



Keeping Children Safe



Statewide Panel Recommendations 2004



April 2004



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' 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 29, 2003, 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 2004* report.

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

Region I

Denise Metzger, DHW Liaison
Wilfred Ross
Verna Gabel
Bunny Hodgson, BA
Jim McCuaig
Claudia Burtelow

Region II

Mary Jo Murdie, DHW Liaison
Anita Rognas, KCS Chair
Lynn Call
Janet Beckner
Sara Rial
Doris Ferguson
Lura Abbott
Judy Hanby

Region III

Caroline McDonald, DHW Liaison
Mary Brubaker-Comstock, KCS Chair
Sheila Leavitt
Bridget Morrisroe-Aman
Arleen Volgamore
Teri Webberly
Lorri Robb
Dyann Aspiazu
Diana Gabor
Kay Evans
Deborah Woodall
Sandra Martell

Region IV

Robert Specht, KCS Co-Chair
Mary Stackle, KCS Co-Chair
Sheri Conrad
Charlotte Larson
Tom Turco
Martha Schmidt
Londa Graham

Region V

Jaime Nava, DHW Liaison
Wes Fields, KCS Chair
Bob Hodge
Kaylynne Rolig
Cheryl Kaatz
Georgina Wolverton

Region VI

Virgie Arambarri, DHW Liaison
Charlie Piquet, KCS Chair
Cheryle Lemmon, KCS Co-Chair
Margaret Herzog
Carol Dawn Willie

Region VII

Marlene Bubar, DHW Liaison
Julie Hill, KCS Chair
Renee Hill, KCS Co-Chair
Kathleen Dalling
Sharlene Milligan
Cheryl Taylor
Gene Lund
Janice McNee

KEEPING CHILDREN SAFE PANELS 2004 STATEWIDE RECOMMENDATIONS

I. COMMUNITY RESOURCE FOR FAMILIES PROGRAM (CRFF)

Keeping Children Safe Panels in the state of Idaho would like to see this program restored to the Department of Health and Welfare (DHW) and placed under their guidance. CRFF was a preventative/intervention program that was working for our families in need in Idaho. The program was successfully managed and implemented by DHW. It is also strongly felt the funding needs to be under the direction of DHW and not the Department of Education. As a citizens committee for Idaho, we are committed to this program and the good works it was doing in our public school system.

Recommendations:

1. The Community Resource for Families Program and its funding should be placed under the direction of the DHW rather than the Department of Education.

2. Conduct an impact study of the school districts where the CRFF program was discontinued or reduced.

II. COURTS

Idaho is a large geographical area with 44 counties. The majority of these counties only have a part-time prosecutor who maintains a private practice in addition to his elected duties. This often results in a lack of expertise in child protection issues and conflicting priorities.

Many courts and prosecutors do not consider the Department of Health and Welfare as a party to the child protection action. Workers frequently do not feel represented in court. There are delays in filing petitions, scheduling court reviews, termination of parental rights, and subsequently, achieving permanency.

This problem has been noted by Keeping Children Safe panels in different regions throughout the state, as well as in the Supreme Court Committee as being one of the delays in foster care. It was cited as an issue in the Children and Family Services Review throughout the state. The region in the state that did well in the area of permanency has the assistance of the Deputy Attorney General who represents the Department of Health and Welfare in child protection cases from the time of the Adjudicatory Hearing through termination of parental rights and subsequent permanency reviews.

In order to ensure the safety, permanency, and well-being of the children of Idaho, all child protection workers must have trained and timely legal representation.

It is our recommendation that the state of Idaho communicate with neighboring states, Washington and Utah, who have hired Deputy Attorney Generals to

handle child protection cases. The Keeping Children Safe Panels also suggest that the Department of Health and Welfare explore the use of IV-E funds or Promoting Safe and Stable Families monies to fund adequate legal representation.

Recommendations:

1. Assure there is effective legal representation to move child protection cases to permanency in a timely manner.

2. Explore the use of Promoting Safe and Stable Families funds or other funding sources to provide necessary legal representation.

III. SAFETY FOR CHILDREN

The KCS panels believe that a key to enabling children to remain in their own home or to timely re-unification is the accessibility of appropriate parenting education in their communities.

We encourage the Department to network with community partners to establish parenting education programs that will address parenting issues for children 0 to 18 years of age. Appropriate parenting curriculums can be developed in joint coordinated efforts with community partners, such as hospitals, schools, juvenile systems, head start programs, civil courts, women's shelters, and other existing programs who offer parenting classes.

Parenting programs should be structured in such a manner that they are ongoing and open ended, by doing so parents can be referred to the appropriate class and not have to wait for the start of a future session.

The panels believe it would be helpful for the Department to provide additional funding for each region to assist with the development of these resources.

The KCS panels believe that the child welfare system is seeing an increase in mental illness in our youth. Behaviors associated with mental illness are often undiagnosed or identified as a stage of rebellion. Idaho's child suicide rate has been consistently higher than the national average.

The awareness level of our communities can be raised by promoting and educating on the recognition of symptoms and treatment of mental illness. This could be accomplished through media efforts (targeting adults) and school programs (targeting youth.)

Statewide awareness efforts should also include the promotion of the existing 211 hotline as a resource where individuals with a children's mental health issue or crisis can receive immediate information on accessing mental health resources.

Recommendations:

- 1. Assure adequate resources for timely, appropriate parenting classes to enable children to remain in their own home, or to facilitate successful reunification when needed.**
- 2. Promote a higher awareness of the symptoms and treatments of mental illness in children/youth.**

IV. FOSTER CARE AND ADOPTION

The KCS Panels recognize and appreciate the significant effort put into the continued Casey/TAP Program. We encourage expansion of this program to include all regions in the state. We also encourage ongoing training and support for the DHW staff to maximize the benefits of the Casey Independent Living Program for the children they serve.

The KCS panels want to encourage the Wednesday's Child Program to expand and extend the program in Northern Idaho through Idaho Public television, Idaho Spokesman Review, Hagadone Papers, local radio, and any other local media outlet that may be receptive.

It is less expensive in the state of Idaho to house a child than to kennel a dog. Reimbursement rates for adult foster care are four to five times higher than reimbursement rates for children in foster care. The KCS panels find this deplorable. Idaho ranks nearly last in the reimbursement rate nationally and we are asking foster parents to care for our most precious resource.

Recommendations:

- 1. Encourage all regions to continue current training and support for all workers so they understand the valuable resource of the Casey Technical Assistance Program (TAP).**
- 2. Continue to encourage the development of Wednesday's Child in northern Idaho through multimedia resources.**
- 3. Continue to request increases in reimbursement rates to match the national average.**

V. PREVENTION

Utilize multidisciplinary teams (MDT) to maximize the exchange of information to formulate protocol to incorporate into a best practice model.

The CRFF program would greatly enhance partnership between the legal system and the school system in identifying at risk youth.

Use Region 1 Mobile Clinic as a model for increased accessibility of services and resources.

Recommendations:

- 1. Increase partnership with Law Enforcement and the school system to identify youth at risk of being removed from their home.**

2. Provide accessibility to supportive and preventive services to all families in Idaho; i.e., rural areas, high risk families, prenatal care, etc.

VI. SUBSTANCE ABUSE

Substance abuse must be acknowledged and addressed as a primary issue affecting the safety and well being of children in Idaho by:

- A prevention program, beginning in grade schools, to educate children to the consequences and dangers of all drug abuse. The widespread use of methamphetamine and alcohol abuse is of particular concern.
- Better education for adults in contact with children: parents, relatives, teachers and religious leaders, to recognize the symptoms of drug abuse.
- An awareness program to recognize that families affected by substance abuse need treatment and counseling to recover from addictive and abusive behavior by one or more family members.
- Evaluate the success of existing programs for appropriate, locally accessible treatment to make the best use of available funding,
- Support changes to the Child Protection Act to include drug exposed infants.

Recommendations:

1. DHW should take the lead in developing an educational/information campaign on methamphetamine awareness particularly as it impacts children; i.e., public service announcements, billboards, brochures for statewide distribution.

A. Inform the public and lawmakers about the impact/prevalence of methamphetamine; i.e., how it is affecting children, the number entering foster care, etc.

B. Revise the DHW information system to:

- **Have the capacity to track children entering the foster care system with drug/methamphetamine specific related issues.**
- **Track the cost of care per child entering the system with related drug/methamphetamine issues.**

C. Develop a statistical report to include the cost for care per child. The report should clearly state that the numbers are Idaho figures, not national. Statistical reports will be used for public awareness campaigns and by KCS panels as a tool to educate legislators and community groups.

2. Increase substance abuse funding for prompt, appropriate, and locally accessible treatment.

VII. RESOURCES

A liaison should be appointed by the Governor to represent him at state meetings of KCS Chairs and Liaisons, as well as at the annual state meeting of KCS Panel Members.

Currently KCS Panels are limited to being heard only by the Department of Health and Welfare, and to having that agency provide upward reporting of our findings and recommendations. While most of our recommendations are aimed at the Department, there are many occasions where the KCS panels make recommendations that affect the Judicial Branch of our state Government, the Department of Education, or any one of a number of other state agencies.

Communication directly with a liaison to the Governor would allow KCS Panels to address any issues encountered with other agencies and facilitate a means to provide a solution. A liaison would also be able to answer questions and provide feedback directly from the Governor to the KCS Panels.

KCS Panel Members recognize the high turnover rate of social workers, the decrease in the Department budget, the increase in numbers of children in care and the increase in services required to support children in care. To accommodate the needs of the children as well as the workers we recommend maximizing current social worker positions and providing additional clerical staff positions. This will allow the social workers to concentrate their skills on meeting the needs of children while the clerical staff fulfills necessary but time consuming administrative and clerical activities.

Idaho's Keeping Children Safe Panel Members wish to assure adequate health care coverage for all children in the state of Idaho. Children need access to a system of health care providers who can meet the medical, dental and vision needs of our children throughout the state.

In several areas of Idaho children in foster care have limited access to health care due to the scarce numbers of providers who will accept Medicaid. Often children must travel over 120 miles to receive services. Medical, dental and vision exams for children in foster care are required within 30 days of entry into foster care to assure timely assessment and planning to meet each child's health care needs. A lack of providers in several areas results in children not receiving these exams in a timely manner. For those children established in foster care they may not be receiving the necessary ongoing services required. These concerns were validated in the U.S. Department of Health and Human Services Child and Family Services Review conducted in 2003.

The Department states "We will continue to monitor Idaho's compliance with initial health screenings, preventive dental care, immunizations, and follow through with services for identified health serviced needs." "Due to the lagging economy and budget hold backs that have occurred in 2002 and 2003, it is doubtful that Idaho will be able to offer medical, dental, and vision professionals' additional financial incentives to encourage them to provide for children's needs. However, many medical and dental professionals will serve a certain percentage of pro bono clients. ----This is the type or thing that communities should organize and promote."

KCS Panel Members appreciate the lack of financial incentive available for providers from the state, but recommend a more aggressive search for other ways to provide services for the children. We disagree that it is a sole community problem. The Department should be active within each community affected to find ways to provide services.

Recommendations:

- 1. Ask the Governor to appoint a liaison to participate in the statewide KCS meetings to hear recommendations/ concerns.**
- 2. Optimize the use of social worker skills by providing additional administrative support staff.**
- 3. Explore the barriers for families and children who are eligible for Medicaid services as they try to access medical and dental services within their communities.**

VIII. EDUCATIONAL NEGLECT

We acknowledge that many home-schooled children are receiving an excellent education. However, we have for several years been concerned about children whose parents claim to be home-schooling, but who are, in fact, not schooling. Sometimes these parents withdraw their children from public schools when they learn that the school has reported suspected child abuse of their child or children, thus removing these children from a source of help and protection as well as education. In other cases, the parents, usually because of severe personal problems such as mental illness or addiction, learn that if they claim to be home-schooling, the school personnel can no longer “bother” them, complaining of their child’s frequent absences, undone homework, etc. Since there currently is no way to evaluate the efficacy of home schooling, nor even a way to accurately count or know who is being home-schooled, we strongly urge the establishment of a registry to keep track of these children and of a process to ensure that all children whose parents are home-schooling are, indeed, receiving an adequate education.

Recommendation:

Assure that all children in Idaho meet scholastic achievement standards no matter where they are educated or by whom. Accountability can be achieved through annual standardized testing.