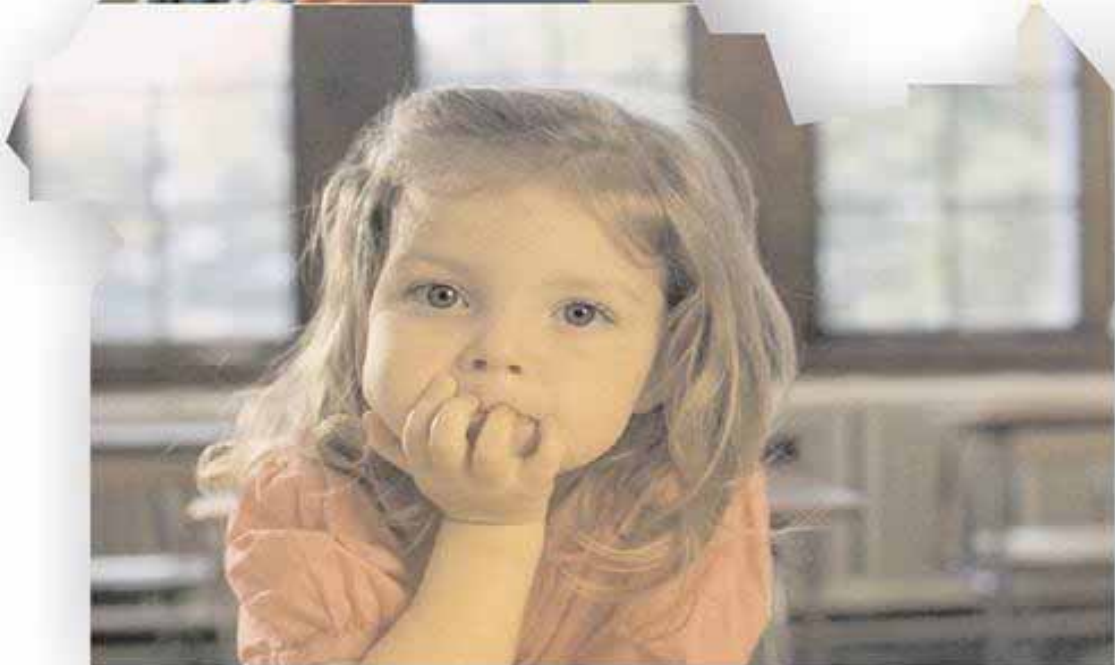


The State of Idaho  
"Keeping Children Safe"  
Citizen Review Panels  
Statewide Annual Report  
2005



# 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 the overall community supports for children and families in crisis.

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

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

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

On October 21, 2005, during their annual statewide meeting, the Keeping Children Safe Panel Members discussed their regional issues and concerns. Their findings and recommendations are summarized in the *Keeping Children Safe Statewide Panel Recommendations 2006*.

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# KEEPING CHILDREN SAFE PANELS 2006 STATEWIDE RECOMMENDATIONS

## I. PREVENTION

As a Citizens Review Panel for Idaho, we are committed to the reinstatement of the Community Resources for Families Program (CRFF) in local schools as an effective preventative program for Idaho families. Emphasis should be made to develop preventative programs, which will address the issue of teen suicide. Idaho consistently has had a higher teen suicide rate than the United States as a whole.

### Recommendations:

- 1. Community Resources for Families Program (CRFF): The Department of Health and Welfare should continue efforts to obtain dedicated funding under the direction of the Department for the CRFF program, in order to restore community resource workers in all local elementary schools.**
- 2. Suicide Prevention: Last year the Department was in the process of developing regional SPAN charters of local and community groups. We recommend DHW continue to pursue community partnerships with educators, law enforcement, and parents in implementing the statewide suicide prevention plan.**

## II. ACCOUNTABILITY

Throughout the state there are many known organizations providing Psycho-Social Rehabilitation (PSR) services. While we do not minimize the worth of the organizations nor the individuals providing care, we have serious concerns regarding the lack of accountability requirements. We have noted duplication of effort, the lack of specific training and background standards, and poor service by some, etc. Additionally, increasing accountability through data collection in the area of substance abuse could provide additional information that can be used towards public awareness and as a tool to educate legislatures. This data can also be available to support funding requests to support substance abuse prevention and treatment programs as well as to support the child welfare programs.

- 3. The Department should include the following in the “Provider Agreement” for PSR services: the contracted provider must have an “internal auditor” charged with submitting a “standardized quarterly report” to Health and Welfare addressing the use and accountability of their PSR providers. This would include their training, supervision, skills profile and documentation of services provided.**

- 4. The Department of Health and Welfare should develop a tracking system within its existing information system to track the number of children who enter foster care directly related to substance abuse by parents/caretakers or direct exposure.**

### **III. EDUCATIONAL NEGLECT**

We are concerned about education neglect. There is currently no accountability to be certain that children are receiving adequate education with home schooling. We understand opposition of some home educators concerning their individual rights. However, while we applaud those home-schooled students who receive adequate or even superior education, we remain alarmed that home schooling provides an opportunity for neglectful parents to hide their children from the public. We are concerned about:

- a. Children who may be kept home to avoid detection of abuse; and
  - b. Children who are not given adequate education opportunities.
- 5. Students receiving home education should be required to participate in a standard test each year appropriate to their functional abilities. Scores should be monitored and a minimum requirement of improvement should be set, with a tracking policy of accountability. They could be required to participate in the standardized testing that is given at their local schools such as ISAT, at little or no cost to the state, or one of their own selections.**

### **IV. FOSTER CARE/ADOPTION**

The panels continue to recognize the important role that foster parents play within the Child Welfare System and support the ongoing efforts to financially support their efforts. The panels also recognize the trauma that children suffer when subjected to multiple moves within the foster care system. Even when moves are made to reunite separated siblings, these children exhibit greater behavioral problems and present difficult challenges to foster parents.

- 6. Minimize separations for the child and the foster parents by achieving the goal of children staying in the placement home as long as possible until permanency is achieved.**
- 7. The Department of Health and Welfare should continue its efforts to increase foster care reimbursement to mirror the national average.**
- 8. We recommend the addition of the following items into the PRIDE program:**
  - a. training and support for children of the foster families;**
  - b. medical training – CPR and first aid**

## V. RESOURCES

The panels recognize the challenges social workers in the field face. Especially in this time when, owing primarily to the increase in meth use, CPS workers are facing more danger and hostility from parents and being asked to carry higher case loads.

### **9. Raises and other financial rewards should be distributed equitably.**

## VI. CHILD WELL-BEING

The panels recognize that a child's best interests should always be a priority. It is the responsibility of the adults who come into contact with these children to ensure their proper care and well-being. The panels were introduced to a program designed to help assist local agencies and the Department in providing immediate and temporary needs for children who are removed from their homes due to extenuating circumstances beyond their control. This program ensures that each child that is removed from an abusive home situation would be given a backpack or suitcase with appropriate and personal transitional items. These items would help to offer the children a sense of security with their own personal belongings. These items could include toiletry items, art supplies, journals, stuffed animals, children's books, Kleenex, combs, brushes, toothbrushes, etc.

Additionally, national statistics say about 65% of kids are in care (daycare) outside their homes. Karen Mason, executive director of IAEYC in Boise, said no firm numbers are available for Idaho because the state lacks full (daycare) licensing requirements. She estimated Idaho has about 6,000 child-care providers watching over about 100,000 children. The state requires licenses for facilities caring for more than 6 children. To earn a (daycare) license they must undergo health and safety inspections and criminal background checks on all people older than 11 who have contact with children. Employees who work with children need only 4 hours of training a year. In Idaho, only 8 cities require stricter licensing of child-care facilities (daycares) than the state.

### **10. Operation Suitcase – we recommend KCS regional panels promote and support stakeholders in their community to provide this program. This program is designed to help assist local agencies and the Department in providing immediate and temporary needs for children who are removed from their homes.**

### **11. Revise the day care licensing rules to include language: “Once a license has been revoked, no new license will be issued for one year.”**

## **VII. SAFETY**

The panels recognize that with upgrades in the Department's technologies and tools, it would help facilitate the caseworker and the Department with opening better lines for communication to foster a higher level of safety in the field, and representation with families, legal services, and the community would be improved.

- 12. Ensure all workers are provided with updated technology to perform their jobs effectively and safely; i.e., laptops, cell phones, digital cameras, state cars, printer, child car seats, and latex gloves.**

## **VIII. CHILDREN'S MENTAL HEALTH**

The panels recognize the challenges inherent to a large rural state in providing mental health services to a diverse population.

- 13. The Department of Health and Welfare should continue to encourage development of CMH services in rural and frontiers, specifically access to psychiatric consultation, and treatment in the child's community should be available.**

## **IX. COURTS**

The panels recognize the continuing court/legal struggles, both with adequate legal representation and overloaded court dockets. The panels recognize the importance of the Regional Deputy Attorney General in child protection cases. The importance of the DAG's involvement in conducting Judicial Reviews and Terminations is noted, as it has assisted with meeting CFSR standards for permanency. There has also been the direct benefit of ensuring orders have the needed information and correct language to ensure Title IV-E requirements are met. There has also been an indirect benefit in the DAG's role in helping educate the Magistrates and attorneys in the Judicial District as to the Department's role and procedures. The panels feel the DAG's ultimately have more investment in representing the Department and acting as the Department's advisor than County Prosecutors.

- 14. We recommend the FACS division to continue to advocate for DAG's representing the Department in child protection judicial review and termination of parental rights.**
- 15. The KCS panels recognize that local magistrates and prosecuting attorneys have considerable work loads. We recommend that the Department advocate for the implementation of a family court system that would allow judges and attorneys to focus in the area of child welfare.**

## **X. SUBSTANCE ABUSE**

Substance abuse is a primary issue affecting the safety and well-being of Idaho's children. Methamphetamine use is causing a domino effect that is taxing our health and welfare system. There is an urgent need to raise public awareness about the devastating effect drugs have on prenatal infants who are exposed as well as on children who are neglected by drug addicted parents. The state foster care system is filled with children whose lives have been directly and indirectly affected by drug use. There is an urgent need for local treatment throughout the state of Idaho.

**16. DHW should develop a tracking system within its existing information system to track the number of children who enter foster care directly related to substance abuse by parents/caretakers or direct exposure.**

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

**Region I**

Verna Gabel – KCS Chair  
Ralph Kennedy – DHW Liaison  
Beverly McCuaig  
Claudia Burtelow  
Jim McCuaig  
Mary Vail  
Sharron Schueman  
Wilfred Ross  
Bunny Hodgson –Resigned during 2005

**Region II**

Anita Rognas – KCS Chair  
Mary Jo Murdie – DHW Liaison  
Kelli Loftus – DHW Liaison  
Donna Francis  
Doris Ferguson  
Jean Roberts  
Judy Hanby  
Lura Abbott  
Sara Rial  
Lynn Call  
Carol Wise – retired  
Jennifer Chaffee – secretary

**Region III**

Dyann Aspiazu – KCS Chair  
Russ Schroeder – DHW Liaison  
Mary Brubaker-Comstock  
Bridget Morrisroe-Aman  
Teri Webberly  
Diana Gabor  
Arleen Volgamore  
Lori Robb  
Sandra Martell  
Sheila Leavitt  
Vivienne Bristol  
Caroline McDonald – Prior DHW Liaison  
Kay Evans  
Deborah Woodall  
Ken Whitworth

**Region IV**

Londa Graham – KCS Co-Chair  
Charlotte Larson – KCS Co-Chair  
Sheri Conrad – DHW Liaison  
Bob Specht  
Mary Stackle  
Tom Turco  
Linda McCracken  
Martha Schmidt  
Bryan Moore  
Tracy Curran  
Carla Hall – (DHW) Secretary

**Region V**

Wes Fields – KCS Chair  
Jaime Nava – DHW Liaison  
Candy Tipton  
Georgina Wolverton  
Cheryl Kaatz  
Kaylynne Rolig  
Midge Fisher  
Bob Hodge

**Region VI**

Charlie Piquet – KCS Chair  
Grant Thomas – DHW Liaison  
Carol Dawn Willie  
Steve Ugaki  
Gaylene Strandbakke  
Virgie Arambarri – Prior DHW Liaison  
Cheryle Lemmon  
Margaret Herzog

**Region VII**

Julie Hill – KCS Co-Chair  
Renee Hill – KCS Co-Chair  
Marlene Bubar – DHW Liaison  
Cheryl Taylor  
Sharlene Milligan  
Gene Lund  
Janice McNee  
Howard Carroll  
Karthleen Dalling

## **KCS Statewide Panel Activities during 2005:**

- Observe the implementation of Idaho Department of Health and Welfare Children and Family Services policies, procedures and practices as they interact with families and other agencies
- Respond to specific requests, i.e. Social Worker safety program
  - Submitted recommendations to Regional Program Manager
- Participated in quarterly 3-day Continuous Quality Improvement file reviews
- Worked with legislators on legislation pertaining to child welfare issues
  - Community Resource Workers assigned to public schools
  - Copies of Keeping Children Safe Statewide Annual report sent to legislators
- Conducted exit interviews for Social Workers leaving the Department to obtain information to understand how the system is working and what needs improvement
  - Submitted quarterly reports to Regional Program Manager
- Shadowed Social Workers to observe activities
- Interviewed Foster Care Parents in an effort to understand their issues
- Reviewed the criteria the KCS Panel determines important to the protection of children
- Worked on daycare problems. Setting up task forces with volunteers to “spot check” each daycare
- Collected donated items for children and families in transition
- Conducted in-depth reviews of children who have made multiple moves while in Foster Care.
  - Identified issues
  - Submitted recommendations to the Department
- Reviewed concerns around day cares that Foster Parents use for children in their care who are paid funds through the ICCP
- Studied lack of resources
  - Dual diagnosis
  - Limited respite care
  - Limited temporary shelters available
  - Need for background checks for public transportation drivers
  - A need for qualified persons or agencies to aid with supervised visits to relieve Social Workers workloads
  - A need for a child advocate to be available to assist in difficult divorce cases to provide education to angry parents and to be a support to the children
- Addressed home schooling issues
- Looked at school anti-violence and suicide prevention programs
- A support group for children of Foster Care Families to cope with difficulties of having Foster Care siblings
- More medical training for Foster Care Parents (i.e., CPR, First Aid)
- Met with public community organizations outlining the procedure followed by the Department when child abuse is reported and substantiated
  - Communicated some of the challenges faced by children who come into the Department's care

## **KCS Panel Meetings during 2005:**

- Attended Child Fatality Reviews
- Participated in Permanency Committee staffing meetings
- Participated in six month case reviews
- Attended Department meetings
- Attended Family Group Decision Making training sessions
  - This process is where families are brought together to discuss the best permanent plan for the children
- Participation in performing case reviews

### **KCS Panel Monthly Meetings during 2005:**

- Scheduled speakers to attend monthly meetings on pertinent topics in order to better understand and educate Panel members, i.e.,
  - Department Supervisors
  - Legislators
  - Law Enforcement
  - Juvenile Justice Judges
  - Juvenile Justice Attorneys
  - Deputy Attorney General
  - Foster Parents
  - Foster Children
  - University Professors

### **KCS Panel Seminars attended during 2005:**

- Youth Council meetings
- Effects of Drugs on Newborns
- Foster Parent Appreciation Day
- PRIDE: training for Foster Care Parents
- Governor's Roundtable for Families and Children
- Multiple Disciplinary Team presentations
- National Citizen's Review Panel meetings (KCS Panels)
- Idaho Department of Health and Welfare Academy
- Workshop on Effects of Drugs on Fetuses and infants
- IWCA Conference
- Review of Statutory change to the Child Protection and Termination Act