

Child Welfare Caseload Management

Evaluation Report
February 2005

Office of Performance Evaluations
Idaho Legislature



Report 05-02

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February 1, 2005

Members
Joint Legislative Oversight Committee
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Last June, you directed us to review caseload management in the Child Welfare program at the Department of Health and Welfare—the program plays an important role in protecting children whose safety and well-being are endangered by abuse or neglect.

The report discusses problems with the department's efforts to collect and use caseload and workload information for assessing staffing needs. The report also underscores the importance of accurate caseload and workload information for making budget decisions and strengthening accountability. To address these issues, we offer seven recommendations, most of which can be addressed by department management with existing agency resources.

We appreciate the cooperation and assistance we received from the Office of the Governor and the Department of Health and Welfare. Their written responses to our findings and recommendations are included in the report.

We also thank officials of legislative Budget and Policy Analysis, Legislative Audits, the Idaho State Judiciary's Child Protection Committee, and the Office of the Attorney General for their assistance.

Sincerely,

A handwritten signature in black ink that reads "Rakesh Mohan".

Rakesh Mohan

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Executive Summary

Child Welfare Caseload Management

The purpose of this evaluation is to assess the adequacy of the Department of Health and Welfare's efforts to manage caseloads and workload in the Child Welfare program. The report explains how the department responds to allegations of child abuse and neglect, and provides information about the growing workload in the program. It also highlights weaknesses in the department's efforts to collect and use caseload and workload information, which is essential to accurately assess staffing needs and ensure available staffing resources are distributed where most needed.

To strengthen program management and accountability, the report recommends the department (1) take steps to begin collecting accurate caseload information, (2) regularly monitor staff caseloads and assess program workload, and (3) use caseload and workload information to determine resource needs and allocate staff where needed. The report also discusses opportunities for the department to better access federal funding that can be used to cover a portion of the state's cost for children in foster care.

In March 2004, the Joint Legislative Oversight Committee directed the Office of Performance Evaluations to conduct a study of caseload management of the Child Welfare program at the Department of Health and Welfare. Lawmakers requested the evaluation because the department had reported growing caseloads, and a federal review of Idaho's program, conducted in 2003, identified a number of deficiencies.

As part of our review, we visited each of the department's seven regions and interviewed more than 100 staff. We also reviewed information from the department's Child Welfare data system and conducted a survey of all case workers and their supervisors, receiving an 80 percent response rate, to gain an understanding of caseload and workload issues.

Caseload

The number of cases workers are assigned in a given time period. Caseloads may be measured for individual workers, all workers assigned a specific type of case, or all workers in a particular office or region.

Workload

The amount of work required to address assigned cases. Measuring workload requires an assessment of (1) the factors that impact the time it takes to work cases and (2) the time workers spend on activities not directly related to their case responsibilities.

Overview of the Child Welfare Program

Statutes assign the department primary responsibility for the “protection of any child whose life, health or welfare is endangered.”¹ To fulfill its responsibilities, the department investigates allegations of child abuse and neglect and, when substantiated, oversees the delivery of services intended to ensure children are safe, families are preserved whenever possible, and children are placed in permanent homes that adequately provide for their well-being. As part of their work, department staff interact with law enforcement, county prosecutors, and the court system, all of whom have a role in the child protection system.

During fiscal year 2004, the department received approximately 17,600 child protection referrals. Many of these calls were requests for information or other assistance and did not become child protection cases. Still, more than 6,400 referrals contained specific allegations of abuse or neglect and were investigated by department staff. Roughly 5 percent of all referrals received that year resulted in the development of a service plan² and ongoing case management to address identified safety concerns. Similarly, about 5 percent of total referrals involved the removal of children from their homes.

Caseload Information Is Inaccurate and Insufficient for Program Management

The department uses the Family Oriented Community User System (FOCUS) to record information about Child Welfare cases. This system is used statewide and is the main source of centrally collected data. However, due to untimely and inconsistent data entry, information in the system cannot be relied upon to accurately measure staff caseloads. In our survey of case workers and supervisors, staff reported spending an average of 28 percent of their work time documenting case work, but indicated they could not keep pace with documentation requirements. As a result, cases often remain open in the system—sometimes for months or years—even though they are no longer actively worked and should not be counted when determining staff caseloads. Other caseload information collected by the department also has problems with its accuracy and consistency.

Accurate caseload information is important for effective program management. Department managers need to know how many cases are assigned to each case worker, how cases are distributed among staff, and how cases are distributed among regions. Without this information, it is difficult for management to determine whether resources are being used efficiently, program staffing levels

¹ IDAHO CODE § 16-1601

² Service plans lay out the steps needed to address risk factors identified when investigating allegations of abuse or neglect.

are appropriate, or staffing resources and caseloads are fairly distributed. Department managers believe that increased staffing would reduce caseloads and allow for more timely entry of case information. However, we contend the department can take some steps to improve caseload information without additional staffing. For example, FOCUS could be modified to allow staff to designate cases as inactive when they are no longer being worked, and procedures could be established to better ensure data entry is timely.

Workload Is Growing as Cases Become More Challenging and Statutory Requirements Increase

Although accurate caseload information is not currently available, we were able to use department data from FOCUS to examine overall workload trends.³ Indicators of program work activity suggest the workload in the child welfare program is increasing while program staffing levels have declined slightly.⁴ In the past three fiscal years, the number of referrals of abuse and neglect received by the department has not shown significant growth. However, during the same period, the number of children placed in foster care has increased 33 percent.

The growth in the number of children in foster care increases workload, because it requires more staff visits with children, parents, and foster families, more transportation of clients to services, and more court involvement. In the past three years, the number of referrals for which comprehensive assessments were performed also grew 10.7 percent, and the number of referrals for which service plans were developed increased by a third.⁵

The number of cases involving substance abuse has also been rising. Department staff identified substance abuse as a factor that increases the work involved in managing cases. In nearly half of the cases for which a comprehensive assessment was performed, drugs or alcohol were found to have contributed to the abuse or neglect of children. The number of assessments identifying substance abuse risk factors increased 18 percent between fiscal

³ Data regarding the number and type of referrals the department received, and the number of referrals for which risk assessments were conducted and service plans were developed appeared to be reliable. Information about the number of children placed in foster care was also reliable. In these instances, we did not attempt to use the data to determine whether a case was assigned to a particular staff member or being actively worked at a specific point in time.

⁴ To assess program work activity, we reviewed the number of child protection referrals the department received, the number of children placed in out-of-home care, the number of referrals for which investigations and risk assessments were performed, and the number of referrals for which service plans were developed.

⁵ Comprehensive assessments are made of the entire family to help identify the services needed to address safety concerns.

years 2002 and 2004. Department case workers and supervisors we surveyed estimated that approximately 80 percent of cases worked in the past year involved substance abuse, with methamphetamines the most frequently used drug.

Changes in federal requirements and department practices have also impacted program workload. In 1997, Congress made a number of changes to federal child welfare provisions that significantly impacted state programs. These changes resulted in more work for staff, who are now required to plan for alternative permanent placements and process more adoptions. Changes in federal law also required states to undergo a federal Child and Family Services Review to determine if key outcomes were being achieved. Idaho's program review occurred in 2003 and has led to changes in department practices, including the development of strict practice standards and the establishment of a quarterly case review process. Other changes impacting workload include an increase in the time case workers spend documenting case work following implementation of FOCUS in 1999.⁶

Management Efforts to Monitor Caseloads and Assess Program Workload Have Been Limited

Decisions about program budgets and staffing allocations are made by department managers in the central office after soliciting input from the regions. While department managers in the central office report they review available workload indicators, such as the number of referrals and the number of children in foster care, staff caseloads are not regularly monitored statewide and no formal workload analysis has been conducted.⁷

In our survey of case workers and supervisors, 85 percent believed that current caseloads are not reasonable. Over 85 percent of case workers and 71 percent of supervisors did not think they had enough time to provide needed services for the children and families assigned to them. In our interviews, case workers, supervisors, and other program staff expressed concerns that families are not getting the services they need, that there is a "revolving door" within the child protection system, and only the "worst of the worst" cases are being worked due to time and resource constraints.

⁶ Factors identified as contributing to the increase in time case workers spend performing data entry include: an increase in federal data tracking requirements, tracking of information that previously was available only in paper files, the complexity of the system (e.g., there are over 300 data entry screens staff must navigate, documents used by case workers often are slow to generate, and duplicative data entry is sometimes necessary), and the loss of clerical support staff to assist with data entry.

⁷ The department explored the possibility of contracting a consulting firm to conduct a workload study in 2001 and 2002, but did not pursue the idea because of funding limitations.

The federal review of Idaho's child protection program found that children changed foster care placements, suffered repeat maltreatment, and re-entered foster care at a higher rate than national standards. In addition, reviewers noted that case workers did not consistently meet standards for visiting children and parents, involving families in case planning, and delivering needed services to children, parents, and foster parents.

The department has requested funding for additional positions in the Child Welfare program in the 2005 legislative session. While available workload indicators suggest program staffing increases may be warranted, better caseload information and more thorough analysis of staff workload are needed to ensure positions are allocated to the areas of greatest need. Regular monitoring of caseloads is needed to improve future management decision-making and ensure lawmakers receive reliable caseload and workload information for making budget decisions. Information provided to lawmakers should also include an analysis of how the department's "Any Door" initiative impacts the workload of the Child Welfare program, and an explanation of whether requested and existing positions will be redirected to Any Door from the Child Welfare program.⁸

State Is Losing Federal Funds for Eligible Children in Foster Care

Federal requirements for state child welfare programs have increased in recent years, adding to the overall costs of these programs to states. Title IV-E of the Social Security Act provides payments to states for the direct costs of serving children in foster care, support for children aging out of the foster care system, and monetary assistance for adoption of special needs children. Funding is also provided to assist states with the costs of program administration and staff training. To receive Title IV-E funding, department staff in the Resource Development Unit must determine if children who are placed in foster care meet specific eligibility criteria based upon factors that include financial need.

For children who qualify for Title IV-E funding, the federal government reimburses the state roughly 70 percent of direct foster care costs and a smaller percentage of other covered costs and program expenses. In cases where the

⁸ The "Any Door" initiative is an effort to improve the integration of services provided by the department. The department is creating multi-disciplinary "navigation" teams that are responsible for assessing client needs and their eligibility for various department services, and directing them to the appropriate programs within the department. To date, implementation of the initiative has occurred only in Region II (Lewiston). In this region, positions were transferred from a variety of department programs to create navigation teams. In the Child Welfare program, this resulted in the loss of 4 of the region's 22.3 FTE positions (an 18 percent reduction). Implementation of "Any Door" is now being planned for Regions V (Twin Falls) and VII (Idaho Falls).

department cannot demonstrate a child's eligibility, the state must pay 100 percent of these costs. According to the department, Title IV-E funds accounted for a total of about \$10.3 million of Child Welfare program revenues at the end of federal fiscal year 2004.

The percentage of children in foster care who are eligible for Title IV-E funding has fluctuated. Since falling as low as 43.6 percent in fiscal year 2002, the department has taken steps to increase the percentage of eligible children. In July 2004, 56.6 percent of children in foster care were eligible for federal funding. A recent federal review, completed in June 2004, found the department's eligibility determination process in compliance with federal requirements. However, federal reviewers also identified instances in which the state lost federal funding because (1) court orders did not include a statement with specific findings about the child's welfare and the department's efforts on behalf of the child, or (2) federally required 12-month permanency hearings were not held in a timely fashion.⁹

The department has attempted to address these issues through participation in the Court Improvement Project, but further efforts are needed to ensure court orders include required language.¹⁰ Resolving problems with court orders would result in an estimated 3 percent increase in the eligibility rate and yield nearly \$350,000 in additional federal revenues that could be used to decrease the cost to the state general fund.

The Resource Development Unit has experienced an increase in workload as the number of children in foster care has increased. As a result, unit staff are now making substantially more eligibility determinations than in the past. The department should assess the unit's staffing and technical support needs.

Recommendations

To address the evaluation findings, we make seven recommendations to the Department of Health and Welfare. Implementation of these recommendations will ensure staff caseload and workload information is considered when allocating staff and assessing resource needs, and is provided to lawmakers for making budget and policy decisions. Finally, making proposed changes could result in an increase in the percentage of foster children eligible for Title IV-E and decrease program costs to the state general fund. Specific recommendations are:

⁹ Department records indicate that children most frequently did not qualify for funding because family income exceeded federal guidelines.

¹⁰ The Court Improvement Project is overseen by the Idaho Supreme Court. The Honorable Bryan Murray chairs the Child Protection Committee. The purpose of the committee is to examine ways to improve Idaho's child protection system.

1. To improve caseload management in the Child Welfare program, the Department of Health and Welfare should take steps to ensure caseload information is accurate. This may include:
 - Modifying FOCUS to address problems, such as adding an inactive status field to allow the system to count only *active* cases
 - Establishing a method to collect caseload information outside FOCUS

Additional Resources Needed to Implement Recommendation

A small amount of resources may be needed to make changes to the FOCUS system, but little to no additional resources are needed to make suggested policy and practice changes

Timeline to Implement Recommendation

December 2005

2. To obtain workload information for Child Welfare program staff, the Department of Health and Welfare should:
 - Employ an on-going, cost-effective method of measuring the amount of time staff spend on different types of cases and activities in relation to program outcomes
 - Analyze key factors that impact the time it takes staff to work cases and perform specific tasks
 - Work with a steering committee that includes department representatives and other key stakeholders—such as representatives of the court system, the Office of the Governor, and the Legislature—to develop the methods used for regular collection of workload information

Additional Resources Needed to Implement Recommendation

None to develop a plan, but a moderate amount of resources would be needed to implement an ongoing process for assessing program workload

Timeline to Implement Recommendation

September 2005 to review and develop a plan

3. To ensure program staff are fairly distributed among regions, the Department of Health and Welfare should use caseload and workload information when making staff allocation decisions, and when measuring, analyzing, and monitoring performance.

Additional Resources Needed to Implement Recommendation None

Timeline to Implement Recommendation December 2005 to begin regular monitoring of program caseloads

4. To increase program accountability, the Department of Health and Welfare should annually report accurate caseload and workload information to the Office of the Governor and the Legislature. This information should include:
 - Average caseloads by case worker type (e.g., risk assessment, case management)
 - Caseload distribution among case workers in each region, such as high and low caseloads
 - Caseload differences among regions
 - Major workload components for each region, including the number of children in foster care, and the number of legal and voluntary cases
 - Annual statewide summaries of the total number of risk assessment, case management, adoption, and independent living cases
 - Comparison of caseloads to department caseload standards
 - Comparison of program performance measures to key outcomes identified in the department's Program Improvement Plan, which was developed to address issues raised in the federal Child and Family Services Review

Additional Resources Needed to Implement Recommendation None

Timeline to Implement Recommendation December 2005

5. To assess the impact of the "Any Door" initiative on the Child Welfare program, the Department of Health and Welfare should conduct a formal, in-house analysis identifying the number of staff transferred to "Any Door" and the initiative's effect on staff workload. The results of this analysis should be reported to the Office of the Governor and the Legislature.

<i>Additional Resources Needed to Implement Recommendation</i>	None
<i>Timeline to Implement Recommendation</i>	December 2005 to provide information about the impact of “Any Door” implementation to date

6. To better access federal Title IV-E funding, the Department of Health and Welfare should continue to work with the Court Improvement Project to improve the state’s Title IV-E eligibility rate. This could include expanding training for judges and prosecutors to ensure:
- Court orders include language required in federal and state statutes
 - 12-month permanency hearings are held in a timely and consistent manner

<i>Additional Resources Needed to Implement Recommendation</i>	None
<i>Timeline to Implement Recommendation</i>	December 2005

7. To assess the workload and resource needs of the Resource Development Unit, the Department of Health and Welfare should:
- Determine the appropriate level of technical and other support needed by the unit to ensure timely and accurate eligibility determination
 - Assess current workload levels as a result of the increases in the number of children entering foster care
 - Conduct a formal analysis to estimate cost savings that could be achieved by adding positions in the Resource Development Unit to increase federal Title IV-E funding

<i>Additional Resources Needed to Implement Recommendation</i>	None to assess technical and support needs, a small amount of additional resources may be needed to analyze workload and potential cost savings
<i>Timeline to Implement Recommendation</i>	September 2005 to develop a plan

Summary of Governor and Agency Responses

We requested and received written responses to the evaluation from the Office of the Governor and the Department of Health and Welfare. The Governor's office believes the report provides a fair assessment of the department's caseload management efforts. The department concurs with each of the seven recommendations, and reports it has begun taking steps to address several of them. The department believes that additional resources will be required to address the recommendations within the targeted timeframes. The full responses are included at the end of this report.

OPE Comments on the Agency Response

Our recommendations focus on strengthening management of the Child Welfare program. We contend the Department of Health and Welfare can make most of the recommended management improvements with existing resources. Analysis of program workload may require some additional funding. Previous estimates for workload studies ranged from \$68,000 to \$400,000 dollars. The department needs to prepare a plan that includes cost estimates for assessing program workload in-house. The workload assessment should be a cost-effective, ongoing process. We believe the department can develop such a plan with existing resources.

Acknowledgements

We appreciate the cooperation and assistance we received from the Department of Health and Welfare in completing this evaluation. We also appreciate the input we received from Judge Bryan K. Murray, Chair of the Idaho State Judiciary's Child Protection Committee; officials of the Office of the Idaho Supreme Court, Office of the Attorney General, Division of Financial Management, legislative Budget and Policy Analysis, Legislative Audits, and the US Department of Health and Human Services.

Ned Parrish (project lead) and Brook Smith of the Office of Performance Evaluations conducted the study. A.J. Burns of the Office of Performance Evaluations performed the quality control review on the project. Technical assistance was provided by four consultants: (1) Leslie Alm, Ph.D., Chair of the Department of Public Policy and Administration at Boise State University; (2) Ross Burkhardt, Ph.D., Chair of the Department of Political Science at Boise State University; (3) Kathleen Sullivan, Ph.D., Director of the Center for Educational Research and Evaluation at the University of Mississippi; and (4) Bob Thomas of Robert C. Thomas and Associates. Mr. Thomas is also Principal Management Auditor at the King County Auditor's Office in Seattle, Washington.

Chapter 1

Introduction

The Child Welfare program in the Department of Health and Welfare is governed by Idaho's Child Protective Act as well as other state and federal statutes and regulations (see Appendix A). The program provides child protection, foster care, and adoption services, and is part of a larger system that includes law enforcement, county prosecutors, and the courts. Together these agencies are charged with protecting children by responding to reports of abuse and neglect, making decisions to ensure the safety of children, overseeing the delivery of services to strengthen and maintain families, and when necessary, providing an alternative permanent home for child victims.

Organization and Staffing

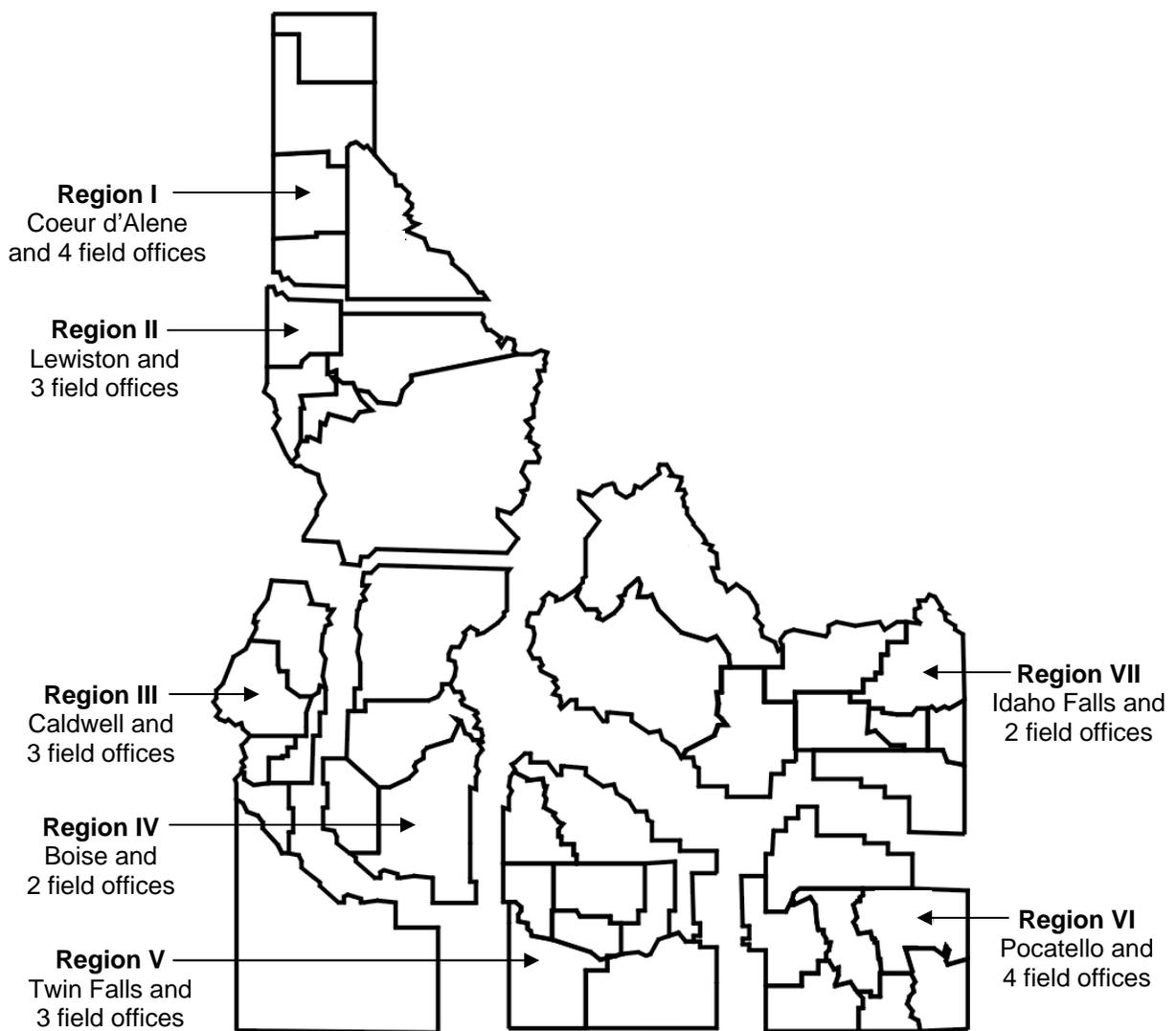
The Child Welfare program is located in the Division of Family and Community Services.¹ The program is administered through the division's central office in Boise and by managers in each of the department's seven regions. Program staff are located throughout the state in each of the regional offices as well as 21 field offices (see Exhibit 1.1).

As of September 2004, 357.3 full-time equivalent (FTEs) positions were allocated to the program, with 89 percent assigned to regional or field offices. Regional staffing varies widely, ranging from a high of 73.5 FTEs in Region IV to a low of 18.3 FTEs in Region II. Statewide, there are 202.7 social workers and clinicians, who serve as case workers or provide other specialized services to children and families. In addition, regional staff include 32 human services and clinical supervisors that provide day-to-day supervision of case workers, and 83.4 administrative and support staff. The remaining staff are located in the department's central office.

Program staffing levels have declined somewhat in recent years. As shown in Exhibit 1.2, between March 2002 and September 2004, the total number of FTEs

¹ The division also oversees other programs including Children's Mental Health, Adult Mental Health, Developmental Disabilities, Substance Abuse, and the Idaho Infant Toddler Program, and operates three institutions: the Idaho State School and Hospital, State Hospital North, and State Hospital South.

Exhibit 1.1: Regions of the Department of Health and Welfare



Source: Department of Health and Welfare.

allocated to the Child Welfare program declined 4.6 percent. The reduction in staffing was due, in part, to budget holdbacks that occurred during this time period. The decline also occurred because the department transferred some positions from the Child Welfare program to other program areas. For example, as discussed in Chapter 4, the department recently transferred several positions in Region II from the Child Welfare program to support the department's new "Any Door" initiative, which is intended to streamline efforts to determine client eligibility for services.

**Exhibit 1.2: Child Welfare Program Staffing,
March 2002–September 2004**

	March 2002 ^a	September 2004	Percent Change ^b
Region I	42.3	40.5	-4.3
Region II	25.4	18.3	-28.0
Region III	50.9	49.8	-2.2
Region IV	73.1	73.5	0.5
Region V	52.8	50.9	-3.6
Region VI	45.9	45.3	-1.3
Region VII	<u>44.1</u>	<u>39.8</u>	<u>-9.8</u>
Regional subtotal	334.5	318.1	-4.9
Central office ^c	<u>40.2</u>	<u>39.2</u>	<u>-2.5</u>
TOTAL	374.7	357.3	-4.6

^a This table includes March 2002 data because detailed program staffing information was not available from the department prior to this time.

^b The reduction in program staffing levels reflects the transfer of some positions to other program areas and the elimination of positions as a result of holdbacks.

^c Central office staffing figures somewhat overstate the number of positions devoted to the program because many of these staff also support other programs; a breakdown of the time these staff devote to the Child Welfare program was not available.

Source: Office of Performance Evaluations analysis of Department of Health and Welfare staffing data.

Budget

Funding for the Child Welfare program is included in the department's Children's Services appropriation, which also includes funding for the Children's Mental Health program. We reviewed department fiscal information to obtain a breakdown of expenditures for the Child Welfare program. Exhibit 1.3 shows budgeted expenditures for the program in each of the past three fiscal years. Overall, the fiscal year 2005 budgeted expenditures for the program are 12.9 percent higher than in fiscal year 2003. Increases in operating costs are due, in part, to increases in training expenditures. Increases in trustee and

Exhibit 1.3: Child Welfare Program Budgeted Expenditures, Fiscal Years 2003–2005^a

	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>Percent Change 2003–2005</u>
Personnel costs	\$17,602,800	\$18,127,627	\$18,184,700	3.3
Operating expenditures ^b	8,858,600	10,182,383	9,763,311	10.2
Trustee and benefit costs ^c	<u>12,664,200</u>	<u>14,696,670</u>	<u>16,219,701</u>	<u>28.1</u>
TOTAL	\$39,125,600	\$43,006,680	\$44,167,712	12.9

^a The department was not able to provide actual expenditures for the program because of difficulties allocating costs between Child Welfare and Children's Mental Health, which are both included in the department's Children's Services appropriation.

^b Capital outlay costs are included with operating expenses.

^c Trustee and benefit costs include reimbursements to foster parents and payments to vendors who provide direct services to clients.

Source: Office of Performance Evaluations review of financial data from the Department of Health and Welfare's fiscal system.

benefit payments reflect growth in the number of children in foster care and increases in the rates paid to foster parents who care for them.²

The department is requesting a \$3.5 million supplemental appropriation for fiscal year 2005 to (1) add 13 social workers and 2 supervisors, and (2) cover increasing foster care and adoption subsidy costs. The department is also asking for \$4.3 million in additional funding for the Child Welfare program in its fiscal year 2006 budget request to:

- Make the positions requested in the supplemental appropriation bill permanent
- Cover growing foster care and adoption subsidy costs
- Increase foster care reimbursement rates by 4 percent
- Expand initial staff training for program staff

Further discussion of the department's budget request is included in Chapter 5.

² Foster care reimbursement rates were raised 4 percent in fiscal year 2004 and an additional 5 percent in fiscal year 2005. Prior to these increases, reimbursement rates had been adjusted just once since 1995.

Evaluation Purpose and Scope

In March 2004, the Joint Legislative Oversight Committee directed the Office of Performance Evaluations to study caseload and workload issues within the Department of Health Welfare. In June, the committee approved the scope for the project, which focused on the department's Child Welfare program. The Child Welfare program was selected for evaluation because the department had reported growing caseloads and an increase in the number of children in foster care. In addition, interest in the evaluation stemmed from a 2003 federal review of the program, which identified a number of deficiencies that could result in penalties if not addressed.

Our report addresses the following questions:

- How many clients are served through the Child Welfare program? How has the number of clients served changed in the past three years? How does the department define "a case?" How are staff caseloads tracked and is the department's caseload information accurate? How does the department determine the amount of resources needed to manage its Child Welfare caseload? What can be done to improve tracking of staff caseloads?
- Are the current workload levels in the program reasonable, and do they allow staff to perform required functions? What client characteristics most influence the types of tasks or the amount of work required for different types of cases? How does the department measure the workload of staff in the Child Welfare program? To what extent are department measurements of staff workload accurate? What changes could be considered to address workload issues?
- To what extent is the department participating in programs for federal reimbursement of costs incurred to serve program clients? How does the department determine whether clients served by the Child Welfare program are eligible for federal reimbursements under Title IV-E and Medicaid? What steps, if any, can the department take to increase federal reimbursements?

Methodology

To address evaluation questions, we:

- Reviewed applicable statutes and regulations, program manuals and standards, and department reports containing statistical information about the program.
- Visited each of the seven regional offices and eight field offices of varying size. We shadowed case workers as they investigated neglect

and abuse allegations and performed their case management duties, and interviewed more than 100 program staff including central office program managers, regional program managers, supervisors, case workers, and support staff.

- Conducted a survey of program staff to gain an understanding of their perceptions of caseload and workload issues. The survey was sent to all 218 case workers and supervisors statewide, and responses were received from 175 individuals (80 percent response rate).
- Reviewed and analyzed data from the Family Oriented Community User System (FOCUS), the department's Child Welfare data system, to assess its value in monitoring staff caseloads and to gain an understanding of staff work activity and workload.
- Examined other available data concerning department efforts to determine client eligibility for federal funding programs that reimburse the state a portion of its costs for serving children in the foster care system.
- Attended several court hearings and spoke with or received written comments from several prosecuting attorneys and representatives of the court system.
- Interviewed federal officials with the US Department of Health and Human Services, attended a meeting with federal officials who reviewed the department's eligibility determination process, and reviewed information regarding the federal government's 2003 review of Idaho's Child Welfare program.
- Interviewed staff of the Child Welfare League of America and reviewed the league's child protection standards. Interviewed child welfare staff in three neighboring states (Utah, Oregon, and Washington) and reviewed information about caseload monitoring efforts in these states; reviewed information concerning workload studies in a number of other child protection agencies.
- Examined available budget information, and spoke with staff of the Division of Financial Management, legislative Budget and Policy Analysis, and Legislative Audits.

Report Organization

The remainder of this report is organized as follows:

- **Chapter 2** provides an overview of the child welfare process and the flow of cases through the system.
- **Chapter 3** reviews the caseload information currently available within

the department, and offers recommendations to improve the quality and accuracy of this information.

- **Chapter 4** discusses factors that impact workload and examines recent changes in program workload.
- **Chapter 5** reviews the department's management of the Child Welfare program, and provides recommendations to improve caseload monitoring, workload analysis, and allocation of staffing resources.
- **Chapter 6** examines the department's efforts to determine if children meet eligibility requirements for federal funding that is used to help offset state costs for providing foster and adoption services.
- **Appendix A** provides an overview of federal statutes that address child protection.
- **Appendix B** provides a summary of practice standards the department developed to guide staff working in the Child Welfare program.
- **Appendix C** provides an overview of federal funding sources for the state's Child Welfare program.
- **Responses to the Evaluation** contain formal comments from the Office of the Governor and the Department of Health and Welfare.

Chapter 2

Child Protection Process

The Department of Health and Welfare’s Child Welfare program has primary responsibility for investigating allegations of child abuse and neglect, assessing risk, and providing services to ensure children are safe. To carry out these responsibilities, the department must work with other agencies including local law enforcement and the courts. This chapter provides an overview of the child protection process, the flow of cases through the system, and the time requirements that have been established to address child abuse and neglect.

Overview of Program Responsibilities

The Department of Health and Welfare’s Child Welfare program is responsible for providing services to help protect children and strengthen families to prevent abuse and neglect. In carrying out its responsibilities, the department works with law enforcement agencies, county prosecutors, the courts, and court-appointed special advocates.¹ The department’s duties fall into four broad areas:

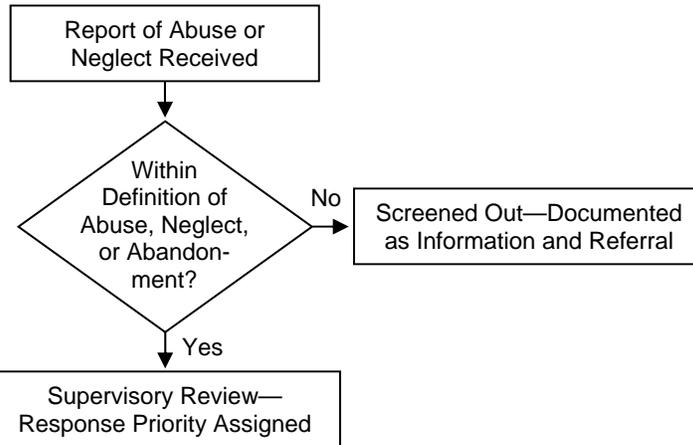
- Receiving reports of abuse and neglect
- Investigating allegations of abuse and neglect
- Providing ongoing case management services to protect children and, when possible, strengthen families
- Ensuring that children are placed in a permanent home that ensures their safety and well-being

Each of these responsibilities is discussed further in the sections that follow. Exhibit 2.1 provides a visual depiction of the child welfare process.

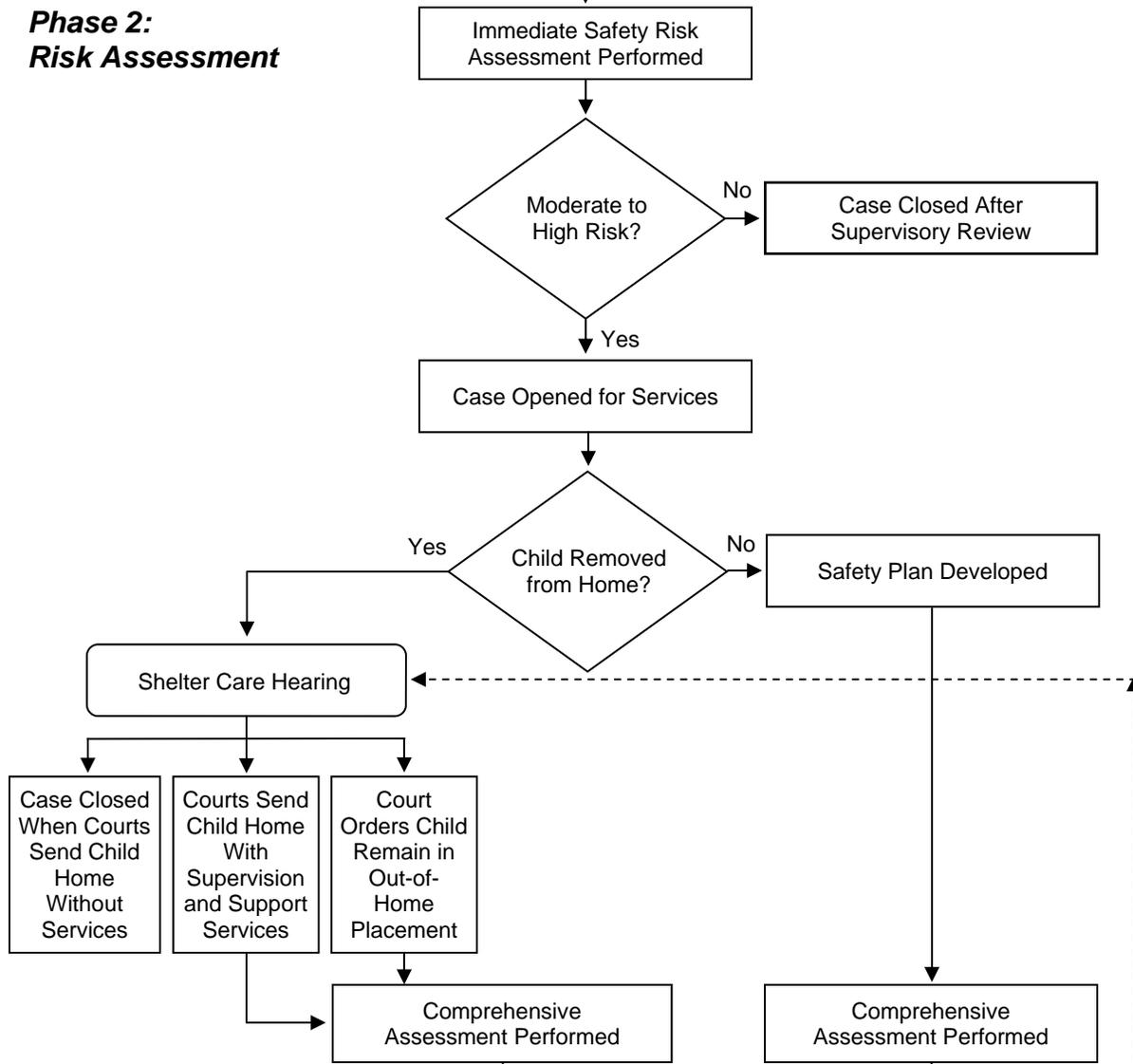
¹ Court-appointed special advocates (usually volunteers) help ensure the interests of children are protected in child protection judicial proceedings.

Exhibit 2.1: Flowchart of the Child Welfare Process

**Phase 1:
Intake**



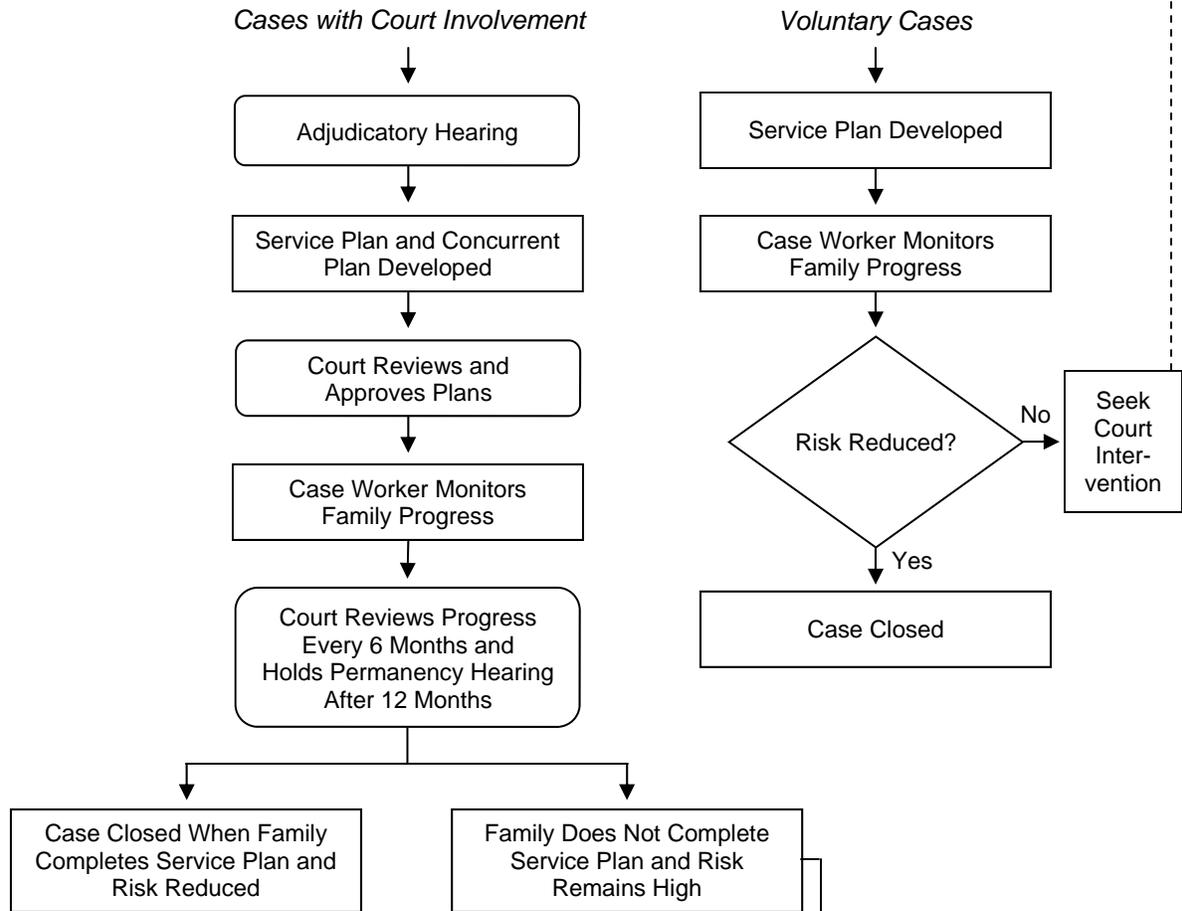
**Phase 2:
Risk Assessment**



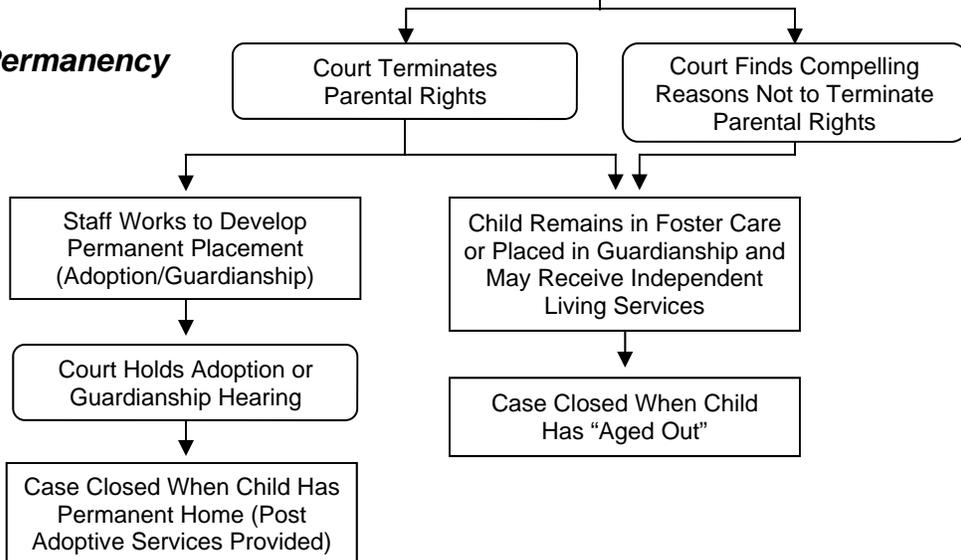
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Continued—Exhibit 2.1

Phase 3: Case Management



Phase 4: Termination/Permanency



Source: Office of Performance Evaluations analysis of the Child Welfare process.

Intake of Child Abuse and Neglect Reports

The department is charged with receiving reports of suspected child abuse or neglect. Reports can come from many different sources such as law enforcement, schools, medical professionals, neighbors, and family members. Case workers in each region are assigned to receive reports of abuse or neglect (this function is called intake). In some regions, positions are devoted full-time to receiving reports of abuse and neglect, while in others, intake duties are shared among case workers who also perform investigations and/or provide case management services. The department must respond to reports of abuse or neglect 24 hours a day, 7 days a week.²

When receiving reports, staff must determine whether the allegations fall within statutory definitions of abuse, abandonment, or neglect (see Exhibit 2.2). Referrals that meet these criteria are forwarded to a supervisor for review. Other items are recorded as "information and referrals," and are not investigated. Supervisors are responsible for determining the priority each case is assigned.

As shown in Exhibit 2.3, reports are categorized into one of three priority classifications based on the potential risk to the child. Cases are then assigned to case workers for investigation and risk assessment.

² In some regions, contractors are assigned intake responsibilities at night and on weekends. Use of contract staff to perform other case worker functions has been limited.

Exhibit 2.2: Definitions of Child Abuse and Neglect

Physical Abuse	Injuries to a child resulting from the actions or inactions of a parent or caregiver. Skin bruising, bleeding, malnutrition, burns, broken bones, marks or swelling, and failure to thrive may be evidence of physical abuse.
Sexual Abuse	Use of a child in a sexual way or for sexual gratification by a parent or caregiver. It may include sexual touching, molestation, incest, rape, prostitution, or taking pictures of a child for obscene or pornographic purposes.
Abandonment	Failure to maintain a normal parental relationship with the child, including reasonable support or regular personal contact, without just cause, for a period of one year.
Neglect	Failure to provide proper parental care and control, or subsistence, education, medical, or other care or control necessary for the well-being of a child. Neglect also includes lack of supervision and failure to adequately provide for a child's safety.

Source: Office of Performance Evaluations summary of definitions within Idaho Code § 16-1602 and the Department of Health and Welfare's *Child Welfare and Children's Mental Health Practice Manual* (2004).

Exhibit 2.3: Priorities for Child Protection Referrals

<u>Priority Level</u>	<u>Referral</u>	<u>Response Timeframe</u>
1	<p>An immediate safety risk to children "involving a life-threatening and or emergency situation." Examples include:</p> <ul style="list-style-type: none"> • Life-threatening physical abuse or any physical abuse of a child under 7 years of age • Infants testing positive for drugs at birth • Abrupt and significant weight loss (10 percent or more) in a child under age 3 • Allegations of sexual abuse where children are in immediate danger 	Immediate initial response, see child within 24 hours
2	<p>When "a child is not in immediate danger, but allegations of abuse, or serious physical or medical neglect, are clearly defined in the referral." Examples include:</p> <ul style="list-style-type: none"> • Non life-threatening physical abuse • Allegations of sexual abuse where children are not in immediate danger 	Initial response within 24 hours, see child within 48 hours
3	<p>When "a child is not in immediate danger, but allegations of abuse or neglect are clearly defined in the referral as a result of the parent or caregiver failing to meet the age appropriate needs of the child." Examples include:</p> <ul style="list-style-type: none"> • Inadequate supervision of children under age 9 • Home health and safety hazards 	Initial response within 3 days, see child within 5 days

Source: Office of Performance Evaluations summary of priority response standards from the Department of Health and Welfare's *Child Welfare and Children's Mental Health Practice Manual* (2004).

Investigating Allegations and Assessing Risk

The department investigates all allegations of child abuse and neglect, and assesses the risk these situations pose to children. In some offices, selected case workers specialize in investigating allegations and conducting risk assessments, while in others, case workers conducting investigations also have case management or other responsibilities.

To investigate suspected abuse and neglect, case workers must see the child, visit the child's home, talk to the parents, and interview others with information about the family and the allegations made (e.g., relatives, school officials, and

law enforcement professionals). Case workers then are required to complete an immediate safety risk assessment, and make a judgment about the level of risk involved in a case.³ Immediate safety risk assessments are to be completed within five days of seeing the child.

As shown in Exhibit 2.1, when the staff determines there is moderate to high risk associated with reported abuse or neglect, the family is authorized to receive services to address safety concerns, and children may be removed from the home. Cases involving the removal of children always enter the court system. Statutes assign the courts responsibility for determining whether the removal of children is warranted and for making other key decisions as cases move through the child protection process. The court's role in these "legal" cases is discussed further in the sections that follow. Less frequently, the family may enter into a voluntary agreement to address safety concerns. In these "voluntary" cases, department staff works with families to address safety concerns and the court becomes involved only if the risks to children are not reduced.

In both legal and voluntary cases, a comprehensive assessment is then generally completed.⁴ In contrast to immediate safety risk assessments, these assessments focus more on longer term risks than immediate safety concerns. Comprehensive assessments must be completed within 30 days of the initial referral.

Service Planning and Case Management

After completing the comprehensive assessment, case workers develop a service plan to address identified risk factors.⁵ Case workers work with the family to develop the plan, which identifies agreed upon steps that are to be taken to reduce safety risks to children. While family reunification is often a primary goal of the service plan when children have been removed from their home, case workers are also required to plan for alternative permanent placements should reunification not be possible.

³ An immediate safety risk assessment is an appraisal of risk and safety issues facing children at the time the report is being investigated. These assessments are done using the department's Immediate Risk/Safety Assessment tool, and are used when developing a safety plan for children.

⁴ A comprehensive risk assessment is an assessment of the behaviors and conditions that led to the reported child abuse or neglect, and factors impacting the family's ability to resolve safety concerns. These assessments are done using the department's Comprehensive Assessment tool, and are used when developing a service plan for a family.

⁵ The service plan identifies why children are in the child protection system, family objectives, and steps to be taken to meet the objectives. The plan must address risk factors identified in the comprehensive assessment.

Case workers then monitor the family's progress in achieving the objectives spelled out in the service plan, and regularly assess the safety, permanency, and well-being of children. Case management responsibilities include:

- Making monthly contact with children, parents, and foster families
- Communicating with service providers to ensure family members are receiving services
- Transporting or making transportation arrangements for clients
- Arranging and supervising visits between children and parents, and as well as between siblings
- Preparing required court reports, such as six month reviews of family progress towards plan objectives⁶
- Documenting case work performed

Achieving Permanency for Children

When children who have been placed in foster care remain in care for a year or longer, case workers must develop a permanency plan that specifies the department's permanent placement goal for the child. Permanency goals for children may include:

- Reunification with the family
- Placement with a non-custodial parent
- Legal guardianship with a relative or non-relative
- Long-term foster care
- Adoption

Case workers are required to work with families when developing the permanency plan, and must monitor the progress families make toward plan goals.

Many Referrals Do Not Become Child Protection Cases

While the department receives thousands of child protection referrals each year, less than half are opened as cases and investigated, and only a small percentage result in placement of children in foster care. The department received more than 17,600 child protection referrals in fiscal year 2004. Each referral requires

⁶ These reviews are required for all cases with court involvement, which includes most cases where children are placed in foster care. Children may also be placed in foster care if parents enter into a voluntary agreement with the department to address safety concerns.

some work from department staff, but many do not become child protection cases because they are not reports of child abuse or neglect. For example, individuals may contact program staff to request services or ask for information. Of the referrals received in fiscal year 2004, 55 percent were classified as information and referral items. Immediate safety risk assessments were done for 37 percent of referrals received that year, and comprehensive assessments were performed in response to 8 percent of all referrals. Service plans were developed for approximately 900 of the total referrals (5 percent) received in fiscal year 2004, and a similar number of referrals resulted in children being placed in foster care.

Key Time Requirements for Child Protection Cases

Federal and state statutes establish timeframes for key tasks and events in child protection cases. Many of these time requirements relate to steps in the legal process. In general, court involvement occurs whenever children are removed from their homes because of safety concerns.⁷ Most frequently, children are removed from their homes when law enforcement professionals find children to be in imminent danger. These actions are taken on an emergency basis, and must be reviewed by the courts through a shelter care hearing.⁸ The department does not have the authority to remove children from their homes, but can request the court take this action. Typically the department works with county prosecutors when filing such a request. Exhibit 2.4 provides an overview of the key steps in the legal process for child protection cases.

⁷ Court involvement can also occur when children are placed in protective supervision. Protective supervision is a legal status created by court order that allows children to remain in their homes with department supervision.

⁸ A shelter care hearing is typically the first court hearing held in child protection cases. The hearings are held when children have been removed from the home or when removal is being requested. See Exhibit 2.4 for further discussion of these hearings.

Exhibit 2.4: Summary of Required Court Hearings for Child Protection Cases in the Legal Process

<u>Hearing</u>	<u>Purpose</u>	<u>Time Requirement</u>
Shelter Care Hearing	To determine if the removal of a child from his/her home is warranted. The court must find that it is contrary to the welfare of the child to remain in his/her home. The courts must also determine that reasonable efforts have been made to prevent removal unless there are aggravating circumstances, such as the parent abandoning the child, committing murder, or committing felony assault against a child.	Within 48 hours of removal
Adjudicatory Hearing	Following investigation of referrals, to determine whether the evidence indicates abuse or neglect has occurred and to determine whether the child should remain in foster care.	Within 30 days of the petition requesting removal
Plan Review Hearing	To review the service plan developed by the department. The court can approve, reject, or modify the plan.	Within 60 days of removal or 30 days of the court order taking custody of the child, whichever comes first
Review Hearings	To review child protection cases while the child remains in the department's legal custody.	Held at 6 month intervals
Permanency Hearing	To review the permanency plan developed by the department, which contains its final recommendation regarding reunification and permanent placement of the child.	12 months after removal or the court accepts jurisdiction for a case, whichever comes first
Termination Hearing	To determine if termination of parental rights is in the child's best interests. The court must find that reasonable efforts to achieve reunification have been made, but these efforts have failed.	To be initiated when a child has been in out-of-home care more than 15 of the last 22 months
Adoption Finalization	To approve the adoption of a child. The child remains in department custody and review hearings continue until the adoption is finalized.	Specific time requirements not established

Source: Office of Performance Evaluations review of the Child Protective Act in Idaho Code § 16-1601 et. seq.

Chapter 3

Child Welfare Caseload Information

The Department of Health and Welfare currently has no regular, systematic way of monitoring caseloads of Child Welfare staff. The department's Child Welfare data system does not contain accurate information on cases being actively worked and cannot be used to accurately assess staff caseloads. As a result, department managers in both the central and regional offices have used other means to collect caseload information. However, caseload tracking varies from region to region, and staff caseload information has not been collected routinely department-wide. The department needs to take steps to develop and maintain reliable caseload information.

Department Does Not Have Reliable Caseload Information

The department uses the Family Oriented Community User System (FOCUS) to record information about child welfare cases. However, because of untimely and inconsistent data entry, the system does not contain accurate information about cases being actively worked.

Overview of FOCUS

The department began developing FOCUS in 1995 to meet federal data collection and reporting requirements. Since 1999, the system has been used statewide to capture case information for both the Child Welfare and the Children's Mental Health programs. The system has over 300 data entry screens and is used for different purposes including:

- Documenting case work
- Preparing risk assessments
- Developing case plans
- Making payments
- Tracking expenses for foster children
- Reporting to the federal government

Federal funds were provided to states for the development of automated case tracking systems. Since system development began in federal fiscal year 1995,

the department reports FOCUS has cost nearly \$32 million to develop and operate, with about \$13 million coming from the state general fund.

FOCUS Caseload Data

To determine staff caseloads, accurate information is needed about cases actively worked and staff case responsibilities. Each case in FOCUS has specific responsibilities assigned to staff. When closing cases in FOCUS, staff are required to follow specific steps to close each of these assigned responsibilities. Some responsibilities must be closed in FOCUS for the case to be officially closed. However, other responsibilities need not be closed for a case to be closed. As a result, these staff responsibilities can remain open in the system for months or even years, while the rest of the case is closed. For example:

- Immediate safety risk assessments must be completed within five days of seeing the child, but nearly 30 percent were open in FOCUS for over one month, with some cases open from six months to over one year.
- Comprehensive risk assessments must be completed within 30 days of the initial referral, but about 33 percent were open in FOCUS for more than one month, with some cases open from six months to over one year.

Analysis of FOCUS data and interviews with staff in the regions revealed FOCUS data is not consistently up-to-date because data entry is often untimely. In our survey of program staff, 78 percent of case workers and 86 percent of supervisors reported they are unable to keep up with required case documentation. Staff cited increased caseloads, increased paperwork requirements, and the difficulty of closing cases in FOCUS as factors affecting timely data entry.

Through interviews, we learned:

- In one region, because of increased caseloads, nearly 50 risk assessment cases that had not been worked in nearly three months remained open in FOCUS.
- In another region, because a staff member had fallen so far behind in data entry, a case worker from another field office was brought in to cover her workload while she spent two weeks closing out nearly 100 cases in FOCUS.

We also observed instances in which responsibility for a case was assigned to more than one case worker at a time. For example, in one region when cases were transferred from the case manager to the adoption specialist, the cases were left open in FOCUS for the case manager (who was *not* actively working on the case) *and* the adoption specialist (who was actively working on the case.) Because of these problems, when examining responsibilities assigned to staff in

FOCUS, the data does not accurately reflect current caseloads at any point in time. Further, one cannot accurately determine the duration of the work responsibilities or the length of time cases were open.

Regional Caseload Data

Department management, central office program management staff, and regional program managers told us they generally do not rely on FOCUS data because caseloads are represented inaccurately. As a result, some regional program managers and supervisors have developed their own systems for monitoring staff caseloads.

- In Region IV, the program manager asks supervisors to turn in caseload information monthly and then maintains an Excel spreadsheet that tracks legal and voluntary cases, risk assessments, and the number of children involved in cases.
- In Region V, the program manager assigned a staff member to go through FOCUS data reports and work with staff to try to close cases not currently being worked so they could obtain accurate caseload information for staff in the region. This effort took several months to complete.
- In Region VI, an effort is underway to capture data about staff caseloads and the factors that impact the work involved in each case, such as the number of children involved, whether the children are in foster care, and if it is a legal or voluntary case.

Methods for monitoring regional caseload information are not consistent among the regions, and some regions are not tracking caseloads beyond what is available from FOCUS. While regional managers submit periodic reports to the central office, caseload information developed by the regions generally has not been reported, so the information is not available for making budget and staffing decisions.

Department Caseload Survey

While department managers report they review key workload indicators, such as the number of referrals received and the number of children in foster care, statewide caseload data by type of case, case worker, and region has not been routinely collected. When management has solicited caseload information from the regions, the data received has been inconsistent. For example, in preparing for the department's supplemental budget request for fiscal year 2005 and new budget request for fiscal year 2006, the department surveyed staff to obtain caseload information in June 2004. They provided instructions to the regions about how cases should be counted and reported. However, the instructions did not cover each type of case worked in the regions, and, as a result, data inconsistencies still exist over what is counted as a case in each category.

For example:

- A case worker in one region felt overwhelmed by her caseload and reported all of the cases assigned to her in FOCUS even though some were no longer being actively worked at the time.
- In one region adoption subsidies were included in reported case counts, while in others they were not. Adoption subsidies are not comparable to risk assessment or case management cases and should not be counted with other cases because they take less work.

Caseload Information Is Important for Program Success

What Is a Case?

The definition of a case in child protection can vary depending on where it is in the child protection process. For example, at the risk assessment stage of the process, each investigation is considered to be a case. In contrast, staff with case management responsibilities would count each family as a case.

Staff case responsibilities often vary among regions and field offices. In some regions, staff are required to be generalists, working cases at all stages of the process, while in other areas staff may have specialized responsibilities such as:

- Intake
- Risk assessment
- Case management
- Permanency planning
- Post-permanency work
- Foster care licensing

Caseload information is essential for assessing workload and provides a way to gauge the need for services provided by the department. Management should know how many cases are assigned to each case worker and how cases are distributed among staff. Without this type of information, it is difficult for management to assess whether resources are being used efficiently, whether staff can perform required tasks, or determine if staffing is adequate to meet federal requirements. In addition, the lack of accurate caseload information impedes the department's efforts to clearly demonstrate staffing needs to lawmakers. This is discussed further in Chapter 5.

In order to measure staff caseloads, the department needs accurate information about the work assigned to staff. This information should be regularly collected and must be consistent from region to region. Assessment of staff caseloads requires information about:

- The number of cases each case worker is actively working at a particular point in time
- The types of cases staff are assigned¹

¹ This may include intake, risk assessment, case management, adoption, post-adoption work, etc.

- The department has struggled to come up with a comprehensive definition of what is a “case.” In order to ensure consistent reporting of caseload information, the department should clearly define what is considered a case for each stage of the process. The Child Welfare League of America suggests “caseloads should be computed separately for each worker category.”²

Other State Efforts to Ensure Caseload Information Is Accurate

Other states have taken steps to better ensure caseload information is entered in a timely fashion and accurately reflects cases being actively worked. For example:³

- Utah monitors when cases are being closed. Their standard is to close cases in the data system within 5 days of completing work on a case. Data entry and case closures are regularly compared to determine how long it takes staff to close cases. Caseload monitoring is done on a quarterly basis.
- Washington’s child welfare data system reportedly has accurate caseload information because they provide means to indicate when a case is “inactive.” The case worker then has up to 90 days to completely close the case in the system. In the meantime, regular caseload monitoring only counts cases actively worked. A legislative review has found caseload information to be accurate.

Department managers believe increasing the number of case workers would reduce caseloads and allow for more timely entry of data into the FOCUS system. While increasing staffing could lead to more timely data entry, the department can make a number of changes with existing resources to improve the accuracy of caseload information. For example, the department could consider:

- Modifying FOCUS to enable cases to be moved to inactive status when they are no longer being actively worked.
- Establishing a policy requiring cases to be closed out in the system within a specified number of days after work on cases has been completed.

² Child Welfare League of America, “Guidelines for Computing Caseload Standards,” www.cwla.org, accessed: 12/2/2004.

³ Information is from interviews with officials from the Utah Department of Human Services, the Washington Department of Social and Health Services, and the Oregon Department of Human Services.

- Establishing procedures to monitor whether cases are being closed on the system in a timely fashion, such as developing routines in FOCUS to identify cases with no activity in a specified time period.
- Developing an alternative means for regularly collecting and reporting caseload information. As noted previously, FOCUS is a complex system that is used for many purposes. The department could consider establishing a separate system using standard database or spreadsheet software for regions to use in tracking staff caseloads.
- Incorporating review of the accuracy of regional caseload data in the Continuous Quality Improvement Process, which was established to monitor compliance with department standards.

Recommendation

1. To improve caseload management in the Child Welfare program, the Department of Health and Welfare should take steps to ensure caseload information is accurate. This may include:
 - Modifying FOCUS to address problems, such as adding an inactive status field to allow the system to count only *active* cases
 - Establishing a method to collect caseload information outside FOCUS

<i>Additional Resources Needed to Implement Recommendation</i>	A small amount of resources may be needed to make changes to the FOCUS system, but little to no additional resources are needed to make suggested policy and practice changes
<i>Timeline to Implement Recommendation</i>	December 2005

Chapter 4

Child Welfare Program Workload

Although accurate caseload information is not currently available, other indicators suggest that the workload in the Child Welfare program has been increasing while program staffing has decreased slightly. Over the past three years, the number of children coming into foster care has increased by 33 percent, resulting in more work for department staff. Other measures of staff work activity, such as the number of comprehensive assessments done and cases requiring ongoing case management services, have also increased substantially. In addition, the cases being addressed by staff are now more complex, particularly because of an increase in substance abuse among clients. Changes in federal legal requirements and department practices have also impacted staff workload.

Workload Is Increasing

We obtained information from the department's child welfare data system to help us examine caseload and workload issues. As noted in Chapter 3, we were unable to use data from the system to determine the number of cases staff were actively working at a particular point in time because staff responsibilities and cases were often not closed out in a timely manner in the system. However, we were able to make use of other data from the system to look at trends in program workload—generally information that did not depend on whether a case was assigned to a particular staff member or being actively worked at a specific point in time. This includes information regarding the number and type of referrals received by the department, the number of children placed in foster care, and the number of referrals for which investigations were performed and service plans developed.

A review of available workload information reveals an increase in key program work activities over the past three years, although the amount of growth varied from region to region. In roughly the same period, program staffing has declined 4.6 percent due to budget holdbacks and the transfer of some positions to other areas of the department.

Referrals Have Increased Slightly in the Past Three Years

Based on our review of the department's Child Welfare data, the number of child protection referrals has increased by 6.1 percent between fiscal years 2002 and 2004. As shown in Exhibit 4.1, the total number of child protection referrals increased from 16,623 in fiscal year 2002 to 17,630 in fiscal year 2004.

Much of this growth was due to an increase in calls the department classified as "information and referral." As noted in Chapter 2, these referrals involve issues that do not meet the definitions of abuse, neglect, or abandonment in Idaho's Child Protective Act. These types of calls increased 13.3 percent in the past three years. In contrast, the number of referrals alleging neglect, physical abuse, or sexual abuse of children decreased slightly during the same period.

Exhibit 4.1: Child Protection Referrals, Fiscal Years 2002–2004

Referral Reason	2002	2003	2004	Percent Change 2002 to 2004
Neglect	3,699	3,547	3,830	3.5
Physical abuse	2,132	2,006	2,047	-4.0
Sexual abuse	<u>629</u>	<u>532</u>	<u>539</u>	<u>-14.3</u>
Abuse/neglect subtotal	6,460	6,085	6,416	-0.7
Information and referral	8,619	8,986	9,766	13.3
Service requests ^a	878	1,017	872	-0.7
School prevention program ^b	415	462	452	8.9
Other	<u>251</u>	<u>128</u>	<u>124</u>	<u>-50.6</u>
TOTAL	16,623	16,678	17,630	6.1

^a The department receives requests for services and emergency assistance for families with children who may be at risk of abuse or neglect.

^b The department receives requests for services and assistance from school district community resource workers and tracks these separately from other service requests.

Source: Office of Performance Evaluations analysis of data from the Family Oriented Community User System (FOCUS) at the Department of Health and Welfare.

Growth in the Foster Care Population Has Impacted Program Workload

As shown in Exhibit 4.2, between fiscal years 2002 and fiscal year 2004, the number of children placed in foster care increased 33 percent statewide. The number of children in foster care grew in each of the department’s seven regions, although the rate of growth varied. Increases in the number of children in foster care were greatest in Regions III and V, and smallest in Region II.

The growth in the number of children in foster care has increased the work of department staff in a number of ways. With the increase of children in foster care, staff must identify, license, and train a growing number of foster parents. In addition, with more children in foster care, case workers are required to make regular contact with more children, parents, and foster families, arrange and supervise more family visits, transport clients more frequently, and prepare for and attend an increased number of court hearings.

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Percent Change 2002 to 2004</u>
Region I	381	400	498	30.7
Region II	73	80	82	12.3
Region III	306	376	459	50.0
Region IV	627	650	776	23.8
Region V	311	330	452	45.3
Region VI	228	238	309	35.5
Region VII	<u>166</u>	<u>173</u>	<u>206</u>	<u>24.1</u>
TOTAL	2,092	2,247	2,782	33.0

^a In a few cases, children were in foster care in more than one region during the same year. In these instances, the children were counted in each region.

Source: Office of Performance Evaluations analysis of data from the Family Oriented Community User System (FOCUS) at the Department of Health and Welfare.

More Comprehensive Assessments and Service Plans Are Being Done

As shown in Exhibit 4.3, the number of comprehensive risk assessments performed in response to referrals has increased 10.7 percent statewide in the past three years, with much of the growth occurring in Regions I and IV. These assessments are generally done when staff performing immediate safety risk assessments find children to be at moderate to high risk of abuse or neglect. Comprehensive assessments involve more in-depth review than immediate safety risk assessments, and may require more specialized assessments of children and families to determine service planning needs.¹ Comprehensive assessments must be completed within 30 days of receiving the initial report of abuse or neglect.

The number of cases where a service plan was developed also increased between fiscal years 2002 and 2004. As shown in Exhibit 4.4, the number of child protection referrals where service plans were developed increased by 33.8 percent during this period. Service plans are required if the courts find the department should continue to work with families and cases remain open under protective custody or protective supervision. Service plans are also used when families enter into a voluntary agreement with the department because of safety concerns. Service plans are to be developed with family involvement and, for legal cases must be reviewed and approved by the courts. Once developed, case managers are responsible for monitoring family progress towards meeting the goals in the plan and must provide updates to the courts at six month intervals.

Increase in Substance Abuse Has Added to the Complexity of Cases

Cases are now more involved than in the past, particularly because of an increase in the number of cases with substance abuse issues. Of the case workers and supervisors responding to our survey, 77 percent felt that child welfare cases received by the department are now more involved than they were five years ago. The primary reason cited for this was an increase in the number of cases involving drugs or alcohol.

When conducting comprehensive risk assessments, staff are to determine whether substance abuse risk factors contributed to the abuse or neglect of children. More specifically, staff are asked to determine whether:

¹ Specialized assessments may be done for children with developmental delays, educational problems, behavioral issues, or those who were subject to sexual abuse. Specialized assessments may also be required for parents with substance abuse problems or mental health issues, and those who were severely abusive or sexually abused children.

Exhibit 4.3: Comprehensive Assessments Completed for Child Protection Referrals, Fiscal Years 2002–2004

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Percent Change 2002 to 2004</u>
Region I	168	201	267	58.9
Region II	69	63	61	-11.6
Region III	289	269	204	-29.4
Region IV	178	189	269	51.1
Region V	236	200	289	22.5
Region VI	209	160	156	-25.4
Region VII	94	177	127	35.1
Unknown ^a	<u>—</u>	<u>—</u>	<u>3</u>	<u>—</u>
TOTAL	1,243	1,259	1,376	10.7

^a The region in which the comprehensive assessment was performed was not specified in the data provided.

Source: Office of Performance Evaluations analysis of data from the Family Oriented Community User System (FOCUS) at the Department of Health and Welfare.

Exhibit 4.4: Service Plans Developed for Child Protection Referrals, Fiscal Years 2002–2004

<u>Referral Reason</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Percent Change 2002–2004</u>
Neglect	431	467	584	35.5
Physical abuse	129	129	204	58.1
Sexual abuse	61	37	38	-37.7
Abuse/neglect subtotal	621	633	826	33.0
Service needs	17	26	51	200.0
Other	<u>36</u>	<u>23</u>	<u>25</u>	<u>-30.6</u>
TOTAL	674	682	902	33.8

Source: Office of Performance Evaluations analysis of data from the Family Oriented Community User System (FOCUS) at the Department of Health and Welfare.

- Substance abuse is present and affects parenting or places the child at risk
- The child has been exposed to parent/caregiver manufacturing and/or selling drugs
- The child has been sexually or physically abused when parent/caregiver may have been under the influence
- The child's basic needs for adequate clothing, food, shelter, supervision, or medical care may have been neglected while parent/caregiver may have been obtaining and/or using drugs/alcohol
- The child's emotional needs have not been met by parent/caregiver who appears to have difficulty bonding with or nurturing the child due to drug/alcohol use
- Other substance abuse issues are present

Nearly half of all comprehensive assessments performed in response to referrals in the past three years found one or more of these risk factors to be present. The number of comprehensive assessments that identified substance abuse risk factors increased 18 percent between fiscal years 2002 and 2004.

Department staff we spoke with generally agreed the number of cases involving substance abuse has been increasing. Department case workers and supervisors we surveyed estimated that approximately 80 percent of cases worked in the past year involved substance abuse, with methamphetamines being the most frequently used drug.²

Staff responding to the survey also identified the presence of substance abuse as one of the factors that most impacts the amount of time it takes to work on child welfare cases. The following survey responses illustrate the impact of substance abuse on child welfare cases.

- There are more parents with mental health issues as well as substance abuse problems. Both of these populations are difficult to work with and require extra amounts of time from the case worker.
- In the past five years, the department has seen an explosion of drug use, i.e., methamphetamines by parents, babies born positive for methamphetamines, and less support systems (extended family, appropriate friends) that would assist in reunification.

² Estimates provided by survey respondents show a higher percentage of cases involve substance abuse than was noted in our review of comprehensive assessments. This may be because workers completing comprehensive assessments are asked to identify only those instances where substance abuse contributed directly to the abuse and neglect.

- There is a rapid increase in substance abuse in our area which has made the cases more involved.
- We are receiving more cases with parents using drugs, specifically methamphetamines, parents require more “hand-holding” to complete drug treatment programs, and children are having more behaviors associated with methamphetamines.
- Methamphetamine—this is the biggest obstacle/challenge in our cases. Parents just can’t parent and be protective while using it.
- Our agency has been forced to screen out cases that would have received services years ago. This has left the most intense cases as the ones being served. Methamphetamine use has greatly increased case involvement and the stays of youth in foster care.

Changes in Federal Requirements and Department Practice Have Impacted Workload

Federal child protection laws and Idaho’s Child Protective Act have undergone a number of significant modifications in recent years. These modifications have led to changes in department practice and expectations of staff.

Recent Changes in Federal Requirements

In 1997, Congress passed the Adoption and Safe Families Act, which made the most significant revisions to federal child welfare provisions since 1980 (see Appendix A). In response to concerns that children were remaining in foster care too long and the system emphasized family preservation above the safety and well-being of children, the act shortened the timeframes for making decisions about a child’s permanency. It required states to begin termination of parental rights when children have been in foster care for 15 of the previous 22 months, with few exceptions. These changes have resulted in more work for case workers, who are now required to plan for alternative permanent placements and process more adoptions.³

The Adoption and Safe Families Act also required states to undergo a federal Child and Family Services Review every three years. These reviews focus on assessing agency performance against more than 20 indicators in key outcomes related to child safety, permanency, and well-being. The reviews also include an assessment of department systems and processes such as case review, quality assurance, foster and adoptive parent licensing, and staff training.

³ When developing service plans to facilitate family reunification, staff now must also develop a concurrent plan, which lays out steps that need to be taken if reunification is not possible.

The federal review of Idaho's program occurred in 2003 and identified a number of deficiencies. For example, reviewers found that children returned to foster care and suffered repeat maltreatment at a higher rate than national standards. The review also concluded that case workers did not visit the child and parents, involve families in case planning, and ensure needed services were delivered to children, parents, and foster parents as frequently as required.⁴ Failure to address these deficiencies could result in federal penalties of nearly \$300,000.⁵ The department subsequently developed a Program Improvement Plan to address these deficiencies. The plan was approved by the US Department of Health and Human Services in February 2004.

Changes in Department Practice Also Affect Program Workload

In the past five years, the department has made significant changes, which have impacted the work done by staff in the Child Welfare program. These changes include adopting written practice standards to more clearly spell out work requirements and implementing a large computer system that staff use daily to document case work. In addition, a recent department initiative that is changing the way the department assesses the needs of people requesting services also has the potential to impact staff workload in the program.

Implementation of New Practice Standards. Following approval of the Program Improvement Plan, the department has made a number of program changes, including developing 22 best practice standards and initiating a quarterly Continuous Quality Improvement process. The practice standards address many aspects of child protection work including intake and screening of referrals, risk assessment, and case planning, and spell out staff expectations in each area. An overview of the standards is provided as Appendix B.

A large majority of the staff we surveyed (77 percent) felt the practice standards were important for program success. However, two-thirds of the staff surveyed also reported they are unable to meet the standards with their current caseload. Staff responding to the survey identified changes in federal requirements and program practice as the second most important reason why cases are more involved than in the past. The following comments from survey respondents illustrate the impact of program changes.

- The department's Program Improvement Plan has added many new standards, policies, and requirements, especially in FOCUS documentation and paperwork. The higher expectations don't bother me, there is just not enough staff.

⁴ Federal program reviews have now been done in all 50 states and no state passed all of the areas reviewed, according to US Department of Health and Human Services officials.

⁵ Stephen Henigson, Administrator, Region X, U.S. Department of Health and Human Services, letter to Karl B. Kurtz, Director, Idaho Department of Health and Welfare, 14 August 2003.

- Cases are more involved because we have more standards and expectations and the methamphetamine problem is so intense that we have to be really involved.
- New standards of practice require more in-depth involvement.
- More referrals, paperwork, and accountability to meet federal standards at the same time caseloads are increasing.
- The Adoption and Safe Families Act has a big impact on our work.

Documentation of Case Work. The department's implementation of a new automated case tracking system in 1999 has increased demands on case workers in the Child Welfare program. As noted in Chapter 3, this system—called FOCUS—is used statewide to record information about child welfare clients and casework performed by staff. In our survey of case workers and supervisors, staff reported spending more time documenting casework in FOCUS than performing any other function.

On average, case workers said they spent about 28 percent of their time entering information into the system. In interviews with staff conducted as part of our regional visits, the percentage of time case workers reported documenting casework was often much higher. Survey respondents also identified increasing data entry and documentation as the biggest change in their work tasks in the past five years. The following survey comments illustrate this point.

- Entering information into FOCUS has greatly increased.
- We are doing more paperwork, meeting with families more often, attending more meetings, using FOCUS more—it is not user friendly and takes many key strokes to do a simple function.
- FOCUS takes a huge chunk of time. The amount of reports that are required to be both in FOCUS and in the hard files causes a lot of duplication because the FOCUS document is not useful.
- Increase in FOCUS documentation, review, etc., results in less time spent with families, foster parents, and children.
- FOCUS, FOCUS, FOCUS—instead of meeting with families.

Other factors case workers identified as contributing to the increased time spent performing data entry include an increase in federal data tracking requirements, tracking of information that previously was available only in paper files, and the loss of clerical support staff to assist with data entry. Case workers also pointed to the complexity of the system as a factor contributing to the increase in the time spent on data entry. Staff indicated that navigating through multiple data entry screen is time consuming, documents used by case workers are often slow to generate, and duplicative data entry is sometimes necessary.

Service Integration and Navigation. The department's recent "Any Door" initiative could also impact staff workload in the Child Welfare program. As part of the initiative, the department is creating multidisciplinary units that meet with individuals and families seeking assistance or services from the department. These "navigation teams" are responsible for assessing client needs and eligibility for various department services, and directing them to the appropriate programs within the department.

To date, implementation of the initiative has been limited to Region II. The navigation unit in Region II was created from existing staff in the region. Staff (and the positions they occupied) were transferred to the navigation unit from other program areas. For the Child Welfare program, this meant the loss of 4 of the 22.3 FTE positions allocated to the region (an 18 percent reduction).

While department managers believe service integration could lead to a reduction in the number of child protection referrals the department receives, our interviews with program staff in Region II indicated that there has been little reduction in the work the remaining program staff must perform since the navigation unit was formed. Further analysis will be needed to assess the impact of service integration on the Child Welfare program's workload as it is implemented in other regions.

Chapter 5

Child Welfare Management

Despite the increase in program workload and recent program changes, the department has not routinely monitored staff caseloads, and has not systematically assessed the workload and overall resource needs of the Child Welfare program. In our survey of case workers and supervisors, staff expressed concern about current caseloads and management of the program. The department has made staffing decisions, allocated resources, and formulated a budget request to the Legislature in the absence of accurate and sufficient caseload and workload information.

Staff Express Frustration with the Department's Caseload and Workload Management

Our survey of case workers and supervisors identified a number of problems that require management attention. More specifically:

- 85 percent of staff believed current caseloads are not reasonable.
- Nearly half (47 percent) of survey respondents did not feel caseloads were fairly distributed among case workers and only 42 percent felt management made adjustments to staff caseloads when necessary.
- 85 percent of case workers and 71 percent of supervisors did not think they had enough time to provide needed services for the children and families assigned to them.
- Most survey respondents felt recently established practice standards were important for program success, but 66 percent of case workers and 85 percent of supervisors reported they are not able to meet these standards with their current caseloads.
- About 60 percent of case workers did not feel the initial training they received from the department adequately prepared them for their work responsibilities.
- The majority of case workers (about 71 percent) and supervisors (about 78 percent) felt their office did not have enough support staff to assist them with their jobs.
- About half (51 percent) of respondents thought the department's Child Welfare program is headed in the right direction.

Many of these concerns were also expressed in our interviews with case workers, supervisors, and other program staff. Staff were concerned their jobs have shifted from preventative work, helping families stabilize, get needed services, and work on their case plans, to simply “putting out fires” or dealing with crises. Staff were concerned families are not getting the same quality of services they once received. As a result, they reported there seems to be a “revolving door” with families coming in and out of the system. Some staff thought the population served by the department had changed, with only the “worst of the worst” cases being addressed due to time and resource constraints.

The federal Child and Family Services Review in 2003 found Idaho did not achieve key outcomes for children in a number of areas. For example, children changed foster care placements, suffered repeat maltreatment, and re-entered foster care at a higher rate than national standards. Additionally, workers did not consistently meet standards for visiting children and parents, involving families in case planning, and delivering needed services to children, parents, and foster parents.¹

Supervisors and case workers reported low morale in their regions. Case workers in some regions also reported high turnover, stating that many are looking for work elsewhere.² The combination of increased workloads, requirements from the department’s Program Improvement Plan, and practice standards has been frustrating for many of the staff.

Department Has Taken Steps to Improve Program Management

The department has made several changes in the past three years to improve overall management of the Child Welfare program.

- *Reporting structure for regional program managers revised*—In May 2002, regional program managers began reporting directly to division management rather than to regional directors. This change was made to improve program coordination and strengthen central oversight, establishing clearer lines of authority between division management and regional program staff.

¹ In its fiscal year 2006 budget request, the department reported it has made some progress toward meeting federal standards, however this progress appears to vary from region to region.

² We requested information about staff turnover in the Child Welfare program, but the department was unable to provide this information because turnover is not tracked by program. However, according to department officials, the department’s overall turnover rate was 18 percent in fiscal year 2004, and turnover among social workers in all department programs was 21 percent.

- *Written standards for case handling developed*—As noted in Chapter 4, 22 new practice standards have been developed in the past year to more clearly communicate performance expectations to staff and improve consistency among regions. In addition to the new standards, the department is revising its Child Welfare and Children’s Mental Health Practice Manual to provide additional guidance to staff.
- *Continuous Quality Improvement process established*—The department has established a quarterly review process to determine if standards are being met and key outcomes are being achieved.³ The department has also made improvements to FOCUS to allow tracking of staff compliance with selected standards.
- *Initial staff training expansion efforts underway*—The department is developing a new curriculum for initial staff training, and is requesting additional funding to expand training from 5 to 17 days.

Many of these changes have occurred in response to the federal Child and Family Services Review. Following the review, Idaho has received positive feedback from the federal reviewers for work done to implement the Program Improvement Plan.

Department Efforts to Assess Workload and Resource Needs Have Been Limited

While management of the Child Welfare program has improved in a number of ways, efforts to monitor staff caseloads and assess program workload have been insufficient. The department does not have a regular or systematic way of monitoring caseloads, and has not conducted a formal workload assessment of the program.

Management Has Not Regularly Monitored Caseloads

As noted in Chapter 3, central office management has not regularly collected or reviewed information about staff caseloads due to problems with the reliability of data available from FOCUS, and problems associated with collecting caseload information on an *ad hoc* basis. The department recently adopted caseload standards, based on standards developed by the Child Welfare League of America for child protection agencies.⁴ These standards identify the number of

³ The department has reported some improvement in achieving key outcomes, such as improving timeliness of investigations and reducing the recurrence of maltreatment of children, based upon periodic reviews of selected cases in regions.

⁴ The Child Welfare League of America, founded in 1920, has over 1,100 members who are public or private child welfare organizations, and is considered a leading authority on child welfare practice.

Child Welfare League of America Caseload Standards

The Child Welfare League of America has established caseload standards for some of the work involved in a child protection case. According to the league, child protection workers should have:

- No more than 12 actively worked risk assessments per month
- No more than 17 case management with only one new case assigned for every six cases open
- No more than 10 case management and four active initial risk assessments assigned for mixed caseload responsibilities

The league also recommends “the ratio of social workers to supervisors should not exceed five to one.”

cases staff should be assigned. The need for regular caseload monitoring is even more important in light of these new standards. Without regular monitoring, the department cannot determine if its caseload standards are being met.

The absence of accurate and sufficient caseload information limits management’s ability to ensure staff are performing efficiently and resources are allocated appropriately, or that there is an appropriate number and mix of staff to perform the work. According to the American Humane Association, “failure to calculate an appropriate caseload for staff can influence the quality of services he or she provides, as well as negatively impact the morale of staff.”⁵

Other States Monitor Caseload Information

In three neighboring states we contacted, management regularly monitors staff caseloads. These states have developed more specific standards than the Child Welfare League of America, based upon their program needs.

- Utah’s Child Welfare program is currently engaged in a lawsuit which has required their Department of Human Services to regularly monitor caseloads and report caseload information to the courts on a quarterly basis. Managers in the Children and Family Services Division review caseload information each month, and compare actual caseloads to established caseload standards.
- Washington’s Department of Social and Health Services tracks child welfare caseloads on a monthly basis. Caseload statistics are generated by management services staff using the department’s Case and Management Information System and Financial Reporting System. Caseload reports are reviewed by the director of the Children’s Administration as well as by regional administrators.

⁵ The American Humane Association is a network of organizations that provides education, training, research, advocacy for children, and evaluation of child welfare issues. American Humane Association, “Workload Studies,” www.americanhumane.org, accessed: 12/9/2004.

- Oregon has legislatively approved caseload standards for staff, as well as a ratio of support staff to case workers. They monitor staff caseloads and compare actual caseloads against these standards. Caseload information is considered when moving vacant positions, allocating resources, and making budget requests.

Formal Assessment of Workload Is Not Done

The department has not performed a formal analysis of staff workload in the Child Welfare program. Department managers report they review available workload indicators, such as the number of child protection referrals and the number of children in foster care, to monitor changes in program workload and to gauge workload differences among regions. However, a more in-depth analysis of staff workload has not been done.⁶ Department managers report they explored the possibility of contracting for a study of program workload in 2001 and 2002, but did not pursue it because of funding limitations.

The Child Welfare League of America recommends agencies periodically conduct a workload analysis of their programs. Because of differences among states, the league recommends states conduct an in-depth workload analysis of their programs to gauge the number of cases workers can be assigned rather than simply relying on the league's general caseload standards. They suggest workload analyses be done at least once every five years and that caseload standards be established based on the unique features of each state's program. The American Humane Association also recommends conducting a workload analysis:

Workload analyses often can reveal how case workers perform their jobs beyond a count of cases or the number of staff per office. For instance, a workload study potentially can answer the question, "Do rural workers spend more time in travel than urban workers?" and "How much time do I really waste waiting for my computer to do something?"⁷

The Child Welfare League of America has identified factors that should be included in a workload analysis:

- Travel
- Collateral visits, outreach activities, and court schedules
- Emergencies which interrupt regular work schedules
- Work with community groups

⁶ Workload studies have been done in some other areas of the department, such as in the Self-Reliance Division.

⁷ Gregory Tooman and John D. Fluke, "Beyond Caseload: What Workload Studies Can Tell Us About Enduring Issues in the Workplace," *Protecting Children*, 17:3 (2002), 1–8.

Factors Impacting Workload Identified by Idaho Case Workers

In our survey of Child Welfare case workers and supervisors, more than three quarters of respondents said cases are now more involved than they were five years ago.

Staff identified three factors that most impact the time it takes to work child welfare cases:

- Presence of substance abuse issues
- Number of children of concern in a family
- “Legal” cases (a case in which the court system is involved)

Other factors that staff felt impact workload included:

- Severity of abuse or neglect
- Presence of mental health issues
- Number of family members

- Attendance at staff meetings, staff development, professional conferences, and administrative functions
- Case management
- Telephone contacts, reading of records, case recording or computer entry, and reports of conferences and consultations⁸

Child welfare programs in other states have conducted workload analyses using methods such as focus groups to identify the main tasks of staff, and surveys of staff to determine how they spend their time. While some states have used outside contractors to perform workload analyses, other studies have been done in-house. For example, in Utah statutory provisions were added requiring the Department of Human Services to analyze workload in its child protection program. The department has established an ongoing process for reviewing staff workload. The analysis is being done in-house at minimal cost under the direction of a committee consisting of central office and regional staff. Another study, done in Toronto,

Canada, was guided, in part, by a steering committee consisting of community partners and researchers and project managers with the agencies being reviewed.

The department should review information about workload analysis efforts in other states, and develop a plan for the ongoing collection and analysis of program workload information. Workload studies can be costly. Previous estimates for conducting a workload study in the Child Welfare program ranged from \$68,000 to \$400,000. In developing a proposal for a workload study, the department should place emphasis on cost-effective approaches that will allow the department to assess staff workload on an ongoing basis.

Department Should Use Caseload and Workload Information for Allocating Staffing Resources

Historically, positions allocated to each region have remained in that region, regardless of changes in workload. More recently, department managers report that they have been reviewing available workload indicators when making

⁸ Child Welfare League of America, “Guidelines for Computing Caseload Standards,” www.cwla.org, accessed: 12/2/2004.

decisions about program staffing and resources. The department has also considered two other factors when making staff allocation decisions: the number of children and the poverty in the region.

While these measures provide some indication of workload differences between regions, incorporating caseload numbers and the results of a more thorough analysis of program workload into staffing allocation decisions would enable the department to better account for regional workload variations. Interviews with program staff illustrate regional differences, for example:

- Staff in Region I reported they work closely with tribes in Northern Idaho, and must learn more about the Indian Child Welfare Act, which places additional requirements on cases, than some other areas of the state.
- In Region VII, providing supervision, training, or support for the case worker in the Salmon field office is difficult because the lone worker in this office is 164 miles from the regional office in Idaho Falls. Staff in the Rexburg field office are responsible for driving about 50 miles to provide child protective services to Driggs. This results in more travel time for staff in this region than in some other areas of the state.
- Statewide, staff reported substance abuse, especially the use of the drug methamphetamine, has increased the number and complexity of cases, which may increase staffing requirements. In regions II and VII, these drug problems were not as prevalent as in other areas around the state.

Budget Request Should Be Accompanied by Improvements in Caseload Management

While the workload in the program has increased—both in terms of the number of people served and the demands placed on those who serve them—the lack of adequate caseload and workload information limits the department’s ability to accurately determine the number of staff needed in the program and ensure resources are distributed appropriately among regions. For example, based on current methods used to distribute staff, one region which demonstrated high caseloads per worker could actually *lose* staff while another region with lower caseloads per worker could *gain* staff, even though staff in this region generally felt they had enough staff to do their jobs. Due to these and other problems, significant caseload management improvements are needed.

Budget Requests. The department has requested a supplemental appropriation for fiscal year 2005 and additional funding for fiscal year 2006 to increase staffing in the Child Welfare program. The department is also requesting funding to fill vacant positions that it reports are being held open so salary savings can be

used to help cover the costs of additional expenses in foster care payments.⁹ The department's request for additional funding does not include staff caseload information. In addition, the information that is provided is not adequate. For example, the request:

- Reports estimated growth in the number of information and referral calls, rather than the number of referrals alleging neglect or abuse of children. Information and referral calls do not require as much work as calls alleging abuse or neglect, further discussed in Chapter 2.
- Suggests a “static workforce” but does not provide policymakers with information about staffing patterns for the program.

Information generally available to the Legislature or the Office of the Governor about the workload in the Child Welfare program has been limited. The department publishes *Facts, Figures, and Trends* each year. This publication is the main source of statistical data about department programs. However, the report includes minimal information on the Child Welfare program's workload, including the number of referrals, children in foster care, and adoptions.

Information Reporting. Reporting caseload information on an annual basis to the Legislature and the Office of the Governor would increase accountability by providing policymakers with a clear understanding of the work performed, the number of positions needed to do the work, and how many people are served by the program. Currently, the department is making quarterly reports to the federal government of the progress it is making on the Program Improvement Plan for Child Welfare. These reports provide outcome measures for department compliance with federal standards as part of the Continuous Quality Improvement process. Providing caseload, workload, and outcome information to policymakers would increase program accountability.

Redirecting Positions. The department should provide assurance to the Legislature that requested positions (and existing positions) for child protection will be used for child protection work, and will not be shifted to the newly-created navigation teams of the “Any Door” initiative, where work currently done for the Child Welfare program is minimal.¹⁰ The department should conduct an internal, formal analysis of the impact of this initiative on the workload of staff in the Child Welfare program prior to reallocating staff to “Any Door,” and provide this analysis to the Legislature. Analysis should be based on current caseload and workload factors, staffing levels in regions, the

⁹ The department's vacancy rate for Children's Services, which includes the Children's Mental Health program, was 6.7 percent in August 2004, the most current data provided by the department. Since the start of fiscal year 2001, the department's average monthly vacancy rate for Children's Services has been 6.0 percent.

¹⁰ The “Any Door Initiative” is discussed further in Chapter 4.

impact of the pilot implementation in Region II, work being performed for Child Welfare by navigation teams, and other relevant factors.

The department needs to demonstrate that there is a clear nexus between its budget requests and resource needs. Basing resource allocation decisions on better caseload and workload information would help ensure staff workload is more balanced and staffing is adequate to address case responsibilities. Management information and accountability must be strengthened in this program to ensure federal requirements are satisfied, practice standards are met, and staff are able to meet the needs of Idaho families and children.

Recommendations

1. To obtain workload information for Child Welfare program staff, the Department of Health and Welfare should:
 - Employ an on-going, cost-effective method of measuring the amount of time staff spend on different types of cases and activities in relation to program outcomes
 - Analyze key factors that impact the time it takes staff to work cases and perform specific tasks
 - Work with a steering committee that includes department representatives and other key stakeholders—such as representatives of the court system, the Office of the Governor, and the Legislature—to develop the methods used for regular collection of workload information

Additional Resources Needed to Implement Recommendation

None to develop a plan, but a moderate amount of resources would be needed to implement an ongoing process for assessing program workload

Timeline to Implement Recommendation

September 2005 to review and develop a plan

2. To ensure program staff are fairly distributed among regions, the Department of Health and Welfare should use caseload and workload information when making staff allocation decisions, and when measuring, analyzing, and monitoring performance.

Additional Resources Needed to Implement Recommendation

None

Timeline to Implement Recommendation

December 2005 to begin regular monitoring of program caseloads

3. To increase program accountability, the Department of Health and Welfare should annually report accurate caseload and workload information to the Office of the Governor and the Legislature. This information should include:
- Average caseloads by case worker type (e.g., risk assessment, case management)
 - Caseload distribution among case workers in each region, such as high and low caseloads
 - Caseload differences among regions
 - Major workload components for each region, including the number of children in foster care, and the number of legal and voluntary cases
 - Annual statewide summaries of the total number of risk assessment, case management, adoption, and independent living cases
 - Comparison of caseloads to department caseload standards
 - Comparison of program performance measures to key outcomes identified in the department's Program Improvement Plan, which was developed to address issues raised in the federal Child and Family Services Review

Additional Resources Needed to Implement Recommendation None

Timeline to Implement Recommendation December 2005

4. To assess the impact of the "Any Door" initiative on the Child Welfare program, the Department of Health and Welfare should conduct a formal, in-house analysis identifying the number of staff transferred to "Any Door" and the initiative's effect on staff workload. The results of this analysis should be reported to the Office of the Governor and the Legislature.

Additional Resources Needed to Implement Recommendation None

Timeline to Implement Recommendation December 2005 to provide information about the impact of "Any Door" implementation to date

Chapter 6

Child Welfare Financing

States receive federal funding to help offset the costs of providing child protection, foster care, adoption, and other child welfare services. Title IV-E of the Social Security Act is the largest source of federal funding for child welfare programs. For children eligible for Title IV-E, the federal government pays about 70 percent of the costs for foster care, as well as other funds to help administer the program. Idaho has the opportunity to increase the federal funding the state receives to defray program costs.

Federal Funding for Child Welfare Programs

Federal funding to help support state child welfare programs comes from several sources.¹ The state receives the largest share of federal funding for the program under Title IV-E of the Social Security Act, which provided \$10.3 million to the state in federal fiscal year 2004. Title IV-E provides funding to cover a portion of the costs states incur to:

- Care for foster children
- Administer child welfare programs
- Train program staff
- Provide services for children who turn 18 years old while in foster care
- Provide adoption assistance for special needs children

Children entering foster care must meet specific eligibility criteria to qualify for Title IV-E (see Exhibit 6.1). The federal government pays roughly 70 percent of direct foster care costs of children eligible for Title IV-E. Costs for children who are not eligible for Title IV-E are generally borne by the state.

¹ These federal funding sources include: Title IV-E and Title IV-B of the Social Security Act, Social Service Block Grant, Temporary Assistance to Needy Families Block Grant, and Medicaid. Additional information about these funding sources is provided in Appendix C.

Exhibit 6.1: Title IV-E Eligibility Determinations

The Resource Development Unit (RDU) within the Division of Family and Community Services makes initial determinations of eligibility for Title IV-E and Medicaid when children first come into foster care and re-determinations every six months while children remain in foster care.^a Five staff in the unit are involved in eligibility determinations, including the program manager, three social workers who make eligibility determinations, and one administrative support position.

Initial Eligibility Determinations

When children come into foster care, an application packet is assembled by regional staff that contains documentation for each child, including:

- Income, resources, and assets for the child and his or her family
- Court orders relating to the child being placed in foster care

Each stage of this process requires extensive federally mandated documentation. Children must meet the financial eligibility requirements based upon the 1996 Aid to Families with Dependent Children need standard. In addition, federally required court orders throughout the life of a case must contain specific language required by the Adoption Assistance and Child Welfare Act of 1980 (Public law 96-272). Specifically, court orders must contain:

- An initial statement finding that “continuation in the home would be contrary to the child’s welfare”
- An initial statement finding that the department has made “reasonable efforts” to prevent the removal of the child from his or her home

Eligibility Re-Determinations

The RDU must complete re-determinations of eligibility every six months the child is in foster care. The child must continue to meet all of the initial eligibility criteria. When the child has been in foster care for one year, a permanency hearing must be held for the child to remain eligible for funding. There must also be an accompanying court order with a statement finding that “reasonable efforts” toward permanency are being made for the child. These efforts may include reunification with his or her family or alternative care options (such as adoption).

^a The Resource Development Unit provides Title IV-E eligibility determinations for children in the Children’s Mental Health program and Medicaid eligibility for children in the Department of Juvenile Corrections, in addition to performing other specialized functions, such as overseeing foster care cases that come to Idaho from other states.

Source: Office of Performance Evaluations interviews with Resource Development Unit staff.

Idaho Is Losing Title IV-E Funding for Some Foster Care Children

Title IV-E is an important funding source for the Child Welfare program. The department has set a goal of having 60 percent of foster care children eligible for Title IV-E. However, they have not been able to consistently meet this goal. While children are most frequently ineligible because they do not meet income criteria, others are ineligible because court orders do not contain required federal language or 12-month permanency hearings are not held. In these instances, the state may be unnecessarily losing federal funding.

Idaho's Eligibility Rate for Children in Foster Care

Maximizing the number of children in foster care who are eligible for Title IV-E funds is important for two main reasons:

1. The federal government pays a large portion of the states cost to provide covered services for each eligible child.
2. Based in part on the percentage of eligible children, Idaho also receives funds from Title IV-E to administer the program.

Idaho's eligibility rate has fluctuated, with monthly eligibility rates generally ranging between 50 to 60 percent since fiscal year 2000.² However, at the end of fiscal year 2001 and during the beginning of fiscal year 2002 the rate dropped below 50 percent, to a low of 43.6 percent in September 2001. In fiscal year 2003, the department began taking steps to increase the eligibility rate, and reported a 56.6 eligibility rate for July 2004.

According to US Department of Health and Human Services data, between July and September of 2003 (the most recent data available), the national average eligibility rate was 60.3 percent. At that time, Idaho's eligibility rate of 61.8 percent was slightly above the national average, with only 15 states having a higher eligibility rate. Idaho's rate has subsequently declined by about 5 percentage points. The recent federal Title IV-E Review found Idaho has opportunities to improve the rate of children eligible for Title IV-E.

Reasons for Ineligibility

Children can lose eligibility for Title IV-E when they initially come into foster care, at the time of re-determinations, or at 12 months when permanency hearings should be held. The department tracks limited data on the loss of eligibility for foster children.

² This rate is reported to the federal government on a monthly basis for federal funding purposes.

Initial Ineligibility. The primary reason why children are found to be ineligible for Title IV-E funding is because their family's income exceeds federal limits. Less frequently, children do not qualify for funding because their initial court orders do not contain the federally required language. For this reason, 8.5 percent of children in foster care did not qualify for Title IV-E funding in fiscal year 2004.

When the required federal language is missing from the initial court order, children lose eligibility for Title IV-E funding the entire time they are in foster care, even if it is for several years. While there is nothing the department can do to make children eligible for Title IV-E if their income is too high, the department can take steps to help ensure they do not lose eligibility because their court orders lack the required language.

Loss of Eligibility at 12 Months. For children to retain their eligibility for Title IV-E funding, federal law requires states to hold permanency hearings when children have been in foster care 12 months. In addition, court orders issued during these hearings must contain a specific statement about permanency.

According to Resource Development Unit data, in fiscal year 2004, nearly 21 percent of children who were initially eligible for Title IV-E, lost eligibility because their court orders did not contain the federally required language. In addition, department staff report problems with cases where permanency hearings were not held. Other reasons why children lost eligibility include ineligible placements and failure to complete re-determinations on time.³

Federal Title IV-E Audit Findings Suggest Improvements

Idaho passed its federal Title IV-E Federal Review in June 2004, and was found to be in compliance with federal Title IV-E requirements.⁴ The federal review team spent nearly a week reviewing eligibility determinations and re-determinations made by the department to ensure eligibility for each case was properly determined.

The federal Title IV-E review outlined several areas where improvements could be made to the program to better access federal funding, including improving the 12-month permanency hearings and court orders.

³ Title IV-E for foster children can only be applied to eligible placements, which requires full licensure of the placement. Children placed with non-licensed relatives would be considered ineligible placements. Re-determinations must be completed every six months or children will lose eligibility for the time in which the re-determination was not completed.

⁴ If federal reviewers find payments charged to the federal government ineligible, they require states to repay the amount and call this amount the "disallowance." Idaho's disallowance was calculated at \$55,185.

Loss of Title IV-E Eligibility Increases Costs to the State

The loss of Title IV-E funding due to a lack of federally required language in court orders results in the state general fund picking up the costs of providing foster care for children. According to Resource Development Unit data, in fiscal year 2004 there were 42 children who were ineligible for Title IV-E because their court orders did not contain federally required language. If the court orders for these children contained the required language, they would have been Title IV-E eligible, and the state's overall eligibility rate would have increased by 3 percent, saving the state an estimated \$350,000 annually.⁵

Court Improvement Project

The state's Court Improvement Project began in 1998, following the passage of the Adoption and Safe Families Act in the previous year. The project consists of a multidisciplinary approach to dealing with child protection issues and the court. As part of this project, a Child Protection Committee was established which includes judges, prosecutors, defenders, juvenile corrections staff, court-appointed special advocates, foster parents, department staff, and others. Some past work of this project included a statewide assessment of the status of courts conducted in 2000, development of a standardized child protection manual for judges, and specialized child protection training for judges.

Currently the department is using the Court Improvement Project as the primary avenue for improving compliance with federally required court hearings and court orders. They have created "bench cards" that provide a step-by-step guide for holding hearings and issuing court orders that meet federal requirements. Additional training is scheduled for future Court Improvement Project meetings dealing with these issues.

Despite these efforts, case workers, supervisors, and regional program managers reported there are often difficulties in getting the required language in court orders and holding the 12-month permanency hearings. After interviewing department staff and staff of agencies that work with the department, questions exist about whether state laws require judges to comply with federal laws, the role of prosecutors in developing court orders, and the relationships case workers have with judges in their regions.⁶ Outside of the department there are concerns staff do not always communicate with judges that children are losing eligibility, and suggestions that better tracking of these cases is needed.

⁵ The absence of consistent data with reasons why children lost Title IV-E eligibility (after being initially eligible when first coming into foster care) prevents further estimation of savings to the state general fund.

⁶ We asked the Office of the Attorney General to review applicable state statutes and determine if they are consistent with federal requirements. According to their analysis, state law requires judges to hold 12-month permanency hearings and issue court orders with federally required language.

Exhibit 6.2: Applications and Re-Determinations Processed by the Resource Development Unit, 2001–2003

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>Percent Change 2001 to 2003</u>
Applications	1,778	1,921	2,464	38.6
Re-determinations	4,031	4,554	4,734	17.4

Source: Office of Performance Evaluations summary of the Department of Health and Welfare's Resource Development Unit year end reports.

Actions Needed to Address Growing Eligibility Determination Workload

According to department data, the number of applications for Title IV-E funding processed by the Resource Development Unit increased 39 percent from 2001 to 2003. The number of re-determinations increased 17 percent during this same period (see Exhibit 6.2).⁷

The work performed by the Resource Development Unit ensures Idaho's compliance with federal laws and brings in revenue to assist the state in paying for costs of the Child Welfare program. However, the unit has a number of challenges. For example:

- *Continuous Quality Improvement data is unreliable and inconsistent*—Data is collected in the Resource Development Unit and is used to help regions improve timely submissions of eligibility applications and re-determinations, maintain data on Title IV-E eligibility for children, and track other areas where improvements in staff performance are needed. Based on our review, data is maintained in multiple spreadsheets and databases, and the information contained in the different data sources is not consistent with each other. Department staff manually count data, rather than use a formula in a spreadsheet or some other calculation. As a result, some data, such as the number of days an application is late, is not accurate. There is no quality control process for ensuring data is correctly entered, calculated, and maintained.
- *Technical assistance for tracking database and other data sources is lacking*—While the unit uses the child welfare data system (FOCUS) for

⁷ This count includes all work done for Title IV-E applications and re-determinations, including out-of-state adoptions, re-processing of incomplete applications, and other cases.

some of its work, all of the data used for the Continuous Quality Improvement process is collected and maintained outside of FOCUS. The unit reports it does not receive technical support for these other data sources.

- *Data entry is repetitive*—Staff are required to enter data into multiple Excel spreadsheets and Access databases, as well as maintain hand-counted logs, for eligibility determinations, re-determinations, and Continuous Quality Improvement information. With additional training, this duplication could be eliminated because these programs allow users to import and export data between programs.

The Resource Development Unit could benefit from changes in management practices, additional training, and increased technical and clerical support for their work. The Federal Title IV-E Review found staff in the Resource Development Unit do not always have the support they need to get all of the documentation required for eligibility determinations, especially relating to income verification. The federal reviewer indicated Idaho had fewer staff to make eligibility determinations than other states they had seen, based on size and client population.

The department believes additional positions in the Resource Development Unit would increase the Title IV-E eligibility rate for foster children. They have estimated adding 8.25 FTE positions to this unit would result in an additional \$1.2 million in federal funds or a net gain of \$949,000 after subtracting the cost of the positions.⁸

Recommendations

1. To better access federal Title IV-E funding, the Department of Health and Welfare should continue to work with the Court Improvement Project to improve the state’s Title IV-E eligibility rate. This could include expanding training for judges and prosecutors to ensure:
 - Court orders include language required in federal and state statutes
 - 12-month permanency hearings are held in a timely and consistent manner

<i>Additional Resources Needed to Implement Recommendation</i>	None
<i>Timeline to Implement Recommendation</i>	December 2005

⁸ The positions would include one social worker in the central office, seven foster care eligibility specialists located in the regions, and a part-time technical support position.

2. To assess the workload and resource needs of the Resource Development Unit, the Department of Health and Welfare should:
- Determine the appropriate level of technical and other support needed by the unit to ensure timely and accurate eligibility determination
 - Assess current workload levels as a result of the increases in the number of children entering foster care
 - Conduct a formal analysis to estimate cost savings that could be achieved by adding positions in the Resource Development Unit to increase federal Title IV-E funding

Additional Resources Needed to Implement Recommendation

None to assess technical and support needs, a small amount of additional resources may be needed to analyze workload and potential cost savings

Timeline to Implement Recommendation

September 2005 to develop a plan

Appendix A

Federal Statutory Framework

Child Abuse Treatment and Prevention Act (CAPTA) of 1974¹

The Child Abuse Treatment and Prevention Act (CAPTA) of 1974 was the initial child protection law in the United States passed to address the issue of child abuse and neglect. The law has since been reauthorized six times, most recently with the passage of the Keeping Children and Families Safe Act of 2003.

Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)^{2, 3}

The purpose of the Adoption Assistance and Child Welfare Act of 1980 was to “[redirect] federal fiscal incentives away from out-of-home placement and into preventive services to keep troubled families together.” This act:

- Provides adoption subsidies for special needs children
- States children eligible for IV-E maintenance payments are also eligible for Medicaid and Title XX (Block Grants to States for Social Services)
- Specifies standards for foster family homes and institutions

This act authorized foster care maintenance payments under Title IV-E, which cover the costs of food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, and reasonable travel to the child’s home for visitation under certain circumstances.

Court Improvement Program⁴

As part of the Omnibus Budget Reconciliation Act (OBRA) of 1993, the Court Improvement Program (CIP) was implemented to assist states’ child welfare agencies. The law provided funds for preventative services and services for families in crisis. Part of this funding is to be used by states’ court systems to “conduct assessments of their foster care and adoption laws and judicial processes, and to develop and implement a plan for system improvement.”

Adoption and Safe Families Act of 1997⁵

The Adoption and Safe Families Act of 1997 made some substantial changes to foster care programs in the states. Many of these changes affected eligibility determinations for Title IV-E maintenance payments. The act:

- Clarified what legally constituted “reasonable efforts” on behalf of foster children.
- Required states to start proceedings to terminate parental rights if children have been in a state’s custody for 15 of the most recent 22 months, if the child is an abandoned infant, or if the parent has committed murder or other specified crimes. There are certain circumstances specified in which the state would not have to terminate parental rights after this time frame.
- Required foster parents/families to be notified of hearings, and be given the opportunity to be heard in these hearings with respect to a child.
- Specified criminal records checks must be made of foster and adoptive parents, and established that past criminal history would not result in approval of placement.
- Required documentation of efforts to find a child a permanent home.
- Outlined adoption incentive payments.
- Required states to develop plans to deal with inter-jurisdiction adoptions and finding permanent homes for children, including a study of inter-jurisdictional adoption issues.
- Required annual reporting involving a set of outcome measures, using data available in Adoption and Foster Care Analysis and Reporting Systems.
- Clarified which children qualify for independent living services.
- Added health insurance for children with special needs in order to facilitate adoption.

Strengthening Abuse and Neglect Courts Act of 2000⁶

The Strengthening Abuse and Neglect Courts Act of 2000 recognized state court systems are integral to meet the goals outlined in the Adoption and Safe Families Act (1997), specifically the “accelerated timelines for termination of parental rights.” It outlined several goals deemed important to complying with the Adoption and Safe Families Act, such as reducing backlogs in abuse and neglect cases, improving training for court staff, developing “models and educational opportunities that reinforce court projects,” implementing computerized case-tracking systems, and expanding the Court-appointed Special Advocate (CASA) program.

This act provides grants to states to:

- Develop automated data collection and tracking systems
- Reduce backlogs to better meet the permanency goals of the Adoption and Safe Families Act
- Expand the CASA program

Keeping Children and Families Safe Act of 2003⁷

The Keeping Children and Families Safe Act amended the Child Abuse Prevention and Treatment Act (CAPTA), reauthorizing the act, amending Title I of CAPTA, and replacing “Title II, Community-based Family Resource and Support Program with Community-based Grants for the Prevention of Child Abuse and Neglect.”

¹ US Department of Health and Human Services, Administration of Children and Families, Children’s Bureau, Office of Child Abuse and Neglect, The Child Abuse Prevention and Treatment Act, as amended by The Keeping Children and Families Safe Act of 2003 (June 25, 2003).

² State of Utah, Foster Care Citizen Review Board, Pre-Training Manual (9/30/99), “Pretraining Handout 14, Summary of PL 96-272,” www.fccrb.utah.gov/pdf/Training/PT14.pdf (accessed: 7/30/04).

³ Summary of Public Law 96-272, Adoption Assistance and Child Welfare Act, Bill Summary and Status for the 96th Congress (4/23/80).

⁴ US Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, “Court Improvement Plan,” www.acf.hhs.gov/programs/cb/publications/cipfact.htm (accessed: 7/27/04).

⁵ US Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Public Law 105-89, 105th Congress, “Adoption and Safe Families Act,” www.acf.dhhs.gov/programs/cb/laws/public_law/pl105_89.htm (accessed: 7/27/04).

⁶ Strengthening Abuse and Neglect Courts Act of 2000 (Public Law).

⁷ National Clearinghouse on Child Abuse and Neglect Information, National Adoption Information Clearinghouse, About the Federal Child Abuse Prevention and Treatment Act, (August 2003).

Appendix B

Overview of Practice Standards for the Child Welfare Program

<u>Standard</u>	<u>Description</u>
Intake/Screening	Provides procedures for intake and screening of child welfare referrals. Addresses topics such as information collection, determining whether referrals meet the definitions of abuse or neglect, and supervisory review.
Risk Assessment	Provides procedures for investigating allegations of abuse and neglect, and assessing the level of risk associated with referrals. Addresses topics such as interviewing children, conducting home visits, and determining whether a case should be opened for services.
Service Planning	Provides procedures for developing and monitoring family service plans and alternate care plans that are required by federal law when children are in foster care or other out-of-home placements.
Concurrent Planning	Provides direction for developing plans for alternative permanent placement of children should they be unable to return home. Addresses topics such as locating absent parents and recruiting adoptive parents.
Family Group Decision-Making	Provides guidance for involving families in key decision-making meetings, such as meetings to discuss development of family service plans or selecting a permanent home for children. Addresses topics such as selecting meeting participants, structuring meetings, and use of contracted meeting facilitators.
Family Preservation In-Home Cases	Provides procedures for handling cases where children are found to be "conditionally safe" and can remain in their homes rather than be placed in out-of-home care. Addresses topics such as safety planning and case monitoring.
Placement with Relatives	Provides guidance on placing children with relatives, a practice encouraged by the US Adoption and Safe Families Act. Addresses topics such as foster care licensing and emergency placement procedures.
Child Well-Being	Provides procedures to ensure the physical, mental health, and educational needs of children are met. Addresses topics such as assessing children's needs, immunizations, and delivery of medical and dental care.
Service Delivery	Provides procedures to help families access services needed to address factors contributing to child maltreatment. Addresses topics such as communicating with service providers, coordinating services, and monitoring and oversight.
Services for Children Ages 0–3	Provides procedures to ensure all children, ages birth to 3, who are involved in a substantiated case of child abuse are referred to the Infant Toddler Program for services, as required by 2004 amendments to the US Child Abuse Protection and Treatment Act (CAPTA).
Family Visits	Provides direction regarding visits between children, their parents, siblings, and other relatives that are designed to help maintain family relationships while children are in out-of-home placements. Addresses topics such as the frequency of visits, developing visitation plans, and documenting visits.

<u>Standard</u>	<u>Description</u>
Social Worker Contact with Children and Families	Provides direction regarding required contact between case workers and children, their parents, foster families or other alternate care providers. Addresses topics such as the frequency of contact, requirements to see parents and children in their homes and/or alternative care settings, and documenting contacts.
Effective Discipline in Alternate Care	Provides direction to both case workers and foster families regarding the use of discipline with children in the foster care system. Addresses topics such as punishments prohibited by department rule, principles of effective discipline, and requirements that foster parents agree to abide by department standards.
Preparing Resource Families for Foster Care Responsibilities	Provides procedures regarding training, licensure, and utilization of foster families. Addresses topics such as the amount and type of training required for licensure, factors to consider when making foster care placements, and providing information and support to foster families.
Resource Parent Notification	Provides procedures for notifying foster parents of reviews and court hearings scheduled for children in their care, as required by the US Adoption and Safe Families Act.
Foster/Adoptive Parent Inquiries	Establishes procedures for responding to inquiries from individuals interested in becoming a foster parent or adopting a special needs child. Addresses topics such as the timeframes for responding to inquiries, the types of information to collect, and required follow-up and monitoring.
Permanency for Older Youth	Provides direction regarding the steps required to address permanency needs and independent living skills development for youth ages 15 and above. Addresses topics such as assessment, plan development, allowable services, and use of educational and training vouchers.
Paternity and Termination of Parental Rights	Provides procedures for terminating parental rights prior to initiating adoption proceedings. Addresses topics such as identifying possible fathers, establishing paternity, and petitioning to terminate parental rights.
Allegations of Child Abuse and Neglect in Foster Care	Provides procedures for handling allegations of child abuse and neglect by foster parents or others living in the home. Addresses topics such as initiating and conducting risk assessments, notifying law enforcement and parents, developing safety plans, and determining if a placement change is warranted.
Allegations of Child Abuse and Neglect in Residential Facilities	Provides procedures for handling allegations of child abuse or neglect by staff in residential care facilities, children's agencies and therapeutic outdoor programs. Addresses topics such as reporting allegations to law enforcement, notifying department licensing staff and parents, and determining if a placement change is warranted.
Independent Caseload	Establishes standards for training of, and assignment of cases to, new case workers during their first six months with the department. Establishes caseload standards for risk assessors, case managers, and those with a combined caseload that mirror Child Welfare League of America standards.
Documentation	Provides direction regarding basic documentation of case records in the Family Oriented Community User System (FOCUS), the Child Welfare program's data system. Addresses topics such as documenting case worker contacts with children and families, family visits, and critical incidents; required timeframes for documentation; and principles for documenting case work.

Source: Office of Performance Evaluations summary of Child Welfare practice standards developed by the Department of Health and Welfare.

Appendix C

Federal Funding Sources

<u>Source</u>	<u>Purpose</u>	<u>Requirements</u>
Title IV-E (Social Security Act)		
Maintenance Payments	Payments made on behalf of foster children for the day-to-day expenses associated with providing their care (such as room and board).	Children must be eligible for the program based upon financial need, legal, and other factors.
Administrative Costs	Funds provided to the state to help pay for costs associated with operating child welfare programs (such as case management).	The percentage of eligible children, the portion of time devoted to child welfare work, and a flat 50% federal match rate is used to calculate the funds provided to the state.
Training Costs	Funds provided to the state to pay for training child welfare program workers.	Federal match rate of 75%.
Adoption Assistance	Adoption assistance, administration, and incentive payments for special needs adoptions.	Children must be eligible for the program based upon financial need, legal, and other factors.
Title IV-B (Social Security Act)		
Subpart 1 (Child Welfare Services Program)	Matching grants to states for child welfare services.	Capped state entitlement funding, no eligibility or qualification requirements beyond a state match.
Subpart 2 (Promoting Safe and Stable Families)	Funding to pay for prevention, family preservation, family reunification, and adoption promotion and support.	Capped state entitlement funding, no eligibility or qualification requirements beyond a state match.
Social Services Block Grant (Title XX of the Social Security Act)		
	Broad social services including child protection.	Capped state entitlement, no state match requirement.

<u>Source</u>	<u>Purpose</u>	<u>Requirements</u>
Temporary Assistance to Needy Families Block Grant	Provides assistance such as emergency assistance, parenting classes, or substance abuse treatment to needy families so children can remain in their homes.	Capped state entitlement with “maintenance of effort” state spending requirement.
Medicaid (Title XIX of the Social Security Act)	Provides health care for foster care children.	All Title IV-E eligible foster children are automatically Medicaid eligible.

Source: Adapted from the Pew Commission on Children in Foster Care (2004).

Responses to the Evaluation



DIRK KEMPTHORNE
GOVERNOR

January 31, 2005

Mr. Rakesh Mohan, Director
Office of Performance Evaluations
Joe R. Williams Building
PO Box 83720
Boise, Idaho 83720-0055

Dear Rakesh:

Thank you for this opportunity to respond to the child welfare caseload management study and report of the Idaho Department of Health and Welfare.

I appreciate the opportunity for participation you afforded to DFM as well as the Department of Health and Welfare during the report's development. I believe your report provides a fair assessment of the Department's efforts and challenges in managing caseloads.

I commend you and your staff for the thoroughness and attention this study was given.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Whitlock".

Brian Whitlock, Chief of Staff
Office of the Governor



IDAHO DEPARTMENT OF
HEALTH & WELFARE

DIRK KEMPTHORNE - Governor
KARL B. KURTZ - Director

OFFICE OF THE DIRECTOR
450 W. State Street, 10th Floor
P.O. Box 83720
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January 26, 2005

Mr. Rakesh Mohan, Director
Office of Performance Evaluations
Joe R. Williams Building
Lower Level, Suite 10
P.O. Box 83720
Boise, Idaho 83720-0055

Dear Mr. Mohan:

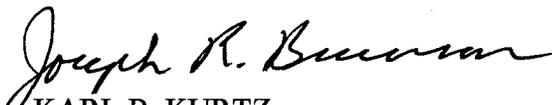
The Department of Health and Welfare sincerely appreciates the interest of the Joint Legislative Oversight Committee and Office of Performance Evaluation (OPE) in gaining a better understanding of the work in child protection and the reasons for increasing caseloads. We enclose our response to the OPE report, "Child Welfare Caseload Management."

This response indicates our agreement with each of the seven recommendations as well as our substantial progress in addressing them. We caution, however, that accomplishment of these recommendations within the targeted time frames requires additional resources. These resource needs are amply justified by the report's verification of significant increases in child welfare workloads.

We understand this response will be included in the body of the final OPE report, to be released to the Joint Legislative Oversight Committee on Friday, February 4. Mr. Ken Deibert, Administrator, Division of Family and Community Services, will represent the Department and respond to any committee questions at the meeting.

Please feel free to contact Mr. Deibert or me if you have any questions. Thank you.

Sincerely,

For 
KARL B. KURTZ
Director

KBK/db
lmohan1-26-05

Attachment

c: Ken Deibert

Department of Health and Welfare's Response to the Office of Performance Evaluation's Report, Child Welfare Caseload Management
January 2005

The Department sincerely appreciates the interest of the Legislature and Office of Performance Evaluation (OPE) in gaining a better understanding of the work of child protection and the reasons for increasing caseloads. This OPE report does provide critical, objective verification that child welfare caseloads have increased significantly just as caseworker responsibilities per individual case have grown markedly. We believe that this report produces ample justification for adding child welfare staff to accommodate rising workloads as well as helpful direction to management for improvements in our processes to manage staff workload.

In concurring with each of the seven recommendations, the Department is pleased to report substantial progress on five. Our response below outlines this progress on Recommendations 1, 3, 4, 5, and 6 and indicates our eagerness to address Recommendations 2 and 7.

We believe that additional new resources or re-allocation of resources are required to allow the Department to accomplish fully each of the seven recommendations by the target dates indicated. We ask for OPE guidance in defining a scale for the "small" and "moderate" amount of additional resources needed to attain some of the recommendations indicated in the report. We also caution that pursuit of these recommendations, without additional staffing, may compromise our continuing gains in meeting the client outcome goals set by our federally-approved Program Improvement Plan.

Recommendation # 1

The Department concurs with this recommendation and is evaluating the resources needed to implement it. The analysis of alternatives to modify the FOCUS child welfare information system, so that FOCUS caseload reports would include only active cases, is underway. The Department's business process for this analysis will produce time and cost estimates and compare these with similar estimates to meet priorities for the federal Children and Family Service Review's Program Improvement Plan. Management will assess these priorities and associated resource needs in allocating its resources, but can not at this juncture, provide assurance as to when this particular FOCUS change will be implemented. Accordingly, we can make no judgment as to whether the resources needed will be "small," as OPE indicates.

The Department must emphasize that implementation of this recommendation by itself still does not address the larger, more systemic, issue of insufficient staffing. Caseload counts are only one measure of performance. Measurement of outcomes consistent with federal standards is critical to the overall management of our child welfare services and constitutes a major focus of our current efforts. With current staffing levels, the

Department can not assure delivery of all child welfare services according to federal standards and document such services in FOCUS in the desired timeframes. As the OPE report itself indicates, every reliable workload measure points indisputably to significant growth in caseload responsibilities, exacerbated by decreases in staffing during the past decade.

The Department's concurrence with this recommendation is also evidenced by other steps it has already taken to improve the accuracy of caseload information. These steps include:

- ongoing refinement of the Department's new Data Warehouse, so that various workload indicators can be tracked and analyzed in detail, down to individual field office and worker
- quarterly submission and analysis of caseload survey information by each region's Field Program Manager

The Data Warehouse combines a free-standing database of information on Department clients with a sophisticated set of data extraction and analytical tools. The migration of FOCUS child welfare data to the Data Warehouse is nearly complete. Currently, the Data Warehouse can report and cross-tabulate information on referrals received, assessments performed, allegations substantiated, service plans developed, services delivered, and children placed in foster and residential care at the level of service area (Child Protection, Children's Mental Health, Adoption, etc.), region, field office, supervisor, and individual worker.

The Department has instituted a quarterly caseload review process by which Field Program Managers report numbers of active cases served by each staff on the last day of the quarter. In responding to this survey, Field Program Managers use a combination of FOCUS-generated reports and hand-counts from individual supervisory reviews to indicate numbers of cases for individual workers in intake, risk assessment, case management, adoption, foster care, independent living, and licensing. The most recent survey described case levels on December 30, 2004. Succeeding surveys will cover quarter-ending dates in 2005 and beyond, so that management can employ this information in staff allocation decisions.

Recommendation # 2

In agreeing with this recommendation, the Department will develop a plan for measuring workload according to time spent on different types of cases and activities related to program outcomes. The identification and evaluation of different workload factors will be developed in concert with regional Field Program Managers. The Department will use workload analysis to support our efforts to meet Program Improvement Plan goals. The Program Managers will present a workload measurement plan to the Family and Community Services (FACS) Administrator by September 2005. Our current analysis indicates that additional resources or a diversion of staffing from full engagement with

the Program Improvement Plan will be necessary to develop and implement this recommendation.

Implementation of this workload measurement plan depends on additional funding for development and issuance of a Request for Proposal (RFP). Reliance on an outside vendor, such as the one employed by the Welfare Division, enables the Department to conduct a meaningful assessment of workload in three ways. First, it provides the necessary staffing at a time when all current resources are fully occupied in meeting rising caseload demands and Program Improvement Plan goals. Second, an RFP-selected vendor offers technical expertise not available among current staff. Finally, an outside vendor reinforces the independence and objectivity of the workload measurement study, a critical variable for acceptance by the mentioned stakeholders – the Legislature, court system, and Governor’s Office.

Accordingly, we again emphasize the need for additional funding to achieve this recommendation. The OPE report itself suggests that a “moderate” amount of resources is needed, but the Department’s two previous efforts to issue an RFP produced cost estimates as high as \$400,000. The Department would appreciate specification of a monetary scale for OPE’s definition of “small” and “moderate” resources, so that it can determine if it can meet this objective with an economically feasible RFP.

Recommendation # 3

The Department is already acting on this recommendation as the FACS Administration collects and analyzes caseload information from both detailed reports generated by the Department’s Data Warehouse and the quarterly caseload reviews of Field Program Managers. Such information will be reflected in the FACS Administration’s allocation decisions for any additional staff authorized in the current legislative session as well as staff configurations for Fiscal ’06.

While the Department has begun regular monitoring of program caseloads, we hasten to correct the OPE report’s assertion that the “additional resources needed” are “none.” The complexity and detail of the Data Warehouse information demands up to 80 hours of requirements analysis, software development, and testing for each set of reports -- time which is diverted from FOCUS enhancements needed to meet Program Improvement Plan objectives. Similarly, the effort of regional staff to conduct the quarterly caseload reviews is significant and creates tension with priorities in child welfare service delivery.

Recommendation # 4

The Department’s progress in meeting the above three recommendations will enable the Department to achieve this recommendation. The Department will have the specified caseload information from the complement of FOCUS reports, Data Warehouse reports, and quarterly caseload surveys generated since the fall of 2004. Since FACS

Administration is currently tracking caseload data along the desired dimensions, it will be able to summarize the current status of and trends in caseload management for the Legislature and Office of Governor by December 2005.

The quantity and quality of workload information, however, is highly dependent on additional resources to contract for staffing and expertise – as mentioned in our response to Recommendation #2.

Recommendation # 5

The Department already has in place the resources and structure to accomplish this recommendation to analyze how the “Any Door” service integration initiative will affect child welfare caseload. The analysis of how service integration affects the work of all programs, not only child welfare, is part and parcel of information the Department uses in evaluating this initiative. Outcome measures tracked by the child welfare program for our Program Improvement Plan are incorporated into this analysis to determine the impact of this effort on the delivery of critical services. The Department has charged its Strategic Planning Office and Cross-Divisional Informatics Unit to perform this analysis.

The Department is actively working with regional program staff to refine the model for service integration as it implements beyond Region 2. Ongoing quarterly case reviews of child welfare data for the Performance Improvement Plan have established baselines and trends regarding outcome information, which will be compared with outcome data in regions as they implement service integration. The Department expects to document that service integration will enhance, not diminish, the effectiveness of child welfare services.

Recommendation # 6

The Department is currently complying with this recommendation to work with the Court Improvement Project to expand training for judges and prosecutors and improve the state’s Title IV-E eligibility rate among children committed to the Department. Training on “Permanency in the Court System” is scheduled for each of the seven judicial districts between August and December 2005. The training aims to reinforce a.) the criticality of timely 12-month permanency hearings and b.) the need for court orders to use the appropriate language that the Department has made “reasonable efforts” to prevent the removal of the child from his or her home.

Timely permanency hearings and appropriately-worded court orders are only parts of the equation, however. The court system can render the proper determination of “reasonable efforts,” only if the Department can document that its staff have indeed provided services commensurate with the “reasonable effort” standards.

Adequate resources are required for the child welfare program to investigate and respond to allegations of abuse and neglect consistent with the expectations of the Adoption and

Safe Families Act. With rising caseloads and insufficient staffing, the Department faces increasing difficulty in doing so.

Accordingly, the Department does not concur with the OPE judgment that additional resources needed are “none.” More staff are needed for delivering both the judicial training itself and the casework services constituting reasonable efforts. An improved Title IV-E eligibility rate is as or more dependent on increased child welfare staff than judicial training.

Recommendation # 7

The Department is eager to comply with this recommendation to assess the workload and resource needs of the Resource Development Unit (RDU). It can meet the targeted date of September 2005 to develop a plan to conduct this assessment, but is acutely aware that additional resources are needed to implement any plan. Again, we seek guidance from OPE in interpreting the statement that a “small” amount of additional resources may be needed to analyze workload and potential cost savings.

Formal assessment of the RDU’s workload requires significant attention by the RDU Program Manager, who is already engaged in the time-consuming tasks of delivering training for and coordinating the quarterly case reviews mandated by the Program Improvement Plan. The RDU Program Manager can lead the Department in achieving this recommendation only with consultation from experts in workload analysis and additional resources to perform the analysis.

Summary

The Department agrees with and has begun addressing each of the seven recommendations. Achieving the desired outcomes of the recommendations, however, will require either additional resources or a re-allocation of current resources engaged in critical client service and management tasks. Clearly, the preferred approach is adding resources, since re-allocating current resources will only compromise child welfare staff’s ability to meet rising workloads and realize outcomes specified by the federally-approved Program Improvement Plan.

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