Carol Fowler represented our region at the national conference
- One member attended a Fatality review within Region IV.
- Members participated in the CQI process of quarterly file reviews with Department workers, which include interviews with biological parents, foster parents, social workers, and foster children if appropriate. This type of participation provides both education and continued monitoring of agency practices and procedures. One of our recommendations is based upon our observations while participating in CQI's.
- Several panel members shadowed social workers for observation and education.
- Members attended a variety of in-house staffing sessions.
- We brought in various staff and agencies to help us better understand the issues around youth who are aging out of the system.
- Panel members participated in the Federal review of the program. One panel member went to Jerome as part of the CFSR.
- Panel members are participating in the development of the Program Improvement Plan response to the Federal review.
- Reviewed child-in-care files
- Visited a local drug and alcohol treatment center.
- Two panel members are trained CQI reviewers. One volunteered her time to assist with the CFSR in Boise.

- One panel member participated in the statewide self assessment.
- One panel member participated in the statewide self assessment.
- The panel continues working with community partners to provide personal care items and back packs for children entering foster care. The Department recently received 18 back packs.
- Another panel member agreed to participate on the PIP development work group.
- Panel members have continued to be involved in reviewing child welfare cases. This has involved reviewing case records, CFS Standards, IDAPA Rules, State Statutes and interviews with CFS staff and foster families.
- We were privileged to send a member from Region VII, Renee Hill, to the 2008 **Citizen Review Panel National Conference** in St. Paul Minnesota in May. She reported a valuable conference with good training and motivation. She made many personal connections with other states. She was particularly delighted to participate in the training and brainstorming to select and develop a new National logo and slogan for our organization.
- We reviewed the **Navigation Services Referral process**.
- Julie Hill provided the panel with copies of a training presented by Idaho Attorney General, Lawrence Wasden and Idaho Secretary of State, Ben Yursa, titled “**ProtecTeens.**” In alerts parents of the dangers teens may encounter on the internet.
- Renee Hill participated in **Idaho’s Child Welfare Self Assessment Committee** in April 7, 2008. This was a telephone conference call with a federal review team.
- Renee Hill attended and participated in **Idaho Program Improvement Plan (PIP)** in June. This was a day long community review and input team.
- Our panel reviewed the **State Assessment of Strengths and Needs**.
- We reviewed the **CQI results** of Jan 2008.
- We reviewed the **Pride training program** which trains foster parents.
- We were pleased to be invited to attend a panel meeting with Region VI in Pocatello and toured the Discovery House with them.
- At the September meeting **Gene Lund was appointed lead co-chair** for Region VII. **Jerry Johnson was appointed co-chair**. Our intention is to rotate the lead co-chair and co-chair leadership positions among the interested panel members.
- **A typical meeting** is once a month for 6 hours. After our initial business and community reports, we typically invite a guest speaker for training, and then review two cases. The case workers are invited to present the case so we can ask questions. We occasionally have field trips to visit facilities or attend courts.

Training and Conferences in 2008

- Child welfare supervisors who are the primary source of knowledge about the needs of the child welfare agency presented to the panel.
- Ruth Wilfred, RNC, Perinatal Clinical Coordinator from Kootenai Medical Center shared the hospital protocol on infants born that are affected by illegal substances.
- Cheri Bush, Deputy Attorney General discussed legal representation for child welfare workers by making the DHW a “party to the case” in the Child Protection Act.
- Case review - Senator Joyce Broadsword participated in the case review. This review involved presentations by DHW staff. After the review, the panel made recommendations to the FACS Administrator for improvements to customer service.
- Rebecca Casey, Foster Parent shared with the panel about the loss of a foster child. She is recommending the CPR/First Aid certification required in the rules to be a foster parent.
- Denise Metzger, Clinical Supervisor discussed cost of day care for foster parents beyond government reimbursement.
- Scott Slater, IV-E Partner, Northwest Nazarene University
- Various staff and agencies to help us better understand the issues around youth who are aging out of the system.
- Michelle Osmond, Regional Director
- Kathy McDermott, LSW, Supervisor, Idaho Office Presenting PRIDE
- Mary Kern, Navigator Program
- Alisha Passey, Bonneville County Youth Council
- Jon Burnham, St. Anthony DJC

Thank you to the following Keeping Children Safe Panel members:

Region 1

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

Region 2

Doris Ferguson – KCS Chair
Jean Roberts
Judy Hanby
Lura Abbott
Douglas Giddings
Kitty Geidl
Jeannette Bennett
Brad Forth – DHW Liaison

Region 3

Dyann Aspiazu – KCS Co-Chair
Arleen Volgamore
Travis Cronin – DHW Liaison

Region 4

Tom Turco – Co-Chair
Bob Specht – Co-Chair
Donna Parks
Charlotte Larson
Mary Stackle
Carol Fowler – DHW Liaison
Jessica Ehinger – Administrative Support

Region 5

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

Region 6

Jim Elbrader – Chair
Adam Hadley – Co-Chair
Carol Taylor
Oliver Samora
Irene Samora
Shawna Miller – DHW Liaison

Region 7

Gene Lund – Co-Chair
Jerry Johnson, Co-Chair
Renee Hill – Retiring Co-Chair
Janice McNee
Julie Hill
Marlene Bubar – DHW Liaison
Cheryl Taylor – Administrative Support