



# OPE REPORT RESPONSE

	Recommendation to DHW	Department actions
R1	The department should develop a process to include perpetrators of abuse in children's residential care on Idaho's Child Protection Central Registry.	DHW believes it would take legislative action to enable us to accomplish this as recommended.
R2	The department should develop a department-wide protocol to define communication and issue escalation across divisions.	DHW established a cross-division process and policy for responding to incidents in children's residential facilities. Roles and responsibilities for escalation and investigation across each division or unit are defined. Staff training has occurred across all applicable divisions. These new protocols now occur.
R3	The department should explore opportunities to streamline and consolidate the requirements for funding across federal regulations.	DHW staff in the Idaho Behavioral Health Plan and Child, Youth, and Family Services (CYFS) have teamed with Magellan to continue the every-other-month CYFS Provider Partnership. At these meetings, participants engage in dialogue with service providers around funding and other aspects of federal and state compliance for residential treatment centers and psychiatric residential treatment facilities. The Division of Youth Safety and Permanency updated the qualified residential treatment professional (QRTP) background check spreadsheet and is in the process of updating the coinciding policy.
R4	The department should institute an online dashboard for children's residential care licensure.	The Residential Assisted Living Facilities (RALF) program, referenced in the OPE report, uses a different platform for licensing activity than the children's residential program. The children's residential program's tool makes all the same information publicly available (although presented slightly different). Similar to the RALF platform, the public has access to children's residential facility inspection reports, substantiated complaint reports, current enforcement actions, and a listing of all children's residential facilities licensed in the state. All public reporting on facility compliance is available through the DHW website at <a href="https://healthandwelfare.idaho.gov/providers/childrens-residential-licensing/organization-informationn">https://healthandwelfare.idaho.gov/providers/childrens-residential-licensing/organization-informationn</a> .
R5	The department should amend administrative rule to require facilities to report restraint and seclusion use to the department.	DHW is taking steps to collect restraint and seclusion use through contract monitoring. The Idaho Behavioral Health Plan (IBHP) is working with Magellan to require residential treatment providers report restraint and seclusion use; we anticipate this to occur by calendar year-end. Child, Youth, and Family Services is revising contracts with providers to 1) require a quarterly quality assurance report including data on use of restraint and seclusion; and 2) amend the incident reporting section to ensure incidents are reported as they occur. Restraint and seclusion patterns and trends will be evaluated during every-other-month quality assurance meetings that include staff from both Licensing and Certification and Youth Safety, and Permanency.
R6	The department should amend administrative rule to require at least one annual unannounced survey.	Although not specifically required in administrative rule, in May 2024 Licensing and Certification began conducting one annual unannounced survey in addition to the announced survey in all children's residential facilities. Since that implementation, an unannounced survey has occurred at all 29 facilities and will continue annually.



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<b>R7</b>	The department should revise the child and staff interview process.	Licensing and Certification has updated its policy and implemented new protocols for selecting staff and resident interviews during on-site inspections. In accordance with guidance from the Centers for Medicare and Medicaid Services and the OPE report, facility staff will not select residents to be interviewed or observed. Instead, interviewees are now identified by licensing staff per parameters listed in the policy. Staff have been trained, and this policy is now in effect.
<b>R8</b>	The department should create a bill of rights for children in residential care and amend administrative rule to require that facilities follow, post, distribute, and interpret the rights for children and their families.	Child, Youth, and Family Services, in collaboration with the Health and Human Services Ombudsman, has drafted a bill of rights for children in residential care and is now working on a distribution plan.
<b>R9</b>	The department should make the risk assessment matrix available to the public and facility administrators.	Licensing and Certification is committed to transparency and providing the public and stakeholders information regarding safety and compliance. Division staff have been trained on the division's updated risk assessment matrix. The updated risk score will be included on public documents beginning October 1, 2025. In addition, information about the risk score will be added to Licensing and Certification's public website.
<b>R10</b>	The department should develop criteria to guide response to information received in critical incident reports, child abuse calls, and complaints.	Child, Youth, and Family Services now has a policy to guide decisions and thresholds when reviewing complaints and critical incident reports. This ensures consistent evaluation of all facility-related incidents/concerns. Every-other-month quality assurance meetings that include staff from both Licensing and Certification and Youth Safety and Permanency now occur and include review of critical incident reports, child abuse calls, complaints, and monthly trend reports.
<b>R11</b>	The department should standardize its monitoring procedures for children's residential care facilities, including formalizing their role in ensuring child safety.	Child, Youth, and Family Services has developed a new contract monitoring tool and a process to standardize its use. DHW established a cross-division process and policy for responding to incidents in children's residential facilities. Roles and responsibilities for escalation and investigation across each division or unit are defined, formalizing roles in ensuring child safety.
<b>R12</b>	The department should apply existing response priority requirements to safety-related issues involving children in foster care who are placed in facilities.	DHW has defined response requirements for both Licensing and Certification and Child, Youth, and Family Services (CYFS) staff to ensure children are safe and reports of maltreatment are addressed timely. Licensing and Certification has issued and implemented a priority response policy and trained staff. For children in facilities, CYFS is adopting Licensing and Certification's response priority level definitions and developing relevant response timelines.
<b>R13</b>	The department should revise the contracts it uses to place children in out-of-state facilities to require facilities to report licensing information to the department.	The Idaho Behavioral Health Plan (IBHP) already requires that facilities report licensing information to Magellan, who in turn reports it to DHW. In Child, Youth, and Family Services (CYFS), new contracts with out-of-state facilities now require licensing information be reported to the department. CYFS is currently amending existing contracts to include this requirement; this process should be complete by Jan. 1, 2026.
<b>R14</b>	The department should track the ideal placement type for children in care.	The newly established Continuum of Care Bureau has implemented a tracking system to monitor and evaluate the ideal placement types for Idaho youth matched to in-state and out-of-state residential programs. This system will allow DHW to assess alignment among youth needs, program offerings, and treatment outcomes over time and make real-time adjustments when necessary and available.