



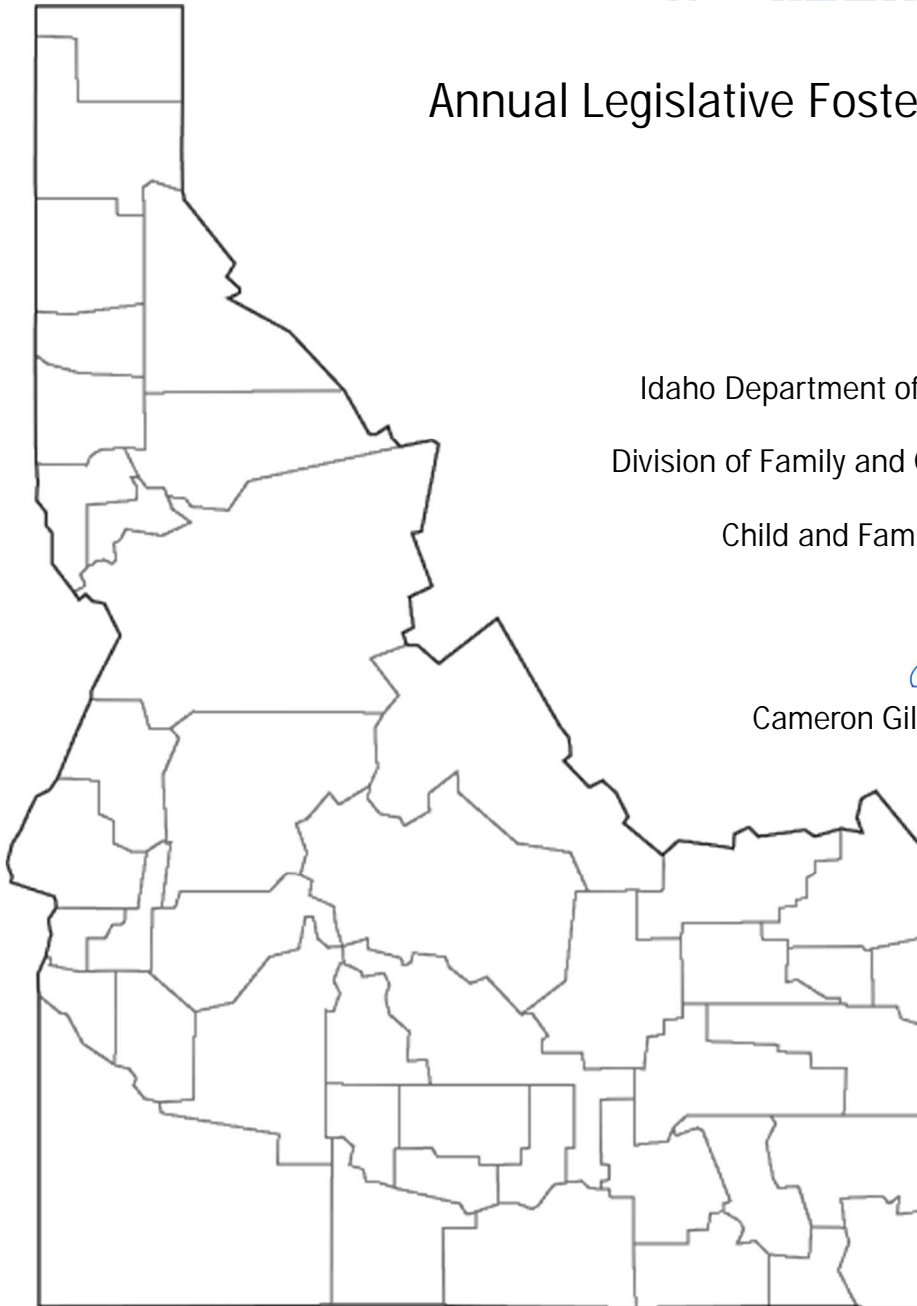
IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# Annual Legislative Foster Care Report for SFY 2021

Idaho Department of Health and Welfare  
Division of Family and Community Services  
Child and Family Services Program

A handwritten signature in blue ink, appearing to read 'C. Gilliland'.

Cameron Gilliland, Administrator  
January 20, 2022



This report can be viewed on the Department of Health and Welfare's website at:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=21117&dbid=0&repo=PUBLIC-DOCUMENTS>

## Contents

Background .....	2
Idaho’s ESPI and changes in some reported metrics beginning in SFY 2020.....	2
Overview of the Child and Family Services Program .....	3
Referrals: Receiving and Acting on Reports of Abuse or Neglect.....	4
Table 1: Referrals by Type.....	4
Graph 1: Referrals, Assessments, and Children Placed in Foster Care by State Fiscal Year .....	5
Referral Sources.....	6
Table 2: Referral Sources.....	6
Assessing Child Safety.....	7
Removal from the Home .....	7
Graph 2: Point in Time (June 30) count of Children in Foster Care by State Fiscal Years .....	8
Graph 3: Children Served in Foster Care for State Fiscal Years .....	9
Table 3: Child Removal Reasons .....	9
Graph 4: Children Exiting Foster Care in SFY 2021 .....	10
Placements in Foster Care.....	10
Table 4: Child Placements in Foster Care.....	11
Table 5: Foster Care Placement Changes.....	12
Table 6: Foster Care Placement Change Reasons.....	13
Table 7: Foster Parent Requests for Change .....	13
Provision of Ongoing Case Management Services.....	14
Periodic Court Hearings .....	14
Permanency Decision Making.....	15
Next Steps .....	16
Table 8: Idaho’s Foster Care Monthly Maintenance Rates Versus Western U.S. ....	16

## Background

The Annual Foster Care Report published by the Idaho Department of Health and Welfare's Child and Family Services (CFS) program is intended to provide the Idaho Legislature with information and relevant data regarding Idaho's foster care system. This report is provided pursuant to Idaho Code, Title 16, Chapter 16, Section 1646, which states:

The state department of health and welfare shall submit an annual report regarding the foster care program to the germane standing committees of the legislature no later than ten (10) days following the start of each regular session. On or before February 15 of each year, the state department of health and welfare shall appear before the germane standing committees to present the report. Such report shall include, but need not be limited to, the number of children that are in the department's legal custody pursuant to this chapter, the number of such children who have been placed in foster care, how many times such children have been moved to different foster care homes and the reasons for such moves, best practices in foster care, goals to improve the foster care system in Idaho to ensure best practices are adhered to, a description of progress made with regard to the previous year's goals to improve the foster care system and any other information relating to foster care that the legislature requests. If a member of the legislature requests additional information between the time the report is received by the legislature and the time the department appears to present the report, then the department shall supplement its report to include such additional information.

In accordance with the above cited Idaho code, this report provides historic child welfare data as collected from the department's legacy Statewide Automated Child Welfare Information System (SACWIS) known as **iCare** with newer data collected from the department's new Comprehensive Child Welfare Information System (CCWIS) known as **ESPI** beginning in state fiscal year (SFY) 2020. This report also includes two additional dimensions of information and/or activities related to the intent of this Child Welfare report:

- 1) Incorporating, where appropriate, data, activities, and outcomes from the department's Child Welfare Transformation (CWT) Initiative to create child welfare improvements and
- 2) References to the COVID-19 Pandemic and its suspected and observed impacts on families and CFS operations.

### Idaho's ESPI and changes in some reported metrics beginning in SFY 2020

In 2015 Idaho elected to use new federal regulations governing Child Welfare automated systems to replace its aging legacy Statewide Automated Child Welfare Information System (SACWIS) known as iCare with a more modern Comprehensive Child Welfare Information System (CCWIS); in Idaho that system has been named ESPI. The three-year Child Welfare Transformation initiative began building ESPI with phased deployments which began in earnest with funding from the federal government and the Idaho Legislature in January 2017 to fund the first of three years, beginning with SFY 2018. ESPI was fully implemented in November 2020 (SFY 2021). This report uses both iCare and ESPI data. In general, ESPI data provides more detail and was available for some data categories starting in SFY 2020 for this report. Where new data categories were created, a notation of **(new)** has been inserted; and an asterisk (\*) has been placed in past years before ESPI data was available. For SFY 2021 data represented in this report, all data was compiled from ESPI.

## Overview of the Child and Family Services Program

Child and Family Services' primary commitment and responsibility is the safety, well-being, and permanency of children who are victims of child abuse, neglect, or abandonment. As an agency, we believe that the best approach to support and protect children is to strengthen families, so they can safely parent their children and meet the child's needs for permanency and well-being.

This family-centered approach is reflected in our daily work with families and is supported by federal law, state law, and public policies that place a high priority on family unity, involvement, and privacy.

Child and Family Services (CFS) program responsibilities fall into four general categories:

- 1) Receiving reports of abuse or neglect
- 2) Assessing allegations of abuse and neglect
- 3) Providing ongoing case management services to children (in-home or out-of-home placements)
- 4) Ensuring children have safety and permanency in their own homes or other permanent homes

Beginning in SFY 2019 (July 2018) the Child Welfare Transformation (CWT) initiative began implementing new business process, greater accountability, access to real-time performance data, new business tools, and new automation. CWT improvements are in alignment with past Office of Performance (OPE) findings but are focused on solving the problems with child welfare.

## Referrals: Receiving and Acting on Reports of Abuse or Neglect

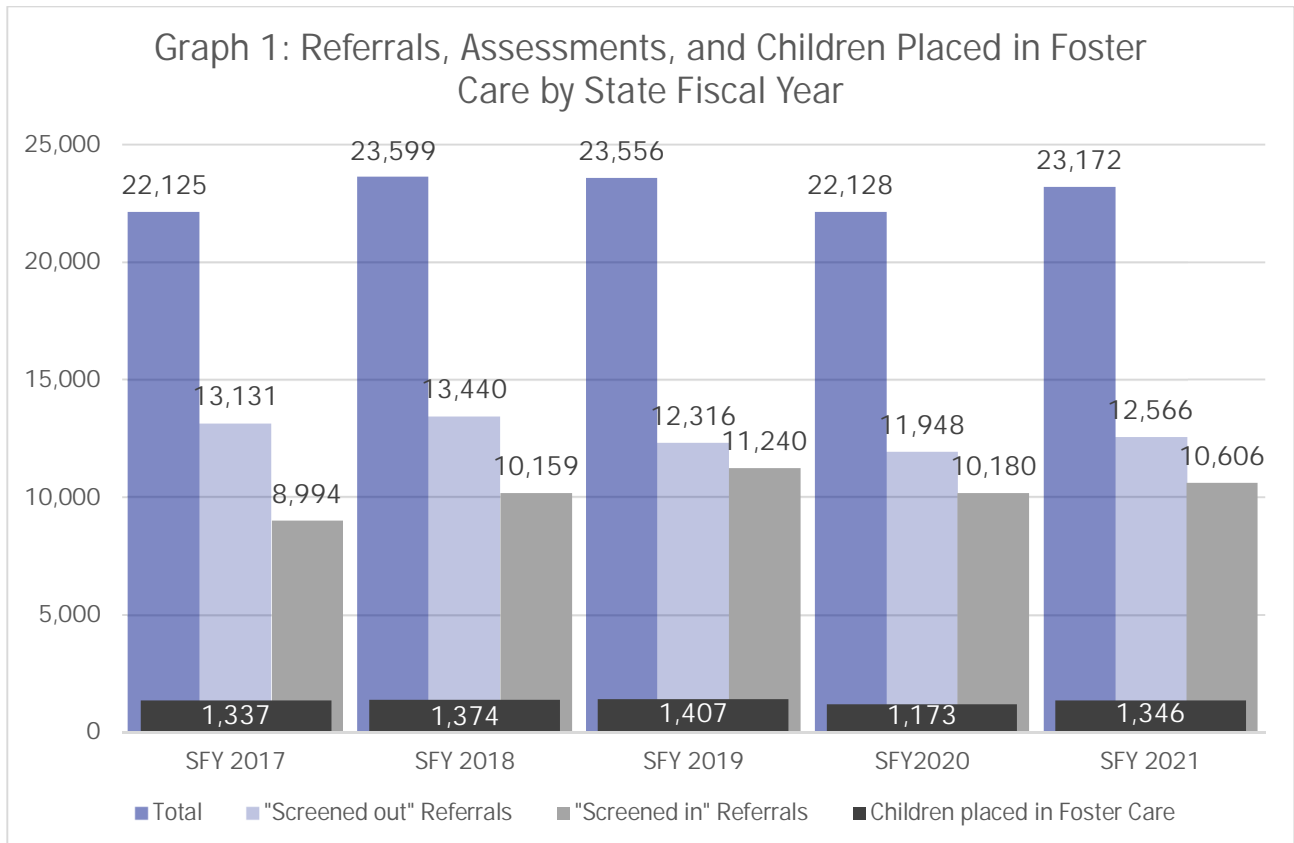
The Child and Family Services (CFS) program has a Centralized Intake Unit in Boise to which all reports of child abuse or neglect throughout the state are directed. Each report is assessed to determine whether the allegations fall under the statutory definitions of abuse, abandonment, or neglect. Once that determination is made, the report is prioritized for a response. Referrals involving a threat to life and/or an emergency require an immediate response. Other reports receive a priority which requires a response within either 24 or 72 hours. On all reports requiring an immediate response, CFS coordinates with local law enforcement. CFS staff accept and respond to child abuse and neglect reports 24/7 across the state.

Table 1 summarizes the referrals received by the CFS program over the past five state fiscal years, updated with SFY 2021 data. In SFY 2021, 23,172 referrals were received with concerns of abuse, neglect, or abandonment. Of these referrals, 10,606 were assigned for a safety assessment, and are labeled "Screened in." If a referral does not meet the statutory guidelines for abuse, neglect, or abandonment a safety assessment will not be scheduled. In these cases, a secondary referral may be made to other entities or agencies based on the unique circumstances of each situation. These referrals are labeled as "Screened out," and 12,566 referrals were "Screened out" (over 54 percent of all referrals) in SFY 2021. As a result of the "Screened in" referrals, and the subsequent safety assessment, 1,346 children were placed in foster care in SFY 2021. Note that percentages displayed in Table 1 may not add up to 100 percent due to rounding in the Referral Type categories.

Table 1: Referrals by Type							
Referral Type	Number of Referrals by Referral Type by State Fiscal Year					SFY 2021 Percentages	
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	As a % of Screened in Referrals	As a % of All Referrals
1. Neglect	6,452	7,265	8,234	7,132	7,585	71.52%	32.73%
2. Physical Abuse	2,001	2,231	2,230	2,220	2,163	20.39%	9.33%
3. Sexual Abuse	539	660	775	694	801	7.55%	3.46%
4. Other	2	3	1	107	44	0.41%	0.19%
5. Human Trafficking (new)	*	*	*	26	13	0.12%	0.06%
6. Abandonment (new)	*	*	*	1	0	0.00%	0.00%
<b>"Screened in" Referral Total</b>	<b>8,994</b>	<b>10,159</b>	<b>11,240</b>	<b>10,180</b>	<b>10,606</b>	<b>100.00%</b>	<b>45.77%</b>
<b>"Screened out" Referrals</b>	<b>13,131</b>	<b>13,440</b>	<b>12,316</b>	<b>11,948</b>	<b>12,566</b>		<b>54.23%</b>
<b>Total all Referrals</b>	<b>22,125</b>	<b>23,599</b>	<b>23,556</b>	<b>22,128</b>	<b>23,172</b>		<b>100.00%</b>
<b>Children Placed in Foster Care</b>	<b>1,337</b>	<b>1,374</b>	<b>1,407</b>	<b>1,173</b>	<b>1,346</b>		

Child and Family Services (CFS) experienced an upward trend in the number of referrals, assessments, and foster care placements from SFY 2017 through SFY 2019, then a drop in numbers across the board in SFY 2020. The SFY 2020 counts appear to be an anomaly, as the numbers for SFY 2021 reflect an increase from SFY 2020 and are in line with numbers reported for years prior to SFY 2020. Graph 1 illustrates these year-over-year trends.

Of the 10,606 "Screened in" referrals in SFY 2021, more than 70 percent were due to neglect. Cases of neglect may include inadequate supervision or situations in which the physical environment poses health or safety hazards that directly affect the health and safety of a child, and often involve a parent's unmet mental health or substance use issues. Neglect and physical abuse combined accounted for about 92 percent of all "Screened in" referrals (71.5% + 20.4% = 91.9%).



The decreases in SFY 2020 counts, as compared to the three years prior to SFY 2020, is thought to be a direct result of the COVID-19 pandemic and the early improvements from the Child Welfare Transformation initiative. It is too early to make definitive statements of the cause and effect of COVID-19. The number of children placed in foster care in SFY 2020 was the lowest number in the past five years. The annual numbers reported here represent total unduplicated counts for each activity and vary slightly from monthly counts and averages used in regular performance management/predictive analysis reports.

## Referral Sources

Child and Family Services (CFS) tracks the source of all referrals. Table 2 tabulates the source of referrals over the past five years updated with SFY 2021 data. School personnel continued to be the primary source of referrals with more than 15 percent of all referrals in SFY 2021. Private agencies and law enforcement continued to be the second- and third-highest sources of referrals, respectively, with law enforcement referrals experiencing a significant increase from the prior year both in number and proportion of referrals.

Idaho Code, Title 16, Chapter 16, Section 1605(1) provides mandatory reporting requirements in Idaho for physicians, hospital staff, coroners, schools, daycares, and any other people having reason to believe a child has been subjected to maltreatment. These reports must be made to law enforcement or the department. An exception is made for "duly ordained minister of religion." Failure to report as required in this section of Idaho Code is a misdemeanor.

Referral Source	Number and Percent of Referrals from each Referral Source by State Fiscal Year									
	SFY 2017		SFY 2018		SFY 2019		SFY 2020		SFY 2021	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
School Personnel	3,709	16.8%	4,411	18.7%	4,338	18.4%	3,454	15.6%	3,508	15.1%
Private Agency	2,367	10.7%	2,522	10.7%	2,778	11.8%	3,130	14.1%	3,440	14.8%
Law Enforcement	2,447	11.1%	2,444	10.4%	2,412	10.2%	2,564	11.6%	3,213	13.9%
Anonymous	1,009	4.6%	1,048	4.4%	1,132	4.8%	2,447	11.1%	2,678	11.6%
Parent/Substitute	2,839	12.8%	2,829	12.0%	2,775	11.8%	2,529	11.4%	2,405	10.4%
Hospital	1,280	5.8%	1,598	6.8%	1,781	7.6%	1,712	7.7%	1,986	8.6%
Relative	2,105	9.5%	2,171	9.2%	1,951	8.3%	1,738	7.9%	1,620	7.0%
Public Agency (new)	*	*	*	*	*	*	1,126	5.1%	1,170	5.0%
Child Protection	1,037	4.7%	1,054	4.5%	1,160	4.9%	1,107	5.0%	1,073	4.6%
Friend/Neighbor	1,702	7.7%	1,838	7.8%	1,495	6.3%	969	4.4%	843	3.6%
Medical	934	4.2%	781	3.3%	766	3.3%	681	3.1%	685	3.0%
Other	2,696	12.2%	2,903	12.3%	2,968	12.6%	614	2.8%	492	2.1%
Unknown (new)	*	*	*	*	*	*	57	0.3%	59	0.3%
<b>Total</b>	<b>22,125</b>	<b>100.0%</b>	<b>23,599</b>	<b>100.0%</b>	<b>23,556</b>	<b>100.0%</b>	<b>22,128</b>	<b>100.0%</b>	<b>23,172</b>	<b>100.0%</b>

## Assessing Child Safety

A comprehensive safety assessment is completed for all child protection referrals that meet Child and Family Services Priority Response Guidelines for assessment. The primary purpose of the assessment is to ensure the child's safety and determine whether the child and family are in need of services to address identified safety threats. The comprehensive safety assessment includes a robust information collection process and includes a face-to-face contact and interview with the child. Information is also collected by the social worker through interviews with the parents/caregivers and relevant collateral contacts such as extended family members, law enforcement, school staff, medical professionals, and service providers. The assessment includes application of standardized criteria, along with social worker's critical analysis of the information and conclusion regarding the child's safety.

Upon completion of the assessment, the agency must determine whether maltreatment has occurred and whether the child is safe or unsafe. Whenever a child is determined to be unsafe the case remains open for services. If the child is determined to be safe, the case is closed with no additional intervention.

Whenever possible, efforts are made to safely maintain children in their homes. However, when a safety threat exists, a safety plan must be put into place to manage the child's safety. Actions in a safety plan must address the safety threat to the child and are specific to the family's circumstances. Safety actions might include respite care, supervision and monitoring, resource acquisition, and homemaker services. If the child is assessed to be in immediate danger, law enforcement is charged with the decision for removal. When a child is removed, Child and Family Services makes placement arrangements for the child.

### Removal From the Home

Efforts are made to minimize the trauma of removing a child from their home with an immediate search for any relatives who could serve as a placement resource for the child or children. The Idaho Child Protective Act requires that the department first considers, consistent with the best interests and special needs of the child, placement with a fit and willing relative. If a suitable relative cannot be found, the child can be placed with people who have a significant relationship with the child, referred to as Fictive Kin or a non-relative foster care placement. Fictive Kin is a term used to refer to individuals that are unrelated by either birth or marriage but have an emotionally significant relationship with the child that would take on the characteristics of a family relationship. There are only three methods by which a child can be removed from his/her home in Idaho:

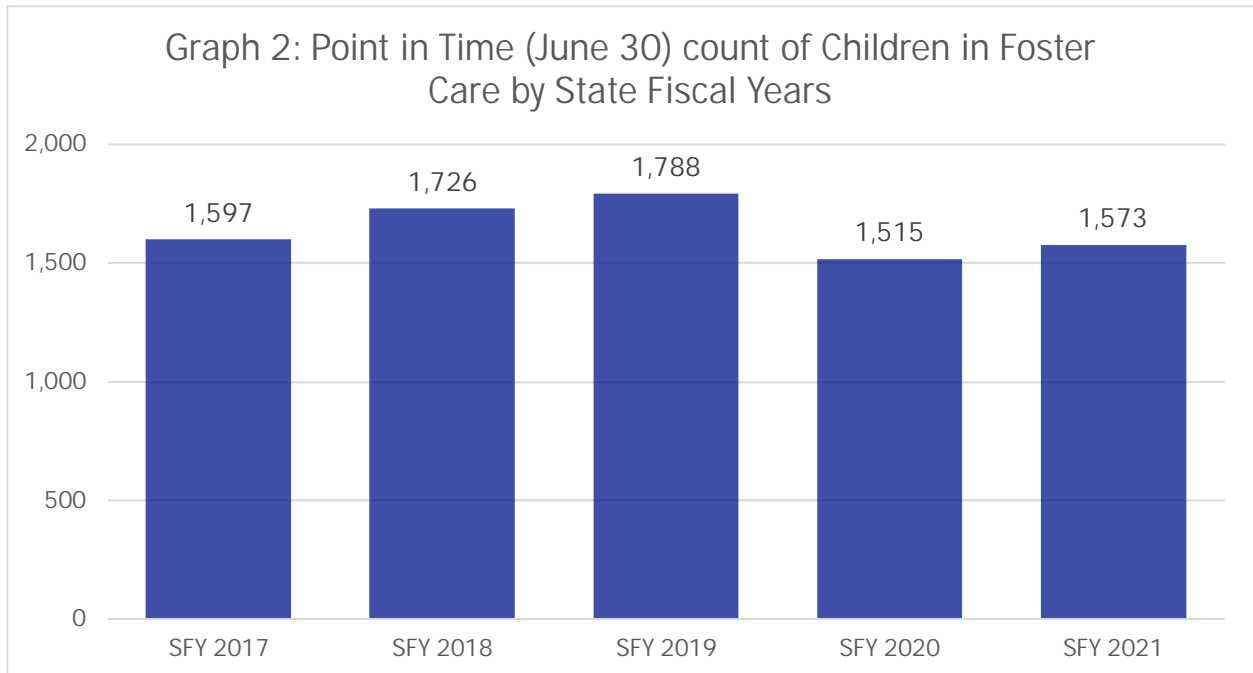
- 1) Law enforcement makes the determination a child is in a dangerous situation and therefore declares the child to be in imminent danger
- 2) A petition is filed with the court by the department indicating it is unsafe for the child to remain in their home; a judge then determines whether to enter an Order of Removal
- 3) A Rule 16 Expansion Order (Rule 16 of the Idaho Juvenile Rules allows for the court to expand a Juvenile Corrections Act proceeding into a Child Protective Act proceeding when the court has reasonable cause to believe that the juvenile living in the state is within the jurisdiction of the Child Protective Act)

When a child is removed from their home, that case enters the court system. When a child is in the court system, or moving through the court system, the Idaho Child Protective Act gives the court responsibility for determining whether the removal of the child is warranted as well as for making other key decisions regarding the child.



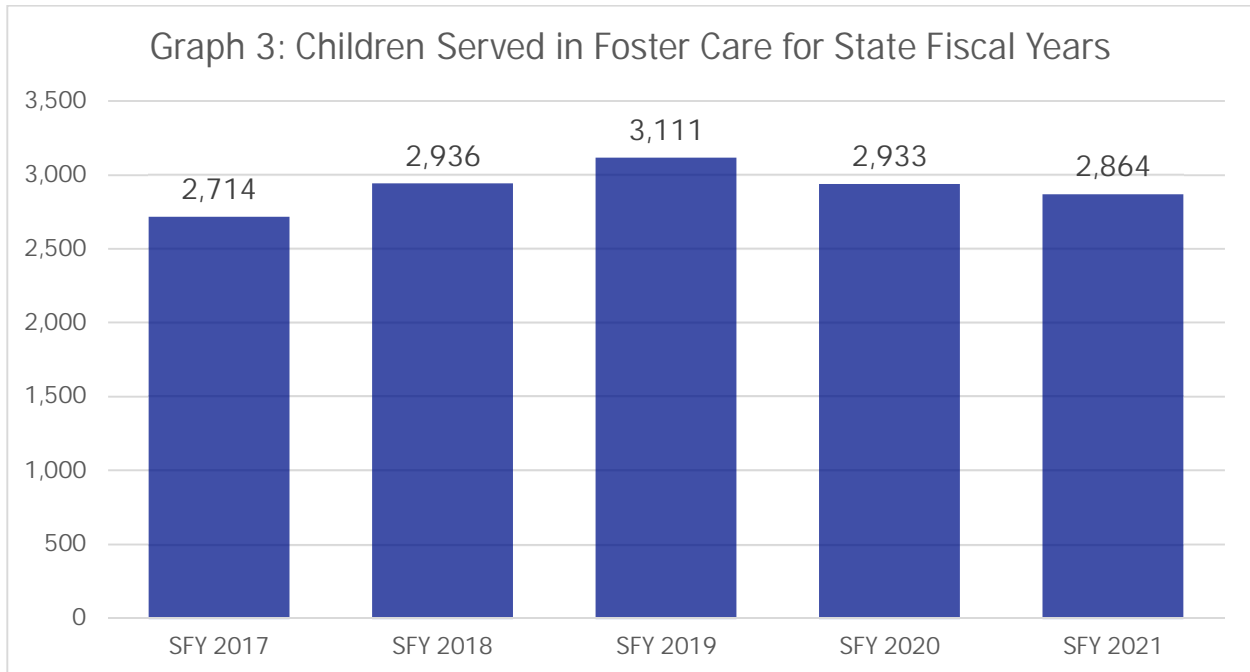
### Point-in-Time Count of Children in Foster Care

A total of 1,346 children entered foster care in SFY 2021 because of maltreatment or an unstable home environment (as illustrated previously in Graph 1), but that is not the point-in-time count of the children in foster care. The point-in-time count of children in foster care takes place on June 30 of each year, the last day of the state fiscal year. That count for the past five state fiscal years is shown in Graph 2. Historically the point-in-time number of children in foster care increases year-over-year. That trend changed with SFY 2020 when the number of children decreased by about 15 percent from 1,788 (in SFY 2019) to 1,515 in SFY 2020. After the decrease experienced in SFY 2020, SFY 2021 again saw an increase in the point-in-time number of children in foster care on June 30, though the increase was only 58 children over June 30 of the prior year (an increase of 3.8 percent).



### Total Count of Children in Foster Care During the State Fiscal Year

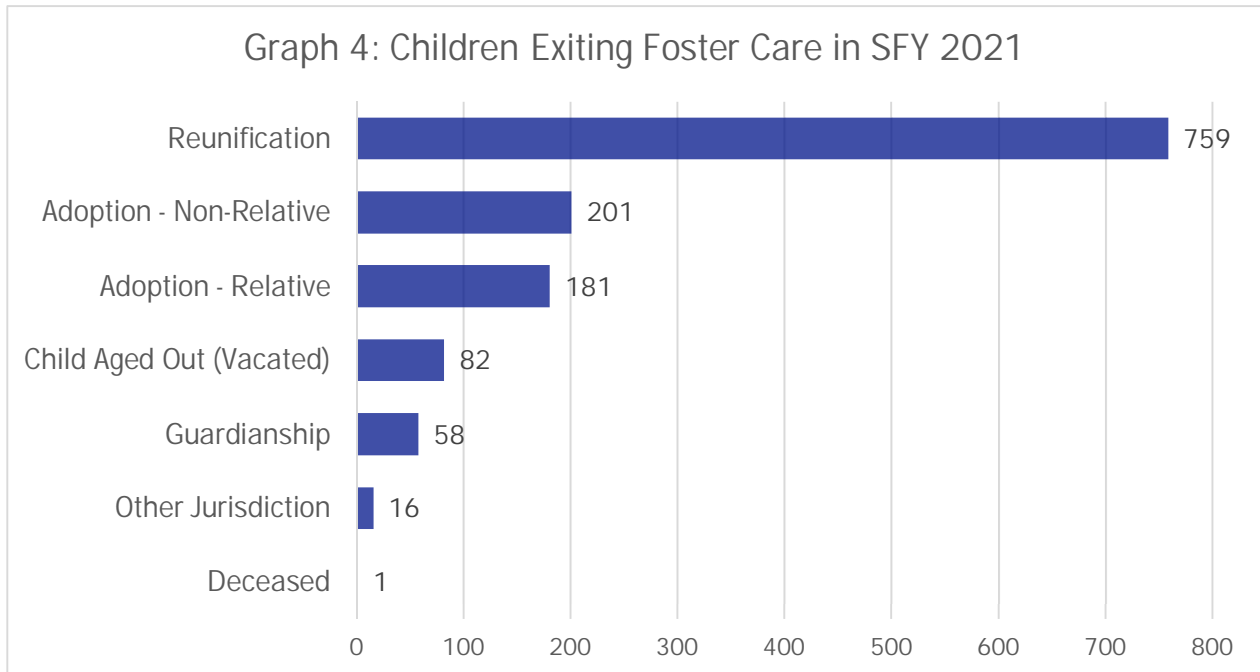
Over the course of an entire state fiscal year the unduplicated total number of children in foster care is greater than the single point-in-time count shown in Graph 2. The unduplicated count of children in each of the past five state fiscal years (if time in care was greater than 24 hours) is illustrated in Graph 3. In SFY 2021, the number of children in foster care decreased by about 2.4 percent to 2,864.



The reasons for removal of a child from their home over the past five state fiscal years is shown in Table 3.

Number of and Reason for Child Removal by State Fiscal Year										
Removal Reasons	SFY 2017		SFY 2018		SFY 2019		SFY 2020		SFY 2021	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Neglect	1,126	84.2%	1,129	82.2%	1,145	81.4%	784	66.8%	980	72.8%
Physical Abuse	127	9.5%	139	10.1%	141	10.0%	136	11.6%	153	11.4%
Abandonment	13	1.0%	16	1.2%	20	1.4%	95	8.1%	93	6.9%
Sexual Abuse	43	3.2%	60	4.4%	62	4.4%	84	7.2%	82	6.1%
Homeless	28	2.1%	30	2.2%	37	2.6%	74	6.3%	38	2.8%
Voluntary Placement	0	0.0%	0	0.0%	2	0.1%	0	0.0%	0	0.0%
<b>Total</b>	<b>1,337</b>		<b>1,374</b>		<b>1,407</b>		<b>1,173</b>		<b>1,346</b>	

During SFY 2021, 1,298 children left foster care. Of these children, 758 (over 58 percent) were reunified with their parent/caregiver. A total of 382 children were adopted (29.4 percent), which is a proportional increase of 5percent from the prior year, where 23.7percent of children who left foster care did so through adoption. The “Other Jurisdiction” reported in Graph 4 could include children placed in the custody of the Department of Juvenile Corrections or another agency/jurisdiction, or the transfer of custody to a child’s Native American tribe.



**Placements in Foster Care**

The child’s best interests are the primary consideration in all placements. Child and Family Services (CFS) defines eight best interest factors which identify the current and potential individual needs of a child. The factors are the child’s:

- 1) Emotional/behavioral needs
- 2) Medical/physical needs
- 3) Educational/developmental needs
- 4) Cultural/religious needs
- 5) Trauma history and past experiences
- 6) Relationships with parents, relatives, siblings, and current caretakers
- 7) Interests and community connections
- 8) Family placement preferences

Child and Family Services workers are mindful of the importance of maintaining relative and sibling connections, and the impact of placement changes on a child’s attachment and overall development when making placement recommendations and policy decisions. Therefore, no single best interest factor is considered more or less important than the others. The weight placed on any one factor is highly dependent on the identified needs of a particular child or sibling group.

Using the SFY 2021 point-in-time count of children in foster care (see previous Graph 2 showing 1,573 children in foster care as of June 30, 2021), Table 4 shows the placement types made for those children. Non-relative foster care placement was the largest placement type (623 or 39.6 percent of all children).

Table 4: Child Placements in Foster Care		
Number and Percent of Child Placements as of June 30, 2021		
Placement Type	Number	Percent
Non-Relative	623	39.61%
Relative	366	23.27%
Home Visit	182	11.57%
Fictive Kin	152	9.66%
Congregate	144	9.15%
Pre-Adoptive	62	3.94%
Other (hospital, detention, and DJC)	27	1.72%
Pre-Adoptive Relative	16	1.02%
Supervised Independent Living (new)	1	0.06%
Treatment Home	0	0.00%
<b>Total</b>	<b>1,573</b>	<b>100.00%</b>

### Placement Changes in Foster Care

Child and Family Services (CFS) practices emphasize placement stability and limiting the number of moves for children in foster care. When children experience placement changes, they can develop distress, loss, and an absence of belonging, all of which can result in feelings of distrust and a fear of forming healthy relationships and attachments with others. A planned placement change is the foreseen placement of a child with a relative, fictive kin, non-relative foster parent, or group home or residential care. The social worker and provider(s) have made advanced arrangements for the placement of a child. Reasons for planned placement changes include:

- Placement with siblings
- Placement with a non-relative foster family
- Permanency placement (includes pre-adoptive placement and guardianship)
- Placement with relative/fictive kin
- Child's treatment needs

Planned moves include a transition plan to assist the child with the move. The child's current relationship with the new caregiver, the child's emotional and developmental needs, the proximity of the new placement, and the willingness and ability of the two families to engage in the transition can impact the transition plan.

An unplanned placement change is an unexpected disruption in the child's placement. The following are examples of unplanned placement changes:

- Foster family's request
- Child's treatment needs requiring a higher level of care
- A safety issue in the foster home (allegations of abuse or neglect)
- Detention
- Hospitalization

To reduce foster parent requests for placement changes, CFS makes efforts to provide supportive services or other resources to assist foster families as they care for children and avoid placement disruptions. Examples of supportive services include increased respite, foster parent personal counseling, mentoring from an experienced foster parent, and education/training regarding how to meet a child's specialized need. In some instances, foster families may be unable to meet a child's needs due to significant behavioral issues and request that the child be moved to a new placement.

During the 2016 legislative session, changes were made to the Child Protective Act regarding notification of placement changes. In SFY 2017, CFS began sending written notification to foster parents regarding placement changes. CFS is committed to preventing unannounced moves, unless there are safety concerns, and to ensuring clear communications and expectations with foster parents regarding placement changes.

Moving children in foster care can be very disruptive. In SFY 2021, the total unduplicated count of children in foster care was 2,864 (Graph 3 and Table 5). Table 5 shows the number of placement changes made for those children. A full 87 percent of the children served had no change or only one change. Of these children, just under 66percent had no placement change while in foster care. Two or more changes were experienced by 377 children (13percent).

<b>Table 5: Foster Care Placement Changes</b>		
Number and Percent of Children experiencing foster care changes in SFY 2021		
Placement Changes	Number	Percent
No change	1,879	65.6%
One change	608	21.2%
Children with less than 2 changes	2,487	86.8%
Two changes	215	7.5%
More than 2 changes	162	5.7%
Children with 2 or more changes	377	13.2%
<b>Total children served</b>	<b>2,864</b>	<b>100%</b>

Table 6 provides a breakdown of the reasons for a foster care placement change in SFY 2021. Because a child can experience more than one placement change while in foster care, the total number of reasons, 1,416, does not match the number of children, 985, who experienced one or more placement changes during SFY 2021. The largest category of change was due to requests by the foster parent (605 or 42.7 percent). Of the 43 placement changes for “alleged abuse or neglect,” 34 were immediate moves to ensure a child’s safety.

<b>Table 6: Foster Care Placement Change Reasons</b>		
Number and Percent of Foster Placement changes by reason in SFY 2021		
Change Reason	Number	Percent
Foster Parent Request (see Table 7)	605	42.7%
Higher Level of Care	152	10.7%
Less-restrictive Placement	141	10.0%
Placed with Relative	128	9.0%
Reason not specified (new)	108	7.6%
Hospital	83	5.9%
Alleged Abuse or Neglect	43	3.0%
Fictive Kin Placement	40	2.8%
Child Placed in Detention	36	2.5%
Placed with Sibling	32	2.3%
Pre-Adoptive Placement	30	2.1%
Non-Safety License Concern	16	1.1%
ICWA Compliant/Tribal approved (new)	2	0.1%
<b>Total</b>	<b>1,416</b>	<b>100.0%</b>

Table 7 provides additional detail on the 605 placement changes requested by foster parents in SFY 2021 (Table 6) for why the request for a placement change was made. Temporary placement, as shown in Table 7, are those where foster parents were willing to shelter a child for a brief period, such as a single night or a weekend.

<b>Table 7: Foster Parent Requests for Change</b>		
Number and Percent of Foster Parent "Requested Change" by reason in SFY 2021		
Foster Parent Request Change Reasons	Number	Percent
Unable to Manage Child's Behaviors	224	37%
Temporary Placement Only	204	34%
Personal Reasons	171	28%
Reason not specified (new)	6	1%
<b>Total</b>	<b>605</b>	<b>100%</b>

## Provision of Ongoing Case Management Services

Once a child has been placed in foster care, social workers monitor the family's progress in achieving the objectives spelled out in the case plan, and regularly assess the safety, permanency, and well-being of the child. 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 children and their families
- Arranging and supervising visits between children and parents, and between children and their siblings
- Working on the concurrent plan, which may include ongoing contacts with relatives, and home studies of relatives residing in-state and out-of-state
- Conducting specialized recruitment to locate an adoptive family for children unable to remain with the foster parents
- Preparing required court reports and testifying in court hearings
- Documenting casework activities into the child welfare information system ESPI

## Periodic Court Hearings

Federal and state law require a court hearing to review the case progress must be held no later than six months from the date a child was removed from their home. Hearings may be held more frequently at the discretion of the court.

At 12 months from the date of removal, a permanency hearing must be held. At that time, Child and Family Services (CFS) presents its recommendation for permanency. The permanency options include:

- Reunification
- Legal guardianship with a relative or non-relative
- Adoption by a relative or non-relative
- Another planned permanent living arrangement (this is only a permanency option for youth aged 16 years and older)

For every child who has been in out-of-home care for at least 15 of the last 22 months, the state is obligated by state and federal law to file a petition to terminate parental rights. If compelling reasons exist for not terminating the parents' rights, those reasons must be approved by the court; otherwise, the court will order the filing of a petition for termination of parental rights. Parents may choose to voluntarily terminate their parental rights, or their rights may be removed through an involuntary court process.

## Permanency Decision Making

Child and Family Services (CFS) is responsible for placing a child in foster care in a safe environment until permanency is established.

The goal of the case management process is to initiate the CFS placement selection process within five months of a child coming into care. The intent is to place a child in a stable environment as quickly as possible to minimize negative impacts. The process considers relatives, fictive kin, and current foster parents who have expressed interest in being a permanent placement option and have an approved home study. Pursuant to CFS' standard, placement selections are made by committees who review the home studies and the child's best interest (see the eight best interest factors previously noted). When multiple families are being considered for permanency, selection committee participants include case worker, adoption worker, supervisor, and child welfare chief; court appointed special advocate (CASA)/guardian ad litem; and tribal representation (if child is identified as a member of a specific tribe). Also present is a third-party department representative who understands practice but is not familiar with the specific case circumstances or a community representative.

Field program managers are responsible for making initial permanent placement recommendations, considering the input of the Permanent Placement Committee. A relative, current foster parent, or fictive kin who was considered but not selected for a child's permanent placement by the Permanent Placement Committee may request a permanent placement review. This process consists of a thorough review of the initial placement recommendation by a team of people from outside of the region where the case is managed and where the initial selection occurred. After this review, the division administrator of Family and Community Services in the Department of Health and Welfare makes the final placement recommendation.

Ultimately, determinations relating to where and with whom children are placed are subject to judicial review by the court, and when contested by any party, judicial approval. The court also finalizes all adoptions and guardianships.



## Next Steps

Like other employers, the Child and Family Services Program has been impacted by staffing shortages this past year. Every resignation requires remaining staff workload to increase and becomes a vicious cycle. To address these challenges, the department has implemented recruitment and retention bonuses for select workers and has submitted a budget request for a 7 percent raise for those workers, as well as hired a recruiter and other staff to supplement social workers workloads. The department has also submitted a budget request for additional staff and the Governor has responded by recommending the authority and funding for 24 new child welfare staff.

Throughout the state, but principally in the Treasure Valley, CFS has experienced a shortage in foster homes. When foster homes cannot be found, short-term rental housing and rotating staffing have been implemented to supervise children. The department is pursuing more foster parents through renewed recruitment efforts, incentives for new foster parents, and a request for an increase in foster parent reimbursement. Idaho reimbursement rates are currently lower than other western states.

State	Ages 0-5	Ages 6-12	Ages 13-17
<b>Idaho</b>	<b>\$395.00</b>	<b>\$439.00</b>	<b>\$585.00</b>
Alaska	\$806.93	\$925.66	\$974.33
Arizona	\$590.40	\$590.40-\$814.50	\$814.50
California	\$984.00	\$1,071.00	\$1,159.50
Colorado	\$1,090.80	\$1,090.80	\$1,090.80
Hawaii	\$649.00	\$742.00	\$776.00
Montana	\$576.00	\$576.00	\$687.00
Nevada	\$682.94	\$682.944	\$773.17
New Mexico	\$558.00	\$591.00	\$616.80
Oregon	\$693.00	\$733.00	\$795.00
Utah	\$527.00	\$546.00	\$598.30
Washington	\$672.00	\$796.00	\$810.00
Wyoming	\$835.00	\$835.00	\$850.00

For children who need more extensive care than the typical foster parent can provide, the department is pursuing treatment foster homes and Qualified Residential Treatment Provider status for Idaho Residential Treatment Providers. Two treatment foster home providers are expected to start providing services this spring to serve children who have more difficult behaviors than can be addressed by most foster families.

The department's strategic plan goal 2.1.4 aims to certify six Idaho Residential Treatment Providers as Qualified Residential Treatment Providers (QRTP) by October 1, 2022. As of this report five Idaho providers are QRTPs and two more are working on certification. Certification includes a national accreditation (by at least one of three federally approved accreditors: The Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or The Joint Commission (formerly JCAHO), trauma-informed and trained staff, licensed clinical staff always available, and a treatment model that integrates the family. QRTP accreditation is now required to access federal funding for residential treatment.

In line with the Federal Family First Prevention Services Act, Child and Family Services will be standing up an intensive, standardized, in-home case management structure in each region of the state. This will include the creation and recruitment of evidenced-based services across the state and the implementation of a family risk assessment tool that will identify needs and services necessary for in-home safety planning and management.

In accordance with HB336, extended foster care has been made available for children between the ages of 18 and 21. As children turn 18 they are made aware of this option but must meet one of the following specific requirements to be eligible, including completing secondary education or a program leading to an equivalent credential; enrolling in an institution that provides post-secondary or vocational education; participating in a program or activity designed to promote or remove barriers to employment; be employed for at least 80 hours per month; or be incapable of doing any of these activities due to a medical condition. At the time of this report, 12 children are taking advantage of the opportunity of extended foster care.