

**The State of Idaho  
“Keeping Children Safe”  
Citizen Review Panel**

**2009 Recommendations  
and  
IDHW Response  
October 2010**



# Idaho Keeping Children Safe Panel 2009 Recommendations and IDHW Response October 2010

## I. COMMUNICATION

Idaho Code specifies that an officer of the court (law enforcement) has the authority to determine if a child is in imminent danger and to place a child in shelter care. DHW child welfare social workers focus on safety and well being of children and service needs of families. Law Enforcement and Child Welfare programs have a different philosophical base and mandates.

**RECOMMENDATION:** We recommend POST (Peace Officers Standards and Training) add to its curriculum a two hour presentation on emergency removals per the Child Protective Act. This should focus on a coordinated decision making process about roles of officers and social workers to ensure decisions are consistent with the law and to ensure safety and well being of children.

**Department Response:** CFS works with law enforcement whenever possible to ensure coordinated decision making, as well as safety for CFS staff. This practice is reflected in the CFS Priority Response Guidelines which directs staff to coordinate CFS response with law enforcement whenever possible. While law enforcement and CFS do work together, there are times when children are declared in eminent danger prior to CFS being notified.

Through the help of the National Resource Center for Child Protective Services, a train-the-trainers session on Safety Assessment and Safety Planning was provided in November 2009. Select CFS staff and law enforcement personnel were invited to the train-the-trainers training, with a statewide plan for those attending to then provide the training to all CFS staff in each region. Law Enforcement was also invited to attend these regional trainings. The training curriculum included a definition of safety, the concepts of safety threats and emerging danger, and decision trees to assist in determining when children can remain safely in their home. This training was developed as part of the CFS program improvement plan. In addition, Shirley Alexander who is the Program Manager for Child Welfare, met with Dr. Eric Werth, the Curriculum Program Coordinator for POST. As a result of the meeting components of the Safety Assessment and Safety Planning training will be incorporated in POST.

Region 6 invited all the law enforcement agencies to training related to emerging danger and presented information on when it is safe for children to remain in their own home. Additionally, they have discussed this at MDT meetings periodically since January.

## II. EDUCATION

**A. Community Resources for Families Program.** Young people in foster care deserve the same quality of education as every other child; therefore, the Keeping Children Safe Panels of Idaho recommend that every elementary school in the state implement the Community Resource for Families Program.

**RECOMMENDATION: We recommend that every elementary school in the state implement the Community Resource for Families Program.**

**Department Response:** There are currently 28 CRW positions throughout the state of Idaho that provide services in the school systems. CRW's have access to \$300,000 in EA funds that they can use for families in their schools. The regional distribution of the CRW positions is shown below.

Region	Number of CRW Positions
Region II	3
Region IV	7
Region V	4
Region VII	8
Region VII	3

Due to the current economy, the Department is unable to consider expanding the number of CRW positions at this time. However, Department Navigators do support schools in regions without CRW positions. Navigators also support schools in all regions during the summer months when schools are not open.

**B. Tutoring for Foster Children.** Due to the stress foster children face we recommend a system be established through collaboration between the Department of Education and the Department of Health and Welfare.

**RECOMMENDATION: We recommend a system be established through collaboration between the Department of Education and the Department of Health and Welfare to provide tutoring for any foster child who begins to struggle academically.**

**Department Response:** Educational needs of children in state custody are addressed as part of their wellbeing. How each child's needs are met is determined on a case-by-case basis. CFS social workers advocate for services to address children's educational needs and attend IEP meetings. When there is a gap between what the child needs and what the educational system is able to provide, CFS has

flexible funds available for additional services, such as tutoring, on a case-by-case basis. At times, foster parents spend additional time with children who need assistance with homework or tutoring. All of a child's needs are considered when determining the foster parent reimbursement rate for providing adequate care to children in foster care.

Region 6 has paid for tutoring for foster kids who have been identified as having additional academic need.

Two members of the Region 7 KCS panel are employed by local school districts. Their direct job assignments are serving children with special needs. These two members offer valuable information on an individual level when discussing cases and provide excellent information and guidance on more global educational issues.

### III. FOSTER CARE

**A. Targeted Recruitment.** Our child welfare system continually faces a shortage of available foster homes and a lack of stability in foster care placements.

**RECOMMENDATION: We recommend that Idaho engage in targeted recruitment of foster parents.**

**Department Response:** The "Statewide Recruitment Workgroup" has led efforts to develop and implement six strategies outlined in the statewide Resource Family Recruitment Plan. One of the strategies included developing a communications marketing framework to address the critical issue of targeting the recruitment of families we need.

Profiles have been developed to target the demographic and behavioral characteristics of families who are considered successful foster families. These profiles were built based on CFS Staff and Foster Family interviews and have been identified as the target audiences for recruitment efforts. The profiles direct recruitment efforts in the areas of community, communication channels and lifestyle choices. From these profiles, the next step completed was development of key messaging and a marketing and communications plan. The Department's messaging is "Give My Life a Smile". Recent materials developed include the Give My Life a Smile messaging targeting families who will care for teens, sibling groups and Hispanic children.

Region 6 has done outreach in the communities where PRIDE training is scheduled to recruit homes. For example, they just completed PRIDE in Pocatello and prior to the session, Recruiter Peer Mentors (RPM's) went to community events to share information about foster parenting. They are currently working on mapping where the greatest need is for foster parents by identifying geographically where our current foster kids are from.

Region 7 has an active group of Recruiter Peer Mentors (RPM's) who have focused a lot of energy on recruitment and retention activities for local foster families. They have had increased visibility during the past year including activities at local youth festivals, Barnes and Noble, and Walmart stores in Rexburg and Idaho Falls.

**B. First Aid and CPR Certification.** We recognize that the safety of foster children is of the utmost importance.

**RECOMMENDATIONS:**

**1. We recommend adopting an IDAPA rule requiring foster parents have current first aid and CPR certification.**

**Department Response:** Although the Department has provided opportunities for individual families to participate in CPR/First Aid Training, there has not been consideration to requiring CPR/First Aid Certification prior to each family's participation in the foster care program statewide due to the cost. Because of the fiscal impact related to a potential IDAPA rule, the Department will not be issuing a legislative request for this rule change in the next legislative session.

**2. We recommend foster parents who care for children under the age of 8 be required to have specialized pediatric rescue breathing and pediatric first aid certification.**

**Department Response:** Again, because of the fiscal impact related to this potential IDAPA rule, the Department will not be issuing a legislative request for this rule change in the next legislative session.

**C. Access to State Parks.** Foster parents do a great service for the state of Idaho.

**RECOMMENDATION: We recommend foster families gain state parks access at reduced or no cost.**

**Department Response:** Because the Keeping Children Safe Panel formally recommended that Idaho's licensed foster families gain access to state parks at waived or reduced fees due to their significant volunteer service to the children in the State of Idaho and the potential benefit to foster families and the foster children in their care, contact has been made with Idaho Parks and Recreation with the request to consider the recommendation. Although this request has not been responded to by Idaho Parks and Recreation, a new consideration is to explore support for a change to current rule or statute. Currently Idaho Code 36-401 allows for foster children under the age of 18 to fish without a license.

**IV. OLDER YOUTH**

**A. Services for Older Youth.**

**RECOMMENDATION: We recommend that youth who age out of care be provided with a more comprehensive plan to include all services for which the youth should qualify for while in foster care, including driver's license and post-secondary information.**

**Department Response:** In calendar year 2010, training will be delivered in each Region on Idaho's Independent Living Program, including all federal requirements, to assure that each youth age 15 and older who is eligible for Independent Living receives comprehensive transition planning and individualized services in order to maximize each youth's potential to live independently after age 18. Youth who age out of care are eligible for all IL services, including room and board past the age of 18.

Youth who are eligible for IL services are also eligible for Education and Training Vouchers (ETV) up to \$5,000 each year for post-secondary education and training. Active efforts have been made in the past 2 years to promote post-secondary education and training for older youth who have been in care. This has resulted in full utilization of federal Education and Training Vouchers in Idaho, with a record number of youth using ETV in 2009 and 2010. Post-secondary education has been shown to be a key factor in adult success of former foster youth.

There are three steps that make it possible for youth in foster care or aging out of foster care to become legal drivers in Idaho:

1. Successful completion of driver's training,
2. Written approval to receive a driver's license from youth's parent or legal guardian, and
3. Financing for insurance and access to a vehicle.

IL funds may be 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.

Region 6 has a process in place to review, on a case by case basis, what is required for a child to be able to pursue obtaining a driver's license including who needs to sign for driver's training and the requirements needed thereafter for a child to be able to obtain a license.

**B. Medicaid Eligibility for Youth until Age 21.** We continue to recommend that the Department consider extending Medicaid services to all eligible youth who aged out of care until they are 21. We believe providing such extended services are necessary to support youth who have aged out of care especially with prescribed medicines. Secondly, although there is national data, there is a lack of specific Idaho data as to what happens to youth who age out of the system. By providing a Medicaid card we would know if they are accessing medical services and where they are accessing them.

**RECOMMENDATION: We recommend the Department consider extending Medicaid services to all eligible youth who aged out of care until they are 21.**

**Department Response:** Although economic circumstances in Idaho have prevented expansion of Medicaid coverage to older youth who have been in care up to the age of

21, several national initiatives have been enacted that provide a positive environment for future expansion. These include the following:

- Chafee Foster Care Independence Program of 1999: Under this Act, states have the option of extending Medicaid up to age 21 for young adults who have aged out of foster care.
- 2008 Fostering Connections to Success and Increasing Adoptions Act of 2008: 1) Gives states the option to extend care and Medicaid eligibility up to age 21 to eligible youth who leave foster care for guardianship with a relative after age 16, and 2) Gives states the option to extend foster care past the age of 18 using IV-E funding which would allow youth to continue eligibility for Medicaid until they leave foster care. All Title IV-E eligible young adults remaining in care would be categorically eligible for Medicaid.
- Existing Coverage: Some young adults who were former foster youth are eligible for continued Medicaid coverage already under the following alternative circumstances:
  - Pregnant or parenting youth who also meet Medicaid income eligibility requirements;
  - Youth with disabilities who receive Medicaid based upon their Supplemental Security Income (SSI) eligibility;
  - Young adults up to age 21 who would have qualified, under welfare rules, for Aid to Families With Dependent Children (AFDC) prior to TANF, if they were dependent children;
  - Young adults up to age 19 who meet the eligibility requirements for their State Children's Health Insurance Program (SCHIP), which may be either a Medicaid expansion or a separate state program
- Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010: A number of provisions will affect opportunities for former foster youth to receive Medicaid coverage past the age of 18. In some instances, an increased number of former foster youth may be eligible for Medicaid coverage due to factors in these acts that are unrelated to their foster care experiences. The full impact of these acts on potential Medicaid eligibility for former foster youth will become more apparent as the provisions are implemented.

**C. Measuring the Efficacy of IL Services.** A significant number of IL eligible youth return home, are adopted or age out of the foster care system. The number of youth who return to the Department seeking IL services seems to be a small fraction of said eligible youth. Many youth do not take full advantage of these services. Many do not successfully complete the IL Plans developed for them. The Department lacks current data to measure the efficacy of IL services. The Department needs to do all it can to improve these services and develop a way to track youth leaving foster care.

**RECOMMENDATION: We recommend conducting a statewide comprehensive assessment of the current Independent Living Programs.**

**Department Response:** On October 1, 2010, the Department began collecting data on 17 year-olds who are in care as well as services delivered to all youth in care age 15 and older. The same youth who are surveyed at age 17 will be surveyed at age 19

and again at age 21 to measure the outcomes for youth who have been in foster care. Some of the areas are measured include the following:

- Education level, special education, academic and post-secondary educational support
- Career preparation, employment programs or vocational training
- Budget and financial management
- Housing education and home management training
- Health education and risk prevention
- Family support/healthy marriage education
- Education and other financial assistance
- Employment status, full- and part-time employment, employment-related skills
- Educational aid, public and other financial assistance
- Public food and housing assistance
- Connections to adults and mentoring
- Homelessness
- Substance abuse and incarceration
- Children, marriage at child's birth
- Medicaid and other health insurance coverage
- Health

When results become available from the data, more targeted efforts can be made to stress the supports and services shown to help foster and former foster youth achieve their potential as young adults and contribute to their communities.

## V. LEGAL

**A. Legal Representation for Social Workers.** With no legal representation the worker is left to determine the laws and rights within the Child Protective Act. In a court setting, it is important for the Department of Health and Welfare be fairly represented in judicial proceedings.

**RECOMMENDATION: We recommend Department employees receive appropriate legal representation for child welfare cases within the court systems.**

**Department Response:** Currently financial resources are not in place to hire additional attorneys or to implement party status of the Department. However, the Department continues to work 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 bi-monthly with members of the Supreme Court Improvement Committee, the Attorney General's Office, and the Prosecuting Attorneys Association to identify and address areas of the state where legal representation has been problematic. As a result of those meetings, the Supreme Court and the Attorney General's Office have put additional resources in place, allowing more court time and assistance of additional Deputy Attorneys General. At

regularly scheduled meetings, data is reviewed to assure that hearings are happening and timely permanency is being achieved. 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.

During 2011, the Legal Representation workgroup will develop memorandums of understanding, in some counties, between the Department of Health and Welfare, Regional Deputy Attorney Generals, and County Prosecutors to address critical legal services that are needed by the Department.

As part of the 2009 Program Improvement Plan, the Department has also developed a regional monitoring system to track hearings and crucial steps in concurrent planning. This information is shared with the courts and compared with data in the court's ISTARS system. This process and tool will serve to address some of the issues that were associated with legal representation.

Also, by December 30, 2010, in each region, Deputy Attorney Generals, will train social workers how to better understand and navigate the judicial system. More specifically, the training will explain how social workers can access legal representation, how to present themselves professionally in court, and how to write effect court reports.

In 2011, the Chief Justice in Idaho plans to convene the leadership of the Department, the Attorney General's Office, the Prosecuting Attorney's Association, and the Supreme Court to discuss feasible solutions for ensuring that the Department of Health and Welfare has legal representation in child protection cases.

Although these activities do not provide the permanent solution of party status, they do assist social workers in receiving appropriate legal representation for child welfare cases and are strategies that can be implemented without adverse fiscal impact.

**B. Grandparent Rights and Services.** Currently, national statistics show that more than 2.5 million children are being raised by grandparents and other relatives because their parents are unable to care for them.

**RECOMMENDATION: We recommend grandparents have more legal rights and available services to help raise their grandchildren.**

**Department Response:** In November, 2009, the Department revised its licensing standards and procedures to expedite placement with relatives and kin when children come into foster care, pending subsequent foster care licensure. The revised standard clearly outlines the steps that must be taken to ensure and document child safety while allowing most relatives to shelter children within their family at the time they are placed in the custody of the Department.

Additionally, as a result of the Fostering Connections to Success and Increasing Adoptions Act, the Department revised its concurrent planning standard to require Department social workers to make efforts to identify and provide notice to all the

child's adult relatives within 30 days after removal of a child from his/her home. The notice states that the child has been removed from the parent's care and explains relatives' options to provide support through contact and to participate in the child's care and placement.

In promoting relative placement, during the 2010 legislative session, the Department worked with Representative Block to amend the Child Protective Act and the Child Care Licensing Reform Act. These revisions state:

At any time the Department is considering a placement, the Department shall make a reasonable effort to place the child in the least restrictive environment to the child and in so doing shall consider consistent with the best interest and special needs of the child, placement priority in the following order:

- a. A fit and willing relative.
- b. A fit and willing non-relative with significant relationship with the child.
- c. Foster parents and other persons licensed in accordance with the licensing rules.

Other bills involving grandparents' legal rights were introduced during the 2010 legislative session. For example, Senate Bill Number 1414 would allow grandparents to petition for visitation with grandchildren and would allow a judge to determine if grandparent visitation was in the best interests of the child. This bill was not passed. However, Senate Bill 1382 was passed. It provides a process for a court to use when deciding whether or not to grant de facto custodian status (guardianship) to a grandparent or other relative.

Beginning in September of 2009 a statewide effort was initiated to assist in both the development of, and identification of, existing resources for relative care providers. The primary partners in the work are the Idaho KinCare Coalition members and DHW. Capacity to the effort is provided by localized stakeholder agencies, DHW Navigators across the State, and 5 Americorps VISTA volunteers. The identified approach in getting resources to relative caretakers is twofold: actual service delivery provided by Navigators and the focused development and use of CareLine 211 as a continuously updated statewide venue where access and relevant information is assured to all relative caretakers.

Although both the KinCare Coalition and DHW have restrictions about their role in the creation of legislation, they do inform processes that are in the best interests of families and children. Relative caretakers can utilize Careline 211 to get information about all forms of legal sanction that may be helpful to them in their particular circumstance (e.g., durable power of attorney, guardianship, and adoption). Also, Navigators can assist relative caretakers in some Regions in locating low or reduced cost legal services. Purposeful alignments with the identified needs of relative caretakers include the following:

- DHW Navigators have become experts in the delivery of services/resources to relative caretakers.
- CareLine 211 has developed an entire domain of information with both localized and statewide relevancy directed toward relative caretakers.

- Upon request, CareLine 211 will send out packets with comprehensive information specifically for relative caretakers. This packet contains resource information that is continually updated.
- The Department will continue to use VISTA's in 2010 and 2011 to further the work of the September 2009 Kinship initiative.
- The service integration management team and Navigation Services will continue to prioritize and support work with relative caretakers.

Region 6 has a kinship support group offered through their Vista volunteer.

**C. Infant Drug Testing/Collaboration between Hospitals and CFS.** Even though the Idaho Child Protective Act mandates hospital personnel to report drug exposed infants, reporting of infants testing positive for drugs by hospitals is inconsistent in the state. This collaboration would encourage hospitals to work with child protection offices for formulating a cohesive, consistent, and equitable child welfare response.

**RECOMMENDATION: We recommend Children and Family Services collaborate with the Idaho Hospital Association to develop guidelines in a Memorandum of Agreement for testing and reporting drug exposed infants.**

**Department Response:** On April 2, 2010, the idea of approaching the Idaho Hospital Association to develop guidelines for testing and reporting drug exposed infants was explored with the Governor's Children at Risk Task Force. From the discussion, it is evident that hospital guidelines are in place, but may need to be re-enforced by local multidisciplinary teams. Pediatricians on the Task Force explained that in order to meet hospital accreditations, each hospital is required to have established guidelines and protocols for evaluating, screening, and reporting concerns related to child abuse and neglect. Under the Idaho Child Protective Act all hospital personnel are currently obligated to report reasonable concerns of child maltreatment.

Given Idaho's mandatory reporting law and existing guidelines and protocols for testing and reporting drug exposed infants, the Department recommends that concerns for lack of testing and non-reporting be discussed with the prosecuting attorney at multidisciplinary team meetings.

While Region 6 has not entered into a Memorandum of Agreement, they have used the MDT process to discuss issues related to testing drug affected babies as they are assigned for risk assessment.

## **VI. SUBSTANCE ABUSE**

There are barriers to accessing services for clients. Clients are expected to initiate and access substance abuse services but many are not able to do so.

**RECOMMENDATION: We recommend the Department conduct research to identify barriers to substance abuse services.**

Department Response: The Department has not conducted research to identify barriers to substance abuse services. Due to the current economic downturn, additional funding is not available to conduct research to identify barriers to substance abuse services at this time. However, two barriers believed to be present are the lack of necessary funding for service provision, as well as denial of the problem by substance users themselves.

A huge financial barrier to substance abuse treatment was addressed in fiscal year 2009 when Medicaid added the treatment of substance use disorders to their coverage. However, due to the current economy, the Division of Behavioral Health reports \$866,500 was cut in fiscal year 2010 for treatment as a permanent cut. Future substance use treatment budgets are affected as well.

Specific to CFS, parents of children in state custody are prioritized to receive substance use assessment and treatment. Regional substance use liaisons are available statewide to identify treatment needs and ensure access to treatment. In cases where parents are in denial about a need for treatment, liaisons can offer pre-treatment services to prepare the individual for treatment. Due to the prioritization of parents with children in state custody and the work of the substance use liaisons, parents who have children in state custody do not have the difficulties accessing treatment that they might otherwise have in their communities.

Region 6 continues to use their substance abuse liaison to address needs. They also have the resource of Family Treatment Court.

## **VII. PSYCHOSOCIAL REHABILITATION (PSR) AND PARTIAL CARE**

**Separate PSR Assessments.** An oversight agency needs to ensure the services are truly needed and appropriate. This would provide a cost savings to Medicaid funds, and ensure the services go to the children who need the services.

**RECOMMENDATION: We recommend providing independent initial and ongoing assessments from individuals not providing the services.**

Department Response: Years ago, Children's Mental Health (CMH) clinicians completed an initial assessment for PSR services and then referred the case to a PSR agency when services were found to be necessary. Unfortunately, the number of CMH clinicians was insufficient to meet the community need for assessments, which resulted in a delay for children needing to access PSR services. To make services more accessible to children, CMH stopped the practice of completing the initial assessments for PSR eligibility. As a result, these assessments, as well as reassessments, are now completed by the PSR agencies themselves. If CMH were to resume the practice of completing initial independent PSR assessments, it would require additional staff to meet the community need in order to prevent delays in accessing PSR services. Due to the difficult economic climate, additional staff can not be obtained at this time.

PSR is a service made available through Medicaid. At this time, no private insurance agencies offer reimbursement for PSR. The Mental Health Authority, through the Division of Medicaid, carries out the oversight function for PSR services by reviewing the assessments completed by the PSR agencies and determining whether services, and at what level, is necessary. Medicaid also has an agency credentialing process that Medicaid providers must complete in order to be reimbursed for services billed through Medicaid.

## VIII. REGIONAL RECOMMENDATION

**RECOMMENDATION:** We recommend regions pursue efforts to cross-train educators and Children and Family Services social workers, obtain more media coverage on what DHW can and cannot do, and educate the public on the purpose and uses of MDT (Multi-Disciplinary Teams) as mandated in the Child Protective Act.

### **Department Response:**

Educators: The Department has distributed a DVD and brochures titled “Care Enough to Call” to every school in Idaho. The brochures are distributed at every fair, through CareLine 211, and through the Governor’s Children at Risk Task Force (CARTF). Requests have been received from school counselors since that time for more copies of the material. The brochure and DVD can be ordered through the CARTF web site. The brochure can be downloaded at <http://www.idcartf.org/bfinalrevised.pdf>

Media Coverage: Media requests for specific information on child protection and foster care are opportunities for the Department to educate the public about the checks and balances of the child welfare system. Confidentiality must be protected but generalities can be shared as applicable to circumstances of the case.

MDTs: Idaho Child Protective Act, 16-1617 requires that “the prosecuting attorney in each county shall be responsible for the development of an interagency multidisciplinary team or teams for investigation of child abuse and neglect referrals within each county.”

Beginning January 1, 2009, using Children Justice Act funds, the Governor’s Children at Risk Task Force (CARTF) and the Department of Health and Welfare contracted with Law Enforcement Training and Resources to provide support to the Governor’s Children at Risk Task Force for MDT’s through Idaho. The contract also authorizes Law Enforcement Training and Resources to organize MDT training and distribute MDT grants. Through the contract, funds not to exceed \$23,834.00 can assist in training and developing MDTs throughout Idaho. An additional \$30,000.00 is available for an annual MDT conference.

The MDT grants assist counties in printing, distribution, and implementing signed MDT protocols. Grant monies are also provided for the purchase of video/audio taping equipment and to facilitate MDTs in attending specialized training. From January 1, 2009 to the time of this annual report, Law Enforcement Training & Resources,

monitored all MDT grants that were awarded, using Criminal Justice Act funds. New grantees are sent a questionnaire six months after the funds allocation as a monitoring tool. These questionnaires provide insight on how the funds are utilized.

Additionally, to encourage prosecutors to assume their responsibility in the formation and functioning of MDTs throughout Idaho, a brochure highlighting the role of MDTs is distributed at the semi-annual prosecutor's seminars. Brochures are also mailed to all newly elected prosecutors and available through CARTF.

Since prosecuting attorneys are elected county officials, changes in county prosecutors occur in the course of elections. A change in leadership of the county prosecutor often impacts the child protection multidisciplinary team. To assess how many counties have fully functioning MDTs, CARTF members surveyed all 44 counties of the state, asking the following questions:

1. Does your county have a MDT?
2. How often does your MDT meet?
3. Who participates in your MDT meetings – i.e. Department of Health and Welfare, law enforcement, CASA/GAL, medical professional, educator?
4. Are you aware that you can apply for small MDT grants through CARTF?
5. Who is the contact person for your MDT? What is his/her contact information?

Survey results show that child protection MDTs are identified in 75% percent of the state. More specifically, 34 of the 44 counties of the State report they have an MDT. Survey results confirmed that ninety percent of the established MDTs meet monthly. Four percent meet bi-monthly, five percent meet weekly, and 1 percent meet only as needed. Sixty- three percent of the counties surveyed were aware of MDT grant funds that are available to promote the development of MDTs or to enhance existing MDTs. Below is a map displaying counties with and without MDT's.

Region 6 offers training to the schools via the MDT: CW, Law Enforcement, and the Prosecutors office, whenever the issue arises with a school or at the level of the elementary education Director. This has been over as a yearly option, but seldom occurs.

