College of Southern Idaho
Head Start/Early Head Start

2012
Communitywide
Strategic Planning and
Needs Assessment

Approved by Policy Council (fill in date)
Accepted by CSI Board of Trustees (fill in date)
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Snapshot of Idaho</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Demographics</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>A. College of Southern Idaho - Head Start/Early Head Start</strong></td>
<td>7-13</td>
</tr>
<tr>
<td>1. Agency Data</td>
<td>7-10</td>
</tr>
<tr>
<td>2. Enrollment/Program Options</td>
<td>10</td>
</tr>
<tr>
<td>3. School Readiness Outcomes Measures</td>
<td>10-13</td>
</tr>
<tr>
<td>Graph: 2011-2012 EHS Program Summary</td>
<td></td>
</tr>
<tr>
<td>Graph: 2011-2012 HS Program Summary</td>
<td></td>
</tr>
<tr>
<td>4. Collaboration Grants</td>
<td>13</td>
</tr>
<tr>
<td><strong>B. South Central County Profiles</strong></td>
<td>14-28</td>
</tr>
<tr>
<td>1. Pie Charts on Faith Based Surveys per County</td>
<td></td>
</tr>
<tr>
<td><strong>C. Public Schools and Head Start</strong></td>
<td>28-29</td>
</tr>
<tr>
<td><strong>D. Housing/Homelessness/Hunger</strong></td>
<td>29-41</td>
</tr>
<tr>
<td>1. Idaho Housing and Finance Association</td>
<td></td>
</tr>
<tr>
<td>2. U.S. Department of Housing and Urban Development</td>
<td>30</td>
</tr>
<tr>
<td>3. Transitional Housing and Emergency Shelters</td>
<td></td>
</tr>
<tr>
<td>4. Lack of Affordable Housing</td>
<td></td>
</tr>
<tr>
<td><strong>Homelessness</strong></td>
<td>31-34</td>
</tr>
<tr>
<td>1. Mental Illness and Homelessness</td>
<td></td>
</tr>
<tr>
<td>2. Budget Cuts and Mental Illness</td>
<td></td>
</tr>
<tr>
<td>3. Addiction Disorders and Homelessness</td>
<td></td>
</tr>
<tr>
<td>4. Consequences of Homelessness</td>
<td></td>
</tr>
<tr>
<td>5. Families and Homelessness</td>
<td></td>
</tr>
<tr>
<td>6. Homelessness Assistance Programs</td>
<td></td>
</tr>
<tr>
<td>7. Poverty</td>
<td></td>
</tr>
<tr>
<td>8. Domestic Violence</td>
<td></td>
</tr>
<tr>
<td><strong>Hunger in Idaho</strong></td>
<td>36-37</td>
</tr>
<tr>
<td>1. The Idaho Foodbank</td>
<td></td>
</tr>
<tr>
<td>2. South Central Community Action Partnership (SCCAP)</td>
<td>37-39</td>
</tr>
<tr>
<td>3. Valley House</td>
<td></td>
</tr>
<tr>
<td>4. Crisis Center of Magic Valley (CCMV)</td>
<td></td>
</tr>
<tr>
<td>5. Sexual Violence Prevention Program</td>
<td></td>
</tr>
<tr>
<td><strong>E. College of Southern Idaho</strong></td>
<td>41-43</td>
</tr>
<tr>
<td>1. Center for New Directions</td>
<td></td>
</tr>
<tr>
<td>2. Adult Basic Education (GED/ESL)</td>
<td></td>
</tr>
<tr>
<td><strong>F. St. Luke’s Magic Valley Medical Center (MVMC)</strong></td>
<td>43-46</td>
</tr>
<tr>
<td>1. Children’s Health Services</td>
<td></td>
</tr>
<tr>
<td>2. Mother and Baby Care</td>
<td></td>
</tr>
<tr>
<td>3. Newborn Intensive Care Unit</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>CARES—Children at Risk Evaluation Services</strong></td>
</tr>
<tr>
<td></td>
<td>Diabetes/Nutrition Services (outpatient)</td>
</tr>
<tr>
<td></td>
<td>Senior Services</td>
</tr>
<tr>
<td></td>
<td>Lifeline</td>
</tr>
<tr>
<td></td>
<td>Information &amp; Referral (Community Connection)</td>
</tr>
<tr>
<td></td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td></td>
<td>Inpatient Treatment</td>
</tr>
<tr>
<td></td>
<td>Support Services &amp; Counseling</td>
</tr>
<tr>
<td></td>
<td>Alcohol/Drug Services</td>
</tr>
<tr>
<td></td>
<td><strong>Special Features</strong></td>
</tr>
<tr>
<td></td>
<td>Cancer Care</td>
</tr>
<tr>
<td></td>
<td>Heart, Pulmonary, and Vascular Care</td>
</tr>
<tr>
<td></td>
<td>Women’s Clinic</td>
</tr>
<tr>
<td></td>
<td><strong>G. South Central Public Health District</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Immunization Program</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Women, Infants, and Children Nutrition Program (WIC)</strong></td>
</tr>
<tr>
<td></td>
<td>Breastfeeding Information</td>
</tr>
<tr>
<td></td>
<td>Health Screenings &amp; Growth</td>
</tr>
<tr>
<td></td>
<td>Clinical Services</td>
</tr>
<tr>
<td></td>
<td><strong>Dental Health Program</strong></td>
</tr>
<tr>
<td></td>
<td>Sealants</td>
</tr>
<tr>
<td></td>
<td>Fluoride Varnish</td>
</tr>
<tr>
<td></td>
<td><strong>Smoking Cessation Classes</strong></td>
</tr>
<tr>
<td></td>
<td>Freshstart</td>
</tr>
<tr>
<td></td>
<td>Ending Nicotine Dependence (E.N.D.)</td>
</tr>
<tr>
<td></td>
<td>Idaho Prenatal Smoking Cessation Program</td>
</tr>
<tr>
<td></td>
<td>Idaho QuitNet</td>
</tr>
<tr>
<td></td>
<td><strong>H. Adolescent Pregnancy Prevention</strong></td>
</tr>
<tr>
<td></td>
<td>Planned Parenthood</td>
</tr>
<tr>
<td></td>
<td>Planned Parenthood of Idaho</td>
</tr>
<tr>
<td></td>
<td>Pregnancy Crisis Center</td>
</tr>
<tr>
<td></td>
<td><strong>I. Child Care Issues</strong></td>
</tr>
<tr>
<td></td>
<td>Idaho Association for the Education of Young Children (Idaho AEYC)</td>
</tr>
<tr>
<td></td>
<td>National Association for the Education of Young Children (NAYEC)</td>
</tr>
<tr>
<td></td>
<td><strong>Child Care Assistance for Idaho Families</strong></td>
</tr>
<tr>
<td></td>
<td>Idaho Child Care Program (ICCP)</td>
</tr>
<tr>
<td></td>
<td>IdahoSTARS</td>
</tr>
<tr>
<td></td>
<td>2-1-1 Idaho Careline</td>
</tr>
<tr>
<td></td>
<td><strong>J. Early Childhood Information Clearinghouse</strong></td>
</tr>
<tr>
<td></td>
<td><strong>K. United Way of South Central Idaho</strong></td>
</tr>
<tr>
<td></td>
<td><strong>L. Faith Based Programs</strong></td>
</tr>
<tr>
<td></td>
<td>Interfaith Volunteer Caregivers</td>
</tr>
</tbody>
</table>
Helping Hearts and Hands

M. Substance Abuse Treatment Facilities/Resources 56-58
   Canyon View Psychiatric and Addiction
   Walker Center
   Jubilee House
   Positive Connection
   Proactive Advantage
   Spirit Walker Counseling Services
   Idaho Youth Ranch
   Idaho RADAR (Regional Alcohol Drug Awareness Resource Center)

N. Dept. of Health & Welfare Substance Use Disorder Services 59-62
   Idaho Regional Advisory Committee (RAC)
   Idaho Substance Abuse Facts
   Idaho Meth Project
   The Idaho Tobacco Project
   Idaho Tobacco Facts
   Cigarette Use
       Graph: Tobacco use among Idaho High School Students-2011

O. Idaho Children’s Trust Fund (ICTF) 62-64
   Child Abuse Prevention Initiative
   Prevent Child Abuse America/Idaho Children’s Trust Fund
   Child Abuse Prevention

P. CASA (Court Appointed Special Advocate) 64

Q. Governor’s Task Force on Children at Risk 64-65
   Idaho Keeping Children Safe Panels

R. Dept. of Health & Welfare Family and Children Services 65-72
   Adoption Services
   Types of Adoption
   Wednesday’s Child
   Idaho Safe Haven Act
   Foster Care
   PRIDE
   Grandparents Raising Grandchildren
   Idaho KinCare Coalition
   Independent Living
   Child Protection
   Navigation Services

S. Children with Disabilities 73-78
   College of Southern Idaho- Head Start/Early Head Start
   Child Development Center
   Child Find
Service Coordination
Idaho School for the Deaf and Blind 75
Idaho Council for the Deaf and Hard of Hearing 76-77
Idaho Parents Unlimited, Inc. (IPUL) 77-78
The Parent Training and Information Center

T. Children’s Mental Health Services 78-81
The Children Mental Health Program
Mental Health Planning Council (MHPC)
Referrals-State Department of Education
Idaho Federation of Families
The Idaho Child Welfare Partnership

U. Adult Mental Health Services 81-85
Department of Health and Welfare
State-Provided Community Mental Health Services
Mental Health in the State of Idaho 82
Mental Health in the U. S. 83
Suicide—a Preventable Public Health Problem 83-85
The Suicide Prevention Action Network USA (SPAN USA)
Listen and Act
Managing Stress
SPAN Idaho 85-86

V. Idaho’s Medicaid/Health Program 86-88
Lack of Affordable Health Care
Uninsured Idahoans 87-88
Medicaid
The Idaho Medicaid State Plan
Idaho Health Plan Coverage
Healthy Connections
The Idaho Children’ Special Health Program (CSHP)

W. Community Surveys Program Wide 2012 89
Faith-Based
Businesses 80
Public Schools and Public Officials 91
Public Agencies 92
Parent Assessment Survey Results 93
Community Interest Sheet 94
References 95-100
SNAPSHOT OF IDAHO

Idaho’s population grew 21% during the first decade of the 21st Century, the fourth fastest growing state, it is ranked 39th in the nation with an overall population of 1,584,985 (US Census Bureau, 2011).

Suicide

- Idaho is consistently among the states with the highest suicide rates. In 2009 (the most recent year available) Idaho had the 4th highest suicide rate, 67% higher than the national average and quite a change from the last reporting of the 11th highest rate and a 36% average.

Supplemental Nutrition Assistance Program (Food Stamps)

- 15.1% or 237,478 Idahoans were on food stamps (http://www.idahofoodbank.org/pdf/The_Idaho_Foodbank-Stats-5-2012.pdf)
- One in six Idahoans need government assistance to buy food. As of November 2011 there were 235,000 Idahoans on food stamps compared with 80,000 five years ago and up from 219,000 in 2010. The federal government will pay $380 million, just to Idaho, to pay for SNAP (Local News 8, 2012).

Homelessness

- U.S. Department of Housing and Urban Development Secretary Shaun Donovan awarded $887,959 to 10 public housing authorities in Idaho that will be used to make major large-scale improvements to their public housing units. There are 831 public housing units in Idaho (http://portal.hud.gov/hudportal/HUD?src=/states/idaho/news/HUDNo.2012-02-10)
- Idaho has a 10 year plan to end homelessness (began in 2005). This plan includes state, city and county action plans (http://www.endhomelessness.org/files/1546_file_Idahoplan.pdf)

Food Insecurity

Food insecurity is the way the USDA measures the lack of access, at times, to enough food to lead an active, healthy lifestyle for all household members or limited/uncertain availability of nutritionally adequate foods. Food insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

Seventeen percent of Idaho’s populations are food insecure (267,620 people), the national average is 16.1%. Feeding America tracks the prevalence of food insecurity at the local level, Map the Meal Gap estimates the share of food insecure individuals who are income-eligible for federal anti-hunger programs and provides local variations in food costs. The study finds that many food insecure individuals do not qualify for federal nutrition programs and must rely on charitable food assistance, suggesting that complementary programs and strategies are necessary to reach food insecure individuals at different income levels.

By providing information about hunger at the local level, Map the Meal Gap can help policymakers and service providers identify strategies to best reach those in need of assistance (http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx).
COLLEGE OF SOUTHERN IDAHO HEAD START/EARLY HEAD START
DEMOGRAPHICS 2012

<table>
<thead>
<tr>
<th>County</th>
<th>Blaine</th>
<th>Cassia</th>
<th>Gooding</th>
<th>Jerome</th>
<th>Lincoln</th>
<th>Minidoka</th>
<th>Power</th>
<th>Twin Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square Miles</td>
<td>2,643.59</td>
<td>2,565.08</td>
<td>728.97</td>
<td>602.2</td>
<td>1,205.9</td>
<td>762.9</td>
<td>1,442.7</td>
<td>1,928.3</td>
</tr>
<tr>
<td>Population</td>
<td>21,376</td>
<td>22,952</td>
<td>15,464</td>
<td>22,374</td>
<td>5,208</td>
<td>20,069</td>
<td>7,817</td>
<td>77,230</td>
</tr>
<tr>
<td>Caucasian</td>
<td>84.9%</td>
<td>81.8%</td>
<td>80.7%</td>
<td>80%</td>
<td>80.1%</td>
<td>80.2%</td>
<td>75.1%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20%</td>
<td>24.9%</td>
<td>28.1%</td>
<td>31%</td>
<td>28.3%</td>
<td>32.4%</td>
<td>29.8%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.6%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>1.3%</td>
<td>0.7%</td>
<td>1.2%</td>
<td>2.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>% of Children in Poverty(under 5)</td>
<td>11.3</td>
<td>23.1</td>
<td>16.7</td>
<td>25.1</td>
<td>21.5</td>
<td>25.6</td>
<td>16.8</td>
<td>23.0</td>
</tr>
<tr>
<td>Head Start slots</td>
<td>33</td>
<td>107</td>
<td>64</td>
<td>81</td>
<td>17</td>
<td>65</td>
<td>33</td>
<td>193</td>
</tr>
<tr>
<td>3-4 yr olds age Income eligible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% eligible not served</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% served by county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Head Start Slots</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3 yr olds age Income eligible</td>
<td>243</td>
<td>365</td>
<td>221</td>
<td>383</td>
<td>79</td>
<td>285</td>
<td>123</td>
<td>1101</td>
</tr>
<tr>
<td># eligible not served</td>
<td>243</td>
<td>365</td>
<td>221</td>
<td>359</td>
<td>79</td>
<td>261</td>
<td>123</td>
<td>1069</td>
</tr>
<tr>
<td>% served by county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Total Population, Race/Ethnicity Estimates based on US Census Bureau State and County QuickFacts (http://quickfacts.census.gov/qfd/states/16/16013.html)
Poverty percentages based on Kids Count Data, 2000 (http://www.kidscount.org/census/)
*Selection Criteria has not changed to accept those between 100 - 130% of poverty as we are still not able to serve all income eligible that are 100% of poverty and under.
*Children from Gooding Co. are being served out of the Orchard Valley Center (32) Little Wood (16-partial) and Hagerman (16)
*Children from Twin Falls Co. are being served out of the Buhl (38) Hansen (51), and Twin Falls (104)

A. COLLEGE OF SOUTHERN IDAHO - HEAD START/EARLY HEAD START
Head Start has existed in Idaho since 1965. It was developed under President Johnson’s War on Poverty initiative and authorized under the Economic Opportunity Act of 1965. The program is the most successful, longest-running, national, school readiness program in the United States. Head Start provides comprehensive education, health, nutrition and parent involvement services to low-income 3 to 5 year old children and their families. In 1995, the first Early Head Start grants were awarded to provide services for children under three as well as, pregnant women. EHS began locally in May 2010 and is offered in Twin Falls, Jerome and Rupert providing Home Base services to 80 pregnant women, infants and toddlers year round. Each week, families receive a 90 minute home visit. Socializations for parents and children are offered twice monthly. The College of Southern Idaho Head Start/Early Head Start program is funded to serve 673 children (Head Start -566, TANF- 27, Early Head Start-80).
(http://headstart.csi.edu/)

1. AGENCY DATA
Mission Statement
The College of Southern Idaho Head Start/Early Head Start is committed to providing quality, comprehensive services in order to ensure school readiness and healthy development while strengthening families, within their communities, by becoming life-long learners.
Geographical Area
CSI Head Start/Early Head Start has served families in South Central Idaho for over 47 years! The service area covers 17,790 square miles over nine counties in 11 Head Start facilities serving families in 31 communities. Our Head Start centers are located in Twin Falls, Buhl, Jerome, Wendell, Shoshone, Hailey, Hagerman, Hansen, Burley, Rupert and American Falls serving 593 children and families. The Early Head Start program serves 80 pregnant moms, infants and toddlers in Twin Falls, Jerome, Minidoka and Cassia counties.

Target Population
Head Start/Early Head Start is a federal program for pregnant moms and children birth through age 5, serving children and families who meet age, income and risk factor enrollment criteria, as well as children with disabilities. The Head Start program accepts a limited number of three year olds and over income children with special needs.

Specific Objectives
The program philosophy is built around three principles: 1) Parents are the “primary teachers” of their children. 2) An individualized approach is the key to making meaningful progress with children, parents and staff. 3) Every effort must be made to provide services to the families in our area who are most in need. The program recognizes, supports and provides opportunities for parent involvement by providing planned experiences and activities. This in turn, supports and enhances the parental role as the principle influence in their child’s growth and development; fostering independence of the family unit through education and social services, and assisting families to facilitate change through education.

Programs/service provided this year
The College of Southern Idaho Head Start/Early Head Start program has continued to provide comprehensive, quality services to the 566 (HS), 27 TANF and 80 (EHS) enrolled children and their families. The program has a strong commitment to community service. Participation continues in local Soup Kitchens, Adopt-A-Highway projects, local career and health fairs, several family preservation groups, child abuse prevention, CASA, juvenile justice, Child Mental Health, and the Magic Valley Prevention Coalition. The Federal Head Start funding source requires that a 20% match of total funding from locally donated time, services and/or supplies. During the year 2012, in kind from local contributions equaled $1,465,100 from Head Start and Early Head Start combined. It is essential that Head Start/Early Head Start parents and community members participate as full partners in the operation of the program. The College of Southern Idaho Head Start/Early Head Start program has a long, successful history of community collaboration and innovative programming to meet the needs in the communities it serves. The program continues to seek alternative funding sources to offer comprehensive, innovative services.

Early Head Start (EHS)
EHS began in the program area May 2010 and provides year round, weekly home-based services at three sites within four counties. Group socializations provide another opportunity to strengthen and support relationships between infants, toddlers, parents, and/or guardians. Socializations are a chance for parents to observe their children learning new skills and obtain feedback and support offered by staff and other participants. Pregnant women in the program receive prenatal education on fetal development, including risk factors during pregnancy, and exposure to information on best practices of early childhood development. EHS has a contract with South Central Public Health District to provide nurse home visits to EHS families and take place an average of four times a year. Nurses focus on the medical needs of the expectant mother or EHS
child, educate, make referrals, and encourage parents to follow early periodic screenings diagnosis and treatment (EPSDT) guidelines for their children and/or pregnancy. EHS also contracts with an independent RN that provides home visits and lactation counseling services.

**Nurse Home Visitor Component**
The Nurse Home Visitor component of Early Head Start developed because the medical needs of very young children change rapidly. Parents needed guidance on preventative health practices and anticipatory guidance for each child’s developmental milestone. In Southern Idaho there is a high percentage of teenage parents and/or grandparents as parents. Additionally, teens involved in the use and abuse of alcohol, tobacco and drugs increased our concern. Research shows that pregnant women under the age of 17 as well as low income pregnant mothers are at a higher risk of preterm labor and that children born prematurely may be at risk for health and developmental challenges.

The College of Southern Idaho Early Head Start program 1) Improves pregnancy outcomes; 2) Builds strong networks of support for Early Head Start parents and children; 3) Provide referrals for a medical home, dental home, and ongoing healthcare services; 4) Address emergent health issues and engage in preventative health practices.

- Nurses discuss the importance of prenatal care to expectant mothers and provide referrals for prenatal care.
- Nurses provide information on fetal development and the risks to the fetus from smoking, alcohol, and substance abuse.
- Provide referral to classes and a physician on Gestational Diabetes.
- Provide information on the post-partum care of the mother.
- Provide information on the benefits of breastfeeding as well as answering questions for mothers who plan on breast feeding or have difficulty in their attempts to breast feed.
- The Registered Nurse/Lactation Counselor discusses latching technique, infant feeding cues, address slow weight gain vs. failure to thrive; discuss vitamin D supplementation and nutrition while breastfeeding.
- Nurses explain to parents how to care for the newborn and how to care for the umbilical cord.
- Nurses may also conduct the Edinburg depression screener.
- Nurses explain immunizations and immunization schedules to parents to help keep their very young children on track for receiving needed vaccinations.
- Nurses explain the anticipatory guidance for the child’s next physical exam and remind parents of their next well child check based on Idaho State EPSDT standards.
- Discuss infant feeding and child nutrition; provide referral to WIC if necessary.
- Combining the knowledge and skills of a nurse and registered dietitian; develop a Health Education Plan for a child with a special dietary need.
- Nurses also help to explain home safety, providing a home safety checklist on the visit and identifying potential hazards in the home to the very young child.
- Nurses are available to read medical transcriptions from a health care provider and are able to explain the medical information to parents.

**Total Nurse Home Visits as of July 2012: 174**
**Idaho Head Start Association (IHSA)**
The Idaho Head Start Association was formed in 1986 and is a private nonprofit organization that represents thirteen Idaho Head Start programs and 5,000 children, 650 children with special needs are served. It is estimated that Idaho serves fewer than 20% of eligible children. A Board of Directors made up of current members of the Idaho Head Start Association governs the Association. Each Head Start grantee may have up to four voting members of the Association. These members include one director, one staff member, and one parent member, and a fourth member, which can be determined by each individual grantee. The mission of the IHSA is to advocate for the children and families of Idaho by promoting and strengthening early care and learning. Members focus on current issues that affect Idaho Head Start programs, families and staff. The IHSA’s vision is: “We envision healthy, thriving communities in which people live and work together with dignity, respect and compassion; where families and staff have access to the knowledge, skills and resources they need to nurture children.” Board members serve either one or two year terms and meet four times a year (http://idahoheadstartassoc.net/Default.aspx).

2. **ENROLLMENT/PROGRAM OPTIONS**
During the program year, (August 2011 through July 2012) the program was funded to serve 646 children and their families. Federal Funded slots were 566 Head Start, 80 Early Head Start and 27 TANF slots. The Head Start program offers four options to families: 1) The Combination model provides two 4 hour days of classroom per week and 16 home visits throughout the year. This option is offered at all centers. 2) The School District Collaboration model, children receive educational instruction through the 3-5 preschool program with the Head Start Family Educator going into the classroom for one hour weekly and provides 16 one hour home visits over the year. This option is offered at the Twin Falls, West End, North Side, and Cassia Centers. 3) The Double Session model is at the Twin Falls and Cassia Centers. Children attend four days of class either an A.M. or P.M. for three and a half hours. Families receive 12 home visits over the year. 4) The Pre-K option combines 3-5 with Head Start. The class consists of about 50% typical developing children and 50% children with a disability. Children attend four days of class for three and a half hours. Families receive 12 home visits over the year. This option is currently only available in Hagerman. Home Visits are one and a half hours for all program options.

The program received the Early Head Start grant award in 2009 and began services to children and families in May 2010. EHS is offered in Twin Falls, Jerome and Rupert providing weekly Home Base services to 80 expectant mothers, infants and toddlers year round. Each week, families will receive a 90 minute home visit. Socializations for parents and children are offered at least twice a month.

Pre-applications are available at all Head Start/Early Head Start centers and local agencies. Anyone interested in enrolling may call the center in his/her community or our Administration Office at 736-0741 or 1-877-736-0741. You may also visit Head Start/Early Head Start webpage at (http://headstart.csi.edu/).

3. **PROGRAM WIDE SCHOOL READINESS OUTCOME MEASURES**
College of Southern Idaho Head Start/Early Head Start’s purpose is to serve the lowest income, highest risk prenatal to age five children in our service area. The program is currently funded to serve only 39% of the age and income eligible children in our area. With that funding comes a
responsibility to administer the program in a way that demonstrates increased school readiness of enrolled children. Our funding sources and the public want to know that their investment in Head Start/Early Head Start brings measurable results! The program provides information on the children’s progress during the year through developmentally appropriate practice.

**Assessment Tools:**

**Child Observation Record**

The COR assessment tool is based on observations and anecdotal information compiled by classroom staff, home visitors and parents. The COR consists of 7 categories with 34 items. The COR was developed to coordinate with the High Scope curriculum, which is implemented in HS classrooms. This assessment is completed three times during the program year.

**Infant-Toddler Observation Record**

The Infant Toddler COR assessment tool is based on observation and anecdotal information compiled by home visit staff and parents. The IT COR consists of 6 categories with 28 items. The IT COR was developed to coordinate with the Infant Toddler High Scope curriculum, which is implemented in EHS socializations. The assessment is completed four times a year.

**Devereux Early Childhood Assessment**

The DECA assessment tool is used to focus on three protective factors – attachment, self-control, and initiative – which are closely related to social and emotional development. The DECA also looks at the child’s use of specific challenging behaviors. The teacher and a family member complete a DECA Record Form to review the child’s use of skills and behaviors related to resilience. DECA results are summarized in individual and classroom profiles that are used to plan strategies to encourage children’s social and emotional strengths. *(Taken from the Now and Forever Handbook, 1999)* The assessment is done twice during the program year with the initial assessment being done four weeks after the child has been in class and within 45 days of enrollment.

**Infant-Toddler Devereux Early Childhood Assessment**

The Infant-Toddler DECA assessment tool is used to focus on understanding attachments and relationships, initiative, and self-regulation. The home visitor and a family member complete an IT DECA Record Form to review the child’s use of skills and behaviors related to resilience. IT DECA results are summarized in individual profiles that are used to help the parent plan strategies to encourage infant and toddlers’ social and emotional development. The assessment is done three times during the program year with the initial assessment being done four weeks after home visits have begun in the program and within 45 days of enrollment.

**Assessment Timelines**

CSI/HS uses the Child Observation Record as its ongoing assessment. The individual COR anecdotal and observation summaries from the beginning of the year are summarized by classroom staff and submitted to the Head Start Central Office by the beginning of December and again at the beginning of March, the beginning of June and the first part of August (August is for EHS only). This information is entered into a COR database, which evaluates the information and provides an analysis of the average skill levels of the children in our program. After the second and after the third summaries are entered, the database draws out a comparison that shows progress, in the form of charts, graphs and percentages. Throughout the year, the data is shared with center staff, parents, community members and the Head Start Policy Council for analysis and discussion.
Child Observation Record (COR) Outcomes Report 2011-2012
Child Observation Record is gathered 3 times during the program year for Head Start and 4 times for Early Head Start. Staff and parents take anecdotes on the children. The anecdotes are scored from a level 0 to a level 5, with 0 being a lower skill level and increasing to more advanced skill levels.

Preschool Item Level Report
There are 32 items on the Preschool Child Observation Record divided into 7 categories (Initiative, Social Relations, Creative Representation, Movement and Music, Language and Literacy, Mathematics and Science, and Dual Language Learners).
The largest gains were in, Making choices and plans (A), Initiating play (C), Resolving interpersonal conflict (G), Moving in various ways (L), Feeling and expressing steady beat (N), Moving to music (O), Listening to and understanding speech (Q), Using letter names and sounds (V), Sorting object (Y), Identifying patterns (Z), Comparing properties (AA), Identifying sequence, change, and causality (DD), Identifying materials and properties (EE), Identifying natural and living things (FF).
There were 2 items in Initiative, 1 item in Social Relations, 3 items in Movement and Music, 2 item in Language and Literacy and 6 items in Mathematics and Science that all showed at least 1 and a half levels of improvement. Using letter names and sounds had two full levels of improvement and was the largest gain in the program.

Head Start Outcomes 2011 Alignment
There are 11 domains in the Head Start Outcomes (Physical Development and Health, Social & Emotional Development, Approaches to Learning, Logic & Reasoning, Language Development, Literacy Knowledge & Skills, Mathematics Knowledge & Skills, Science Knowledge & Skills, Creative Arts Expression, Social Studies Knowledge & Skills, and English Language Development.
The largest gains were in Mathematics Knowledge & Skills, Science Knowledge & Skills. Both of these categories had over a one and a half level increase from the baseline Time 1 period.

Idaho Early Learning Guidelines Alignment
The goals with the highest increase are: Mediated by individual temperament, children learn to understand and appreciate individual style in approaching and interacting with the world (Goal 7), Children demonstrate awareness of cause and effect relationships (Goal 8), Children use prior relationships, experiences, and knowledge to explain understanding (Goal 9), Children expand abilities for conjecture, hypothesizing, and guessing (Goal 12), Children demonstrate strength and coordination of large motor muscles (Goal 17), Children demonstrate the stamina and energy to participate in daily activities (Goal 20), Children engage in a variety of physical activities (Goal 21), Children trust, interact with, and seek assistance from adults (Goal 27), Children demonstrate awareness of behavior and its effects on others (Goal 30), Children demonstrate sympathy and empathy (Goal 32), Children perceive themselves as unique individuals (Goal 36), Children demonstrate belief in their abilities (Goal 37), Children regulate their feelings and impulses (Goal 38), Children demonstrate awareness and understanding of individual fairness, group rights, and responsibilities (democratic ideas) for membership and participation in group activities (successful citizenship) (Goal 45), Children use receptive vocabulary (Goal 51),
Children use expressive vocabulary (Goal 52), Children demonstrate progression in grammar and syntax (Goal 53), Children use language for a variety of purposes (Goal 55), and Children demonstrate comprehension of printed materials and oral stories (Goal 59).

Early Head Start Item Level Report
There are 28 items on the Infant/Toddler Child Observation Record divided into 6 categories (Sense of Self, Social Relations, Creative Representation, Movement, Communication & Language, and Exploration & Early Logic).

4. COLLABORATION GRANTS
Oral Health
In 2005, Head Start received a four-year grant funded at $75,000 each year for oral health services and education. With this grant the program developed the *Smiles Count* project that includes dental exams and treatment; oral health education in the classroom, during home visits, as well as, parent and staff training; 20 Memorandums of Understanding are complete with area dentists and two specialists; formal contracts have been established with Family Health Services and two Health Departments. The Health Department provides nutrition consultation and training to Head Start parents. Funds from this grant also support staff trainings, oral health supplies and classroom materials. This grant formally ended in December 2009 however, services, contracts and MOU’s are in place to continue oral health services.

The *Smiles Count* oral health home visit curriculum that was developed by the program’s Health Specialist, Delia Villanueva will be implemented for use in Head Start programs statewide.

Community Health Improvement Fund
The program received a $15,000 grant from St. Luke’s Magic Valley Medical Center. The grant helps improve the health of the people that St. Luke’s serves. The Community Health Improvement project’s focus is to assist and/or offer opportunities for children and families to participate in life enhancing programs which will make a dramatic difference in their personal life, as well as, home and educational environments. CSI HS/EHS is using the funds to help families with counseling issues, outside of Twin Falls County that are either not covered under the families insurance or cannot afford insurance. The funds also help EHS mothers who need follow up medical/dental care, up to twelve months after the child is born that are underinsured or not covered.

Twin Falls Health Initiative Grant
The program received a $30,000 grant from St. Luke’s Magic Valley Medical Center. The money for this project was used to purchase vision machines that are being used in Head Start and the Public School District of Twin Falls. The machines help with early intervention of the following conditions: Near-sightedness (myopia), Far-sightedness (hyperopia), Unequal refractive power (anisometropia), Blurred vision, eye structure problem (astigmatism), Pupil size deviations (anisocoria), and Eye misalignment (strabismus). The screener is quick and reliable. The project approximately serves 250 Head Start/Early Head Start infants/toddlers/preschool children and 2,500 elementary age children in grades kindergarten, 1st, 3rd, and 5th in the Twin Falls school district. The project will cover the costs of several children in the school district that do not have insurance for follow-up exams or eye glasses. The funds serve only children that attend the Twin Falls elementary schools in the city of Twin Falls and those Head Start/Early Head Start children that are served in Buhl (includes Castleford), Hansen(includes Kimberly, Murtaugh) and Twin Falls (includes Filer). The project increases timely referrals for appointments to eye care specialists.
B. SOUTH CENTRAL COUNTY PROFILES

Magic Valley: Geographic Overview
The counties that make up the Magic Valley — Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Twin Falls and Minidoka — contain some of the most productive farmland in the northwestern United States, and are home to friendly communities that embrace a relaxed lifestyle. Camas and Blaine counties are on the northern borders and Minidoka and Cassia are on the east. Shoshone Falls, the Snake River and the Thousand Springs areas are popular tourist stops. Located between Jackpot, Nevada and Sun Valley, this region has had a healthy tourism industry. Blaine and Camas Counties are surrounded the Sawtooth Mountains, which is a recreational paradise. Camas prairie lies on the south, and supports farming and ranching. The Mini-Cassia area has extensive farmlands, desert and the forested South Hills nearby. Easy access to the rugged beauty of the mountains makes outdoor activities a mainstay of the area. Over 54% of the land is state and federally owned and is used primarily for grazing livestock. Over one-half million acres of land are fully developed for irrigation and dry land farming. The dry land farming is unique to South Central Idaho. Potatoes, sugar beets, alfalfa, grains and dry beans are grown in the Mini-Cassia area. Livestock and dairy farming round out the agricultural mix of the area in which agriculture plays a key role in economic growth and stability.

Blaine County Profile

Services Utilized through Faith Based Organizations in Blaine County

- Parenting classes
- Women's group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Youth Programs
- Summer Activities for children
- Single's group
- Men's Group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs

Population
Blaine County has experienced strong, steady growth over the last decade. The population decreased from 22,952 in 2010 to 21,199. Beautiful mountains and virtually unlimited recreational opportunities make Blaine County a destination for domestic and international visitors. Hailey is the county seat and largest city at 7,960. Ketchum, the commercial hub, has four hotel projects seeking financing. The recession affected the work force by dramatically reducing construction and tourism and challenges continue with affordable housing for service workers, low paying jobs for hospitality and retail, and traffic congestion.
Labor Force & Employment
Blaine County is suffering from the construction and housing slump that hit many tourism and high-growth areas across the nation. The unemployment rate was fairly stable during the early part of the last decade. The continued expansion sent the rate plunging to 2.2 percent in 2007 before the recession pushed it up to 8.9 percent in 2010. Spring and fall recreation and conferences have eased some of those seasonal slumps. Most jobs are in the relatively lower paying hospitality or retail sectors so the labor pool continues to be constrained by a lack of affordable housing. The high cost of living offsets wages that are typically higher than elsewhere in Idaho. Routine traffic congestion between Ketchum and Bellevue has increased public transportation ridership. A significant number of workers commuted to the county for higher-paying construction and landscape jobs before the recession. Blaine County continues to see new developments such as the Hailey ice rink and rodeo grounds scheduled for completion in 2012. A new airport was planned but it was put on hold by the FAA. With Sun Valley’s approval to become the first Nordic Olympic and Paralympic training site in the US transportation issues must be resolved.

Wages & Income
With its natural beauty and diverse recreational opportunities, the county attracts the affluent. Per capita income in 2009 remained the highest in Idaho. In fact, it exceeds the United States per capita income for 2009 by $18,000 or 45 percent, and Idaho per capita income by $25,779, or 81 percent. Employers have had to subsidize normal wage rates. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Blaine County rent for a two-bedroom is $888/mo (FMR = Fiscal Year 2011 Fair Market Rent). According to Feeding America (2012) Blaine County has a food insecurity rate of 14.5% (3,090) people and 32% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $1,999,870. There were 19 suicides (17.5%) in Blaine from 2006-2010 (SPAN Idaho, 2012).

Income Potential

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Starting wage</th>
<th>Occupation</th>
<th>Starting Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers</td>
<td>$19.00</td>
<td>Registered Nurses</td>
<td>$28.50</td>
</tr>
<tr>
<td>Legal Secretaries</td>
<td>$19.00</td>
<td>Elementary Teachers</td>
<td>$38,000/yr</td>
</tr>
<tr>
<td>Cashiers</td>
<td>$10.00</td>
<td>Motel housekeeping</td>
<td>$ 9.00</td>
</tr>
<tr>
<td>Chefs</td>
<td>$15.00</td>
<td>Lifeguard/ski patrol</td>
<td>$ 10.00</td>
</tr>
<tr>
<td>Landscapers</td>
<td>$15.00</td>
<td>Construction Labor</td>
<td>$15.00</td>
</tr>
<tr>
<td>Electricians, Journeyman</td>
<td>$24.00</td>
<td>Maintenance Mechanics</td>
<td>$24.00</td>
</tr>
</tbody>
</table>

Cassia County Profile

Services Utilized through Faith Based Organizations in Cassia County

- Parenting classes
- Women’s group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Youth Programs
- Summer Activities for children
- Single’s group
- Men’s Group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs

*All services offered by Faith Based are listed above, only those utilized are shown in the pie chart

Population
Cassia County’s population grew 7.6 percent over the last 10 years with all growth occurring in the last five years. Growth in the second half of the decade was 6.1 percent. Population in 2011 was estimated at 23,186. The county diversified beyond agriculture as national companies relocated there and existing businesses exhibited staying power during the recession. Efforts to market Cassia and Minidoka counties together through a community partnership that spotlighted low land and labor costs were successful in landing new businesses. The area offers an array of natural resources and recreational opportunities. Burley, the largest city (10,447), is located on the banks of the scenic Snake River. It is a short distance to the City of Rocks National Reserve for climbing and Pomerelle Mountain Resort for skiing, both popular destinations.

Labor Force & Employment
Cassia County has traditionally experienced higher unemployment than the rest of south central Idaho. The closure of the J.R. Simplot potato processing plant in Heyburn in 2003 pushed the unemployment rate to nearly 6 percent in 2003. Since then, companies such as Dutchmen Manufacturing, a large scale RV manufacturer, and Mulholland Positioning Systems, which makes gait assistance devices for disabled children and adults, have opened. Pacific Ethanol started production in April 2008 but was been hampered first by lower fuel prices and then by the recession. DOT Foods, a national re-distribution company, opened its state-of-the-art warehouse in 2008, attracted by convenient shipping access along Interstate 84 with plans to expand. Packaging Specialties opened its shrink wrap and printing operation in 2008, and 2009 brought Hy-Line North America, an egg hatching operation that is shipping chicks from its new plant in Burley and buying eggs locally. High Desert Milk and Gem State Processing are the most recent business additions. All of the new firms pay competitive wages with benefits. In 2007, Cassia County’s unemployment rate was at a record low 3 percent. While rising with the recession, it has remained lower than the national and state rates. Cassia County’s low real
estate prices, job opportunities, location on I-84 and proximity of outdoor recreation will remain a draw.

**Wages & Income**
Wages have been traditionally low in Cassia County, but with the influx of manufacturing companies particularly over the last couple of years, wages are on the rise. Traditionally, jobs were either in agriculture, food processing, retail or services. The dairy industry has brought some stability to agricultural wages. Per capita income in 2010 increased by 4.1 percent although still below 2008 levels of $33,866 which was driven by skyrocketing commodity prices. Cassia is the leading county in the state for agricultural production. Average wages, however, continued to climb. The lower wage scale attracts many companies. As the economy grows and diversifies, more highly skilled jobs will be generated, pushing average wages up more dramatically. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Cassia County rent for a two-bedroom is $573/mo (FMR = Fiscal Year 2011 Fair Market Rent).

According to Feeding America (2012) Cassia County has a food insecurity rate of 14.5% (3,180 people) and 49% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $1,472,430.

### Income Potential

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Average Wage</th>
<th>Occupation</th>
<th>Average Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>$50,000</td>
<td>Social Workers</td>
<td>$19.00</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>$25.00</td>
<td>Dental Assistants</td>
<td>$12.00</td>
</tr>
<tr>
<td>Secretary/Receptionists</td>
<td>$10.00</td>
<td>Food processors</td>
<td>$10.00</td>
</tr>
<tr>
<td>Bookkeepers</td>
<td>$11.00</td>
<td>Cashiers</td>
<td>$8.50</td>
</tr>
<tr>
<td>Landscapers</td>
<td>$10.00</td>
<td>Forklift Operators</td>
<td>$14.00</td>
</tr>
<tr>
<td>Maintenance Mechanics</td>
<td>$130.00</td>
<td>General Farm labor</td>
<td>$10.41</td>
</tr>
</tbody>
</table>


There were 59 teen pregnancies in Cassia County in 2009, at a rate of 65.1% (Welch, 2011, p.1). At Burley High School the *Reducing the Risk* curriculum is presently a part of the Burley High School 10th grade health class. The High School is partnering with the Burley High School Women's Board in order to promote adolescent pregnancy prevention through peer group activities that encourage positive behavior. This partnership is known as the School Health Promotion Council.

The Women's board provides positive activities that enhance self-esteem and teach important life skills that giving girls the tools to be successful during and after their high school years. It is the belief that through a positive supportive network that the young women that are prepared mentally, physically, socially, and emotionally for the challenges of life outside of High School will understand the risks and difficulties of teen pregnancy and make positive choices that will help them avoid an unwanted pregnancy (South Central Public Health District, 2010).
Gooding County Profile

Services Utilized through Faith Based Organizations in Gooding County

- Parenting classes
- Women's group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Youth Programs
- Summer Activities for children
- Single's group
- Men's Group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs

*Includes Hagerman and Orchard Valley community surveys combined

Population
Gooding County has experienced insignificant growth over the last 10 years. The population rose slightly in 2010. Between 2003 and 2006, Gooding’s population dipped slightly due to restructuring of the Idaho School for the Deaf and Blind. The recession and low dairy prices took its toll in 2009. Gooding County is the state’s dairy leader, but the explosive growth over the last 15 years was blunted by moratoria on dairies and feedlots. The industry has converted typically migrant, seasonal workers into permanent residents. The county seat and largest town is Gooding at 3,384 residents in 2010. Wendell, coined the Hub City due to its central location, is the second largest town at 2,338. Over half the county lives outside the cities. Despite the predominance of dairy, the county’s agriculture is diverse from specialty onions to trout and beef cattle. Dairy products have been stable, but milk prices were below the breakeven point for an 18-month period, overlapping high feed costs in 2008. North Canyon Medical Center opened its new facility in the spring of 2010.

Labor Force & Employment
The civilian labor force has been steadily growing in Gooding County over the last decade from 6,600 in the late 1990s to 9,000 in 2011. The unemployment rate has fluctuated from a low 2 percent in 2007 to 6.9 percent in 2010. It has remained well below state and national rates. The dairy and cheese processing industries, which provide year-round employment, offer higher-paying, stable jobs. The rapid growth in dairies has slowed in recent years as environmental concerns forced the Gooding County Commission to tighten standards for large livestock operations.
operators. Kieferbuilt Trailers started operations in 2004 and provided higher skilled jobs until it shut down during the recession. At one time, many residents commuted to Blaine County for the higher-paying landscaping and construction jobs. But those jobs have dried up in the economic downturn despite the needs of estates, second homes and hotels in Sun Valley and Ketchum. A growing charter school competes for students, stressing public schools budgets. Glanbia, a cheese producer, is a large employer in the area and has been innovative in dealing with its waste water. Its presence brought Wel Companies, a logistics and warehousing operation that took over the Kieferbuilt plant. The long-term forecast for Gooding County is steady growth.

**Wages & Income**

Income generated from dairies, its value-added manufacturing and transportation jobs plus access to higher paying opportunities in Blaine County have been the catalyst for much of Gooding County’s growth in per capita income. It rose 37 percent over the last decade, but lost 19 percent from 2008 to 2009 due to the low milk prices. Gooding County ranked fifth among Idaho’s 44 counties in 2008 but fell to 15th in 2009. The work force is stable yet highly mobile and willing to spend the extra time and fuel for higher wages in Blaine County when quality jobs are not available at home. Gooding County has the third highest per capita income in south central Idaho. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Gooding County rent for a two-bedroom is $573/mo (FMR = Fiscal Year 2011 Fair Market Rent).)

According to Feeding America (2012) Gooding County has a food insecurity rate of 14.6% (2,210 people) and 52% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $1,049,920.

South Central Community Action Partnership closed its Jerome office last year and opened a site in Gooding so that they would have a more central location for residents in outlying areas. The choice of Gooding was also desirable due to the fact that the Gooding School District registers more homeless children than SCCAP serves and was identified by the USDA as a food desert (low access to supermarkets or large grocery stores). Gooding is also an area that is high in contact request for assistance from SCCAP (Coltrain, 2011, p. 1).

**Income Potential**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Starting Wage</th>
<th>Occupation</th>
<th>Starting Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>$17.00</td>
<td>Social Workers</td>
<td>$18.00</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>$23.00</td>
<td>Substance Abuse</td>
<td>$16.00</td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td>Counselors</td>
<td></td>
</tr>
<tr>
<td>Waiters/ Waitresses</td>
<td>$7.25</td>
<td>Receptionist</td>
<td>$9.00</td>
</tr>
<tr>
<td>Milkers</td>
<td>$11.00</td>
<td>General Farm Labor</td>
<td>$7.25</td>
</tr>
<tr>
<td>Cheese Processors</td>
<td>$9.50</td>
<td>Cashiers</td>
<td>$7.25</td>
</tr>
<tr>
<td>Maintenance Mechanics</td>
<td>$12.50</td>
<td>Construction Labor</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

Jerome County Profile

Services Utilized through Faith Based Organizations in Jerome

- Parenting classes
- Women's group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Youth Programs
- Summer Activities for children
- Single's group
- Men's Group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs
- Money Management/support
- Before/After School Programs

Population
Jerome County’s population has grown steadily in response to strong economic and infrastructure development. Jerome is the county seat and by far the largest city at 10,890 residents. Hilex Poly, an advanced plastics manufacturer that makes grocery bags, and Idaho Milk Products with its new state-of-the-art milk processing plant are examples of new companies requiring workers with better than average skills. The dairy industry continues to be a major factor in the economy and community, drawing feeder businesses such as Jerome Cheese, West Farm Foods Inc. and WOW Logistics. Con Paulos auto dealership, new schools and the steady increase of small retailers have invigorated the community. Jerome’s residential construction grew on affordable values and a downtown adjacent to the interstate. The Crossroads Point Business Center at the intersection of Interstate 84 and U.S. Highway 93 and the 93 Technology Park along with numerous other industrial parks position Jerome for significant growth over the next decade.

Labor Force & Employment
Seasonally adjusted unemployment in Jerome County was falling prior to the recession as it was statewide. Unemployment dropped from a high of 4.6 percent in 1998 to a low of 2.9 percent in 2007, driven by economic diversification, development and growth in the dairy industry. The current downturn has unemployment higher again but still well below the record levels of 1983, when the rate hit 9.7 percent. While dairy has provided many stable jobs, it remains a volatile commodity. Dairy farms culled cows to meet debt obligations but stressed some banking relations as supply and demand imbalances drove prices lower. Milk prices have rebounded but so have fuel and feed prices. The economic outlook remains optimistic with continued development of the Crossroads Point Business Center, which currently includes a Comfort Inn Hotel, Federal Express office, Idaho Wind Partners, Fastenal, a Subway sandwich shop and the Heritage Center office complex, B & N Machine and Freightliner of Idaho are the most recent

**Wages & Income**
Jerome County has shown strong growth in per capita income over the last decade. A 29 percent increase since 2000 ranks the county 24th statewide. The dairy and cheese industry is struggling, the dairy moratoria have been imposed and lifted and imposed again, and currently has been lifted again but new requirements along with higher fuel and feed prices are eroding profits. From 2010 to 2011, covered average employment declined by 16 percent in the construction industry while the rest of the region experienced more modest declines or slight upticks. Manufacturing experienced gains in average employment by 8 percent while wages rose 4 percent. Hispanics make up 31 percent of the county population, increasing over the past decade by 22 percent. They gravitate toward industries such as agriculture, construction and manufacturing. Agriculture lost 2.5 percent of its workers. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Jerome County rent for a two-bedroom is $573/mo (FMR = Fiscal Year 2011 Fair Market Rent). According to Feeding America (2012) Jerome County has a food insecurity rate of 15.1% (3,220 people) and 47% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $1,391,190.

**Income Potential**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Wages</th>
<th>Occupation</th>
<th>Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>$52,000/yr.</td>
<td>Teachers Aides</td>
<td>$10.00</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>$28.50</td>
<td>Receptionists</td>
<td>$10.00</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>$13.00</td>
<td>Bookkeepers</td>
<td>$11.00</td>
</tr>
<tr>
<td>Cashiers</td>
<td>$8.50</td>
<td>Farm Laborers</td>
<td>$9.90</td>
</tr>
<tr>
<td>Janitorial</td>
<td>$9.00</td>
<td>Landscapers</td>
<td>$12.00</td>
</tr>
<tr>
<td>Maintenance Mechanics</td>
<td>$15.00</td>
<td>Cheese Processors</td>
<td>$10.00</td>
</tr>
<tr>
<td>Construction Laborers</td>
<td>$11.00</td>
<td>Milkers</td>
<td>$11.00</td>
</tr>
</tbody>
</table>

Lincoln County Profile

Services Utilized through Faith Based Organizations in Little Wood

- Parenting classes
- Women’s group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Youth Programs
- Summer Activities for children
- Single's group
- Men's Group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs

*All services offered by Faith Based are listed above, only those utilized are shown in the pie chart

Population
Lincoln County’s population has risen 25 percent in the last 10 years, to 5,186 in 2011, outpacing other counties in the region. The city of Shoshone, considered the gateway to Sun Valley, is the county seat with a population of 1,461. Lincoln County continues to rely on agriculture with several large scale dairies contributing to the industry’s regional growth. Manufacturing was nearly non-existent prior to Glanbia Food’s whey processing plant in Richfield, 14 miles east of Shoshone, and Rocky Mountain Hardware, which machines brass fixtures in Shoshone. As a bedroom community to both the Wood River Valley and Twin Falls, workers have an easy commute. Affordable housing continues to be an issue in the Wood River Valley so subdivisions and residential construction will continue in Shoshone, where sustainable growth is expected over the long term. Currently there is an inventory of building lots.

Labor Force & Employment
Unemployment has been a roller coaster in Lincoln County. The seasonally adjusted rate originally peaked at 13 percent in 2010 from a record low of 3.2 percent in 2007. During the last three years, the unemployment rate has been in double digits, well above the state and national rates. Since the economic downturn, unemployment has reached unprecedented levels with a major loss of construction jobs pushing it to 13.4 percent in March 2011 — well above the state and national rates. Economic diversification has created new jobs over the last five years mainly in the service sector and manufacturing. Dairies have brought stability to traditional seasonal jobs in tourism, landscaping and agriculture. More retail is popping up to serve the highway traffic between Twin Falls and the Wood River Valley. Manufacturing jobs are stable and raising area wages. Hay, grains, corn and other crops that can be green chopped for dairy silage are the
primary commodities. The U.S. Bureau of Land Management’s regional headquarters and the National Interagency Fire Center dispatch operation are seasonal employers. The surrounding small communities all saw interest in new housing prior to the downturn.

**Wages & Income**

Per capita income in Lincoln County has grown steadily over the last decade but is still the lowest in the region at 13 percent less than the state per capital income and 30 percent less than the nation. The county ranks 31st among the 44 counties. Many of the jobs are in services and agriculture, which tend to pay lower wages. Both, however, have experienced a jump with the minimum wage increases in 2007, 2008 and 2009. Manufacturing offers higher-paying jobs and the possibility of expansion. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Lincoln County rent for a two-bedroom is $573/mo (FMR = Fiscal Year 2011 Fair Market Rent). According to Feeding America (2012) Lincoln County has a food insecurity rate of 18.6% (930 people) and 48% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $433,820.

**Income Potential**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Starting Wage</th>
<th>Occupation</th>
<th>Starting Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>$50,000/yr.</td>
<td>Bookkeepers</td>
<td>$11.00</td>
</tr>
<tr>
<td>Cashiers</td>
<td>$ 8.00</td>
<td>School Custodians</td>
<td>$10.50</td>
</tr>
<tr>
<td>Cheese Processors</td>
<td>$ 11.00</td>
<td>Receptionists</td>
<td>$10.00</td>
</tr>
<tr>
<td>Fire Fighters</td>
<td>$13.00</td>
<td>Milkers</td>
<td>$11.00</td>
</tr>
<tr>
<td>General Farm labor</td>
<td>$ 10.41</td>
<td>Construction labor</td>
<td>$12.00</td>
</tr>
</tbody>
</table>


**Minidoka County Profile**

*All services offered by Faith Based are listed above, only those utilized are shown in the pie chart*
Population
The population of Minidoka County had been slipping over the last decade but the erosion seems to have stopped. There have been incremental annual increases the last five years, rising from 19,603 in 2001 to 20,155 in 2011 (0.4%) increase. Rupert, the county seat, has a population of 5,578. The downtown core has retained its historic buildings. The downtown plaza is one of the few remaining in Idaho and the centerpiece of the community. Still heavily dependent on agriculture and food processing, the county economy has diversified to include durable manufacturing along with wholesale and retail trade tied to agriculture. Wages tend toward the low end — a challenge in attracting and retaining workers but appealing to new businesses. New employers have been willing to pay higher wages but still below competing states although the jobs provide health benefits. Renewed economic vitality, the area’s scenic beauty and the lure of nearby recreation are drawing new residents.

Labor Force & Employment
Minidoka County is commonly combined with Cassia County and referred to as the Mini-Cassia area. Employment in Minidoka County has traditionally been seasonal. The city of Burley lies in both counties and is divided by the Snake River, and both counties are linked economically, politically and socially. The area offers a labor pool with a strong work ethic and a strategic location logistically with convenient access to commercial rail and Interstate 84. The unemployment rate peaked at 8.1 percent in 1998 and fell to a record low 3.7 percent in 2007. In the past, many workers relied on fresh pack potato operations, farm jobs, sugar processing and potato processing for employment. In 2003, the J.R. Simplot Co. closed its Heyburn plant, idling 600 workers and causing a spike in the unemployment rate to 7.5 percent in 2004. After closure, the company donated the plant along the Snake River to the city of Burley for an industrial park, which now houses a retail outlet, a restaurant associated with the cheese plant and Gem State Processing, a potato dehydrating operation. A previous tenant, Renova Ethanol, lost its half-built plant in bankruptcy proceedings. Natural Chem, a California-based company, should begin its operations in 2012.

Wages & Income
Minidoka County ranks 28th among Idaho’s 44 counties in per capita income, typically rising each new year but most recently dropping 2.5 percent due to farm prices. Per capita income grew at a rate of 46 percent since 2000, driven by activity at the Heyburn Industrial Park and new job opportunities in Cassia County. Covered average employment increased 3.5 percent from 2010-2011, with construction up 2.4 percent and Manufacturing rising 7.7 percent. Construction experienced a 16 percent spike in wages. Kraft sold its operation to Brewster Dairy, a Swiss cheese manufacturer, and Gossner Cheese continues its processing operations and adjacent retail outlet on the Snake River. The cluster of dairy product manufacturing throughout the region is sure to encourage more growth in milk production and value-added manufacturing. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Minidoka County rent for a two-bedroom is $573/mo (FMR = Fiscal Year 2011 Fair Market Rent). According to Feeding America (2012) Minidoka County has a food insecurity rate of 13.8% (2,700 people) and 48% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $1,161,880.
Income Potential

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Starting Wages</th>
<th>Occupation</th>
<th>Starting Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>$50,000/yr.</td>
<td>Registered Nurses</td>
<td>$20.00</td>
</tr>
<tr>
<td>Certified Nurses Aides</td>
<td>$9.00</td>
<td>Receptionists</td>
<td>$10.00</td>
</tr>
<tr>
<td>Bank Tellers</td>
<td>$11.00</td>
<td>Farm Labor</td>
<td>$10.41</td>
</tr>
<tr>
<td>Medical Housekeeping</td>
<td>$8.00</td>
<td>Landscapers</td>
<td>$10.00</td>
</tr>
<tr>
<td>Construction Labor</td>
<td>$11.00</td>
<td>Food Processors</td>
<td>$11.00</td>
</tr>
<tr>
<td>Cheese Processors</td>
<td>$10.00</td>
<td>Milkers</td>
<td>$11.00</td>
</tr>
</tbody>
</table>


Power County Profile

Services Utilized through Faith Based Organizations in Power

- Parenting classes
- Women's group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Youth Programs
- Summer Activities for children
- Single's group
- Men's Group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs

*All services offered by Faith Based are listed above, only those utilized are shown in the pie chart

Population

Power County’s population has been relatively stable through the 2000s. Between 2000 and 2010 the county’s population grew by 9.3 percent to 7,817. Natural growth and in-migration raised the population early in the decade. The loss of manufacturing jobs midway through forced people to look for work elsewhere. The American Falls Reservoir, the largest on the Snake River, sparkles as one of the best boating and fishing lakes in the state. It also provides irrigation water storage and hydroelectric power. The original American Falls, below the dam, adds stunning scenery to the county’s lush and fertile farm land.

Labor Force & Employment

A diverse, skilled work force with an excellent work history is heavily dependent on agriculture and manufacturing related to it. National and regional economic fluctuations in agriculture kept unemployment high throughout the decade. The lowest rate at 3.5 percent came in 2007. With agriculture and related-manufacturing providing most of the county’s employment, diversification is needed for future growth. The many marinas and beaches, excellent trout fishing and wind and water conditions draw tourists, which helps support the city of American
Falls. Because of seasonal layoffs in food processing, the county unemployment rate was comparatively high at 7.1 percent in 2009, and 9.3 in 2010. In 2011 the rate was 9.2 percent. Employment, however, dropped in Power County from 3,405 in 2000 to 3,272 in 2010. Nearly all the loss was in manufacturing with the shutdown of the Astaris phosphate plant at the end of 2001. In the recession, only two industries showed significant employment growth over the decade, agriculture and other services. Manufacturing lost almost 600 workers. The closure of Double L Manufacturing, and Simplot’s Potato processing plant in nearby Aberdeen will have more job losses for the county.

**Industry Employment & Wages**

Even though the number of manufacturing jobs decreased from 2000 to 2010, the industry still provides 38 percent of covered employment and pays Power County’s second highest wages. Government accounts for 26 percent of the jobs with many in public education. The average covered wage of $33,569 ranks high among all Idaho counties, influenced by the large percentage of workers in manufacturing, where the average wage is $43,790. There are <2% uninsured in the county. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Power County rent for a two-bedroom is $573/mo (FMR = Fiscal Year 2011 Fair Market Rent).

According to Feeding America (2012) Power County has a food insecurity rate of 15.1% (1,150 people) and 49% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $500,810.

**Income Potential**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Starting Wage</th>
<th>Occupation</th>
<th>Starting Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cashiers, Retail</td>
<td>$7.25</td>
<td>Food Processing Workers</td>
<td>$10.03</td>
</tr>
<tr>
<td>Food &amp; Beverage Servers</td>
<td>$7.25</td>
<td>Janitors and Cleaners</td>
<td>$9.34</td>
</tr>
<tr>
<td>Construction Laborers</td>
<td>$9.46</td>
<td>Maids</td>
<td>$7.25</td>
</tr>
<tr>
<td>Nurses, Registered</td>
<td>$23.78</td>
<td>Information and Record Clerk</td>
<td>$8.50</td>
</tr>
<tr>
<td>Auto Mechanics &amp;</td>
<td>$9.57</td>
<td>Teachers</td>
<td>$18.84</td>
</tr>
</tbody>
</table>

Twin Falls County Profile

Services Utilized through Faith Based Organizations in Twin Falls

- Parenting classes
- Women’s group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Youth Programs
- Summer Activities for children
- Single's group
- Men's Group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs

(Includes combined community surveys from Hansen, Buhl and Twin Falls)

Population
The population of Twin Falls County has grown steadily from 64,556 in 2000 to 78,005 in 2011, a 20.8 percent increase that preserves its ranking as the sixth most populous county in the state. It is a retail hub for south central Idaho and northern Nevada, drawing on a consumer base of 250,000. Abundant natural resources and recreational opportunities attract visitors and residents alike. The city of Twin Falls is the county seat with a population of 44,564. It lies on the edge of the spectacular Snake River Canyon spanned by the Perrine Bridge, one of the nation’s few legal take-offs for BASE jumpers. A path winds along the canyon rim adjacent to retail shops, restaurants and a clubby event center with a bird’s eye view of golf courses. World-renown Shoshone Falls is just two-miles up the canyon. Solid job prospects and a moderate climate for retirees sustain a steady growth curve for Twin Falls County.

Labor Force & Employment
Although the economy remains heavily tied to agriculture, the county has diversified. Community partnerships landed Dell customer service jobs in 2002, replaced in 2010 by C3 Customer Contact Channels. Manufacturing jobs with Jayco RV have brought in feeder companies. The most recent announcement of a $128 million investment by Chobani Greek Yogurt will bring 400 jobs to the valley with plans for future expansion. The investment brought relief to stressed dairies suffering from extended periods of low milk prices and higher feed costs. Housing permits peaked at over 650 in 2005, falling just below 100 in 2011 and current year activity already outpacing last year. Unemployment peaked at 6.9 percent in 1992 and gradually fell to a record low of 2.6 percent in 2007 and topped at 8.1 percent in 2010. The area lagged going into the latest recession, not seeing job losses until well into 2008. Twin Falls County remains below the national and state unemployment rates even as the civilian labor force
has steadily grown. Over the last decade, Twin Falls County posted a strong gain in retail and service jobs as big box retailers converged on the entrance to the city and its main artery. A Walmart super center opened in summer 2009 along with two hotels and a long awaited new high school. The new regional medical center opened in 2011 with strong prospects for additional medical office and retail development in its vicinity. The College of Southern Idaho’s new Health and Human Science building opened to students in 2010 with a Renewable Energy building in design stages, the Fine Arts building is complete and landscaping is underway. The outlook for Twin Falls County remains strong.

Wages & Income
With a drop in employment of 2 percent, Twin Falls County wages rose by 0.8 percent. Per capita income increased 25 percent in the past decade, remaining slightly the state by 2.5 percent and 25 percent less than the national per capital income. Twin Falls County ranked 17th among Idaho’s 44 counties in per capita income due in part to the preponderance of lower paying retail, service and seasonal farm jobs. National companies locating into the area will likely put upward pressure on wages. According to U.S. Housing and Urban Development (HUD) for a two-bedroom apartment in Idaho is $730. In Twin Falls County rent for a two-bedroom is $605/mo (FMR = Fiscal Year 2011 Fair Market Rent). According to Feeding America (2012) Twin Falls County has a food insecurity rate of 15.2% (11,420 people) and 45% fall below the Supplemental Nutrition Assistance Program guidelines of 130% poverty. Additional money required to meet food needs in 2010 was $4,855,330.

Income Potential

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Starting Wage</th>
<th>Occupation</th>
<th>Starting Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers</td>
<td>$19.00</td>
<td>Dental Assistants</td>
<td>$12.75</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>$28.50</td>
<td>LPNs</td>
<td>$17.00</td>
</tr>
<tr>
<td>Drivers</td>
<td>$13.00</td>
<td>Cashiers</td>
<td>$9.75</td>
</tr>
<tr>
<td>Bookkeepers</td>
<td>$11.00</td>
<td>Bank Tellers</td>
<td>$12.00</td>
</tr>
<tr>
<td>Landscapers</td>
<td>$12.00</td>
<td>Maintenance Mechanics</td>
<td>$15.00</td>
</tr>
<tr>
<td>framers</td>
<td>$10.00</td>
<td>Forklift Operators</td>
<td>$14.00</td>
</tr>
<tr>
<td>Electricians</td>
<td>$19.00</td>
<td>Teachers</td>
<td>$52,000/yr</td>
</tr>
<tr>
<td>Milker</td>
<td>$11.00</td>
<td>College Instructors</td>
<td>$39,000/yr</td>
</tr>
</tbody>
</table>


C. PUBLIC SCHOOLS AND HEAD START
During the 2011-2012 school year, Head Start provided 42 enrollment slots for children and their families in our 3-5 collaboration program option. Head Start Family Educators work weekly with enrolled children in their school district’s developmental preschool setting, and provide monthly home visits.

Our program maintains interagency agreements with 20 school districts. Agreements are reviewed and renewed annually and revised as needed. School districts are extremely supportive of the collaborative relationship, sharing of space, staff, transportation, and resources to increase services to families of children with disabilities. This is our 18th year of providing the school district collaboration option where our Family Educators work with Head Start children with disabilities in their Local Education Agency (LEA) preschool settings. It continues to be a very successful endeavor for all involved. Another benefit for area families is that we can serve 42
more children and families who qualify for Head Start services than we can with the 33 children in Head Start classrooms. We can offer support for parents throughout the referral, evaluation, the IEP process, service delivery and through the transition into kindergarten.

Literacy has always been a high priority and is integrated into every aspect our curriculum. It is expected that children entering kindergarten can write their name, identify the names of the letters, detect rhyme, break words into syllables; identify English upper case letters; know print and book concepts, repeat sentences, identify common objects, match visual symbols, and discriminate auditory words. In order to assist children in developing these skills and to meet the legislative mandate on literacy, Head Start imbeds literacy skills into every part of each class day and encourages parents to work on these skills with their children throughout the year. We implement the HighScope™ curriculum and utilize the High Scope™ Child Observation Record (COR) as our ongoing developmental assessment tool. Teachers rate each child’s development in eight domains, one of which is language and literacy, three times a year, based on documented anecdotal notes and work samples. In 2003, the Idaho Dept. of Education released Early Childhood learning standards for preschoolers and we introduced them to our teachers as another guide for planning instruction. The Pre-K standards developers used several sources for guidance, including High Scope’s curriculum and Child Observation Record and the National Head Start Performance Standards.

Math and science have become the educational focus areas in recent years just as with literacy, Head Start teachers imbed math and science into every activity. Science and math are naturally a part of everyday lives as much as literacy.

All Head Start and Early Head Start staff participates in ongoing education. Teachers are attending classes, taking on-line classes, seminars and participating in conferences to continue their education in early childhood disabilities. We are working hard to help children be successful in kindergarten and throughout their school careers.

D. HOUSING:
Idaho Housing and Finance Association
Idaho Housing and Finance Association (IHFA) (n.d.) provides funding for affordable housing opportunities in Idaho communities where they are most needed and when it is economically feasible. IHFA is recognized as the lead association in Idaho for housing policy development and coordination among various housing, community, and economic development professionals. A seven-member Board of Commissioners governs the Association with its headquarters in Boise and four branch offices in Coeur d'Alene, Idaho Falls, Lewiston and Twin Falls.

- IHFA's mission is to improve lives and strengthen Idaho’s communities by expanding housing opportunities, building self sufficiency, and fostering economic development.
- The Association's management and staff is experienced in all phases of real estate development, finance, management and tenant support. IHFA's role requires the same skills and capabilities as those of traditional lenders and real estate professionals with the additional task of understanding complex affordable housing regulations.
IHFA raises millions of dollars in the national capital markets and forms partnerships with banking and lending institutions throughout the state. It functions as an agent for the U.S. Department of Housing and Urban Development and performs a wide variety of tasks associated with financing, developing or managing affordable housing.

Twin Falls Branch
844 Washington Street North Suite 300
Twin Falls, ID 83301
Phone (208) 734-8531 Toll free 1-866-234-3435

Twin Falls Housing Authority
200 Elm Street N.
Twin Falls, ID 83301
(208) 733-5765

IHFA administers the U.S. Department of Housing and Urban Development’s (HUD) Section 8 Housing Choice Voucher program in 34 of the 44 counties in Idaho. Under contract with HUD, IHFA administers federal rental assistance programs that help low-income families and elderly or disabled individuals obtain decent, affordable rental housing.

U.S. Department of Housing and Urban Development
In 2012, public housing authorities in Idaho received capital fund awards which provide annual funding to build, repair, renovate, and/or modernize the public housing in their communities. In our service area Twin Falls received $202,196, Buhl received $38,969, Jerome received $47,564, and American Falls received $46,472 (http://www.huduser.org).

South Central (Blaine, Butte, Camas, Cassia, Custer, Gooding, Jerome, Lincoln, Twin Falls)
Transitional Housing and Emergency Shelters
 Below is a list of key providers in each region of Idaho. You may also contact your local city or county clerk’s office, local church or civic organizations, or local Community Action Partner to learn more about local resources. For additional information during business hours (MST), call the Idaho Housing Hotline toll-free at 1.877.438.4472 or email hirc@ihfa.org.

<table>
<thead>
<tr>
<th>Transitional Housing City</th>
<th>Facility Name</th>
<th>Phone</th>
<th>Population Served</th>
<th>Beds/units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twin Falls</td>
<td>South Central Community Action</td>
<td>733-9351</td>
<td>Families with Children</td>
<td>12b</td>
</tr>
<tr>
<td>Twin Falls</td>
<td>South Central Community Action</td>
<td>734-2307</td>
<td>Families with Children</td>
<td>27 bedrooms up to 54 beds</td>
</tr>
<tr>
<td>Twin Falls</td>
<td>Valley House</td>
<td>734-7736</td>
<td>Families with Children</td>
<td>9 u/25 b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Shelter City</th>
<th>Facility Name</th>
<th>Phone</th>
<th>Population Served</th>
<th>Beds/units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burley</td>
<td>Helping Hand Mission</td>
<td>878-9140</td>
<td>Men Only</td>
<td>13 b</td>
</tr>
<tr>
<td>Rupert</td>
<td>Community Oasis</td>
<td>436-4955</td>
<td>Families with Children</td>
<td>15 b</td>
</tr>
<tr>
<td>Hailey</td>
<td>The Advocates</td>
<td>788-4191</td>
<td>Persons Fleeing Domestic Violence</td>
<td>2 u/28 beds</td>
</tr>
<tr>
<td>Twin Falls</td>
<td>Valley House</td>
<td>734-7736</td>
<td>Single men, Families with Children</td>
<td>36 b</td>
</tr>
<tr>
<td>Twin Falls</td>
<td>Crisis Center of Magic Valley</td>
<td>733-0100</td>
<td>Persons Fleeing Domestic Violence</td>
<td>26 b</td>
</tr>
</tbody>
</table>

More Information available on rental housing can be found at http://www.housingidaho.com/
Lack of Affordable Housing
Idaho Healthy Homes Network brings together stakeholders, private and public, local and statewide, to develop and implement strategies to protect children and their families from dangerous housing-related health and safety hazards.

- The goals are to provide a structure for stakeholders to share their diverse perspectives as they work together on Healthy Homes Initiatives to discuss health hazards and regulatory issues, and to share resources and new information.

- To build capacity to develop and deliver public education programs and disseminate information that will increase awareness of housing related health and safety hazards.

- To inform public officials and private entities of the EPA Lead-Based Paint regulations and programs.

- To facilitate training opportunities on housing related health and safety hazards, including Lead-Based Paint risk hazard reduction (http://www.hud.gov/local/id/library/healthyhomes/IHHNVision.pdf)

According to U.S. Department of Housing and Urban Development (2012), the Fair Market Rent (FMR) in Idaho for a two-bedroom apartment is $730. Monthly Supplemental Security Income (SSI) payments for an individual are $674 in Idaho. If SSI represents an individual's sole source of income, $202 in monthly rent is affordable, while the FMR for a one-bedroom is $561.

HOMELESSNESS
Homelessness is a devastating experience for families. It disrupts virtually every aspect of family life, damaging the physical and emotional health of family members, interfering with children’s education and development, and frequently resulting in the separation of family members. There are numerous dimensions, causes, and consequences of family homelessness.

- The nation’s homeless population decreased 1 percent, or by about 7,000 people; it went from 643,067 in 2009 to 636,017 in 2011. There were a decreased number of people experiencing homelessness in most of the subpopulations: families, individuals in families, chronic, and individuals. The only increase was among those unsheltered.

- The largest decrease was among homeless veterans, whose population declined 11 percent. The number of homeless veterans went from 75,609 in 2009 to 67,495 in 2011, a reduction of about 8,000.

- The national rate of homelessness was 21 homeless people per 10,000 people in the general population. The rate for veterans was 31 homeless veterans per 10,000 veterans in the general population.

- Chronic homelessness decreased by 3 percent from 110,911 in 2009 to 107,148 in 2011. The chronically homeless population has decreased by 13 percent since 2007. The decrease is associated with an increase in the number of permanent supportive housing beds from 188,636 in 2007 to 266,968 in 2011. Permanent supportive housing ends chronic homelessness.
A majority of homeless people counted were in emergency shelters or transitional housing programs, but nearly 4 in 10 were unsheltered, living on the streets, or in cars, abandoned buildings, or other places not intended for human habitation. The unsheltered population increased by 2 percent from 239,759 in 2009 to 243,701 in 2011, the only subpopulation to increase.

The number of individuals in homeless families decreased by 1 percent nationally, but increased by 20 percent or more in 11 states.

While the homeless population decreased nationally, it increased in 24 states and the District of Columbia (National Alliance to End Homelessness, 2012).

Mental Illness and Homelessness: According to the National Coalition for the Homeless (2009), 20-25% of the homeless population suffers from severe mental health issues as compared to only 6% of other Americans. Twelve percent of cities cited mental illness as a reason for homelessness. Despite the disproportionate number of severely mentally ill people among the homeless population, increases in homelessness are not attributable to the release of severely mentally ill people from institutions. Most patients were released from mental hospitals in the 1950s and 1960s, yet vast increases in homelessness did not occur until the 1980s, when incomes and housing options for those living on the margins began to diminish rapidly. According to the 2003 U.S. Department of Health and Human Services Report, most homeless persons with mental illness do not need to be institutionalized, but can live in the community with the appropriate supportive housing options. However, many mentally ill homeless people are unable to obtain access to supportive housing and/or other treatment services. The mental health support services most needed include case management, housing, and treatment. Many homeless people with severe mental illness respond well to outreach programs and are willing to accept assistance from those they trust (National Coalition for the Homeless, 2009).

Budget Cuts and Mental Illness:
Children and Adults suffering from mental illness in Idaho and across the nation are victims of budget cuts in Medicaid services. As the need for mental health services is on the rise major cuts may affect their quality of life. Children and adults that are unable to receive the services they need may become entangled in the criminal justice system, become homeless, and become subjected to hospitalization or long term mental health facilities. In Idaho, as in other states reductions in numbers of patients served in inpatient and outpatient facilities between 2007-2009, which occurred prior to the largest cuts in 2010. The change in mental health expenditures between FY 2009-2011 for the State of Idaho was $5.3 million. The change in mental health expenditures between FY 2009-2012 has been $10.2 million (17.9%). Idaho broke into the top ten states in the nation making mental health cuts, ranking 8th among 28 states that have made cumulative cuts since FY 2009 (National Alliance on Mental Illness (NAMI), 2012).

Addiction Disorders and Homelessness: The relationship between addiction and homelessness is complex and controversial. While rates of alcohol and drug abuse are disproportionately high among the homeless population, the increase in homelessness over the past two decades cannot be explained by addiction alone. Many people who are addicted to alcohol and drugs never become homeless, but people who live in poverty and are addicted are clearly at increased risk of homelessness. During the 1980s, competition for increasingly scarce low-income housing grew so intense that those with afflictions such as addiction and mental illness were more likely to lose out and find themselves on the streets.
Consequences of Homelessness: Homelessness severely impacts the health and well being of all family members. Children without a home are in fair or poor health twice as often as other children, and have higher rates of asthma, ear infections, stomach problems, and speech problems (Better Homes Fund, 1999). Homeless children also experience more mental health problems, such as anxiety, depression, and withdrawal. They are twice as likely to experience hunger, and four times as likely to have delayed development. These illnesses have potentially devastating consequences if not treated early. Homeless people often face insurmountable barriers to obtaining health care, including addictive disorder treatment services and recovery supports. The following are among the obstacles to treatment for homeless persons: lack of health insurance; lack of documentation; waiting lists; scheduling difficulties; daily contact requirements; lack of transportation; ineffective treatment methods; lack of supportive services; and cultural insensitivity.

Families and Homelessness

Deep poverty and housing instability are especially harmful during the earliest years of childhood; alarmingly, it is estimated that almost half of children in shelters are under the age of five (Fosburg & Dennis, 1998). School-age homeless children face barriers to enrolling and attending school, including transportation problems, residency requirements, inability to obtain previous school records, and lack of clothing and school supplies. Parents also suffer the ill effects of homelessness and poverty. One study of homeless and low-income housed families found that both groups experienced higher rates of depressive disorders than the overall female population, and that one-third of homeless mothers (compared to one-fourth of poor housed mothers) had made at least one suicide attempt. In both groups, over one-third of the sample had a chronic health condition (Fosburg & Dennis, 1998).

Homelessness frequently breaks up families. Families may be separated as a result of shelter policies which deny access to older boys or fathers. Separations may also be caused by placement of children into foster care when their parents become homeless. In addition, parents may leave their children with relatives and friends in order to save them from the ordeal of homelessness or to permit them to continue attending their regular school. The break-up of families is a well-documented phenomenon: in 56% of the 27 cities surveyed in 2004, homeless families had to break up in order to enter emergency shelters (U.S. Conference of Mayors, 2004).

The National Child Traumatic Stress Network (n.d.) states that homelessness results from the combined effects of extreme poverty, lack of affordable housing, decreasing government supports, the challenge of raising children alone, domestic violence, and fractured social supports. The experience of homelessness results in a loss of community, routines, possessions, privacy, and security. Children, mothers, and families who live in shelters need to make significant adjustments to shelter living and are confronted by other problems, such as the need to reestablish a home, interpersonal difficulties, mental and physical problems, and child-related difficulties such as illness. Homelessness also makes families more vulnerable to other forms of trauma such as physical and sexual assault, witnessing violence, or abrupt separation. The stress related to these risks comes in addition to the stress resulting from homelessness itself and can impede recovery due to ongoing traumatic reminders and challenges. Children bear the brunt of homelessness:

• Homeless children are sick at twice the rate of other children. They suffer twice as many ear
infections, have four times the rate of asthma, and have five times more diarrhea and stomach problems.

- Homeless children go hungry twice as often as non-homeless children.
- More than one-fifth of homeless preschoolers have emotional problems serious enough to require professional care, but less than one-third receive any treatment.
- Homeless children are twice as likely to repeat a grade compared to non-homeless children.
- Homeless children have twice the rate of learning disabilities and three times the rate of emotional and behavioral problems of non-homeless children.
- Half of school-age homeless children experience anxiety, depression, or withdrawal compared to 18 percent of non-homeless children.
- By the time homeless children are eight years old, one in three has a major mental disorder. These are not only challenges in themselves but may act as “secondary adversities,” putting a child at greater risk for trauma reactions and making recovery difficult.

**Homelessness Assistance Programs**
According to the National Alliance to end Homelessness (2012), Congress passed a budget for fiscal year (FY) 2013 and included the following funding:

Runaway and Homeless Youth Act (RHYA) programs help prevent exploitation of youth on the streets and support reconnection to their families, schools, employment, and housing options, the programs received flat funding from FY 2012 at $65 million directed at center based programming, transitional living and street outreach programs.

McKinney-Vento Homeless Assistance Grants provides federal money for homeless shelter programs, which includes education of homeless children and youth received a 104 million dollar increase over FY 2012, bringing total funding for McKinney-Vento to $2.005 billion.

Section 8 tenant-based rental assistance (the “Housing Choice Voucher program”) is the primary program assisting extremely low income people with the cost of housing. On June, 2012, the House approved a budget for fiscal year (FY) 2013, which included $19.135 billion for tenant-based Housing Choice.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides funding for several programs that provide services to people experiencing or at risk of homelessness.

Congress requested $75 million for SAMHSA Homeless Services. The bill also includes $65 million for Projects for Assistance in Transition from Homelessness (PATH).

There are 643,067 (up from last year’s estimation of 444,000) people experiencing homelessness on any given night in the United States. Of that number, 238,110 are people in families, and 404,957 are individuals and 17 percent are chronically homeless, 6,700 are veterans (12%) (National Alliance, 2011).

**Poverty**
The cause of poverty is not attributable to one factor. Many factors can contribute to poverty such as; economic crisis, war, natural disaster, crime, lack of resources, lack of infrastructure,
education, social inequality. Poverty in America is as diverse as its people and encompasses homelessness, joblessness, lack of food, shelter, clothing, crime, health care, discrimination, isolation, quality of life, urban blight, or the death of a way of life (plight of small farmers). Reasons for poverty fluctuate due to factors such as; economic instability, globalization, and wars. Many people live paycheck to paycheck and are unable to provide for their families and are at risk of losing things they have worked hard for (house, car, job, stability). In many countries poverty is reported to cause child labor but some believe the root cause of poverty is the exploitation of poverty that keeps the cycle never-ending and unsolvable. President Kennedy wanted to alleviate poverty through education and vocational training and when he was assassinated Lyndon Johnson took over the charge and thus Head Start was born with the intention to improve physical, emotional, social, and cognitive skills in children while strengthening families and increasing chances for more successful outcomes for those at risk (Zigler & Styfco, 2010).

In the state of Idaho there are 80,316 poor children (19%) and 31,744 (7.5%) children living in extreme poverty (Children’s Defense Fund, 2012).

- The 2012 Federal Poverty Level (FPL) is $23,050 for a family of four, $19,090 for a family of three, and $15,130 for a family of two. On average, families need an income twice as high as the Federal Poverty Level to meet their most basic needs.
- For economic reasons, more families are “doubling up” with one another in housing.

Domestic Violence
According to the National Coalition Against Domestic Violence (NCADV) (n.d.), domestic violence is “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another.” Perpetrators of domestic violence cross all barriers of race, gender, religion, class, or education. The NCADV reports that one in every four women will experience domestic violence in her lifetime and an estimated 1.3 million women are victims of physical assault by an intimate partner each year. Women between the ages of 20-24 are at a higher risk for nonfatal intimate partner violence. 85% of occurrences of domestic violence are committed against women and they often fail to report victimization. Children who Witness Domestic Violence are far more likely to become perpetrators of violence themselves and boys are twice as likely to abuse their own partners and children when they grow up. Of those who abuse their partners, 30-6-% also abuse children within the household.

Individual state laws vary in how domestic violence is defined and in types of relationships that the victim and perpetrator have. Idaho passed the Domestic Violence Crime Prevention Act in 1988, spouses, former spouse, those related by blood/marriage, people who live together, and those who have a child together (with or without marriage) can get an protection order from physical harm (State of Idaho, Fourth District Court, 2011).

Programs for Victims of Violent Crime in Region 5

- Advocate For Survivors of DV (Blaine)
- C.A.R.E.S. Magic Valley Regional Medical Center (Twin Falls)
- Crisis Center of Magic Valley (Twin Falls)
HUNGER IN IDAHO

Feeding America is the largest domestic hunger-relief organization. In 2011, they released *Map the Meal Gap* that identifies individual county statistics for hunger. Previously, hunger statistics were available on a state level through the USDA’s annual report and county statistics were unavailable. There are an estimated 8.4 billion hungry people in the nation. Nationally 44 counties struggle with food insecurity, food prices, high poverty, and high unemployment. One in every 4 people in these counties is food insecure, typically rural, and one-third are African Americans, half of those within these counties are children or seniors (http://feedingamerica.org).

In Idaho, there are 267,620 people of the state’s population that are food insecure (17.0%). Forty-five percent are below 130% poverty, 21% are between 130-185% poverty.

The Idaho Foodbank

The Idaho Foodbank, an independent nonprofit organization for more than 27 years, works with a network of independent partner agencies to distribute free emergency food to individuals and families in need. This network of 220 partner agencies consists of emergency food pantries, community kitchens, shelters and programs that work together to relieve hunger in Idaho (The Idaho Foodbank, 2012).

The Foodbank, as well as being a statewide distribution system, provides important programs such as:

- **The Backpack Program**, which supplies nutrition to school children who otherwise would go hungry over the weekend.
- **Mobile Pantry**, a program that provides emergency food to rural areas lacking emergency food services.
- **The Grocery Alliance Program**, which partners with grocery stores and supermarkets to provide fresh nutritious food into the Foodbank network.
- **The Idaho Community Gardens Program**, which coordinates direct connections between local community gardens and local emergency food pantries throughout the state. These programs serve an important role in filling the gaps for communities which lack resources for families and children.

Contributions made to the Foodbank come from many sources such as individuals, grants, and corporate donations. The Foodbank does not depend on government funding or subsidies. Food donations are accepted from manufacturers, wholesalers and retailers, community and corporate food drives, and through the national Feeding America network. Tax-deductible cash donations are critically needed to underwrite the costs to acquire, transport, warehouse and distribute donated food.

- For FY 2012, the Foodbank network distributed 11.4 million pounds of food or 9.5 million meals, an increase of 9% from FY 2011 when the network distributed 10.6 million pounds or 8.8 million meals. In FY 2010 it was 8.9 million pounds or 6.95 million meals. In FY 2009, the
Foodbank and our agencies distributed 6.8 million pounds of food or 5.3 million meals.

- The Foodbank network provides emergency food more than 100,000 times a month.
- There are 267,620 food-insecure individuals in Idaho. This is 17% or 1 in 6 Idahoans, the 20th highest rate in the country.
- 95,150 Idaho children (23.4% or nearly 1 in 4) are food insecure, the 25th highest rate in the country. Of that total, 23,008 (20.2%) are children under age 5, the 10th highest rate in the country.
- In March, 15.1% or 237,478 Idahoans were on food stamps.
- Idaho’s overall poverty rate is 15.8% or 244,000 people.
- Idaho’s child poverty rate is 19.8% or 83,752 children.
- Of those assisted by the Foodbank network partners, 26% are children, 54% adults, and 20% seniors. The network serves people 115,000 a month.

South Central Community Action Partnership (SCCAP)
Their vision is to eliminate the causes and effects of poverty in the Magic Valley by providing a wide range of support services in an effort to help individuals and families build bridges towards self-sufficiency. Currently SCCAP has sites in Twin Falls, Burley, Gooding, and Hailey (which is open Oct-March only).

SCCAP’s programs are developed and implemented to provide services for low-income families and individuals (125% - 133% - 160% of the national poverty guidelines) within South Central Idaho. SCCAP’s currently operates a homeless assistance program, a strength based family development program, performs various community services, low-income home energy assistance, transitional housing, weatherization assistance, and food assistance.

The Homeless Assistance program utilizes caseworkers to assess the needs of homeless individuals and families. Referrals to Valley House and other homeless shelters are made when necessary. Valley House partners with SCCAP through assessments and referrals for Police checks before being referred to the shelter. SCCAP receives grant funding to assist homeless families and in individuals obtaining documentation for identification purposes to obtain employment or school. Funding may also assist with special clothing or tools needed for employment purposes, gas vouchers, and minor car repairs. SCCAP may also assist with first month’s rent to help working families transition from the shelter to more permanent housing. All participants are introduced to the Family Development Program. Every participant is required to complete a budget, outlining income versus outgoing bills (http://www.sccap-id.org/homeless-assistance).

Family Development focuses on the family’s strengths and builds on those strengths to broaden their base skills and enhance their ability to be self-sufficient. SCCAP currently provides vouchers and referrals to help provide needed services to assist our participants. We utilize area community service providers when needed. This program works closely with our Transitional Housing Participants.

A Family Development Specialist (FDS) assists families in setting short and long-termed goals and meets with them on a regular basis to assess their progress in completing areas within their
action plan. Participants are expected to attend scheduled meetings and will no longer have access to the program (unless excused) if they cannot meet its requirements. The FDS will provide in-depth advisement, applicable referrals, resource materials, and home and/or office visits regarding participant concerns and will make referrals as for services to other agencies/businesses as they occur (http://www.sccap-id.org/family-development).

LIHEAP is a program that provides a once a season monetary benefit to assist low-income clients that meet 160% of the Federal Poverty Guidelines with their winter heating costs. Benefits are paid directly to the heating vendor. Payments are based on income, number of people in the household, the type of heat, living arrangements and region of the state they live in.

The Transitional Housing Program provides temporary housing for up to 2 years for homeless families with children who participate in our Family Development Program. The Transitional Housing Program is much more than temporary shelter. Families participate in a very structured program that sets and meets goals on a regular basis tracking progress. Families enroll in the Step-Up Program, which clearly defines expectations and provides incentives to succeed. Participants are required to work 20 hours a week. Program participants save programs fees that are used toward permanent housing and home-ownership. We currently have 6 houses, 4 leases apartments and 2 units at the Poplar Duplex.

The initial criteria are that a family must be homeless and have minor children. Those meeting these criteria will make an appointment with a Family Development Specialist (FDS) for an assessment interview to determine the circumstances of their condition. If accepted into the program, they will also be enrolled in the Family Development Program and work with an FDS to help develop a plan to enable them to get back on their feet and obtain their own permanent housing.

In general, the Transitional Housing Program can last up to two years. However, a family may leave or be asked to leave at any time should the family choose not follow one of the program’s requirements, which would allow another family willing to make the commitment to take their place. Once in the program, the family will have access to many opportunities and referrals that will be useful to them in meeting in their goals. These referrals may include: food, furniture, clothing, medical, mental health, child care, and appropriate social and vocational service agencies (http://www.sccap-id.org/transitional-housing-program).

Community Services Block Grant Program (CSBG) assists low-income families and individuals by looking at all their needs and resources to reduce barriers by utilizing several programs such as:

- Information and Referrals
- Family Development
- Budgeting
- USDA Emergency Food Assistance Program (Food/Nutrition TEFAP)
- Emergency Medical Program
- Rental/Mortgage Assistance Program
- Utility Assistance Program
- Telephone Assistance
- Homeless Assistance Program
- Youth Assistance
- Transportation Assistance
- Back to School Program

These programs operate at 125% of the Federal Poverty Guidelines except for USDA Emergency Food Assistance Program known as TEFAP. Weatherization Assistance is designed to reduce heating and cooling costs for income eligible families, particularly for the elderly, people with disabilities, and children, by improving the energy efficiency of their homes and ensuring their health and safety. This program provides energy efficiency measures that are tailored to each house and are designed for maximum cost savings in Energy Conservation. A more energy efficient residence can lead to greater health benefits, especially to children and elderly who are most susceptible to the ill effects of winter cold and summer heat. Better health for children will result in greater attendance at school, and for the elderly, can lead to lower medical costs and nursing care. The measures which may be addressed fall into five major categories: Health & Safety, Heating Efficiency Measures, Infiltration Measures, Conduction Measures, and Repair (http://www.sccap-id.org/weatherization-assistance). A recent change in hours last year as well as closure of a site in Jerome, due to reduction in federal funding, has affected SCCAP. In Twin Falls and Burley the offices are closed on Fridays and from 12-1 pm Monday through Thursday. Regular operating hours are Monday-Thursday 8 am-5pm.

USDA Emergency Food Assistance Program (TEFAP)

The Emergency Food Box Program provides emergency food to families that meet 133% of the Federal Poverty Guidelines Income Guidelines and according to the size of the family. Food boxes consist of USDA commodities, donated food, and day old bread products from our Salvage Program and are structured for the family size. These commodities are purchased with the U.S. Department of Agriculture funding and some are ‘Bonus Loads’. In addition to food boxes they also provide direct services to 11 soup kitchens and coordinate services with other service providers and churches. They act as the clearing house for many organizations, and are the first point of contact for the majority of the low-income citizens of South Central Idaho. SCCAP actively participates in community food drives and encourage food drives on their behalf.

The Salvage Program is day old bakery that are picked up daily at area stores and distributed. Participants receive bakery products with their food box and can come into the office once a week for bakery when it is available. Garden produce are also distributed through this program when available and storage is possible. All information provided by the South Central Community Action Partnership website (http://www.sccap-id.org/).

Valley House is a private, not-for-profit, non-denominational organization. They do not receive any federal or state funding and rely on the generosity of donors through direct contributions and as a supported agency of the United Way of South Central Idaho. In 1989, a group of concerned citizens noticed that Twin Falls was becoming a host to homeless people. They saw individuals looking for food at various charity organizations as well as looking for a place to live. Through the Homeless Shelter Task Force, citizens raised funds to set up a permanent shelter.
Valley House is the only shelter of its kind in an eight region area. They provide the tools needed to live a productive, self-sufficient life. They offer classes in parenting, drug awareness, budgeting, nutrition and cooking, family counseling, mentoring, tutoring, housing, and employment assistance.

In February 1995, Valley House opened its doors at 507 Addison Ave W in Twin Falls to help those in need. The Valley House has temporary capacity for 72 individuals, with displaced families having highest priority.

Valley House provides temporary housing for those in need while they get back on their feet by partnering with individuals who are willing to take appropriate actions to enable them to become and remain self-supporting. Valley House works closely with other providers to minimize duplication of community services and serves as a referral source to these other providers. Since opening, 100,000 hours of volunteer labor have been donated to Valley House. Various service projects have built new housing units, increased safety and security for guests, and enhanced the quality of life for at least 5000 guests. Valley house shelters up to 70 individuals per night or 25,500 beds a year. In 2011, Valley House served over 700 individuals. Of that number 200 were children (Times-News, 2012). On October 22, 2011 an auction raised 15,000 for Valley House, and towards the end of 2010 Magic Valley businesses, charitable grants and volunteers provided the shelter with a new community room to host meetings and a variety of classes. Money to build the 1,000 sq. ft space was donated by Glanbia Foods and room furnishings were supplied by the First Federal Charitable Foundation. The space can accommodate 60-70 people. In 2010 the shelter served 560 people (Times-News, 2011).

**Crisis Center of Magic Valley (CCMV)** is a non-profit corporation that has provided supportive services for over 25 years to victims of domestic violence and sexual assault. The CCMV service area covers eight counties in South Central Idaho. All services at the Crisis Center are free of charge and include the following: a 24-hour hotline, a seven bedroom and 23 bed shelter home, clothing, food, information and referral to other agencies, legal advocacy, individual and group counseling sessions, life skill classes, childcare, transportation, emergency medical support (dental repair, prescriptions, eye exams and glasses) education and training sessions to educate the public on issues of domestic violence, sexual assault and child abuse. The goal of the Crisis Center of Magic Valley is to rebuild lives by providing resources and tools to establish independence and freedom from abuse.

2010-2011 Client Type & Services Information supplied by Crisis Center of Magic Valley
Sexual Violence Prevention (SVO) Program focuses its efforts on developing and implementing primary prevention strategies including collaborative partnerships with community organizations, coalitions, and Idaho universities to reduce the number of people who are victims of sexual violence.

- In the US, 1 in 6 women and 1 in 33 men reported experiencing rape or attempted rape at some time in their lives.
- An estimated 20-25% of college women in the US experienced rape or attempted rape during their college career. (Idaho Department of Health and Welfare, 2012a)

E. COLLEGE OF SOUTHERN IDAHO
The College of Southern Idaho, a comprehensive community college, provides quality educational, social, cultural, economic, and workforce development opportunities that meet the diverse needs of the communities it serves. CSI prepares students to lead enriched, productive, and responsible lives in a global society. (Approved by the CSI Board of Trustees on 04/21/08)

In the Fall of 2011 enrollment of all students was 9746, which included academic and technical students. The student body consisted of some of the following: 16.8% were under 18, students 18-19 years old comprised 19.1% of the population and 6.5% were 50-64 years old, and 10.2% were 65 or older. Women enrolled at CSI in the Fall of 2011 made up 62.1% of the population, while men made up 37.6% (College of Southern Idaho, 2011).

A comment made by Jeff Fox, CSI’s Executive Vice President and Chief Academic Officer a few years ago still rings true, Fox said the steep rise in CSI’s headcount and FTE's suggested that more students were spending more time at college than in past years. "When the economy is good and more people are working, many students tend to 'piecemeal' their education, taking just a few credits that they can work in around their schedule in the evenings or on weekends," said Fox. "But when the economy is sluggish and more people are out of work, colleges often see people take advantage of the opportunity to attend school full time."

Other factors credited for the strong enrollment increase include student retention rate and students who return home after attending out-of-town colleges. "We always see a few students who return home after the fall semester to work, live, and attend school. I suspect we have a few more than usual this semester as finances have grown tighter in many families," said Fox. "Students are finding that they can get quality instruction for their first year or two of college, pay much less for it than they would out of the area, and save more money by living and working at home."

The College of Southern Idaho represents a shared vision and a collaborative effort of the citizens of the Magic Valley. This vision began to take form as early as 1952 when a Stanford doctoral student wrote his dissertation, “A Junior College Survey of Twin Falls County, Idaho.” Several years later, (1960) the Twin Falls Chamber of Commerce established a junior college committee to actively pursue financial support to make this vision a reality (College of Southern Idaho, 1997-2011). The College of Southern Idaho was established in 1964. The college recognizes all individuals as having value in a democratic society. The primary purpose of the
The purpose of college is to assist students with varying levels of ability and diverse backgrounds in developing skills, values, and attitudes necessary for effective living:

- To provide a program of general education through instruction embodying knowledge, skills, and values needed by each individual in a democratic society.
- To provide university-parallel curriculum - the first two years of four-year college majors in preparation for entrance into the junior year of any four-year college/university.
- To provide a program of technical education through majors that prepares students for immediate gainful employment upon successful completion.
- To provide a continuing program of adult education for lifelong learning for those living in the community who are unable or do not desire to pursue studies on a full-time basis.
- To provide a program of guidance through personalized services as an integrated factor in the successful achievement of all other institutional purposes.
- To provide community services by making college resources available. This includes both the physical facilities and the unique abilities of the staff.  

(College of Southern Idaho, 1997-2012).

Center For New Directions
The Center for New Directions (CND) was established in 1980 as the pilot Displaced Homemaker Program for the state of Idaho. In 1984, additional sources of funding have enabled the CND to expand to serve all community and college populations desiring career and education planning services. For over 25 years their staff of professional counselors has provided quality counseling and career development services with the purpose of helping participants explore options, make their own choices and improve their lives.

To provide Technical Education students who are single parents or those enrolled in Non-Traditional Occupations for their gender with resources for retention and completion of CSI programs and placement in related employment. Services include: Nontraditional Occupations Program, Single Parent/Displaced Homemaker Program, Job Seeking Skills Workshops and Presentations, Individual and Group Consultations

The College of Southern Idaho Career Center collaborates with employers and the community to prepare their workforce for the demands of the future. The Career Center prepares students to successfully enter the workforce by providing practical training in the techniques of job searching; assisting students and employers in employment placement; and facilitating experiential educational experiences such as internship, part-time and work study employment. CSI Counseling Services supports the academic and student development missions of the College of Southern Idaho. They assist students as they work through the career decision making process as well as personal adjustments so they can take full advantage of the educational opportunities offered by the college.

Adult Basic Education
The Adult Basic Education Program provides basic-skills instruction in reading, writing, and math. Also, English classes for speakers of other languages are offered. These services are available at no cost to out-of-school youth and adults 16 years old and older.
The Adult Basic Education program provides services at the main campus in Twin Falls as well as at the CSI off-campus sites. Classes are available in various other locations throughout the eight counties of South Central Idaho region. Services include instruction in basic skills: reading, writing, and math, and English as a Second Language (ESL).

General Academic Development Center (GED)
The GED is a nationally recognized series of tests for high school equivalency. The GED timed battery of tests consists of five separate subject exams. State of Idaho High School Equivalency Certificate: In addition to the GED tests, the state of Idaho requires an American Government credit to receive an HSE.

English as a Second Language (ESL)
ESL classes, as part of the Adult Basic Education (ABE) program, offer the opportunity for individuals who are at least 16 years old to learn to speak, read, and write English. The acquisition of these second-language skills may be part of preparation for more training at the college level or entry into the workplace. Classes are offered at various times and locations throughout South-Central Idaho. Please contact CSI regarding specific classes close to you. This instruction is offered at no cost to students.

F. ST. LUKE’S MAGIC VALLEY MEDICAL CENTER (MVMC)
St. Luke’s opened May of 2011 and is a state of the art full-service medical facility, St. Luke’s Magic Valley Medical Center provides a wide range of services. MVMC is a 186 bed, 700,000 square foot health care facility, featuring all private rooms. It serves an eight county region in South Central Idaho and Northern Nevada. The mission of MVMC is to improve the health of people in the region and to transform health care while delivering excellent individualized health care to all. Since 1902, generations of families in the Magic Valley have turned to their local hospital for care. Their focus on quality and safety has earned them national recognition for excellence in patient care (St. Luke’s, 2012).

Children’s Health Services
St. Luke’s Magic Valley Medical Center is committed to high quality, cost-effective, pediatric clinical care, as well as advocacy and education for children and families. St. Luke’s believes there should be no barrier between children and their access to the most advanced health care services available, 24 hours a day, 365 days a year. They care for every child – regardless of the family's ability to pay. Children’s Health Services include: Newborn Intensive Care Unit (NICU), Mother and Baby Care, Pediatric Care, Online Nursery, Safe Kids Magic Valley and CARES.

Mother and Baby Care
At St. Luke's Magic Valley, it's all about you and your baby. MVMC offers personal support while women are in labor, unlimited rooming-in with their newborn after birth, and certified lactation consultants to help with breastfeeding. The Special Care Nursery is within a few feet of the patient’s room, so if your baby needs specialized care you are still nearby. At St. Luke’s Magic Valley, every birth is special – this is why women and their families have trusted us for their unique health care needs for more than 100 years.

Newborn Intensive Care Unit
St. Luke's Magic Valley Medical Center offers the only Newborn Intensive Care Unit (NICU) in the Magic Valley. We provide compassionate, highly skilled care for infants who are sick or up to 10 weeks premature. The St. Luke's Magic Valley Medical Center medical and nursing staff
work closely with St. Luke’s Children's Hospital in Boise to share education and collaborate on treatment protocols. Extremely premature and critically ill infants are transferred to St. Luke’s Children's Hospital, and they often return to St. Luke's Magic Valley when their condition improves. St. Luke's Magic Valley Medical Center and St. Luke’s Children’s Hospital have also worked together to improve the post-hospital therapy and medical care available in the Magic Valley to eliminate the need for our youngest patients and their families to travel to Boise for ongoing outpatient care.

**CARES- Children At Risk Evaluation Services**

In response to Idaho's need for a safe, confidential place where alleged victims of child maltreatment can be evaluated, CARES was established in the Magic Valley in 1995. At CARES, medical evaluations are conducted by trained professionals in a sensitive, objective manner that reduces further victimization or trauma to the child. Our Goals are

- To minimize further trauma to alleged child abuse victims and their families by coordinating expert evaluation services in one location.
- To provide expert medical diagnosis and referral for treatment of maltreated children.
- To provide referral and resources for needed mental health services.
- To provide a database for research and potential legislation on prevention and treatment of child abuse.

Evaluation and treatment services are coordinated through the CARES team of professionals, including physicians, pediatric nurse practitioners, nurses, and social workers. Children are referred to CARES only by child protective services, law enforcement agencies, prosecutors, and the court. In some cases, health care providers may refer to CARES after consulting with CARES medical staff. Referrals cannot be taken directly from parents, counselors, attorneys, or others. Such concerns will be directed to Child Protective Services or law enforcement agencies.

**Education and Support Group for Non-Offending Parents of Child Victims**

CARES sponsors this resource for families through its United Way funded program, Child Trauma Recovery Resource. The 10 week group covers topics related to the impact of child sexual abuse on both the child and the non-offending parent. To participate, pre-registration is required, contact CARES at 208-824-7750.

**Diabetes and Nutrition Services (outpatient)**

Educational services are available for patients with Type I, Type II, or Gestational Diabetes. The program is provided for patients with newly diagnosed or uncontrolled diabetes. As a part of the diabetes education, nutritional instruction will also be provided. An individual education plan is developed with the patient and diabetes education team – including a Nurse Certified Diabetes Educator and Registered & Licensed Dietitian. This team works with the patient and physician to set behavior goals and treat the disease. The Educator communicates and coordinates care with the physician as needed. Patients are typically scheduled for 3 visits, the first with the Dietitian and the last two with the Diabetes Educator. (St. Luke’s, 2012).

**Senior Services**

Seniors often need a wide range of specialized care. At MVMC they offer extensive services provided by highly trained and skilled physicians, nurses and technicians. Their goal is to make your stay with them as pleasant as possible.

**Lifeline**
Lifeline is a telephone communication system designed to enable those who may be at-risk of injury when living alone to maintain their independence as long as possible. If there is a medical emergency, the person can press a button (worn as a bracelet or necklace) and help will be on the way. There is a one-time installation charge and a monthly service charge for the Lifeline service.

Information and Referral (Community Connection)
MVMC is proud of its award-winning, computerized community resource service. This service is available to everyone in the community, at no cost. If you are looking for a specific program or service and don’t know where to begin to find it, call them and they will help you locate the nearest service available to meet your needs. They can also assist you with information about Magic Valley Medical Centers services. Some of the listings included in the directory are: physician referral, counseling resources, support groups, legal information, financial services, children’s and adult services, and much more (St. Luke’s, 2012).

Behavioral Health Services
St. Luke’s Canyon View Behavioral Health Services provides treatment for adolescents, adults, and seniors. St. Luke's Canyon View offers intensive inpatient programs that address acute psychiatric issues in addition to medical detoxification from alcohol and drugs. They utilize individual, family, and group counseling to address personal, family, emotional, psychiatric, behavioral, and addiction-related problems. Their wide variety of services allows them to carefully match the needs of each person who comes to them for help with the most appropriate, cost-effective level of care. Outpatient services are scheduled at convenient hours. The common goal of their programs is to help people find positive solutions to resolve the challenges and crises in their lives. The hospital is staffed with a diverse group of dedicated, caring professionals. Psychiatrists and other physicians, psychologists, social workers, nurses, therapists, nutritionists, and alcohol/drug counselors work as a team to provide comprehensive, personalized care to each person who comes to them for help.

Inpatient Treatment
The inpatient program helps people with emotional, psychiatric, and stress-related problems requiring 24-hour care, including those in crisis situations, persons needing medical monitoring, and individuals unable to respond to outpatient services. The goal of this program is to stabilize and refer the patient to appropriate outpatient services as soon as possible. Inpatient care consists of three phases: evaluation, stabilization, and discharge planning. The evaluation phase consists of gathering information which is used to develop a personalized treatment plan. A physical examination also is provided. During the stabilization phase, the patient participates in a structured therapeutic program which includes: Individual Therapy (as indicated), Group Therapy, Occupational Therapy, Nutritional Assessment and Counseling, Family Therapy, Discharge Planning Groups, Medical Monitoring/Supervision, Educational Services and Individuals also may receive help for alcohol/drug problems.

Support Services and Counseling
In addition to structured programs, St. Luke’s Canyon View also offers individual counseling sessions, therapy and educational groups, and a variety of community services. Initial consultations, assessments, and referrals are provided free of charge as a community service. Please call for a confidential appointment.

Alcohol/Drug Services
The inpatient program is appropriate for people with alcohol/drug problems requiring comprehensive 24-hour care, including those in more advanced stages of alcohol/drug
dependency, as well as persons with physical complications requiring medical attention or detoxification, or in cases where a high probability of relapse exists. The program consists of five components: Evaluation, Detoxification, Stabilization, Therapy and Aftercare planning. The evaluation phase involves gathering information which is used to develop a personalized treatment plan. A physical examination is provided to determine if there are any medical problems requiring attention and to initiate medical care as needed. The patient is safely withdrawn from alcohol/drugs under the care of a staff physician. During the stabilization/therapy phase, the patient participates in a structured therapeutic program. Prior to completion of the program, a discharge/aftercare plan is developed. The plan contains recommendations for continued care on an outpatient basis (St. Luke’s, 2012).

**SPECIAL FEATURES**

**Cancer Care**
St. Luke’s Mountain States Tumor Institute (MSTI) is the region's largest provider of cancer services and a nationally recognized leader in cancer research. They provide advanced care to thousands of patients every year at clinics in Boise, Fruitland, Meridian, Nampa, and Twin Falls, Idaho. They’re home to Idaho's only cancer treatment center for children, only federally sponsored center for hemophilia, and only blood and marrow transplant program.

**Heart, Pulmonary, and Vascular Care**
Families in the Magic Valley have a new, critically important ally in the fight against heart disease, the leading cause of death in the U.S. for both men and women. For many heart patients, interventions such as those now performed in Twin Falls mean no longer having to face the risks and the recovery time previously required. St. Luke's Magic Valley is highly ranked nationally for opening blocked arteries quickly by rapid transport of heart attack patients to the Cardiac Catheterization Lab.

**Women’s Clinic**
The Woman’s Clinic provides primary and specialty care for women of all ages in the areas of: gynecology, obstetrics, women’s health care, bone densitometry testing, and research.

**G. SOUTHWEST IDAHO PUBLIC HEALTH DISTRICT (SCPHD)**
The South Central Public Health District (2012) Public health efforts began in south central Idaho in 1928. All of Twin Falls County was experiencing an "infectious" meningitis epidemic. Hundreds of cases and many deaths resulted in a quarantine of the entire city of Twin Falls. The county commissioners developed the first area health unit consisting of three public health nurses and a sanitary inspector. Today, South Central Public Health District employs nearly 100 professionally trained nurses, dieticians, an epidemiologist and dental hygienist, health educators, and environmental specialists.

South Central Public Health District was the leader in the multi-county concept of providing public health services. They have offices in Bellevue, Burley, Gooding, Jerome, and Twin Falls; and with part-time clinics in Shoshone and Fairfield they serve all eight counties of south central Idaho and are part of a statewide system of seven public health districts. The office in Rupert closed its doors on July 24, 2012. The immunization clinics shifted to Minidoka Memorial Hospital (on August 6, 2012) and all other services transferred to the Burley office. South Central Public Health District is governed by an eight-member Board of Health with a representative from each of the eight counties. Regular Board meetings are held on the fourth
Wednesday of each month. Exceptions occur depending on other scheduled activities of the Board and administration.

The mission is to improve the health of Idaho communities by
- identifying sustainable solutions to community health issues,
- developing partnerships for implementation of strategies, and
- demonstrating our success through measurement of outcomes.

South Central Public Health District is your local public health agency. Their vision is Healthy People in Healthy Communities. South Central Public Health District provides a wide range of services…from immunizations to restaurant inspections to tracking infectious diseases.

**Immunization Program**

Thanks to immunizations, diseases that were once commonplace are now only distant memories for most Americans. While some diseases are more commonly associated with the very young, the elderly, or the sick, unvaccinated people of all ages are susceptible to serious, debilitating, and potentially deadly vaccine-preventable diseases. The germs responsible for vaccine-preventable diseases such as chickenpox, pneumococcal disease, influenza, and hepatitis A and B do not distinguish between young and old, rich or poor, or racial or cultural heritage.

In 2000, Governor Dirk Kempthorne implemented IRIS (Idaho’s Immunization Reminder System), a statewide system to track children’s immunizations within the state of Idaho. IRIS is available through the district health office and through enrolled health care providers. Through IRIS, District Health provides support to participating families and immunization providers by sending reminders to parents when their children’s immunizations are due. Over 85% of the District’s children from birth to age 2 are on the register. Thirty-four physician offices have signed letters of Agreement to encourage their patients to sign up for IRIS and have immunization data put into the state registry.

**Women, Infants and Children Nutrition Program (WIC)**

WIC is a health and nutrition program designed to help pregnant and postpartum women, infants and children through age five who have special nutritional needs. WIC clients are asked to attend nutrition education classes to help maintain or improve the health of their families. Nutrition education classes are written by Registered Dieticians and generally taught by WIC Clinical Assistants. Classes cover general nutrition topics such as the importance of protein, vitamin A, and stress management. Other topics include first food for babies and baby bottle tooth decay prevention techniques. WIC may be able to help you if:

- You are pregnant, breastfeeding, or recently had a baby,
- You have an infant or child under 5 years of age,
- You have a low income or no income, and
- You have a nutrition or health problem.

WIC provides qualified applicants with:

- Nutritious foods to supplement your diet,
- Information on healthy eating, and
- Referrals for health care.
Breastfeeding Information
South Central Public Health District offers breastfeeding mothers counseling and guidance through WIC (Women, Infants and Children's Supplemental Food Program). Breastfeeding gives a head start in education.

- Breastfeeding enhances optimal brain development provided by nutrients and interaction.
- Breastfeeding protects babies from illnesses that can cause malnutrition, and learning and hearing difficulties.
- Breastfeeding ensures frequent interaction and exposes babies to language, positive social behavior and significant stimuli.
- Breastfeeding enables better visual development and visual acuity leading to reading and learning readiness.

Health Screenings & Growth
WIC participants are screened for program eligibility every six months. Pregnant WIC participants are eligible for the WIC program for the duration of their pregnancy. A health screening is performed for each client that includes a diet history, weight and height, and hemoglobin tests. WIC staff review this health information and compare it to standardized tables to determine how healthy the client is in these specific areas. If a client is found to have health risk factors, i.e. underweight, overweight, low hemoglobin, etc., re-screening is performed two months later to re-assess the client's health. Some clients are referred to the WIC Registered Dietitian to discuss health concerns that can be modified with diet changes.

Clinical services:
- Birth control information, method selection, and supplies
- Counseling, referrals, or assistance for tubals and vasectomies
- Emergency contraception
- Pregnancy testing, counseling, and referral
- Referral services for prenatal care and problem pregnancies
- Physical exams and screenings
- Breast exams and Pap smears
- Sexually transmitted disease screening
- Self-exam education
- HIV/AIDS counseling and testing
- Confidential sexually transmitted disease diagnosis and treatment

Dental Health Program
Sealants
Occasionally, South Central Public Health District partners with the College of Southern Idaho's Dental Assistant Program to provide free sealant clinics. Sealants are a simple and effective way to prevent the most common type of tooth decay in molar teeth. The chewing surfaces of molars have many deep pits and fissures where cavity-causing bacteria can hide. Sealants are a plastic coating that is painted on the teeth to seal the pits and fissures and prevent tooth decay.

Fluoride Varnish
South Central Public Health District offers fluoride varnish to children to help protect their teeth from cavities. The varnish is quick and easy to apply, and the concentration of fluoride is twice as high as the standard fluoride gel. The varnish remains on the teeth for 24 hours after
application, releasing fluoride into smooth surface areas of the teeth, and then is brushed and flossed off. This type of varnish can be applied to teeth in difficult patients when a conventional gel that takes more time may not be possible. Children enrolled in WIC are eligible for the varnish clinics held at SCPHD in Twin Falls, Burley, and Jerome by appointment.

Smoking Cessation Classes
South Central Public Health District offers a variety of Smoking Cessation programs. The programs are 6 to 8 sessions long, free of charge, and offered several times a year in various communities. There are programs specifically designed for adults, pregnant women, and teens. For more information or to sign-up for a program, call 737-5988. Freshstart is a six session, adult tobacco-cessation program, developed by the American Cancer Society. Trained professionals teach all programs. Ending Nicotine Dependence (E.N.D.) is a six-week program targeting youth from 6th-12th grade. END classes help youth build skills and knowledge to help reduce and end tobacco addiction. Participants will learn skills to communicate more effectively, handle stress, make decisions, set short and long-term goals, eat healthy, and realize the importance of physical activity.

Idaho Prenatal Smoking Cessation program is targeted for pregnant women enrolled in the Women, Infants and Children Program (WIC). This program is designed to provide tobacco cessation services to women throughout their pregnancies during their WIC appointments. Idaho QuitNet is a free internet service that can help you quit smoking. It offers expert advice on quitting, online support from other smokers who are trying to quit, and information about medications that may make quitting easier. Idaho QuitNet is available 24 hours a day at idahoquitnet.com.

For further information on any District Health program, call 737-5900, or visit District offices in: Bellevue, Burley, Gooding, Jerome, Rupert, Shoshone and Twin Falls.

H. ADOLESCENT PREGNANCY PREVENTION
Adolescent Pregnancy Prevention (APP) was created with the hope of reducing teen pregnancies in the State of Idaho by educating teens on the dangers of risk taking and through education on sexual health utilizing evidence-based curriculum. The APP supports evidence-based curricula about postponing sexual involvement, contraception, healthy relationships, parent/child communication and negotiation skills to help provide teens with the information they need. Youth benefit when they have access to accurate information and services, having caring adults in their lives, and have the skills and self-confidence necessary to make healthy choices about their reproductive health. The APP
program provides free information on sexual health for youth and parents on the Idaho teen website. (Idaho Department of Health and Welfare, 2012a.).

APP reports that:

- In 2008, there were 1,669 out-of-wedlock teen pregnancies in the State of Idaho. 273 of these were in District 5.
- Unplanned teen pregnancies cost Idaho taxpayers approximately 39 million dollars a year in Medicaid, foster care, and incarceration. These figures are not surprising given that children born from teen pregnancies often have poorer mental and physical health compared to children born from planned adult pregnancies.

Idaho Department of Health and Welfare Fact Sheets for 15-19 year olds (2010a):

- There were 2,218 teen pregnancies reported (39.3%) for girls ages 15-19 in the last three years.
- 3.9% of teens in Idaho became pregnant
- 1 in 4 (22.7%) of teens were repeat pregnancies
- 76% of babies were born out of wedlock

For information on teen pregnancy in Idaho, and facts and information for parents and teens, please visit: www.idahoteenpregnancy.com

According to a March 2011 article in the Times-News (Welch, p.1), the Magic Valley had the highest teen pregnancy rate in the state in 2009, even as teen pregnancies nationally continue to decline. Of teenage girls 15-19 years old, one in six of every 100 teen girls became pregnant within the South Central Public Health District. The statewide rate is closer to four of every 100 girls. Welch states that pregnancies often occur most among poor and working poor but the Magic Valley teen trend goes against the trend.

Planned Parenthood is America’s leading sexual and reproductive health care advocate and provider. Founded by Margaret Sanger in 1916 as America’s first birth control clinic, Planned Parenthood believes that everyone has the right to choose when or whether to have a child, that every child should be wanted and loved, and that women should be in charge of their destinies.

Planned Parenthood of the Great Northwest (PPGNW) is a not-for-profit family planning agency that provides high-quality, affordable reproductive health care for women, men and teens and operates in health centers in Alaska, Idaho, and western Washington. Many of their clients have no other health care available to them. What PPGNW offers:

- Services - High quality, affordable reproductive health services in settings that protect the dignity, privacy, and rights of each individual.
- Education & Prevention - Medically accurate, age appropriate, comprehensive sex education that furthers understanding of human sexuality and promotes healthy behavior.
- Advocacy - Actively protecting the fundamental right to self-determination, and the right to decide freely if and when to have a child.

Planned Parenthood of the Great Northwest is a 501(c)(3) not-for-profit organization. They rely heavily on support from donors who help sustain responsible reproduction.
Planned Parenthood of Idaho was established in 1971 by volunteers in effort to provide affordable family planning education and services in Boise. Forty-one years later, PPI provides family planning services and education to over 10,000 patients annually in its Boise and Twin Falls health centers while advocating to further public policy and opinion consistent with the goals of Planned Parenthood Federation of America.

One in four American women has chosen Planned Parenthood for health care at least once in her life. The heart of Planned Parenthood is in the local community. Their 88 unique, locally governed affiliates nationwide operate more than 840 health centers, which reflect the diverse needs of their communities.

These health centers provide a wide range of safe, reliable health care — and more than 90 percent is preventive, primary care, which helps prevent unintended pregnancies through contraception, reduce the spread of sexually transmitted infections through testing and treatment, and screen for cervical and other cancers. Planned Parenthood is proud of its vital role in providing young people with honest sexuality and relationship information in classrooms and online to help reduce our nation’s alarmingly high rates of teen pregnancies and sexually transmitted infections. More than 1.2 million youths and adults participate in Planned Parenthood educational programs every year.

On campuses and online, in statehouses and courts, in community settings, and in the media, Planned Parenthood is a visible and passionate advocate for policies that enable Americans to access comprehensive reproductive and sexual health care, education, and information. Whether talking with members of Congress, parents, or faith leaders, or arguing cases before the U.S. Supreme Court, they fight for commonsense policies that promote women’s health, allow individuals to prevent unintended pregnancies through access to affordable contraception, and protect the health of young people by providing them with comprehensive sex education.

Pregnancy Crisis Center in Twin Falls offers free pregnancy tests, advocating, counseling, pregnancy and parenting classes, referrals and a 24 hour hotline (208-308-7472). Visit their website at www.pregnancytf.org or call 734-7472.

I. CHILD CARE
Idaho Association for the Education of Young Children (Idaho AEYC) is a non-profit organization, and its affiliate is the National Association for the Education of Young Children (NAEYC). Idaho AEYC supports quality early care and education for all children, from birth through age eight, and promotes excellence in early childhood education wherever children grow and learn.

Idaho AEYC supports families by managing the annual renewal process for Idaho Child Care Program providers through IdahoSTARS by developing a choice of available child care facilities for parents who are eligible for child care tuition assistance, and by providing child care referrals to families seeking care.

Idaho AEYC members are supported across the state through four local AEYC affiliates to promote conferences and training that will help serve families by creating quality early care and education settings when needed. Members are also encouraged to participate in IdahoSTARS.
professional development system including their local Child Care Resource and Referral offices located in seven regions of the state. Membership in Idaho AEYC is open to all individuals who share a desire to serve and act on behalf of the needs and rights of all young children, specifically related to early care and education. One membership joins all three - national, state and local affiliates (http://idahoaeyc.org/index.php?inner=abo).

**National Association for the Education of Young Children**
The National Association for the Education of Young Children (NAEYC) is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8. NAEYC is committed to becoming an increasingly high performing and inclusive organization.

Founded in 1926, NAEYC is the world's largest organization working on behalf of young children with nearly 80,000 members, a national network of over 300 local, state, and regional Affiliates, and a growing global alliance of like-minded organizations. The National Association for the Education of Young Children has become the nation's premier organization for early childhood professionals—setting research-based standards and providing resources to improve early childhood program quality, enhance the professional development and working conditions of program staff, and to help families learn about and understand the need for high quality early childhood education.

Through position statements, work with other organizations, and its national voluntary accreditation system, NAEYC has been the leader in promoting excellence in early childhood education for all young children from birth through age 8. NAEYC's mission is to serve and act on behalf of the needs, rights and well-being of all young children with primary focus on the provision of educational and developmental services and resources (NAEYC Bylaws, Article I., Section 1.1). NAEYC's efforts are designed to achieve these ends:

- All children have access to a safe and accessible, high quality early childhood education that includes a developmentally appropriate curriculum; knowledgeable and well-trained program staff and educators; and comprehensive services that support their health, nutrition, and social well-being, in an environment that respects and supports diversity.
- All early childhood professionals are supported as professionals with a career ladder, ongoing professional development opportunities, and compensation that attracts and retains high quality educators.
- All families have access to early childhood education programs that are affordable and of high quality and actively participate in their children's education as respected reciprocal partners.
- All communities, states, and the nation work together to ensure accountable systems of high-quality early childhood education for all children.

In Idaho as of July 2012 there are 18 NAEYC accredited programs serving 1,398 children. Five of the 18 accredited sites are located in the program service area. The 5 NAEYC accredited programs in our area include – four Head Start centers located in Hailey, Jerome, Burley and Twin Falls and one accredited site under the College of Southern Idaho’s Early Childhood Education Lab.
Child Care Assistance for Idaho Families

The Idaho Child Care Program (ICCP) provides child care assistance to low-income, working families by paying for a portion of child care. This program is for parents who work, attend school, or participate in approved activities to help prevent children from being placed in foster care. The program pays for part of the child care costs for eligible households, and parents also pay for a portion (called a co-pay). The parent’s share is based on the size of the family and the amount of their income. The Department also licenses child care providers and is working with community partners on a professional development system to improve child care services in Idaho.

You may apply for child care assistance by completing and submitting an Application for Assistance. Submit completed applications to your local Health and Welfare office. You may use the office-finder to assist you in finding your local office. You may also go directly to your local office and apply there. At the office you'll have an opportunity to talk with someone about your household situation and your needs so that you can make an informed choice about any services you want to receive. If you choose to go to your local office, be sure to go prepared with documentation that we use to verify your income, expenses, resources, etc. Taking these documents with you will speed up the time it takes us to process your application for assistance.

In order to receive assistance paying for child care, certain eligibility requirements must be met in areas such as residency, income, work/training activities, and other areas based on your household's circumstances. The amount of child care assistance you get is based on a number of things like, your income, the cost of child care, and the number of hours you spend working, in school, or participating in approved activities. The amount of assistance also varies by location in the State, and the type of provider you prefer for your children. Only a certain amount of the cost of child care can by covered by the Idaho Child Care Program. Most parents will have to pay for a portion of their child care costs - a co-pay as well as any amounts charged by the child care provider that exceeds the program limit (Idaho Department of Health and Welfare, 2007a).

Idaho STARS

Idaho’s State Training and Registry System’s vision is to increase the quality of early care and education programs for all children in our state. IdahoSTARS’ mission is to assist parents by offering child care referrals and information about quality child care settings. Our mission also includes assistance to child care providers by offering a variety of professional development opportunities and resources through our approved trainers and mentor/coaches.

The IdahoSTARS Quality Rating and Improvement System (QRIS) is available on a first come, voluntary basis as funding allows. Participation in the QRIS demonstrates that a facility cares about quality and it will help parents to recognize, choose and expect quality in an early care and education settings. Orientations will be offered in each regional Child Care Resource &Referral (CCR&R) office (IdahoSTARS, 2011).

2-1-1 Idaho CareLine

The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho citizens to health and human service resources. In SFY2011, CareLine partnered with the Department of Juvenile Corrections to expand its database and provide increased resources for Idaho’s youth and their families. CareLine also adopted the FACS Resource Library, managing
over 2,000 holdings for resource families, kincare providers and DHW employees. In SFY2011, CareLine participated in over 35 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability and safety of Idahoans. Idaho CareLine received 191,969 calls in SFY2011, dropping from 205,447 calls in SFY2010. This six percent decrease in call volume is due, in part, to increased efficiencies in telephone technology implemented by the Division of Welfare, which has greatly improved overall customer service. 2-1-1 agents assist callers Monday through Friday, 8 a.m. to 6 p.m. MST. Resources are available at: www.211.idaho.gov or www.idahocareline.org. Emergency and crisis referral services are available through an after-hours, on-call service. The 2-1-1 Idaho CareLine can be reached by dialing 2-1-1 or 1-800-926-2588.

2-1-1 can offer access to the following types of services:

- Basic Human needs Resources: food banks, clothing closets, shelters, rent assistance, utility assistance.
- Physical and Mental Health Resources: health insurance programs, Medicaid and Medicare, maternal health. Children’s Health Insurance Program, medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention and rehabilitation.
- Employment Supports: Earned Income tax Credit (EITC) financial assistance, job training, transportation assistance, education programs.
- Support for Older Americans and Persons with Disabilities: adult day care, congregate meals, Meals on wheels, respite care, home health care, transportation, homemaker services.
- Support for Children, Youth and families: child care, after school programs, Head start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services (www.idahocareline.org)

J. EARLY CHILDHOOD INFORMATION CLEARINGHOUSE

The Early Childhood Information Clearinghouse includes a web site maintained by the Department of Health and Welfare, in an effort to provide one location that provides information about children birth to age eight, including links to Idaho’s programs and worldwide information, current practices and research, and child development information. This site provides information about young children including links to Idaho programs and worldwide information, current practice and research, and child development information. The scope of the Clearinghouse includes issues related to skills needed and resources available for parents, caregivers of young children, and early childhood professionals. Topics include: Active Parenting Articles, Blended Families, Nutrition and Breastfeeding, Building a Healthy Foundation, Postpartum Depression, Pregnancy and Prenatal Care, Child Care Assistance, Children’s Mental Health, Early Learning, Early Childhood Health & Wellness, Protecting Children, Shaken Baby Syndrome, Immunizations, Special Needs, Infant/Toddler Program, Sudden Infant Death Syndrome as well as, Women, Infants & Children (WIC).

The ECIC is sponsored by the State Early Childhood Comprehensive Systems (SECCS) grant and the Early Childhood Coordinating Council (EC3) (Idaho Department of Health and Welfare, 2012b).
K. UNITED WAY OF SOUTH CENTRAL IDAHO
Since 1962, United Way of South Central Idaho has been advancing the common good in Southern Idaho by focusing on education, income and health. Their goal is to create long-lasting changes that prevent crises from happening in the first place. They invite everyone to be part of change. United Way believes that together, united, we can inspire hope and create opportunities for a better tomorrow. When you give to United Way your donations stay local and are working everyday helping families and individuals with housing, food and medical assistance, providing education and development for future leaders, our children… keeping senior citizens in their homes.  (http://www.unitedwayscid.org).

L. FAITH BASED PARTNERS
Faith Based and community organizations have a long history of providing essential services to people in need in the United States. The Magic Valley area offers services in a variety of Faith Based affiliations.

Interfaith Volunteer Caregivers
The Interfaith Volunteer Caregivers of Magic Valley-A Faith in Action Program, Inc., was incorporated in 1997 as a free standing non-profit, community funded, faith based human services organization. IVC is located in Twin Falls and serves four counties: Twin Falls, Jerome, Gooding and Lincoln. The mission of IVC is to assist the frail elderly, chronically ill and disabled to remain independent in their own homes as long as possible with volunteer assistance where there are no other resources. Some of the services their volunteers provide are in-home visits and reassuring phone calls, housekeeping, laundry and yard work, transportation, respite, help with meal preparation, limited handyman repairs and plumbing. IVC volunteers are called upon when all other resources have been depleted. IVC does not duplicate services offered by other agencies. For more information, call 733-6333.

Helping Hearts and Hands
Helping Hearts and Hands is non-profit, Christ based, community support center. They are located in Gooding, ID. Helping Hearts and Hands assists families in need in Gooding and Lincoln counties. The services they offer are: community food bank, coats program, pregnancy tests, help with disabled, help in domestic violence situations, Love and Logic parenting classes, employment/interview/preparation/readiness, Thanksgiving food boxes, Christmas food boxes, and Christmas presents for local children. There is no charge for services received from Helping Hearts and Hands. They operate off fundraisers and donations. For information call: 208-934-5101 or 208-539-4800 (emergency number).

2011 Expense Summary for Helping Hearts & Hands (Jan-Dec)

*Information provided by Helping Hearts and Hands Winter 2012 Newsletter, Volume 5-Issue 1)
M. SUBSTANCE ABUSE TREATMENT FACILITIES/RESOURCE
Canyon View Psychiatric and Addiction: St. Luke's Canyon View Behavioral Health Services provides treatment for adolescents, adults, and seniors. St. Luke's Canyon View offers intensive inpatient programs that address acute psychiatric issues in addition to medical detoxification from alcohol and drugs. They utilize individual, family, and group counseling to address personal, family, emotional, psychiatric, behavioral, and addiction-related problems. Services include: evaluation, detoxification, stabilization, therapy, and aftercare planning. Forms of payment accepted: Self Payment; Medicaid; Medicare; Private Health Insurance; and Military Insurance - V.A./TRICARE. Special Language Services for ASL or Other Assistance For Hearing Impaired. Canyon View offers outpatient psychiatric services to children and adolescents.

Canyon View is: licensed by the State of Idaho, Joint Commission on Accreditation of Healthcare Organizations, Medicare Certified/ Medicaid approved and a preferred provider for many insurance plans. Programs are designed to help people understand and accept their problem and learn how to live free of alcohol and drugs. To request services, call 734-6760 or the 24-hour Help Line at 1-800-657-8000. (http://www.stlukesonline.org)

Walker Center 762 Falls Avenue, Twin Falls (208) 734-4200 Outpatient Program 605 11th Avenue East, Gooding (208) 934-8461 inpatient/residential treatment
At the Walker Center, their mission as a non-profit organization is to provide a comprehensive range of chemical dependency treatment services, which deliver quality, cost effectiveness and accessibility in a superior atmosphere of healing. That promotes a clear vision of honesty, open-mindedness and willingness in order for all those they serve to continually make progress toward self discovery and truthful awareness. Both inpatient and outpatient treatment is available in a variety of locations. Founded in 1976, their program has the following accreditations, licenses and affiliations:

Accreditations - Commission for Accreditation of Rehabilitation Facilities (CARF) for: Residential treatment-alcohol & other drugs/addictions for adults.

Licenses - State of Idaho Department of Health & Welfare for:
Adult residential alcohol/drug treatment and detoxification services

Affiliations - National Association of Addictions Treatment Providers (NAATP)

Their commitment extends not only to our clients but to their families as well. They believe family involvement in treatment is extremely beneficial and in some cases crucial to recovery. Their Family Program includes an enlightening, three-day experience offered during each resident's stay. The focus is on education, lectures, films, process groups and group therapy.

A Drug and Alcohol prevention program is offered in: Bliss, Buhl, Burley, Castleford, Dietrich, Filer, Jerome, Shoshone, Gooding, Hollister, Twin Falls and Hailey for students in 3-8th grade. The program is funded through Health and Welfare and a United Way grant and uses the Life Skills Training curriculum.

To assist residents and their families in recovery, the Walker Center Alumni Support Groups are provided on a weekly basis in Gooding, Twin Falls, Boise, Hailey, Idaho Falls and Pocatello, Idaho. Clients are considered alumni when they have completed all recommended levels of
treatment to be determined by counselor based on need. In addition, their Alumni Association hosts family oriented events and activities throughout the year.

The Walker Center’s counselors serve southern Idaho by providing a variety of services to area communities, including assessments, crisis interventions, public speaking, workshops, in-service training, cooperation with employee assistance programs and referrals. Inquiries are accepted on a 24 hour per day, 7 day a week basis. They place no restrictions on referrals - anyone may call for help. The patient will then be assessed to determine the appropriate care needed. For additional information call 1-800-227-4190 (Walker Center, 2008). All information supplied by http://www.thewalkercenter.org/ html.

Jubilee House- 315 Grandview Drive in Twin Falls, ID. (208) 736-2566
Jubilee House is a Faith based twelve month live-in recovery program for women. The program mainly focuses on chemical abuse but will also assist women struggling with major relationship addiction, theft, and abuse. Most of the clients of Jubilee House are court ordered however, they are willing to help women in the community without legal issues who are seeking help. The program has daily classes that include support groups, mentoring, finances, parenting, co-dependency, Bible studies, in-house work therapy, volunteering in the community, learning center with a GED program, career skills, and weekly counseling with a licensed drug and alcohol counselor. Jubilee House is run strictly on donation. There is no charge to participate in the program.

Positive Connections- 417 Shoup Ave. W., Twin Falls (208) 737-9999
Primary focus of the provider is a mix of Mental Health and Substance Abuse Services. Their mission is to support you and meet your needs using the best solution while meeting your needs in your home, in the community or in their offices. Their vision is to provide families with the best client-focused Clinical, Psycho-Social Rehabilitation (PSR), Developmental Therapy (DT) and Substance Abuse Intensive Outpatient (IOP) services. Forms of payment accepted are: Medicaid, Tri Care West, Private insurance, and sliding fee schedules for private pay.

Proactive Advantage- 1061 Blue Lakes, Twin Falls (208) 734-0407; Burley (208) 878-3423; Gooding (208) 934-5880
Primary focus of the provider is a mix of Mental Health and Substance Abuse Services which are offered on an out-patient basis. Specialty programs include: parent training, victim’s group for adolescents/adults, anger management, life skills groups, and moral reconation therapy. Forms of payment accepted include: Self Payment; Medicaid; State Financed/Other than Medicaid and Private Health Insurance. Payment assistance is available on a Sliding Fee Scale (and Payment Assistance program).

SpiritWalker Counseling Services- 300 2nd Avenue East Twin Falls, ID (208) 733-8842
Drug and alcohol rehabilitation program that specializes in Substance Abuse Treatment, Outpatient services for Adolescents. SpiritWalker accepts Military Insurance and offers a Sliding Scale Fees.
Idaho Youth Ranch - 1275 North 400 East Rupert, ID (208) 532-4117
Idaho Youth Ranch has three residential facilities for youth and family services that center around transitional learning. They specialize in counseling, substance abuse treatment, vocational assessment, independent living, skills, positive recreational opportunities and education. Idaho Youth Ranch accepts Medicare, Sliding Scale Fees and Payment Assistance.

Idaho RADAR (Regional Alcohol Drug Awareness Resource) Center
The Idaho RADAR Center provides free alcohol, tobacco, and other drug information to Idaho residents. The Center, a Boise State University program, is administered by the Institute for the Study of Addiction in conjunction with the College of Education & the College of Health Sciences. The Center, which includes a Video Lending Library of over 900 titles, functions as a statewide information clearinghouse and resource referral center.

The Idaho Regional Alcohol Drug Awareness Resource (RADAR) Center is a substance abuse disorders, prevention and treatment information clearinghouse. They are your connection to resources and people in other cities and towns across the nation who are working together to prevent alcohol and other drug problems. Services are available to community organizations, parents, pre-school through college students, educators, health care practitioners and hospitals, treatment professionals, scientists and researchers, libraries, government agencies, businesses, individuals and you.

As members of the national RADAR network they provide continually updated substance abuse information, educational programs, access to current statistics, and complimentary copies of printed materials in English and Spanish. Assistance in finding guest speakers and preparing public service announcements is also available.

An order for materials can be placed on-line. Browse the materials and submit your requests via the order form page. A call during office hours (9:00 a.m. to 5:00 p.m. Monday through Friday) will connect you with our resource specialist, who can assist you in selecting materials to meet your needs. An answering machine is also maintained for your convenience. The Center uses community resources, the National Clearinghouse for Alcohol and Drug Information, and State of Idaho Substance Abuse Prevention Treatment Services for referral procedures. Materials are provided free of charge to Idaho residents. Your only cost is for return postage on checked out videos/DVDs from the video lending library.

The RADAR Center is funded by federal substance abuse prevention and treatment block grant funds that are procured through the Idaho Department of Health and Welfare's Division of Behavioral Health. RADAR Staff are members of Substance Abuse Librarians & Information Specialists, an international association of individuals and organizations with special interests in the exchange and dissemination of alcohol, tobacco, and other drug information (Idaho Radar Center, 2012).
The Department partners with Regional Advisory Committees to assess regional needs and assets for substance use disorders prevention and treatment services. The partnership highlights local service priorities, communicates available resources and coordinates services across public agencies and community organizations.

Services are delivered through contracts by private and public agencies with a focus on best practices and evidence-based programs.

Substance Use Disorder Customer Service Center
1-800-922-3406 (for screenings and referrals to approved treatment facilities)

Substance use disorders prevention services use multiple approaches to target populations, ranging from early childhood to adults. Prevention services are designed to promote proactive learning that builds a desire not to use. The Idaho Department of Health and Welfare provides funds to treatment providers throughout the state.

Idaho Regional Advisory Committee (RAC)
Idaho Code 39-303A directs the Department of Health and Welfare to establish a Regional Advisory Committee (RAC) in each Health and Welfare region. RAC members and the chair of the RAC are appointed by the Health and Welfare Regional Director. The RAC is to meet at least quarterly at the call of the chair. The RAC provides the coordination and exchange of information on all regional programs relating to alcoholism and drug addiction in Idaho. The RAC is a liaison among individuals, organizations, and agencies engaged in activities that affect community substance abuse prevention and treatment issues.

RAC members endeavor to become better educated about substance abuse issues, advocate for positive change, participate in legislative activities and public relations, make decisions regarding prevention and treatment options, and disseminate information at the community level.

Idaho Substance Abuse Facts (US Dept. of Health and Human Services, 2009a)
- Approximately 12,000 (9.2%) adolescents (12-17 yr. olds) in Idaho used an illicit drug in the past month.
- 5,000 boys and 5,000 girls used pain relievers non-medically in the past 12 months.
• 16.6% of adolescents (21,000) used alcohol in the past month and 11.1% (14,000) engaged in binge drinking (5 or more drinks).

Idaho Meth Project
Due to the rising use of Methamphetamine, Idaho launched the Idaho Meth Project in January 2008. It was modeled after the highly successful Montana Meth Project in which graphic depictions of meth addiction covered television, radio and billboards, addressed changes in public policy and encouraged community action. The primary purpose of the Idaho Meth Project is to significantly reduce the prevalence of meth use in Idaho. A secondary objective of the Idaho Meth Project is to raise awareness of the scale, depth and critical nature of the meth problem in Idaho. The Idaho Meth Project will execute an integrated program consisting of market research, public service messaging, and community action to effect a substantial reduction in meth use among Idaho’s youth and adult populations.

By saturating TV, radio, billboards, high school newspapers, and the Internet, the Idaho Meth project was able to reach 70-80% of young people 3-5 times a week with research-validated, hard-hitting messaging that graphically communicated the risks of Meth use and its impact on individuals, families, and communities. Teens told their stories on radio and television on how meth had impacted every part of their lives and why teens should not even try it once (Idaho Meth Project, 2005-2012).

According to the Idaho Meth Project (Idaho Meth Survey, 2010):

• Nearly a quarter of teens (22%) report that meth would be easy to acquire, down 8 points (from 30%) since the benchmark in 2007. Teens are also less likely to say it would be easy for them to acquire cocaine (26%, down 3 points from 2007). The ease of acquiring marijuana (55%) and heroin (19%) have remained essentially stable.

• Also, 11% of teens in 2010 say they have been offered meth, down 3 points from 14% in the benchmark. One in ten (10%) Idaho teens say he or she has close friends who use meth, unchanged since 2007. About one in twenty (6%) has friends who have been in treatment for using meth (down 2 points since 2007), while about one in six teens (16%, stable since the benchmark) reports having family members who have been in treatment for meth use.

• Idaho teens are more likely in 2010 than in 2007 to see risk in taking meth. Most say there is —great risk— in taking the drug once or twice (65%, up 10 points since the benchmark) or regularly (85%, up 2 points, ns). Compared to the risk associated with meth, teens are less likely to believe there is great risk in trying heroin once or twice (59%, up 4 points from the 2007) or regularly (81%, as in the benchmark); trying cocaine once or twice (58%, up 5 points from 2007) or regularly (79%, down 1 point, ns); or trying marijuana once or twice (40%, unchanged from the benchmark) or regularly (54%, down 4 points).

• Among Idaho teens, there is widespread disapproval of taking meth. Most —strongly disapprove— of taking the drug once or twice (88%, up 8 points from the 2007 benchmark) or regularly (92%, up 3 points from 2007). The number of teens strongly disapproving of taking heroin and cocaine is also higher in 2010 than in 2007. For marijuana, disapproval in 2010 is comparable to that in the 2007 benchmark.

How is the Idaho Meth Project Doing?
Findings from the 2010 Idaho Meth Use & Attitudes Survey demonstrate that, compared to the 2007 Idaho Meth Use & Attitudes Survey (the benchmark survey), Idaho teens are increasingly aware of the dangers of trying meth, are more likely to discuss the subject with their parents, are
more likely to tell friends not to use meth, and report the Idaho Meth Project ads provide new information about meth and make them less likely to try the drug.

The Idaho Tobacco Project
The Department of Health and Welfare and the Idaho State Police partner in the Idaho Tobacco Project. This collaborative effort blends merchant education, retailer permitting, and inspections for a comprehensive program to reduce sales of tobacco products to youth under age 18. The number of inspections conducted annually is determined by a formula that rewards retailers by reducing the number of inspections when the non-compliance rate (the percentage of time tobacco products are sold to inspectors) is low. The formula also increases the number of inspections per year when the non-compliance rate increases.

The Tobacco Prevention and Control Program work to create a state free from tobacco-related death and disease. Dubbed Project Filter (2011) the comprehensive program addresses tobacco use and secondhand smoke exposure through education targeting behavioral, environmental and policy changes. Statewide coordination necessary for successful tobacco control within these program goals is facilitated:

- Prevent initiation of tobacco use among youth;
- Promote tobacco cessation among adults and youth;
- Eliminate exposure to secondhand smoke; and
- Identify and eliminate tobacco-related disparities.

It is a criminal offense to sell tobacco products in the State of Idaho without a tobacco permit. In order to legally sell tobacco products to the public in Idaho, retailers must have an Idaho tobacco permit, issued by the Department of Health and Welfare's Idaho Tobacco Project.

Tobacco permits are issued free of charge and must be secured before beginning the sale of tobacco products to the public. All tobacco permits must be renewed annually. A tobacco product is any substance that contains tobacco including, but not limited to, cigarettes, cigars, pipes, snuff, smoking tobacco, tobacco papers and smokeless tobacco. There are three ways to acquire an Idaho Tobacco Permit. No matter which option you choose, it takes about five minutes to complete; by website, written request or by calling 208-334-0642.

Idaho Tobacco Facts (Project Filter, 2011)
In Idaho, smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. More than 1,500 Idahoans die from smoking-related diseases annually – an average of four people per day. And yet, tobacco companies spend an estimated $50.6 million dollars each year in Idaho.

- 12,200 - high school students smoke (14% of the total high school population)
- 61,000 - children are exposed to secondhand smoke at home
- 1,500 - adults die each year from smoking
- 30,100 - children now under 18 and alive will ultimately die from smoking
- $294,000,000 - annual healthcare costs in Idaho are directly caused by smoking
Cigarette Use has dropped significantly since 2000. The latest statistics from the Idaho Behavioral Risk Factors Report (Bureau of Vital Records and Health Statistics, 2010) states that the prevalence of cigarette smoking in 2009 was 16.3%. Smoking decreased as education level increased. The unemployed were significantly more likely to smoke (32.2%) than those employed (15.4%).

<table>
<thead>
<tr>
<th>Tobacco Use Among Idaho High School Students in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of students who ever tried cigarette smoking, even on or two puffs</td>
</tr>
<tr>
<td>Percentage of students who smoked cigarettes in the past 30 days</td>
</tr>
<tr>
<td>Percentage of students with any tobacco use (cigarettes, cigars, chewing tobacco, snuff, or dip) in the past 30 days</td>
</tr>
<tr>
<td>Percentage of students who smoked a whole cigarette for the first time before age 13</td>
</tr>
</tbody>
</table>

*Idaho Kids Count (2012)

O. IDAHO CHILDREN’S TRUST FUND (ICTF)
Mission: Strengthening families to prevent child abuse and neglect — before it ever occurs. The Idaho Children’s Trust Fund leads efforts to prevent child abuse in Idaho. They support community based organizations working to prevent child abuse and neglect by providing training and technical assistance, by introducing and sharing best prevention practices, and by funding organizations who share our mission. They convene networks of practitioners and parents through their annual Strengthening Families Training Institute, through building the collaborative effort for Strengthening Families and through coordination of child sexual abuse prevention efforts statewide. They are increasing the public’s awareness that child abuse can be prevented through their work during Child Abuse Prevention Month in April and other events throughout the year.

Promoting protective factors: Research tells us that certain protective factors build strong families and prevent child abuse and neglect in all its forms. Together with ICTF, you can work to promote community environments and public policies that promote these protective factors.

Parental resilience: No one can eliminate stress from parenting, but a parent’s capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family’s life.

Social connections: Having family, friends and neighbors to depend on helps primary caregivers feel supported and encouraged. Networks of support are essential to parents and also offer opportunities for people to ‘give back’.

Concrete support in times of need: Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive.

Knowledge of parenting and child development: Accurate information about child development and appropriate expectations for children’s behavior at every age help parents see their children and youth in a positive light and promote their healthy development.
Children’s social and emotional development: A child’s or youth’s ability to interact positively with others and effectively communicate his or her feelings, helps parents and other caregivers better respond to his/her needs.

Motivation: We know child development is a foundation for community, cultural, and economic development. In other words, we believe capable children grow and become the foundation of a capable, prosperous, and sustainable society. We also know the basic architecture of the brain is constructed through an ongoing process that begins before birth and continues through adulthood. The interaction a child has in his or her home, school, and community becomes part of this intricate brain architecture. Toxic stress, such as neglect and abuse, damages the developing brain and leads to problems in learning and behavior and increased susceptibility to physical and mental illness. We know that every child deserves a healthy and happy childhood. Therefore, ICTF works to prevent child abuse before it ever occurs. Preventing child abuse and neglect minimizes the costs of long term intervention for crime, corrections, truancy, hospitalization, special education and mental health care (Idaho Children’s Trust Fund, 2012).

Child Abuse Prevention Initiative
In 2003, the Office on Child Abuse and Neglect, within the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, launched a Child Abuse Prevention Initiative to raise awareness of the issue in a much more visible and comprehensive way than ever before. The Prevention Initiative is an opportunity to work together in communities across the country to support parents and promote safe children and healthy families. Increasingly, this effort focuses on promoting protective factors that enhance the capacity of parents, caregivers, and communities to protect, nurture, and promote the healthy development of children. While the exact number of children affected is uncertain, child fatalities due to abuse and neglect remain a serious problem in the United States. Fatalities disproportionately affect young children and most often are caused by one or both of the child's parents. Child fatality review teams appear to be among the most promising current approaches to accurately count, respond to, and prevent child abuse and neglect fatalities, as well as other preventable deaths.

Prevent Child Abuse America/Idaho Children’s Trust Fund
Following the national work of Prevent Child Abuse America to create a new symbol for child abuse prevention, a pinwheel was chosen to represent the cause. ICTF and agencies, individuals and organizations raise awareness throughout the month of April during Child Abuse/Neglect Prevention month. Pinwheel gardens, fun runs/walks, and presentations get the word out across the state. Pinwheels represent the desire for a happy and healthy childhood for all Idaho children, as the pinwheel is about having fun and being carefree—the way we hope all children's lives can be.

Child Abuse Prevention: Three levels of child abuse prevention efforts providing treatment to abusive and neglectful families alone cannot break the cycle of child abuse and neglect. Communities must develop strategies to prevent abusive and neglectful patterns from occurring to begin with. Prevention programs have the potential to provide a more complete and effective support system for at risk families.
Primary prevention takes measures to keep abuse and neglect from occurring for the first time in a family. It raises the awareness of the general public, service providers and policy makers about the scope and problems associated with child maltreatment through activities such as public awareness campaigns or general educational efforts. Research literature strongly suggests that primary prevention is by far the least expensive and most effective means of solving a wide range on social problems, including child abuse and neglect. It is proactive, providing help before crisis begins. Primary prevention efforts build on family strengths; they don't concentrate on family deficits. Secondary prevention also refers to keeping abuse and neglect from occurring for the first time in a family. The difference from primary prevention is that secondary prevention programs are directed at populations of families who have been determined to be at-risk for abusive or neglectful behavior, or have circumstances in their life that present challenges to positive parenting behaviors and optimal child development. Tertiary prevention activities occur in families in which abuse or neglect has already occurred, with the goal of preventing further maltreatment and breaking the family cycle of abuse (Idaho Children’s Trust Fund, 2012).

P. Court Appointed Special Advocate (CASA)
The CASA (Court Appointed Special Advocate) program is committed to the protection and healing of abused and neglected children who have been placed in foster care and referred to us by the courts. CASA appoints a trained volunteer (called a Guardian ad Litem) and a volunteer attorney to the child. A CASA volunteer is the sole adult charged with the responsibility of researching the child’s background and reporting those findings to the court. The judge uses the report to make a sound decision about that child's future. Funding for CASA comes from the state, county, Idaho Supreme Court, United Way, and the community. Fifth Judicial District CASA Program, Twin Falls (208) 324-6890 (http://5thcasaidaho.org/).

Q. GOVERNOR’S TASK FORCE ON CHILDREN AT RISK
The Governor’s Task Force on Children at Risk (CARTF), a non-partisan, broadly representative organization with concerns related to children at risk in Idaho, is dedicated to providing informed recommendations to the Governor of the State of Idaho regarding the full scope of issues related to child abuse and neglect.

In 1988, by Executive Order, Governor Cecil Andrus established the Governor’s Task Force on Children at Risk. The group’s first assignment was to review research on sex crimes against children and develop recommendations to address the issue. This included reviewing testimony from public hearings, national research, and interviews with investigators, treatment providers, law enforcement personnel, perpetrators, citizen advocates, victims and their families. Findings and recommendations were published in "A Report on Idaho's System for Protecting and Serving Children at Risk of Sexual Abuse," Containing 14 specific recommendations. Most of these have been followed to completion.

CARTF STRATEGIC PLAN 2012-2015:
Goal 1. Continue development of Multidisciplinary Teams (MDTs) in each Idaho county in accordance with Idaho Code Section 16-1609. Support development of training in core competencies for professionals involved in the investigation and prosecution of child abuse and neglect.

Goal 2. Review and improve current and proposed legislation pertaining to the child protection process.
Goal 3. Evaluate and improve the investigation and prosecution process for civil and criminal cases involving child abuse and neglect.

Goal 4. Re-establish a Statewide Fatality Review Team to examine child deaths that may be a result of child maltreatment.

Goal 5. To avoid duplication, identify and assist in coordinating child abuse and neglect resources related to children at risk of child maltreatment.

Goal 6. Identify how societal issues affect child welfare in Idaho.

Idaho’s “Keeping Children Safe” Panels
Recognizing the importance of public participation and community engagement, beginning in 1995, the Department of Health and Welfare organized citizen review panels in each of its seven regions to examine how Idaho’s Child Protection System works and to make recommendations for improving the system. The panels have focused on providing an independent analysis of how the child protection system responds to abuse and neglect and the overall community supports for children and families in crisis.

In 1996, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA). In its amendments to CAPTA, Congress required that, in order to receive funding for the Child Abuse and Neglect State Grants Program, states must establish the Citizen Review Panels by July of 1999. While this was the impetus for many states and their Citizen Review Panels, Idaho developed its Citizen Review Panels several years prior to the requirement.

Idaho’s Citizen Review Panels have elected to call themselves Keeping Children Safe Panels. Throughout Idaho, most of the panels meet monthly, review cases of child abuse and neglect, attend child fatality reviews, go to court, and observe the implementation of Department policies and procedures as they interact with families and other agencies. Once a year the panels submit a report of their collective experiences, findings and recommendations to the Director of the Department of Health and Welfare.

There are approximately sixty (50) Keeping Children Safe Panel members in Idaho. Once a year, they meet together to review their activities, share ideas, and receive additional training. Each panel member serves up to eight hours a month. These citizen volunteers have repeatedly demonstrated their commitment to Idaho’s children and a willingness to involve themselves in the work of making our communities safer for children (http://idcartf.org.)

R. DEPARTMENT OF HEALTH & WELFARE
According to Director Richard Armstrong;

Our mission is to promote and protect the health and safety of Idahoans.

The Idaho Department of Health and Welfare's programs and services are designed to help people live healthy and be productive, strengthening individuals, families and communities. From birth throughout life, we help people improve their lives.
We deal with complex social, economic and health issues. We receive requests every day for assistance with food or medical insurance. We help others with child care, child support and substance abuse problems. Throughout the state, we are at the forefront of protecting public health.

We help people help themselves. Our goal is to help people become self-reliant, working with them to identify issues and solutions to their problems so they won't need future assistance from us.

Idaho's health and human services are a partnership. We team with other agencies and human service providers to meet the needs in each community. Working together, we can build a better Idaho (http://www.healthandwelfare.idaho.gov/AboutUs/tabid/62/Default.aspx).

**Family and Children Services**
Family and Children Services are responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act. The program also licenses homes and facilities that care for foster children, monitors and assures compliance with the federal Title IV-E foster care and adoption funding source, and manages the Interstate Compact on the Placement of Children (Idaho Department of Health and Welfare, 2011-2012).

**Adoption Services**
All children need permanent homes with loving families and the chance to grow and develop. In Idaho, there are many children waiting for the security that comes from a nurturing and permanent family. Idaho's Adoption Program is strongly committed to assuring children are placed with permanent, loving adoptive families. In almost all cases, children adopted through Idaho’s foster care system have special needs. These children may be part of a sibling group that must stay together. They may be children who have physical, mental, emotional or medical disabilities, or are at risk of a disability because of known history. Or, the potential adoptive child may be older, which can make it more difficult to find an adoptive family.

Some of the goals of the Department are to expand public awareness about these children, to recruit and inform prospective adoptive parents, to help bring children and families together and to help sustain families created through adoption. The adoption assistance program provides incentives in the areas of financial subsidies and medical assistance for children with special needs, and the circumstances of the adoptive family. Often the adoption assistance program helps relatives who adopt children from their extended families. The Adoption and Safe Families Act of 1997 is allowing Idaho to create more timely plans for the permanent placement of children in the foster care system.

**Types of Adoptions**
There are several types of adoptive placements, including Public Agencies, Private Agencies, Kinship and Stepparent, International, and Transracial. According to U.S. Department of Health and Human Services (2011) there were 900 adoptions combined from public agency adoptions, Inter-country adoptions, private agency, kinship, and tribal adoption in Idaho in 2008. There were 135,813 adoptions in the country in 2008.
Wednesday's Child

Wednesday's Child is an adoption promotion program directed by Special Needs Adoptive Parent Services, Inc. (SNAPS, INC.), through in-kind donations from the community, state contracts and private foundation grants. Regional case workers provide home studies, screening and certification of placement resources. Finally, waiting children and prospective families begin a careful adjustment journey that will hopefully conclude with finalization of their dreams for a "family for always." Through television, newspaper and radio, families are introduced to one child each week that is waiting in foster care for a permanent family.

Wednesday's Child participants need adoptive families who can respond to their unique needs. "Special needs" means they may be harder to place due to circumstances. Results of Idaho's Wednesday's Child Program: Many people ask if the program is successful in finding adoptive families for these children. Seventy-five to eighty percent of the children who are introduced by Wednesday's Child media partners find adoptive families within just a few months. These successful outcomes make this a community effort that businesses, media partners, legislators and citizens support. It is making a difference one face, one voice, and one life at a time. Idaho communities work together through the Wednesday’s Child adoption promotion program to shorten the time children wait to find loving, permanent families. The core partnership between state agencies and SNAPS is dedicated to the development, nurturing, and coordination of multiple government and private collaborative relationships in order to reduce barriers to adoption. The project has powered a dramatic increase in adoptive placements for children who might otherwise have spent precious childhood years moving from one temporary home to another.

On average, 70-75 children are served by SNAPS each year. Nearly 75 percent of website listings were deactivated by caseworkers because of a permanent family placement decision. These placements include adoption by families known to the child (foster parents, teachers, mentors, etc.), adoption by recruited families, guardianships and alternative permanent family arrangements.

Business and government leaders support Wednesday's Child without reservation. Community in-kind contributions of goods and services top $250-300,000 annually. Over ninety businesses and agencies have contributed admission, materials, time and remembrance gifts for waiting children since SNAPS, Inc. was established in 2002. The most unique aspect of this program, however, does not lie in statistics. Its success lies in community ownership of a solution that money can't buy...lifetime commitment to a child who wants to belong to a family (http://www.snapsinc.org/misc.php?id=aboutwc).

Idaho Safe Haven Act

The Idaho Safe Haven Act, passed in 2001, is intended to provide a safe alternative for parents who might otherwise abandon their baby. The parent must deliver the baby to a “safe haven”. This law is a response to incidents where young parents have abandoned newborns, for fear of being known, or simply because they did not know what else to do. The following people and places are Safe Havens. Any one of these health care professionals will accept your baby, care for it, and start the process of finding the baby a home.
- Hospitals and clinics
- Doctors and doctors’ offices
- Nurse practitioners
- Physician’s assistants
- Ambulance personnel

If you take your baby to a Safe Haven within 30 days of its birth and there are no signs that the child has been physically hurt you will not get into trouble with the law. However, you must physically hand the baby to someone at a Safe Haven. Do not leave the baby outside a hospital or doctor’s office. Take the baby inside and give it to someone. You do not have to give your name or any other personal information if you don’t want to. You may be asked questions about your baby’s birth and health. It’s up to you whether or not you answer these questions.

It’s important for your baby to have a family right away. If you change your mind and want your baby back, you don’t have long to let someone know. You begin by filing a claim for your baby with the Idaho Vital Statistics office. Once you submit a claim, the court can delay the termination of your parental rights for up to 60 days. You may be asked to take a DNA test to confirm you are the baby’s parent and you may be asked to show that you can provide a safe home for your baby. People at a Safe Haven will: Take your baby; Make sure your baby receives necessary medical attention; Contact law enforcement so your baby can be placed in protective care; Contact the Idaho Department of Health and Welfare to make sure the baby is placed with an adoptive family as soon as possible. The law allows a Safe Haven to take temporary physical custody of a child, without a court order; if the child is personally delivered to the safe haven provided that:
- The child is no more than 30 days of age
- The parent personally delivers the child to the safe haven
- The parent does not express intent to return for the child

(https://www.idahocareline.org/elibrary/SafeHaven.html)

**Foster Care**

Foster care is a critical component of the state’s Child Welfare Program. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected or are experiencing other serious problems within their families. Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as foster parents. Relatives can be important supports to the child, the child’s parents, and the foster family.

Children and Family Services structures out-of-home placements to:
- Minimize harm to the child and their family;
- Assure the child will be safe;
- Provide services to the family and the child to reduce long-term, negative effects of the separation; and

According to the Idaho Department of Health and Welfare (2011-2012) there are 2,826 children in foster care in the state of Idaho. The average time a child spends in foster care is one year.
(17.3 months) and nationally a child in a foster care setting is 2 year (28.8 months). Thirty-six percent of Idaho’s children experience three or more foster care placements while nationally children experiencing three or more placements are 42%. Two hundred seventy-five children (15.1%) of children live in group care or institutional settings. Nationally 18.2% (93,521) of children live in group settings (AdoptUsKids, 2002-2011).

Idaho's foster children are waiting for:
- Reunified with their birth families 917 (50.4%) - nationally: 251,020 (49.6%) are waiting for reunification
- Adoption 374 (20.6%). Nationally: 115,893 (22.9%) children are waiting to be adopted
- Average time foster care children have been waiting to be adopted: 33 months
  Nationally: 42 months

Relatives are a placement preference for children, but in many cases, a relative home is not available and the recruitment of non-relative homes for all ages becomes a necessity. Additionally, there is a need for homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. There also is a need for foster parents of Hispanic and Native American ethnicity. In order to meet the growing need for additional foster parents, local recruitment and training efforts are conducted in each of the regions. Children and Family Services, in partnership with local universities, utilizes the PRIDE program throughout Idaho to train and evaluate potential foster or adoptive families in parenting skills and techniques to care for children who have been abused or neglected. PRIDE classes show interested families what they can expect as foster parents. These classes are offered on a regular basis in each region. PRIDE has been shown to help families meet the needs of foster and adoptive children (Idaho Department of Health and Welfare, 2011-2012).

PRIDE is Idaho’s curriculum of training for foster and adoptive parents and the new model of practice. Pride stands for Parent Resources for Information, Development, and Education. The PRIDE curriculum was developed by the Child Welfare League of America. The model is designed to strengthen the quality of family foster-care and adoption services. It provides a standardized, consistent, structured framework for the competency-based development and support for foster and adoptive families. Prior to obtaining a license to become a foster or adoptive parent, through the state of Idaho, applicants will participate in a pre-service training by a team of co-facilitators that includes experienced foster parents, university faculty, and Idaho Health and Welfare staff (Child Welfare League of America: CWLA, n.d.).

Grandparents Raising Grandchildren
In Idaho, according to a policy brief by Idaho Kids Count (2008), Over 18,000 Idaho children live in households headed by grandparents and other relatives. Of this number, only 1,860 are currently in the foster care system, a ratio of 1 child in formal foster care for every 9 children in informal care with relatives. Though grandparents raising grandchildren are in all socio-economic levels, Census 2000 data shows us that they are 60 percent more likely to live in poverty than other grandparents. Idaho grandparents and other kin raising the children of relatives need more support for the important job they are doing and barriers need to be removed. These caregivers are the unsung heroes of our generation.
Many grandparents spend down their retirement savings, have to remain working, mortgage their homes, and get in real financial trouble in order to pay legal fees or just to afford raising the children. In April of 2002, the Area 4 Older Worker Office in Twin Falls reported that 35 percent of the older workers applying for services were grandparents raising grandchildren. Rural caregivers face additional challenges related to accessing existing support programs.

Raising grandchildren is an American tradition that goes back to our founding fathers. George and Martha Washington raised grandchildren. In the past 25 years, this phenomenon has increased radically throughout the U.S. Since the 1990 census, “grandfamilies” have increased nationally by 53 percent. The following factors are primary contributors to this rapid increase:

- Substance Abuse (is the most common reason grandparents raise their grandchildren)
- Death
- Child Abuse and neglect
- Teen pregnancy
- HIV/AIDS
- Unemployment
- Incarceration
- Divorce
- Mental Illness
- Family violence
- Poverty

Legal - Grandparents may need legally recognized status as primary caregivers for school enrollment and/or medical consent. Legal options include: (Idaho Public Television, 2011)

- Custody and Guardianship — Gives parental authority, but parents still have some rights, such as visitation.
- De Facto Custodian — Same standing as parents in court if grandparent has been the primary caregiver for six months if child is under age 3, or one year if child older than 3.
- Adoption — Gives all authority to grandparents or other relatives seeking adoption, and replaces rights, responsibilities, and authority of parents. Open adoption allows for visitation by parent/s after adoption.
- Foster Parents — If the state child welfare agency takes custody of the grandchild, grandparents may qualify as foster parents, or they may qualify for special recognition of kinship foster care. There is a great deal of need for affordable legal assistance, mediation services, and less red tape.

Sources of assistance for grandparents raising their grandchildren include: legal assistance from US Department of Health and Human Services for federal money for low-cost legal advice to seniors, Medicaid, Children’s Health Insurance Program (CHIP), TANF grant that offers federal money that is administered by individual states, guardian subsidies, support from the parents of the grandchild, and income tax breaks such as child care tax credit (Idaho Public Television, 2011).
Idaho KinCare Coalition
Mission: To promote social and legislative change through education and advocacy, and to provide the social supports needed by grandparents and other relatives raising the children in their care. At the turn of the century, life expectancy was about 47 years of age. Today, the average age of a first-time grandparent is 47 or 48. We can expect at least an extra 30 years of life, so there are more people living to be grandparents and great-grandparents and great, great-grandparents. Sadly, a rapidly growing number of these grandparents, middle-aged to elderly, are finding it necessary to raise their grandchildren. Census 2000 data tells us that six million grandchildren are living in households maintained by grandparents or another relative, with or without the presence of parents. Seven percent or 4.9 million children under 18 live in grandparent-headed homes and 20% (964,579) of these children are raised solely by their grandparents with no parental support. This number has declined since 2000 when an estimated one-third lived without their parents. It is speculated that this may be the result of multi-generational living situations due to hard economic times in which grandparents, parents, and children live in one home (AARP, 1995-2011).

In Idaho, 7,000 (2%) children are in public and private Kinship care, 399 (27%) are in state-supervised Kinship foster care (Kids Count, 2012). Kinship caregivers receive much less financial support than what the USDA estimates it costs to raise a child even if they obtain assistance from foster care or TANF, especially when they take care of more than one child (because TANF assistance only increases incrementally. Nationally, 12% of kinship families receive TANF, 42% receive SNAP assistance, 42% receive Medicaid, 17% receive child care assistance and 15% receive housing assistance (Kids Count, 2012).

Independent Living Program
Idaho’s Independent Living Program assists youth ages 15 to 21 develop the skills necessary to make a successful transition from foster care to independent living. In 2011, 685 youth were served through this program. This includes 219 youth who reached the legal age of adulthood (18 years) while in foster care. Youth that have been in care for 90 cumulative days after their 15th birthday are eligible for Independent Living services. The Independent Living Program accomplishes the following:

- Helps youth transition to self-sufficiency;
- Helps youth receive the education, training and services necessary to obtain employment;
- Helps youth prepare for and enter postsecondary training and educational institutions;
- Provides personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;
- Provides financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;
- Makes available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care; and
• Provides services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. (Idaho Department of Health and Welfare, 2011-2012).

Child Protection
Children and Family Services screens or assesses each report or referral it receives about possible child abuse or neglect to determine if there are safety issues for a child. Social workers and families strive to develop a plan to enable children to remain safely in their home. If safety cannot be assured with a safety plan, children are removed from their home by law enforcement or court order. When children are removed, Children and Family Services works with families to reduce the threats of safety so the children can return home.

In 2011 there were 7,424 child protection referrals from concerned citizens, 1,730 for physical abuse, 427 for sexual abuse, 4,827 for neglect and 11,433 calls for information about child protection (Idaho Department of Health and Welfare, 2011-12)

Navigation Services
Navigation is a short-term (120 days or less), solution-focused service intended to help people who are experiencing temporary instability find services and resources to stabilize their situations and keep families together. The primary purpose of this service is to aid participants in achieving health, stability and safety. It is a voluntary program intended to augment existing DHW programs and services, along with community partnerships. Over the last year, Navigation Services assisted a total of 7,951 families, with 2,526 receiving Emergency Assistance.

Navigation Services distributed nearly $1.4 million in Emergency Assistance while leveraging community funds on behalf of families and individuals. In fiscal year 2011, for every Emergency Assistance dollar spent, 27 cents was secured from community partners. Navigation Services leveraged a total of $377,600 in community funds on behalf of families.

Navigation Services also served approximately 200 kinship care families across the state. Through the generous support of Casey Family Programs, navigators distributed over $47,000 in direct cash assistance to these families to help with education, medical and other incidental expenses. This partnership helps children stay with their families and out of foster care when their parents are not able to support their needs.

As part of its work to support kin care families, Navigation Services has a partnership with the Corporation for National and Community Services to use VISTA service members to work in communities across the state on behalf of approximately 15,000 kincare families. In SFY 2011, five VISTA service volunteers completed the second year of the Idaho Kincare Project. The project focuses specifically on kinship care issues, supporting the families of the approximately 23,000 Idaho children living with extended family members. VISTA members have increased the number of support groups across the state, created and maintained a web site with kincare related information, raised public awareness, and facilitated kincare access to relevant information. A total of six VISTA service members will continue the project in the coming year (Idaho Department of Health and Welfare, 2011-2012).
S. CHILDREN WITH DISABILITIES
College of Southern Idaho - Head Start/Early Head Start

In 2009-2010, the Idaho State Department of Education reported that 5.61% of children served in Idaho special education were preschool children. According to Kids Count Data Center (2009), Head Start enrollment through 2010 for ages zero to three was 2,093 in the State of Idaho and within that population, 354 were enrolled in the Infant/Toddler Program within the service area that included the following breakdown: Blaine County: 26 (3.27%); Cassia County: 51 (4%); Gooding: 32 (4.09%); Jerome: 49 (3.9%); Lincoln: 4 (1.44%); Minidoka: 26 (2.58%); Twin Falls: 165 (4.33%) and Power County (Region 6): 14 (3.15%). The Infant/Toddler Program serves children birth to three years through early intervention services by way of Individual Family Service Plans (IDHW, 2011).

During HS program year 2011-2012, thirteen percent or 80 children enrolled in the program have diagnosed disabilities. The six most common disabilities among children served by Head Start are indicated below:

- Developmental Delay (48)
- Speech & Language (23)
- Autism (5)
- Health Impairment (2)
- Intellectual Disability (1)
- Hearing (1)

During EHS program year 2010-2011, twenty percent or 15 children enrolled in the program have diagnosed disabilities. The most common disabilities among children served by Early Head Start are indicated below:

- Gross and Fine Motor Development
- Spina Bifida
- Down’s Syndrome
- Cleft Palate

Head Start has seen a trend of growth in emotional and behavioral disorders. To address this growth, the program has contracted for psychosocial rehabilitation services with Progressive Behavioral Systems, an agency whose primary focus is positive behavioral supports. The program also has a memorandum of understanding with the Department of Health and Welfare Child Development Center for resource and referral, as well as training for staff and parents.

Child Development Center
The Idaho Infant Toddler Program coordinates early intervention services for families and children with developmental delays or disabilities from birth to three years of age. The program partners with public agencies, private contractors, and families to enhance each child’s developmental potential through both direct services and the training of families. The four most frequently provided services are:

1. Developmental Therapy (special instruction);
2. Speech/Language Therapy;
3. Occupational Therapy; and

Services are delivered according to an Individual Family Service Plan. Teams statewide provide evidence-based services including teaming, natural environment learning practices and coaching families. Teams engage families to actively promote children’s learning. Consequently, families are noting increasingly positive outcomes.

Children served by the program are referred for a variety of reasons. Eight percent of children referred have been involved in substantiated cases of neglect or abuse. Thirty-one percent of children found eligible for services had premature births.

Federal oversight of the Infant Toddler Program includes ongoing reviews. This year the Idaho Infant Toddler Program made significant progress in correcting areas of non-compliance. The program’s federal rating changed from “Needs Assistance” to “Meets Requirements.”

The Infant Toddler Program successfully implemented a new web-based data system, ITP-Web. This is a state-of-the-art data system that assures HIPAA compliance while allowing ready access to client records by staff and contractors. Federal funds were used to develop and implement phase one of the system during SFY 2011. Phase two of the system will integrate billing and receipt claiming functions and reduce duplicate data entry.

During 2011, 3,380 children and their families were served by the Infant Toddler Program. Program performance in child identification is still recovering from previous budget holdbacks, however, new outreach strategies and on-line screening by parents have mitigated the rate of a downward trend in the identification of children who need services (Idaho Department of Health and Welfare, 2011-2012).

The program is supported by federal and state law. The Individuals with Disabilities Education Act (IDEA), Part C describes all requirements of the program. In 1991, the Idaho Legislature voted to develop the program in Idaho.

- Early care and education have a definite, long-lasting impact on how children develop, learn, and regulate their emotions. It plays an important role in healthy development.
- The human brain has a remarkable ability to change, but timing is crucial. A child develops faster during the critical years from birth to 3 than at any other time. Intensive, timely intervention can improve the prospects and the quality of life for many children.
- Early intervention is cost-effective. It can reduce or eliminate future need for costly special education and social services; minimizes the likelihood of hospitalization, incarceration, or institutionalization; and can maximize the potential for independence.

There are two ways a child, newborn to age three, can be eligible for services through the Infant Toddler Program. A child will be eligible if he or she has:

1. An evaluation that shows a significant developmental delay (30 percent below age norm or six months behind other children the same age) in any of the following five areas:
   - Self-help or adaptive skills like bathing, feeding, dressing, and toileting;
   - Cognitive skills like thinking, learning, and reasoning;
   - Communication skills; understanding and expressing thoughts, gestures, or words;
   - Physical development; vision, hearing, moving around, and health;
Social or emotional development; feelings, getting along with others, relationships; or

2. A physical or medical condition (called an established condition) that usually results in a developmental delay. Established conditions can include things like Down Syndrome, serious hearing or vision problems, Cerebral Palsy, cleft lip/palate, etc.

Child Find is a screening, tracking, monitoring, and referral process of identifying individual children who are thought to be at risk of manifesting developmental difficulties. No Part C funds are be used for intervention services for infants and toddlers at risk for Developmental Delay because of medical/biological or environmental factors.

Child tracking is implemented within the confines of confidentiality and parental informed consent. Child Find services include the following procedures and conditions: are consistent with the state’s child identification, location, and evaluation procedures required under Part C of IDEA; are coordinated with all major Child Find efforts conducted by various public and private agencies throughout the state; include procedures for making referrals to the Central Registry database and to service providers. Actions are delivered within reasonable time lines.

Service Coordination is available to Medicaid-eligible children with developmental delays or disabilities, special health care needs, and severe emotional or behavioral disorders. Those eligible for this service must also have an identified need for a professional outside of the home to help them obtain and coordinate community services and natural supports.

Idaho School for the Deaf and Blind
The Idaho Bureau of Educational Services for the Deaf and Blind (IBESDB) offers education programs and services to both residential and outreach students. The residential program is called the Idaho School for the Deaf and Blind (ISDB). The Outreach program provides direct service and supports families with children with hearing or vision loss birth to 3 years old, and provides supports to public schools serving students with hearing or vision loss, as well as services of some students within a public school setting.

There are many factors that influence school achievement for students in this population group, such as: degree of hearing or vision loss; additional handicapping conditions, age of consent, depth and scope of early intervention, experience and exposure with English language, language development opportunities, how consistently a child attends school, level of services provided in a school. Measuring these characteristics helps us understand a student’s needs. As of April 2012, there were 83 students; 11 preschool, 18 elementary, and 54 secondary students served through classrooms in 5 communities in Idaho (Meridian, Nampa, Idaho Falls, Pocatello and Gooding). ISDB currently provides Outreach Services to a total of 1,358 clients, birth to 21 years old (ISDB, 2012).

Additionally, ISDB provides the following outreach services:
- Home-based Early Intervention (birth - 3) Deaf/ Hearing Impaired and Blind/Visually Impaired
- Regional Deaf/ Hearing Impaired Classes in Meridian
  - Sign language Preschool Class
• Spoken Language K-1 Services
• Consultation to Local School Districts, Infant-Toddler Programs, and related support services
• In-service Presentations
• Participation on IFSP/IEP Teams
• Technical Assistance
• Evaluation and Diagnostic Services, as available, at no charge
• Audiological Clinic
• Low Vision Clinic
• Orientation and Mobility

• Assistive Devices for students who are Deaf/ Hearing Impaired or Blind/Visually Impaired
  ▪ Braille, Large Print, and Tactile Graphics Production
  ▪ Captioned Media Program
  ▪ Lions Club Loaner Hearing Aids and Trial FM Systems

• Summer Enrichment Programs for Deaf/ Hearing Impaired and Blind/Visually Impaired students
• Parent-to-Parent Activities
• Parent Education Workshops
  ▪ Sign Language Classes
  ▪ Spoken Language Workshop

ISDB’s purpose is to provide effective supplemental services, information, and resources to lead agencies and families throughout Idaho. ISDB provides a continuum of educational opportunities designed to meet the needs of children, families, and service delivery partners. ISDB’s educational philosophy of rigor and excellence results in student access to the world at large. Their vision is: Education, Communication, and Independence for Life. The Mission Statement “for all youth birth to 21 years with hearing or vision loss, including those with other disabilities and deaf/blindness, in the State of Idaho:

• The Idaho School for the Deaf and the Blind (ISDB) is the center of educational expertise for these children, their families, and local education providers
• ISDB’s residential and outreach programs provide a continuum of educational opportunities, services, and supports designed to ensure these children achieve their highest potential.

The Idaho School for the Deaf and the Blind (ISDB) is established by Section 33-3401, Idaho Code. ISDB is State supported and part of the public school system of the State of Idaho. The school’s objective is the education of children whose primary handicap is a hearing impairment or visual impairment. Under Federal and State regulations, all students enrolled at ISDB must be referred by their local education agency (LEA) based on a recommendation resulting from a Child Study Team Meeting (http://www.isdb.idaho.gov).

Idaho Council for the Deaf and Hard of Hearing
To create an environment in which Idahoans of all ages, who are deaf or hard of hearing, have an equal opportunity to participate as active, responsible, productive, and independent citizens
of Idaho. The Council is governed by a nine-member, governor-appointed board. Eleven ex-officio board members represent state agencies and organizations. The Executive Director and staff members administer programs and daily operations.

Leading up to 1991, a group of concerned stakeholders agreed that centralized state-level coordination of deaf and hard of hearing services were lacking in Idaho. They formed a task force, wrote a charter, lobbied the Legislature, and received funding. The Council was approved by the Legislature shortly thereafter.

The CDHH Board includes two persons who are deaf, two who are hard of hearing, a parent of a deaf child, a parent of a hard-of-hearing child, an audiologist, a medical doctor, and a sign language interpreter. The Board sets annual priorities and determines strategic direction. The Board also consists of eleven ex-officio members who represent various state agencies and organizations that have a stake in issues relating to deafness and hearing loss. The Executive Director and staff administer programs and daily operations.

By statute, the Council is responsible to increase awareness, advocate for equal access, provide information and referral, monitor consumer protection, recommend public policies and programs, conduct research, and submit reports to the Governor and policymakers.  

(http://www.cdhh.idaho.gov/)

Idaho Parents Unlimited, Inc. (IPUL)
Idaho Parents Unlimited, Inc. (IPUL) is a statewide organization which houses the Idaho Parent Training and Information Center, the Family to Family Health Information Center, and VSA arts of Idaho (Formerly Very Special Arts). IPUL’s activities are supported by funding from various state and federal agencies, by fund-raising events, and through parent memberships. Founded in 1985, IPUL is established as a 501(c)3 non-profit corporation in the state of Idaho.

IPUL is headquartered in Boise, Idaho, and has additional staff and contractors in other locations of the state. IPUL is governed by a Board of Directors which consists of parents of children with disabilities, individuals with disabilities, professionals (such as teachers, counselors, education administrators), disability service providers, and others who serve the interests of children with disabilities.

The Parent Training and Information Center programs is funded by the U.S. Department of Education, Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Improvement Act (IDEA). Project activities are designed to respond to the training and information needs of Idaho parents of children and youth with disabilities.

VSA arts of Idaho works to empower and engage people with disabilities in the creative process through opportunities which are fully inclusive, educational and participatory. VSA arts of Idaho creates these opportunities by providing professional training and workshops, developing state initiated projects, and implementing successful national programs.

The Family to Family Health Information Center (F2F) works at Idaho Parents Unlimited to help sustain the health and well-being of Idaho’s families, their children and youth with special health
care needs. The program values family-centered care and honors the strengths, cultures, traditions and expertise in the family/professional partnership.

**The F2F Project Assists Families With:**

- Finding payment for medical care
- Obtaining help navigating public health care financial problems
- Seeking dialogue with other parents in similar situations
- Looking for information to find community resources
- Linking to an established clearing house of information about health care issues
- Obtaining one to one assistance finding information and getting referrals for specific health problems
- Advocating for their child
- Locating and attending workshops and obtaining materials about related health care issues, including information tailored to assist youth and parents in transition to adulthood
- Collaborating with Idaho’s Family Voices and its national network for technical assistance
- Empowering others to make changes in established federal, state, and local governing systems

All of the IPUL activities and services listed are provided Free of charge, with the exception of a few programs, to families of children and youth with disabilities. These fees are typically minimal; and scholarships are available to family members or to people with disabilities who are unable to pay the fees (http://ipulidaho.org/).

### T. CHILDREN’S MENTAL HEALTH SERVICES

The Children’s Mental Health Program is a partner in the development of a community-based System of Care for children with a Serious Emotional Disturbance (SED) and their families. While most children are referred to private providers for treatment services, the program provides crisis intervention, case management and other supports that increase the capacity for children with an SED and their families to live, work, learn, and participate fully in their communities. In communities throughout Idaho, caring people are coming together to help children with SED and their families make life's journey a little easier. This "system of care" is made up of individuals representing public and private organizations, such as mental health, education, business, juvenile justice, and parent advocacy groups. For more information about the Idaho System of Care and services and support available in your area, call the Idaho Care-Line by dialing 211 or 1-800-926-2588 or your local Health and Welfare office. You can also contact the Idaho Federation of Families, an Idaho-based support organization for families with children affected by SED calling 1-800-905-3436.


The Children's Mental Health program continues to provide the Parenting with Love and Limits (PLL) program in all seven regions. PLL is an evidenced-based program that has been shown to be effective in treating youth with disruptive behaviors and emotional disorders. The annual
evaluation continues to demonstrate positive outcomes that are consistent with national PLL programs. Idaho's program showed improvement in functioning and reduced the time a youth and family receive services from the Children's Mental Health program. Over 70% of the families opened for PLL services were closed within three months compared to an average length of service of 12 months for non-PLL families. PLL youth showed significant reductions in negative behaviors as measured by the Child Behavior Checklist instrument. Initial data analysis indicates negative behaviors declined in the domains of aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors, and internalizing behaviors. The rate of graduation from PLL this past year was over 90% which continues to exceed the 70% goal set by the department (Idaho Department of Health and Welfare, 2011-2012).

<table>
<thead>
<tr>
<th>Idaho Children Receiving Mental Health Services 2008-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Total Children Served</td>
</tr>
<tr>
<td>Court Ordered 20-511A</td>
</tr>
<tr>
<td>Parenting with Love and Limits</td>
</tr>
<tr>
<td>Case Management</td>
</tr>
<tr>
<td>Residential Care</td>
</tr>
</tbody>
</table>

*All information supplied from the Idaho Department of Health and Welfare “Facts, Figure, Trends: 2011-2012*

Mental Health Planning Council (MHPC) was established in 1990 with its primary vision to be one of ensuring the dignity and improvement of the lives of adults coping with severe mental illness and children and adolescents managing emotional or behavioral disturbances. The council will:

- Advocate for adults, children and youth with serious emotional disturbances.
- Advise the State Mental Health Authority on issues, policies and programs, provide guidance in development/implementation of the State Mental Health Systems Plan.
- Monitor/evaluate the allocation and adequacy of state mental health services at least once a year and report to the Governor on achievements and impact on consumers and their families.
- Serve as a vehicle for intra and inter-agency policy and program development.


Referrals - State Department of Education
A referral for a special education evaluation for a child suspected of having a disability may be made by anyone involved in the child’s education, including the parent. Signed parental consent is required before any evaluations are conducted. The parent must be involved in decisions once a formal referral has been made.

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B (http://idea.ed.gov/).
Idaho Federation of Families
The Idaho Federation of Families for Children's Mental Health, Inc. was incorporated July 1, 1999 to provide an opportunity for families to work with all groups and individuals who wished to improve the lives of these children. The Idaho Federation of Families works to develop a coalition of groups and individuals to educate policy makers, professional organizations, legislators, educators, and the public about the needs of children with emotional, behavioral, and mental disorders and their families.

Fundamental to the Idaho Federation of Families is a focus on family participation and support. We believe that policies, legislation, funding and service systems must utilize the strengths of families by:

- Ensuring that families are equal partners in the planning and implementation of services,
- Viewing the child as a whole person rather than emphasizing the disability,
- Empowering families and children to make decisions about their lives, and
- Encouraging innovative programming that increases options for service.

It is Idaho Federation of Families philosophy that children and youth with emotional, behavioral or mental disorders: have unique needs that require unique services; must be respected for their rights, preferences, values, strengths, cultural and racial backgrounds; are entitled to full citizenship in their communities; belong with, and make positive contributions to, their families and must receive the support necessary to remain with their families (http://www.idahofederation.org/about/).

The Idaho Child Welfare Partnership:
The Idaho Child Welfare Partnership's mission is to promote the safety, permanency and well-being of the children and youth in Idaho's child welfare system of care and expand and refine the parties' support of Idaho's Child Welfare System of Care. The partnership's mission is supported and sanctioned by a shared mission and values, commitment, and governance structure that promotes the sharing, leveraging and effective coordination of funding resources, workforces, research and data, and public policy efforts.

The partnership is established between Idaho Department of Health and Welfare Division of Family and Community Services (FACS), and Eastern Washington University School of Social Work, Casey Family Programs and Boise State University School of Social Work. The partners have been working together to develop strategies to improve child welfare services in a variety of fronts. Embedded in all strategies are efforts to address the disproportionality and disparate outcomes for youth of color in the child welfare system. The focus of the partnership will be to:

- Develop an educated, highly trained, and experienced child welfare workforce;
- Provide resource families with training to help them work with traumatized children;
- Maximize funding by leveraging in-kind and monetary support from the formal and informal networks for each individual partner organization and federal matching programs; and
- Track and measure the overall performance of the partnership to evaluate success.

The Partnership is committed to advancing the child welfare system of care in Idaho by linking to other community stakeholders and constituency groups (resource families, alumni, kinship
caregivers) to increase public awareness that will promote policy changes that improve the system. Partnership affiliates include: The College of Southern Idaho, Idaho State University, Lewis and Clark State College, North Idaho College, and Northwest Nazarene University. These affiliates provide students with formal social work courses, continuing education opportunities for social workers and specialized training for resource families. Partnership activities are based on the following premises:

1. Collaboration is the most effective means of achieving long term systems improvement
2. Communication between partners is strengthened and services improved through ongoing collaboration within the partnership
3. Addressing the over-representation of children of color in the child welfare system is essential. (http://www.icwpartnership.org/)

U. ADULT MENTAL HEALTH SERVICES
Department of Health and Welfare
One of the most important things to remember about mental illness is people can and do recover. Recovery is cited as the “single most important goal” for the mental health service delivery system. (US Department of Health and Human Services, 2009b). Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. The mission is to create an environment where these individuals, their families, communities, and the Department work together to realize self-reliance, dignity, and a healthful quality of life.

10 Fundamental Components of Recovery
1. Self-Direction
2. Individualized and Person-Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-Based
7. Peer Support
8. Respect
9. Hope
10. Resources

State-Provided Community Mental Health Services
The State of Idaho provides state funded and operated community based mental health care services through Regional Mental Health Centers (RMHC) located throughout the state. Each RMHC provides mental health services through a system of care that is both community-based and consumer-guided. Adult mental health services provided by the RMHCC's include:

* Crisis Screening and Intervention
* Psychiatric Clinical Services
* Individual Therapy
* Psychosocial Rehabilitation (PSR)
* Case Management
* Group Therapy
* Assertive Community Treatment (ACT)
* Patient Assistance Program (PAP)
* Benefit Assistance
There are three categories of services available in Idaho for adults with serious mental illness:

- State-provided community mental health services;
- State hospital services; and
- Community-based and inpatient mental health services in the private sector.

1. State-Provided Community Mental Health Services “Core” mental health services are provided by all 7 regional community mental health centers. Population Served: Any individual 18 years of age or older who has a severe and persistent mental illness and who meets the following criteria: The individual must have a diagnosis under DSM-III R or DSM-IV of schizophrenia, schizoaffective or other psychotic disorder, delusional disorder or borderline personality disorder. This psychiatric disorder must be of sufficient severity to cause a disturbance in role performance or coping skills in at least two of these areas, on either a continuous or an intermittent (at least once per year) basis: Vocational/academic, financial, social/interpersonal, family, basic living skills, housing, community or health.

Adult Mental Health services also include: Any individual 18 years of age or older who is experiencing an acute psychiatric crisis, including suicidal and/or homicidal behavior and who may end up in an inpatient psychiatric facility if mental health intervention is not provided promptly. Only short-term treatment or intervention, not to exceed 120 days, is provided to this population. Core Mental Health Services: Screening, Targeted Case Management, Crisis Intervention, Psychosocial Rehabilitation, Assertive Community Treatment, Psychiatric Services

2. State Hospital Services
Idaho's two state hospitals are located in Orofino (State Hospital North) and Blackfoot (State Hospital South). State Hospital North has 55 beds and State Hospital South has 90 beds. Acute, intensive, inpatient psychiatric services are provided around the clock to stabilize symptoms of acute mental illness and prepare an individual to return to community-based care.

3. Private Sector Providers
Availability of mental health services in the private sector continues to expand in Idaho. With increasing interest in privatization, and increased opportunities to provide Medicaid-reimbursable community mental health services such as targeted case management and psychosocial rehabilitation, the private sector continues to grow in size and significance as a provider of services to seriously mentally ill adults (SMI) (Idaho Department of Health and Welfare, 2012d).

Mental Health in the State of Idaho (U.S. Department of Health and Human Services, 2010)

- In Idaho the SMI percentage from 2008-2009 was 5.71-6.44 which was only one of four states in the second highest category.
- In youth 12-17 that suffered a past year major depressive episode Idaho once again was in the second highest category with 8.87-9.56.
- In 2006 Idaho was in the highest category for a shortage of mental health professionals.
Mental Health in the U.S.  (U.S. Department of Health and Human Services, 2010)

- Approximately 11 million U.S. adults (4.8 percent) had serious mental illness (SMI) in 2009.
- More than one quarter of adults with SMI also had co-occurring substance dependence or abuse in 2009.
- During the 2001–2004 period, one out of eight U.S. children aged 8 to 15 (or 13.1 percent) had a mental health disorder in the past year.
- Boys had a higher rate of any past year disorder than girls. This was primarily driven by the high rate of ADHD in boys. Girls, on the other hand, had higher rates of mood disorders than boys.
- In 2009, more than one quarter (25.7 percent) of adults with SMI had co-occurring substance dependence or abuse, related to either illicit drugs or alcohol.
- Regardless of SMI status, alcohol dependence or abuse was more common than illicit drug dependence or abuse.
- Adults with SMI were more likely to have any substance dependence in the past year (25.7 percent) than those without any mental illness (6.5 percent).
- Adults who were covered by Medicaid or the Children's Health Insurance Program (CHIP) had particularly high rates of mental health treatment receipt (23.6 percent) compared with adults covered by other types of insurance (14.0 percent for some other form of coverage).
- In 2007, more than 34,000 deaths in the United States were due to suicide.

Suicide – A Preventable Public Health Problem

The Suicide Prevention Action Network USA (SPAN USA) merged with the American Foundation for Suicide Prevention (AFSP) in 2009 to create a public policy program within the Foundation. AFSP/SPAN USA is dedicated to preventing suicide through public education and awareness, community action and federal, state and local grassroots advocacy. The organization was founded in 1996 by Gerald and Elsie Weyrauch of Marietta, Georgia, survivors of the suicide of their 34-year-old physician daughter, Terri. Their goal was to create a way for survivors of suicide - those who have lost someone to suicide - to transform their grief into positive action to prevent future tragedies (American Foundation for Suicide Prevention, 2012).

AFSP/SPAN USA's Network is comprised of people in communities across the country: survivors; people who have attempted suicide or struggled with suicidal thoughts, and their families; professionals serving families and communities; community leaders; and concerned citizens. Since the organization was founded, grassroots volunteers and staff have worked in communities, state capitols and in Washington, DC to advance our public policy response to the problem of suicide in America

AFSP/SPAN USA (www.afsp.org) is the nation's only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide and those who have attempted suicide) and others to advance public policies that help prevent suicide. The organization was created to raise awareness, build political will, and call for action with regard to creating, advancing, implementing and evaluating a national strategy to address suicide in our nation.
Listen and Act to Prevent Suicide During the Economic Crisis
The current state of the economy is certainly weighing heavily on the minds of Americans and people around the world. Media coverage of the economic crisis has included a wave of stories about an increase in the suicide rate, both nationally and internationally. Economic turmoil (e.g., increased unemployment, foreclosures, loss of investments and other financial distress) can result in a whole host of negative health effects - both physical and mental. It can be particularly devastating to your emotional and mental well-being. Although each of us is affected differently by economic troubles, these problems can add tremendous stress, which in turn can substantially increase the risk for developing such problems as: Depression, Anxiety, Compulsive Behaviors (over-eating, excessive gambling, spending, etc.), and Substance Abuse.

Warning Signs: It is important to be aware of signs that financial problems may be adversely affecting your emotional or mental well being --or that of someone you care about. These signs include:

- Persistent Sadness/Crying
- Excessive Anxiety
- Lack of Sleep/Constant Fatigue
- Excessive Irritability/Anger
- Increased drinking
- Illicit drug use, including misuse of medications
- Difficulty paying attention or staying focused
- Apathy - not caring about things that are usually important to you
- Not being able to function as well at work, school or home

Managing Stress: If you or someone you care about is experiencing these symptoms, you are not alone. These are common reactions to stress, and there are coping techniques that you can use to help manage it. They include:

- Trying to keep things in perspective - recognize the good aspects of life and retain hope for the future.
- Strengthening connections with family and friends who can provide important emotional support.
- Engaging in activities such as physical exercise, sports or hobbies that can relieve stress and anxiety.
- Developing new employment skills that can provide a practical and highly effective means of coping and directly address financial difficulties.

Getting Help: Even with these coping techniques, however, sometimes these problems can seem overwhelming and you may need additional help to get through "rough patches." Fortunately, there are many people and services that can provide help. These include your:

- Healthcare provider
- Spiritual leader
- School counselor
- Community health clinic

Suicide Warning Signs: Unemployment and other kinds of financial distress do not "cause" suicide directly, but they can be factors that interact dynamically within individuals and affect their risk for suicide. These financial factors can cause strong feelings such as humiliation and
despair, which can precipitate suicidal thoughts or actions among those who may already be vulnerable to having these feelings because of life-experiences or underlying mental or emotional conditions (e.g., depression, bi-polar disorder) that place them at greater risk of suicide. These are some of the signs you may want to be aware of in trying to determine whether you or someone you care about could be at risk for suicide:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself
- Thinking or fantasizing about suicide
- Acting recklessly
- Seeing no reason for living or having no sense of purpose in life

National Suicide Prevention Lifeline: 1-899-273-8255

SPAN Idaho
SPAN Idaho exists to help you and others become better informed, enabled to recognize the warning signs of suicide and have the tools to help those who may be at risk of suicide. The vision is that Idahoans choose to live. The mission is to eliminate suicide in Idaho through grassroots advocacy, community cooperation and ensuring accountability. Contact information for local groups is available on the web site (http://www.spanidaho.org/). Death by suicide is a preventable public health issue in Idaho. You can help make a difference in someone's life.

Idaho Suicide Facts and Statistics (http://www.spanidaho.org/facts.shtml)

- Idaho is consistently among the states with the highest suicide rates. In 2009 (the most recent year available) Idaho had the 4th highest suicide rate, 67% higher than the national average and quite a change from the last reporting of the 11th highest rate and a 36% average.
- In 2010, 290 people completed suicide in Idaho.
- Between 2006-2010, 81% of suicides were by men.
- In 2010, 63% of Idaho suicides involved a firearm. The national average is 52%.
- 15.4% of Idaho youth attending traditional high schools reported seriously considering suicide in 2011. 6.3% reported making at least one attempt.
- In 2011, there were 36,900 deaths by suicide in the United States, an average of 1 person every 15 minutes.
- It is estimated that suicide attempts in Idaho result in $36 million in costs annually, and the cost for suicide completions annually is over $850,000 in medical care alone, and lost earnings of $343 million (2010).

Groups at Highest Risk in Idaho
The rate of suicide completion in Idaho is: 18.5 per 100,000 persons (2010)
- For Native American young men, age 15-17 the rate is 115.8, and for age 18-24 it is 88.1 (1992-2001)
- For elderly males, 75 years and over the rate is 81.2 (1999-2001)
- For working age males, age 18-64 the rate is 25.8 (1999-2001)
- For teenage males, age 15-17 the rate is 22.5 (1999-2001)
Results of the Idaho Youth Risk Behavior Survey (YRBS) is based on a survey of 1,702 ninth through 12th-graders in 48 public high schools across the state in the spring of 2011.

- 27.3% of high school students reported that in the previous 12 months they felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities.
- One in seven high school students and one in four 9th grade females reported seriously considering suicide in the previous 12 months.
- During the previous year 12.6% of high school students reported having actually made a plan about how they would attempt suicide.
- 8.1% of high school females and 4.6% of high school males have attempted suicide one or more times during the previous 12 months.

V. IDAHO’S HEALTH CARE

Lack of Affordable Health Care: According to a report completed in 2001 by the Idaho State Planning Grant (ISPG) nearly 44 million Americans are uninsured. In the State of Idaho of the uninsured residents between the ages of 18 and 64:

- Nearly 80% came from working families
- 69% were younger than 45
- 60% had incomes less than $25,000
- 89% had less than a college education
- 42% lived in rural (greater than or equal to 6 people per square mile) or frontier counties (less than 6 people per square mile)

Uninsured Idahoans:
In the 18-24 age group 29.1% of Idahoans are uninsured and 16.6% of 55-64 year olds are not insured. Elders 65 and over are virtually all covered with Medicare (ISPG, 2001). Between 2000 and 2009, the percent of children in Idaho without health insurance decreased significantly from 16% to 9%. Over the same ten year period, children receiving health insurance through a parent’s employer decreased from 54% to 46% in Idaho. Children with private health insurance (not associated with an employer) increased in Idaho from 7% to 12. Children with only public health insurance (Medicaid, CHIP, military, etc.) increased in Idaho from 15% to 24% and in the United States from 18% to 29%. Children with both public and private insurance remained constant at 8% of Idaho children (Idaho Kids Count, 2011).

Children’s Medicaid and the Children’s Health Insurance Program (CHIP) are both largely federally funded programs that provide health insurance benefits. CHIP premiums are based on a sliding income scale. Children’s Medicaid does not have premiums. Between 2000 and 2011 enrollment in the Children’s Medicaid and CHIP programs has more than doubled. In 2000, the number of Idaho children enrolled in Medicaid was 66,837. This increased to 140,773 in 2011. Over that period, CHIP enrollment also increased from 7,203 to 24,226. Total enrollment in these programs increased from 74,040 to 164,999. In region 5 there are 27.7% uninsured children. Eligibility in public programs include; Medicaid, Temporary Assistance for Families in Idaho (TAFI), Pregnant Women and Children program (PWC), Children’s Health Insurance Program (CHIP) (Idaho Kids Count, 2011).
Medicaid
Prevention, Wellness, and Responsibility: Idaho is modernizing the Medicaid program by connecting health needs with different benefit plans and by improving program management. The Idaho Medicaid State Plan is made up of the Standard State Plan which includes mandatory minimum benefits and three Benchmark benefit plans that are aligned with health needs and include an emphasis on prevention and wellness.

Medicaid has different programs available that provide health coverage for:
- Children under age 19
- Parents or other related adults with children under age 19
- Pregnant women
- Women diagnosed with breast or cervical cancer or pre-cancer
- People aged 65 or older
- People who are blind or disabled (using Social Security criteria)

In order to receive Medicaid, certain eligibility requirements must be met in areas such as, citizenship/immigration status, income, resources, work requirements, and other areas based on your household's circumstances. Medicaid and SCHIP will pay for a number of services, such as prescriptions and dental care. While it is possible to have Medicaid and private health insurance, children who have private health insurance cannot qualify for SCHIP.

The Idaho Medicaid State Plan is made up of the Standard State Plan which includes mandatory minimum benefits and three Benchmark benefit plans that are aligned with health needs and include an emphasis on prevention and wellness.

1. The Medicaid Standard Benefit Plan – mandatory minimum benefits
2. The Medicaid Basic Benchmark Benefit Plan - for low-income children and adults with eligible dependent children. This plan provides complete health, prevention, and wellness benefits for children and adults who don't have special health needs. Most Medicaid participants will be enrolled in this benefit plan.
3. The Medicaid Enhanced Benchmark Benefit Plan - for participants with disabilities or special health needs. This plan includes all benefits in the Basic Plan, plus additional benefits.
4. The Medicare-Medicaid Coordinated Benchmark Benefit Plan - for participants who are eligible and enrolled for both Medicare and Medicaid.

The Idaho Health Plan Coverage: CHIP/Medicaid provides low-cost or no cost health care coverage to eligible children. The plan provides a full range of health services including regular checkups, immunizations, prescription drugs, lab tests, x-rays, hospital visits and more. To qualify a child must live in Idaho and be: Under the age of 19, a U.S. citizen or legal resident and fall within family income guidelines. Coverage includes: Well-child visits, Immunizations Doctor visits, Hospitalization, Prescriptions, Dental, Vision, and Other benefits.

Healthy Connections is a mandatory Primary Care Case Management program for Idaho Medicaid. Most people participating in either the Medicaid Basic or Enhanced Benefits Plan must enroll in Healthy Connections. Healthy Connections enrollment means you choose
one doctor or clinic who will manage your healthcare (Idaho Department of Health and Welfare, 2009).

The Idaho Children's Special Health Program (CSHP) provides consultation, information, technical assistance and referral services for the families of children who have chronic illnesses and disabilities. CSHP works with families, providers and communities to help establish and maintain a system of information, referral and follow-up services, promotes parent-to-parent support networks to ensure that all families have access to support services and health benefits counseling, and attempts to build systems of care in collaboration with other child/family efforts to link community-based health, social services and education agencies. CSHP also provides medical and rehabilitative care coordination to uninsured children from birth to eighteen years of age in eight major diagnostic categories: Cardiac, Craniofacial, Neurologic, Phenylketonuria (PKU), Plastic/Burn, cleft lip/palate, Cystic Fibrosis, Orthopedic, and any combination of these categories (Idaho Department of Health and Welfare, 2007e).

Additional Services for Children with Special Health Needs

**Idaho Infant Toddler Program** — Coordinates early intervention services for children up to three years old. The most frequently provided services include Speech/Language Therapy, Physical Therapy, Developmental Therapy, Occupational Therapy and Respite Care. The program partners with other agencies, private contract providers and families to plan comprehensive and effective services to enhance each child's developmental potential.

The **Katie Beckett Program** — Children with long-term disabilities or complex medical needs, living at home with their families, may be eligible for Medicaid services even if their family income is above Medicaid federal poverty guidelines. Contact the Idaho CareLine by calling 2-1-1, or toll-free (800)926-2588.
2012 Community Survey Results Program Wide

Services Offered by 29 Faith Based Organizations

- Parenting classes
- Women's group
- Marriage Enrichment/counseling
- Addiction counseling/support
- Women's group
- Men's Group
- Single's group
- Family/Individual counseling
- Money Management/support
- Before/After School Programs
- Youth Programs
- Summer Activities for children

![Pie chart showing distribution of services offered by faith-based organizations.](chart.png)
Services Offered by 29 Businesses

- Child Care: 29%
- Access to Health Insurance: 17%
- Fringe Benefits for full time employees: 29%
- Fringe Benefits for part time employees: 3%
- Translators: 14%
- Bilingual Staff: 18%
- No accommodations for other languages: 2%
- Offer Competitive Wages: 10%
- Visited Head Start/EHS Centers: 4%
32 Public Schools Survey Results

- 3-4 yr. olds Served this Year, 605
- Children Diagnosed with a Disability, 345
- Batelle Screener utilized, 12
- ESL Services for non-English speaking students, 13
- Bilingual Teachers, 6
- Kindergarten Screener for School Readiness, 12

Emerging Issues Identified by Public Officials (27 surveys)
- Growing Dependency on Fed. Programs
- Inflation
- Fewer Jobs
- Difficulty Finding Jobs
- HAZE/Drug Issues
- Economy
- Affordable Health Care
- Affordable Child Care
- Mental Health Service Availability
- High Cost of Housing
- Lack of Housing
33 Public Agency Cuts that Impacted Families in Poverty

- Housing/Shelters/Transitional Housing
- Youth Programs
- Substance Abuse Treatment/Resources
- Child/Adult Disability Services
- Medicaid/Health Care Resources
- No Cuts
- Budget for Books
- Employment
- Child/Adult Mental Health Services
- Domestic Violence/Child Abuse Resources
- Energy Assistance
- Services to Pregnant Women
- School Resource Officer

![Pie Chart](image-url)
Summary of Parent Survey for 2011/2012 Program Year

HS Parents identified the following as strengths of their communities

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Education</td>
<td>Education</td>
<td>Education</td>
<td>Education</td>
</tr>
<tr>
<td>2 Medical Facilities</td>
<td>Medical Facilities</td>
<td>Medical Facilities</td>
<td>Medical Facilities</td>
</tr>
<tr>
<td>3 Health Care Profession</td>
<td>Health Care Profession</td>
<td>Health Care Profession</td>
<td>Health Care</td>
</tr>
<tr>
<td>4 Faith Based Programs</td>
<td>Faith Based Programs</td>
<td>Faith Based Programs</td>
<td>Faith Based Programs</td>
</tr>
<tr>
<td>5 Child Care</td>
<td>Recreation Opportunities</td>
<td>Involvement in the Comm.</td>
<td>Child Care</td>
</tr>
</tbody>
</table>

EHS Parents identified the following as strengths of their communities

<table>
<thead>
<tr>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Education opportunities</td>
<td>Education</td>
</tr>
<tr>
<td>2 Health Care Professionals</td>
<td>Medical Facilities</td>
</tr>
<tr>
<td>3 Medical Facilities</td>
<td>Health/Dental Providers</td>
</tr>
<tr>
<td>4 Child Care</td>
<td>Youth Programs</td>
</tr>
<tr>
<td>5 Housing</td>
<td>Housing</td>
</tr>
</tbody>
</table>

HS Parents identified the following as critical challenges in their communities

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Employment</td>
<td>Employment</td>
<td>Employment</td>
<td>Employment</td>
</tr>
<tr>
<td>2 Housing</td>
<td>Substance Abuse</td>
<td>Housing</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>3 Youth Violence</td>
<td>Housing</td>
<td>Youth Violence</td>
<td>Affordable Health Care</td>
</tr>
<tr>
<td>4 Substance Abuse</td>
<td>Youth Violence</td>
<td>Affordable Health Care &amp; Child Abuse/D. Violence</td>
<td></td>
</tr>
<tr>
<td>5 Child Abuse/D. Violenc</td>
<td>Child Abuse/D. Violenc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EHS Parents identified the following as critical challenges of their communities

<table>
<thead>
<tr>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Employment</td>
<td>Housing</td>
</tr>
<tr>
<td>2 Affordable Health Care</td>
<td>Employment</td>
</tr>
<tr>
<td>3 Housing</td>
<td>Affordable Health Care</td>
</tr>
<tr>
<td>4 Quality Child Care</td>
<td>Education</td>
</tr>
<tr>
<td>5 Education</td>
<td>Substance Abuse</td>
</tr>
</tbody>
</table>

HS Parents identified the following action plans to address critical challenges in their communities

<table>
<thead>
<tr>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 After School Programs</td>
</tr>
<tr>
<td>2 Job Training/Shadowing</td>
</tr>
<tr>
<td>3 Prevention</td>
</tr>
<tr>
<td>4 Violence Prevention</td>
</tr>
<tr>
<td>5 Agency Funded Programs</td>
</tr>
</tbody>
</table>

EHS Parents identified the following action plans to address critical challenges in their communities

<table>
<thead>
<tr>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 After School Programs</td>
</tr>
<tr>
<td>2 Job Training/Shadowing</td>
</tr>
<tr>
<td>3 Prevention</td>
</tr>
<tr>
<td>4 Violence Prevention</td>
</tr>
<tr>
<td>5 Community Literacy</td>
</tr>
</tbody>
</table>
If your agency or organization is interested in being published in our Annual Community Assessment, please write a summary of services, a brief history and statistics to describe the services your agency provides.

Name of Agency/Organization ____________________________________________________

Contact Person: Name ________________________________________________________

Phone ________________________________________________________________

Description/Summary ______________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Fax information to: 208-734-3832 or mail to:

College of Southern Idaho Head Start/Early Head Start
Attn: Deborah Drain/PEFI PO Box 1238 Twin Falls, ID 83303
References:


Idaho Governor’s Task Force on Children at Risk (2012). http://idcartf.org/


Idaho Housing and Finance Association (n.d.). http://www.ihfa.org/


Times-News (2012, April, 19). *Non profit business spotlight: Valley House*


