

Child and Family Services Reviews

Statewide Assessment

June 7, 2023

*Minor formatting adjustments may have been made to this document for 508 compliance.
Content is unaffected.*

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to review state child welfare systems' performance related to child protective services, foster care, adoption, family preservation and independent living as well as their conformity to required child and family outcomes. Public reporting burden for this collection of information is estimated to average 120 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (45 CFR 1355.33(b)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970–0214 and the expiration date is 1/31/2025. If you have any comments on this collection of information, please contact the Children's Bureau at Danielle.McConaga@acf.hhs.gov



ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process¹ is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

- 1) Ensure conformity with federal child welfare requirements
- 2) Determine what is happening to children and families receiving child welfare services
- 3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors
- Analyzing and explaining its Risk-Standardized Performance (RSP) relative to the national performance for the CFSR statewide data indicators
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration

¹ Procedures for the review. 45 CFR § 1355.33.

- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a diverse and representative statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families (TANF).

The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy²

² As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the statewide assessment:

- Does the statewide assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the statewide assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data are already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the statewide assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing? Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the statewide assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?

- What changes in organizational capacity will be needed to complete a quality statewide assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement and partnership)?

Availability and Use of Quality Data and Information

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or quantitative and can be found in or derived from a number of sources."³ Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations of different races, ethnicities, cultures, sexual orientations, and socioeconomic levels that may experience bias, inequities, or underservice within their communities or by systems seeking to serve them
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the statewide assessment process include but are not limited to:

- CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews

³ Source: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the statewide assessment and note this information where relevant:

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)
- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

The Statewide Assessment Template

The statewide assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The sections of the Statewide Assessment template are outlined below and used to provide the most current and relevant information for understanding state performance on child welfare outcomes assessed by the CFSR, and evidence required to demonstrate routine statewide functioning of systemic factors. Please see the *CFSR Procedures Manual* for additional information on completing the statewide assessment.

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the statewide assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSR state data profile transmitted to the state to use in completing the statewide assessment.

The Statewide Assessment template is available electronically on the CB website at <https://www.acf.hhs.gov/cb>.

Preparation

As states prepare for the statewide assessment, CB recommends that states:

- Review the *CFSR Procedures Manual*, “Statewide Assessment” section (available on the CB website at <https://www.acf.hhs.gov/cb>, which provides guiding principles and a framework for completing the statewide assessment.
- Review the Capacity Building Center for States’ “Change and Implementation in Practice” series.⁴ The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the statewide assessment team. Review information on stakeholder involvement in the state’s assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:
 - PIP and PIP progress reports
 - CFSP and APSR
 - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
 - Most recent CFSR state data profile and supplemental context information, providing performance information on the CFSR statewide data indicators
 - State administrative data and aggregate performance information and measures
 - Case record review results
 - Other available statewide data, e.g., learning management system reports,

⁴ Capacity Building Center for States’ “Change and Implementation in Practice” series, available at <https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/>

administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups

- Review the *CFSR Procedures Manual*, “Capacity Building Collaborative Data Support Services” section, available on the CB website at <https://www.acf.hhs.gov/cb>, and determine the need for additional guidance and technical support with any step of the statewide assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated statewide assessment of the state’s child welfare system and the state’s ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state’s child welfare systems’ processes, programs, and practices.
- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state’s most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency’s investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state’s assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state’s observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

Statewide Assessment

Section I: General Information

Name of State Child Welfare Agency:

State Child Welfare Contact Person(s) for the Statewide Assessment

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List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

| Name | Affiliation | Role in Statewide Assessment Process |
|------------------------------|--|---|
| Andrew Stinson | Eastern Washington University | Assessment subcommittee member |
| Teresa Vance | Idaho Administrative Office of the Courts | Assessment subcommittee member |
| Youth with Lived Experience* | Region 6 | Assessment subcommittee member |
| Cameron Gilliland | Idaho Department of Health and Welfare, Family and Community Services, Division Administrator | Leadership planning |
| Roxanne Printz | Idaho Department of Health and Welfare, Family and Community Services, Deputy Division Administrator | Leadership planning |
| Andie Blackwood | Idaho Department of Health and Welfare, Family and Community Services, Bureau Chief | Leadership planning Assessment subcommittee member |
| Don Lee | Idaho Department of Health and Welfare, Family and Community Services, Bureau Chief | Leadership planning |
| Lance McCleve | Idaho Department of Health and Welfare, Family and Community Services, Bureau Chief | Leadership planning |
| Julie Sevcik | Idaho Department of Health and Welfare, Child and Family Services, Project Manager | Assessment subcommittee member |
| Jake Silva | Idaho Department of Health and Welfare, Bureau of Process Development and Implementation, Training and Development Manager | Assessment subcommittee member |
| Robbin Thomas | Idaho Department of Health and Welfare, Family and Community Services, Research Analyst Supervisor | Assessment subcommittee member |
| Brandi Barklow | Idaho Department of Health and Welfare, Child and Family Services, Program and Policy Development | Assessment subcommittee member |
| Sabrina Brown | Idaho Department of Health and Welfare, Child and Family Services, Program and Policy Development | Assessment subcommittee member |

| Name | Affiliation | Role in Statewide Assessment Process |
|----------------------|---|--------------------------------------|
| Autum Ferris | Idaho Department of Health and Welfare, Child and Family Services, Program and Policy Development | Assessment subcommittee member |
| Stephanie Miller | Idaho Department of Health and Welfare, Child and Family Services, Program and Policy Development | Assessment subcommittee member |
| Amanda Paton-Carmelo | Idaho Department of Health and Welfare, Child and Family Services, Program and Policy Development | Assessment subcommittee member |
| Kristen Schuppan | Idaho Department of Health and Welfare, Child and Family Services, Program and Policy Development | Assessment subcommittee member |
| Kaela Whitehead | Idaho Department of Health and Welfare, Child and Family Services, Program and Policy Development | Assessment subcommittee member |
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Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Insert description:

The Idaho Department of Health and Welfare (IDHW) Division of Family and Community Services (FACS) Child and Family Services (CFS) program involved all levels of leadership within the agency as well as partners and stakeholders including families and youth with lived experience, tribes, the legal and judicial community, and local service providers in the state's self-assessment of the child welfare program. Various methods of engagement were used and represented a change from prior engagement opportunities. For prior Child and Family Service Review (CFSR) assessments, CFS hosted a large meeting of representatives from various partner and stakeholder groups to gather feedback at a single point in time. This information was combined with that gathered through existing stakeholder meetings. With a goal of expanding the pool of engaged partners, CFS implemented the use of more frequent and focused feedback opportunities to provide stakeholders a choice in how they would like to engage for the CFSR 4 Statewide Assessment.

FACS and CFS leadership and the child welfare program and policy development team worked with the Capacity Building Center (CBC) for States to develop and implement the self-assessment process. Each of the seven regional CFS offices provided contact lists for their existing partners, as well additional stakeholders they believed would like to engage. Subcommittees for the themes of safety, permanency, and well-being met several times each week to review data and feedback received for each the themes. Attempts to recruit parents with lived experience to participate on the subcommittees were unsuccessful; however, members did include a youth with lived experience, representation from the Administrative Office of the Courts (AOC), and a service provider for the training and support of foster parents.

CFS also used existing structures and groups to engage partners in the CFSR 4 Statewide Assessment. Results from the 2022 Annual Foster Parent Survey became provided feedback from 354 of 1,148 families in all seven regions. CFS leadership worked with the AOC to incorporate questions specific to the statewide assessment into legal and judicial focus groups held by the AOC on March 10, 2023. Participants included judges, public defenders, deputy attorneys general, defense attorneys, the Governor's Task Force for Children at Risk, and CASA from all seven judicial regions. Information about the CFSR and questions and topics to solicit feedback from Idaho's tribes were included in Idaho's quarterly Indian Child Welfare Advisory Committee (ICWAC) meetings over the past year. Active ICWAC members include representatives from the child welfare programs of four of Idaho's six tribes. Invitations to participate in the 2023 Child Welfare Feedback and Engagement Survey and subsequent focus groups and interviews were sent to all six tribes and discussed at the March 15, 2023 ICWAC meeting. Information gathered from these groups was documented and incorporated throughout the statewide assessment.

A Child Welfare Feedback and Engagement Survey was used to reach a broader group of partners and stakeholders. This online survey was designed to be easily accessed through a

Section I—General Information

QR code or link. Once accessed, the responder selected their role (staff, parent with lived experience, youth with lived experience, foster parent, tribe, legal/judicial, or service provider) and geographic location. Based on this response, they were taken to a survey asking questions pertaining to their chosen role. The survey also provided an invitation to related focus groups and asked about the respondent's interest in participating in continued assessment and planning for Idaho's child welfare program. Survey links along with general information about the CFSR and invitations to focus groups were sent to the 156 regional contacts and partners for whom e-mail addresses were known on March 24, 2023. Printed flyers with survey links and focus group information were distributed at the Annual Resource Parent Conference in the North Hub (Regions 1 and 2) on March 17, 2023, and provided to regional child welfare offices to be posted in their lobbies. Regional caseworkers were encouraged to remind the parents, youth, and foster parents with whom they work of the opportunity to provide feedback. By March 31, 2023, 144 responses were received (Table 1.1)

Table 1.1 Feedback and Engagement Survey Respondents by Geography and Role

| 2023 Child Welfare Feedback and Engagement Survey | | | | | | | | |
|---|---------------------------|---------------------------|--------|------------------|-------|-------|-------|-------|
| | Foster or Adoptive Parent | Legal or Judicial Partner | Parent | Service Provider | Staff | Tribe | Youth | Total |
| Region 1 | 35 | 2 | 1 | 2 | 7 | 0 | 0 | 47 |
| Region 2 | 3 | 0 | 1 | 2 | 1 | 0 | 0 | 7 |
| Region 3 | 16 | 0 | 1 | 1 | 7 | 0 | 0 | 25 |
| Region 4 | 6 | 2 | 6 | 11 | 6 | 0 | 0 | 31 |
| Region 5 | 7 | 2 | 0 | 1 | 1 | 0 | 0 | 11 |
| Region 6 | 7 | 0 | 2 | 1 | 0 | 0 | 0 | 10 |
| Region 7 | 5 | 1 | 1 | 0 | 0 | 0 | 0 | 7 |
| Statewide | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Unknown | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Total | 84 | 7 | 12 | 18 | 23 | 0 | 0 | 144 |

There was a larger response from foster or adoptive parents in Region 1 than other areas of the state, likely due to the sharing of survey information at their local conference. Printed flyers were not shared during conferences in the western or eastern parts of the state as they were scheduled for after survey results were needed. No survey responders identified as representing a tribe and responses were lower than expected from the legal and judicial community. This is believed to be due to the opportunities for both groups to provide in-person feedback during legal and judicial focus groups and an ICWAC meeting held earlier in the month. Room for growth in future engagement is needed in the areas of parent (12 responses) and youth (no responses) with lived experience.

CFSR Community Focus Groups were held to provide an opportunity for partners to provide real-time feedback. To maximize the opportunity for involvement, six groups were held between March 29 and April 6, 2023, and included daytime, evening, and week-end options. The agenda included a brief overview of the CFSR process before participants broke out into sessions based on their role (parent, youth with lived experience, foster parent, tribal, legal/judicial, service provider, staff). Participants were able to remain anonymous. Opportunities for further participation in the ongoing assessment and improvement of Idaho's child welfare system were

presented. Data related to the attendance of the first two focus groups is unavailable. The last four groups had a total of 20 participants representing Regions 1, 2, 3, 4, 6, and 7 as well as one person with a statewide position. Data as to the roles of those participating was not captured.

To meet the needs of those who wanted to provide more feedback than survey completion but were not comfortable or able to participate in a focus group, one on one interviews were conducted in April 2023. A foster parent from Region 3 and seven parents with lived experience from Regions 1, 2, and 4 participated. Each provided in-depth feedback on the same topics as those covered during focus groups.

Idaho has conducted ongoing case record reviews (CRR) since 2004 using the federal onsite review instrument (OSRI). This internal review process assesses statewide performance in the areas of safety, permanency, and well-being and includes interviews with the parents, foster parents, youth, and staff assigned to the case. Both foster care and in-home cases were reviewed in FFY 2020 (45 foster care; 41 in-home; 86 total), FFY 2021 (46 foster care; 27 in-home; 73 total), and FFY 2022 (43 foster care; 30 in-home; 73 total) reviewed. Feedback gathered during interviews was used to further understand performance in the statewide assessment.

Idaho will continue to use the electronic Child Welfare Feedback and Engagement Survey, focus groups, and advisory groups to obtain feedback and develop improvement plans on an ongoing basis. This input will help in the further engagement of stakeholders, particularly those with lived experience, in the ongoing assessment of CFS's performance as well as development and implementation of any program improvement plans (PIPs) and Child and Family Service Plans (CFSPs).

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline cross-cutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment, and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

We encourage states to consider the experiences of populations within the state that may experience bias, inequities, or underservice—either in their communities or by the systems seeking to serve them—with a focus on variations in outcomes for members of those populations, and how their child welfare system processes, practices, and procedures may either exacerbate or seek to ameliorate any inequities.

We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets

Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

Insert description:

The Idaho Department of Health and Welfare (IDHW) is the state agency responsible for over 30 health, welfare, and human services programs throughout Idaho. The department's mission is to strengthen the health, safety, and independence of Idahoans.

The Division of Family and Community Services (FACS) is responsible for child protection, adoptions and foster care, interstate compact on the placement of children (ICPC), Indian child welfare, services for persons with developmental disabilities, resource development and eligibility, navigation services, and early intervention and screening for infants and toddlers. The Bureau of Operational Design within the division supports the development and implementation of FACS practices, including child welfare. The Bureau of Operational Design is working with the child welfare program to develop, implement, and evaluate a system of continuous quality improvement (CQI) which will assign owners to key activities and data for monitoring. When those activities and data indicate a shift is needed in practice, stakeholders and partners will provide feedback on both the root causes and any plans to ameliorate the concern. This will lead to the implementation of intervention efforts in the program and the owners will again be in the role of monitoring the key activities and data to report back to stakeholders and partners across the state both internal and external.

Idaho has a state-administered child welfare system. The Child and Family Services (CFS) program provides child protection, including prevention services, adoption, guardianship, foster care, ICPC, and Indian child welfare services in close collaboration with other programs in the Division of FACS. CFS services reflect the IDHW's family-centered philosophy which affirms the belief families should be treated with respect, involved in decision making and, when safe, are the best place for children to grow and develop. The CFS program focuses on the entire family unit and builds on family strengths while supporting and empowering families to be self-reliant and self-determining. Services are provided locally through seven regional offices arranged in

three geographical hubs: the North Hub (Regions 1 and 2); the West Hub (Regions 3 and 4); and the East Hub (Regions 5, 6, and 7).

The CFS program is responsible for administering state title IV-E programs. As part of its title IV-E responsibility, CFS administers the funds and services of the Independent Living (IL) Program under the Chafee Foster Care Independence Act of 1999 (P.L. 106-169) and the Educational Training Voucher program. CFS also administers the Social Services Block Grant (SSBG), title IV-B parts 1 and 2 of the Social Security Act, and the CAPTA basic grant programs. The CFS program is responsible for annual reporting on the Child and Family Services Plan (CFSP).

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Insert description:

Throughout the last couple of years, the child welfare program experienced significant turnover in case carrying staff. This affected all regions of the state to varying degrees with Regions 3 and 4 impacted the most. As the metro area, Regions 3 and 4 represent 40-50% of the population of the entire state, staff were used from other regions, centralized teams, and the state office to assist. This created difficulties in managing workload for those areas which sent staff to temporarily help in the metro area. While the state is now fully staffed, CFS had to shift from employing only licensed social workers in case carrying roles, to employing individuals with human services degrees outside of social work which do not have a licensure requirement. As a result, the on-boarding process to support and train new staff to child welfare work, has been extensive. In the metro area of the state, staff have been hired in cohorts of three to six staff at a time to streamline training while creating a system of support between the newly hired employees. A formalized mentoring program was implemented for these staff to ensure they are integrated into child welfare work seamlessly and with maximum support. Although CFS is at full staff currently, the experience level is very minimal, and staff are at varying places in their training and ability to confidently take on a full case load of work.

The state of Idaho has also experienced a steep increase in population statewide. This has strained community services and created waitlists for children and families who need to access these services to stabilize tenuous mental health, substances use, and other situations. Due to the lack of readily available services, there are more families whose children have serious emotional disturbance, serious juvenile justice involvement, complex medical needs, and developmental delays coming into the child welfare system. This creates a strain on placement resources and staff who do not always have the time or resources to provide sufficient attention to complex cases with the demands of already high caseloads.

Finally, the increase in acuity of needs in children presenting to the child welfare system combined with the complicated requirements related to qualified residential treatment programs (QRTPs) has resulted in the costs for residential care increasing exponentially. The program had to request supplemental funds due to these ever-rising costs. Despite the development of a specific unit to assist staff in making appropriate placements for children with higher needs and support related to discharge planning, costs continue to rise. CFS contracted with two agencies to provide treatment foster care to increase the array of placement options, but after over a year of recruitment efforts only one family has been licensed and is preparing to take placement.

Part 3: Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Insert description:

Idaho's improvement initiatives are focused on workforce capacity and CQI. The primary focus is to continue to aggressively on-board and train new staff. A robust workforce is critical to the program's ability to make lasting practice changes in any area. There is also a focus on building and implementing a CQI system so as regions have staff who are fully trained, they are ready to tackle the practice challenges. This work is in process as regions are using the CQI process to identify and address regional practice challenges.

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Examples of relevant data: references to safety indicators in recent CB-generated state data profile, case record review results, and administrative data such as state-generated performance on the statewide safety data indicators and timeliness of face-to-face contact with children who are subjects of screened-in CPS reports. Include a description of state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR safety data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on safety outcomes?
- What does performance data show with respect to the impact of prevention efforts on safety outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or challenge?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

Performance Data: Safety

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect.

Idaho has seen a decline in the timeliness of initiating investigations for accepted reports of maltreatment, as indicated by case record reviews (CRRs) and state generated performance data. Results show a decrease in performance in Item 1: Timeliness of Response largely due to caseworker capacity, staff turnover, and delays in the timeliness of assigning accepted reports of maltreatment. Issues pertaining to accurate and timely use of variances remains a theme across the state, as there are some cases where variances are used inappropriately or there is no documentation of a variance. In a few cases, inaccurate identification of a child subjected to maltreatment was also identified as a reason for delay within the agency's control. For reference, Idaho's priority response guidelines indicate children of concern should be seen immediately for intakes assigned as a priority 1, within 24 hours for intakes assigned as a priority 2, and within 72 hours for intakes assigned as a priority 3.

Table 2.1 Timeliness of Response

Note: Data from the Idaho CCWI/ESPI for 100% of children of concern for whom a referral was received and assigned during the timeframe noted and no variance for child contact was given.

| Timeliness of Response | | |
|------------------------|--|------------------------|
| | # Children with Accepted Reports of Maltreatment | % Children Seen Timely |
| FFY 2022 | 13,417 | 80.4% |
| FFY 2021 | 15,294 | 78.1% |
| FFY 2020 | 15,314 | 82.0% |

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It is notable that regional outcomes related to timeliness of response were significantly higher in some regions than others. Timely face-to-face contact with children occurred at 92.2% (Region 1), 96.7% (Region 2), 88.0% (Region 5), 93.2% (Region 6), and 93.0% (Region 7) of children subjected to maltreatment associated with accepted reports of maltreatment for FFY 2022 (Table 2.2). One location, Region 2, performed above the expected requirement at 96.7%.

Table 2.2 Timeliness of Response by Region

Note: Data from the Idaho CCWI/ESPI for 100% of children of concern for whom a referral was received and assigned during FFY 2022 and no variance for child contact was given.

| Timeliness of Response by Region FFY 2022 | |
|---|------------------------|
| | % Children Seen Timely |
| Region 1 | 92.2% |
| Region 2 | 96.7% |
| Region 3 | 72.8% |
| Region 4 | 58.9% |
| Region 5 | 88.0% |
| Region 6 | 93.2% |
| Region 7 | 93.0% |

Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.

Idaho strives to make concerted efforts to provide services to families to prevent a child's entry into foster care or re-entry after reunification. These efforts resulted in a slight increase in performance for Safety Outcome 2 in FFY 2022 (Table 2.3).

Table 2.3 Safety Outcome 2

Note: Data from State Rating Summary report the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Safety Outcome 2 | | | | |
|------------------|--------------------|------------------------------|--|----------------------------------|
| | # Applicable Cases | # and % Cases Rated Strength | # and % Cases Rated Partially Achieved | # and % Cases Rated Not Achieved |
| FFY 2022 | 73 | 31 | 8 | 34 |
| | | 42.5% | 11.0% | 46.6% |
| FFY 2021 | 73 | 27 | 8 | 38 |
| | | 37.0% | 11.0% | 52.1% |
| FFY 2020 | 86 | 35 | 11 | 40 |
| | | 40.7% | 12.8% | 46.5% |

Following a 3.8% decrease in performance providing in-home services to prevent removal or foster care re-entry from FFY 2020 to FFY 2021, Idaho demonstrated a slight increase of 1.9% in FFY 2022 (Table 2.4). The state continues to perform significantly below the Children's Bureau 95% benchmark. There is a notable variation in performance between geographic regions (Table 2.5) with Region 5 performing at 75% and Region 1 at 50% while no cases in Regions 2 or 3 rated as a strength in this area. CRR documentation reflects the assignment of caseworkers and supervisors with more experience was a primary factor contributing to stronger performance.

Table 2.4 Outcomes for OSRI Item 2: Services provided to the family to protect child(ren) in the home and prevent removal or re-entry into foster care

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 2 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 13 | 33 | 39.4% |
| FFY 2021 | 9 | 24 | 37.5% |
| FFY 2020 | 19 | 46 | 41.3% |

Table 2.5 OSRI Item 2 Outcomes by Geographical Region

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Item 2 OSRI Strength Ratings by Region | | | |
|--|----------|----------|----------|
| | FFY 2020 | FFY 2021 | FFY 2022 |
| Region 1 | 50% | 37.5% | 50% |
| Region 2 | 50% | 0% | 0% |
| Region 3 | 17% | 33% | 0% |
| Region 4 | 50% | 75% | 33% |
| Region 5 | 30% | 50% | 75% |
| Region 6 | 40% | 33% | 17% |
| Region 7 | 50% | 0% | 67% |

CRRs and feedback from internal and external partners reflects the Child and Family Services (CFS) program performs better in the initial safety assessment than the ongoing safety assessment. Themes impacting the accuracy and quality of the agency's ongoing assessments include incident-based rather than comprehensive assessments, caseworkers not consistently meeting with children alone and in private, and the frequency of ongoing home visits during trial home visits and/or while managing safety concerns in the home were insufficient to manage the safety threats and/or risk issues.

Table 2.6 Outcomes for OSRI Item 3: Risk and Safety Assessment and Management *Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.*

| OSRI Item 3 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 32 | 73 | 43.8% |
| FFY 2021 | 29 | 73 | 39.7% |
| FFY 2020 | 36 | 86 | 41.9% |

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Table 2.7 OSRI Item 3 Outcomes by Geographical Region

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Item 3 OSRI Strength Ratings by Region | | | |
|--|----------|----------|----------|
| | FFY 2020 | FFY 2021 | FFY 2022 |
| Region 1 | 36% | 31% | 31% |
| Region 2 | 40% | 20% | 20% |
| Region 3 | 36% | 38.5% | 23% |
| Region 4 | 50% | 47% | 71% |
| Region 5 | 40% | 64% | 50% |
| Region 6 | 48% | 27% | 50% |
| Region 7 | 50% | 40% | 50% |

Idaho continues to perform statistically better than the national performance (9.7%) regarding recurrence of maltreatment at 5.3% as of FY 20-21 (Table 2.8). The state performed at 5.9% during FY19-20 and 6.5% during FY 18-19. Available data shows a steady decline in recurrence of maltreatment in the state of Idaho.

Table 2.8 National vs. Idaho Performance for Recurrence of Maltreatment

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12 months of the initial victimization.

| Recurrence of Maltreatment National vs. Idaho Performance | | | |
|--|----------------------|-------------------------------------|--|
| Time Period | National Performance | Risk Standardized Performance (RSP) | RSP State Performance Relative to National Performance |
| FY 20-21 | 9.7% | 5.3% | Statistically better |
| FY 19-20 | | 5.9% | Statistically better |
| FY 18-19 | | 6.5% | Statistically better |

Idaho also performs statistically better than national performance regarding maltreatment in foster care, with a rate of 4.86 as of FY 20 (Table 2.9). Idaho has consistently performed better than the national performance of 9.07 (victimizations/100,000 days in care), performing at 4.79 in FY19 and 4.37 in FY18.

Table 2.9 National vs. Idaho Performance for Maltreatment in Care

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the state's placement and care responsibility.

| Maltreatment in Care National vs. Idaho Performance | | | |
|--|----------------------|-------------------------------------|--|
| Time Period | National Performance | Risk Standardized Performance (RSP) | RSP State Performance Relative to National Performance |
| 20 AB, FY 20 | 9.07 | 4.86 | Statistically better |
| 19 AB, FY 19 | | 4.79 | Statistically better |
| 18 AB, FY 18 | | 4.37 | Statistically better |

Analysis: Safety

Strengths:

The Child and Family Service (CFS) program continues to perform under the Children's Bureau requirements as to safety; however, related outcomes were significantly higher in some regions than others. One location, Region 2, performed above the expected requirement at 96.7% while Regions 1, 6, and 7 performed at greater than 90%.

CFS continues a pattern of low rates of recurrence of maltreatment (Table 2.8) and maltreatment in care (Table 2.9) as reflected in CFSR Round 4 Data Profile Context Data. The state's performance on these two standards indicates CFS is ensuring the safety of the children placed in foster care and preventing subsequent maltreatment within 12 months.

CRRs reflect improved outcomes in Regions 5 and 7 in preventing removal and re-entry into foster care (Table 2.5) and in Regions 4 and 6 in risk assessment and safety management (Table 2.7). It was observed that in cases rated as a strength in safety performance, the assigned workers were experienced with three or more years of service to the agency. These workers possessed enhanced knowledge and understanding of Idaho's practice model and policy expectations. The assessments were of high quality, comprehensive, and aligned with the CFS safety model. Additionally, an increase of over 4.1% in performance was observed for this fiscal year in regard to risk assessment and safety management statewide (Table 2.6).

Concerns:

Timeliness of initiating investigations (Table 2.1) is a concern for Idaho, which is committed to the safety and well-being of children served. Despite some regions performing at or near the goal of 95%, the state continues to struggle in Regions 3 and 4. Region 3 outcomes indicated 72.8% of children were seen within CFS priority guidelines, while Region 4 outcomes indicated 58.9% were seen timely. These two regions represent 40-50% of the state's population and, as a result, receive a large portion of the state's accepted reports of maltreatment included in statewide data. These regions are significantly impacted by a lack of staff, workload capacity, and a delay in assignments of accepted reports. The recruitment and retention of caseworkers continues to impact Idaho's ability to achieve enhanced safety outcomes for children and families statewide. In Regions 3 and 4, staff are carrying large caseloads which impacts their ability to ensure adequate quality supervision, as well as ensure staff have reasonable caseloads in which they can dedicate sufficient time to spend with children, youth, and families to comprehensively assess and mitigate safety and risk.

Statewide themes exist pertaining to ongoing safety planning. Caseworkers struggle to ensure safety plans appropriately address the safety threat. At times, there is a failure to implement a safety plan when there are active safety threats in operation, to adequately assess and monitor ongoing safety monitors, and to document these safety plans where necessary. There is also a need for improved documentation of the date and time a child was seen as well as variances. These two variables are not always entered timely or accurately across the state, which can skew overall performance results. Another area to be improved is the accurate identification of children subject to maltreatment.

Rating: Safety is rated as an Area Needing Improvement. Performance for the OSRI Items 1, 2, and 3 remains below the expected requirement of 95%. Although the state continues to perform better than national performance regarding recurrence of maltreatment and maltreatment in foster care, only 80.4% of children were seen within priority guidelines in the most recent FFY. No region performed at the expected requirement of 95% in the areas of services to prevent removal or re-entry or risk and safety assessment and management. In Round 3 of the Child and Family Services Review, Idaho's performance in Safety was an Area Needing Improvement. The state did achieve a Strength rating for Item 2. CFS did not meet the CFSR Round 3 Program Improvement Plan (PIP) goals of 85.7% for Item 1 or 80.0% for Item 3.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Examples of relevant data: references to permanency indicators in recent CB-generated state data profiles, case record review results, and administrative data such as time to permanency by permanency goal, percentage of children placed with relatives/kin, percentage of children in foster care placed with some or all siblings; court performance measures; and quality hearing review project results. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR permanency data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on permanency outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., children entering foster care, children in foster care for longer periods of time, child age and race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?

- What supporting evidence is provided by key stakeholders (e.g. caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

Performance Data: Permanency

Permanency Outcome 1

Children have permanency and stability in their living situations

Idaho is not meeting practice expectations for Permanency Outcome 1 (Table 3.1). Although the state meets or exceeds national performance for achieving permanency for youth who entered foster care within 12 months, between 12 and 23 months, and in 24+ months, Child and Family Services (CFS) struggles to provide placement stability for children in foster care.

Table 3.1 Permanency Outcomes 1

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Permanency Outcome 1 | | | | |
|----------------------|--------------------|------------------------------|--|----------------------------------|
| | # Applicable Cases | # and % Cases Rated Strength | # and % Cases Rated Partially Achieved | # and % Cases Rated Not Achieved |
| FFY 2022 | 43 | 11 | 28 | 4 |
| | | 25.6% | 65.1% | 9.3% |
| FFY 2021 | 46 | 9 | 28 | 9 |
| | | 19.6% | 60.9% | 9.6% |
| FFY 2020 | 45 | 7 | 32 | 6 |
| | | 15.6% | 71.1% | 13.3% |

Case record reviews (CRRs) performed from FFY 2020 through FFY 2022 (Table 3.2) showed the percentage of cases rated as a strength for placement stability remained relatively consistent between 63% and 67%, significantly below the Children Bureau's expectation of 95%. Although the total number of applicable cases was relatively small (N=134), when all placements were considered in the CFSR Data Profile for Placement Stability (Table 3.3), performance remained statistically worse than national performance.

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Table 3.2 Outcomes for OSRI Item 4: Stability of Foster Care Placement

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 4 | | | |
|-------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 29 | 43 | 67.4% |
| FFY 2021 | 29 | 46 | 63.0% |
| FFY 2020 | 30 | 45 | 66.8% |

Table 3.3 National vs. Idaho Performance for Placement Stability

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the rate of placement moves (per 1,000 days in care) during the time period for children who entered care during the time period.

Note 3: Children with episodes less than eight days are excluded.

| Time Period | National Performance | Risk Standardized Performance (RSP) | RSP State Performance Relative to National Performance |
|-------------|----------------------|-------------------------------------|--|
| 22A/22B | 4.48 | 5.37 | Statistically worse |
| 21A/21B | | 5.13 | Statistically worse |
| 20A/20B | | 5.77 | Statistically worse |

In considering the impact of demographics including age, race/ethnicity, and geographic region on placement stability, age appeared to be the primary factor influencing the rate of placement changes with only children less than one year of age (Table 3.4) performing above national performance for all three time periods. Children aged 11 to 16 years experienced the greatest instability for two of the three periods.

Table 3.4 Idaho Performance for Placement Stability by Age at Foster Care Entry

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the rate of placement moves (per 1,000 days in care) during the time period for children who entered care during the time period at the noted age.

Note 3: Children with episodes less than eight days are excluded.

| Placement Stability by Age at Foster Care Entry | | | | | | | | | |
|---|--------------|-------|------|--------------|-------|------|--------------|-------|------|
| Time Period | 20A/20B | | | 21A/21B | | | 22A/22B | | |
| Age at Entry by Years | Days in Care | Moves | Rate | Days in Care | Moves | Rate | Days in Care | Moves | Rate |
| Less than 1 | 26,986 | 83 | 3.08 | 40,390 | 109 | 2.70 | 28,083 | 76 | 2.71 |
| 1 to 5 | 43,522 | 235 | 5.40 | 49,605 | 246 | 4.96 | 39,423 | 208 | 5.28 |
| 6 to 10 | 27,177 | 184 | 6.77 | 39,714 | 217 | 5.46 | 32,951 | 195 | 5.92 |
| 11 to 16 | 37,945 | 304 | 8.01 | 50,023 | 354 | 7.08 | 42,489 | 315 | 7.41 |
| 17 | 2,549 | 16 | 6.28 | 3,064 | 25 | 8.16 | 2,746 | 19 | 6.92 |

Table 3.5 reflects placement stability above national performance for two of the three time periods for American Indian/Alaska Native children as well as those who are Hispanic or any race or two or more races. It should be noted placement stability exceeded national

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performance for Native Hawaiian/Pacific Islander children in all three reporting periods and for Asian children in two of the three reporting periods; however, there was a very small sample size for both groups.

Table 3.5 Idaho Performance for Placement Stability by Race/Ethnicity

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the rate of placement moves (per 1,000 days in care) during the time period for children who entered care during the time period.

Note 3: Ages, races/ethnicities, and localities with no placements of any of the qualifying years do not appear on the table.

Note 4: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

| Placement Stability by Race/Ethnicity | | | | | | | | | |
|---------------------------------------|-----------------|-------|------|-----------------|-------|-------|-----------------|-------|------|
| Time Period | 20A/20B | | | 21A/21B | | | 22A/22B | | |
| Race/ Ethnicity | Days in Care | Moves | Rate | Days in Care | Moves | Rate | Days in Care | Moves | Rate |
| American Indian/ Alaska Native | 3,898 | 9 | 2.31 | 2,868 | 20 | 6.97 | 1,861 | 6 | 3.22 |
| Asian | 0 | 0 | 0 | 502 | 7 | 13.94 | 146 | 0 | 0 |
| Black or African American | 1,120 | 6 | 5.36 | 1,480 | 15 | 10.14 | 1,370 | 8 | 5.84 |
| Hispanic of any race | 17,982 | 147 | 8.17 | 33,642 | 143 | 4.25 | 28,460 | 122 | 4.29 |
| Native Hawaiian/ Pacific Islander | 93 | 0 | 0 | 1,290 | 2 | 1.55 | 701 | 1 | 1.43 |
| White | 103,160 | 604 | 5.85 | 127,844 | 688 | 5.38 | 98,560 | 596 | 6.05 |
| Two or More | 2,648 | 10 | 3.78 | 7,046 | 27 | 3.83 | 9,071 | 85 | 5.73 |
| Unknown/ Unable to Determine | 8,856 | 44 | 4.97 | 7,598 | 46 | 6.05 | 4,135 | 25 | 6.05 |
| Missing Race/ Ethnicity Data | 422 | 2 | 4.74 | 526 | 3 | 5.70 | 1,388 | 3 | 2.16 |

Region 3 struggled the most with placement instability, while Region 6 was the only location to exceed national performance for all three time periods (Table 3.6). National performance was also exceeded by Region 7 for two of the three time periods.

Table 3.6 Idaho Performance by Geographic Region

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the rate of placement moves (per 1,000 days in care) during the time period for children who entered care during the time period.

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| Placement Stability by Region with Case Responsibility | | | | | | | | | |
|---|---------------------|--------------|-------------|---------------------|--------------|-------------|---------------------|--------------|-------------|
| Time Period | 20A/20B | | | 21A/21B | | | 22A/22B | | |
| Region | Days in Care | Moves | Rate | Days in Care | Moves | Rate | Days in Care | Moves | Rate |
| 1 | 16,909 | 97 | 5.74 | 17,096 | 90 | 5.26 | 14,624 | 106 | 7.25 |
| 2 | 8,527 | 48 | 5.63 | 8,989 | 36 | 4.00 | 8,822 | 35 | 3.97 |
| 3 | 25,320 | 213 | 8.41 | 43,659 | 272 | 6.23 | 28,756 | 180 | 6.26 |
| 4 | 35,048 | 201 | 5.73 | 46,278 | 238 | 5.14 | 40,207 | 258 | 6.42 |
| 5 | 15,682 | 87 | 5.55 | 23,033 | 136 | 5.90 | 13,143 | 88 | 6.70 |
| 6 | 15,666 | 64 | 4.09 | 19,921 | 88 | 4.42 | 16,953 | 60 | 3.54 |
| 7 | 21,027 | 112 | 5.33 | 23,820 | 91 | 3.82 | 23,187 | 86 | 3.71 |

Documentation of the reason for each placement change is recorded in the Comprehensive Child Welfare Information System (CCWIS) at the time a child moves. Data from the last three FFYs shows foster parent request is consistently the most common reason for a child to change placements (Table 3.7). Placement changes for this reason (N=999) far outnumbered those from the next most common reason of a move to a higher level of care/behavioral health placement (N=276). The reason for foster parent requested placement moves are most often due to an inability to manage the child's behaviors (N=401) followed by the placement being temporary in nature (N=342) (Table 3.8).

Table 3.7 Reasons for Placement Changes

Note 1: Data from the Idaho CCWI/ESPI for all placement changes made in the FFY.

Note 2: *The CCWIS was implemented mid FFY 2020.

| Reasons for Placement Changes | | | | |
|---|------------------|-----------------|-----------------|--------------|
| | FFY 2020* | FFY 2021 | FFY 2022 | Total |
| Alleged Abuse or Neglect | 10 | 29 | 28 | 67 |
| Child Placed in Detention | 12 | 31 | 49 | 92 |
| Fictive Kin Placement | 8 | 22 | 21 | 51 |
| Foster Parent Request | 149 | 477 | 373 | 999 |
| Higher Level of Care – Behavioral Health | 49 | 112 | 115 | 276 |
| Hospital | 27 | 55 | 41 | 123 |
| ICWA Compliant/Tribal Approved | 0 | 1 | 1 | 2 |
| Less Restrictive Environment | 36 | 87 | 89 | 212 |
| Non-Safety Related Licensing Concern | 3 | 7 | 11 | 21 |
| None | 16 | 72 | 61 | 149 |
| Placed with Siblings | 7 | 10 | 7 | 24 |
| Pre-Adoptive Placement | 6 | 14 | 8 | 28 |
| Relative Placement | 23 | 26 | 23 | 72 |
| Young Adult Request | 0 | 0 | 1 | 1 |
| Total | 346 | 943 | 828 | 2,117 |

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Table 3.8 Reason for Foster Parent Requested Placement Change

Note 1: Data from the Idaho CCWI/ESPI data for all placement changes made in the FFY resulting from foster parent requests.

Note 2: *The CCWIS was implemented mid FFY 2020.

| Reason for Foster Parent Requested Placement Change | | | | |
|---|-----------|----------|----------|-------|
| | FFY 2020* | FFY 2021 | FFY 2022 | Total |
| None | 0 | 6 | 11 | 17 |
| Personal Reasons | 54 | 104 | 81 | 239 |
| Temporary Placement Only | 36 | 171 | 135 | 342 |
| Unable to Manage Child Behaviors | 59 | 196 | 146 | 401 |
| Total | 149 | 477 | 373 | 999 |

Although Idaho did not meet the federal 95% strength benchmark for Item 5 timely establishment of appropriate permanency goals (Table 3.9) or Item 6 achieving timely permanency (Table 3.10) in CRRs for FFY 2020 through FFY 2022, these reviews considered a relatively small number of applicable cases (Item 5 N=130; Item 6 N=134). CFS consistently exceeds or meets permanency performance measures of children achieving permanency within 12 months when all children in foster care are considered, regardless of the length of time they have been in foster care when the counting period begins (Table 3.11, Table 3.12, Table 3.13). Once children achieve permanency through reunification, living with a relative, or guardianship, they return to foster care at the same or lower rate than those nationally (Table 3.14).

Table 3.9 Outcomes for OSRI Item 5: Permanency Goal for Child

Note: Data from State Rating Summary report from the OSRI for all cases in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 5 | | | |
|-------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 27 | 41 | 65.9% |
| FFY 2021 | 23 | 44 | 52.3% |
| FFY 2020 | 33 | 45 | 73.3% |

Table 3.10 Outcomes for OSRI Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

Note: Data from State Rating Summary report from the OSRI for all cases in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 6 | | | |
|-------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 18 | 43 | 41.9% |
| FFY 2021 | 13 | 46 | 28.3% |
| FFY 2020 | 10 | 45 | 22.2% |

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Table 3.11 National vs. Idaho Performance for Permanency Achieved in 12 Months (Entries)

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the percentage of children who entered care in a 12-month period who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of entering care.

| Year | National Performance | Risk Standardized Performance (RSP) | RSP State Performance Relative to National Performance |
|---------|----------------------|-------------------------------------|--|
| 20B/21A | 35.2% | 49.3% | Statistically better |
| 19B/20A | 35.2% | 47.9% | Statistically better |
| 18B/19A | 35.2% | 43.6% | Statistically better |

Table 3.12 National vs. Idaho Performance for Permanency Achieved in 12 Months (12 - 23 Months)

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the percentage of children who had been in foster care for 12 to 23 months who exited to permanency in the subsequent 12 months.

| Year | National Performance | Risk Standardized Performance (RSP) | RSP State Performance Relative to National Performance |
|---------|----------------------|-------------------------------------|--|
| 22A/22B | 43.8% | 47.5% | Statistically no different |
| 21A/21B | 43.8% | 55.2% | Statistically better |
| 20A/20B | 43.8% | 54.1% | Statistically better |

Table 3.13 National vs. Idaho Performance for Permanency Achieved within 12 Months (24+ Months)

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the percentage of children who had been in foster care for 24 months or more who exited to permanency in the subsequent 12 months.

| Year | National Performance | Risk Standardized Performance (RSP) | RSP State Performance Relative to National Performance |
|---------|----------------------|-------------------------------------|--|
| 22A/22B | 37.3% | 49.2% | Statistically better |
| 21A/21B | 37.3% | 45.8% | Statistically better |
| 20A/20B | 37.3% | 45.9% | Statistically better |

Table 3.14 National vs. Idaho Performance for Re-entry to Foster Care from Reunification, Living with a Relative, or Guardianship

Note 1: Data from CFSR 4 Data Profile February 2023.

Note 2: Measured as the percentage of children who discharged to permanency (excluding adoption) in a 12-month period who re-entered foster care within 12 months of exit.

| Year | National Performance | Risk Standardized Performance (RSP) | RSP State Performance Relative to National Performance |
|---------|----------------------|-------------------------------------|--|
| 21A/21B | 5.6% | 4.6% | Statistically no different |
| 20A/20B | 5.6% | 3.6% | Statistically better |
| 19A/19B | 5.6% | 3.9% | Statistically better |

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children.

Idaho is not meeting practice expectations for Permanency Outcome 2. CFS continues to strive in making efforts on preserving the continuity of family relationships and connections for children in foster care. Idaho has not been in substantial conformity with Permanency Outcome 2 for the past three federal fiscal years as evident by CRR ratings (Table 3.15), indicating outcomes were below the Children's Bureau benchmark of 95%.

Table 3.15 Permanency Outcome 2

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Permanency Outcome 2 | | | | |
|----------------------|--------------------|------------------------------|--|----------------------------------|
| | # Applicable Cases | # and % Cases Rated Strength | # and % Cases Rated Partially Achieved | # and % Cases Rated Not Achieved |
| FFY 2022 | 43 | 25 | 17 | 1 |
| | | 58.1% | 39.5% | 2.3% |
| FFY 2021 | 46 | 29 | 14 | 3 |
| | | 63.0% | 30.4% | 6.5% |
| FFY 2020 | 45 | 25 | 19 | 1 |
| | | 55.6% | 42.2% | 2.2% |

Idaho's performance in the area of sibling placement has remained below the expected benchmark of 95% over the last three years (Table 3.16). Further analysis of the data for FFY 2022 revealed 53% of cases included siblings who remained placed together throughout the entire period under review (PUR). Of those siblings that were not placed together in FFY 2022, 53.8% (seven of 13 cases), case circumstances indicated there was a valid reason for their separation. Of these cases, 71% (five of seven cases) indicated there were valid safety reasons requiring sibling separation and in 29% (two out of seven cases) the separation was determined to be in the siblings' best interest.

Table 3.16 Outcomes for OSRI Item 7: Placement with Siblings

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 7 | | | |
|-------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 14 | 20 | 70.0% |
| FFY 2021 | 14 | 16 | 87.5% |
| FFY 2020 | 25 | 34 | 73.5% |

Idaho received an overall rating of Area Needing Improvement in CRRs for Item 8 as Idaho's performance in relation to this item across the past three years has remained significantly below the expected benchmark of 95% (Table 3.17). Further analysis of the cases reviewed in FFY 2022 showed in 70% (26 of 37 cases) of applicable cases the frequency of visits with the

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mother was sufficient, while 83% (29 of 35 cases) were of sufficient quality to promote the continuity of the parent/child relationship. In 75% (16 of 25 cases) of applicable cases the frequency of the visits with the father were sufficient, while 86% (18 out of 21 cases) were of sufficient quality to promote the continuity of the parent/child relationship. The frequency of sibling visitation for those siblings not placed in the same foster care placement was sufficient in 58% (seven of 12 cases) of applicable cases, while 70% (seven of 10 cases) were of sufficient quality to promote the continuity of the siblings' relationship. Cases resulting with Area Needing Improvement in were impacted by lack of concerted efforts to provide visitation of sufficient frequency as to the father and the mother (seven cases) and ensure barriers impacting attendance (five cases), such as transportation, were sufficiently explored/mitigated. Additionally, systemic barriers identified across six cases indicated visitation policies with local hospitals, jails, and detention centers as a result of COVID-19 impacted the agency's ability to ensure sufficient visitation.

Table 3.17 Outcomes for OSRI Item 8: Visiting with Parents and Siblings in Foster Care

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 8 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 23 | 40 | 57.5% |
| FFY 2021 | 16 | 32 | 50.0% |
| FFY 2020 | 23 | 35 | 65.7% |

After a 7.4% decrease in performance preserving connections for children in foster care between FFY 2020 and FFY 2021, CFS improved statewide performance by 12.3% in FFY 2022 (Table 3.18). Idaho continues to perform under the Children's Bureau's benchmark of 95% at 80.5%.

Table 3.18 Outcomes for OSRI Item 9: Preserving Connections

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 9 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 33 | 41 | 80.5% |
| FFY 2021 | 30 | 44 | 68.2% |
| FFY 2020 | 34 | 45 | 75.6% |

Idaho received an overall rating of Area Needing Improvement for Item 10 for the last three FFYs as performance remained below the expected benchmark of 95% (Table 3.19). Additional data outlined in Table 3.20 indicates relative placements across the state declined over the past three years; however, there was an increase in Fictive Kin placements in FFYs 2021 and 2022. During FFY 2022, those cases in which the child was in a relative placement, the placement was considered stable and appropriate to the child's needs across all applicable cases. Of the applicable cases where the child was not placed with a relative, the agency made concerted

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efforts to identify, locate, inform, and evaluate maternal and paternal relatives for purposes of placement 50% of the time.

Table 3.19 Outcomes OSRI Item 10: Relative Placement

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 10 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 33 | 43 | 76.7% |
| FFY 2021 | 36 | 44 | 81.8% |
| FFY 2020 | 32 | 45 | 71.1% |

Table 3.20 Placement Distribution

Note 1: Data from the Idaho CCWIS.

Note 2: Data for each FFY is the average of four point-in-time resource placement counts taken at the beginning of each quarter.

Note 3: Relative placement includes licensed or unlicensed foster or pre-adoptive placement with a child's grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, first cousin, sibling, or half-sibling.

Note 4: "Fictive Kin" placement is defined as a non-relative with a significant, family-like relationship with the child.

| Placement Distribution for Children in Foster Care | | | |
|--|--------------|--------------------|-----------------------|
| | All Children | Relative Placement | Fictive Kin Placement |
| FFY 2022 | 1,369 | 26.0% n=356 | 12.1% n=166 |
| FFY 2021 | 1,391 | 28.7% n=399 | 10.0% n=139 |
| FFY 2020 | 1,279 | 32.2% n=412 | 8.8% n=11 2 |

Idaho's performance in OSRI Item 11: Relationship of Child in Care with Parents was below the benchmark of 95% over the last three years (Table 3.21). Of those cases reviewed for CRR during FFY 2022, the agency made concerted efforts to promote the child's relationship outside of visitation with the mother in 75.7% (28 out of 37 cases) of applicable cases and with the father in 68% (17 out of 25 cases) of applicable cases.

Table 3.21 Outcomes OSRI Item 11: Relationship of Child in Care with Parents

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 11 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 28 | 39 | 71.8% |
| FFY 2021 | 17 | 27 | 63.0% |
| FFY 2020 | 22 | 31 | 71.0% |

Analysis: Permanency

Strengths:

Idaho has demonstrated improvements in Permanency Outcomes related to timely achievement of appropriate permanency goals. Performance in related OSRI Items 5 (Table 3.9) and 6 (Table 3.10) took an upward turn in the last year. CFS completed implementation of a number of process and practice changes designed to address Permanency Outcome 1 in fall 2020 as part of the Child and Family Services Review (CFSR) 3 Program Improvement Plan (PIP). Due to the retrospective nature of CRRs, notable improvements in related OSRI items became observable in late FFY 2021. Ratings for Item 6 (timely achievement of permanency) improved 19.7% statewide between FFY 2021 and FFY 2022. An analysis of regional CRR performance in FFY 2022 showed Regions 1 and 4 achieved 80% Strength rating for Item 5 while Regions 1, 4, 5, and 6 exhibited the highest outcomes achieving timely permanency. A theme noted in improved outcomes included early and timely identification and modification of permanency goals based on the child's needs and case circumstances. While this reflects performance in a total of 134 cases statewide, the CFSR 4 Data Profile calculates the state's performance using all Adoption and Foster Care Analysis and Reporting System (AFCARS) reportable cases. The results indicate Idaho has performed statistically better or no different than national performance in achieving permanency in all timeframes reported (Table 3.11, Table 3.12, Table 3.13). Internal and external partner and stakeholder feedback and CRR data suggest CFS requirements for using concurrent planning goals and dual assessments for resource parents positively support these outcomes.

Although CFS continues to struggle with placement stability as a whole, Regions 1, 2, 3, 4, 5, and 7 improved their outcomes on OSRI Item 4 during CRRs conducted in FFY 2022. Overall performance on the item improved from FFY 2021 from 63.0% to 67.4% (Table 3.2) as a result. Region 7 achieved 100% in placement stability as well as exceeded national performance measure for two of three periods of the CFSR 4 Data Profile (Table 3.6). Region 6 exceeded national performance measures for all three periods. A review of cases achieving strength ratings during 2022 CRRs noted 80% of children placed with relatives only had one placement while in foster care and that 93% of current placements of all types were considered stable at the time the case was reviewed.

CFS continues to make strides in preserving a child's important connections and relationships. CRR data in FFY 2022 reflected notable positive practices associated with sibling placements (Table 3.16), preserving the child's connections to his or her extended family, medical and service providers, school and community (Table 3.18), relative placement, and preserving the child's connection and relationship with his or her parents through participation in activities outside of visitation (Table 3.21) as evidenced by outcomes exceeding 70% strength rating. Further examination of CRR data identified positive practices including initiating relative search and engagement upon case opening.

Further CRR data from 43 cases reviewed in FFY 2022 highlighted the use of a variety of strategies by CFS related to the preservation of the child's relationships including family meetings (23 cases), family locate requests (29 cases), relative letters (30 cases), genograms (17 cases), and completion of social medical history forms with parents (14 cases). These practices promoted positive performance in several areas including placement with relatives (Item 10), placement with siblings (Item 7), and maintaining the child's overall connections (Item 9). CRR data further indicated cases resulting in Strength ratings in Item 9 focused on maintaining important relative connections (39 cases), medical/service providers (10 cases), and the child's connection to their school of origin or additional community connections (nine cases). Furthermore, CFS initiated the evaluation process timely in seven cases through the use of the CFS's expedited licensure process and initiating the Interstate Compact for Placement (ICPC) requests for those relatives residing out of state in 11 cases. Children's connections were also maintained through placement with fictive kin which have increased to a percentage of 12.1% (Table 3.20).

A review of CRR data suggests when strategies to preserve a child's relationships are present, improved performance is seen in Permanency Outcomes 1 and 2. Relative placements have been noted as a contributing factor for placement stability (Item 4) and maintaining siblings in a foster care placement resulting in a Strength rating for Item 7 across ongoing CRRs. Half of the cases rated as a strength for Item 7 indicated that siblings remained together as a result of being placed with a relative placement who was willing and able to care for the sibling group.

Practices connected to strong performance related to a child's visitation with parents and siblings in foster care (Item 8) were identified through a review of 40 cases reviewed in FFY 2022. Of those cases, 28 demonstrated sufficient frequency of parent/child visitation that continued to increase and align with the child's needs and promote the achievement of reunification; 23 incorporated the use of phone calls/video visits to further promote the continuity of the relationships; 17 cases included the use of normative locations, expanding visitation to a variety of community locations, resulting in quality visits; CFS supported parents' attendance through adequate provision of transportation assistance in 15 cases; and CFS provided parent coaching during visitation in six cases to further support parents. Parent/child relationships were enhanced outside of visitation (Item 11) by encouraging parents to participate in: the child's medical/service appointments (26 cases); provision of therapeutic situations to strengthen enhance the parent/child relationship (15 cases); the provision of transportation assistance to promote the continuity of the connection (14 cases); mentoring/coaching from the foster parents (13 cases); regular ongoing updates regarding the child's medical/service appointments to parents unable to attend the child's appointments (13 cases); and the encouragement and/or facilitation of contact with parents not living within close proximity of the child (13 cases).

Concerns: Placement stability remains a challenge for CFS. Foster parent request remains the most common reason for moves by a significant margin (Table 3.7). The majority of these requests are related to a foster family's ability to manage the child's behavioral needs (Table 3.8). Available data through CRR cases indicates delays in accessing necessary mental/behavioral health services for children across the state is a related factor in placement changes. The COVID-19 pandemic resulted in a reduction in available services including a limited array of services, extensive waitlists, and services provided only through telehealth. Lack of available community-based services makes it more difficult for children to be maintained in less restrictive placements resulting in children being placed in higher levels of care where they may have otherwise been able to be maintained in a home environment.

The 2023 Child Welfare Feedback and Engagement Survey was used to help identify root causes of placement instability. Of the 84 foster parents from all seven regions who responded to the survey, 32 indicated they had needed to ask for a child to be moved from their home. Of

those, 16 reported additional supports could have helped them maintain the placement. Trauma-informed behavioral/mental health and/or disability services were specifically identified as a need by 12 families while four identified the need for supports such as transportation and respite and three cited the need for better communication with the department. These responses were echoed by foster parents and community services providers who participated in the CFSR Community Focus Groups as well as members of the legal and judicial community during focus groups with the Administrative Office of the Courts (AOC) in March 2023. Community service providers participating in the survey and focus groups also cited a need to support foster families through learning trauma-informed parenting approaches.

The second most common reason for placement changes between FFY 2020 and FFY 2022 was the placement only being a temporary option (Table 3.8). A close look at cases which rated as an Area Needing Improvement for placement stability during FFYs 2021 and 2022 CRRs noted challenges with foster parent recruitment and retention has impacted the pool of resource families willing and able to commit beyond a temporary short-term placement option. This has resulted in the department staffing two short-term rental homes as a temporary placement for youth entering care in Regions 3 and 4. The homes are used in situations where an immediate foster care placement is unable to be located. Systemic barriers related to recruitment and retention of foster homes have also negatively impacted the number of foster families able and willing to accept sibling placements as well as foster homes who have the competencies and experience in caring for individual children and siblings with complex mental/behavioral health needs. Idaho has a gap in home-based treatment foster care services. Along with the Division of Behavioral Health, CFS contracted with two community agencies to provide these services; however, both have experienced significant challenges recruiting families.

Although placement with a relative appears to improve placement stability (see Strengths), performance related to relative placement (Table 3.19, Table 3.20) continues to remain below the federal benchmark. Idaho Code 16-1602 (38) defines relative as “a child’s grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, first cousin, sibling, and half-sibling.” This definition is relatively narrow in comparison to many other states excluding family members such as a parent’s first cousin. Relative placements for all children in foster care continued to decline to 26% in FFY 2022 (Table 3.20). Limited ongoing relative search and engagement contributes to relative placement outcomes. Themes associated to Area Needing Improvement ratings for Item 10 in FFY 2022 were also linked to limited implementation of the aforementioned strategies noted to contribute to Strength ratings. CFS’s practice related to initial relative search and engagement upon a child entering foster care exhibits promising outcomes; however, there is evidence CFS continues to face challenges related to the need for ongoing search and engagement.

Performance related to sibling placement also experienced a 17.5% decrease (Table 3.16). The CFS Permanent Placement Committee practice standard provides guidance for the completion of required sibling placement determination consultation meeting once siblings have been separated for three months in foster care. This specific case consultation includes participation from additional participants outside of the assigned worker and supervisor with the intent to further assist and support staff in assessing the circumstances related to the separation, identifying various strategies to mitigate the barriers impacting the siblings’ displacement, and ensuring concerted efforts are continuing to be made to achieve to goal of placing the siblings together. FFY 2022 CRR narratives for Item 7 suggest there may be opportunities to further evaluate the agency’s work as it relates to timely implementation of these consultations as evidenced by it not occurring in six cases.

A review of cases which rated as an Area Needing Improvement in Item 5 and/or 6 in FFYs 2021 and 2022 noted some common factors. Systemic barriers exist in Regions 1, 2, 3, and 6

related to court ideologies/perspectives which impact the agency's ability to modify permanency goals and petition the court to move forward with termination of parental rights (TPR) where the circumstances indicate reunification is more than likely not going to be achieved. A theme emerged in Region 3 where delays were experienced related to court partners allowing parents extensive timeframes, outside ASFA guidance, to work reunification despite a lack of progress. Regional child welfare staff also reported experiencing delays of six to nine months in scheduling TPR hearings in Region 3. Overall CRR ratings reflect Regions 2 and 3 experience the most significant challenges achieving timely permanency for youth in foster care. A common theme between both locations was a significant number of their cases reviewed included older youth with complex needs related to trauma and/or behavioral health concerns who experienced at least one group home or residential care placement during their foster care episode.

CFS encountered challenges to fill vacancies in a variety of child welfare positions in regional offices over the last three FFYs. This experience had a negative impact on performance in Permanency Outcomes 1 and 2. Aspects of a redesigned permanency process intended to improve performance in the timely achievement of permanency were delayed in most of the state to focus on meeting overall case needs. This included continuing to have permanency workers carry cases instead of shifting to a teaming role in all locations except Region 5. It also negatively impacted the ability of workers to spend the amount of time and effort necessary to engage parents experiencing significant barriers such as incarceration, active substance use, or significant mental health symptoms. These challenges were reflected in cases failing Items 8 and/or 11 in CRRs conducted in FFY 2022. Additional analysis indicated the core reason for lack of parent engagement was worker capacity to make the additional efforts to explore and/or implement creative strategies to minimize barriers. These factors remain consistent with an in-depth case analysis completed as part of the development of the CFSR Round 3 Program Improvement Plan (PIP) which identified reasons for failing to identify and engage parents were directly related to the amount of additional effort necessary to engage a particular parent. Participants in the CFSR Community Focus Groups highlighted the need for additional services and supports to enhance parent/child visitation, sibling visitation, and placement of siblings together.

Themes noted resulting in a rating of an Area Needing Improvement in Item 9 appeared to remain somewhat consistent as a result of insufficient efforts made to maintain relative connections across five cases, insufficient ICWA inquiry across four cases, as well as insufficient efforts to maintain a child's connections with their school, community, medical or service provider connections in four cases.

Rating: Idaho's performance in the area of Permanency is rated as an Area Needing Improvement. The state meets or exceeds national performance for achieving permanency for youth who entered foster care within 12 months, between 12 and 23 months, and in 24+ months; however, struggles to provide placement stability for children in foster care and support and preserve a child's relationships to their families and connections. Positive strategies such as the use family meetings, visitation coaches, and early search and engagement of relatives, are present; however, they are not used consistently or statewide. Idaho has not been in substantial conformity with Permanency Outcome 1 or Permanency Outcome 2 for the past three federal fiscal years as evident by CRR ratings. In Round 3 of the Child and Family Services Review, Idaho's performance in Permanency was an Area Needing Improvement. The state did achieve a Strength rating for Item 7. CFS did not meet the CFSR Round 3 Program Improvement Plan (PIP) goals of 85.0% for Item 4, 81.0% for Item 5, or 57.0% for Item 6.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Examples of relevant data: case record review results, administrative data such as participation in family team meetings, caseworker visits with children and parents, children receiving timely well-child visits; service utilization rates. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on child well-being outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

Performance Data: Well-Being

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

Idaho is not meeting practice expectations for Well-Being Outcome 1. The outcome was substantially achieved in 22.5% of applicable cases during FFY 2022 (Table 4.1). Child and Family Services (CFS) has not met the 95% benchmark since prior to Round 3 of the Child and Family Services Review (CFSR).

Table 4.1 Outcomes for Well-Being Outcome 1

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Well-Being Outcome 1 | | | | |
|----------------------|--------------------|------------------------------|--|----------------------------------|
| | # Applicable Cases | # and % Cases Rated Strength | # and % Cases Rated Partially Achieved | # and % Cases Rated Not Achieved |
| FFY 2022 | 73 | 16 | 31 | 26 |
| | | 21.9% | 42.5% | 35.6% |
| FFY 2021 | 73 | 21 | 25 | 27 |
| | | 28.8% | 34.3% | 37.0% |
| FFY 2020 | 86 | 24 | 32 | 30 |
| | | 27.9% | 37.2% | 34.9% |

Idaho received an overall rating of an Area Needing Improvement for Item 12 in FFY 2022. Case record reviews (CRRs) conducted that year showed a Strength rating of 25.4% (Table 4.2). This represents a continued decrease from FFYs 2020 and 2021. Performance across all measurement periods has remained significantly below Idaho's baseline and Round 4 CFSR PIP goal of 74% as well as the expected Children's Bureau benchmark of 95%. Despite the statewide decrease, Region 4 experienced significant increases in performance across all three subsections (12A, 12B, and 12C) of Item 12.

Section III—Assessment of Child and Family Outcomes

Table 4.2 Outcomes for OSRI Item 12: Needs and Services of Child, Parents, and Foster Parents

Note: Data from State Rating Summary from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 12 | | | |
|--------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 18 | 71 | 25.4% |
| FFY 2021 | 20 | 72 | 27.8% |
| FFY 2020 | 24 | 84 | 28.6% |

CRR outcomes were significantly different based on subtype (Table 4.3). In FFYs 2020, 2021, and 2022, the comprehensive assessment of needs and provision of appropriate services ranged from 51.2% to 56.9% for children and from 52.5% to 72.1% for foster parents; however, were only 23.5% to 27.0% for parents. Regions 5, 6, and 7 demonstrated higher ratings and/or improvement in the identification and meeting of the needs of children. Significant differences were noted across outcomes related to subitem 12A (child's needs and services) versus 12B (parent needs and services) based on the case type. Foster care cases tended to rate higher regarding the assessment and provision of services to address children's social and emotional development, while in-home cases resulted in higher outcomes related to the assessment and provision of services to address the needs of parents.

Subitem 12C reflected a 14.2% increase in FFY 2022, with Region 4 achieving a 100% rating and Regions 3 and 7 experiencing a 27-42% improvement. CRR data indicated the needs of foster parents were accurately assessed in 24 of 36 applicable cases (Table 4.3). In 67.6% (23 of 34 applicable cases) of foster parents were provided with appropriate services to meet their needs.

Table 4.3 Outcomes for OSRI Item 12 by Subsection

Note 1: Data from State Rating Summary from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

Note 2: A = Needs Assessment and Services to the Child; B = Needs Assessment and Services to the Parents; C = Needs Assessment and Services to the Foster Parents.

| OSRI Item 12 | | | | | | | | | |
|--------------|------------------------|--------------------|------------------------|------------------------|--------------------|------------------------|------------------------|--------------------|------------------------|
| | FFY 2020 | | | FFY 2021 | | | FFY 2022 | | |
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| A | 43 | 84 | 51.2% | 41 | 72 | 56.9% | 40 | 71 | 56.3% |
| B | 20 | 74 | 27.0% | 14 | 58 | 24.1% | 16 | 68 | 23.5% |
| C | 31 | 43 | 72.1% | 21 | 40 | 52.5% | 24 | 36 | 66.7% |

Data from Idaho's 2022 Annual Foster Parent Survey showed 200 of 293 applicable responses (68.3%) indicated the assigned caseworker usually discusses the foster parents needs related to caring for the children placed in their home. Additional survey results revealed 57% of foster parents (202 of 307 responses) selected Good or Very Good as a response to the following statement, "Please rate the overall support you have received from the assigned worker." See Tables 4.4 and 4.5 for further details.

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Table 4.4 Percentage of Foster Parent Needs Usually Discussed

Note: Data from the 2022 Annual Foster Parent Survey

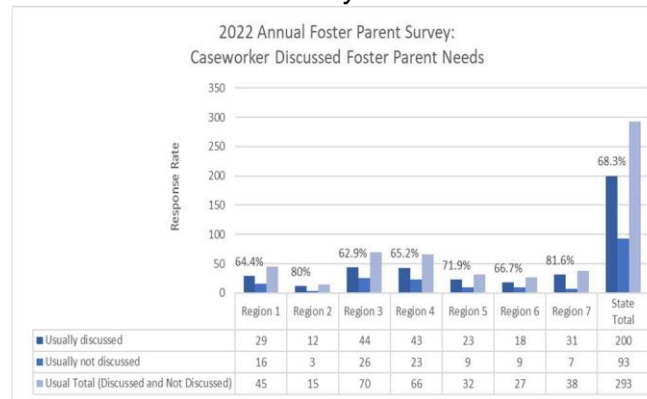
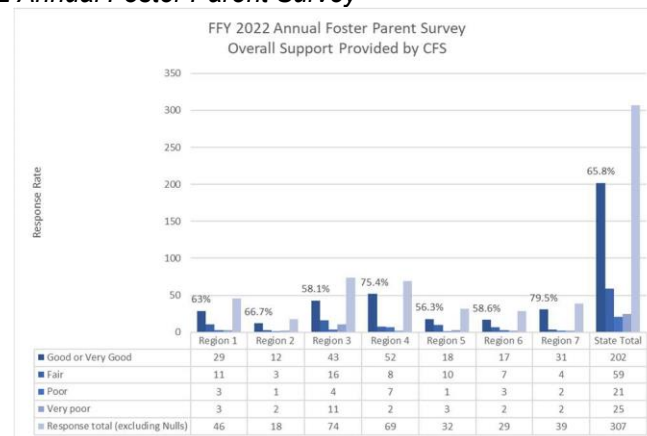


Table 4.5 Overall Support Provided by CFS

Note: Data from the 2022 Annual Foster Parent Survey



In CRRs conducted in FFY 2022, Idaho received an overall rating of Area Needing Improvement in Item 13: Child and Family Involvement in Case Planning (Table 4.6). CFS did not achieve the Item 13 CFSR 3 PIP goal of 78% and continues to perform significantly below the Children's Bureau 95% benchmark.

Table 4.6 Outcomes for OSRI Item 13: Child and Family Involvement in Case Planning

Note: Data from State Rating Summary report for Idaho CRR from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 13 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 32 | 70 | 45.7% |
| FFY 2021 | 35 | 69 | 50.7% |
| FFY 2020 | 34 | 81 | 42.0% |

During FFY 2022, efforts to engage mothers in case planning tended to be higher in comparison to children and fathers. Outcomes related to caseworkers' efforts to engage mothers has remained somewhat consistent over the past two years, while outcomes related to children and

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fathers experienced declines of 12-21% as outlined in Table 4.7.

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Outcomes vary by region. During FFY 2022, Regions 1, 4, and 6 exhibited improvements between 10-27% while Regions 2, 3, 5, and 7 experienced declines. Region 2 demonstrated the most significant decline of 40%. Performance in Region 6 remained consistent across the past two years.

Table 4.7 Case Planning Engagement by Participant

Note: Data from the Item 13 Report in the OSRI, all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Case Planning Engagement by Participant | | | | | | |
|---|---------------|---------------|---------------|---------------|---------------|---------------|
| | Child | | Mother | | Father | |
| | Yes | No | Yes | No | Yes | No |
| FFY 2022 | 22 (52.4%) | 20 (47.6%) | 44 (67.7%) | 21 (32.3%) | 21 (42.0%) | 29 (58.0%) |
| FFY 2021 | 38 (64.4%) | 21 (35.6%) | 35 (62.5%) | 21 (37.5%) | 34 (63.0%) | 20 (37.0%) |
| FFY 2020 | 22 (48.9%) | 23 (51.1%) | 38 (53.5%) | 33 (46.5%) | 32 (53.3%) | 28 (46.7%) |

CFS received an overall rating of Area Needing Improvement for caseworker visits with the child. Item 14 was rated as a Strength 50.7% of the time in CRRs conducted in FFY 2022 (Table 4.8). Idaho also did not achieve the state's CFSR Round 3 PIP goal of 85% or the Children's Bureau benchmark of 95%.

Table 4.8 Outcomes for OSRI Item 14: Caseworker Visits with Child

Note: Data from report for Idaho CRR from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 14 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 37 | 73 | 50.7% |
| FFY 2021 | 34 | 73 | 46.6% |
| FFY 2020 | 47 | 86 | 54.7% |

CFS is not seeing children with sufficient frequency as outlined in CFS's practice standard that requires every child in a family involved in an in-home or out of home case be seen face to face every month. Of cases reviewed in FFY 2022, 65.7% included caseworker contact with enough frequency to ensure the child's safety, permanency, and well-being, and promote the achievement of case plan goals (Table 4.9). In 71.2% (52 of 73) of reviewed cases, the contact was typically at least once per month. This finding is consistent with data from Idaho's Caseworker Visits federal report submission (Table 4.10) which indicated during FFY 2022 of the 2,193 children in foster care, monthly contact was completed 92% of the time, 3% less than the Children's Bureau practice benchmark of 95%. Caseworker contacts with children were of sufficient quality in 58.3% of cases (Table 4.9). Based on the data found in Table 4.10 child contacts are occurring within the child's residence across 68% of cases. Further evaluation of CRR data indicates a noted difference in performance based on case type. Foster care cases

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achieved higher outcomes related to the frequency and quality of caseworker contacts with children achieving a strength in 62.8% (27 of 43) cases, while in-home cases achieved a strength in 33.3% (10 of 30) of cases. Regions 1, 4, 6, and 7 reflected increases in performance, ranging from approximately 5-39%, with Region 1 experiencing the highest increase with a 61.5% Strength rating. Outcomes in Regions 2, 3, and 5 reflected a decline, ranging from approximately 7-40% in performance with Region 2 exhibited the most significant decline.

Table 4.9 Frequency and Quality of Caseworker Visits with Child

Note: Data from the State Rating Summary report for Idaho CRR from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Caseworker Contact with Children Frequency and Quality | | | | |
|--|---------------|---------------|---------------|---------------|
| | Frequency | | Quality | |
| | Yes | No | Yes | No |
| FFY 2022 | 65.7% N=48 | 34.2% N=25 | 58.3% N=42 | 41.6% N=30 |
| FFY 2021 | 63.0% N=46 | 36.9% N=27 | 61.4% N=45 | 38.4% N=28 |
| FFY 2020 | 70.9% N=61 | 29.1% N=32 | 62.4% N=53 | 37.6% N=32 |

Table 4.10 Idaho Caseworker Visit Federal Submission

Note 1: Data from the Idaho CCWI/ESPI.

Note 2: Data for each FFY includes total number of caseworker visits with all children in foster care.

Note 3: Data includes total number of caseworker visits that occurred with the child in their residence.

| Caseworker Visit Measures | National Standard by 2015 | 2020 Idaho Performance | 2021 Idaho Performance | 2022 Idaho Performance |
|--|---------------------------|------------------------|------------------------|------------------------|
| Aggregate # Children in Population | | 2,338 | 2,325 | 2,193 |
| # Visits that would Occur if Each Child Were Visited Once Per Month While in Care | | 17,470 | 16,726 | 16,874 |
| # Monthly Visits Made to Children | | 16,627 | 16,099 | 15,472 |
| % Visits Made on a Monthly Basis by Caseworkers to Children in Foster Care | 95% | 95% | 96% | 92% |
| # Monthly Visits Made to Children | | 16,627 | 16,099 | 15,472 |
| # Monthly Visits Made to Children that Occurred in the Child's Residence | | 11,356 | 11,974 | 10,509 |
| % Visits that Occurred in Child's Residence | 50% | 65% | 74% | 68% |

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Although, outcomes reveal an increase in performance for Item 15: Caseworker Contacts with Parents for FFY 2022, Idaho has not met the state's CFSR Round 3 PIP goal of 68% or the expected CFSR benchmark of 95% for this item. Outcomes across reporting periods continue to remain significantly less than Idaho's baseline performance for CFSR Round 3 of 60.9%. Regions 1, 2, 4, 6, and 7 experienced increases in performances of 15-40%, with Region 2 exhibiting the most significant increase which resulted in a 40% Strength rating. Regions 3 and 5 experienced declines in performance, ranging from 9-27%.

Case type was not noted as a significant impact on caseworker contacts with parents. During FFY 2022, approximately 33%, 13 out of 40 foster care cases had sufficient frequency and quality of case worker contacts with parents in comparison to 34%, 10 out of 30 in-home cases.

Table 4.11 Outcomes for OSRI Item 15: Caseworker Visits with Parents

Note: Data from the State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 15 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 23 | 70 | 32.9% |
| FFY 2021 | 14 | 59 | 23.7% |
| FFY 2020 | 25 | 75 | 33.3% |

Outcomes across FFY 2022 indicate disparities amongst caseworker's contacts with mothers compared to fathers. Contacts with mothers were of sufficient frequency in 44.8% (N=30) of 67 applicable cases versus 34.6% (N=18) of 52 applicable cases with fathers. Typical frequency of face-to-face caseworker contacts with both mothers (31 cases) and fathers (24 cases) was less than monthly in 46% of cases (55 of 70) of applicable cases. Despite the difference in frequency ratings, there was no significant difference in the quality of caseworker contact based on the participant type. Caseworker contacts were of sufficient quality with mothers in 59.3% of the cases and 62.8% with fathers, see table 4.12 below.

Table 4.12 Frequency and Quality of Contacts with Parents: Mothers vs. Fathers

Note: Data from the State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Frequency & Quality of Caseworker Contacts: Mothers vs Fathers | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Mother | | | | Father | | | |
| | Frequency | | Quality | | Frequency | | Quality | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| FFY 2022 | 30 44.8% | 37 55.2% | 35 59.3% | 24 40.7% | 18 34.6% | 34 65.4% | 22 62.8% | 13 37.1% |
| FFY 2021 | 25 42.3% | 32 56.1% | 29 59.1% | 20 40.8% | 20 37.0% | 34 63.0% | 22 55.0% | 18 45.0% |
| FFY 2020 | 41 52.9% | 32 43.8% | 35 51.6% | 31 47.0% | 30 48.3% | 32 51.6% | 27 54.0% | 23 46.0% |

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

CRR outcomes revealed children received appropriate services to meet their educational needs 85.4% of the time in FFY 2022 (Table 4.13). This represents an increase which has continued since FFY 2020.

Table 4.13 Outcomes for Well-Being Outcome 2

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Well-Being Outcome 2 | | | | |
|-----------------------------|---------------------------|-------------------------------------|---|---|
| | # Applicable Cases | # and % Cases Rated Strength | # and % Cases Rated Partially Achieved | # and % Cases Rated Not Achieved |
| FFY 2022 | 48 | 46 | 2 | 5 |
| | | 85.4% | 4.2% | 10.4% |
| FFY 2021 | 55 | 44 | 3 | 8 |
| | | 80.0% | 5.5% | 14.6% |
| FFY 2020 | 57 | 39 | 4 | 14 |
| | | 68.4% | 7.0% | 24.6% |

The CFS program's performance in assessing and addressing children's educational needs has continued to exhibit improvement throughout CRRs across the past three years (Table 4.14). In FFY 2022, 43 of the 48 applicable cases demonstrated accurate initial and ongoing comprehensive assessment of the child's educational needs while 35 of the 42 applicable cases indicated CFS engaged in concerted efforts to address the identified needs through appropriate services. Improved outcomes across Regions 1, 3, 4, and 5 contributed towards the improvement.

Table 4.14 Outcomes for OSRI Item 16: Educational Needs of Child

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 16 | | | |
|---------------------|-------------------------------|---------------------------|-------------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 41 | 48 | 85.4% |
| FFY 2021 | 44 | 55 | 80.0% |
| FFY 2020 | 39 | 57 | 68.4% |

Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs.

CRR outcomes revealed children received adequate services to meet their physical and mental health needs 50.0% of the time in FFY 2022 (Table 4.13). This demonstrates continued improvement since FFY 2020.

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Table 4.15 Outcomes for Well-Being Outcome 3

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Well-Being Outcome 3 | | | | |
|----------------------|--------------------|------------------------------|--|----------------------------------|
| | # Applicable Cases | # and % Cases Rated Strength | # and % Cases Rated Partially Achieved | # and % Cases Rated Not Achieved |
| FFY 2022 | 72 | N=36 | N=16 | N=20 |
| | | 50.0% | 22.2% | 27.8% |
| FFY 2021 | 73 | N=33 | N=22 | N=18 |
| | | 45.2% | 30.1% | 24.7% |
| FFY 2020 | 83 | N=36 | N=18 | N=29 |
| | | 43.4% | 21.7% | 34.9% |

Idaho saw a slight decrease of 2.2% in addressing the physical health needs of children (Table 4.16) in FFY 2022.

Table 4.16 Outcomes for OSRI Item 17: Physical Health of the Child

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 17 | | | |
|--------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 41 | 61 | 67.2% |
| FFY 2021 | 43 | 62 | 69.4% |
| FFY 2020 | 47 | 68 | 69.1% |

Upon further analysis of the 61 applicable cases reviewed in FFY 2022, it was noted outcomes associated with initial and ongoing assessment and provision of dental health needs exceeded those outcomes associated with physical health assessment and needs as outlined in Table 4.17. CRR data highlighted the following factors in which contributed to areas needing improvement: appropriate evaluations were not sought for the child in 11 cases; medical recommendations were not followed up on in seven cases; ongoing assessments were not completed in six cases. Additionally, wellness and dental exams were not provided. Challenges noted included limited to no documentation in the case file across 11 cases. Staff have outlined ongoing challenges due to caseworker capacity to ensure sufficient documentation is in the CCWIS as well as barriers in obtaining medical records from medical providers.

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Table 4.17 Physical vs. Dental Health Assessment and Services

Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Physical/Dental Health Assessment vs. Services | | | | | | | | | | | | | | | |
|--|---|----|----|---|----|----|--------------------------------------|----|----|---------------------------------------|----|----|-------------------------------------|----|----|
| | Initial/Ongoing Assessment of Physical Health | | | Initial/Ongoing Assessment of Dental Health | | | Oversight of Prescription Medication | | | Provision of Physical Health Services | | | Provision of Dental Health Services | | |
| | Yes | No | NA | Yes | No | NA | Yes | No | NA | Yes | No | NA | Yes | No | NA |
| FFY 2022 | 45 | 14 | 0 | 42 | 6 | 11 | 14 | 2 | 43 | 42 | 15 | 2 | 36 | 9 | 14 |
| FFY 2021 | 51 | 13 | 0 | 42 | 7 | 15 | 18 | 3 | 43 | 47 | 13 | 4 | 36 | 11 | 17 |
| FFY 2020 | 49 | 15 | 1 | 40 | 5 | 20 | 10 | 2 | 53 | 40 | 17 | 8 | 38 | 4 | 23 |

Children received adequate services to meet their mental health needs in 51.8% of cases reviewed in FFY 2022 (Table 4.18). This represents the third consecutive year of an increase in performance. There is a noted difference in outcomes based on the case type. CRR data indicated 75.5% (34 of 45) applicable foster care cases were rated as a Strength while 63.6% (71 of 111) of applicable in-home cases were rated as a Strength. Regions 4 and 5 exhibited Strength ratings of 62-88%, exceeding the state average.

Table 4.18 Outcomes for OSRI Item 18: Mental/Behavioral Health of the Child

Note: Data from State Rating Summary report for Idaho CRR from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| OSRI Item 18 | | | |
|-----------------|------------------------|--------------------|------------------------|
| | # Cases Rated Strength | # Applicable Cases | % Cases Rated Strength |
| FFY 2022 | 29 | 56 | 51.8% |
| FFY 2021 | 29 | 63 | 46.0% |
| FFY 2020 | 24 | 64 | 37.5% |

Only half (25 of 50) of children in need of related services in FFY 2022 received appropriate services (Table 4.19). Additional data from CRR identified waitlists as long as six to nine months for formal assessments, such as a psychological evaluation. Item 18 outcomes were impacted when concerted efforts were insufficient to ensure appropriate services were provided. Services that were needed but not provided included formal mental health/psychological assessments (10 cases), family counseling (13 cases), individual counseling (13 cases), and substance abuse treatment (4 cases). Additionally, insufficient efforts to mitigate barriers impacting the youth's engagement in mental health services impacted case outcomes across seven cases.

Table 4.19 Mental/Behavioral Health Assessment, Services, and Medication Oversight
Note: Data from State Rating Summary report from the OSRI for all case types for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| Mental/Behavioral Health Assessment, Provision of Services, Medication Oversight | | | | | | | | |
|--|---|----|--|----|----|---------------------------------------|----|----|
| | Initial and Ongoing Assessment Mental and Behavioral Health | | Provision of Mental and Behavioral Health Services | | | Oversight of Prescription Medications | | |
| | Yes | No | Yes | No | NA | Yes | No | NA |
| FFY 2022 | 36 | 19 | 25 | 25 | 5 | 12 | 2 | 41 |
| FFY 2021 | 40 | 24 | 28 | 33 | 3 | 19 | 4 | 41 |
| FFY 2020 | 32 | 28 | 23 | 32 | 5 | 8 | 5 | 47 |

Analysis: Well-Being

Strengths:

CFS exhibited improved performance in caseworker contacts with children (Item 14) and parents (Item 15). An analysis of cases reviewed through CRR found similar themes over the past few years. Cases rated well when contact between the caseworker and the child and/or parent was at least monthly and sufficient time was spent building rapport with case participants. Contacts which occurred in a variety of locations and included time when the child was seen separately and in private also contributed to strength ratings. Rapport and trust building with children, parents, and resource parents appears to lead to conducive, in-depth, honest conversations. Initial and ongoing comprehensive assessments also contributed to the appropriate identification of needs (Item 12). Available CRR data indicates the use of key engagement strategies with children and families and the caseworker's skill and knowledge of practice and policy expectations correlate with improved outcomes for Well-Being Outcome 1.

Although performance related to the identification and meeting of child, parent, and foster parent needs (Item 12) continued its decline statewide, Region 4 experienced a significant increase in performance. Through further analysis, it was determined the improvement was related to accurate identification and inclusion of all applicable case participants as well as enhanced frequency and quality of contacts. These factors resulted in comprehensive, accurate assessments and the provision of appropriate services. Additionally, a handful of the region's cases were assigned to seasoned workers who possess and demonstrate the knowledge and accurate application of policy/practice expectations in their daily casework. Contributing factors to improvements in Item 12 practices specific to children (Regions 5, 6, and 7) appear to mirror those identified in Region 4.

When consistent, timely, and transparent communication occurred with children, parents, foster parents, and service providers better outcomes occurred. When communication was identified as an issue, it was typically associated with cases rated as an Area Needing Improvement. Per feedback gathered from the 2023 CFSR Community Focus Groups, child welfare staff reported using family meetings to engage parents from the beginning of a case. This was identified as a successful strategy in actively engaging families in the development of their case plan (Item 13). Follow up individual interviews with parents who indicated they were interested in providing feedback, indicated half (two of four parents) felt like they were included and heard throughout the development of their case plan. Foster parents attending focus groups highlighted the importance of transparent, honest communication from CFS stating this would have assisted them in being more prepared to foster or adopt.

A review of cases which performed well in assessing and meeting the educational, physical health, and mental/behavioral health needs of children (Items 16, 17, and 18) during FFY 2022 CRRs showed performance improves when an in-depth assessment of these needs has occurred. Overall, there was a correlation with improved outcomes when caseworkers are more engaged with the child's treatment providers following assessments. As an example, Item 16 performance improves when a child has a clearly defined educational need, such as an individualized education plan (IEP) at school, which requires regular CFS involvement. In these situations, caseworkers had an increased level of engagement with the child's school and were more likely to support parents and foster parents in school meetings and advocating for the child. Likewise, cases where young children had evident developmental needs, or the agency used a formal assessment process that identified development needs requiring intervention performed well.

Concerns: Idaho continues to perform below Idaho's Child and Family Services Review (CFSR) Round 3 baseline results across all Well-Being items. Communication and engagement are overarching themes for performance across the Well-Being Outcomes.

A review of FFY 2022 CRR cases noted incomplete early identification of family members resulted in services not being provided to some involved parents (Item 12), case participants not being included in case planning discussions who should be (Item 13), and misidentification of children who needed to be included in the caseworkers' contacts in in-home cases (Items 12, 13, and 14).

Needs assessments were not always comprehensive. Item 12 outcomes related to the accurate identification of needs of children and parents were observed to be highly contingent on the comprehensiveness of the initial assessment of risk and safety (Safety Outcome 2). If the initial assessment is incident based, ongoing assessments do not expand on the identification of all contributing factors that impact child safety and risk. The lack of ongoing comprehensive assessment also impacted Items 16, 17, and 18 as the primary source of assessment information for a child's educational, physical health, and mental health/behavioral needs was the foster parents. No or limited follow-up with school personnel and service providers contributed to the poor quality of ongoing assessment which resulted in needed educational, medical, dental, and mental/behavioral health services needs not being provided. Foster parents are heavily relied on to ensure medical appointments and services are initiated and maintained. An opportunity remains for CFS to evaluate the quality and effectiveness of ongoing case consultations to ensure case planning processes and related contacts accurately promote ongoing assessment and target identified areas of concern.

Additional barriers were identified related to the engagement of parents which impacted performance in Items 12, 13, and 15. Specifically, the CFS program continues to struggle with engaging parents when additional efforts are required. While no single theme is prevalent, circumstances where additional efforts are necessary include parents who are incarcerated, parents with active mental health and/or substance abuse symptoms, resistant/difficult to engage parents, and parents whose whereabouts were unknown. These factors remain consistent with an in-depth case analysis completed as part of the development of the Child and Family Services Review (CFSR) Round 3 Program Improvement Plan (PIP) and CRR data going back to FFY 2020. The impacts of the COVID-19 pandemic, workforce turnover, and capacity over the past few years have resulted in contact with parents shifting from in-person to telephone for efficiency purposes. Additional exploration around CFS's identification, engagement, and work with fathers may be necessary as evident by Subitem 12B outcomes

(Table 4.7). While 47% (31 out of 66 applicable cases) of mothers had their needs comprehensively and accurately assessed, this applied to only 22% (13 out of 60 applicable cases) of the fathers. Additionally, 41% (26 out of 64 applicable cases) of mothers were provided with appropriate services in comparison to 20% (11 out of 56 applicable cases) of fathers. As previously noted, communication is an overarching theme impacting Well-Being Outcome 1. CRR data indicates limited communication was a key factor including provision of insufficient information to foster parents to ensure they have necessary knowledge of the needs of children placed in their home. This impacted the comprehensiveness of CFS's assessment of foster parents' needs related to their ability to ensure children have sufficient supervision and care to meet their needs. Analysis is needed to determine if the sole contributing factor is staff capacity or if there is a need for additional intervention based on the results of the analysis. Available data through CRR reviews indicates a theme related to inaccurate assessment of needs and/or provision of services to foster parents caring for children who have mental/behavioral health needs. Opportunities remain to further assess the effectiveness of Professional Resource Family Development plans (implemented as a CFSR Round 3 PIP strategy, see Item 28) and explore resource parents' access to effective services and supports to meet their needs in meeting the needs of the children in their care based on Idaho's current outcomes related to placement stability (see Permanency Outcome 1).

The provision of appropriate services to meet the identified needs of children and parents is also challenging. Findings from the 2021 Idaho Department of Health and Welfare Division of Family and Community Services Needs Assessment indicated notable gaps in availability and accessibility for mental and behavioral health services for children and adults, independent living (IL) services, parenting education/skill, and housing challenges. CFSR Community Focus Group participants highlighted challenges including limited access to services to meet parents' needs in rural areas of the state. Rural areas of the state pose transportation issues, as there is no public transportation. Access to housing and transportation as well as timely access to substance abuse treatment and mental health services were all noted as concerns across the state. Waitlists in urban areas to access behavioral intervention services for children were reported to typically be 30 to 90 days while the services are not available in rural areas.

A review of CRR themes from FFY 2022 related to Well-Being Outcome 3 noted the caseworker's understanding of a child's treatment plan or diagnosis, limited array of services, and extensive statewide waitlists to access mental/behavioral health services as themes. A lack of foster parents willing and able to meet the behavioral needs of children in their home combined with the limited availability of community-based services has resulted in placement of children in residential treatment centers (RTCs) poorly suited to meet the child's specific needs. Youth placed in RTCs rely on the facility to meet the majority of their needs, which often results in the assigned caseworker relying on the facility to complete their assessment of the child's well-being needs and directing recommendations. This practice may have unintended, negative impacts as the agency is not completing its own individual assessment. Another common factor was drug-exposed infants and children not receiving timely follow-up exams. Since the initial training and implementation of processes and practices related to the Comprehensive Addiction and Recovery Act (CARA) was completed, CFS has experienced significant turnover of caseworkers and supervisors. The training has not been revisited or extended to community medical providers.

Performance related to the full engagement of children remains an area of growth as seen in Items 12, 13, and 14. Inadequate child and youth engagement and practice deviating from seeing children privately, when developmentally appropriate, impacted these outcomes. Alternate staff not assigned case carrying responsibilities were also tasked with seeing children placed in residential treatment facilities/group homes located out of state or significant distance from the regional office. There is a need for inclusion of IL planning and objectives during

ongoing case planning discussions, as well as role clarification for assigned CFS caseworkers when an IL contractor is providing services to the youth. Opportunities remain for ensuring a child's well-being needs are addressed once identified. For example, in cases reviewed during FFY 2022, formal evaluations and individualized education plans (IEPs) were not pursued for children in seven cases in which the child exhibited needs/behaviors in which they would have benefited from additional support (Item 16). Across 11 cases, concerted efforts were not made to advocate for necessary educational services, collaborate with the child's educational team, mitigate barriers, and/or ensure services were in place. In addition, education records are not consistently obtained.

In response to performance concerns related to caseworker contacts with children and parents, CFS developed a training specific to quality contacts based on the Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families publications which was incorporated into Idaho's New Worker Academy. Additionally, the training was delivered to all staff across the state during FFY 2022. Further assessment is needed to determine the effectiveness of the training.

Caseworker and supervisor turnover and low retention is likely a contributing factor to the continual performance challenges in Well-Being Outcomes 1, 2, and 3. This results in limited information transfer between workers when cases are reassigned and challenges in supervisory ability to ensure consultations are of quality, thoroughly addressing all well-being components in certain areas of the state. An additional hypothesis is a consistent theme identified throughout ongoing CRRs regarding a disconnect between CFS processes and standards of practice related to contacts with parents. CFS processes do not encompass the standards of practice but, rather, the "how to" within the system. As a result, field staff may be confused as to which resource to access in which situation. Lack of quality documentation in the Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI) also contributes to the agency's performance, especially in combination with staff turnover. There is a lack of staff collecting medical records for children in care or pertinent records for children involved in in-home services. Available CRR data indicates, despite efforts to request medical records, there remain some barriers with medical offices processing the requests and responding to CFS requests for records.

Rating: Well-Being is an Area Needing Improvement. Although improvements have been seen in outcomes for Well-Being 2 and 3, challenges related to the engagement and provision of services to parents, children, and foster parents continue to impact Idaho's performance which remains below the Children's Bureau benchmarks for all related items. Access to necessary services and ongoing assessment and communication present additional barriers. Idaho has not met performance expectations in Well-Being Outcomes 1 or 3 since prior to the CFSR Round 3. In Round 3 of the CFSR, Idaho's performance in Well-Being Outcomes 1 and 3 were Areas Needing Improvement. The state did achieve a Strength rating for Well-Being Outcome 2, Item 16 and well as Item 17. Since then, performance in both items has decreased. CFS did not meet the CFSR Round 3 Program Improvement Plan (PIP) goals of 74.0% for Item 12, 78% for Item 13, 85% for Item 14, or 68% for Item 15.

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the [CFSR Round 3 Systemic Factors report](#) for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (<https://www.acf.hhs.gov/cb/report/systemic-factors-results-cfsrs-2015-2018>) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to how end users experience the statewide information system?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 19 was a Strength.

The Child and Family Services (CFS) program began the implementation of the new Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI) in June 2019. ESPI modules for safety assessment were rolled out in April 2020 with full implementation including modules for case management, permanency, and licensing occurring in FFY 2021.

Data entry into ESPI begins at the centralized intake unit (CIU), which serves as the initial point of contact for receiving reports of child abuse or neglect. Caseworkers gather the child's current address and date of birth from the referring party. The caseworker then accesses additional information, if available, from other state databases such as the Idaho Benefits and Eligibility System, the Idaho Service Integration system, and the Idaho Supreme Court Data Repository. This collaboration with other state information systems increases the accuracy of demographic information.

Section IV—Assessment of Systemic Factors

If the report of maltreatment is assigned for a response, the caseworker verifies the information available in ESPI and fills in any gaps in demographic characteristics. The verification of demographic information, both in its entry into ESPI and accuracy, occurs the subsequent safety case consultation. If the child is placed in foster care, regional administrative assistants enter any additional information available, and document the custody status of the child. The status, demographic characteristics, and location of the child are verified through parent or family report and other program documentation at the time of the initial foster care reimbursement eligibility determination, which takes place within the first 30 days of the current foster care episode. The data in ESPI is reviewed and updated by the assigned caseworker monthly and as needed when information changes. This data entry includes updating the status of the case, adding and updating placement information including the physical location of the child, and permanency goals. Monthly contacts and other communication are also documented in the system.

Documentation requirements are reflected in the CFS program's Practice Standard for Case Documentation and Records. Information on each child's foster care status, demographics, placement location, and permanency goals are to be kept accurate and current. No later than 48 hours after a child enters foster care or a case being opened for in-home services, the following information should be entered into ESPI:

- Child's date of birth (to be confirmed upon receipt of the child's birth certificate)
- Gender
- Race
- Ethnicity
- U.S. Citizenship
- Sexual Orientation
- Disability
- Medical Condition
- Allergies

To support the documentation of critical case information, including first and last names, gender, and date of birth, data entry fields in ESPI require the information be entered. The fields are marked with a red asterisk to remind the user to enter missing information (Graphic 5.1).

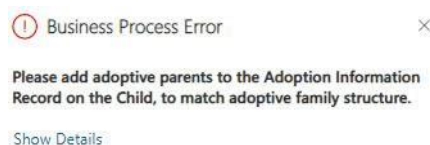
Graphic 5.1 Example of Required ESPI (CCWIS) Fields

The screenshot displays the 'Child in Foster Care' record in the ESPI (CCWIS) system. The 'Summary' tab is selected, showing 'GENERAL INFORMATION'. Fields are organized into two columns. Fields with a red asterisk (*) indicate required information. Fields with a greyed-out label and a red asterisk indicate information that is not applicable.

| Field | Value | Required |
|---|----------------|----------|
| First Name | [REDACTED] | Yes |
| Middle Name | [REDACTED] | No |
| Last Name | [REDACTED] | Yes |
| Suffix | --- | No |
| Gender | [REDACTED] | Yes |
| Date of Birth | [REDACTED] | Yes |
| Approximate DOB | --- | No |
| Age | [REDACTED] | No |
| Date of Death | --- | No |
| SSN | [REDACTED] | No |
| Person ID | [REDACTED] | No |
| Known To FCIS | Not Applicable | No |
| Race | [REDACTED] | Yes |
| Ethnicity | [REDACTED] | Yes |
| US Citizenship | [REDACTED] | Yes |
| Marital Status | [REDACTED] | No |
| Sexual Orientation | [REDACTED] | No |
| Felony I, B, L / Injury to a Child | --- | No |
| SSN Status | NumIdentified | No |
| SSN Verification Date | 5/11/2023 | No |
| Funding Indicator | --- | No |
| Independent Living Eligibility Date | --- | No |
| Independent Living Eligibility End Date | --- | No |
| Funding Indicator Override | --- | No |
| Funding Indicator Override Reason | --- | No |

Business processes are built into ESPI to validate information entered upon saving the record. An error message indicates to the user that information needs to be corrected before the record can be saved (Graphic 5.2).

Graphic 5.2 Example of Business Process Error Message in ESPI (CCWIS)



CFS is meeting AFCARS requirements to enter and/or end the child's current placement in ESPI within 60 days of the placement beginning or ending with failure rates of only .015% and 1.83% (Table 5.6).

Table 5.6 AFCARS Report 2022 – Timeliness Errors

Note: Measurement is the number of placements in the Idaho CCWI/ESPI failing to meet AFCARS timely placement documentation requirements.

| AFCARS Timeliness Errors | | | |
|--------------------------|--------------|-----------------|-----------------|
| Data Element | Total Errors | Subject Records | Percent Failing |
| 22 | 3 | 1,999 | 0.15 |
| 57 | 9 | 493 | 1.83 |

Exceeding AFCARS requirements, CFS program's Practice Standard for Case Documentation and Records requires initial placements and any placement changes be documented in ESPI as soon as possible, but no later than 48 hours from the date the placement or placement change occurred. Placement data from ESPI was reviewed for placements occurring between October 1, 2021 and March 16, 2023. The total number of placements during this time was 6,369. The statewide average of days between the date of placement and the date the placement was entered in ESPI was 9.93 (Table 5.4). The statewide median number of days for placement entry was five (Table 5.5). No region met the CFS requirement for placement entry within 48 hours; however, all exceeded AFCARS requirements. Region 5 was noted to take less time to enter placements than other regions with an average of 6.48 days. Region 5 takes longer to enter placements at an average of 14.93 days. There is also some variation in the time it takes to enter placements by year. So far in FFY 2023, placements have been entered more quickly in all areas except Region 6.

Table 5.4 Average Days to Placement Entry by Region

Note: data from the Idaho CCWIS from all placements made between October 1, 2021 and March 16, 2023

| Average Days to Placement Entry | | |
|---------------------------------|--|--------------|
| | Average of # Days to Placement Entry in ESPI | # Placements |
| Region 1 | 8.80 | 690 |
| 2021 | 6.46 | 114 |
| 2022 | 9.74 | 465 |
| 2023 | 7.23 | 111 |
| Region 2 | 9.71 | 248 |
| 2021 | 6.63 | 78 |
| 2022 | 11.59 | 147 |
| 2023 | 8.17 | 23 |
| Region 3 | 14.93 | 1,493 |
| 2021 | 10.24 | 222 |
| 2022 | 16.26 | 1030 |
| 2023 | 13.58 | 241 |
| Region 4 | 9.00 | 1,867 |
| 2021 | 7.22 | 322 |
| 2022 | 9.80 | 1256 |
| 2023 | 7.50 | 289 |
| Region 5 | 6.48 | 688 |
| 2021 | 4.24 | 168 |
| 2022 | 7.38 | 382 |
| 2023 | 6.70 | 138 |
| Region 6 | 8.02 | 578 |
| 2021 | 7.94 | 69 |
| 2022 | 7.76 | 421 |
| 2023 | 9.38 | 88 |
| Region 7 | 8.19 | 805 |
| 2021 | 6.11 | 114 |
| 2022 | 8.77 | 576 |
| 2023 | 7.36 | 115 |
| Grand Total | 9.93 | 6,369 |

Section IV—Assessment of Systemic Factors

Table 5.5 Median Days to Placement Entry by Region

Note: data from the Idaho CCWIS from all placements made between October 1, 2021 and March 16, 2023

| Region | Median Number of Days |
|----------|-----------------------|
| Region 1 | 6 |
| Region 2 | 5 |
| Region 3 | 7 |
| Region 4 | 6 |
| Region 5 | 3 |
| Region 6 | 5 |
| Region 7 | 4 |

Child welfare staff were asked about their use of ESPI during CFSR Community Focus Groups held in spring 2023. When asked to describe the process for entering placement changes into the system staff reported:

- The process for entering placement changes is challenging and functionality is not intuitive. Example comments include: “Confusing, doesn’t flow right, unclear what folks actually need to do so things don’t get missed.” “A single wrong click and it ruins the whole thing.” “Can’t do it without a process document being up.”
- The approval process also causes challenges.
- Multiple placement changes create challenges.

If information involved in a batch process, including payments to foster care providers, is missing or does not pass the system’s validations, ESPI produces an exception report that is sent to the ESPI support team. In an effort to help caseworkers, supervisors, and administrative staff identify possible missing or incorrect data and alert them of time sensitive or outstanding tasks, business unit specific dashboards are built into ESPI (Graphic 5.6). When incorrect or missing data is identified and cannot be updated by the caseworker, it is reported to the support team for corrections. This is most often due to mistyped data entry that was not noticed until after the record was saved, data not being entered in a timely manner, or a misunderstanding of the requirements. If it is noticed an error is recurring often, the support team will pass the information to the process and training team for assessment to determine the next steps. These may include reminders to child welfare staff, process updates, training, and or recommendations for system changes.

Graphic 5.6 Example of ESPI (CCWIS) Dashboard

The screenshot displays the 'Worker Dashboard - Worker Case Assignment' interface. It is divided into two main panels. The left panel, titled 'My Open Placements', features a search bar with a 'Filter by keyword' button and a table with columns for 'Placement ID', 'Client Name', and 'Provider ID'. The right panel, titled 'My Tasks', includes a 'Task' button, a 'Delete' button, and a 'Filter by keyword' button. It contains a table with columns for 'Case ID', 'Regarding', 'Subject', and 'Due Date'. Both panels show a list of items with redacted information. The bottom of the dashboard shows a footer with 'ABC 1 - 1 of 1' on the left and 'ABC 1 - 9 of 54' on the right, along with a 'Page 1' indicator.

Section IV—Assessment of Systemic Factors

Idaho uses concurrent planning practices for permanency including the identification of primary and secondary concurrent goals. Documentation requirements of a child's permanency goals are included in the Concurrent Planning Standard. Each child's initial primary and secondary concurrent permanency goals are to be documented in ESPI within 30 days of the child's placement in foster care. These goals are incorporated into Case Plans Part 1 and 2. In FFY 2022, ESPI data related Case Plan Part 1 was completed timely 4.0% of the time and Case Plan Part 2 was completed timely 10.2% of the time in FFY 2022 (Item 20, Table 6.1). Based on data received from Idaho's courts and feedback from legal/judicial partners, child welfare staff, and case record review (CRR) findings related to Item 13, it appears case plans and related permanency goals are being developed timely; however, there is an issue with how ESPI reflects case plan status and confusion around the use of related processes. When a child enters foster care and a case management case opened in ESPI, Case Plan Parts 1 and 2 are autogenerated with the case open date. In order to determine if the case plan was completed, staff develop both parts of the plan with the family which are then reviewed by the supervisor and submitted to the court for approval. After court approval, the worker updates the Case Plan Part 1 status from "pending" to "completed" in ESPI which means it was approved by the supervisor and court. The Case Plan Part 2 status is updated from "pending" to "in progress." Status updates are not happening after court in most cases resulting in case plans not showing as having been finalized and approved.

A review of permanency goals is included in ongoing case consultations held a minimum of every 90 days. Any recommendation for changes in permanency goals are made during case consultations and the goals are to be updated in ESPI at that time. If the goal is changed during a court hearing, without a prior case consultation, permanency goals are to be updated as soon as possible. Permanency goals in ESPI are reviewed as part of the application process for adoption and guardianship assistance benefits. As a result of these reviews, it is known permanency goals are not consistently being updated in the system.

Idaho's AFCARS Data Monitoring Report (Table 5.7) reflects missing or incomplete documentation of information in ESPI between October 2022 and March 2023. The report confirms the location of children in foster care is accurate in ESPI, with only five children showing incomplete placement information. The case plan was due, but not recorded, for 227 children.

Section IV—Assessment of Systemic Factors

Table 5.7 AFCARS Data Monitoring October 2022-March 2023

| AFCARS Data Monitoring Report October 2022 – March 2023 | | | | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------|
| | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Region 7 | Total |
| Child's Plan Due | 58 | 22 | 59 | 6 | 22 | 18 | 22 | 227 |
| Placement Review Due | 21 | 19 | 40 | 17 | 20 | 13 | 11 | 141 |
| Race/ Ethnicity Missing | 4 | 1 | 10 | 0 | 1 | 0 | 0 | 16 |
| Parent Relationships Missing | 45 | 40 | 64 | 66 | 87 | 38 | 15 | 355 |
| Incomplete Placement | 2 | 0 | 1 | 1 | 1 | 0 | 0 | 5 |
| Missing/ Incomplete Indian/ICWA Information | 28 | 12 | 13 | 23 | 5 | 2 | 0 | 83 |
| Health Information Missing | 90 | 48 | 215 | 99 | 172 | 6 | 10 | 640 |
| Education Missing | 34 | 19 | 77 | 10 | 45 | 17 | 2 | 204 |
| Adoption History Due | 10 | 6 | 2 | 0 | 18 | 4 | 0 | 40 |
| Human Trafficking Missing | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |

The 2023 CFS Feedback and Engagement Survey asked child welfare staff to “Please identify any barriers you experience impacting entering timely documentation in ESPI.” Surveys received through March 31, 2023 were reviewed. The resulting data reflected 16 of the 23 respondents commented on this open-ended question. Of those, five focused on information technology related issues and noted ESPI is not user-friendly and entering placements is challenging. An additional two responses were related to not receiving information timely for data entry and the remaining responses were related to high caseloads and intense workloads that make prioritizing data entry a challenge.

To ensure the CCWIS meets the data entry and reporting needs of the CFS program and evolves as new policies, practices, and federal guidelines are implemented, the ESPI technical team engages with internal and external stakeholders on an ongoing basis to document system requirements and needed enhancements. The frequency of check-ins varies by group. Meetings are held with specific entities, such as the CIU. The ESPI support team shares feedback from users and common issues they encounter. Feedback from child welfare program and field staff reflects not all user groups feel represented regarding ESPI questions and challenges. As a result, more options are being developed for users to provide input and ask questions including open forum style virtual discussions. The initial focus will be on areas where the most challenges are reported, such as placement change requests.

ESPI improvements and bugfixes are released to the program on a monthly basis. The system receives regular monthly system enhancements and fixes to improve usability and address any

gaps or process improvements needed to ensure the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. These improvements enhance the ability of CFS to identify any evidence of disproportionality and disparities.

In FFYs 2022 and 2023, a large number of system enhancements and improvements were implemented. This extensive list includes the addition of extended foster care placements in December 2022 as a way to document when a child turns 18 and elects to remain in foster care. The ability to show a child placed in regional short-term housing became available in October 2022 and allows accurate recording where youth are located when they are unable to be immediately placed with a resource family. In July 2022, youth placement information was added to Every Student Succeeds Act (ESSA) school notification. Recently, documentation fields specifying the type of case (in-home, out-of-home, or permanency) were incorporated onto the main case information page. Work continues to develop a way to derive that field value automatically.

Data Quality, Scope, Limitations, and Barriers

Data related to the accuracy of demographic information entered into ESPI is not available. Qualitative data is limited to the relatively small numbers of child welfare staff responding to a survey and attending focus groups. Data as to the disability and special needs characteristics of children and families is limited. AFCARS diagnosable disabilities were not mapped correctly in the Idaho dataset and the data currently available is not believed to be accurate. This barrier to identifying the current population of children with a diagnosed disability also impacts the ability to individualize services (Item 30) and the recruitment of foster families (Item 35).

State Rating

Item 19: Statewide Information System is an Area Needing Improvement. CFS completed implementation of its new CCWIS within the last two years and continues to develop further enhancements. Although the state can readily identify the foster care status and placement location of every child who is (or within the immediately preceding 12 months has been) in foster care, delays in data entry are impacting the ability to identify accurate permanency goals for the child statewide.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the three components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to families' experience with the case planning process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 20 was an Area Needing Improvement. Although each child had a written case plan with required provisions, the state did not demonstrate each plan was developed jointly with the child's parents. Results from case record reviews (CRRs) for Item 13 demonstrated significant variations in performance by region. Family Group Decision Meetings (FGDMs) were used to involve family members; but was not available in all areas of the state and not used consistently for ongoing planning and family engagement. Since Round 3, CFS transitioned from the use of contracted FGDMs to family meetings facilitated by the assigned caseworker. Feedback indicated the use of contractors interfered with the opportunity for workers to develop rapport with parents and FGDM services were not able to be provided in all regions. The move to family meetings was intended to enhance caseworker engagement with families and promote statewide consistency.

Idaho uses a written case plan which is divided into the Case Plan Part 1 (Family Plan) and Case Plan Part 2 (Child's Plan). Templates for both parts of the plan are contained in the state's Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI), and autogenerate when a child enters foster care. The templates were designed to contain the federally-required provisions and were approved as part of Idaho's IV-E

plan in FFY 2022. They were created in collaboration with court partners as part of the Child and Family Services Review (CFSR) Round 3 Program Improvement Plan (PIP). The Case Plan Part 1 includes the plan for providing services to the parents to address identified safety concerns and facilitate the child's safe return home. Developed plans identify the conditions which must be met for a child to first return home and then what conditions must be met for the case to be closed. The Case Plan Part 2 contains information regarding reasonable and active efforts; appropriateness of care and placement; efforts to meet the child's educational, physical health, and mental/behavioral health needs; a description of programs and services to help youth 14 years of age and older transition to adulthood; and other information important in the day-to-day care of a child placed in foster care. When applicable, steps taken to locate an alternate permanent placement and/or compelling reasons not to terminate parental rights are also documented.

Direction and guidance for case planning is documented in the Child and Family Services (CFS) program's Standard for Case Planning. The Standard is available to staff and the public on the Idaho Department of Health and Welfare website. Case plans are to be developed jointly with the parents and the child (when age and developmentally appropriate). The case planning process for in-home and foster care cases include two meetings between the CFS caseworker and parents within the first 30 to 45 days of a case. The first meeting is designed to build rapport with the parents through sharing information about working with the agency and gathering additional information for assessment in preparation for case planning. The second is a "family meeting" facilitated by the caseworker which also includes relatives and family members. Youth aged 14 and older are to participate in family meetings. In order to verify the completion of case plan documents, child welfare supervisors review both parts of the case plan which are then submitted to the court for approval.

Judicial oversight assists in monitoring the process to ensure each child has a written case plan and the parents agree with and understand the required case plan provisions. Idaho Code 16-1621 requires CFS to prepare a written case plan in every case in which a child is determined to be within the jurisdiction of the court. The Child Protection Timeliness of Hearings Report for FFY 2017-FFY 2021 from the Administrative Office of the Courts (AOC) shows case plan hearings statewide were held within the required timeframe 84% of the time with a range of 75% in Judicial District 4 to 92% in Judicial District 6. Feedback received during Legal and Judicial Focus Groups conducted in March 2023 confirmed case plans are presented at these hearings, although family participation in the case planning process is not typically discussed. Participants reported judges review case plans during hearings and public defenders object if parents disagree with the plan.

To determine if every child has a case plan, ESPI tracks plan development. Table 6.1 reflects only 4.0% of children had a Case Plan Part 1 and 10.1% had a Case Plan Part 2 developed in the required 60 days of entering foster care. Feedback from legal/judicial partners, child welfare staff, and CRR findings related to Item 13 indicate this data is likely inaccurate due to issues related to how case plans are documented in ESPI (see Item 19).

Table 6.1 Children with Timely Case Plans

Note: Data from the Idaho CCWIS/ESPI

| Children in Foster Care 60 Days or More with Timely Plans | | | |
|---|----------|----------|----------|
| Plan Type | FFY 2020 | FFY 2021 | FFY 2022 |
| Timely Case Plan Part 1 (Family Plan) | 74.6% | 3.3% | 4.0% |
| Timely Case Plan Part 2 (Child's Plan) | 32.9% | 13.0% | 10.1% |
| # Children | 845 | 1,058 | 856 |

Data from ongoing state conducted CRRs, ESPI, and feedback from partners and stakeholders reflect case plans are not always completed jointly with the family. Family meetings are designed for joint case planning between the agency and the parent. Support for the case planning process is provided to child welfare staff through a business process document which specifies the engagement of parents in joint planning through the review of safety concerns, identification of parent and child needs, and development of case plan goals, objectives, and tasks. The completion of family meetings is documented in ESPI. This documentation indicates the use of family meetings varies significantly throughout regions (Table 6.2), with Region 7 using them for 98.4% of children in foster care in FFY 2022 and Region 4 using them for 67.1% of children in foster care.

Table 6.2 Children with Family Meetings

Note: Data from the Idaho CCWI/ESPI for the number of children in foster care more than 30 days with a completed family meeting.

| Children in Foster Care with a Family Meeting | | | | | | |
|---|------------|--------------------------------|--------------------------------|------------|--------------------------------|--------------------------------|
| | FFY 2021 | | | FFY 2022 | | |
| | # Children | # Children with Family Meeting | % Children with Family Meeting | # Children | # Children with Family Meeting | % Children with Family Meeting |
| Region 1 | 107 | 104 | 97.2% | 100 | 90 | 90.0% |
| Region 2 | 44 | 44 | 100.0% | 49 | 46 | 93.9% |
| Region 3 | 236 | 218 | 92.4% | 162 | 117 | 72.2% |
| Region 4 | 260 | 208 | 80.0% | 237 | 159 | 67.1% |
| Region 5 | 117 | 110 | 94.0% | 68 | 64 | 94.1% |
| Region 6 | 118 | 109 | 92.4% | 86 | 66 | 76.7% |
| Region 7 | 115 | 108 | 94.0% | 129 | 127 | 98.4% |
| Total | 997 | 901 | 90.4% | 831 | 669 | 80.5% |

The 2023 Child Welfare Feedback and Engagement Survey and follow-up interviews resulted in feedback from 11 parents representing six of Idaho's seven geographic regions. Of the responding parents, five indicated they were involved in the development of their case plans, while five were not, and one reported having input but feeling they "didn't have a choice" because of the guardian-ad-litem (GAL) and court. Members of the legal and judicial community and child welfare staff participating in the spring 2023 CFSR Community Focus Groups

suggested family meetings are not held in some regions and are held inconsistently in other regions. This feedback is consistent with findings from CRRs which indicate family meetings are often being held by phone, video conference, and/or do not include relatives or other support people. Parents are not consistently provided with copies of their case plans from the department, although some receive copies from their attorneys. Case plans in the family's electronic files do not routinely include signatures from parents. Child welfare staff using family meetings to engage parents in case planning identified them as a tool to involve and encourage parents from the beginning of a case. They noted the meetings build relationships with the parents which enables them to continually revisit the plan on a regular basis while motivating the parents.

Qualitative data from CRRs suggest there are practice deficiencies in staff engagement with families during case plan development. Of 65 cases applicable to case planning engagement of the mother reviewed in FFY 2022, 44 cases (67.7%) were rated as a strength. During that same time period, 50 cases were applicable to case planning engagement of the father; only 21 (42.0%) were rated as a strength. This measurement was consistent with prior reporting periods dating back to FFY 2020 (see Well-Being Outcome 1, Table 4.7). Specific themes in cases rated as an area needing improvement for Item 13: Child and Family Involvement in Case Planning were identified. These reflected a need for engagement of parents demonstrating resistant or passive behavior, accurate identification of all case planning participants, the engagement of fathers, and inclusion of independent living planning. The ability of caseworkers to jointly develop written case plans with parents has been impacted by the struggle regional offices have experienced to fill vacancies in a variety of child welfare positions. Worker turnover resulted in increased workload and decreased capacity for workers to effectively engage with families in FFY 2021. Efforts to reduce turnover resulted in fewer vacancies FFY 2022; however, many caseworkers remain in initial training periods.

Data Quality, Scope, Limitations, and Barriers

The information and data reported above was extracted from ESPI and CRRs. ESPI reports are limited by the quality of data entry and system functionality. ESPI case plan reporting is focused on the timely completion of plans which does not include a reflection of parental participation. There is no mechanism to track if or when copies of case plans are provided to parents.

Completion of family meetings where case plans are developed is tracked in ESPI where the child welfare caseworker enters the date the meeting was held; however, available data reports do not include family meetings for in-home cases. Supervisors and leadership can view the meeting completion in the ESPI or related Child Welfare Subway Map Tableau report and identify if a meeting is still needed. Data related to the quality of family meetings held is limited to parent, partner, and stakeholder feedback obtained during CRR interviews, surveys, and focus groups.

State Rating

Item 20: Written Case Plan is an Area Needing Improvement for Idaho. Qualitative data from child welfare staff, court/judicial partners, and CRRs indicate each child does have a written case plan. Idaho has policies and practices in place to support joint case planning with parents; however, parents are not always engaged in the development of Case Plans Part 1 and/or Part 2. There are no quality assurance measures in place related to parent and family meetings. The use of family meetings to jointly develop case plans with parents varies by region.

Item 21: Periodic Reviews

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the periodic reviews process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 21 was an Area Needing Improvement. Periodic reviews were not routinely occurring for each child at least every six months. Data showed that while statewide timeliness averages were relatively high, regional performance varied with some regions showing a significant portion of periodic reviews not being held timely. Stakeholders confirmed there were gaps in the data presented for one jurisdiction, and that performance varied across the state.

In Idaho, periodic reviews are conducted by the courts. Idaho Code 16-1622 states a hearing for review of the child's case and permanency plan shall be held no later than six months after entry of the court's order taking jurisdiction under The Child Protective Act, and every six months thereafter. Judicial oversight is in place to ensure periodic reviews for each child occur no less frequently than once every six months. Bench cards for periodic reviews include suggested questions for the judge to ask of the parents, Child and Family Services (CFS) caseworker, and guardian ad litem as well as requirements for findings and court orders. Standardized statewide court order templates for periodic review hearings are available through the Idaho Administrative Office of the Courts (AOC) management system, but not are not required to be used. No data is available as to the frequency or jurisdictions of their use.

Since the Child and Family Services (CFSR) Round 3, CFS and the AOC have improved the state's ability to gather, report, and review data related to the frequency of periodic review hearings through the implementation of a new AOC management system and regular data-

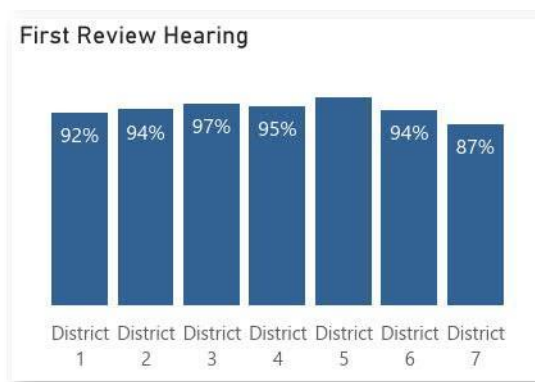
focused meetings between the agencies. As part of Idaho's CFSR Round 3 Program Improvement Plan (PIP), a CFS-Court Data Team was created, and their charter developed in FFY 2022. The team meets to share data and gather feedback which is combined with that obtained through CFS data resources and regional management meetings to identify any related concerns. This information is used to develop strategies to address identified needs which are communicated back to the CFS-Court Data Team and CFS regions. The team met approximately three times each year in FFYs 2021 and 2022.

The AOC measures timeliness of periodic review hearings from the date the court takes jurisdiction of the case under the Child Protective Act with a finding of abuse, neglect, or abandonment, or 60 days after foster care entry, whichever is first. According to the AOC's Child Protection Timeliness of Hearings Report for all initial periodic review hearings held between FFY 2019 and FFY 2022, initial periodic review hearings statewide were held within the required six-month timeframe 94% of time with a range of 87% in Judicial District 7 to 99% in Judicial District 5 (Graph 7.1). Consistent with these findings, a review of timely initial periodic reviews in FFY 2021 by judicial district (Graph 7.2) shows Judicial District 5 performing at 100% and Judicial District 7 at 87% with other locations falling in between. This data represents an improvement from CFSR Round 3 performance of an average of 90% of initial periodic review hearings being held timely statewide with a range of 67% (Judicial District 2) to 97% (Judicial Districts 3 and 4). As part of Idaho's CFSR Round 3 PIP, local shared learning experiences between legal and judicial partners and CFS were held and included discussion of the importance of timely periodic review and permanency hearings. These experiences, in addition to the improved related data, appears to have had a positive effect in timely initial periodic review hearings in all judicial districts.

Graph 7.1 Timeliness of Initial Review Hearings FFY 2019 – FFY 2022

Note 1: Data and graph from the AOC Timeliness of Hearings Report.

Note 2: Timeliness is measured by completion of an initial review hearing within six months of a child's entry to foster care, finding of abuse, neglect, or abandonment, or 60 days after foster care entry whichever comes first.



Graph 7.2 Timeliness of Initial Review Hearings by Judicial District FFY 2021

Note 1: Data and graph from the AOC Timeliness of Hearings Report.

Note 2: Timeliness is measured by completion of an initial review hearing within six months of a child's entry to foster care, finding of abuse, neglect, or abandonment, or 60 days after foster care entry whichever comes first.

First Review Hearing



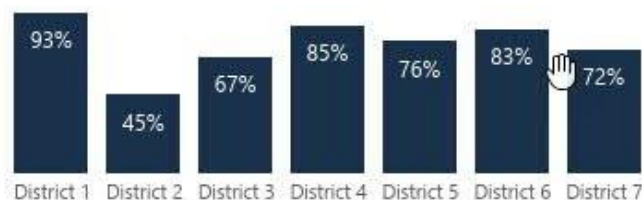
The Child Protection Timeliness of Hearings Report for all subsequent review hearings held between FFYs 2019 and 2022 reflected subsequent periodic review hearings are held timely an average of 74% of the time. A breakdown of FFY 2021 subsequent review hearings by geographic area (Graph 7.3) showed a range in timeliness from 45% (Judicial District 2) to 93% (Judicial District 1).

Graph 7.3 Timeliness of Subsequent Review Hearings by Judicial District FFY 2021

Note 1: Data and graph from the AOC Timeliness of Hearings Report.

Note 2: Timeliness is measured by completion of a review hearing within six months of a previous review hearing.

Sub. Review Hearing



There are different practices regarding the scheduling of subsequent court hearings; some judges set all court dates at the initial hearing and others schedule one hearing at a time. CFS caseworkers provide written court reports addressing progress made towards alleviating safety concerns, concurrent planning, the child's well-being, and general case updates prior to review hearings. Feedback received from Legal and Judicial Focus Group participants in March 2023 suggested judicial caseloads and late reports from the department contribute to delayed hearings. Periodic review court reports are required to be filed with the court no later than five days prior to the hearing. Electronic templates for the reports were developed by CFS in collaboration with the AOC during the CFSR Round 3 PIP.

In addition to periodic reviews conducted by the courts, CFS has a practice standard and process in place to ensure agency case consultations are conducted for each case. The Concurrent Planning Standard states timely six-month periodic reviews and annual permanency hearings are important to achieving permanency. Ongoing structured case consultations are held a minimum of every 90 days to reassess safety, case progress, and concurrent planning goals. Case consultations are used to prepare for review and permanency hearings; however, are not administrative reviews. Data reports showing cases overdue for a case consultation are updated daily and used by child welfare supervisors and chiefs of social work to ensure needed consultations happen. Information in Table 7.4 demonstrates case consultations are occurring

Section IV—Assessment of Systemic Factors

at a frequency of no more than every 180 days 95.4% of the time. Regional variation is present with Regions 3 and 5 performing in the 80th percentile while Regions 1, 4, and 7 performed in the 90th percentile in FFY 2022. Regions 2 and 6 performed at 100%.

Table 7.4 Case Consultations within 180 Days

Note 1: Data from the Idaho CCWI/ESPI.

Note 2: Case consultations completed is measured by children with a documented case consultation during the FFY.

Note 3: Timely case consultation is one held no more than 180 days after the prior case consultation.

| Case Consultations within 180 Days | | | | | | |
|------------------------------------|----------------|-------------------|-------------------|----------------|-------------------|-------------------|
| | FFY 2021 | | | FFY 2022 | | |
| | # Consults Due | # Timely Consults | % Timely Consults | # Consults Due | # Timely Consults | % Timely Consults |
| Region 1 | 207 | 206 | 99.5% | 343 | 341 | 99.4% |
| Region 2 | 62 | 62 | 100.0% | 121 | 121 | 100.0% |
| Region 3 | 407 | 403 | 99.0% | 432 | 364 | 84.3% |
| Region 4 | 295 | 293 | 99.3% | 633 | 621 | 98.1% |
| Region 5 | 107 | 105 | 98.1% | 170 | 146 | 85.9% |
| Region 6 | 106 | 104 | 98.1% | 333 | 333 | 100.0% |
| Region 7 | 78 | 77 | 98.7% | 277 | 276 | 99.6% |
| Total | 1,262 | 1,250 | 99.0% | 2,309 | 2,202 | 95.4% |

Data Quality, Scope, Limitations, and Barriers

Data related to the timeliness of child protection review hearings is limited to that from the AOC's Child Protection Timeliness of Hearings report. Court cases are considered by family, rather than by individual child. It should be noted CFS Regions/Judicial Districts 2 and 7 each have a small number of cases. Due to the small numbers, performance for Item 21 can vary greatly. Data related to disproportionality and disparities as to the timeliness of hearings is not available.

A request for court-related data broken down by judicial district and FFY was requested; however, unable to be filled in time for completion of this statewide assessment. Data contained in the report is considered to be of good reliability as the AOC conducts regular trainings with the court clerks responsible for data entry during hearings. Clerks written step by step processes which instruct them on how to record the key components of the hearing.

State Rating

Item 21: Periodic Reviews is an Area Needing Improvement. Although there has been significant improvement in the timeliness of initial review hearings to 94% statewide, the state remains below the 95% benchmark. Additionally, subsequent periodic review hearings occur timely an average of only 74% of the time. CFS is unable to confirm the existence of recent regional variation specific to the last three FFYs; however, when FFYs 2019 – 2022 are considered, variations in timeliness are present statewide.

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the permanency hearing process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 22 was an Area Needing Improvement. While data for some regions indicated initial and subsequent permanency hearings were timely, other regions demonstrated delays.

Permanency hearings have judicial oversight in Idaho. Idaho Code 16-1622(b) states a permanency hearing shall be held no later than 12 months from the date the child is removed from the home or the date of the court's order taking jurisdiction under Idaho's Child Protection Act, whichever occurs first, and at least every 12 months thereafter, so long as the court has jurisdiction over the child. A court order taking jurisdiction occurs during Shelter Care Hearings held within 48 hours of a child's removal, excluding weekends and holidays. Bench cards for permanency hearings include suggested questions for the judge to ask of the parents, Child and Family Services (CFS) caseworker, and guardian ad litem as well as requirements for findings and court orders. Standardized statewide court order templates for permanency hearings are available through the Idaho Administrative Office of the Courts (AOC) management system, but are not required to be used. No data is available as to in which jurisdictions or how frequently the forms are used.

The CFS program's Concurrent Planning Standard includes the requirement for each child to have a permanency hearing no later than every 12 months. As with periodic review hearings, ongoing structured case consultations are used to prepare for permanency hearings (see Item

21). Standardized court report templates for permanency hearings were developed in collaboration with the AOC as part of the CFS Round 3 Program Improvement Plan (PIP). Caseworkers complete the reports and submit them prior to the scheduled court hearing no later than five days prior to the hearing.

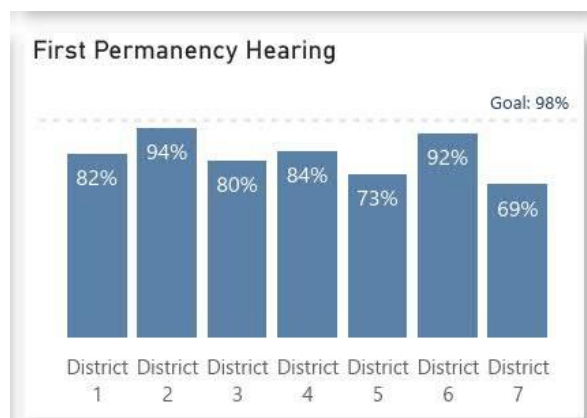
Consistent with Idaho statute, the AOC measures timeliness of permanency hearings from the date the child is removed from the home, or the date of the court's order taking jurisdiction, whichever is held first. The AOC's Child Protection Timeliness of Hearings Report for all initial permanency hearings held from FFY 2019 to FFY 2022 reflected 80% were held within the required 12-month timeframe statewide. The range of timeliness varied from 69% (Judicial District 7) to 94% (Judicial District 2) (Graph 8.1). Graph 8.2 reflects the performance of each judicial district in FFY 2021 with Region 2 performing at 97% and Region 5 at 66%. Regions 2 and 7 have smaller numbers of cases than other regions and the performance of a single case can have a large impact on outcomes. Comparison with CFSR Round 3 performance is difficult as results for Judicial District 5 were unavailable for Round 3. At that time, statewide performance, without Judicial District 5, was reported to be 97%. Reports specific to FFY 2020 and FFY 2022 were requested, but unable to be filled in time for this statewide assessment.

Graph 8.1 FFY 2019 – FFY 2022 Initial Permanency Hearings Held within 12 Months by Judicial District

Note 1: Data and graph from the AOC Timeliness of Hearing Report.

Note 2: Timeliness defined as held within 12 months from the child's removal or the date of the court order taking jurisdiction, whichever was held first.

Note 3: Percentages reflect the average of permanency hearings held in all three FFYs.

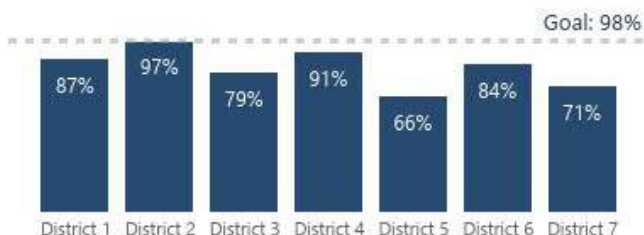


Graph 8.2 Initial Permanency Hearings Held within 12 Months by Judicial District FFY 2021

Note 1: Data and graph from the AOC Timeliness of Hearing Report.

Note 2: Timeliness defined as held within 12 months from the child's removal or the date of the court order taking jurisdiction, whichever was held first.

First Permanency Hearing



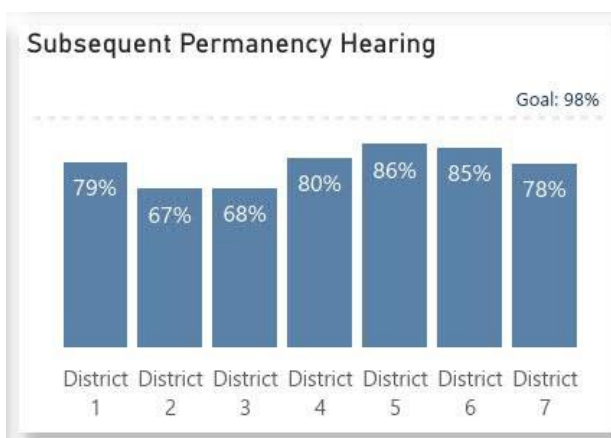
Statewide, the Child Protection Timeliness of Hearings Report reflects an average of 77% of all subsequent permanency hearings were held timely between FFY 2019 and FFY 2022 with a range of 67% (Judicial District 2) to 86% (Judicial District 5) (Graph 8.3). This represents a decrease in performance from CFSR Round 3 at which time 91% of subsequent permanency hearings were held timely (not including data from Judicial District 5). Data for subsequent review hearings held in FFY 2021 (Graph 8.4) reflects strong performance in Judicial District 1 (93%) and challenges in Judicial District 2 (45%).

Graph 8.3 FFY 2019 – FFY 2022 Subsequent Permanency Hearings Held within 12 Months by Judicial District

Note 1: Data and graph from the AOC Timeliness of Hearing Report.

Note 2: Timeliness defined as held within 12 months from the previous permanency hearing.

Note 3: Percentages reflect the average of permanency hearings held in all three FFYs.



Graph 8.4 Subsequent Permanency Hearings Held within 12 Months by Judicial District FFY 2021

Note 1: Data and graph from the AOC Timeliness of Hearing Report.

Note 2: Timeliness defined as held within 12 months from the previous permanency hearing.

Sub. Review Hearing



Feedback received from Legal and Judicial Focus Groups in 2023 reflected barriers to timely permanency hearings include coding/timing errors in the scheduling system, large court caseloads, and late reports from CFS caseworkers. Representatives noted fewer timing challenges when all review and permanency hearings are scheduled at the beginning of each case.

Data Quality, Scope, Limitations, and Barriers

Data related to the timeliness of child protection review and permanency hearings is limited to that from the AOC's Child Protection Timeliness of Hearings report. A request for court-related data broken down by judicial district and FFY was requested; however, unable to be filled in time for completion of this statewide assessment. Data contained in the report is considered to be of good reliability as the AOC conducts regular trainings with the court clerks responsible for data entry during hearings. Clerks written step by step processes which instruct them on how to record the key components of the hearing.

Reports related to the timeliness of permanency hearings are not available from CFS's Comprehensive Child Welfare Information System (CCWIS). It should be noted CFS regions/Judicial Districts 2 and 7 each have a small number of cases. Due to the small numbers, performance for Item 22 can vary greatly. Data related to the impact of disproportionality and disparities as to the timeliness of hearings is not available.

Performance comparison with CFSR Round 3 is complicated by a number of factors including lack of data related to the timeliness of hearings broken down by judicial district at the time of Round 3.

State Rating

Item 22: Permanency Hearings is an Area Needing Improvement. Initial permanency hearings were held timely an average of 80% of the time between FFY 2019 and FFY 2022 and subsequent permanency hearings occurred timely an average of only 77% of the time. Variations in timeliness is present statewide which impacts this outcome. CFS regions/Judicial Districts 2 and 7 each have a small number of cases resulting in greater variability in their performance.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the TPR process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 23 was an Area Needing Improvement. Insufficient data or information was provided to demonstrate filing of termination of parental rights (TPR) proceedings occurred in accordance with the required provisions. Neither Child and Family Services (CFS) nor the court had a system in place to monitor compliance with the required provisions. The limited case review data reported by the state indicated a need to improve on statewide functioning of this item.

Idaho Code 16-1622(g) states that if the child has been in the temporary or legal custody of the Idaho Department of Health and Welfare (IDHW) for 15 of the most recent 22 months, IDHW shall file, prior to the last day of the 15th month, a petition to TPR, unless the court finds:

- The child is placed permanently with a relative
- There are compelling reasons why termination of parental rights is not in the best interests of the child, or
- IDHW has failed to provide reasonable efforts to reunify the child with his family

Although the Adoption and Safe Families Act (ASFA) specifies an exception to the TPR requirement is the child's placement with a relative, Idaho statute specifies this relative placement must be permanent in order to qualify as an exception. The court may authorize the IDHW to suspend further efforts to reunify the child with the child's parent, pending further order of the court, when the court approves a permanency plan that does not include a goal of reunification.

Section IV—Assessment of Systemic Factors

The CFS practice standard for Concurrent Planning includes the requirements and guidance for the filing of TPR when a child has been in foster care for 15 out of the last 22 months, unless the court finds compelling reasons termination is not in the best interest of the child. The length of time a child has been in foster care is reviewed at ongoing case consultations held a minimum of every 90 days (see Item 21). The Standard for Paternity and Termination of Parental Rights provides direction in determining parents requiring TPR. Depending on the county with jurisdiction of the child protection case, the attorney filing the petition is either a county prosecutor or deputy attorney general (DAG). The CFS caseworker submits a report of investigation for TPR to the assigned attorney who is then responsible for filing the petition.

As part of the Child and Family Services Review (CFSR) Round 3 Program Improvement Plan (PIP), CFS collaborated with the Administrative Office of the Courts (AOC) to conduct the second of two statewide shared learning experiences held at local levels in June 2021. All case carrying CFS staff, supervisors, and leadership as well as child welfare judges, prosecuting attorneys, deputy attorneys general, defense attorneys, and CASA attended. Idaho tribes were invited. The experience was held virtually. It was interactive and included local break-out groups for planning. The curriculum explored the key question of “How can we work collaboratively to move cases to timely permanency and closure?” Breakout groups were held by county and included the topics “What is the biggest hurdle in moving child welfare cases in Idaho to timely closure or permanent placement?” and “What could someone in your role do to improve the timeliness of child welfare case closure or permanent placement?” Podcasts were held following the training to respond to questions posed during and after the experience. No data was collected on strategies which were developed or implemented following the gathering.

Modules in Idaho’s Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI), for permanency practice were deployed in FFYs 2020 and 2021. These modules include fields for the documentation of dates related to court-related tasks including the submission of a report requesting TPR to the assigned attorney, the filing of the petition for TPR by the assigned attorney, and the TPR decision date. A report detailing these timeframes would allow for clear documentation and ongoing monitoring of timeliness and deeper analysis of any identified concerns; however, has not been created due to the volume of reports needing developed.

Results of CRRs indicate petitions for TPR were filed timely between 68.0% and 82.6% of the time for applicable cases reviewed between FFY 2020 and FFY 2022 (Table 9.1). Of the cases applicable for timely filing of a TPR petition, 17.4% related to a child who was not White. In examining the results by race and ethnicity (Table 9.2), cases involving Black/African American children (100.0%), or Hispanic children (83.3%) performed better than cases involving White children (73.7%). Performance for cases of the four applicable children identified as American Indian or Alaskan Native, Asian, or Native Hawaiian or Other Pacific Islander was at 0.00%. Due to the small numbers, it is difficult to determine impacts of race and ethnicity for this item.

Table 9.1 Timely TPR Petition Data from Case Record Reviews

Note: Data from the OSRI for Item 5 for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

| | # Applicable Cases Item 5 | # Cases 15 of 22 Months | # Cases Other ASFA TPR | # Cases TPR Exception | # Cases Applicable for Timely TPR Petition | # Cases TPR Filed Timely | % Cases TPR Filed Timely |
|-----------------|------------------------------------|-------------------------------|---------------------------------|-----------------------------|--|--------------------------------|--------------------------------|
| FFY 2022 | 41 | 24 | 0 | 7 | 17 | 12 | 70.6% |
| FFY 2021 | 44 | 31 | 0 | 8 | 23 | 19 | 82.6% |
| FFY 2020 | 45 | 25 | 2 | 2 | 25 | 17 | 68.0% |

Section IV—Assessment of Systemic Factors

Table 9.2 Timely TPR Petition Data from Case Record Reviews FFYs 2020 – 2022 by Race/Ethnicity

Note 1: Data from the OSRI for Item 5 for all reason(s) for agency involvement in all sites reviewed during the FFY with a status of Approved and Final.

Note 2: Excludes cases where child's race and/or ethnicity are unknown.

*Note 3: *Includes non-Hispanic only.*

| Race/ Ethnicity | # Applicable Cases | # Cases 15 of 22 months | # Cases other ASFA TPR Criteria | # Cases Exception to TPR | # Cases applicable for timely TPR petition | # Cases TPR filed timely | % Cases TPR filed timely |
|---|--------------------------|-------------------------------|---|--------------------------------|--|-----------------------------------|--------------------------------|
| *White | 107 | 67 | 2 | 12 | 57 | 42 | 73.7% |
| Hispanic – Any Race | 18 | 9 | 0 | 3 | 6 | 5 | 83.3% |
| *Black/ African American | 4 | 4 | 0 | 2 | 2 | 2 | 100.0% |
| *American Indian/ Alaska Native | 3 | 2 | 0 | 0 | 2 | 0 | 0.0% |
| *Asian | 2 | 1 | 0 | 1 | 1 | 0 | 0.0% |
| *Native Hawaiian/or Other Pacific Islander | 1 | 1 | 0 | 0 | 1 | 0 | 0.0% |

CRRs conducted in FFYs 2021 and 2022 noted improvement in CFS seeking modification of the goals and requests to move forward with TPR. Systemic barriers were identified through CRRs and feedback received from regional child welfare staff. These barriers related to court ideologies and perspectives impacting the ability to proceed with TPR earlier in cases with poor prognosis indicators for reunification in Regions 1, 2, 3, 6, and 7. While there has been improvement in some regions with the agency seeking timely modification of the goals and requests to move forward with TPR in the court, barriers remain related to court approval of the recommended goal changes, particularly in Regions 1, 2, and 6. At least one region is experiencing significant delays in the scheduling of court hearings related to TPR. In March 2023, CFS staff in Region 3 reported TPR hearings being scheduled for October 2023.

The AOC Timeliness of Hearings Report includes a larger number of cases (247) than CRR results; however, reflects outcomes only for those cases in which a petition for TPR was actually filed. In those situations, the petitions were filed timely with a statewide average of 13 months with a range of 12.3 months (Judicial District 6) to 14.5 months (Judicial District 3) (Table 7.3) in FFYs 2019 to 2022. Information in this report is not available by race or ethnicity.

Section IV—Assessment of Systemic Factors

Table 7.3 Time to TPR Petition FFYs 2019 – 2022 by Judicial District

Note 1: Data from Idaho AOC Timeliness of Hearings Report.

Note 2: Measured from the initial child protection petition to the first petition for TPR on the case where the first TPR petition was filed in FFY 2020, 2021, or 2022.

Note 3: A month is considered 30 days.

| Judicial District | # Cases with TPR Petition Filed | Median Days to Petition Filed | # Months to Petition Filed |
|-------------------|---------------------------------|-------------------------------|----------------------------|
| 1 | 22 | 408 | 13.6 |
| 2 | 20 | 371 | 12.4 |
| 3 | 60 | 436 | 14.5 |
| 4 | 56 | 388 | 12.9 |
| 5 | 23 | 388 | 12.9 |
| 6 | 26 | 368 | 12.3 |
| 7 | 40 | 372 | 12.4 |
| Statewide | 247 | 390.1 | 13.0 |

Data Quality, Scope, Limitations, and Barriers

Available data to determine timeliness of TPR petition filing comes from state conducted CRRs and the AOC's Timeliness of Hearings Report. A request for court-related data broken down by judicial district and FFY was requested; however, unable to be filled in time for completion of this statewide assessment. CRR data is limited to a smaller number of cases; however, examines cases where petitions for TPR were needed but not filed while the Timeliness of Hearings Report considers a larger number of cases, but only those where TPR petitions were filed. Only the CRR data is able to be viewed by race/ethnicity. Any disparities based on race or ethnicity are unable to be determined due to the small numbers of cases considered.

There continues to be a need for a report reflecting the tracking of TPR petitions from specific points in the process: from the caseworker's submission of the related court report to the attorney; from the attorney's receipt of the report to the filing of the petition; from the petition to the court hearing; and from the court hearing to the court order. This would allow for the identification of specific barriers impacting the timeliness of TPR. Data is not available for cases with specialized circumstances reflecting the need for earlier filing of TPR, including Safe Haven (abandoned newborn) cases or those with a finding of aggravated circumstances. Data related to exceptions for filing for TPR is limited to CRRs.

State Rating

Item 23: Termination of Parental Rights is rated as an Area Needing Improvement. There appears to have been improvement in timely petitions as AOC data reflects 100% of cases where TPR petitions were filed between FFY 2019 and FFY 2022. The average time frame was 13 months from the time of the first child protection petition to the TPR petition. This includes only those cases in which a TPR petition was filed, excluding those cases where a petition should have been filed but was not. CRR cases reflected 70.6% of petitions are filed timely. This considers a smaller pool of cases; however, is consistent with feedback received from partners and stakeholders.

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address both components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with the hearing and review notification process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 24 was an Area Needing Improvement. The state did not have an effective system that functioned statewide to ensure caregivers of children in foster care were notified of, and have a right to be heard, in any review or hearing held in respect to the child. The state reported having several good processes and practice guidance in place but lacks a mechanism for data collection to ensure notice is occurring and an ongoing survey process to evaluate caregivers' right to be heard.

Idaho Juvenile Rule 40 requires the Idaho Department of Health and Welfare (IDHW) to send notice of court hearings to any person identified as the resource parent, pre-adoptive parent, or as a relative providing care for a child who is in the custody of the IDHW after the adjudicatory hearing. It also requires notice to be provided for any further hearings held with respect to the child and has a provision regarding the caregiver's right to be heard. In accordance with this rule, CFS has a practice standard in operation which supports the notification and involvement of caregivers in review hearings. The Resource Parent Notification of Reviews and Court Hearing Standard is based on Idaho Juvenile Rule 40 and provides direction and guidance regarding notifying resource parents of reviews and court hearings involving children in their care. The standard outlines the requirements for providing notification to resource parents a minimum of five business days prior to a court hearing and contains guidance on encouraging them to attend and participate in the review hearings. A variety of templates are used by CFS

regions to provide written notice of hearings. Some, but not all, discuss the right of the foster parent to be heard.

The Administrative Office of the Courts (AOC) conducted quality of hearings project in March 2021. Project findings confirmed foster parents are more likely to be present at permanency hearings than other hearing types. The 2022 Annual Foster Parent Survey was sent to all currently licensed foster parents, including relative, non-relative, and adoptive families. A total of 1,149 families received the survey with 353 completing the request for a response rate of 22.1%. The survey gathered data regarding caregiver involvement in court hearings and their right to be heard during proceedings. The Likert Scale options for each survey item were always, usually, sometimes, or never true. One of the questions asked if the respondent received notice prior to court hearings held concerning the child(ren) in their home. Of the 249 survey respondents who answered this question, 151 indicated this was always or usually true, 51 indicated this was sometimes true, and 43 stated this was never true. The statewide percentage of respondents who answered always or usually was 60%, but results vary widely by region (Table 10.1.)

Table 10.1 Resource Parent Survey – Notice of Hearing

Note: Data showing the number and percentage of responses to the statement “I receive notice of court hearings concerning the child or children before they are held.”

| | Always or Usually | Sometimes | Never | Total | % Always or Usually |
|-----------------|----------------------------------|------------------|--------------|--------------|--------------------------------|
| Region 1 | 30 | 3 | 4 | 37 | 81% |
| Region 2 | 12 | 2 | 1 | 15 | 80% |
| Region 3 | 28 | 18 | 16 | 62 | 45% |
| Region 4 | 34 | 12 | 7 | 53 | 64% |
| Region 5 | 14 | 8 | 1 | 28 | 50% |
| Region 6 | 10 | 7 | 8 | 25 | 40% |
| Region 7 | 18 | 5 | 6 | 29 | 62% |
| Total | 151 | 55 | 43 | 249 | 60% |

As part of the annual survey, resource parents were also asked to respond to the statement “I am able to provide information about the child or children for court hearings in the following ways” by selecting one or more of the following: attending court in person where I may talk; attending court in person to observe, but not to participate or talk; writing a letter to the court; providing information to the assigned worker; providing information to the child’s or children’s attorney; providing information to the guardian ad litem; none of the above; not applicable; or other. Of the 249 families who responded to the survey, 99 selected “attending court in person to observe, but not to participate or talk.”

Notice of hearing is also tracked as part of the CRR process during the resource parent interview. Caregivers are asked ‘Have you received notice of court hearings and reviews?’. Between January 2020 and January 2023, Idaho reviewed 127 foster care cases. Of the 81 caregivers statewide who participated in a CRR interview during that timeframe, 89% reported being notified of hearings. Once again, results varied by region (Table 8.2).

Table 10.2 Case Record Reviews – Notice of Hearing

Note: Data from foster parents interviewed during CRRs and their response to the question “Have you received notice of court hearings and reviews?”.

| | Yes | No | Total | %Yes |
|-----------------|-----|----|-------|------|
| Region 1 | 12 | 0 | 12 | 100% |
| Region 2 | 5 | 0 | 5 | 100% |
| Region 3 | 14 | 4 | 18 | 78% |
| Region 4 | 17 | 1 | 18 | 94% |
| Region 5 | 9 | 2 | 11 | 82% |
| Region 6 | 12 | 2 | 14 | 86% |
| Region 7 | 3 | 2 | 3 | 100% |
| Total | 72 | 9 | 81 | 89% |

Qualitative data regarding notice of hearings to caregivers was gathered during six CFSR Community Focus Groups in FFY 2023. Caregivers were asked: “Did you receive notice/were you informed prior to court hearing regarding children placed in your home?” “Did the notice inform you of your right to be heard by the court?”

- Three resource parents reported receiving notice with comments including,
 - “[I] was heard and received notice.”
 - “[I] was able to provide written testimony.”
 - “Most of the time.”
- One resource parent reported inconsistent notice
 - “[We] were given some notice.”
- Two resource parents expressed concern about consistency of notice
 - “Some of the other foster parents haven't been [notified].”
 - “[I'm] not sure if the notice included right to be heard.”

Data Quality, Scope, Limitations, and Barriers

CFS does not have a tracking mechanism to ensure caregivers receive notices of hearings and reviews as well as their right to be heard. The program continues to be reliant upon the self-report of resource families from the annual Resource Parent Survey, CRRs, and focus groups for data that reflects their notification and participation in court hearings. The number of families self-reporting is only a small fraction of the total number of resource families in Idaho, limiting the quality of our results.

State Rating

Item 24: Notice of Hearings and Reviews to Caregivers is rated as an Area Needing Improvement. Quantitative data from the Annual Foster Parent Survey and CRRs along with qualitative data from focus groups suggest there are good practices to ensure notifications are sent in some areas; however, practices are inconsistent statewide. In addition, it is unclear if foster parents understand they also have a right to be heard. CFS also does not have a tracking system to ensure caregivers are receiving notices, and therefore cannot produce adequate statewide data to demonstrate system functioning.

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the five components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the QA/CQI process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 25 was an Area Needing Improvement. Although Idaho had a case record review (CRR) process operating, it was unclear how the information gathered was used to target change at the regional level. The state was unable to provide insufficient information on any ongoing processes for evaluation of program improvement measures because local continuous quality improvement (CQI) evaluations and program improvement plans (PIPs) were no longer in effect. The Child and Family Services (CFS) program did not demonstrate how the state's standards were used to evaluate the quality of services that protect children's health and safety and did not provide sufficient information and data to demonstrate ongoing processes for identifying strengths and needs of the service delivery system and inform the array of services.

Quality Assurance (QA) System Operation

The Idaho Department of Health and Welfare (IDHW), Division of Family and Community Services (FACS) CFS program is responsible for the QA system through CQI. CQI is the

complete process of identifying, describing, and analyzing strengths and issues and then testing, implementing, learning from, and revising solutions. It is not an event-driven process, such as the one needed to develop a PIP, but rather an ongoing process which enables the agency to plan, make decisions, and evaluate progress.

The CFS leadership team identified three priority areas as essential to program success which guide assessment and improvement efforts in the child welfare system. The priority areas are employee engagement and morale, meeting customer needs and expectations, and positive stakeholder perception of the program and services. These priorities form the vision for the child welfare program in Idaho. Through identification of performance trends from the following areas, priorities for improvement are identified.

- Staff, resource parent and persons with lived experience surveys
- State and federal CRRs using the federal Onsite Review Instrument (OSRI) and stakeholder interviews
- Meetings with partners and stakeholders, including but not limited to, tribal partners, contractors, the courts, and behavioral health partners
- Adoption and Foster Care Analysis and Reporting System (AFCARS) data indicators
- Trending data report
- National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) reports
- Federal data indicators
- Data analyst generated reports
- QA recordings from the centralized consult unit
- Ad hoc reports
- Ongoing data reports represented on Table 9.1

Table 11.1 Data Reports

| Data Reports | | |
|---------------------------------|-----------|--|
| | Frequency | Purpose |
| Worker Contact Summary | Ongoing | Identify missing monthly worker contacts |
| Annual Caseworker Visits | Annual | Yearly summary of caseworker visits |
| Staff Allocation | Weekly | Compare requests for staff to the allocation model to assure adequate coverage |
| Child Welfare Subway Map | Daily | Compiles every open case and child in care from intake to case closure and filters to current status |
| Performance Dashboards | Monthly | Two reports, one for safety and one for case management, displays how well the state, region, team or individual is performing towards clearly defined performance objectives |
| Leadership Dashboard | Daily | Snapshot of number of children in care by placement, number of licensed foster homes by type, number of open cases by type, number of children in congregate care by type, and number of children who have achieved permanency thus far in SFY |

Missing from the feedback loop are the voices of persons with lived experience. Although some input has been received from this group, it is not a sufficient amount to be confident the feedback loop is operating optimally. This will be an area of continued focus with the implementation of an advisory council and additional opportunities for focus groups in the future.

As Idaho has worked to build a system of QA. During the last year, work was conducted towards implementation of a new iterative process of CQI. The frequency of the process will be dependent on the magnitude of the priority area of focus. All issues are expected to fall under the three priority areas identified by the leadership team.

Each of the seven geographic regions identified an area of practice to implement a defined process of CQI. Performance areas of focus over the last year have included:

- increasing the knowledge, skills and abilities of new staff,
- timeliness of response to prioritized intakes,
- timely completion and entry of quality documentation,
- OSRI item performance improvement,
- reducing the number of youth in congregate care, and
- case movement in the case management arena of the work.

The agency gathered data to understand current performance in the areas of focus identified by each region. Root causes were analyzed, target conditions were developed, achievement dates were determined, and the mechanism by which regions would know if the situations are changing was identified, and owners of the PIPs were assigned.

Another area of future development related to QA is the formalization of a full complement of data elements needed to understand all aspects of system functionality. Staff need to be identified and tasked with monitoring those data elements. These staff would provide a synopsis of performance trends to state and regional leadership, as well as an advisory council to inform the prioritization process and gather feedback.

A strength of the Idaho system is that CQI responsibilities are integrated into the essential job requirements of all state office program specialists, hub program managers, and regional chiefs of social work. This provides accountability and performance evaluation at the human resources level for the individuals primarily responsible for managing the QA system.

Another developed area of QA is CRRs. CFS conducted case reviews continuously throughout the CFSR Round 3 PIP and the practice is ongoing (Table 11.2). The CRR team provides information from reviews to the program manager of the state child welfare program and policy development team who shares this information with the bureau chief. From there, the information is shared with the statewide leadership team. The process also provides for the information from specific case reviews to be shared with the region through an exit interview. This rigorous internal CRR process assesses statewide performance in the areas of safety, permanency, and well-being.

Table 11.2 Completed Case Record Reviews by FFY

| Completed Case Record Reviews | |
|-------------------------------|----------------|
| | Cases Reviewed |
| FFY 2022 | 71 |
| FFY 2021 | 75 |
| FFY 2020 | 81 |

Standards to Evaluate the Quality of Services

CFS has developed practice standards to guide practice statewide and ensure children and families receive quality services. These standards are developed by the child welfare program and policy development team to comply with state statutes and rules as well as title IV-E and IV-B requirements. Revisions to these standards are generally the result of new federal and state requirements; data analysis from case review results; and stakeholder feedback from supervisors, chiefs of social work, program managers and community partners throughout the state. The standards serve as the guiding principles to operate the CQI system. Performance reports and case review results are analyzed locally and statewide to identify strengths and areas needing improvement.

CFS practice standards can be found here:

<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=30&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

Additionally, CFS is beginning the development of a comprehensive CQI manual intended to provide detailed guidance and procedures to evaluate the quality of services at all levels of the agency. These evaluations will be used to identify, describe, and analyze strengths and problems in the child welfare system and then test, implement, learn from, and revise solutions.

Identification of Service Delivery System Strengths and Needs

To identify strengths and needs of the service delivery system, CFS has regularly scheduled meetings with external and internal stakeholders to analyze reports, survey results, and CRR outcomes as well as provide a method for information and feedback to flow up and down the organization. Survey topics have included work load assessment related to parent/child visitations; engagement with the agency; service provision and satisfaction focused on foster parents; and an ongoing survey to all partners related to various topics specific to each group. Internal meetings consist of program manager barrier busting meetings, the T5 manager group, and stakeholder groups as well as the use of ongoing and task-driven workgroups. External stakeholder meetings consist primarily of ongoing meetings with the court system and tribal partners as well as involvement in Citizen Review Panel (CRP) meetings in each region in the state. These meetings and groups lay the foundation for internal stakeholders at all levels of the organization and external partners and stakeholders to provide feedback which is responded to and results in actionable items and solutions. For example, in the agency's work with CRPs, feedback was received regarding concerns about the number of reports made to CFS prior to a child being removed. The feedback prompted an analysis regarding how history reviews are conducted and used to inform the work of child welfare staff. This led to the implementation of a process of escalation to supervision and multi-disciplinary teams to ensure a thorough assessment of history informs critical case decisions.

Program Manager Barrier Busting Meeting

A primary feedback loop for CQI is the program manager barrier busting meeting. This group meets twice a month. Members represent staff from various levels of the agency and include all regional program managers as well as central office program managers and bureau chiefs as regular participants. Program specialists, data analysts, and contractors are invited for topics related to their specific areas of expertise. This group provides feedback from the geographic regions of the state as well as the state central office. When practice or policy interventions are implemented, the meeting provides an arena where the field can discuss challenges or successes. Data is shared in the group and root cause analysis is explored. Feedback provided informs changes to standards and projects.

Part of the implementation process of change is a plan for communication to the field. The communication plan is developed specific to the change being implemented. This usually includes the provision of information to regional leadership who provides feedback as to what is needed by the field. Various modes of communication are typically used including, but not limited to, the newsletter the division administrator sends out twice a month, the weekly or twice a month “CW Comm” e-mail bulletin, use of all staff meetings, development of frequently asked questions (FAQ’s), and use of team meetings.

T5 Manager Group

State level managers meet weekly to identify barriers to prioritized projects as well as inform the group of concerns in each of their various areas of responsibility. This group reports to the larger T5 leadership group which includes the bureau chiefs and deputy division administrator. The larger group is responsible for prioritizing projects amongst the teams in alignment with program priorities as well as taking on projects as issues may be raised by the field in their work on CQI projects.

Workgroups

The use of task-driven workgroups provides a formal process for gathering, analyzing and organizing feedback and challenges from any of the various inputs of information outlined above. These workgroups may be tasked with being subject matter experts in various areas of the work such as policy, field practice, data, the Comprehensive Child Welfare Information System (CCWIS), and process management. Workgroup outcomes often include recommendations for solutions, considering all elements of the work, as well as identification of areas needing further research. The workgroups can be set up to address a specific short-term need or become an ongoing resource to address targeted goals and objectives. For example, Idaho identified a need for analysis of safety practice and if there was an opportunity to develop a safety assessment intervention that would involve a less invasive approach with families. As a result, a task-driven workgroup was formed to explore this topic and make recommendations for potential intervention. The workgroup involved field staff, policy staff, process and training team staff, and had a leadership sponsor to the group to provide parameters to the project. As a result of the group’s work, the expedited safety assessment was developed and implemented in three pilot regions in the state.

Provision of Relevant Reports

Data analysts produce monthly, quarterly, semi-annual, and on-demand reports for statewide leaders, regional program managers, and policy team program specialists to monitor day-to-day practice and trends. For purposes of local improvement planning, case review data and AFCARS data indicators are calculated for each field office within a region and for the region itself. Improvement plans are focused on performance issues in the region field offices which are performing below goal or standard. Each region develops their region improvement plan based on local issues which impact performance. There is an expectation all planning will be based on accurate data, analysis of the data, and goal setting with both internal and external stakeholder input.

Leadership at the state and the regional levels uses data to inform their understanding of practice in their respective areas of responsibility. To support the ongoing use of data, the reports in Table 11.1 are available upon request through Tableau. The data team also provides ad hoc reports to inform understanding of system functionality and track improvement efforts. The federal data indicators are used in conjunction with the other data to provide a more complete understanding of state performance. These reporting tools are used help CFS make programmatic decisions to keep children safe, ensure continuity of service, and help staff

monitor these aspects of workloads. Progress in areas targeted areas is discussed and monitored during individual supervision between managers and their respective supervisors.

Evaluation of Implemented Program Improvement Measures

The desired outcome of the QA system is to provide individuals at all levels of the organization with accurate and relevant information that can be used to make informed decisions about where to focus the limited time and resources available to the agency. This requires the constant evaluation of implemented program improvement measures and follow-up, which is conducted primarily through the regional improvement efforts and task-driven workgroups. Results are presented, analyzed, and revised during the program manager barrier busting meetings. Ongoing and task-driven workgroups are commonly used to evaluate the effectiveness of statewide or local initiatives after they are launched. For example, after the implementation of the expedited safety assessment process, CFS maintained the workgroup to increase consistency and fidelity of the new model. The workgroup continued to meet after implementation in the pilot regions to review safety cases where the expedited assessment process was used to assure the criteria for that process were applied correctly and the conclusion of the caseworker and central consult were accurate. There are representatives from each hub of the state in the workgroup. Those representatives are determined based on the project, they may be line staff, supervisors, chiefs, embedded trainers, contractors or leadership.

A tool referred to as A3 is used in process and in form for regional or unit level efforts towards CQI. This is a well-established process of identifying a concern, gathering related data, analyzing the data with internal and external stakeholders involved in the concern, and creating an intervention. The A3 process incorporates child welfare staff, including regional frontline workers, who are responsible for tasks in their areas of influence and responsibility. Responsible owner(s) of the improvement effort and subsequent evaluation of data are formalized to determine if the intervention has had the desired effect. The process of CQI is the responsibility of the regional program manager and is reviewed as part of ongoing supervision with the deputy division administrator. The responsibility of the A3 process at the state level is with the unit manager and is reviewed in their ongoing supervision with their bureau chief. Bureau chiefs and the deputy division administrator meet weekly and the CQI efforts of the various units are discussed. Interventions successful at meeting an identified need can then be prioritized for statewide implementation.

Data Quality, Scope, Limitations, and Barriers

The formalization of a system of the responsible owner to a specific area of practice has not happened. The data to support the understanding of the responsible owner is present in some areas but not present or robust in others. By definition, the process of CQI is continuous. There will always be issues to address and data reports to be developed to assist in understanding those issues at a deeper level.

A comprehensive written compliment of data is needed to determine what may be missing. This will allow the creation of those data sources to begin.

State Rating

Item 25: Quality Assurance System is an Area Needing Improvement. Although the QA system is operating in all seven regions included in the CFSP, the overall system is in its infancy and does not meet all of the expected parameters. The framework for a fully operational QA system

is in the process of being finalized. There are standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), identify strengths and needs of the service delivery system, and evaluate implemented program improvement measures. Although a variety of relevant reports are available, more are needed for full evaluation of the system.

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

“Staff,” for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants’ experience with initial training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho’s performance for Item 26 was an Area Needing Improvement. Insufficient information and data were provided to demonstrate the initial training provides staff with the basic skills and knowledge required for their positions. Initial training did not consistently provide workers with skills and knowledge needed to handle the day-to-day tasks of the job. Internal stakeholders noted supervisors and embedded trainers provided support and filled in gaps but added embedded trainers were not readily available statewide.

The Child and Family Services (CFS) program offers initial training in all seven regions of the state to all child welfare staff through New Worker Academy (Academy). Since CFSR Round 3,

Academy services moved to a contract with Eastern Washington University (EWU). Initial staff training is governed by agency policy which details the courses that must be completed by each caseworker and the allotted time to finish Academy (six or nine months depending on the job position). New workers can begin Academy as soon as they are hired and may be able to shadow experienced workers at the discretion of their supervisor and depending on availability. Academy consists of online asynchronous modules, in-person/virtual instructor-led courses, and Human Resources-sponsored training classes designed for all Idaho Department of Health and Welfare (IDHW) employees.

Child Welfare Trainings

Online Academy Courses

- Child Abuse and Neglect Related to Intimate Partner Violence
- Congregate Care Placements
- IV-E Eligibility and Funding
- Interstate Compact on the Placement of Children (ICPC)
- Random Moment Time Study
- Responses to Child/Youth Human Trafficking
- Service Integration
- Working with Caregivers and Children with Disabilities
- Working with Families Impacted by Substance Abuse

In-person Academy Courses

- Child and Family Engagement (Parts 1-3)
- Child Welfare in Statutory Context, Family-Centered Practice
- Foster Care
- Indian Child Welfare Act
- Knowing Who You Are
- Legal Perspectives
- Working with Older Youth
- ESPI Lab Week
- Motivational Interviewing (for in-home case managers only)

Additional Required Trainings through CFS

- CPA Timeline Training
- Child Welfare Trauma Training
- Criminal Justice Information Security (CJIS)
- CFS – Congregate Care Placements
- Foundations to Idaho Child Welfare
- CFS - Navigation Referral Training
- CFS- New Hire Orientation
- CFS - A Parent Guide
- CFS - Researching CP History (safety workers only)
- WVPR – De-Escalation Online Training
- NTI Adoption Course for Workers (case management and permanency workers only)
- Virtual Vouchers Online Training
- Child Development (non-licensed family services workers)

Human Resources New Employee Trainings

- New Employee Orientation (within six months of hire)
- Avoid, Deny, Defend: Active Shooter Training for DHW Staff (within six months of hire)
- IDHW Respectful Workplace Comprehensive (online version)
- IDHW Customer Service Plan
- IDHW Emergency and Evacuation Procedures DHW Intro to Employee Benefits
- IDHW Privacy and Confidentiality Course
- IDHW Strategic Plan Orientation
- ITSD New Employee Technical Orientation
- KnowBe4 Cybersecurity Awareness (external training)
- Orientation to the Learning Hub
- Securing the Human: Information Security for all users
- User and Approver i-Time Training

Each new worker's training progress is tracked by employee name, region, job position, date of hire, probationary period end date, and individual course taken. Successful graduation from Academy is documented in the employee's Human Resources personnel file at the end of their probation. Any variances to completing all required training by the end of the employee's probationary period due to illness or other circumstance is documented and must be approved by the worker's supervisor, chief of social work, and the program manager for training and development.

In general, CFS supervisors follow the guidelines (Table 12.1) regarding case assignment while new workers are completing Academy.

Table 12.1 New Worker Academy Case Assignment Guidelines

| Case Assignment Guidelines for New Worker Academy | | | | | |
|---|--------------------------------------|--------------|---------------------------------------|---|---|
| Length of Employment in Months | Recommended Maximum # Assigned Cases | | | Supervision Level non-licensed Family Services Worker/Child Welfare Social Worker 1 | Supervision Level Child Welfare Social Worker 2 |
| | Safety Assessor | Case Manager | Licensing Worker | | |
| 0 to 2 | 0 | 0 | 0 | Intensive | Intensive |
| 2 to 4 | 1 to 2/week 1 legal/month | 4 | 10 to 15 relicenses 2 new licenses | Intensive | Intensive |
| 4 to 5 | 2 to 3/week 1 legal biweekly | 12 | 30 to 40 relicenses 4 new licenses | Intensive | Intensive |
| 6 to 9 | 2 to 3/week 1 legal biweekly | 12 | 30 to 40 relicenses 4 new licenses | Intensive (on probation) Standard (passed probation) | Intensive (on probation) Standard (passed probation) |
| 9 + | 3 to 4/week 1 legal biweekly | 12+ | 40+ relicenses 10 new licenses | Standard (passed probation) | Standard (passed probation) |

Statewide functioning of the training program is managed through EWU trainers who are embedded in all seven regional offices. The embedded trainers are responsible for conducting instructor-led training and provide ongoing coaching and mentoring. Currently, CFS only collects data on learner satisfaction with the course and not on the actual effectiveness of the training. Course evaluations include the following questions, which are rated on a Likert scale from strongly disagree to strongly agree:

1. The presenter(s) gave a well prepared, professional presentation.
2. The presentation was based on level-appropriate, well-researched information.
3. The presentation gave me new insights into my current or future professional practice.
4. Overall, I am satisfied with the format this class was presented in (WebEx, in-person, or hybrid as applicable).

The 2023 Child Welfare Feedback and Engagement Survey asked child welfare staff, “Is Child Welfare New Worker Academy effective in ensuring new workers are provided with the skills and knowledge to carry out their job duties?” There were responses from 23 staff members; 18 selected ‘Yes.’ Of the responding staff, 78.3% identified as being from state central office or Regions 1, 2, 3, 4, or 5. There were no respondents from Regions 6 or 7.

Caseworkers attending CFSR Community Focus Groups in March and April 2023 discussed the following questions: “Do you feel the Child Welfare New Worker Academy (on-line, in-person, and transfer of learning activities) effectively ensures new workers are provided with the skills and knowledge to carry out their duties?” “What do you like about the Academy?” “Do you have suggestions on improvements?” There were two common themes amongst the responses. First, workers stressed too much information is given in Academy and it is hard to transfer the information to practice. The second response indicated real life practice on cases was needed to fully grasp the concepts being taught. It was suggested that there should be more job shadowing and reinforcement of the information covered in Academy.

Data Quality, Scope, Limitations, and Barriers

Completion of course evaluation surveys is voluntary. The questions in the surveys focus on participant perception and satisfaction with the content and presenter. There is no method to collect quantitative data on the effectiveness of the course or the learner’s ability to apply the knowledge into their daily practice. Participation in the Child Welfare Feedback and Engagement Survey in spring 2023 was limited to 23 staff members and could not be used to demonstrate statewide effectiveness.

State Rating

Item 26: Initial Staff Training is rated as an Area Needing Improvement. Although CFS has a comprehensive initial staff training system, there is an absence of reliable data to evaluate training effectiveness.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

“Staff,” for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

“Staff,” for purposes of assessing this item, also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required staff as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants’ experience with ongoing staff training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho’s performance for Item 27 was an Area Needing Improvement. The state had ongoing training requirements and staff received some ongoing training; however, there was neither a system for tracking compliance with requirements nor a process for evaluating the effectiveness of the training.

Child and Family Services (CFS) offers in-service training to all employees on a quarterly basis in collaboration with embedded Eastern Washington University (EWU) trainers (see Item 26). Attendance at ongoing training is not mandatory. It is at the discretion of the worker and supervisor and is generally influenced by time capacity. Topics for in-service trainings are based on knowledge and skills needed as identified by regional child welfare chiefs of social work, requests from regional leadership, and by the embedded trainers themselves. In-service training regarding professional ethics is offered to all employees on a semi-annual basis.

Ongoing training topics provided since September 2022 include:

- Permanency Case and Expedited Placement
- Child Protection Act Timeline
- Assessing Protective Capacities in Caregivers
- Ethics of a Learning Culture
- Ethics in Collaboration
- Ethics and Self-Care
- Ethics in Family-Centered Practice
- Focusing Your Message
- Motivational Interviewing
- Child Welfare Trauma Training
- A Social Workers Guide to Ethical Decision Making
- Child Welfare Safety Plan Training
- Child Welfare Work and Secondary Traumatic Stress
- Ethics and Stress Resistant Worker
- Venting in the Workplace
- Ethics Incorporated
- Cultural Humility and Ethics
- Solid Social Work Ethics: Application of Family Centered Practice
- Solid Social Work Ethics: Social Media in Child Welfare

EWU embedded trainers also provide clinical support and consultation within their region. Support includes new worker transfer of learning, coaching and mentoring supervisors on supervision strategies, and staffing difficult cases in consultation with the supervisor and caseworker.

Most new child welfare supervisors are promoted within the agency and have completed the CFS New Worker Academy; they've also had the opportunity to participate in ongoing in-service training in their role as case-carrying staff. CFS offers Leadership Academy to new supervisors and other interested staff currently in leadership positions. Leadership Academy consists of the following courses:

- Centralized Intake and Consultation
- Disposition Coaching and Fair Hearing
- Employee Performance for Supervisors and Managers
- Huddle Facilitation
- Leadership Readiness Coaching Program
- Local Consultation and Supervisor Staffing
- Workforce Data Management

Training progress is tracked by employee name, region, date of hire, and individual course taken. Successful graduation from Leadership Academy is documented in the employee's Human Resources personnel file.

All new supervisors are also required to attend supervision courses which include:

- Managing Your Workforce
- Evaluating and Managing Performance
- Crucial Accountability
- Drug-Free Workplace
- Drug Impairment Recognition for Supervisors and Managers
- Securing the Human: Information Security for Supervisors and Managers

These courses have been found to help build supervisor competence in performing their responsibilities. Supervisors also have access to the Idaho Department of Health and Welfare (IDHW)'s Supervisory Resource Center, allowing them receive additional supports to assist them in more effectively managing employee performance. CFS program managers and chiefs of social work meet with local human resources specialists on a quarterly basis to discuss performance issues and training needs.

In addition to the required training, all child welfare leadership can attend additional training offered by human resources on topics including emotional intelligence, non-violent crisis intervention and de-escalation, crucial conversations, crucial accountability, and stress management.

In the 2023 Child Welfare Feedback and Engagement Survey, agency staff were asked the following question: "Are the trainings provided post academy effective in supporting staff in gaining additional skills and knowledge to carry out their job duties?" Responses were received from 23 staff members; 15 (65.2%) selected 'Yes', 65.2%. Staff identified as being from the state central office or Regions 1, 2, 3, 4, or 5. There were no respondents from Regions 6 or 7.

During CFSR Community Focus Groups, child welfare staff discussed the following questions: "Do you feel ongoing (post academy) in-house child welfare training opportunities, e.g. In-service trainings, effectively support staff in gaining additional skills and knowledge to carry out their job duties?" "What do you like about the in-service trainings?" "Do have suggestions on how to improve?" The most common comments were related to it being difficult to take time away from families to attend training and that there needs to be a system to ensure coverage for trainings (five related responses). Staff also commented that additional post-academy training is needed and that there are not many available trainings (four comments). Three respondents stated yes, they feel the trainings effectively support staff and three stated no.

Data Quality, Scope, Limitations, and Barriers

As with initial staff training, completion of in-service course evaluation surveys is voluntary. The questions in the course surveys focus on participant perception and satisfaction with the content and presenter; currently there's no method to collect quantitative data on the effectiveness of the course or the learner's ability to apply the knowledge into their daily practice. Participation in the Child Welfare Feedback and Engagement Survey in spring 2023 was limited to 23 staff members and could not be used to demonstrate statewide effectiveness.

State Rating

Item 27: Ongoing Staff Training is rated as an Area Needing Improvement. The CFS program's ongoing staff training system provides learning opportunities to address the skills and knowledge needed to carry out work duties; however, CFS does not have reliable measurements to assess or demonstrate the effectiveness of training. The absence of reliable data to evaluate training effectiveness makes this item an area needing improvement.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required trainees as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with foster and adoptive parent training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 28 was an Area Needing Improvement. The state lacked data on the completion and quality of ongoing training received by foster and adoptive parents. Resource parents and other stakeholders reported the need for improvement in ongoing training. Insufficient information and data were provided to evaluate whether initial or ongoing training addressed the skills and knowledge resource parents need to carry out their duties. Additionally, seven facilities were cited for not meeting initial staff training requirements and six were cited for not meeting ongoing staff training requirements.

Foster/Adoptive Parent Training Requirements and Process

Requirements for foster and adoptive parent training are found in Idaho Administrative Procedure Act (IDAPA) rules 16.06.01 and 16.06.02. The Child and Family Services (CFS)

program has policies and standards in place to outline and ensure all protocols are followed. Several practice standards based on IDAPA provide further guidance to child welfare staff including the Standard for the Recruitment and Licensing of Resource Parents; Standard for Resource Parent/Agency Problem Resolution Process; and Standard for Managing the Behavior of Children in Foster Care with Positive and Effective Discipline. IDAPA and practice standards are available to the public online.

During Idaho's 2023 legislative session, IDAPA 16.06.02 was updated to require prospective foster and adoptive parents to complete 24 hours of pre-service training prior to the issuance of an initial foster care license. The requirement applies to families seeking to foster and/or adopt through private placing agencies as well as CFS effective April 6, 2023. Prior to the update, CFS required families to attend 27 hours of pre-service training and an hour of training on the Reasonable and Prudent Parenting Standard (RPPS); however, IDAPA rules only required the completion of ten hours. To further enhance training requirements for foster parents, rules were also revised to increase the first annual training requirement for new foster parents from ten to 15 hours. The additional five hours reflects the need to support the learning curve of a family's first placement. After the first year, resource parents continue to be required to complete ten hours of on-going training.

Monitoring of pre-service training completion occurs through the licensing process. CFS licensing workers meet with prospective foster parents within 15 days of receiving their foster care license; however, all prospective general foster and adoptive families must complete pre-service training in order to move on to the next steps of completing a home study and the licensing process. CFS licensing staff document the date resource parents complete pre-service training in the Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI). Although this is not a required field in the system, an assessment of the family's understanding of pre-service training is included in their home study. Licensing supervisors review each home study and training information to ensure compliance before approving and issuing a new foster care license.

Relatives and fictive kin are recruited and licensed on a child-specific basis. There is a policy in place described in the Standard for Expedited Placement with Relatives and Fictive Kin that allows placement of children in the home of a relative or fictive kin within 30 days of foster care entry or if a placement disrupts through a Code X process. This allows for the licensing process, including training, to be completed within 60 days of placement. To further address the needs of relatives and fictive kin, a variance can be used to provide an additional six months to complete the training.

A variance may be approved by the licensing program manager to allow a family to complete training after their license is issued. Variances can be approved for non-safety related issues for both general foster/adoptive families and relative or fictive kin families. Per IDAPA rules, families are expected to complete the full licensing process, including training, within the next six months. Training variances are reviewed at six- or 12-month intervals for continued appropriateness by the licensing supervisor. Permanent training waivers can be approved for relative foster or adoptive families in order to expedite permanency outcomes for children and youth in care. This decision is made by the program manager for foster care licensing based on an assessment by the family's licensing worker and child's caseworker of the relative's ability to meet the needs of the child and support timely permanency. No other population of foster or adoptive families may be approved for a permanent training waiver.

Idaho licensed 408 new foster families in FFY 2022. In this same time period, 467 individuals graduated from pre-service training (Table 13.1). Of note, foster care licenses are issued by household, while pre-service graduates are reported by attendee. Although 160 (39.2%) of the

newly licensed families were relative or fictive kin, it is unknown how many received a training variance. The timing of pre-service completion in comparison to foster care licensure is also unknown.

Table 13.1 Newly Licensed Foster Homes vs. Pre-Service Graduates FFY 2022

Note 1: Data re: new foster care licenses from the Idaho CCWIS/ESPI.

Note 2: Foster care licenses issued by home and does not reflect the number of caregivers in the home.

Note 3: Data re: pre-service graduates from EWU contract reports.

Note 4: Pre-service graduates is counted by individual.

| Resource Type | # New Foster Homes | Pre-Service Graduates |
|----------------|--------------------|-----------------------|
| Non-Relative | 248 | 467 |
| Relative | 109 | |
| Fictive Kin | 51 | |
| Treatment Home | 0 | |
| Total | 408 | |

CFS implemented a process for individualized training plans for foster parents called Professional Foster Parent Development Plans (PFDPs) as part of the Child and Family Services Review (CFSR) Round 3 Program Improvement Plan (PIP). Statewide implementation of PFDPs occurred at the time of annual relicensure for each current resource family and at the time of initial license for newly licensed families (Table 13.2). The purpose of PFDPs is for licensing workers and foster parents to engage in open communication about the family's unique educational goals, identify areas needed for additional training, create a plan for that training, and track training progress annually.

Table 13.2 Current Professional Family Development Plans

Note: Data compiled from the Idaho CCWIS/ESPI

| Current PFDPs | | |
|---------------|----------|----------|
| | FFY 2021 | FFY 2022 |
| Yes | 525 | 532 |
| No | 315 | 462 |
| Total | 840 | 994 |

PFDPs are developed and/or updated by the family and licensing worker at the annual license renewal. Licensing workers gather information from the foster family about training completed, training needs, and educational goals which helps inform the PFDP. The gathered information is documented in the updated home study and ESPI which are reviewed by the licensing supervisor to assess for training compliance. The supervisor may issue a variance for ongoing training hours if there are no safety issues related to non-compliance for training. As noted in Item 33, approximately 10.4% (N=158) of Idaho's 1,515 licensed foster parents have a variance for training (Table 15.1 and Table 15.2). This number includes families with variances for pre-service or ongoing training. The supervisory review is conducted prior to approval and renewal of a foster care license. An opportunity for improvement is sharing information about continued training needs between licensing workers and the contracted trainers.

CFS may consider revoking a license in circumstances where a family does not comply with the required pre-service or ongoing training hours. Prior to considering a revocation, CFS enters into a plan of correction with the family with progress to be reflected within 30 days. A license

revocation is not likely to occur for not completing training within plan of correction time constraints.

Table 13.3 shows a decrease in license revocations for standards of care in FFY 2022; however, ESPI is currently not functioning as developed which prevents the accurate reflection of license revocation. Regional staff continue to select the option of “Revoked-Voluntary” when closing a license at a provider’s request which does not accurately reflect a revocation and should not be considered in this data. This issue is worklisted for correction in the ESPI.

Table 13.3 Revoked Foster Care Licenses

Note: Data from Idaho SACWIS/CCWIS/ESPI and hand count.

| # Resource Families with Licenses Revoked | | | |
|---|------------|----------------|-----------|
| License End Reason | FFY 2020 | FFY 2021 | FFY 2022 |
| Revoked - Standard of Care | 7 | 9 (Hand Count) | 2 |
| Revoked - Voluntary | 113 | | 70 |
| Total | 120 | | 72 |

Eastern Washington University (EWU) has provided resource family recruitment and retention services through a contract with CFS since 2016. Contract services include:

- Resource family recruitment and retention
- Pre-service training
- Core training
- Resource Family Training and Support Groups
- Annual Resource Family and Social Worker Conferences

The intent of pre-service training is to provide resource families with the basic knowledge and skills necessary to provide foster and/or adoptive care. Between 2003 and July 2022, new resource families received 27 hours of initial pre-service training comprised of nine sessions using the Parent Resources for Information, Development, and Education (PRIDE) model. Kinship sessions for kin care providers and Spanish sessions were available and provided as needed. The intent of PRIDE was to provide resource families with the basic knowledge and skills necessary to proceed with the foster and/or adoptive care licensing process. The nine sessions covered the following topics:

- Session One: Connecting with PRIDE
- Session Two: Teamwork Toward Permanence
- Session Three: Meeting Developmental Needs: Attachment
- Session Four: Meeting Developmental Needs: Loss
- Session Five: Strengthening Family Relationships
- Session Six: Meeting Developmental Needs: Discipline
- Session Seven: Continuing Family Relationships
- Session Eight: Planning for Change
- Session Nine: Taking PRIDE: Making an Informed Decision

PRIDE training included pre- and post-tests along with evaluation forms, with the pre-test taken at registration. Post-tests were administered upon PRIDE graduation and six months post-graduation. The knowledge survey asked questions about topics covered in training to measure knowledge gained over the 27 hours of training. EWU tracked and monitored pre- and post-test

training data for pre-service training. The data in Chart A, Chart B, and Chart C was collected from PRIDE training sessions held between October 2021 and September 2022. Training participants were asked belief-based questions and provided a Likert scale of strongly agree, agree, neutral, disagree, and strongly disagree. For all three questions asked, only 2% of training participants selected “neutral” as an answer. Furthermore, no participants selected “disagree” or “strongly disagree.”

Chart A

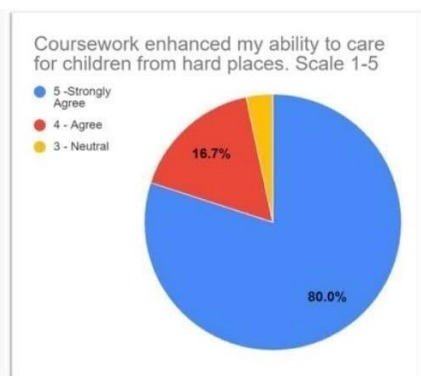


Chart B

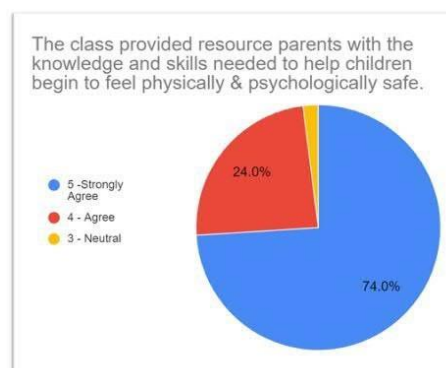
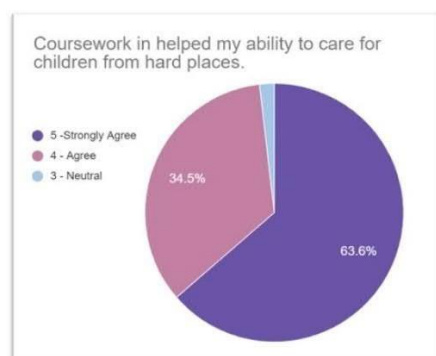


Chart C



In FFY 2020, CFS contracted with the Butler Institute for an independent evaluation of Idaho’s training program for resource families. This evaluation included a review and evaluation of the pre-service curriculum, the 2020 Annual Foster Parent Survey, and feedback from resource parents, partners, and stakeholders. Based on their findings, CFS identified several enhancements to improve the effectiveness of training provided to resource parents and better prepare them to foster and adopt. These enhancements included developing an overall training plan; reviewing and selecting a new pre-service training curriculum infusing skills in parenting children who have experienced trauma; identifying and implementing an online learning management system; increasing the training contract to include an eLearning specialist; and developing an implementation workgroup to continue to provide frequent reviews of the training program and make recommendations about the program.

A foster care workgroup was formed in response to the Butler Institute evaluation. Foster parents, adoptive parents, regional licensing workers, Idaho tribes, EWU foster parent training staff, and CFS policy subject matter experts participated in the group. All regions in the state were represented. The workgroup was provided a review of potential pre-service training curricula, and recommended Idaho adopt the National Training and Development Center

(NTDC) model of pre-service training. The group met to determine which of the NTDC modules to require before and after initial licensure. The result was Idaho's new pre-service training, Fostering Idaho Skills Training (FIRST). The course includes three or more hours of online pre-learning requisites, 21 hours of facilitator-led learning, and one hour of online Right Time Training. Resource peer mentors (RPMs), specially trained experienced resource parents, help co-train FIRST sessions. FIRST was implemented on August 1, 2022 and includes the following sessions and topics:

- Session One: Foundations
- Session Two: Attachment
- Session Three: Trauma-Informed Parenting
- Session Four: Grief and Loss
- Session Five: Considerations
- Session Six: Healing Home
- Session Seven: Supports

Relatives and fictive kin also have the option to participate in a kinship session of FIRST. Participants who attend the kinship session typically give positive feedback about the training; particularly as it relates to how to work with birth parents and obtain resources.

The intention was for the foster care workgroup to continue through FFY 2023 to review the implementation of FIRST; however due to staffing issues, the group did not continue to meet. Modeled specifically after NTDC's curriculum and evaluation process, FIRST currently uses a pre- and post-belief survey. The belief survey measures each participant's self-evaluated confidence and preparedness for aspects of caring for a child in care. These belief-based questions aim to measure the level of preparedness the foster parent feels based off of the information and training provided to them, rather than just measuring the knowledge they learned. Although limited data is available due to the program's recent implementation, the information received is positive. Results of the assessment show a preponderance of participants experience 100% confidence in their preparation to be foster parents. The Idaho Child and Family Services (ICFS) Training Portal tracks time elapsed for each question. A challenge to ensuring high quality feedback is the presence of numerous examples of participants speeding through the assessment both in pre and post. NTDC compensated participants for taking the pre/post to alleviate this issue. CFS will continue to evaluate the effectiveness of the training portal and adjust as information is gathered.

Contractually, EWU manages ICFS, the learning management system (LMS) used during FIRST. The pre-service training includes three hours of self-paced pre-requisites on the ICFS prior to attending 21 hours of facilitator led courses. All pre-service homework is completed through the site. EWU has delivered 50 rounds of pre-service training indicating foster and adoptive parents are using ICFS regularly with each prospective resource parent is completing at least three hours of training through the portal.

The 2022 Foster Parent Survey was sent to Idaho's 1,148 licensed resource parents and 353 responded for a response rate of 22.1%. Of those responding, 284 answered the following question about pre-service training, "The training enhanced my knowledge and was overall beneficial to me in my role as a foster parent." Using a Likert scale to respond; 90.9% somewhat or strongly agreed with the statement (Table 10.8). It should be noted the results are most likely attributed to families' experiences with the PRIDE training program, as FIRST was implement four months prior to the survey being sent.

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Table 13.4 Foster Parent Survey – Benefit of Pre-Service Training by Region

Note 1: Data from the 2022 Foster Parent Survey

Note 2: 1 respondent from Region 7 responded “don’t know”

| Foster Parent Survey – Benefit of Pre-Service Training | | | | | | |
|--|----------------|----------------|-------------------|-------------------|-----------------|------------------------------|
| | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | Total Responses | % Strongly or Somewhat Agree |
| Region 1 | 30 | 11 | 3 | 2 | 46 | 89.1% |
| Region 2 | 8 | 8 | 1 | 1 | 18 | 88.9% |
| Region 3 | 37 | 25 | 2 | 3 | 67 | 92.5% |
| Region 4 | 34 | 19 | 5 | 1 | 59 | 89.8% |
| Region 5 | 22 | 6 | 4 | 0 | 32 | 87.5% |
| Region 6 | 19 | 4 | 2 | 1 | 26 | 88.5% |
| Region 7 | 23 | 12 | 0 | 0 | 35 | 100.0%* |
| Total | 173 | 85 | 17 | 8 | 283 | 90.9% |

Newly licensed resource parents are assigned an RPM to support them in implementing newly learned skills and through the process of their first placements. RPMs also provide supplemental training and support to assist foster parents in being successful in their roles and coping with the challenges that accompany fostering. As of April 2023, there were 56 RPMs statewide providing initial and ongoing support to foster parents. This includes nine RPMs in Region 1, four RPMs in Region 2, 13 RPMs in Region 3, 12 RPMs in Region 4, seven RPMs in Region 5, and 11 RPMs in Regions 6 and 7. CFS used several opportunities to remind child welfare staff of the availability of RPMs following the roll out of foster parent support training in FFY 2021. Data reflects RPMs made 503 more contacts with families that year than in FFY 2020 (Table 13.5). During FFY 2021, 807 families received mentoring services through the program. The types of mentoring included first placement, coaching, crisis, and assistance with transitioning a child’s placement.

Table 13.5 Resource Parent Contacts with RPMs

Note: Data from EWU contract reports

| Resource Parent Contacts with RPMs | | |
|------------------------------------|----------|----------|
| | FFY 2020 | FFY 2021 |
| 1 st Placement | 1,453 | 1,836 |
| Coaching | 615 | 647 |
| Crisis | 149 | 162 |
| Transition | 91 | 158 |
| Unidentified/ Closed | 92 | 100 |
| Total | 2,400 | 2,903 |

Feedback about RPM services is provided through the Resource Peer Mentor Survey. This survey is sent monthly to families that completed mentoring the month before and measures each family’s satisfaction and experience with the program. The information is collected through the internet using Survey Monkey. Respondents remain anonymous unless they choose to share personal information. The survey consists of 10 quantitative and qualitative questions. Despite a large number of surveys being sent, the rate of return is low. In FFY 2021, 74% of respondents were likely or very likely to reach out to their RPM again; 67% felt prepared or very

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prepared to address similar situations after receiving mentoring; and 81% reported their RPM was very or extremely helpful. In the 2022 Annual Foster Parent Survey, families were asked about their positive experiences in the past year as foster parents. Several commented about the benefits of RPMs. One stated, “My RPM has been so helpful in moments of crisis.” Another foster parent said, “My RPM was very helpful during one of the most emotional times I’ve experienced so far. I appreciated her presence and support.”

Licensed foster and adoptive parents may meet continuing education requirements through a variety of methods including support and education groups, formal training, conferences, online courses from sites such as Foster Parent College and Adoption Learning Partners, reading specific related books, and one-on-one education from a child’s treatment provider.

As a result of recommendations from the Butler Institute evaluation, CFS contracted for the development of a LMS for foster parents and external partners to further meet the training needs of those caring for and treating children in foster care. The new LMS, ICFS, is used for all online training available to foster parents, adoptive parents, community agencies, courts, and individual therapists. The LMS was made available to all of Idaho’s foster and adoptive families (general, relative, and fictive kin) on August 1, 2022. It includes Right Time Training modules from the NTDC curriculum not included in the pre-service training as well as other training available to foster parents. Families may access the training whenever the need arises.

Per Table 10.9, a total of 773 Right Time Training courses were completed on the LMS between September 2022 and February 2023. The most completed courses for that time period were “Accessing Services and Support” and “Building Parental Resilience.” As demonstrated by the most accessed courses, there is a wide range of available topics for resource families to access for on-going training.

Table 13.6 Right Time Training by Course and Number of Participants

Note: Data provided by EWU based on number of completed courses in the ICFS

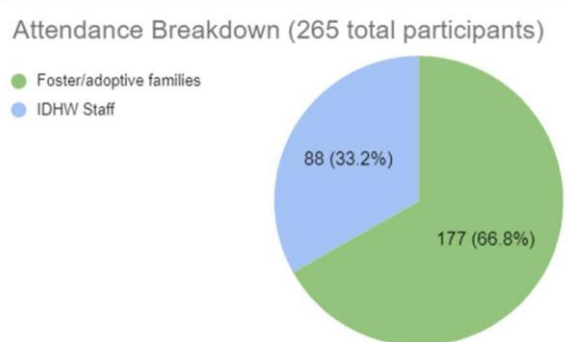
| Right Time Training Completion September 2022 – February 2023 | |
|--|--|
| Training Topic | # Individuals Completing the Training |
| Accessing Services and Support | 175 |
| Building Parental Resilience | 91 |
| Responding to Children in Crisis | 59 |
| Common Feelings Associated with Being Adopted | 58 |
| Managing Placement Transitions | 58 |
| Preparing for and Managing Visitation | 54 |
| Intercountry Adoptions: Medical Considerations | 37 |
| Sensory Integration | 33 |
| Family Dynamics | 33 |
| Education | 30 |
| Preparing for Adulthood | 29 |
| Building Children’s Resilience | 29 |
| Sexual Trauma | 26 |
| Life Story – Birth & Adoption Story | 24 |
| Sexual Development & Identity | 19 |
| Foster Parent Case Note | 15 |
| Virtual Voucher Program | 3 |
| Total | 773 |

Section IV—Assessment of Systemic Factors

The Idaho Resource Family and Social Worker Conference is held annually in each geographic hub (North, West, and East). The 2023 conference season ended in April with a total of 265 participants having attended statewide (Table 13.7). The East Hub conference had the most attendees with 92 (59 resource parents, 33 CFS staff). The North Hub conference hosted 88 participants (62 resource parents, 26 CFS staff) and the West Hub had 85 attendees (56 resource parents, 29 CFS staff).

Table 13.7 2023 Idaho Resource Family and Social Worker Conference Attendance

Note: Data from EWU



Resource parent support and education groups are offered six to seven times per year in each region. Childcare or child activities are provided at most meetings to encourage attendance. Training is provided by a range of professionals including EWU trainers, CFS staff, and local treatment providers. Topics for the annual conference and support and education groups are identified through input from the Annual Foster Parent Survey, attending families, RPMs, and licensing workers. Classes regarding community services are offered only in the location that program is available; however, most topics are offered statewide.

Data related to the efficacy of initial and ongoing training is provided to CFS by EWU through an informal process on a regular basis for review and analysis. CFS also reviews and analyzes data collected from the Annual Foster Parent Survey, focus groups, workgroups, and engagement surveys. The information and data are considered with other numbers, such as placement change requests made by foster parents, to determine if the support foster parents are receiving through pre-service and on-going training is meeting their needs to maintain foster children in their home.

As discussed in Permanency Outcome 1 (Tables 3.3, 3.6, 3.7, 3.8), Idaho struggles with placement stability. The most common reason for a child to move placements during the last three FFYs has consistently been foster parent request. The primary reason for foster parents requesting a child be moved is an inability to manage the child's behaviors. The percentage of moves specific to this reason reduced slightly from 41.1% (196 of 477 moves) in FFY 2021 to 39.1% (FFY 2022) (146 of 373 moves). Reasons for placement changes were explored during the 2023 Child Welfare Feedback and Engagement Survey and CFSR Community Focus Groups held in spring 2023. Service providers participating in focus groups noted a need for foster parents to receive more training and education related to trauma-informed parenting strategies. Foster parents were asked, "How did your initial and ongoing foster parent training provide you with the skills and knowledge base needed to carry out your duties with regard to foster and adopted children?" There was a wide range of responses; six comments were very positive, stating the training is amazing, that the training provided lots of tips for their toolbox, that training helps parents manage behavioral issues, and that they were very impressed with the training. Other comments indicated the training should focus more on trauma and children's

special needs. It was also discussed that fostering is very difficult and training cannot fully prepare you for it.

Child Placing Agencies Training Requirements and Process

State licensing program specialists with the Idaho Department of Health and Welfare (IDHW)'s Division of Licensing and Certification ensure the state's licensed child placing agencies and childcare facilities comply with all administrative rules. Compliance is reviewed at the time of initial agency or institutional licensing and during each agency or institution's annual re-licensing review.

CFS currently works with two private child care placing agencies for the placement of foster children: Pathways and RISE, Inc. RISE, Inc. is in the process of finalizing their child care agency license and will begin recruiting families in summer 2023. The initial and ongoing training requirements of both agencies exceed those mandated by CFS. Neither agency issues foster care licenses to prospective families until they have completed pre-service training which includes FIRST and CPR/first aid. Families who do not meet ongoing education requirements at the time of annual license renewal are placed on corrective action plans. Families licensed through Pathways and RISE, Inc. are invited to participate in ongoing training opportunities provided through CFS. Both agencies provide in-home ongoing education as well. Topics are identified through resource family feedback, staff recommendations, and practice standards. No data is available through either agency as these are new programs and both are in the process of completing their agency licensing and/or recruiting families.

Licensed Child Care Facilities Training Requirements and Process

All child care facilities in the state of Idaho, including those receiving placements of children receiving title IV-E foster care or adoption assistance, are licensed through the IDHW's Division of Licensing and Certification. To provide clarity, child care facility licensing requirements were updated and moved to a new chapter, IDAPA 16.04.18 during the 2023 legislative session. These rules were effective April 6, 2023 and specify initial and annual orientation and training requirements for facility employees, contractors, and volunteers. Per the update, new employees, contractors, and volunteers must complete orientation within the first week of employment as it relates to the purpose of the organization, job function, job responsibilities, and reporting requirements for child abuse, neglect, or abandonment. Employees, contractors, and volunteers whose primary role requires interaction with children are required to complete training in the areas of specific instruction in job responsibilities, policies and procedures, child safety, and CPR/first aid as well as participate in job shadowing before working independently. In addition, employees, volunteers, and contractors must receive initial and annual training in the following areas: child abuse, neglect and abandonment identification; emergency procedures; child development appropriate to population served; cultural sensitivity and diversity; and behaviors management and mental health issues appropriate to the population served. Prior to the IDAPA update, facility employees whose primary responsibilities include interaction with children were required to complete 25 hours of training prior to working independently including job responsibilities, policies and procedures, emergency procedures, child safety, child abuse, neglect, and abandonment, CPR/first aid, and applicable agency licensing requirements. State licensing program specialists review facility completion of educational requirements during annual re-licensing visits. Agencies and facilities complete relicensing documentation and licensing specialists conduct onsite visits and file reviews.

The Division of Licensing and Certification licenses four types of agencies: child care agencies, children's residential care facilities, non-accredited residential schools, and therapeutic outdoor

wilderness programs. Licensing and certification program specialists review each facility for ongoing compliance with training requirements on an annual basis. When initial and/or ongoing staff training requirements are not met, a plan of correction is developed. Revocation is a potential result if the plan of correction is not completed. In FFY 2020, no child care facilities were found to have training deficiencies (Table 13.9). In FFY 2021, one child care agency was found to have both initial and annual training deficiencies. The agency corrected these issues by the following year. In FFY 2022, a different child care agency was found to have both initial and annual training deficiencies. No revocations were completed for any agency in FFYs 2020 through 2022.

Table 13.9 Licensed Child Care Facilities – Staff Training and Revocation

Note 1: Data from Idaho Department of Health and Welfare, Division of Licensing and Certification

Note 2: Data includes all Idaho licensed child care facilities

| Child Care Facility – Staff Training and License Revocation | | | | | | | | | |
|---|------------|-----------------|-----------|------------|-----------------|-----------|------------|-----------------|-----------|
| | FFY 2020 | | | FFY 2021 | | | FFY 2022 | | |
| Agency Type | # Agencies | # Training Def. | # Revoked | # Agencies | # Training Def. | # Revoked | # Agencies | # Training Def. | # Revoked |
| Child Care Agency | 7 | 0 | 0 | 9 | 1 | 0 | 11 | 1 | 0 |
| Residential Care | 26 | 0 | 0 | 26 | 0 | 0 | 25 | 0 | 0 |
| Residential School | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| Wilderness Program | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| Total | 35 | 0 | 0 | 37 | 1 | 0 | 38 | 1 | 0 |

Data Quality, Scope, Limitations, and Barriers

Limited data is available for CFS's current pre-service training, FIRST, due to its recent implementation in August 2022. The model on which the training is based uses a pre and post assessment designed to measure effectiveness of the training model as delivered via the NTDC portal and in person instruction. CFS opted to use the ICFS Training Portal rather than the NTDC training portal. As a result, there have been limitations to the data collected. The current iteration of the pre/post eliminates the extensive demographic collection and uses a three question per theme sampling from the original 200 plus question NTDC pre/post survey.

The timing of pre-service completion in comparison to foster care licensure is not tracked. Available data specific to resource parent initial and on-going training is collected and maintained by EWU. The data appears to be accurate, based on self-reports and data maintained by licensing supervisors across the state.

The availability of ongoing training data is limited. In order to collect this information related to resource parents, a manual review of each family's relicensing documentation would have to be completed. ESPI reports related to the completion of required ongoing training are not available.

Current system functioning prevents the accurate reflection of license revocation impacting the quality of related data.

State Rating

Item 28: Foster and Adoptive Parent Training is rated as a Strength. The CFS program has a statewide process in place to ensure training is occurring for current or prospective foster parents, adoptive parents, and state licensed or approved facilities which care for children receiving foster care or adoption assistance under title IV-E. Partner and stakeholder feedback confirm the initial training received addresses the skills and knowledge base needed for resource parents to carry out their duties with regard to foster and adoptive placements. Families are able to complete ongoing training through a number of methods including in-person trainings, video-based (i.e. Zoom) trainings, the ICFS Training Portal, and online self-paced courses.

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the availability, accessibility, and delivery of services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 29 was an Area Needing Improvement. The state did not show the array of services functioning statewide. The Child and Family Services (CFS) program reported a need for improved data collection to determine how the service array is functioning. Stakeholders highlighted extensive service gaps in rural areas including psychiatric services for children and adolescents, respite care, independent living (IL) services, child care, transportation, and housing. Timeliness and appropriateness of services varied by jurisdiction.

Idaho has an array of services in the areas of strengths and needs assessment for children and families, creation of safe home environments, enabling children to remain safely with their parents, and achieving permanency. In addition to the services outlined below, additional

programs resulting from the passage of the Family First Prevention Services Act (FFPSA) to provide preventative services to families with children at risk of entering the foster care system are planned for implementation. Idaho's Five-Year Prevention Plan was approved on March 2, 2023. As identified in the plan, well-supported services were selected to address service needs in the areas of mental health, substance abuse prevention and treatment services, and in-home parent skill-based services. Of the selected services, three services are already available in Idaho: Motivational Interviewing, Parents as Teachers, and Nurse-Family Partnerships. The remaining four services: Parent-Child Interactive Therapy, Brief Strategic Family Therapy, Familias Unidas, and Homebuilders will be implemented statewide through individual contracts between late FFY 2023 and FFY 2025. Familias Unidas was chosen to meet the parenting-skill needs of Idaho's Hispanic community.

Unless otherwise noted, the services described below are provided in each region of the state.

Services to Assess the Strengths and Needs of Children and Families

Casey Life Skills Assessment

In accordance with the CFS program's Practice Standard for Working with Older Youth, youth who are in foster care for 90 days and are age 14 or older are eligible for IL services. The specific strengths and needs of these youths are assessed through the Casey Life Skills Assessment which is completed by the child welfare caseworker with the cooperation of the youth and the youth's caregiver or resource parent. This tool assesses the youth in seven domains: Cultural and Personal Identity Formation, Supportive Relationships and Community Connections, Physical and Mental Health, Life Skills, Education, Employment, and Housing.

Family Advocacy Support Tool (FAST)

To support in-home and prevention services, caseworkers assigned to prevention teams in the pilot sites of Regions 1, 2, 5, and 6 are certified and use the FAST to identify additional risk factors and inform the in-home prevention case plan. The FAST is a multi-purpose decision support tool developed to assist in family case planning, service matching, on-going safety and risk, and the monitoring of service outcomes. The FAST provides an understanding of a child and family's strengths, needs, and risk factors, all of which will help inform the in-home prevention case plan. The remaining regions will implement the FAST with the in-home structure in October 2023.

Services to Address the Needs of Families, in addition to Individual Children to Create a Safe Home Environment

Comprehensive Safety Assessment

In accordance with the CFS practice Standard for Comprehensive Safety, Ongoing, and Reassessment, every family receives a comprehensive safety assessment (CSA) by a caseworker within 45 days of when the intake report meets priority response guidelines. As part of the Child and Family Services Review (CFSR) Round 3 Program Improvement Plan (PIP), the CSA process was redesigned with a goal to complete a case consultation within seven days and close assessments where there are no current safety issues. The CSA includes an analysis of the family's functioning and a safety determination for the child based on the identification of one or more of 14 safety threats. The CSA identifies safety service needs through the process of safety planning.

Education and Training Services

CFS provides services to meet a child's educational needs such as payment for school fees and school supplies and specialized tutoring. Additionally, CFS provides services for parent

education to increase their knowledge and skills to meet their children's needs. Education and training services may also be provided under services to enable children to remain safely with their parents when reasonable.

Evaluation Services

CFS provides psychological evaluation for both parents and children when this service is not covered by insurance or other funding options. Evaluation services may also be provided under services to enable children to remain safely with their parents when reasonable.

Family Preservation Services: Family Meetings

CFS provides family meetings for engagement and case planning within the first 45 days of a case. Family meetings recognize and value the importance of involving family members in decision-making about children who need protection or care. Family meetings seek the collaboration and leadership of family members in developing and implementing plans that support the safety, permanency, and well-being of their children. They are conducted statewide; however, completion rates vary significantly between regions (Item 20, Table 6.2). As noted in Item 20, family meetings are held more frequently in Regions 1, 2, 5, and 7 less often in Regions 3, 4, and 6. Family meetings may also be provided under services to enable children to remain safely with their parents when reasonable.

Family Preservation Services: Parent Aide Services

CFS provides parent aide services to families. These services include supervised or monitored parent/child visitation supervision, parent coaching, and transportation services to and from parent/child visitation.

Health-Medical Services

CFS provides services to meet the health and medical needs of parents and children when these services are not covered by insurance or other funding options. These services include dental and general physician visits, paternity testing, medication, and mental health assessment and treatment. Health-Medical services may also be provided under services to enable children to remain safely with their parents when reasonable.

Substance Abuse Services

CFS provides substance use assessment and/or treatment services to families when insurance or other funding sources are not available. These services include drug testing, substance abuse assessment, and outpatient and in-patient treatment. Substance abuse services may also be provided under services to enable children to remain safely with their parents when reasonable.

Services to Enable Children to Remain Safely with their Parents when Reasonable

Family Preservation Services: Clothing and Personal Care Items

CFS provides services to meet the basic clothing and personal care needs of families and children. These services include purchasing car seats, clothing, diapers, shoes, and other needed items not covered through other funding sources. Clothing and personal care services may also be provided under services to create a safe home environment.

Family Preservation Services: Crisis Intervention Services

CFS provides services to address the needs of families in crisis. These services include hotel lodging, family counseling, resource parent education, sibling assessment, and translation and interpretative services. Crisis Intervention services may also be provided under services to enable children to remain safely with their parents when reasonable.

Family Preservation: In-Home Treatment Services

CFS provides services to meet the needs of families within their own homes. These services include traditional family preservation services such as in-home case management, parent coaching, delivery of parenting curriculum, psychoeducation, homemaking services, and in-home family counseling.

Housing Services

CFS provides services to meet the housing needs of families when these services are not available through other assistance programs. These services include emergency shelter, room and board, and payment for utilities. Housing services may also be provided under services to create a safe home environment.

In-Home Case Management

CFS provides intensive in-home and prevention services designed to prevent unsafe children from entering foster care and supporting families in accessing both evidence-based services and other community services that will allow children to remain in the home with a targeted safety plan and in-home prevention case plan. As part of Idaho's Five-Year Prevention Plan, in-home prevention services are provided in four pilot sites: Regions 1, 2, 5, and 6. The remaining regions will implement the program in FFY 2024.

Motivational Interviewing (MI)

CFS provides MI as a method designed to enhance client motivation for behavior change. Caseworkers providing regional in-home prevention services completed training and began to use MI in FFY 2022. Services are currently provided in the prevention program pilot regions of 1, 5, and 6. MI will expand as prevention services are implemented statewide.

Nurse-Family Partnerships (NFP)

CFS provides NFP as one of two in-home parenting programs provided as part of Idaho's Five-Year Prevention Plan. NFP is offered in Region 1 and Region 3, with Parents as Teachers provided in the other regions. NFP pairs expectant parents and parents of young children with a trained nurse who meets regularly with the family in their home to provide parenting knowledge and skills.

Parents as Teachers (PAT)

CFS provides PAT as one of two in-home parenting programs provided as part of Idaho's Five-Year Prevention Plan. PAT is offered in Regions 2, 4, 5, 6, and 7, with Nurse Family Partnerships provided in the other regions. PAT pairs expectant parents and parents of young children with a designated home visitor who meets regularly with the family in their home to provide parenting knowledge and skills.

Respite Services

CFS helps families coordinate with agencies providing informal respite services for children.

Transportation

CFS provides funding for transportation services for families when other funding sources are not available. These services include bus passes, taxi services, and gas vouchers. Transportation services may also be provided under services to create a safe home environment.

Parents were asked on 2023 Child Welfare Feedback and Engagement Survey, "In your opinion what were the most important services offered that helped would have you address safety concerns and achieve reunification with children? Check all apply." There were ten responses

from persons who identified as being a parent. Mental/behavioral health and developmental disability services were the most frequently identified need (Table 14.1).

Table 14.1 Parent Identified Services

Note: Data from the 2023 Child Welfare Feedback and Engagement Survey

| Parent Identified Services | |
|---|--------------------|
| Service | Count of Responses |
| Anger Management | 2 |
| Childcare Assistance | 3 |
| Developmental Disability Services | 5 |
| Income Assistance | 1 |
| Low-Income Housing/Rental Assistance | 3 |
| Medical/Dental Care (for both parent/child) | 1 |
| Mental/Behavioral Health Services | 8 |
| Parenting Classes | 4 |
| Substance Use Treatment | 3 |

Services to Help Children in Foster Care and Adoptive Placements Achieve Permanency

Child Specific Recruitment

CFS partners with Eastern Washington University (EWU) through a memorandum of understanding (MOU) to provide intensive child specific recruitment services through the grant-funded Wendy's Wonderful Kids (WWK) program. These services are available for children with a permanency plan of adoption for whom no permanency placement has been identified. The WWK program will end June 30, 2023 at the completion of EWU's grant cycle, at which point intensive child specific recruitment services will transfer to a newly developed contract.

Dual Assessments

Idaho resource parents receive dual assessments/home studies which approve them for both foster and adoptive care. This eliminates the need for a separate adoption home study later in a child's case thereby improving permanency timelines.

Idaho Wednesday's Child

Idaho Wednesday's Child is a statewide media-based child specific recruitment contract with EWU which facilitates online statewide, regional, and national photo-listings of Idaho foster children in need of an adoptive placement. Available services also include professional portraits, television production, and newspaper features. Resources for prospective adoptive families are also provided on the Idaho Wednesday's Child website including information on how to obtain knowledge about the effects of childhood trauma and parenting challenges it can create.

National Adoption Competency Mental Health Training Initiative (NTI)

CFS partnered with the Center for Adoption Support and Education (C.A.S.E.) to provide NTI to Idaho's community-based mental health professionals. The NTI mental health training includes 10 modules focusing on assessment, support, and therapeutic interventions which promote permanency and improve well-being for children and youth in their foster, adoptive, and guardianship families. Training became on the Idaho Child and Family Services (ICFS) Training

Portal in late FFY 2022. CFS is working to ensure community providers are made aware of this no-cost opportunity.

Treatment Services

Treatment services not covered by Medicaid may be provided to address the child and/or resource family's readiness for permanency and placement stability. These services may be provided in-home or out of home.

Wednesday's Child Waiting Families

The Waiting Families program is part of the Idaho Wednesday's Child contract with EWU. The contractor actively works with prospective adoptive families seeking placement of a child from Idaho's foster care system by posting their home study on a SharePoint site easily accessible to CFS permanency workers. These are families who are not currently licensed by CFS but have adoption home studies through a public agency, licensed adoption agency, or certified home study provider in any state. Consideration of families included on the site provides an opportunity for caseworkers to begin child-specific recruitment before using media-based efforts which is particularly helpful in cases where media-based recruitment is not appropriate.

Service Needs

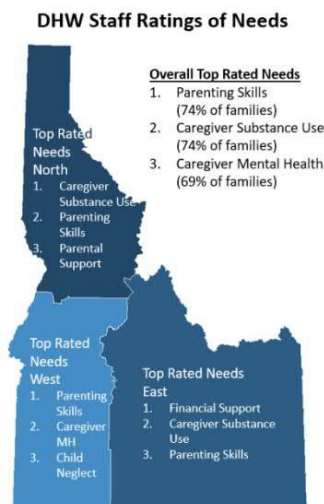
Since the previous CFSR, CFS has used root-cause analysis and ongoing stakeholder engagement to identify the strengths and areas for improvement related to services through continuous quality improvement (CQI) efforts.

To better understand the service needs of Idaho's population, Boise State University (BSU) conducted the 2021 Idaho Department of Health and Welfare (IDHW) Division of Family and Community Services (FACS) Needs Assessment. The intent of the assessment was to: (1) identify the most pressing needs faced by youth and families who come into contact with FACS, (2) characterize the availability, accessibility, and effectiveness of services for these youth and families, as well as the degree to which services are evidence-based, and (3) inform priority gaps between experienced needs and services for youth and families in Idaho. Foster parents, multidisciplinary team members (e.g. guardians ad litem, judicial representatives), youth, educators, families receiving in-home services, families with youth placed outside of the home, service providers (e.g. counselors) and CFS staff (e.g. caseworkers) across all three geographic hubs were recruited to participate in the needs assessment data collection. A total of 5,499 potential stakeholders were identified for survey participation which resulted in a total response rate of 13.3% (N=731). The largest response rate was from foster parents (25%). The second largest response rate was from CFS staff (22%). BSU also held 12 60-minute semi-structured interviews and 28 90-minute listening sessions. Assessment findings were used to inform the selection of evidenced-based services included in Idaho's Five-Year Prevention Plan.

As part of the 2021 assessment, child welfare caseworkers were asked to identify the percentage of families, ranging from 0-100% of their caseload, who experienced significant challenges in each of 20 domains of functioning. Responses were averaged to generate a picture of the percentage of families dealing with challenges in each functional domain. Overall, staff across the state indicated the biggest needs of families served by CFS were parenting skills (74%), caregiver substance use (74%), and caregiver mental health (69%). Variation among the geographic hubs included prioritizing caregiver substance use in the North Hub, parenting skills in the West Hub, and financial support in the East Hub (Graphic 14.2).

Graphic 11.2 IDHW Staff Rating of Family Needs

Note: Graphic from the 2021 IDHW Division of FACS Needs Assessment conducted by Boise State University



Allied professionals, which included district judges, law enforcement, guardians ad litem, court appointed special advocates (CASA), and IDHW senior leadership members, were surveyed to gather information about their perceptions of the largest needs and challenges facing youth and families. The overall biggest challenges were identified as financial support (59%) followed by parenting skills (55%) and parental support (55%).

Community service providers, including outpatient behavioral health and psychiatric providers across the state, prioritized the biggest challenges as youth mental health (67%), parenting skills (55%), and caregiver mental health (48%). Variation across hubs illustrated that while service providers in North and West hubs identified youth mental health as the biggest challenge, providers in the East hub rated caregiver mental health as primary.

Foster caregivers indicated the degree the various domains were a challenge for the youth in their care and biological family. Overall, the biggest challenges prioritized by foster parents were caregiver substance use (37%), parenting skills (32%), and child neglect (24%).

Qualitative analyses of all participant feedback related to the biggest needs and challenges for youth and families working with CFS revealed four themes: (1) behavioral health services are inadequate to meet the needs of youth and families; (2) many families are experiencing homelessness, or a lack of housing supports; (3) there is a need for transportation to enable youth and families to receive beneficial services; and (4) a lack of parenting knowledge and skill. Overall, family stakeholders felt financial support was the biggest need they faced, followed by youth mental health challenges, and challenges with parenting skills. There was some variation of perceived needs based on geographic hub. The North and West hubs identified finances as the primary need, and the East hub indicated that youth mental health was the most significant challenge. When examining the availability of services across the state, similar themes were identified. Limited behavioral health services and parent education programming for youth and families were identified as concerns. Additional themes included the need for prevention and early intervention services the lack of youth/independent living (IL) programming.

Since the needs assessment was completed, Idaho's population has continued to grow in locations throughout the state. The housing market has been impacted, making financially accessible housing difficult to secure for families in both rural and metropolitan areas. Furthermore, affordable housing through the Idaho Housing Authority continues to experience significant waitlists. There are limited shelters throughout the state that vary on accessibility by county/region and oftentimes by season or weather. In addition, childcare facilities significantly reduced their availability or stopped taking children for childcare services altogether during the COVID-19 pandemic. Many have not re-opened their doors. This impacted the ability of caregivers to maintain employment and thus, maintain financial stability.

In the 2023 Child Welfare Feedback and Engagement Survey, parents were asked "In your opinion what were the most important services offered that helped or would have helped you address safety concerns and achieve reunification with your children? Check all apply." There were ten responses from persons who identified as being a parent. Mental/behavioral health and developmental disability services were the most frequently identified need (Table 14.3).

Table 14.3 Parent Identified Services

Note: Data from the 2023 Child Welfare Feedback and Engagement Survey

| Parent Identified Services | |
|---|--------------------|
| Service | Count of Responses |
| Anger Management | 2 |
| Childcare Assistance | 3 |
| Developmental Disability Services | 5 |
| Income Assistance | 1 |
| Low-Income Housing/Rental Assistance | 3 |
| Medical/Dental Care (for both parent/child) | 1 |
| Mental/Behavioral Health Services | 8 |
| Parenting Classes | 4 |
| Substance Use Treatment | 3 |

Service Availability, Accessibility, and Delivery

The 2021 IDHW Division of FACS Needs Assessment found variation between stakeholder groups among those services found to be the most and least accessible. Family respondents felt that services related to youth (100%) and caregiver (100%) substance use were most accessible within their respective communities while services to support youth mental health (47%) and IL (43%) were the least accessible. Among CFS staff, 85% agreed services were accessible for youth physical health, followed by caregiver health (74%), services for educational advocacy (68%) and youth IL/ transitional services (68%). Service providers agreed services related to caregiver substance abuse (72%) are accessible. They and allied professionals identified services to address the sexual abuse of a child as some of the most accessible within their communities (72% and 71%), closely followed by services for domestic violence (65% and 68%). Accessibility of housing supports was found to be low across CFS staff (11%), service providers (16%), and allied professionals (18%).

The assessment found two primary themes regarding barriers youth and families experience

when attempting to access services, across all areas of the state. These themes included a lack of behavioral health providers including extensive waitlists and inadequate transportation to facilitate services. The latter is noted as being especially significant in rural areas where geographic proximity does not allow for easy access to services. Overall, gaps in accessibility in services were identified more prominently in rural areas including psychiatric services for children and adolescents, respite care for caregivers, IL services, childcare, transportation, and housing. The timeliness and appropriateness of services provided in all service areas varied by location.

CFSR Community Focus Groups were held in March and April 2023 and gathered qualitative data about service array. Child welfare staff were asked, “Are you able to access services for your cases that address the needs of families in addition to individual children to create a safe home environment and enable children to remain safely with their parents when reasonable?” “How do gaps vary by jurisdiction?” “Are there waitlists?” “Are you able to access services for your cases that help children in foster and adoptive placements achieve permanency?” CFS staff highlighted a need for more specialized behavioral health services to support permanency, trauma informed therapy, counselors specializing in foster and adoption related issues, biofeedback, attachment/bonding therapy, and Trust Based Relational Intervention (TBRI) services. Staff also commented on waitlists for these types of services in all areas in Idaho. Not all of the services identified are available statewide, further limiting access. Concerns were expressed about significant waitlists as well as a lack of housing and transportation resources. Service providers attending focus groups joined child welfare staff in reiterating waitlist challenges noting families often wait months to be connected with a service in the community. Additionally, it was highlighted that homeless shelters are full and housing authority waitlists are a minimum of 12-18 months. Estimated waitlists for behavioral intervention services for children are 30 to 90 days in urban areas, while the services are not available at all in rural areas. It was estimated waitlists for psychological testing are six to 12 months across all geographic areas. Accessing services that meet the racial, ethnic, and cultural needs of the family differs across the state and are not readily available statewide; for example, there is limited to no resource to support Black/African American youth and/or youth identifying as a member of the LGBTQIA2S+ community in many areas of the state.

Service providers attending the focus groups identified additional barriers families served by CFS face in accessing services. A lack of services specific to foster children was noted. The process to access IL supports was mentioned as it is lengthy. Medicaid-related approval processes, childcare, transportation, and financial support were also identified as impacting access to services.

Parents were surveyed about barriers to accessing services in spring 2023. There were eight parents who responded (Table 14.4). Despite the small number of participants, their feedback confirmed the reports of CFS staff, service providers, and foster parents of challenges with transportation, lack of services in the community, and waiting lists.

Table 14.4 Parent Feedback – Barriers to Services

Note: Data from the 2023 Child Welfare Feedback and Engagement Survey

| | Count of Responses |
|---|--------------------|
| Application Process for Service is Cumbersome | 3 |
| Complex Family Needs Which Make it Challenging to Follow Through, i.e. lack of transportation or financial resources, etc | 7 |
| Lack of Culturally Appropriate Service Providers | 2 |
| Services not Available in Your Community | 6 |
| Waiting Lists | 6 |

Geographically rural areas throughout Idaho experience longer waitlists when it comes to community-based services and resources that assist with psychiatric services for children, adolescents and adults, respite care for caregivers, childcare, transportation and housing. Even with the increase in availability for telehealth for psychiatric services as a result of COVID-19, there are still long waitlists that may mean children, adolescents and adults are without immediate psychiatric care for several months. When there are gaps in service array, CFS relies heavily on the creativity of staff to provide services. Idaho is a rural state with limited access to services in areas with low population density. Access to specialized services in rural areas is particularly challenging. Increasing the quantity and quality of services requires a multi-level approach including both community organizations and other state programs. Idaho's population continues to grow in locations throughout the state.

Data Quality, Scope, Limitations, and Barriers

CFS is unable to track specific service information to parents and children receiving those services to determine appropriateness and effectiveness of services. Related information is limited to qualitative data received through surveys, focus groups, and case record reviews. Data is also unavailable to determine any impact of disproportionality and disparity related to service accessibility and provision.

State Rating

Item 29: Array of Services is rated as an Area Needing Improvement. CFS is unable to produce specific data to demonstrate a functioning statewide service array and resource development system that ensures services are accessible in all service areas covered by the CFSP. Feedback obtained through the 2021 IDHW FACS Needs Assessment, 2023 Child Welfare Feedback and Engagement Survey, and CFSR Community Focus Groups in addition to ongoing CRR results reflect a significant gap in services related to mental/behavioral health, housing, and other services statewide. Promising prevention services are being implemented; however, not yet available in all jurisdictions. Opportunities remain for additional exploration of the impacts of disproportionality and disparity as it relates to service accessibility and effectiveness and statewide accessibility of services to meet the racial, ethnic, and cultural needs of families including those to support Black/African American youth and/or youth identifying as a member of the LGBTQIA2S+ community.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations, including strengths and areas needing improvement, and findings by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with accessing and participating in individualized services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 30 was an Area Needing Improvement. Insufficient information was provided to demonstrate staff creativity is an effective strategy for routinely meeting the unique needs of children and families; show statewide availability and accessibility of services that are developmentally and/or culturally appropriate and responsive to persons with disabilities or special needs. Services were often limited or unavailable in rural areas which makes accessing culturally based services particularly challenging. Culturally appropriate services for Native Americans were limited and difficult to access for families not near a reservation and existing tribal services such as alcohol and drug abuse treatment were underused.

Meeting the individualized needs of children and families is an ongoing challenge impacted by the inconsistency of community-based supports throughout Idaho's communities. As part of the Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI), a method was developed as to how services for families and children are tracked and categorized. Deployment of final ESPI modules occurred in November 2020. Data reports related to services remain in development.

CFS uses a family centered practice approach in all interactions with children and families. Reports from partners, stakeholders, and local offices reflect caseworkers are striving to meet the unique needs of Idaho's children and families. Child welfare staff attending CFSR Community Focus Groups in 2023 were asked, "Can you provide an example or examples of a time when you were able to creatively meet a family's special service needs?" Examples and comments included:

- Use of behavioral intervention during visitation allowing the parent to learn how to redirect and interact with her child.
- "We do what we can to address barriers such as insurance. We have given gas vouchers to families and try to brainstorm how to overcome barriers."
- Helping families filling out neuropsychological packages and other paperwork to assist in gaining access to community services.

In the 2023 Child Welfare Feedback and Engagement Survey, service providers were asked, "Are services able to be individualized to meet the cultural, developmental, linguistic or other specified needs of families served by child welfare?" As of March 31, 2023, there were 15 provider responses with three answering "yes." Other responses varied including "I think they could but due to a lack of resources, families are getting what's available. Not always what is the best fit," "No, the department is barely able to meet the needs of families. Specializing in services is a must but at this time seems like an unrealistic ask," and "Somewhat. Kids with complex medical needs, and aggressive kids have difficulty finding appropriate services."

Questions were asked pertaining to the availability and accessibility to developmentally and culturally appropriate services during CFSR Community Focus Groups. Child welfare staff were asked, "What racially/ethnically/culturally appropriate services or supports are provided to families?" Responses included "translator services" and culturally appropriate services. One region identified a refugee center that serves families from different countries and cultures. Additional feedback included:

- Child welfare staff reported experiencing struggles accessing services related to religious conflicts, a youth having dreadlocks, and youth being a part of the LGBTQIA2S+ community.
- Region 1 reported not having any culturally appropriate services.
- Region 2 was noted to have a lot of involvement with the Nez Perce Tribe. This included "...pow-wows with families for spiritual support and the region focused on ICWA and working alongside the tribe for cases." The Nez Perce Tribe was also reported to send tribal members to substance abuse treatment and mental health services, but staff were unsure if other types of services were available.
- Region 6 encompasses the Shoshone Bannock Tribes at the Fort Hall Reservation where services for substance abuse treatment, parenting classes, and vocational rehab are available. The Tribes contact CFS when there are service gaps they cannot fill.
- Region 2 was noted to have a lot of involvement with the Nez Perce Tribe. This included "...pow-wows with families for spiritual support and the region focused on ICWA and working alongside the tribe for cases." The Nez Perce Tribe was also reported to send tribal members to substance abuse treatment and mental health services, but staff were unsure if other types of services were available.

Service providers were asked, "Are services/supports able to be individualized to meet the cultural, developmental, linguistic, or other specialized needs of families served by Child Welfare?" Responses varied. One provider commented, "We do look at each situation from an

individualized perspective in how to meet the family's needs and what will that look like as best we can." Providers commented that the state does a good job of meeting ICWA requirements and tribal specific cultural services are available. It was commented that finding providers who are members of minority groups is challenging.

Data as to the disability and special needs characteristics of the children and families served by CFS is limited. Per Idaho's 2022 AFCARS Report, of 2,065 foster children and youth, 157 had a diagnosed disability; however, AFCARS diagnosable disabilities were not mapped correctly in the Idaho dataset. It is believed the data is not a true reflection of the number of children and youth in foster care with a disability.

While the Idaho Department of Health and Welfare (IDHW) provides services appropriate for foster children and families with and without disabilities or special needs, the majority of specific and appropriate services to address the needs of foster children and families with disabilities and special needs are community based. Services referenced can include, but are not limited to: habilitative intervention, habilitative support, occupational therapy, physical therapy, medical specialists, and mental health services. Given these services are community based or privatized, data collection and reporting is not available. When there is a special need CFS is unable to meet through IDHW services, caseworkers make appropriate referrals to community providers specific to meet the need for that child or family. As noted in Item 29, referrals to the community or private sector have challenges, particularly in geographically rural settings. If there are specialized services in rural areas, they often have extensively long waitlists and limited providers. Long waitlists impact urban areas of Idaho as well.

CFS serves children and families through flexible funding sources, including Temporary Assistance to Needy Families, Medicaid, Supplemental Security Income, and State General Funds. Among these funding sources, State General Funds are the most flexible for accessing individualize services for children and families.

Temporary Assistance to Needy Families (TANF)

This program is available to Idaho families through Temporary Assistance for Families in Idaho (TAFI) as a monthly cash assistance program for income qualified families with children under 18 years of age. This is a supportive services program with time limited cash assistance program. Families throughout Idaho are able to apply for this program.

State General Funds

CFS is able to provide as-needed services not covered through other means to families in the child welfare system. A full assessment and analysis of other funding options must be completed prior to requesting approval from the division administrator to access these funds. These funds have the ability to pay for various services, including but not limited to services necessary for a child or family that are not covered by other sources.

Medicaid

Each child and youth in foster care may receive Medicaid benefits if needed. Medicaid benefits provide access to individualized and specialized medical and behavioral health services. When appropriate, children and youth may be eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children under 21 years of age to address screening and treatment for vision, dental, hearing, and other needed healthcare services that can include residential behavioral health treatment.

Supplemental Security Income (SSI)

A child may qualify for SSI benefits due to their own disability through the Social Security Administration. Families can use these funds for the child's share of household expenses for basic needs such as food, clothing or shelter. The benefits can also be used to purchase services and/or supports not covered under Medicaid to meet the child's treatment needs.

Data Quality, Scope, Limitations, and Barriers

Data as to the disability and special needs characteristics of children and families is limited. AFCARS diagnosable disabilities were not mapped correctly in the Idaho dataset and the data currently available is not believed to be accurate. This barrier to identifying the current population of children with a diagnosed disability also impacts the recruitment of foster families (Item 35) as the number, location, and skills of resource parents needed to care for youth in care with a disability is unknown.

Data linking the specific needs of parents and children with services is also unavailable. As part of ESPI, a method was developed as to how services for families and children are tracked and categorized. Deployment of final ESPI modules occurred in November 2020, and data reports related to services remain in development.

State Rating

Item 30: Individualizing Services is rated as an Area Needing Improvement. While individualized services are provided to meet the unique needs of children and families in Idaho, CFS does not currently have enough services statewide, particularly in rural areas, and there is not enough data and information to measure the availability and accessibility of services.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all elements of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the ongoing consultation process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

Idaho's Child and Family Services (CFS) program's engagement with stakeholders was determined to be an area needing improvement in Round 3 of the Child and Family Services Review (CFSR) due to insufficient ongoing consultation regarding the implementation and annual updates of Child and Family Service Plan (CFSP) goals and objectives. The engagement of partners and stakeholders had, at times, been viewed as a "separate" process from ongoing work functions resulting in a negative impact on performance in this area.

The 2020-2024 CFSP and subsequent Annual Progress and Services Reports (APSRs) were developed with significant input from partners and stakeholders. In lieu of separate meetings focused specifically on the CFSP, CFS uses existing structures and meetings with partners and stakeholders to solicit feedback, provide updates, and identify needs and next steps. This method was particularly helpful from 2020 to 2022 as the COVID-19 pandemic caused barriers to the development of new meetings or goals. CFS was able to continue collaborating with the partners and stakeholders referenced throughout this section through video-based conferencing. Additional stakeholder and partner feedback was gathered informally. All feedback was used to develop CFSR goals and strategies.

In 2019, the CFS program deputy division administrator and a child welfare program specialist met with other members of the Idaho State Team, including representatives from the Administrative Office of the Courts (AOC), a child welfare judge, and a representative from the Idaho Children's Trust Fund. The Idaho State Team developed the CFSP vision statement: "Synergistic, inclusive collaboration to empower strong, healthy families and communities." It further identified the need to convene a meeting of key child welfare partners and stakeholders to identify cross-cutting issues which present barriers to system-wide child welfare improvements in Idaho. This need was developed into CFSP Goal 3: Formalize ongoing and meaningful engagement and collaboration with internal and external partners and stakeholders in the development and implementation of the CFSP. Although this goal was determined to be completed in FFY 2021, CFS continues to partner with members of the Idaho State Team through their participation in several of existing partnerships and groups. Plan updates and feedback opportunities are provided during monthly, quarterly, or bi-annual meetings of the CFS-Court Data Team, Court Improvement Committee (CIP), and Indian Child Welfare Advisory Council (ICWAC). Topics including CFSP goals, progress, and challenges are specifically included on meeting agendas.

Idaho convened a Visioning Council to develop a Family First Pre-Implementation Plan to identify, establish, and implement preventative services to families with children at risk of entering foster care. The Council included CFS staff and statewide partners and stakeholders including foster youth alumni, guardians ad litem (GALs), foster and adoptive parents, kinship providers, the Idaho Department of Juvenile Corrections (DJC), Idaho Voices for Children, Idaho tribes, the AOC, the Idaho Department of Health and Welfare (IDHW)'s Division of Behavioral Health, IDHW Division of Medicaid, Idaho Children's Trust Fund, and Casey Family Programs. Goals and strategies of the Council were incorporated into the 2020-2024 CFSP as Goal 2: Implement Services to Prevent the Placement of Children in Foster Care. As a strategy of Goal 2, a statewide needs assessment and gap analysis was completed in FFY 2021 which gathered feedback from key stakeholders including court partners, GALs, parents, educators, juvenile probation districts, relative and non-relative foster and adoptive parents, youth, service providers, regional behavioral health boards, Idaho tribes, advocacy centers, multi-disciplinary teams, CRPs, and CFS staff and leadership (see Item 29). The feedback was gathered through surveys sent to 5,917 individuals with an average 11.1% response rate. In addition, 28 90-minute listening sessions and 12 60-minute semi-structured individual and group interviews were held. Visioning Council subcommittees used the findings of the assessment to recommend specific evidenced-based prevention services for implementation as identified in the CFSP. Idaho is preparing for the contracting process to obtain the recommended services. Implementation is anticipated in FFY 2024.

The Visioning Council was broken into five subcommittees each with an array of internal and external partners and stakeholders: in-home services committee; QRTP committee; ongoing facility committee; in-home services subject matter expert (SME) group, and the FAST development workgroup. Membership of each subgroup varies. All but the in-home services SME subcommittee include a mix of internal and external stakeholders. With the exception of the ongoing facility and in-home services SME groups, all workgroups included parents with lived experience, youth, and foster parents. Additional external partners include representatives from CASA, Idaho tribes, Casey Family Programs, licensed child care agencies/facilities, Idaho courts, DJC, IDHW regional directors, IDHW Divisions of Behavioral Health, Public Health, Licensing and Certification, and Medicaid, and regional CFS offices. The facility on-going call group is made up of Idaho facilities interested in becoming a QRTP as well as agencies having already achieved certification. This group meets virtually on a monthly basis. Last year, they identified and supported the development of updated reports including monthly reports to DHW contract monitors and assigned workers. The newest subcommittee is the in-home services

subject matter expert (SME) group which began meeting in February 2021 to develop an intensive structure for in-home prevention services. The Visioning Council and its subcommittees can be redesigned for ongoing stakeholder feedback to be used to inform future CFSPs and APSRs as well as support continuous quality improvement (CQI). A framework will be developed to support this ongoing work.

Resource parents provide feedback and input into the APSR through multiple avenues, including training evaluations and the Annual Foster Parent Surveys sent to relative and non-relative foster and pre-adoptive parents. As reflected in CFSP Goal 7: Enhance the professional development of resource parents through training, a foster care workgroup including foster parents, adoptive parents, regional and state CFS staff from multiple disciplines, contractors, citizen review panel (CRP) members, Idaho tribes, CASA, and resource peer mentors was developed in FFY 2022. The group was instrumental in the selection of the National Training and Development Center (NTDC) curriculum as Idaho's new pre-service training for prospective foster and adoptive parents. The training program was implemented in August 2022 (see Item 28).

Internally, CFS provides regular opportunities for child welfare staff to provide input into program progress and development. The division administrator has used monthly "fireside chats" with all child welfare staff to encourage feedback since October 2021. These "chats" provide an opportunity to share critical program information, including information related to the implementation of CFSP strategies. Participants are encouraged to ask questions and provide feedback. Ongoing communication is also provided through a newsletter from the division administrator responding to communication received from field staff. Staff are encouraged to express their ideas and thoughts to supervisors at any level of the agency and many of these ideas have been acted on to improve working conditions and integrate new ideas into serving families. As an example, a regional supervisor shared barriers the state statutory requirement for families to finalize out of state adoptive placements in the receiving state was causing on permanency cases and requested a change. The Idaho Department of Health and Welfare (IDHW) worked with elected officials to present legislation to revise this requirement in FFY 2023. The legislation was not able to make it through the process by the end of the legislative session; however, IDHW intends to revisit the issue next year.

Division and child welfare program leadership works collaboratively with many groups to implement practice initiatives included in the CFSP and receive feedback on how the child welfare program is operating in Idaho. Executive division leadership meets with the field and central office program managers weekly to discuss upcoming practice and programmatic shifts and to problem solve any specific or broad issues arising in the field. The leadership team also works extensively with CRPs in all seven regions of the state to support their work in the evaluation of the child welfare system. Themes are identified and recommendations made by CRPs through written reports which are reviewed by division leadership. Opportunities for further engaging CRP members in CFSP plans and strategies are identified. As an example, CRPs emphasized the need for evidenced-based services in Idaho noting a shortage of resources and providers. CRP members were encouraged to participate in the Family First Visioning Council and participated in the selection of evidenced-based services to be implemented in Idaho.

In addition to the internal and external partners identified above, CFS collaborates with other stakeholders through participation in groups whose input informs the assessment of performance strengths and areas needing improvement in addition to the development, implementation, and monitoring of progress made on the 2020-2024 CFSP and subsequent APSRs. Regions are asked for information on their collaborating partners on an annual basis in

preparation for the APSR. Between FFYs 2020 and 2022, identified stakeholders consistently included:

- Community Faith-Based Organizations
- Community Service Providers
- Eastern Washington University
- Educators
- FACS Children’s Developmental Disabilities program
- FACS Service Integration, Navigation, and 2-1-1 CareLine program
- Family Justice Centers
- Federation of Families
- Head Start
- Idaho Adoption Coalition
- Idaho Department of Education
- Maternal Infant and Early Childhood Home Visiting (MIECHV) Program
- Public Health Districts
- Youth Empowerment Services (YES) Project

Collaboration continues with partners and stakeholders through participation in various groups, including those listed above, where conversations occur as to how the work of the public child welfare agency impacts families, partners, and stakeholders in the community. This provides opportunities to solicit feedback in a variety of forums and develop open relationships to encourage partners and stakeholders to provide the information vital to understanding and improving Idaho’s child welfare system.

External partner involvement continues through implementation of CFSP strategies. As an example, Idaho’s 2020-2024 CFSP Foster-Adoptive Parent Diligent Recruitment Plan includes Goal 2 Strategy 4: CFS will use information gained through the Adoption Call to Action (ACTA) to further develop a team approach to the recruitment of foster and adoptive families for children awaiting permanent placements. Feedback from members of Idaho’s ACTA team, including the foster and adoptive recruitment contractor and child-specific recruitment provider, helped to identify the need to revise specialized child-specific recruitment services. Information was also gathered from the Idaho Adoption Coalition (IAC), a community organization made up of public and private adoption service providers, and regional permanency case workers, supervisors, and leaders statewide. This feedback identified a need to improve collaboration between Idaho’s media-based child specific recruitment program and intensive child-specific recruitment program while expanding capacity for participation. As a result, CFS is transitioning to a contract for intensive child-specific recruitment from a grant-funded program with less flexibility. The contract monitor will seek ongoing feedback from members of the ACTA team and IAC as well as regional child welfare staff as the new services are implemented.

As CFS is in the process of resetting and rebuilding after a period of sustained change, the focus has been on maintaining relationships with established stakeholder groups and building new relationships with additional partners and stakeholders representing the diversity of Idaho including those from marginalized populations. Members of Idaho’s historically underserved communities include, but are not limited to, Hispanic and Black/African American families, as well as those living in rural areas. Although members of underserved communities are present in the various established groups with which CFS collaborates, Idaho’s Indian Child Welfare Advisory Council (ICWAC) is the only partner specific to a marginalized community. ICWAC was established in 1994 and includes child welfare program representatives from Idaho’s tribes: the Coeur d’Alene Tribe, the Kootenai Tribe of Idaho, the Nez Perce Tribe, the Northwestern Band of the Shoshone Nation, the Shoshone Bannock Tribes, and the Shoshone-Paiute Tribes. ICWAC has two co-chairs: one tribal co-chair and one CFS co-chair. Members of the AOC and

Casey Family Programs also participate. The frequency of ICWAC meetings has varied over the years from monthly to quarterly. Currently, full-day meetings are held once per quarter. In addition to ICWAC meetings, a state child welfare program specialist attempts to meet individually with each Idaho tribe. Progress on CFSR goals and strategies are discussed and tribal feedback is sought. The COVID-19 pandemic resulted in shifts from in-person ICWAC and individual tribal meetings to video-conference meetings.

2020-2024 CFSP Goals 5 and 6 related to State-Tribe collaboration were developed as a result of feedback from Idaho tribes to further support the integration of collaboration into child welfare processes while highlighting the additional attention necessary to ensure active efforts are made. Goal 5 focuses on improved collaboration and planning through quarterly meetings, action plans, and other convenings with tribal representatives. Under this goal, CFS incorporated tribal feedback in the centralization of ICWA notification processes. Plans for an ICWA case record review (CRR) in collaboration with Idaho's tribes were ended without completion due to continued delays from the COVID-19 pandemic and the simultaneous implementation of several large projects resulting in a period of sustained change and stress on the workforce. Goal 6 relates to collaborating with tribes in the development and/or implementation of State-Tribe Title IV-E agreements. CFS continues to collaborate with the Nez Perce Tribe on the implementation of the State-Tribe IV-E Agreement signed in 2019. These efforts include regular meetings, tool development, and process demonstration.

Idaho is challenged by the ability to capture and incorporate feedback from parents and youth with lived experience into the CFSP and APSRs consistently and effectively. Few of the groups with which CFS partners includes parents and/or youth with lived experience and those which do have very low numbers. State-conducted CRRs are another avenue for obtaining feedback from parents and youth; however, families may be concerned for the impact of their responses on any open case. The COVID-19 pandemic had a significant impact on statewide and regional foster youth groups providing input into the CFSP and APSR. Regional foster youth advisory boards were active in five of Idaho's seven regions and provided an organized venue for youth to convene, connect, and advocate for topics of concern impacting youth in foster care. Statewide, the Idaho Foster Youth Advisory Board (IFYAB) brought together exceptional youth from each regional board to serve as advocates at the state level. The pandemic negatively impacted the ability of youth to participate and monthly meetings and yearly in-person meetings were placed on hold in FFY 2022. Decreased participation resulted in the regional boards and IFYAB entering a period of re-growth with a need to engage new members.

As part of this statewide assessment, CFS developed an Engagement and Feedback Survey easily accessible by parents and youth with lived experience, as well as other partners and stakeholders. The survey can be accessed through a QR code or link. Those responding are able to remain anonymous and choose their role before being guided to related questions. They were also able to indicate their willingness to participate in a focus group or follow-up interview. As part of related focus groups, service providers were asked "Does child welfare engage in ongoing consultation with service providers on the needs of families served by child welfare?" Responses were mixed with some participants uncertain what consultation would look like and other noting the positive relationship they share with their regional office. Participants recommended the agency start engaging youth and parents in ongoing feedback and improvement processes.

Questions and information included in the Child Welfare Feedback and Engagement Survey are able to be revised. Although the response rate was not as large as hoped for the statewide assessment, the survey was only available for a few weeks. CFS plans to continue its use of the survey as well as focus groups and/or interviews on an ongoing basis to increase amount and

quality of feedback received from people with lived experience as well as other partners and stakeholders. This feedback will be used to inform future CFSPs and APSRs.

Data Quality, Scope, Limitations, and Barriers

Data on the effectiveness of the impact of CFS engagement with stakeholders pursuant to the CFSP and APSR is primarily related to the identification of goals and activities developed and/or implemented in partnership with stakeholders. Additional qualitative information was provided from service providers during CFSR feedback surveys and focus groups in spring 2023. Specific information as to who was engaged, where, and with what specific purpose is not regularly tracked. There is also a lack of data related to how Idaho shares performance data with partners and stakeholder on an ongoing basis.

State Rating

Item 31: State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR is rated as an Area Needing Improvement. Engagement of persons with lived experience, particularly parents and children/youth, is an area for continued growth. There is insufficient data regarding what, how, when, and with whom Idaho shares data; and who is engaged and when for what specific purpose. There is also a lack of formalized feedback loops to demonstrate how received input is used to inform the CFSP and APSR on an ongoing basis. Information supporting continued collaboration with partners and stakeholders during the implementation of CFSP strategies is also limited.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with service coordination between child welfare and other federal programs?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 32 was an Area Needing Improvement. There was a limited description of the process of coordination with some federal programs at the statewide and local levels; however, no data or information was provided to demonstrate the impact of this coordination on services or benefits of other federal programs serving the same population.

Idaho continues to be a highly relational state. There are many partnerships between Child and Family Services (CFS) statewide and regional offices with the following programs to ensure coordination of services for families. A limitation in this area is the ability to demonstrate through data the impact on services or benefits received by children and families served by CFS and other federal programs serving the same population. CFS caseworkers help families access other federally funded programs to help maintain children safely in their homes. The Idaho Department of Health and Welfare (IDHW)'s Navigation and Self Reliance programs provide information and access to benefits assisting families with services to address concerns including food insecurity, health insurance, and child support.

Medicaid

The Child Welfare Funding Team (CWFT) within CFS coordinates with the IDHW Division of Medicaid's Self Reliance program to authorize enhanced Medicaid benefits to foster youth not receiving Medicaid at the time they enter foster care. If a foster youth is receiving Medicaid when they enter foster care, the CWFT collaborates with Self Reliance to close regular Medicaid

and begin coverage under the enhanced Medicaid plan available to youth in foster care. Representatives from the Self Reliance program also assist regional caseworkers in connecting families with Medicaid services after guardianship when there is not a guardianship assistance agreement in place, navigating the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) process, and placements in Immediate Care Facilities for individuals with Intellectual Disability (ICF/ID).

Foster youth placed in Idaho from another state through the Interstate Compact on the Placement of Children (ICPC) are supported by the CWFT to obtain title IV-E Medicaid benefits, when eligible, or state-funded Medicaid benefits depending on the placement (licensed foster home or treatment facility). The CWFT also assists families with adoption assistance agreements in place from other states who move to Idaho in establishing Idaho Medicaid.

The IDHW Division of Medicaid also coordinates with CFS through participation in the development of the Idaho Family First Pre-Implementation Plan in accordance with the Family First Prevention Services Act.

Housing Authority

There are several programs within the state to help families in need of low-income housing including the Idaho Housing Authority, the Families First Program, the Housing Choice Voucher Program, the South-Eastern Idaho Community Action Agency, CATCH, and the Boise City/Ada County Housing Authority. These programs serve families with children under 18, the elderly, and/or the disabled, who meet income requirements. Regional child welfare representatives participate in meetings with local housing agencies and collaboratives. CFS works with housing agencies and groups to help youth who have aged out of foster care obtain stable housing and reduce homelessness within this population. Additional collaboration occurs to secure housing for families whose current living arrangements pose a safety risk for children or whose housing conditions are preventing reunification. Some agencies will place priority on families involved in the child welfare system on their wait lists.

Child Support

The IDHW's Bureau of Child Support and CFS work together to establish paternity for children in foster care through special deputy attorneys general (SDAGs). The department has specific contacts through child support to ensure the questions related to paternity are answered timely and that clients who are involved in the child welfare system are supported through any paternity process they may need to participate in.

Temporary Assistance to Needy Families (TANF)

Title IV-E eligibility and TANF eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program.

Idaho State Department of Education (SDE)

Collaboration between CFS and the Idaho SDE is critical to the development of educational services for youth in foster care and to coordinate potential Early Head Start and Head Start placements for children in state custody. There is a memorandum of understanding in the eastern portion of the state with Head Start to collaborate together as well as an informal agreement for CFS to provide training in Region 4 with the migrant Head Start program in Mountain Home, Idaho.

Recognizing the critical need for educational and child welfare agencies to partner together to provide educational stability for children in care, requirements were put into place in FFY 2017 by the federal Every Student Succeeds Act (ESSA). Through these partnerships, greater stability for children in foster care is promoted and supported so children in care can continue

their education without disruption, maintain critical relationships with their peers and adults, and have the opportunity to achieve college and career-readiness, as well as an overall enhanced well-being. ESSA also applies to preschool-age children in foster care who receive a public preschool education provided by a local education agency. Educational stability for students in foster care has been a priority for CFS and the agency has continued its ongoing collaboration with local schools. ESSA representatives from school districts assist in navigating challenging discussions and transportation arrangements related to school placement for youth in foster care.

To comply with provisions of ESSA, CFS partners with the Idaho SDE and school districts to promote greater educational stability for children in foster care. Through collaboration with the SDE, joint ESSA training was provided and state and regional points of contact were designated. Automatic notification from the state Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI), is made to designated points of contact with the school and SDE when a child enters foster care or has a placement change. Caseworkers partner with ESSA representatives from school districts who assist in navigating challenging discussions and transportation arrangements related to school placement for youth in care.

Other Federal Programs

Additional federal programs with which CFS collaborates in an ongoing basis include:

- Infant-Toddler Program (ITP)
- Resource and Service Navigation Program
- Maternal, Infant, and Early Childhood Home Visiting Program
- Employment: Chafee Independence Living Program
- Idaho State Board of Education: Chafee Independence Living Program
- Homeless Prevention: Chafee Independence Living Program
- Foster Youth Pregnancy Prevention: Chafee Independence Living Program

CFS continues to collaborate with Casey Family Programs, ITP, Navigation, Head Start/Early Head Start, community partners, and Catholic Charities of Idaho to improve outcomes for immigrant families. Immigration 101 and an overview of the referral process to navigation services training was provided to teams. The Division of Family and Community Services (FACS) service integration (SI) program was granted federal Kinship Navigation grant funding which is used to enhance kinship services and supports. Presentations on kinship resources were given for the Pocatello Community Council and the West Ada Social Workers' resource meetings. The kinship tutoring project in northern Idaho continues to provide support for students and their kinship caregivers with five students receiving tutoring through this resource. SI program leadership participated in the regional kinship support network and convening that followed. This support network is facilitated through the Grandfamilies & Kinship Support Network National TA Center and consists of federal Regions 9 and 10.

Data Quality, Scope, Limitations, and Barriers

Although there are collaborations between programs, each uses a different system and it is difficult to determine exactly how many individuals and families are served across programs. Data related to the number of children and/or families served by CFS who also receive services through other federally funded programs is not available.

State Rating

Item 32: Coordination of CFSP Services with Other Federal Programs is rated as an Area Needing Improvement. Idaho is a highly relational state and although there are many partnerships between CFS and other federally funded programs, quantitative and qualitative data to demonstrate the sufficiency of program coordination is unavailable.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with state standards being applied equally?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 33 was a Strength. Processes were in place to ensure a consistent statewide application of the standards. Compliance with the standards was reviewed at the time of initial agency or institutional licensing and during each annual renewal. Compliance with state standards was also reviewed as part of the finalization process for all adoptions.

Standards for Foster and Adoptive Parents

Idaho Statute requires licensing requirements be applied to all caregiver types including relatives and fictive kin. All licensed foster homes, including non-relative, relative, fictive kin, and treatment foster care must meet licensing requirements as outlined in the Idaho Administrative Procedures Act (IDAPA) administrative rules and Child and Family Services (CFS) program standards. During the 2023 legislative session, model licensing standards outlined in standard were added to administrative rule in IDAPA 16.06.02 Child Care and Foster Care Licensing. As outlined in Idaho's title IVE pre-print, the state is in alignment with the National Model Licensing Standards as outlined by the Family First Act with a few exceptions based on Idaho's unique geographical, cultural, community, legal and other needs. All variances and waivers in licensing practices are within the application of state requirements. Variances and waivers are issued for

non-safety related reasons and do not impact a foster or adoptive parent's ability to provide safe and appropriate care for a child placed in their home.

Additional practice expectations specific to the licensing, recruitment, and retention of licensed resource families are contained within CFS practice standards. This information is made available to the public on the external Idaho Department of Health and Welfare (IDHW) website. Relative and kinship foster placements are eligible for an expedited placement process but must meet licensing rules and standards within 60 days of placement. Relative foster placements may also be approved for permanent waivers related to non-safety issues that do not impact the health, safety, or well-being of foster children and youth. This supports children placed with relatives in expediting permanency outcomes. General foster and adoptive placements must be licensed fully prior to first placement of a foster child or youth.

The assessment and licensing of foster and adoptive families is organized geographically. The East and West Hubs have individual licensing teams in each of its regions (3, 4, 5, 6, and 7). The North Hub (Regions 1 and 2) has one supervisor with licensing workers in each region. Oversight of the licensing teams is provided by a centrally located foster care program manager. All prospective families are assessed for approval for both foster care and adoption unless the family is clear they would never want to be considered for permanent placement of any child placed in their care. Licensing teams are also responsible for the annual renewal of resource family home studies and licenses. A continuous quality improvement (CQI) tool for the licensing process has not yet been developed. Supervisors currently review all initial and updated home studies and relicense documents to identify any missing requirements or the need for additional information.

All initial and updated dual licensing and adoption home studies are also reviewed to ensure the study is current and includes required references, background checks, and other required information prior to adoption finalization. This review is conducted by a state office program specialist as part of the final quality assurance process prior to permanency. Any errors are required to be corrected before proceeding with the adoption. In FFY 2021, 260 home studies were reviewed and in FFY 2022, 206 home studies were reviewed as part of this process. All identified errors were non-safety-related such as failure to obtain medical references for relative resource parents who were initially issued foster care licenses with a variance for medical references. These errors do not have an impact on the family's ability to provide permanency for a child but are required to be corrected prior to adoption finalization.

CFS has a formal process for variances and waivers outlined in administrative rules as well as in the Standard for Recruitment and Licensing. Variances to foster home rules are available to non-relative, relative, and fictive kin resource parents. They are considered on an individual basis, approved only for non-safety rules, and all other licensing requirements must be met. The approved variance is reviewed for continued need and appropriateness on an annual basis. Waivers are permanent and may only be issued to relatives. As with waivers, they are considered on an individual basis, limited to non-safety related issues that do not compromise the health, safety or well-being of a foster child or youth, and all other licensing requirements must be met. Variances and waivers are requested through the Comprehensive Child Welfare Information System (CCWIS), Ensuring Safety and Permanency in Idaho (ESPI). Variances for a licensed foster home to have eight or more children in their care must be reviewed, assessed, and approved by the division administrator. All other variances and waivers are reviewed daily and can be approved by the program manager for foster care licensing. Tableau reports are able to be accessed at any time to assist the foster care licensing program manager, supervisors, and staff in monitoring the status of all pending, current, and expiring/expired variances and waivers.

As noted in Table 15.1, resource parents in Region 2 are less likely to receive a variance (14.0%) than in other regions, while Region 3 issues variances to 40.0% of its licensed homes. The primary reason for variances is to provide additional time for foster parents to complete pre-service or on-going training requirements (Table 15.2). Variances for pre-service training are primarily used for relatives or fictive kin and are used to enable a child to be placed as soon as possible with their family. As described in Item 28, families have six months to complete pre-service training if a variance is issued. Permanent training waivers can be approved for relative foster or adoptive families in order to expedite permanency outcomes for children and youth in care. This decision is made by the program manager for foster care licensing based on the assessment of the family's licensing worker and child's caseworker of the relative's ability to meet the needs of the child and support timely permanency. No other population of foster or adoptive families may be approved for a permanent training waiver.

Table 15.1 Licensed Foster Homes with Variances

Note 1: Data from the Idaho CCWIS/ESPI.

Note 2: Number of licensed foster homes from FFY 2022

Note 3: Number of approved variances as of May 31, 2023

| Licensed Foster Homes with Variances | | | |
|--------------------------------------|----------------------------------|-------------|-------------------------------|
| | # Licensed Foster Homes FFY 2022 | # Variances | % Foster Homes with Variances |
| Region 1 | 234 | 39 | 16.7% |
| Region 2 | 86 | 12 | 14.0% |
| Region 3 | 315 | 126 | 40.0% |
| Region 4 | 338 | 102 | 30.2% |
| Region 5 | 159 | 28 | 17.6% |
| Region 6 | 157 | 39 | 24.8% |
| Region 7 | 226 | 39 | 17.3% |
| Total | 1,515 | 385 | 25.4% |

Table 15.2 Foster Home Variances by Region and Type

Note 1: Data from the Idaho CCWIS/ESPI

Note 2: Reasons for approved variances as of May 31, 2023

| Foster Home Variances by Type | | | | | | | | |
|----------------------------------|----------|----------|----------|----------|----------|----------|----------|-------|
| | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Region 7 | Total |
| Bedrooms | 0 | 4 | 6 | 4 | 3 | 0 | 0 | 17 |
| Max. # Children | 9 | 2 | 9 | 13 | 8 | 14 | 9 | 64 |
| Medical Reference | 3 | 0 | 21 | 16 | 3 | 4 | 2 | 49 |
| Personal Reference | 1 | 0 | 19 | 15 | 1 | 0 | 0 | 36 |
| Pre-Service or On-Going Training | 15 | 1 | 46 | 43 | 10 | 15 | 28 | 158 |
| RPPS Training | 1 | 1 | 17 | 8 | 0 | 0 | 0 | 27 |
| Water Supply | 3 | 1 | 1 | 0 | 2 | 2 | 0 | 9 |
| Other | 7 | 3 | 7 | 3 | 1 | 4 | 0 | 25 |
| Total | 39 | 12 | 126 | 102 | 28 | 39 | 39 | 385 |

Standards for Childcare Institutions and Child Placing Agencies

Licensing requirements for child placing agencies and childcare institutions (CCIs) are found in state administrative rules and apply to all entities licensed through the Idaho Department of Health and Welfare (IDHW) to care for foster children and youth. Licensing requirements for child placing agencies and childcare institutions were moved to their own chapter during the 2023 legislative session, IDAPA 16.04.18 Children's Agencies and Residential Licensing.

CCIs receiving title IV-E funds are certified as Qualified Residential Treatment Programs (QRTPs) as outlined in the Family First Act and licensed by the state authority. All childcare institutions receiving title IV-E funds are monitored for ongoing compliance with criminal history background checks and out of state child abuse and neglect registry checks (see Item 34).

Child placing agencies and CCIs are licensed through IDHW's Division of Licensing and Certification. Agencies and facilities complete relicensing documentation and IDHW licensing specialists conduct file reviews and onsite visits to ensure compliance with administrative rules on an annual basis. When requirements are not met, a plan of correction may be developed. Revocation is a potential result if the plan of correction is not completed. As noted in Item 28 (Table 13.9), no revocations were completed in FFYs 2020 through 2022.

Data Quality, Scope, Limitations, and Barriers

The quality of data related to variances and waivers as well as other components of the licensing process is under review following multiple upgrades to ESPI to address concerns with the licensing modules. Although data pertaining to expiring variances is available through Tableau reports, no related notifications are made through ESPI. The Feedback from licensing teams indicate not all variances may be showing in the Tableau reports and users may not be updating the status of variances once they are completed or addressed.

State Rating

Item 33: Standards Applied Equally is rated as a Strength. The IDHW uses supervisory and leadership monitoring as well as adoption quality assurance reviews to ensure requirements outlined in administrative code are met. Practice standards are in place to provide guidance to regional staff in applying licensing requirements. Standards related to all licensed or approved foster family homes and child care institutions receiving title IV-B or IV-E funds are applied equally.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the criminal background check process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 34 was a Strength. Idaho's data and information on background checks indicated they occur and are documented.

Information from multiple sources including the Idaho Department of Health and Welfare's Background Check Unit (BCU), Comprehensive Child Welfare Information System (CCWIS), and licensing workers and supervisors indicates the requirements for background checks are being met statewide. All families considered for placement of a child in foster care are required to undergo a criminal history background check, regardless of relative status. Any issues noted in the process are addressed within the licensing assessment. Very few children are placed with families who are unable to pass a criminal history or child abuse and neglect background check. This is only done in situations when a child is placed with relatives or fictive kin whose assessment by a child welfare caseworker revealed no safety concerns. These placements are unlicensed and receive multiple levels of review prior to being approved. Once the caseworker becomes aware there is an issue with the background of the relative or fictive kin, they staff with their supervisor and a meeting is scheduled with the division administrator or designee to fully consult on the circumstances and make decisions related to next steps and a future staffing schedule, if needed.

In FFY 2022, the Division of Family and Community Services (FACS) updated the policy on Determining IV-E Foster Care Eligibility including the monitoring process for completing criminal history background checks and out of state child abuse and neglect registry checks. The updates better support Idaho childcare institutions (CCIs) who provide placement services for CFS. All CCI staff regardless of job duties receive a criminal clearance including FBI, state, and local criminal history checks prior to employment. If the staff member has resided outside the state of Idaho during the previous five years, an out of state child abuse and neglect registry check is requested prior to the start date of the employee. All staff for whom the out of state registry check is pending when they begin work must be supervised at all times by a staff member who has received the full enhanced criminal history clearance. CCIs are required to notify the CFS contract monitor when potential staff have received their BCU enhanced clearance and confirm the date the out of state child protection registry was requested. Compliance with the criminal history process is monitored on an ongoing basis by the contract monitor or manager.

Criminal background checks for individuals in the process of obtaining licensure for foster care or adoption are conducted through the Idaho BCU. All adults residing in the home of prospective foster and adoptive parents must pass a fingerprint-based background check. The background check includes a nationwide search of criminal history through the National Criminal History Background Check System, Idaho Bureau of Criminal Identification, the Child Abuse and Neglect Registries of Idaho and other states, the Adult Protection Registries of Idaho and other states, Idaho Driving Records, Federal and Idaho State Sex Offender Registers, Medicare and Medicaid Exclusion Lists, and the Certified Nurse Aide Registry. An Adam Walsh Background Check is completed by the licensing worker for all adults who have lived outside the state of Idaho within the past five years. BCU clearances, which include Adam Walsh checks when applicable, are documented in the CCWIS, Ensuring Safety and Permanency in Idaho (ESPI) and copies kept in the family's electronic licensing file. Foster care licenses are issued in ESPI. In order for one to be issued, a BCU clearance must be entered.

Idaho uses the Code X process to expedite placement of a child in the home of a relative or fictive kin in exigent circumstances including:

- First emergency placement when a child enters foster care
- No more than 30 days from initial placement when a relative or fictive kin is located
- The child is in danger of losing their current foster care placement

The Code X process includes a name-based criminal history check completed by local law enforcement and an Idaho Child Abuse and Neglect Registry check of all adults in the home of the prospective placement completed by regional child welfare staff. The child welfare caseworker also completes a home visit to verify a safe home environment through the use of a standardized home environment checklist. Once placement is made, the adults in the home have 15 business days to complete the BCU background check process but are asked to complete it in ten. To monitor timely completion, the program manager for foster care licensing is sent two e-mails each weekday: a list of all Code X persons who have not completed their fingerprinting, and a list of all Code X persons within five days of the 15-day window and have children placed in their home. A Tableau report containing this information is also available online for monitoring by regional licensing staff and supervisors. When a child remains in a Code X placement and a background check has not been completed at 15 days, the licensing program manager notifies the BCU and works with the region to make an immediate placement change. This process is monitored very closely to ensure compliance with FBI audit requirements for the Code X process. In addition to the background check, the relative or fictive kin Code X family is asked to complete the application for licensure within 30 days, at which time a full licensing assessment is completed. A foster care license or approval for adoption is

not issued until all licensing requirements are met or a variance is approved for non-safety licensing requirements.

In FFY 2021, 260 dual assessments and adoption home studies for resource families adopting children from all seven regions were reviewed as part of a quality assurance review of adoption finalizations. In FFY 2022, 206 dual assessments and adoption home studies were reviewed. No cases were found in either year where the adoptive family had not passed the required criminal history background checks.

Occasionally, children are placed with relatives or fictive kin who are not able to be licensed due to criminal or child abuse history, inability to meet licensing requirements, or an Interstate Compact for the Placement of Children (ICPC) approved relative placement that experienced a delay in foster care licensing. In these situations, a caseworker has assessed the family and determined circumstances related to the disqualifying requirements are no longer present and do not pose a threat to the child. All such placements are staffed for approval by the child's caseworker, supervisor, chief of social work, and regional program manager before being sent to the Family and Community Services (FACS) division administrator for consideration. The division administrator must give approval for the placement to move forward. To address potential delays to permanency, consideration is only given to unlicensed relative or fictive kin placements when the individual cannot pass a criminal history background check in very limited situations. This includes a short-term placement where the child will be moving to another placement, will age out of the system in a few months, or when child is being reunified with biological parents after termination of parental rights (TPR) has occurred. Children placed with relatives through an approved ICPC continue to be placed prior to licensure when the family has met the receiving state's requirements for a relative placement.

In FFY 2022, CFS licensed 408 new foster parents statewide. The same year, the number of background checks completed by BCU for foster or adoptive licensing was 2,618 (Table 16.1), more than six times the number of newly licensed foster and adoptive families during the same period. The completion of more background checks than new resource families suggests required background checks are conducted consistently. There are three types of crimes identified in the background check process: those which do not disqualify a person from becoming a licensed foster or adoptive parent; those which disqualify a person for five years; and those which permanently disqualify a person. Individuals with a) a five-year disqualifying crime within the five-year timeframe, or b) a permanent disqualifying crime on their record, do not qualify to proceed further with the licensing process as they are ineligible to be licensed for foster care or adoption. Any impact non-disqualifying crimes would have on the ability of the individual to ensure a safe environment for a child is assessed by the caseworker assigned to the family. Accurate assessment of these issues is monitored by licensing supervisors statewide. If a disqualifying crime is identified prior to foster care licensure but following placement of a child in a home through the Code X process, the child is removed from that home with an appropriate transition plan.

Table 16.1 Background Checks

Note: Data from the Idaho Department of Health & Welfare's Background Check Unit

| | IDHW Background Checks for Licensing | IDHW Background Checks for Code X | Individuals with Permanent Disqualifying Crimes | Individuals with 5-year Disqualifying Crimes |
|-----------------|---|--|---|---|
| FFY 2022 | 2,618 | 666 | 29 | 7 |
| FFY 2021 | 1,417 | 928 | 26 | 6 |
| FFY 2020 | 2,535 | 645 | 19 | 1 |

Data Quality, Scope, Limitations, and Barriers

Reported information and data was gathered from multiple sources including adoption quality assurance reviews, the BCU data reporting system, and licensing workers and supervisors. Due to the consistency of feedback from the multiple sources, the resulting data and information regarding meeting criminal background check requirements appears to be reliable. ESPI was developed to clearly identify resource parents who complete the expedited placement process, including BCU clearances. This assists with the identification of placements made with relatives or kin who were subsequently unable to meet licensing standards including the enhanced criminal history background clearance. CCIs are entered into ESPI for placement and payment when in compliance with their contract requirements, including employee background checks.

The specific reasons for placement in unlicensed foster care homes due to the family's failure to pass a background check are based on the reporting of those workers in the decision-making process. Due to the extremely low number of these placements, workers are aware of the circumstances regarding each case and able to describe how specific concerns in each case were addressed. Data is not available by geographic regions; however, the consistency of Idaho's statewide performance does not suggest regional concerns.

State Rating

Item 34: Requirements for Criminal Background Checks is rated as a Strength. Information from multiple sources indicates the CFS program has an effective system which operates statewide and meets federal requirements for criminal background clearances related to licensing foster care and adoptive families. Strategies including daily to monthly monitoring by multiple individuals and ESPI system requirements support consistent effectiveness. No barriers have been identified in Idaho's ability to ensure statewide compliance for criminal history background clearances. Requirements for background checks are being met statewide.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the ensuring a diversity of foster and adoptive parent homes?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Round 3 of the Child and Family Services Review (CFSR), Idaho's performance for Item 35 was an Area Needing Improvement. The state was not ensuring diligent recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster or adoptive homes are needed.

The Child and Family Services (CFS) program contracts with Eastern Washington University (EWU) for the recruitment and retention of foster and adoptive families. Through this contract, EWU organizes and plans recruitment events targeted to the population of foster parents required to meet the needs of Idaho's foster children and youth. Recruitment needs are communicated through an informal process. CFS holds weekly contact and recruitment meetings with EWU to communicate recruitment needs and receive updates on current recruitment efforts. Data is exchanged between CFS and EWU about present populations of foster children and youth which is used to inform recruitment events. EWU completes service area assessments and reviews research based on promising practices, data driven recruitment and available local data in collaboration and consultation with CFS to determine targeted regional recruitment efforts. Assessments focus on, but are not limited to, current recruitment efforts and practices, outcomes, strengths, and challenges and the characteristics of children and youth in foster care (age, race/ethnicity, special needs, etc.). Recruitment needs are formulated based on the findings.

Section IV—Assessment of Systemic Factors

The Resource Placement Team (RPT) through the EWU contract works diligently to locate placements throughout the week that are appropriate for children and youth coming into foster care. Due to their daily work, this team is able to identify the immediate needs and gaps in foster and adoptive homes. They work closely with the recruitment coordinators (RCs) to provide feedback and information about needs in specific regional areas.

Table 17.1 is a breakdown of the race of Idaho's population of children ages birth to 17 years, children in foster care, and licensed foster parents in FFY 2022. There is an underrepresentation of foster families from more than one race or who are American Indian/Alaskan Native, Black/African American, or Hawaiian/Pacific Islander. This information is used by CFS and EWU to identify specific populations for additional recruitment efforts.

Table 17.1 Race of Children in Foster Care vs. Foster Care Resources and Idaho Population

Note 1: Population of children under the age of 18 years in Idaho is from the U.S. Census Bureau as of July 1, 2022.

Note 2: Race and population of children in foster care and foster families from the Idaho CCWIS/ESPI for FFY 2022.

| Race of Children in Foster Care vs. Foster Care Resources and Idaho Population | | | | | | |
|--|----------------------------|-------|-------------------------|-------|-----------------|-------|
| Race | Population Ages 0 to 17 | | Children in Foster Care | | Foster Families | |
| | # | % | # | % | # | % |
| 2 or More Races | 12,664 | 2.7% | 169 | 6.3% | 35 | 1.1% |
| American Indian / Alaskan Native | 7,973 | 1.7% | 72 | 2.7% | 39 | 1.2% |
| Asian | 7,504 | 1.6% | 8 | 0.3% | 25 | 0.8% |
| Black/African- American | 4,221 | 0.9% | 37 | 1.4% | 15 | 0.5% |
| Hawaiian / Other Pacific Islander | 938 | 0.2% | 13 | 0.5% | 10 | 0.3% |
| White | 435,256 | 92.8% | 2,232 | 83.8% | 3,039 | 91.2% |
| Unable to Determine | - | - | 134 | 5.0% | 170 | 5.1% |
| Total | 469,026 | | 2,665 | | 3,333 | |

Table 17.2 shows the overall breakdown of the ethnicity of Idaho's child population, children in foster care, and licensed foster families for FFY 2022. These numbers reflect the need for additional foster parents with Hispanic ethnicity.

Table 17.2 Race of Children in Foster Care vs. Foster Care Resources and Idaho Population
Note 1: Population of children under the age of 18 years in Idaho is from the U.S. Census Bureau as of July 1, 2022.

Note 2: Ethnicity and population of children in foster care and foster families from the Idaho CCWIS/ESPI for FFY 2022.

| Ethnicity of Children in Foster Care vs. Foster Care Resources and Idaho Population | | | | | | |
|---|--------------------|-------|-------------------------|-------|-----------------|--------|
| Ethnicity | Population 0 to 17 | | Children in Foster Care | | Foster Families | |
| | # | % | # | % | # | % |
| Non-Hispanic | 406,646 | 86.7% | 2,024 | 76.0% | 2,597 | 77.9% |
| Hispanic | 62,380 | 13.3% | 514 | 19.3% | 290 | 8.7% |
| Unable to Determine | - | - | 127 | 4.8% | 446 | 13.48% |
| Total | 469,026 | | 2,665 | | 3,333 | |

In addition to disparities regarding race and ethnicity, Idaho is also aware of and actively working to recruit families to address the disparity between the ages of youth in foster care and the strong preferences of foster families to take care for younger children.

Per AFCARS data from October 2022 to May 2023, there were a total of 2,158 children and youth in foster care. There is a higher percentage (38%; N=816) of children ages 11 to 18 in foster care with only 24% (N=164) of general foster placements licensed and willing to foster children up to age 18 years. This does not include foster placements licensed for extended foster care. While there is a preference among foster parents to foster children ages birth to three years, the 22% of general foster parents willing to care for that age group are not enough to foster the 27% (Table 17.3) of the children in foster care included in the group.

Table 17.3 Age of Children in Foster Care

Note: Data from Idaho AFCARS for children in care October 2022 to May 2023

| Age of Children in Foster Care | | |
|--------------------------------|---------------|------------|
| Age in Years | # of Children | Percentage |
| 0 to 3 | 589 | 27% |
| 4 to 10 | 741 | 34% |
| 11 to 18 | 816 | 38% |
| 19 to 20 | 12 | 1% |
| Total | 2,158 | 100% |

Idaho's current pool of general foster homes is largely interested in taking foster youth ten years or younger as placements (Table 17.4). There is a need for recruitment and retention of families able and willing to foster teenage youth. As of May 2023, there are 688 general foster homes licensed. Of those, 64% (N=441) are willing to foster children aged birth to 10, while only 24% (N=164) are willing to foster youth up to 18 years of age. An additional 12% (N=83) identified being willing to foster youth in the middle age range that are not infants/toddlers or older teenagers. Of note, when placement instability was closely examined (see Permanency Outcome 1, Table 3.3), children aged 11 to 16 experience the greatest instability. Age preference numbers include placements that are only willing to provide short term planned or emergency respite, placements that are full, and placements that are available to take foster placements. This data does not include kinship or relative kinship placements. Furthermore, while a family may be licensed for a broader age range, foster parents often specify which ages they are firmly willing to foster.

Table 17.4 Age Preferences of General Foster Families

Note 1: Data from Idaho CCWIS/ESPI May 2023.

Note 2: Misc. ages does not include older youth up to 18 years of age.

| Age Preference of General Foster Families May 2023 | | |
|--|--------------|------------|
| Age of Preferred Foster Youth | # Placements | Percentage |
| 10 years or younger | 441 | 64% |
| Up to 18 years | 164 | 24% |
| Misc. ages | 83 | 12% |
| Total | 688 | 100% |

From September 2021 to November 2022, EWU held recruitment events for general foster families as well as targeted the recruitment of foster parents specific to the gaps Idaho is experiencing. Targeted recruitment efforts included foster families who are Native American or Alaska Native, bilingual or Spanish speaking, and/or Black/African American. Families interested in caring for older foster youth and teenagers, youth who identify as LGBTQIA2S+, or children who are medically fragile and/or have special needs were also targeted. In this time period there were 56 recruitment events specific to recruitment of specialized foster families:

- 11 events aimed at recruiting Native American or Alaska Native foster families
- 6 events aimed at recruiting foster families willing to take youth who identify as LGBTQIA2S+
- 33 events aimed at recruiting foster families willing to take older youth and teens
- 15 events aimed at recruiting bilingual or Spanish speaking families
- 11 events aimed at recruiting foster families able to care for medically fragile children or children with specialized needs
- 5 events were aimed at recruiting Black or African American foster families

In addition to the planned and consistent review of recruitment efforts and data collection completed by EWU, CFS uses two additional processes for addressing recruitment needs.

Idaho's Diligent Recruitment plan identifies areas of need and strategies to address them through the foster parent recruitment and retention contract with EWU. This contract outlines the specific needs for targeted recruitment events on a monthly basis as well as quarterly local Recruitment Advisory Council (RAC) meetings which cover all geographic hubs and regions. RAC members in each council include representation from the following stakeholder groups: resource parents, foster youth and or foster alumni, the department's regional child welfare leadership, key community leaders, and faith-based organizations. Cultural consultants relevant to the region or hub also attend with representation from Native American, Hispanic, and Black/African American communities. Additional council members can include representatives from stakeholder groups such as: regional child welfare staff, media, community groups, businesses, individual volunteers, and resource peer mentors (RPMs). Agenda topics for each RAC meeting, regardless of hub location, include a review of research and promising practices provided by CFS, local data, strengths and challenges of current recruitment strategies and identification of new key strategies. The intention is to lead to effective recruitment with a focus on families representing the race and ethnicity of children in foster care in each region and/or hub.

Data Quality, Scope, Limitations, and Barriers

CFS is aware of the need for additional resource parents willing and able to care for children with significant special needs or who are medically fragile. Data identifying the specific special needs characteristics of children requiring care is limited. As noted in Item 30, AFCARS diagnosable disabilities were not mapped correctly into the Idaho dataset and the data currently available is not believed to be accurate. This makes it difficult to target the best population of prospective foster and adoptive parents for recruitment.

State Rating

Item 35: Diligent Recruitment of Foster and Adoptive Homes is rated as an Area Needing Improvement. Although CFS works closely with EWU in sharing data and identifying recruitment needs, Idaho does not have a population of resource parents who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. Families willing and able to care for adolescents is another need.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the Interstate Compact on the Placement of Children process overall?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

For the Child and Family Services Review (CFSR) Round 3, Child and Family Services (CFS) received an overall rating of Area Needing Improvement for Item 36. Although the agency had processes in place to ensure the effective use of cross-jurisdictional resources, CFS did not meet the requirement for conducting home studies received from other states within the 60-day requirement. Since then, Idaho has reduced the length of time it takes to complete incoming assessment requests; however, does not yet meet the 60-day requirement. Cross-jurisdictional placements occur for parent placement, relative placement, foster care placement, or permanent placement through guardianship or adoption with a family who resides outside the child's community. A child's needs may also require placement in a family with a specific set of skills who is located in another jurisdiction.

Idaho's use of cross-jurisdictional placements is positively impacted by in-state and out of state recruitment methods. Relative searches and child-specific recruitment methods include outreach to prospective families in geographical locations outside the child's local community.

These recruitment efforts are followed by the appropriate use of the Interstate Compact for the Placement of Children (ICPC) or in-state cross jurisdictional processes. In situations where relatives are identified in other countries, CFS works with the country's embassy to locate options for assessment and possible placement of the child. Through this process, permanency has been achieved in countries including Mexico, Canada, and Morocco. A Child Placement Border Agreement is in place between the Idaho Department of Health and Welfare (IDHW) and Oregon Department of Human Services (ODHS). Through this agreement, an expedited process is used to assess the safety and suitability of prospective caregivers of children with whom they have an existing relationship. It applies to children and prospective caregivers residing in the bordering counties of Payette County, Idaho and Malheur County, Oregon. It allows for provisional approval of placement following an expedited assessment process to be followed by a more comprehensive evaluation of the home. In the last three years, Idaho has placed two children in Oregon and Oregon has placed 17 children in Idaho through the border agreement (Table 18.1).

Table 18.1 Children Placed through Idaho-Oregon Border Agreement

Note: Data from Idaho CCWIS/ESPI

| Children Placed through Oregon-Idaho Border Agreement | | |
|---|----------|----------|
| | Incoming | Outgoing |
| FFY 2022 | 6 | 2 |
| FFY 2021 | 4 | 0 |
| FFY 2020 | 7 | 0 |
| Total | 17 | 2 |

To promote the selection of the permanent family best able to meet a child's needs, regardless of geographical location, CFS uses recruitment methods designed to reach families throughout the state, regionally, and nationally. CFS contracts with Eastern Washington University (EWU) to engage with prospective adoptive families interested in adopting a child from Idaho's foster care program. Current adoptive family home studies are included on the internal Wednesday's Child Waiting Families SharePoint page. Families may be from Idaho or any other state and may have received their home study through a state agency, licensed adoption agency, or certified home study provider. The contractor actively participates in the Idaho Adoption Council which is made up of public and private adoption providers who are encouraged to register their families with the site. Out of state families who inquire about a specific Idaho child, but are not selected for placement of that child, are also informed and encouraged to register for the site so they may easily be considered for placement of other Idaho children. Adoptive parents are also identified through child-specific recruitment. A statewide contract for media-based child-specific recruitment includes photo listings on websites with local, regional, and national audiences. EWU also provides grant-funded Wendy's Wonderful Kids (WWK) services to children in need of child-specific recruitment. The grant for WWK services will end June 30, 2023 at which time intensive child-specific recruitment services will transition to a new contract.

In-State Cross-Jurisdictional Placements

In-state placements are considered cross-jurisdictional when a child is placed in a region or hub other than the one in which they resided at the time they entered foster care. When an in-state cross-jurisdictional placement is being considered, the caseworker in the sending region makes a request to the licensing team assigned to receiving region where the prospective family

resides. That licensing team completes the evaluation of the family. The decision of whether or not to place with an approved family is made by the sending region. If extensive travel is needed for the sending region caseworker to monitor the placement, courtesy supervision is arranged by the receiving region. A caseworker in the receiving region is co-assigned along with the worker from the sending region and both participate in ongoing case planning. Guidance for the courtesy supervision process is reflected in the practice Standard for Case Transfer, Courtesy Supervision, and Conflict of Interest and related process documentation.

Unless permanency will be provided by a child's current relative or non-relative foster parent, Idaho families approved for adoption of a child in foster care most often have an adoption home study completed by a private adoption agency or certified adoption professional (CAP). These studies meet the same requirements as adoption-only home studies conducted by CFS; however, do not address agency-specific licensing components necessary for a foster care license. To minimize the length of time between selection of a permanent placement and the child's placement in the home, the CFS Standard for the Recruitment and Licensing of Resource Parents allows for the use of the family's existing enhanced criminal history background check (no more than one year old), personal references, and medical references. The home study is then updated by CFS licensing workers to issue a foster care license. Challenges related to the impact of lack of workforce capacity on the timeline of this streamlined process were identified by permanency supervisors and leadership effecting placements in Regions 1 and 2 in March 2023. Education was provided as to the ability to place child in an adoptive placement without a foster care license through an approved home study and negotiated adoption assistance agreement. Although this is not a new practice, it is one rarely used by some regions or for in-state placements. Regional reports indicate this process has been successful in transitioning children into their permanency placements more quickly when there are delays in the ability to issue a foster care license.

Out of State Cross-Jurisdictional Placements

All out of state placements are requested and made through the ICPC. Idaho joined the National Electronic Interstate Compact Enterprise (NEICE) on May 2, 2020 and uses NEICE to send documents to other member states. Outgoing placement requests are prepared by the family's assigned caseworker and/or case aide in the region. The requests are then sent to the centralized state ICPC office where they are reviewed for quality and accuracy by the ICPC program specialist or administrator before being transmitted to the receiving state. Idaho's ICPC Compact Administrator is a member of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Compliance Committee, which evaluates and makes recommendations to the AAICPC Executive Board for compliance issues.

Data related to the number and types of outgoing ICPC requests is available for the last two FFYs (Table 18.2). The number of assessments requested in FFY 2021 and FFY 2022 remained steady with the majority of requests being made for parent and foster home studies. Idaho licenses relative foster parents and most often requests they be licensed in other states. This is likely reflected in the lower number of unlicensed relative home studies.

Table 18.2 Outgoing ICPC Request by Home Study Type

Note: Data from Idaho CCWIS/ESPI

| Outgoing ICPC Requests by Home Study Type | | |
|---|-------------|-------------|
| | FFY 2021 | FFY 2022 |
| Adoptive Home Study | 59 | 56 |
| Foster Home Study | 182 | 205 |
| Parent Home Study | 190 | 183 |
| Unlicensed Relative Home Study | 39 | 20 |
| Total | 470 | 464 |

In FFYs 2021 and 2022, CFS received preliminary or final responses to requests for outgoing ICPC placement from other states between 55.9% and 58.8% of the time (Table 18.3). Idaho requests supervision of out of state placements by the receiving state. In situations where the receiving state has a significant delay in completing an assessment of the prospective placement, CFS will pay a private child welfare agency to supervise the placements. The supervising worker is asked to see the child face-to-face in the home at least monthly and for a written supervisory report to be sent at least every 90 days. As noted in the Standard for Ongoing Contact between the Social Worker, the Child, the Family, and Resource Parent(s) or Other Alternate Care Providers, the Idaho caseworker is required to have monthly contact with the supervising worker to ensure communication is adequate to meet the needs of the child and promote achievement of case goals.

Table 18.3 Outgoing ICPC Request Response Times from Other States

Note 1: Data from Idaho CCWIS/ESPI.

Note 2: Outgoing ICPC home study requests for parent, relative, foster parent, or adoptive placement made to any state.

| Outgoing ICPC Requests with 60-day Responses | | | |
|--|--------------------------|-----------------------------------|---------------------------------|
| | # Outgoing ICPC Requests | # Requests with a 60-day Response | % Requests with 60-day Response |
| FFY 2022 | 432 | 254 | 58.8% |
| FFY 2021 | 435 | 243 | 55.9% |

Incoming Cross-Jurisdictional Placements from Other States

Requests from other states for placement of a foster child in Idaho are received by the state ICPC office. Incomplete requests are reviewed weekly and allow states up to 60 days after the initial request is received to submit missing documentation before closing the request. The state ICPC team sends a standardized introduction letter to prospective incoming ICPC placements. The letter informs families of the process and outlines actionable steps needing taken. Families are informed of the requirement to schedule their criminal history background check within 14 days of the date of the letter. Cases are then referred to the region where the prospective family resides to conduct a home study.

Section IV—Assessment of Systemic Factors

Incoming requests from other state foster care systems are forwarded to local ICPC liaisons who assign the request for assessment. ICPC liaisons are located in Region 1 (North Hub coverage), Region 3 (regional coverage), Region 4 (regional coverage), Region 5 (regional coverage), Region 6 (regional coverage), and Region 7 (regional coverage). Some or all incoming ICPC assessments for parents and unlicensed relatives are completed by contractors in all areas of the state but Region 5 where they are conducted by regional caseworkers. State foster care licensing teams conduct incoming ICPC assessments including those for relative and non-relative foster care placement. Home studies for permanent placement through adoption or guardianship may be completed either by a contractor or state foster care licensing teams.

CFS contractors and child welfare staff are guided in completing and reporting the results of final home study reports by a Standard for ICPC. Home study reports are due 60-calendar days from the date Idaho's ICPC Administrator receives and processes a complete request packet.

In FFY 2020, there was a significant increase in the amount of time it took to complete ICPC home studies resulting in only 7.2% of incoming home study requests being completed in 60 days (Table 18.4). A primary contributing factor in this increase was the onset of the COVID-19 pandemic in March 2020. Barriers included family concerns and restrictions related to the in-home environmental assessment requirement for a home study. In FFY 2021, the timely completion of ICPC home studies improved to 30.1% as pandemic precautions were lifted. A significant additional factor contributing to the improvement in timely home study completion was the ability to consider the completion of preliminary home studies. This data became available for the first time for FFY 2021. Preliminary home studies are used when licensure requirements such as criminal background checks, Adam Walsh checks, or medical references remain pending and completion of a final home study and placement decision are therefore delayed. Performance in the timely completion of home studies continued to improve in FFY 2022 to 32.5%. Implementation of contracts for incoming ICPC assessments for some or all parent and relative home study requests and placement supervision were completed for Regions 1, 2, 3, 6, and 7. In Regions 3 and 6, contractors include an Idaho adoption agency able to provide adoption recommendations. CFS foster care licensing teams complete foster care home study requests.

Table 18.4 ICPC Permanency Home Studies Completed within 60 Days

Note: Data from Idaho CCWIS/ESPI

| % Incoming Permanency Home Studies Completed within 60 Days | | | |
|---|----------|----------|----------|
| Region | FFY 2020 | FFY 2021 | FFY 2022 |
| 1 | 8.5% | 32.2% | 35.5% |
| 2 | 0.0% | 42.9% | 35.3% |
| 3 | 18.3% | 22.2% | 41.5% |
| 4 | 4.8% | 21.7% | 26.9% |
| 5 | 5.8% | 15.2% | 26.1% |
| 6 | 0.0% | 66.7% | 33.3% |
| 7 | 0.0% | 42.3% | 22.2% |
| State | 7.2% | 30.1% | 32.5% |

Section IV—Assessment of Systemic Factors

When a child is placed from another state's foster care system in Idaho through the ICPC, supervision of the placement is provided by a caseworker (Region 5) or contractor (all other regions). The assigned worker sees the child face-to-face monthly and in the home at least every other month.

Concurrence recommendations for permanency finalizations are made by the supervising family services worker or supervisor and approved by the ICPC program specialist or administrator before being sent to the placing state or, for outgoing ICPC placements, requested by the Idaho caseworker through the ICPC program specialist.

Data Quality, Scope, Limitations, and Barriers

Data related to any impact of disproportionality and disparities in ICPC-related practice is unavailable. Data is also unavailable for the use of in-state cross-jurisdictional processes.

State Rating

Item 36: Cross-Jurisdictional Placements is rated as an Area Needing Improvement. Although the agency had processes in place to ensure the effective use of cross-jurisdictional resources, CFS does not meet the requirement for conducting home studies received from other states within the 60-day requirement.

Appendix: CFSR State Data Profile

The state data profile can be requested from the state or the Children's Bureau.