



STATE OF UTAH

DIVISION OF CHILD AND FAMILY SERVICES

CFSP Final Report for Federal Fiscal Years 2010-2014 and CAPTA Update

June 30, 2014



TABLE OF CONENTS

INTRODUCTION	4
DISTRIBUTION [45 CFR 1357.15 (v)]	5
ASSESSMENT OF PROGRESS ON GOALS, OBJECTIVES AND SERVICE ARRAY	6
FFY 2010-2014 GOALS AND OBJECTIVES	6
STRATEGIC GOAL #1. STRENGTHEN AND MAINTAIN FOCUS OF SERVICES ON CHILD SAFETY.....	6
FINAL REPORT RELATED TO GOAL 1 A-STRUCTURED DECISION-MAKING MODEL.....	9
FINAL REPORT RELATED TO GOAL 1 B-CENTRALIZED INTAKE TRANSITION PLAN	13
FINAL REPORT RELATED TO GOAL 1 C-MORE CLEARLY DEFINE AGENCY CORE SERVICES TO PROVIDE FOR MORE EFFECTIVE FOCUS ON THE AGENCY’S CRITICAL MISSION AND TO GUIDE ALLOCATION OF LIMITED RESOURCES.....	15
FINAL REPORT RELATED TO GOAL 2 A-IMPLEMENTATION OF A NEW IN-HOME SERVICES MODEL.....	19
FINAL REPORT RELATED TO GOAL 2 B-PERMANENCY ROUND TABLES	23
FINAL REPORT RELATED TO GOAL 3 A-ANALYZE AND DEFINE CORE ADMINISTRATIVE FUNCTIONS TO PROVIDE FOR MORE EFFECTIVE FOCUS ON THE AGENCY’S CRITICAL MISSION AND TO GUIDE ALLOCATION OF LIMITED RESOURCES.....	25
FINAL REPORT RELATED TO GOAL 3B-IMPROVE COMPETENCE AND SATISFACTION OF WORKFORCE	28
FINAL REPORT RELATED TO GOAL 3C-MAINTAIN OR IMPROVE CURRENT LEVELS OF PERFORMANCE AND RESOURCES AND IMPROVE CONSISTENCY OF SERVICE DELIVERY THROUGHOUT THE STATE	31
IMPACT OF REVIEWS OR PROGRAM IMPROVEMENT PLANS ON GOALS AND OBJECTIVES	34
ARRAY OF SERVICES	36
ADOPTION PROGRAM.....	37
FOSTER CARE PROGRAM	38
IN-HOME PROGRAM.....	40
KINSHIP PROGRAM	41
RESIDENTIAL TREATMENT PROGRAM.....	43
TRANSITION TO ADULT LIVING PROGRAM.....	44
<i>Services Delivered Utilizing Chafee Foster Care Independence Program (CFCIP) Funding</i>	44
<i>Accomplishments Achieved in the Seven Program Areas</i>	46
<i>Coordination of Services with Other Federal and State Programs for Youth</i>	49
<i>Training</i>	50
<i>Delivery of Services Utilizing the States Children’s Trust Fund</i>	50
<i>Involvement of Youth</i>	51
<i>Option to Expand Medicaid to Youth Ages 18 to 21</i>	51
<i>Tribal Consultation Relating to the Programs and Services Using Chafee Funding</i>	51
<i>Negotiation in Good Faith with Tribes that Request to Develop an Agreement to Administer CFCIP</i>	52
EDUCATION AND TRAINING VOUCHERS	52
<i>Administration of ETV and Services Provided</i>	53
<i>Efforts to Establish, Expand or Strengthen the State’s Postsecondary Educational Assistance Program</i>	53
PROMOTING SAFE AND STABLE FAMILIES (PSSF)	53
FAMILY PRESERVATION SERVICES	53
FAMILY SUPPORT SERVICES.....	54
TIME-LIMITED REUNIFICATION SERVICES	54
ADOPTION PROMOTION AND SUPPORT SERVICES.....	55
CASEWORKER VISITATION	55
POPULATIONS AT-RISK	57



SERVICES TO CHILDREN UNDER THE AGE OF FIVE IN FOSTER CARE AND ACTIVITIES TO REDUCE THE LENGTH OF TIME THAT CHILDREN UNDER AGE FIVE ARE IN FOSTER CARE.....	59
COLLABORATION.....	62
SUMMARY OF ACTIVITIES FFY 2010-2014.....	62
COLLABORATION WITH COURTS.....	63
PROGRAM SUPPORT.....	64
TRAINING AND TECHNICAL ASSISTANCE.....	64
RESEARCH AND EVALUATION.....	66
MANAGEMENT INFORMATION SYSTEMS.....	68
QUALITY ASSURANCE.....	69
CONSULTATION AND COORDINATION WITH TRIBES.....	72
PROCESS USED TO CONSULT WITH TRIBES.....	72
COMPLIANCE WITH ICWA.....	75
<i>Notification Proceedings Involving Indian Children and their Right to Intervene.....</i>	<i>75</i>
<i>Placement Preferences of Indian Children in Foster Care, Pre-adoptive, and Adoptive Homes..</i>	<i>76</i>
<i>Active Efforts to Prevent the Breakup of the Indian Family.....</i>	<i>77</i>
<i>Tribal Right to Intervene in State Proceedings, or Transfer Proceedings to the Jurisdiction of the Tribe.....</i>	<i>78</i>
MEASURING COMPLIANCE.....	79
CHANGES TO LAWS, POLICIES, OR PROCEDURES, TO INCREASE COMPLIANCE WITH ICWA.....	81
EXCHANGE OF DOCUMENTS.....	81
CONSULTATIONS THAT RELATE TO THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)....	81
FOSTER AND ADOPTIVE PARENT RECRUITMENT.....	82
ADOPTION INCENTIVE PAYMENTS.....	84
CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES.....	85
CAPTA STATE PLAN REQUIREMENT AND UPDATE.....	87
CENTRALIZED INTAKE.....	87
CHILD PROTECTIVE SERVICES.....	87
CHANGES TO STATE LAW OR REGULATIONS.....	88
USE OF CAPTA GRANT FUNDS.....	88
CITIZEN REVIEW PANELS.....	88
STATE CAPTA COORDINATOR.....	89
CHANGES TO 14 PROGRAM AREAS (CAPTA, SECTION 106).....	90
STATISTICAL AND SUPPORTING INFORMATION.....	109
INFORMATION ON CHILD PROTECTIVE SERVICE WORKFORCE.....	109
JUVENILE JUSTICE TRANSFERS.....	112
CHILD MALTREATMENT DEATHS.....	113
EDUCATION AND TRAINING VOUCHERS.....	114
INTER-COUNTRY ADOPTIONS.....	115
INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)/ INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC).....	115



INTRODUCTION

In response to ACYF-CB-PI-14-03 issued by the Administration for Children and Families-Children's Bureau, following is the final report on goals and objectives outlined in the 2010-2014 Child and Family Services Plan (CFSP). This document also includes the FFY 2013 CAPTA update.

In this document, the Division of Child and Family Services (DCFS) identifies programmatic achievements that support the state's efforts to attain the desired outcomes of safety, permanency, and wellbeing for children and families in Utah. It details accomplishments that relate specifically to the following legislation:

- Stephanie Tubbs Jones Child Welfare Services-Title IV-B Part 1
- Promoting Safe and Stable Families (PSSF)-Title IV-B Part 2, including Monthly Caseworker Visits
- Chafee Foster Care Independence Program (CFCIP)
- Education and Training Voucher Program (ETV)
- Child Abuse Prevention and Treatment Act (CAPTA) as amended by the CAPTA Reauthorization Act of 2010.

Results outlined in this plan also pertain to the following:

- The Indian Child Welfare Act (ICWA).
- The Indian Self-Determination and Education Assistance Act.
- The Multi-Ethnic Placement Act (MEPA)/Inter-Ethnic Placement Act (IEPA).
- The Interstate Compact on Adoptions and Medical Assistance (ICAMA).
- The Interstate Compact on the Placement of Children (ICPC).
- The Fostering Connections to Success and Increasing Adoptions Act.
- Title IV-E Federal Payments for Foster Care and Adoption Assistance.
- The Patient Protection and Affordable Care Act.
- The Child and Family Services Improvement and Innovation Act.

During FFY 2010-2014 DCFS committed significant human and financial resources to achieve goals detailed in the CFSP. The overall effect on the agency has been a positive one.

The plan has guided organizational changes that have helped DCFS deliver not only an increased array of quality services to children and families but has increased the capacity and capability of caseworkers, supervisors, and support staff to meet the needs of the children and families they serve. Systemic changes made in response to goals and objectives listed in the CFSP have enabled staff to develop and implement a myriad of program and topic specific training for workers, partners, and families, collect and distribute more data through its SAFE (SACWIS) data management system, and track program and service outcomes.

In addition, as goals and objectives listed in the plan were implemented, DCFS formed or maintained a number of constructive relationships and collaborations with community



agencies and organizations, which have bolstered resources available to children and families as well as have supported DCFS planning and service delivery efforts.

Distribution [45 CFR 1357.15 (v)]

This document will be distributed to the following agencies or individuals:

- Executive Director-Department of Human Services (DHS).
- Regional Program Manager-Administration on Children and Families.
- Child and Family Program Specialist for Utah-Administration on Children and Families.
- Native American tribes located within the State of Utah.

It will also be placed online at <http://dcfs.utah.gov/reports/> and will be available to other interested parties at their request.



ASSESSMENT OF PROGRESS ON GOALS, OBJECTIVES AND SERVICE ARRAY

FFY 2010-2014 Goals and Objectives

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Strategic Goal #1. Strengthen and maintain focus of services on child safety							
Safety	Casey Family Foundation, National Resource Center, Court Improvement Project, Former Safety Model Planning Committee	1A. Implement Structured Decision-Making tools throughout all division programs and services in an effort to enhance child safety and improve key outcomes for families.	(1) FY07 7.7% FY08 6.2% FY09 to date 8.2% (2) FY06 10.82% FY07 11.21% FY08 to date 11.33% (3) FY06 6.4% FY07 6.3% FY '08 to date 5.8%	Structured Decision-Making tools result in improved safety related outcomes for children as measured by a reduction in: -The percentage of CPS substantiated victims with a subsequent supported finding within six months. -The percent of home-based child clients who experience a subsequent supported CPS finding within 12 months of case closure. -The percent of foster children who exit foster care experience a subsequent supported CPS finding within 12 months of case closure.	December 31, 2014	Katy Larsen Linda Wininger	FFY 2013-The due date was amended to coincide with the development and implementation of the SDM Reunification Assessment and the SDM Intake Assessment. FFY 2014-For the period April 13 to Sept. 13 The percentage of children who experience a subsequent supported CPS finding within 12 months is 6%. The percentage of in-home clients with a subsequent CPS case within 12 months is 8.15%, and foster care cases that have a supported CPS case within 12 months of leaving care is 5.65%. These baseline measures have been proven to be too broad to be useful. Experience has shown that SDM is not the only factor that influences these outcomes



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements s
		I. Identify, convene, and support an Implementation Team responsible for implementing Structured Decision-Making throughout all agency programs and services.					Completed FFY 2009-This workgroup is comprised of DCFS staff, Directors of the Office of the Attorney General Child Protection Division, Office of the Guardian ad Litem, as well as a public defender.
		II. Review and revise the plan to be used to implement the model.					Completed FFY 2010-DCFS contracted with the Children's Research Center which will collaborate with the workgroup and develop the Structured Decision-Making model and decision-making assessment tools.
		III. Develop and disseminate Practice Guidelines that will guide workers' use of the Structured Decision-Making Model.					FFY 2012-Practice Guidelines relating to the use of SDM by the CPS Program area were released in May 2012. FFY 2013-Practice Guidelines relating to the implementation of SDM by the In-Home Program area were released in November 2012.
		IV. Identify and suggest modifications to state rules and statutes that will ensure maximum benefit from use of the Structured Decision-Making Model.					FFY 2012-State statute was modified during the 2012 legislative session to promote the use of in-home services.
		V. Develop or enhance data collection tools that will enable workers to utilize the Structured Decision-Making Model to assess client outcomes.					FFY 2012-The SDM tools for CPS and the In-Home Program were programmed into the SAFE data collection system and were released March 2012. Reports to support supervisors and administrators have been developed and are available in the Utah SAFE data collection system:-



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements s
		VI. Package, distribute, and communicate to agency partners and service providers the value of, and ways to utilize the Structured Decision-Making Model.					FFY 2012-Judges received a presentation on SDM from the Children's Research Center. Assistant Attorneys General received an SDM presentation at their spring conference on May 30, 2012. The Court Improvement Project Summit included 2 hours of training on the SDM. FFY 2013-Presentations were made at the Assistant Attorneys General and Guardian ad Litem conferences and at the Parental Defense conference.
		VII. Integrate the application and use of the Structured Decision-Making Model into existing training and/or develop new training that will enable workers to effectively use Structured Decision-Making tools.					FFY 2012- Developed caseworker training that focuses on the three assessments currently being implemented. Training is being provided in each region at a limited number of initial implementation sites. FFY 2012/13- DCFS conducted 18 SDM training sessions throughout the state with approximately 800 staff receiving training. More than 400 stakeholders were introduced to the SDM tools during three conferences including the Court Improvement Project summit. FFY 2013/2014-Provided SDM training at the Parental Defense Conference and Crime Victims Conference. Also provided SDM training to legal partners in Davis and Weber Counties.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements s
		VIII. Develop and implement the SDM reunification and SDM Intake assessments.			December 31, 2014		FFY 2013-In an effort to broaden the applicability of the SDM, DCFS will add two new assessments to the SDM arsenal including the SDM Reunification Assessment and the SDM Intake Assessment. FFY 2014-The SDM reunification assessment is currently being pilot tested. The Intake Assessment has been put on hold pending changes to other assessments.
		IX. Identify and implement means to assure that all assessments are completed with fidelity.			December 31, 2014		FFY 2014-Two processes have been implemented to assure caseworkers use SDM assessments with fidelity.

Final Report Related to Goal 1 A-Structured Decision-Making Model

As of December 31, 2012 the statewide rollout the SDM Safety Assessment and SDM Risk Assessment as well as the SDM Risk Reassessment has been completed. SDM Safety and SDM Risk Assessments must now be completed for all CPS and In-Home Program cases. An SDM Risk Reassessment is required for all cases receiving in-home services.

Practice Guidelines relating to use of SDM by CPS workers were published in May 2012. Similarly, Practice Guidelines relating to use of SDM by In-Home Program workers were released and in November 2012.

The SDM Reunification Assessment is currently being pilot tested in two offices and is being considered in a third site. The schedule for implementation of the SDM Intake Assessment, originally scheduled to follow implementation of the SDM Reunification Assessment, is being reconsidered to better coordinate with the rollout of HomeWorks, Utah’s IV-E child welfare demonstration project

Periodic monitoring of use of SDM indicates that workers may not always be using SDM with fidelity. Two procedures are now in place to assure that workers are using the tools with fidelity. First, safeguards have been included in the SAFE database





that will not allow a worker to finalize an assessment if 1) Validations are not met, or 2) The caseworker's decision differs from the SDM recommended decision and no explanation regarding the difference has been entered in SAFE. SAFE also sends a notification to a worker's supervisor and their Child Welfare Administrator when the worker checks the box that indicates the assessment was not staffed with a supervisor.

Secondly, administrators and supervisors are able to access SDM reports, which they use to track whether assessments have been completed in a timely manner as well as assess whether key data elements are being completed accurately.

In the future, the division will develop additional mentoring and monitoring tools that will help supervisors increase caseworkers' ability to apply SDM tools with fidelity

In FFY 2012 and the first quarter of 2013, 800 current employees each attended one of 18 SDM training sessions. In an effort to ensure that workers use SDM with fidelity additional training and support was provided to workers that had completed the initial rollout training. All future employees will receive SDM training during *New Employee Practice Model Training*,

In addition, during FFY 2013 and 2014, more than 400 community partners received an introduction to SDM at the Court Improvement Project Summit, Parental Defense Conference, Crime Victims Conferences, and the Assistant Attorneys General and Guardian ad Litem Conference. During the same period, forty judges, Assistant Attorneys General, and Guardian ad Litem's received an introduction to SDM during two meetings with legal partners in the Northern Region.

The baseline measures (Percentage of CPS substantiated victims with a subsequent supported finding within six months; Percentage of home-based child clients who experience a subsequent supported CPS finding within 12 months of case closure; Percentage of foster children who experience a subsequent supported CPS finding within 12 months of case closure) that were to be used to measure the effect of SDM were ultimately too broad to be useful. Experience has shown that SDM is not the only factor that influences these outcomes.

Nevertheless, SDM has proven to be a valuable tool in a caseworkers' arsenal, one that helps caseworkers address a family's safety and risk for future child abuse or neglect as well as helps Child and Family Teams develop more effective case plans for the children they serve.

While there are additional activities to take place, this goal is nearing completion and will not carry over into the FFY 2015-2019 CFSP.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Safety		I.B. (formerly Goal 2) Implement, evaluate, and monitor a CPS Central Intake system which is expected to maximize agency efficiencies and provide better outcomes for children that are the subject of an allegation of child abuse or neglect			December 30, 2012	Linda Wininger	Completed June 30, 2011-The Centralized Intake Unit became fully operational on July 1, 2011 and is now accepting referrals statewide.
		I. Hold a focus group to include intake supervisors and their manager, regional directors, associate regional directors, and pertinent community partners to address further concerns, potential solutions, and next steps.					Completed FFY 2010
		II. Initiate and support a workgroup that will identify goals, objectives, and activities necessary to achieve this goal.					Completed FFY 2010
		III Identify a physical location to house the Centralized Intake Unit and install phone and data systems that will support the unit.					Completed FFY 2011-The office will be located in Magna, UT, a suburb of Salt Lake City.
		IV. Hire supervisory and caseworker staff					Completed FFY 2011-A full complement of staff is in place.
		V. Implement a system to transfer referrals from regions to the Centralized Intake Unit.					Completed FFY 2011.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		VI. Monitor and evaluate the effectiveness of the Centralized Intake Unit.			Ongoing		<p>Completed FFY 2011-The Centralized Intake Program Administrator met quarterly with representatives from regions. The data unit produced quarterly reports listing service delivery outcomes. Intake pulled a report monthly of all unaccepted cases by region. Regions reviewed all unaccepted referrals to determine if they agree with Intake's decision to unaccept the case.</p> <p>FFY 2012- The average wait time to contact an Intake worker decreased from almost 3 minutes to an average of 27 seconds per call in FFY 2012, slightly higher than the 24 seconds per call reported for FFY 2011. There was a 5% range in the rate of acceptance of referrals between regions, On the other hand, data indicates that Intake is not meeting the timeframes on Priority 2 (84%) and Priority 3 referrals (86%) but is meeting the timeframe for unaccepted referrals (90%).</p> <p>FFY 2013 The average wait time decreased again to 21 seconds.</p> <p>FFY 2014-Intake is not meeting the timeframe on Priority 2 (87%) but is meeting the requirement on Priority 3 referrals (92%) and for unaccepted referrals (92%).</p>



Final Report Related to Goal 1 B-Centralized Intake Transition Plan

Centralized Intake has been operational since June 30, 2011. During FFY 2013, the Centralized Intake processed 62,964 calls (an average of 5,247 phone calls per month) and 9,767 police reports (an average of 814 police reports per month). The average police report takes three days to process. The average wait time for a caller to contact an Intake worker decreased significantly from almost 3 minutes in FFY 2009 to 24 seconds in FFY 2011, 27 seconds per call in FFY 2012, and 21 seconds per call FFY 2013.

Four years ago, before Centralized Intake was implemented, there was a 20% range in the rate of acceptance of referrals for investigation with Western Region accepting 74% of referrals and Northern Region accepting 54% of referrals. Now at 8%, the gap between regions has remained constant over the last two years.

Centralized Intake requirements state that 90% of Priority 2 referrals must be completed within 60 minutes, 90% of Priority 3 referrals must be completed within 24 hours, and 90% of unaccepted referrals must be completed by midnight of the 5th business day. FFY 2014 data indicates that Intake is not meeting the timeframe on Priority 2 (87%)—but has improved from last year (84%). It is meeting the requirement on Priority 3 referrals (92%)—also improved from last year (86%). It is also meeting the requirement for unaccepted referrals (92%)—up from last year (90%).

During FFY 2013, the Centralized Intake Program Administrator provided 12 presentations to school administrators, Head Start, Early Intervention, Sandy City, University of Utah, Centro de la Familia, YWCA, DDI Vantage, and various community health centers about when and how to contact Intake as well as what is needed when they file a report.

This goal has been completed and will not carry over into the FFY 2015-2019 CFSP.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		1C. Clearly define agency core services to provide for a more effective focus on the agency's critical mission and guide allocation of limited resources.	TBD		June 30, 2013	Cosette Mills	<p>FFY 2011- In conjunction with region administrators the state office conducted an in-depth review of agency services. The purpose of this review was to obtain opinions on which services should be designated as core agency services.</p> <p>FFY 2012-Agency administrators concluded that the agency's core services are those provided by DCFS staff within the CPS, Foster Care, and In-Home Program areas and that the division should assure that adequate financial and staffing resources are in place to ensure that core program caseloads remain within acceptable ranges and that quality agency services are provided.</p> <p>FFY 2014- DCFS conducted a programmatic and fiscal analysis to identify a) what physical and personnel resources are needed to maintain adequate core program service delivery capacity, and b) a funding distribution process that will enable services to be available equally throughout the state.</p>



Final Report Related to Goal 1 C-More clearly define agency core services to provide for more effective focus on the agency's critical mission and to guide allocation of limited resources

In FFY 2012, region and state office administrators conducted an in-depth review of agency services. The purpose of this review was to decide which agency programs should be considered core programs. They concluded that core programs are those provided by DCFS staff within the CPS, Foster Care, and In-Home Program areas and that the division should assure that adequate financial and staffing resources are in place to ensure that core services caseloads remain within acceptable ranges and that quality agency services are provided.

Since most domestic violence services are delivered by contract providers, the Domestic Violence Program was not deemed to be a core program to be provided by internal agency staff. Nevertheless, DCFS remains committed to assuring that Domestic Violence Coordinators are available in each region.

During FFY 2013, DCFS conducted a programmatic and fiscal analysis to identify a) what physical and personnel resources are needed to maintain adequate core program service delivery capacity, and b) a funding distribution process that will enable services to be available equally throughout the state. To minimize hardship for areas significantly impacted by change, it expected that transition in funding will occur over a period of time.

While this goal will not be carried over into the 2015-2019 CFSP, agency administrators intend to continue to identify changes needing to be made to core services and will evaluate the ramifications of proposed changes.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Strategic Goal #2. Reduce disruptions and improve permanency solutions for children receiving services.							
Permanency, Safety	Casey Family Foundation, Children's Research Center, QICs, Faith-Based and community agencies that provide "non-traditional" support, Agency Partners, Service Providers	2A. Develop new and enhance existing in-home services and community partnerships that will decrease threats of harm, decrease child vulnerability, increase protective capacity, and ultimately facilitate child safety.	49% of foster care or in-home clients in 2009 were in-home clients.	The enhanced In-Home Program model and enhanced community partnerships result in better safety and permanency related outcomes for children while allowing them to remain in their home as measured by the change in the trend of the ratio of in-home cases vs. foster care cases.	December 31, 2013	Kevin Jackson	FFY 2010-Kevin Jackson, In-Home Program Manager will take over as lead staff member responsible for supporting this goal FFY 2013- Further enhancements to the In-Home Program are being addressed through the agencies IV-E waiver demonstration project and will be evaluated as part of that process.
		I. Better define the population eligible to receive in-home services from DCFS.					Completed FFY 2010
		II. Select an In-Home Program model that will enable varied levels of intervention based on family strengths and needs as well as provide better coordination of services and resources offered to clients using existing funding.			December 31, 2011		FFY 2009-DCFS developed the framework of a useful model and identified components to be included in the In-Home Program model. Completed FFY 2011-Utah's In-Home Program model consists of five key elements including: 1) Family centered practice, 2) A foundation of the division's Practice Model, 3) The overarching Safety Model, 4) The framework of Structured Decision-Making (SDM), 5) A grid of wrap-around resources, interventions, and caseworker activities.



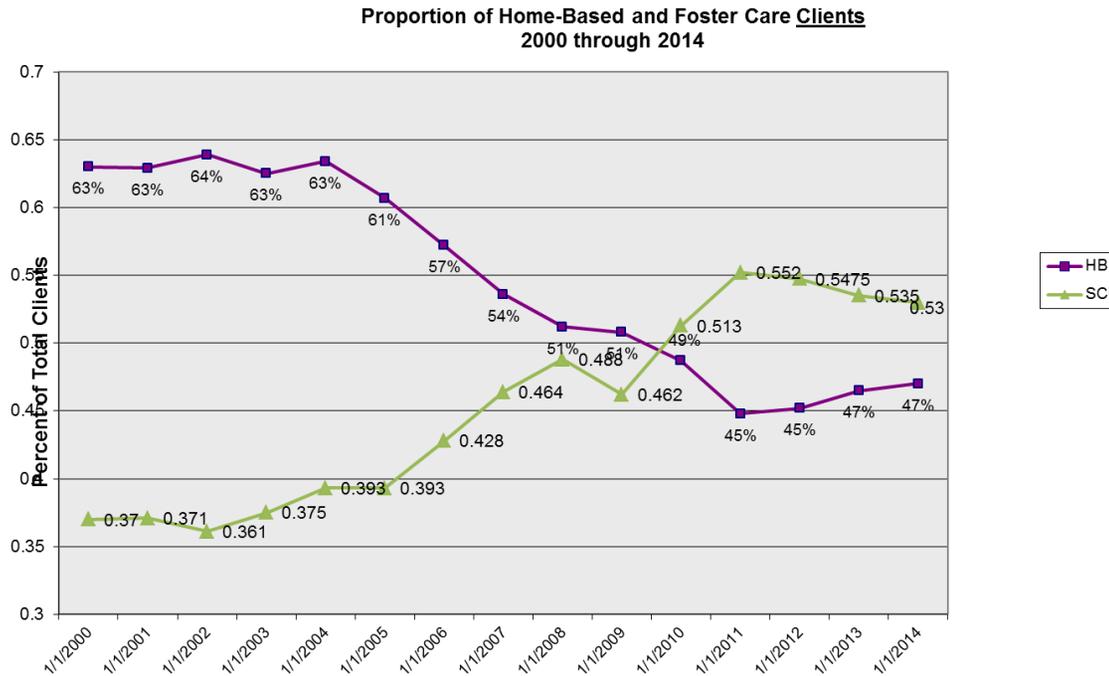
Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		III. Choose one assessment tool from three being reviewed (CANS, SDM in-home assessment, and NCFAS) and determine when and how it will be used, and using existing funding, how it will be implemented across the state.			September 30, 2012		FFY 2013-DCFS will use a modified version of the CANS assessment to assess the needs of families receiving in-home services. The UFACET is completed individually for each child and caregiver in the home at the beginning of the case and assesses four domains including, a) Family Together, b) Household, c) Caregiver Strengths and Needs, and d) Child Functioning.
		VI. Develop and implement wrap-services that support the safety of children while enabling the preservation of families; to be accomplished in conjunction with implementation of the In-Home Program model.			September 30, 2013		FFY 2011- DCFS initiated contracts for wrap services. Family Support funds were used to fund contracts for intensive in-home services, including Families First and parent education provided by the Family Support Centers in the Southwest Region.
		V. Update Practice Guidelines so that they will support new In-Home Program tools and processes.			September 30, 2013		FFY 2013- DCFS sought technical assistance from The National Resource Center for In-home Services and the Center for the Study of Social Policy regarding infusing the Strengthening Families Protective Factors Framework into Utah's existing Practice Model and Practice Guidelines.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		VI. Develop and provide education to community and legal partners relating to the new tools and processes adopted by the In-Home Program.			Ongoing		FFY 2013-2014-In conjunction with the IV-E waiver demonstration project, HomeWorks was also introduced to legal partners, including judges, Guardians ad Litem, and Assistant Attorneys General in both pilot locations in October 2013 and to other Northern Region legal partners in March 2014.
		VII. Support community resources and services that support the In-Home Program.			Ongoing		FFY 2014- In conjunction with the IV-E waiver demonstration project developed and delivered a staff survey that identifies the effectiveness of or need for services under six categories of needs that are most prevalent in cases in which children typically enter foster care. Also surveyed community providers in an attempt to determine what evidence-based services are available.



Final Report Related to Goal 2 A-Implementation of a new In-home Services Model



Recognizing the importance of this goal, in October 2012 DCFS entered into an agreement with the Children’s Bureau to implement a IV-E child welfare waiver demonstration project (referred to as “HomeWorks,” the “IV-E waiver demonstration project” or just “the project”).¹ The primary goal of HomeWorks is to reduce the need to place children in out-of-home placements. The project will attain this goal by strengthening the array of in-home services provided to families, which will enable parents to safely care for and nurture their children in their homes.

¹ More information about this project is located in the [Child Welfare Demonstration Project](#) section in this report.



The project will also focus on integrating a trauma-informed perspective into the child welfare system and will identify or develop community-based trauma resources needed to support families in the home.

In October of 2013, the project was implemented in two pilot sites within the Northern Region and was implemented throughout the remainder of the Northern Region in the spring of 2014. In preparation for implementation in the fall of 2014, pre-implementation activities have begun in the Southwest Region. HomeWorks will be implemented in all regions by 2016.

The process being implemented consists of three components:

- 1) The development and implementation of an evidence-based child and family assessment tool.
- 2) Enhancement of caseworker skills utilizing the Center for Study of Social Policy's (CSSP) Strengthening Families Framework.
- 3) Identification and development of evidence-based community resources that will enable children to remain safely with their families.

During FFY 2012, In-Home Program Administrators asked for technical assistance from the CSSP and the National Resource Center (NRC) for In-home Services. These two national organizations are helping DCFS integrate the Strengthening Families Protective Factors Framework into Utah's existing Practice Model, Practice Guidelines, and training system.

In addition, the Utah Family and Children Engagement Tool (UFACET), a modified version of the Child and Adolescent Needs and Strengths (CANS) assessment, has been implemented as a component of HomeWorks in the Northern Region. This assessment, developed with the support of Dr. Jeffrey Lyons with the Praed Foundation, is conducted whenever a family begins receiving in-home services and is completed individually for each child and caregiver in the home. The assessment is divided into four domains. The **Family Together** domain is used to assess family dynamics, conflict management, and cultural considerations. The **Household** domain assesses the family's living environment and the family's ability to support itself. The **Caregiver Strengths and Needs** domain is used to assess parenting issues, mental and physical health, the individual's developmental level, and substance use. Finally, the **Child Functioning** domain assesses physical, social, and sexual development, as well as a child's risk behaviors and emotional needs.

The assessment is designed to be used as a communication and engagement tool and is best completed with the family during home visits. The tool will assist caseworkers as they attempt to identify key interventions and recommend effective services that will help parents safely nurture and care for their children in their homes.



To date, CSSP Strengthening Families Protective Factor Framework and UFACET training has been delivered in the Northern Region. Three providers have contracts to provide statewide services using the Systematic Training for Effective Parenting (STEP) program.

The division's legal partners, including judges, guardians ad litem, and assistant attorneys general in the Northern Region have received an introduction to HomeWorks.

A survey of six categories of needs was delivered to staff in the Northern Region in an attempt to identify the effectiveness of services and need for additional services. In addition, contract and non-contract providers of services were surveyed in an attempt to determine what evidence-based services are available throughout the state.

Finally, when comparing current statistical outcomes against the baseline, the ratio of home-based versus foster care clients has not returned to 2009 baseline levels. Nevertheless, it is encouraging to note that the widest divergence occurred in FFY 2011 and has been steadily moving toward the baseline ever since.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Permanency	Casey Family Foundation, QICs, Faith-Based and Community Agencies that provide "non-traditional" support, Agency Partners, Service Providers	2B. Identify, develop, and implement programs and services that promote Permanency.			October 2012	Jeff Harrop	
		I. Assess existing permanency models (including Permanency Round Tables) or devise a new permanency model that will support programs and services that will promote nurturing and stable families.		Permanency Status and Permanency Outcomes.			Completed FFY 2011-DCFS consulted on a peer-to-peer basis with the State of Georgia to identify the success that Georgia has had in implementing Permanency Round Tables. DCFS staff attended a Permanency Round Table convening sponsored by Casey Family Programs where implementation of Permanency Round Tables in 13 states was discussed. DCFS determined Permanency Round Tables to be effective and decided to implement Permanency Round Tables in Utah.
		II. Pilot test Permanency Round Table on 10 Utah cases.			December, 2010		Completed FFY 2011-Pilot tested Permanency Round Tables in Salt Lake County.
		III. Deploy Permanency Round Tables during statewide training and Action Planning.					Completed Mar 2012-Initial training and roll-out planning was conducted in all 5 DCFS regions.
		IV. Begin 2 nd round of Permanency Round Tables starting in Salt Lake and spreading to other 4 regions.		Training is completed	July 31, 2012		FFY 2012-All regions have completed the first round of Permanency Round Tables.
		V. Write Permanency Round Table Practice Guidelines.		Practice Guidelines finalized.	July 31, 2012		FFY-2013 Practice Guidelines were written and approved in October 2012.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		VI. Develop Permanency Round Table Training of Trainers including values and skills training.		Training curriculum is developed.	Aug 31, 2012		FFY 2013-Attended the Training of Trainers in San Antonio TX on May 20-24, 2013.
		VII. Identify and train Permanency Round Table facilitators and external permanency consultants.		.	Oct. 31, 2012	Jeff Harrop/ Mike Scholl	FFY 2014-8 individuals have been trained. There is currently 1 certified facilitator, 2 qualified facilitators and approximately 5 other individuals considered to be permanency experts.

Final Report Related to Goal 2 B-Permanency Round Tables

DCFS worked closely with the Casey Family Programs to implement Permanency Round Tables in Utah. Training provided to potential Permanency Round Table facilitators and experts has been developed and to date 8 individuals have been trained. There is currently 1 certified facilitator, 2 qualified facilitators and approximately 5 other individuals considered to be permanency experts. An additional 30-40 individuals are expected to be trained by the end of FFY 2014.

To date, PRTs have been held in all five regions. Sixty cases have been staffed using PRTs. Of those sixty cases, thirty have been closed. Fifteen of the thirty were closed with a “favorable legal permanency” outcome, which includes reunification with parent(s), adoption, or placement with a guardian. The other fifteen were closed with undesirable outcomes including emancipation or referral to other agencies such as the Division of Juvenile Justice Services (DJJS).

The average case with an outcome of “favorable legal permanency” closed 435 days following the PRT. The average case with undesirable outcomes was closed 453 days after the PRT.

While additional PRT experts will be trained in the future, this goal is considered complete and will not be included in the FFY 2015-2019 CFSP.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Strategic Goal #3. Strengthen organizational competency in business operations and management, oversight, accountability, and continuous quality improvement.							
		3A. Analyze core administrative functions and services to guide resource allocation.			June 30, 2013	Cosette Mills	FFY 2011-DCFS administration conducted a review of the regional administrative structure to identify a consistent regional administrative capacity that can be adequately funded. FFY 2012-State administrators discussed which positions are core positions. A hiring plan was developed that will support consistent staffing practices. FFY 2013-2014-Agency administrators created an In-Home Program Team, which is responsible for development and implementation of the three components to be addressed by the IV-E waiver demonstration project. A new Program Administrator now provides support to Residential Treatment providers. DCFS reorganized and strengthened the contracts functions by centralizing the contracts and audit teams, which are now based in the state office. In addition, DCFS now has a Program Manager experienced in marketing and communications. Finally, additional support is being provided to region supervisors. A coaching model was selected and coaching guides have been developed.



Final Report Related to Goal 3 A-Analyze and define core administrative functions to provide for more effective focus on the agency's critical mission and to guide allocation of limited resources.

During the five year period of this report, having identified the agency's core services and service delivery needs, DCFS added a number of support teams and administrative positions to the state structure.

In order to support the IV-E waiver demonstration project, agency administrators created an In-Home Program Team. Comprised of three members, this team is responsible for development and implementation of the three waiver components including: 1) Training and skills building—included incorporation of the CSSP Strengthening Families Protective Factors Framework, 2) Development of the UFACET assessment tool, and 3) Identification and development of community resources. They are also responsible for working with the Professional Development Team to develop training curricula and provide training to region staff.

Within the last two years DCFS reorganized and strengthened the contracts functions by centralizing the contracts and audit teams, which are now based in the state office. In addition, a Program Administrator, also located in the state office, now provides support to agencies that deliver residential treatment services.

Recognizing the need to enhance the division's public affairs and public relations capabilities, DCFS now has a Program Manager experienced in marketing and communications. In addition to coordinating all agency public relations activities, this manager also works closely with the IV-E waiver demonstration project on the development of print and audio-visual materials used to communicate with caseworkers, supervisors, clients, and the community.

While additional mission critical staff may be added in the future, this goal is considered complete and will not be included in the FFY 2015-2019 CFSP.



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		3B. Improve competence and satisfaction of workforce.			Sept. 30, 2014	Lee Fairbourn	<p>FFY 2013-DHS published the results of the <i>2012 Worker Satisfaction Survey</i>. Results identified several focus areas that management will address in the future.</p> <p>The Finance Team also completed a study of turnover. The results show that the root causes of turnover include a) Stressful nature of the work, b) Workload/ Paperwork/ Caseload, c) Lack of money/pay, d) Limited advancement opportunities, e) Inconsistent management training, and f) Inadequate selection criteria.</p> <p>The Finance Team also addressed the issue of salary compression and submitted their findings to the Executive Director of DHS with a recommendation that those with increased education and longevity should receive increased levels of pay.</p> <p>Transcription services, portable laptops, and web-based conferencing were made available to caseworkers in order to enhance caseworker mobility.</p>



Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		I. Obtain relevant knowledge regarding skills and abilities that supervisors and front-line workers should possess and develop a plan to increase the competency of each.					FFY 2012-DCFS sent a team to the LAMM (Leadership Academy for Middle Managers) training. From that conference supervisors were able to develop a list of recommendations for the development of DCFS supervisors FFY 2012- DCFS rolled out three SDM assessment tools, which increases the ability of front-line workers to assess and meet the needs of clients (see goal 1A). FFY 2014- DCFS implemented the IV-E waiver demonstration project, which will include training on skills and tools that are intended to increase workers competency.
		II. Offer support in the form of training, skill building, and feedback that will enable the division to increase the competency of supervisors.					FFY 2012- Supervisors attended the Supervisor's Conference in October. Several supervisors also attended Bormaster Supervision for Success training. FFY 2014-To increase workers competency DCFS developed a coaching model ("OSKARS" Outcomes, scaling, know-how, action, review and reinforce, and stabilize and sustain) that will be rolled out as part of the HomeWorks IV-E waiver demonstration project.



Final Report Related to Goal 3B-Improve competence and satisfaction of workforce

In FFY 2013, DHS published the results from the 2012 “Express Yourself” job satisfaction survey. Satisfied employees tended to agree that the following job traits (in order) are most associated with job satisfaction:

The survey indicates DCFS should focus on:

- Soliciting input from line workers prior to implementing new policies, procedure, and programs.
- Actively advocating with the Governor and Legislature regarding merit pay increases, cost of living increases, restoration of health and retirement benefits, and reducing salary compression.
- Hiring additional workers or reducing expectations in order to reduce stress, increase morale, and improve client outcomes.
- Providing incentive awards and other forms of recognition for those that do quality work.

In FFY 2013, the Finance Team also completed a study of turnover. In response to these findings, the Finance Team made the following recommendations:

- Implement flexible work schedules, increase training, provide team building activities, increase management support, and offer telecommuting where possible.
- Use floaters and interns, increase use of lead workers, hire more staff, hire new staff ahead of the departure of existing staff, evaluate current caseloads, offer more availability and flexibility in the use of overtime, and work with Human Resources on future workforce planning.
- Increase salaries (when budgets allow or if it can be accomplished through a cost neutral means) by using a variety of different options including ASIs, merit increases, higher starting salaries in the range, bonuses, incentives, career ladder salary increases, and discretionary increases.
- Provide realistic job previews, quicken the selection process, increase use of social media in recruiting, create a job register, enforce a two-week notice of resignation, create a temporary frontline worker job, and evaluate candidates more carefully.
- Provide mandatory management training on “best practices,” provide mentoring of supervisors by successful supervisors and/or upper management, increase direction from the administrative office, use career mobility assignments, and direct behavior-specific feedback to management.

The Finance Team also addressed the issue of salary compression, a pay structure where there are small differences in salary between workers with divergent levels of experience, skills, or seniority. They submitted their findings to the Executive



Director of DHS with a recommendation that those with increased education and longevity should receive increased levels of pay.

The Director's Supervisor Workgroup, established in 2012, provided feedback and provided advice to the Professional Development Team relating to the creation of a Leadership Academy a series of training modules—to be provided to agency administrators and supervisors—that focus on leadership, management, or practice principles and skills.

In November 2013, in support of the HomeWorks IV-E waiver demonstration project, a team of state and regional administrative supervisory staff joined with a consultant facilitator to identify overarching principles for coaching, select a coaching framework, and make suggestions for operationalizing and implementing coaching in the organization. DCFS will be implementing an adaptation of the "OSKAR" (outcomes, scaling, know-how, action and affirm, and review) coaching model.² Entitled "OSKARS" (Outcomes, scaling, know-how, action, review and reinforce, and stabilize and sustain), the coaching model will be implemented gradually in conjunction with specific time-limited program initiatives rather than all at one time across all agency operations.

"Initiative-specific" coaching guides, to be used in connection with the OSKARS framework, have also been developed for the Strengthening Families Protective Factors Framework and for UFACET. These guides provide specific, systematic guidance that help supervisors focus coaching discussions on worker attitudes, knowledge, and application of tools and skills.

Coaching training, including training on use of the coaching guides, has been held in the Northern Region and will be incorporated upfront as HomeWorks is implemented in each region. Additional training will also be offered post-implementation as the need arises.

Finally, DCFS continues to support a peer support network. Each region has one or more peer support staff that are capable of offering assistance should a caseworker have personal or work related issues, including burnout or secondary trauma. Peer support contacts gather regularly as a committee to discuss resources, participate in training, and offer suggestions for ongoing support for caseworkers.

While in the future DCFS may implement other initiatives to increase worker competence or satisfaction, this goal is considered to have been completed and will not be carried forward into the 2015-2019 CFSP.

² Selected from "The Solutions Focus: Making Coaching and Change SIMPLE" by Paul Z Jackson and Mark McKergow. Permission was later obtained for use and adaptation of the model.

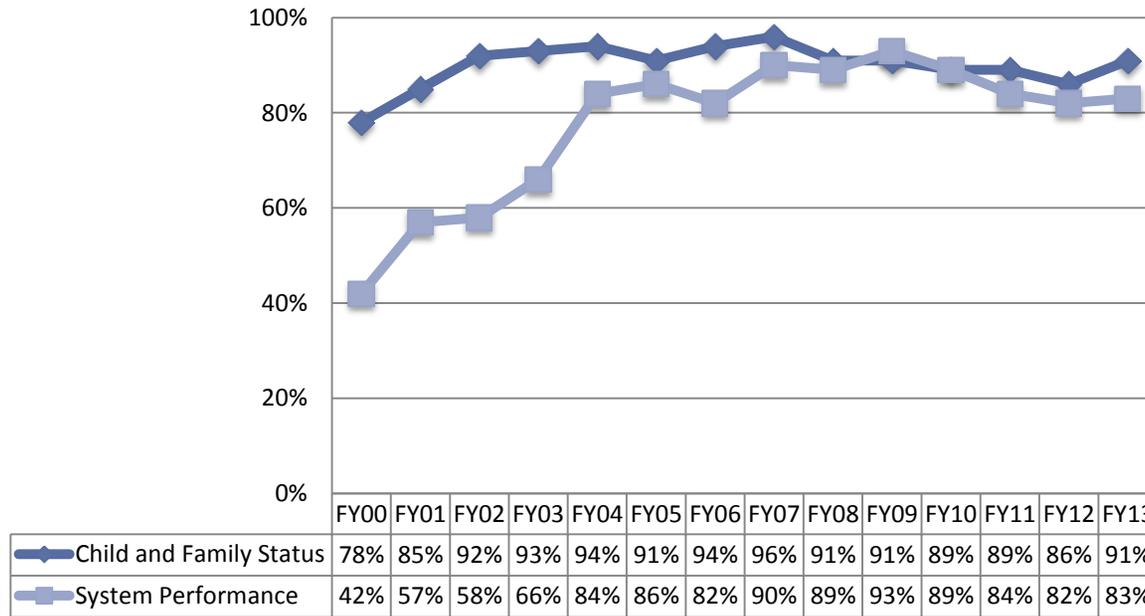


Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		3C. Maintain or improve current levels of performance and resources and improve consistency of service delivery throughout the state.			Sept. 30, 2014	Brent Platt and Jeff Harrop	FFY 2012- While DCFS has met or exceeded the 85% standard for overall score on Child Status over past 12 years, over the past five years outcomes for children have declined. These results are obviously concerning to DCFS administrators who are currently trying to pinpoint factors that contributed to this decline. CPS referrals are being made with more consistency. Last year, the gap between regions stood at 8%. This year that gap shrank to 5%.
		I. Assist the Professional Development Team in planning the Child Welfare Institute and Supervisor Conference. Provide input on the events, presenters, topics, and materials to be presented at the conference.					Completed 2010 Completed 2011 Completed 2012 Completed 2013 Completed 2014
		II. Develop and implement supervisory supports including an inter-regional supervisor network, a supervisor newsletter, and a supervisor chat room.					FFY 2012-DCFS formed a PIP supervisor workgroup to oversee the implementation of goals and objectives identified in the PIP. Another Supervisor Advisory Workgroup will review issues related to the consistency of practice.
		III Develop a supervisor Performance Dashboard (QA/CQI).					FFY 2014-Design specifications for the Supervisor Performance Dashboard to be placed in SAFE have been completed but implementation has been placed on hold to accommodate the completion of the SAFE modernization project.
		IV. Identify supervisor workload related issues and reduce or eliminate redundancies in order to give supervisors more time to mentor and coach staff.					FFY-2014 A list of supervisory demands has been developed which will be used to re-prioritize workload requirements.



Final Report Related to Goal 3C-Maintain or improve current levels of performance and resources and improve consistency of service delivery throughout the state

Established policies state that in order for DCFS to meet minimum casework standards at least 85% of all cases reviewed during Qualitative Case Reviews (QCRs) must attain an acceptable overall score on Child Status. The child welfare system has met or exceeded this 85% standard for the past 12 years.



While statewide scores fell slightly in 2012 they rebounded in 2013 with the Child and Family Status results now back over 90%. DCFS continues to require a Program Improvement Plan (PIP) from regions for each indicator that falls below the acceptable level.

In FFY 2012, the QCR results identified the need for additional in-service training and coaching relating to the practice skills of Assessing and Planning. State office administrators have offered to provide instruction to region staff as well as coach staff on the use of formal and informal assessments, identification of strength and needs of families, as well as the value that Child





and Family Teams provide when developing Child and Family Plans, which are used to identify interventions that will help families achieve desired outcomes.

To support the delivery of consistent services, DCFS formed the Director's Supervisor Workgroup (accomplishing a task item listed in the PIP). During FFY 2013 and 2014 this group examined differences between caseworker contact standards for the In-home and Out-of-home Programs and recommended that both In-Home and Out-of-home practice guidelines be rewritten so that they are uniform. This will eliminate the need for workers to decide which standard applies to which program area.

To differentiate non-licensed kin substitute caregivers from all other in-home caregivers, the group also recommended that DCFS create a new service-type code that specifically applies to kin caregivers.

Over the last two years, the Professional Development Team has developed an electronic course evaluation system. Evaluations address and assess course content, course relevance, participant's pre and post knowledge of the topic, as well as trainer effectiveness in delivering course content. All individuals attending training are now encouraged to complete online evaluations, which are then reviewed by agency trainers and program administrators who use scores to improve course design and delivery.

As mentioned previously, decisions to accept or not accept CPS referrals are being made with more consistency. Now at 8%, the range in the rate of acceptance of referrals for investigation between regions has remained constant over the last two years.

During FFY 2014, the design specifications for the Supervisor Performance Dashboard were completed. The Supervisor Performance Dashboard is a tool in the SAFE data management system that provides supervisors with information relating to cases under their supervision. While the implementation of this dashboard has been placed on hold due to the SAFE modernization project, it is expected it will be implemented in the near future.

This past year, DCFS re-launched the Supervisor Finishing Touches Quality Assurance tool, which helps supervisors determine whether a particular caseworker's practice meets agency standards. The re-launch consisted of updating the existing electronic version and developing a version that can function independently of SAFE. The latter version will be used while the SAFE modernization project is being completed.



DCFS has determined that it is best to centralize the processing of Government Records Access Management Act (GRAMA)³ requests and has designated 5 full-time positions to the new centralized GRAMA unit. Administration is in the process of developing a transition plan, protocols, and state and region practices that will guide this centralized unit.

In addition, in an effort to provide consistent statewide training, DCFS recently placed all training managers under the direction of the Director of Professional Development and is now providing all *New Employee Practice Model Training* in the state office rather than in regional offices.

³ **GRAMA:** Acronym for Government Records Access Management Act, a Utah statute that allows members of the public to obtain copies of certain government records. If a person submits a written request for a Child and Family Services record, GRAMA requires Child and Family Services to disclose the record *unless* such disclosure is prohibited by GRAMA itself (e.g., Utah Code Ann. §63G-2-302, §63G-2-304 and §63G-2-305) or by another state or federal statute (e.g., Utah Code Ann. §62A-4a-412). Many of Child and Family Services' records are not open to the public due to their classification under GRAMA or other statutes.



IMPACT OF REVIEWS OR PROGRAM IMPROVEMENT PLANS ON GOALS AND OBJECTIVES

Many of the goals and objectives published in the FFY 2010-2014 CFSP are congruent with those listed in the division's Program Improvement Plan (PIP) which was developed following the 2010 Child and Family Services Review (CFSR) and completed in September 2013. Goals that address recommendations outlined in the *Performance Audit of the Division of Child and Family Services* conducted by the Office of the Legislative Auditor General in January 2011 also conform closely to the goals and objectives listed in the CFSP. Finally, goals and objectives detailed in the IV-E waiver demonstration project plan are an extension of goals and objectives outlined in the CFSP, particularly the goal relating to the development of a new in-home services model.

The three current SDM assessments (Safety Assessment, Risk Assessment, and Risk Re-Assessment), which were developed in response to a goal listed in the PIP—and are a foundational pillar of the IV-E waiver demonstration project—set contact standards for caseworkers to follow when providing in-home services and guide caseworkers as they make critical case decisions.

As of December 2012, these assessments have been deployed throughout the state with approximately 40,000 Safety Assessments, 40,000 Risk Assessments and 1,500 Risk Re-Assessments being completed.

Centralized Intake (also emphasized in the PIP and Performance Audit) has been operational since June 30, 2011. The Legislative Performance Audit predicted that centralizing intake will result in \$269,000 in annual cost savings, improve communication with stakeholders, and increase process consistency. While the exact savings experienced has not been calculated there has been a reduction in the divergence in region's rate of acceptance of referrals. The difference now stands at 8%; sharply lower than the 20% difference in 2010.

Last year, Centralized Intake processed 62,964 calls (an average of 5,247 phone calls per month) and 9,767 police reports (an average of 814 police reports per month). The average wait time for a caller to contact an Intake worker decreased significantly from almost 3 minutes in FFY 2009 to 21 seconds per call FFY 2013.

To prevent the need for sometimes expensive and disruptive foster care placements (as recommended in the Performance Audit) DCFS has developed and is in the process of implementing its new in-home services model. Recognizing that no one existing model would be sufficient in meeting program needs, Utah has developed its own unique framework under which services will be provided.

To support the delivery of additional in-home services, DCFS sought technical assistance from The National Resource Center for In-home Services and the Center for the Study of Social Policy and subsequently entered into an agreement with the Children's Bureau to



implement a IV-E child welfare waiver demonstration project, which has a primary goal to reduce the need to place children in out-of-home placements.

The process being implemented consists of three components:

- 1) The development and implementation of an evidence-based child and family assessment tool.
- 2) Enhancement of caseworker skills utilizing the Center for Study of Social Policy's (CSSP) Strengthening Families Framework.
- 3) Identification and development of evidence-based community resources that will enable children to remain safely with their families.

In October of 2013, the project was implemented in two pilot sites within the Northern Region and in the spring of 2014 was implemented throughout the remainder of the Northern Region. Pre-implementation activities have begun in the Southwest Region in preparation for implementation in the fall of 2014.

To date, CSSP Strengthening Families Protective Factor Framework and UFACET training has been delivered in the Northern Region. In addition, three providers have contracts to provide statewide services using the Systematic Training for Effective Parenting (STEP) program.

To assess the availability of services, a survey has been sent to workers asking them to provide information about services available as well as gaps in service they believe exist in their communities. In addition, the consolidated contracts team, now located in the state office, has been reviewing contracts to assess what services are available and where gaps exist.

To support the new Permanency Framework, DCFS worked closely with the Casey Family Programs to implement Permanency Round Tables (PRT) in Utah. DCFS modified Casey Family Program PRT training and used it to train 8 individuals who conducted PRTs in all five regions. Sixty cases have been staffed using PRTs. Of those sixty cases, thirty have been closed. Fifteen of the thirty were closed with a "favorable legal permanency" outcome, which includes reunification with parent(s), adoption, or placement with a guardian. The other fifteen were closed with undesirable outcomes including emancipation or referral to other agencies such as the Division of Juvenile Justice Services (DJJS).

Also in support of the new DCFS Permanency Framework, DCFS and the Utah Juvenile Courts implemented the "My Case" web-based portal that gives foster parents access to juvenile court information, including a list of scheduled hearings, relating to the child they are caring for.

Utah has also contracted with Wendy's Wonderful Kids to provide 3 additional workers who will help find permanent homes for children who have been in foster care for 24 months or more.



Addressing goals in the PIP that serve to improve consistency of service delivery throughout the state, DCFS formed the Director's Supervisor Workgroup, which meets regularly with the division director to identify and prioritize efforts that will help caseworkers meet agency expectations. Supervisors on the workgroup are nominated by their region director, meet quarterly, and are given an incentive award for their participation.

This group examined caseworker contact standards for both the In-home and Out-of-home Programs and recommended that both In-Home and Out-of-home Practice Guidelines be rewritten so that they are uniform. This will eliminate the need for workers to decide which standard applies to which program area.

The workgroup also completed design specifications for the Supervisor Performance Dashboard. The dashboard is a tool located in the SAFE data management system that provides supervisors with information concerning cases under their supervision. While the implementation of this dashboard has been placed on hold due to the SAFE modernization project, it is expected it will be implemented in the near future.

In addition, DCFS recently re-launched the Supervisor Finishing Touches Quality Assurance process, which helps supervisors determine whether a particular caseworker's practice meets agency standards. The re-launch consisted of updating the existing tool and developing a non-web-based version that supervisors can use independently of SAFE. The latter version will be used while the SAFE modernization project is being completed.

Finally, to support the timely search for children's kin, Utah purchased 25 licenses allowing kin locators to use the CLEAR search engine, which is used to locate kin. Information from the searches is entered in the SAFE system under the person tab for the child. This tab gives the worker a place to identify family members, record contact information, and document whether kin desire to be involved in the child's case or become a placement option.

ARRAY OF SERVICES

In response to workload pressures placed on current program administrators, and in an effort to increase support to staff and providers of critical services, DCFS created two new agency programs (Centralized Intake and the Residential Treatment Program) and added program administrators to oversee each. Eleven DCFS program areas now provide direct services or oversee services delivered by contract providers. Nine program areas are relevant to this report.⁴

⁴ Other federal funding streams are used to support the Family Violence Prevention and Services Program and the Child Abuse Prevention Program.



Adoption Program

The Adoption Program strives to provide an adoptive home for every legally free child in DCFS custody as well as for children in DCFS custody where adoption has been determined to be the most appropriate permanency goal. The Adoption Program also provides support and adoption assistance to an adoptive family of a child with special needs.

	Number of Finalized Adoptions from Foster Care and Home Based Services	Average Number of Months Adoption Cases are Open	
		Unlicensed Kinship	Foster Care including Licensed Kinship
	Total		
FFY 2009	569	15	18
FFY 2010	629	15	17
FFY 2011	639	13	18
FFY 2012	625	12	18
FFY 2013	626	13	18

The Adoption Program's most notable accomplishments over the last five-years (FFY 2010-2014) include:

- The collaboration with the Dave Thomas Foundation for Adoption and Casey Family Services to implement the Wendy's Wonderful Kids child-specific, targeted recruitment program.
- Implementation of a system for Purchase of Service to pay private adoption agencies for the adoptive placement of Utah children in states where state operated courtesy supervision is not available.
- The development and implementation of an eight-hour preparation course for adoptive parents, which adoptive parents complete at the time of placement.

During FFY 2013 the Adoption Program:

- Worked with the Heart Gallery to promote the adoption of more than 39 children waiting for an adoptive family.
- Participated in a workgroup to integrate trauma-informed care into all DCFS services.
- Hosted the Utah Adoption Council's Annual Adoption Conference, attended by 300 adoptive parents and professionals, during which technical experts gave presentations on the effect of trauma, abuse, and drug exposure on early brain development and autism.
- Supported eight agencies that provided in-home respite care services to adoptive families.
- Developed two additional contracts to provide medical and mental health treatment to children adopted from custody.
- In cooperation with regional Adoption Program staff, the Bureau of Contract Management, the Department of Health's Division of Medicaid, and the Division of Juvenile Justice Services, coordinated mental health and residential treatment services



delivered to disabled children either in state custody or who were adopted from state custody as well as were receiving residential services.

Foster Care Program

Foster care services consist of:

- Protection, placement, supervision, and care of a child in DCFS custody.
- Services to a parent or caretaker when a goal of reunification is mandated by the court.
- Services to a parent or caretaker of a child that facilitates the return of the child to their home once a voluntary placement has been completed.
- Services that facilitate another permanent living arrangement for a child receiving out-of-home services. These services are provided if a court determines that reunification with a parent or caretaker is not required or is not in the child's best interest.

Foster care services are provided to:

- Children, and the child's parents or caretakers, when the child is placed in DCFS custody by a court order that stipulates that reunification is the primary permanency goal.
- Children, and the child's parents or caretakers, when the child is placed in DHS custody by a court order (which stipulates reunification as the primary permanency goal) and DCFS is given primary responsibility for case management or is required to pay for the child's placement.
- Children, and the child's parents or caretakers, when a child is voluntarily placed into DCFS custody by the child's parents or caretakers.

Number of Children in Foster Care		
	Federal Fiscal Year	Point in Time
FFY 2009	4,487	2,694
FFY 2010	4,688	2,815
FFY 2011	4,643	2,626
FFY 2012	4,574	2,671
FFY 2013	4,608	2,690



Race of Children in Foster Care										
	Number FFY 2009	Percentage of Total	Number FFY 2010	Percentage of Total	Number FFY 2011	Percentage of Total	Number FFY 2012	Percentage of Total	Number FFY 2013	Percentage of Total
African American	297	6%	300	6%	275	6%	287	6%	277	6%
Native American/ Alaska Native	275	6%	242	5%	252	5%	233	5%	211	5%
Asian	32	1%	39	1%	33	1%	32	1%	30	1%
Pacific Islander	42	1%	59	1%	60	1%	64	1%	44	1%
Caucasian	3,939	86%	4,164	89%	4,147	89%	4,093	89%	4,172	91%
Cannot determine	20	0%	27	0%	23	2%	9	0%	8	0%
Multiracial- other race not known	1	0%	15	0%	14	0%	12	0%	26	1%
Total	4,606*		4,689*		4,643*		4,574*		4,608*	100%
Hispanic or Latino Origin	1,072	23%	1,157	25%	1,112	24%	1,048	23%	989	21%

*Since individuals may indicate that they are of more than one race, these totals are higher than reported in the Number of Children in Foster Care chart.

Reasons Children Exited Foster Care (Percentage)							
	Reunification	Guardianship to relatives	Adoption	Age of Majority	Transfer to Juvenile Justice	Other	Referred to Outside Organization
FFY 2009	44%	15%	25%	10%	2%	3%	1%
FFY 2010	39%	15%	28%	10%	2%	4%	1%
FFY 2011	42%	15%	26%	10%	2%	3%	1%
FFY 2012	42%	15%	27%	10%	3%	3%	1%
FFY 2013	41%	16%	26%	10%	3%	4%	1%

The Foster Care Program’s most notable accomplishments over the five-year period (FFY 2010-2014) include:

- Implementation and monitoring of the Permanency Round Table process.
- Implementation of an evidence-based peer parent program.
- Identification of changes needed to update the Child Adolescent Needs and Strengths (CANS) Assessment, including CANS programming changes made in the SAFE data collection system.
- Development of procedural changes needed to respite services for out-of-home caregivers.
- Implementation of the SDM Safety Assessment and SDM Risk Assessment.



During FFY 2013 the Foster Care Program:

- Assisted in the implementation of the UFACET, an assessment used by caseworkers providing in-home services.
- Assured that the structure of the UFACET is consistent with the current CANS assessment.
- Assisted in pilot testing of the SDM Reunification Assessment.

In-Home Program

The In-Home Program provides services that allow at-risk children to remain safely in their own home or facilitate the return home of children who have been placed in the DCFS custody.

Services provided fall under one of five categories:

- Voluntary services (i.e. protective services counseling)
- Court-ordered services (i.e. protective services supervision)
- Intensive short-term services (i.e. protective family preservation) provided to children who are at immediate risk of an out-of-home placement
- Reunification
- Post-adoption services.

The following services are either directly provided by regional DCFS In-Home Program staff or through contracts with participating partners:

- Clinical counseling
- Community-based family support services
- Family preservation services
- Homemaker services
- Individual and family counseling
- Parent advocacy
- Parenting skills training and education
- Peer-parenting
- Post adoption services
- Protective day care
- Protective services counseling or supervision
- Sexual abuse treatment
- Youth advocacy

Not all services are available statewide.

Total Individuals and Families Served through the In-Home Program			
	Number of Families	Number of Adults	Number of Children
FFY 2009	4,280	6,168	6,937
FFY 2010	4,170	5,836	6,368
FFY 2011	3,723	5,446	5,926
FFY 2012	3,576	5,378	5,900
FFY 2013	3,610	5,533	5,853



The In-Home Program's most notable accomplishments over the five-year period (FFY 2010-2014) include:

- Statewide rollout of the SDM Safety Assessment and SDM Risk Assessment.
- Development of new or enhanced in-home services and community partnerships.
- Implementation of an evidence-based functional assessment (UFACET) specifically designed for use by caseworkers serving families receiving in-home services.
- Incorporation of the CSSP Strengthening Families Protective Factors Framework into training and practice.

During FFY 2013 the In-Home Program:

- Awarded new contracts to private providers that expanded the division's capacity to deliver evidence-based peer-parenting services throughout the state.
- Provided skills-based training to frontline caseworkers in the Northern Region to increase their capability to use the Strengthening Families Protective Factors Framework as they work with their clients.
- Continued to conduct a comprehensive, formal assessment of existing contract and non-contract community resources and services available to in-home clients.
- Educated community and legal partners about the scope of the HomeWorks IV-E child welfare waiver demonstration project as well as the benefit of the in-home services enhancements.

Kinship Program

If placement with kin is an option, the Kinship Program provides services to non-custodial parents, relatives, or licensed friends of a parent or guardian authorized to care for a child in DCFS custody. Kinship workers help kin families obtain:

- Financial support including:
 - Child Support-When a child is ordered into DCFS custody, the court orders the parent from whom the child is removed to contact the Office of Recovery Services which will ensure that the parent reimburses the state for the cost of care.
 - Public Assistance-A non-custodial parent may apply for financial assistance, food stamps, a specified relative grant, or childcare through the Department of Workforce Services. Income and assets of all members of the household will be considered when determining eligibility.
 - Unearned Income Payments-A non-custodial parent may apply for Social Security or Supplemental Security Income for a child.
 - Foster Care Payments-A friend or relative licensed as a foster parent that has a child placed in their home by DCFS or the courts may receive a foster care payment, which is based on the child's level of need and the provider's level of training.
 - Special Needs Payments-A special needs payment may be provided if other resources are not available to meet the needs of a child in a preliminary placement with a kin family.



- Health care resources including:
 - Medicaid and the Children’s Health Insurance Program (CHIP)-A non-custodial parent, a friend, or a relative may submit an application to the Department of Workforce Services for Medicaid or CHIP, which can help pay for a child’s medical, dental, or mental health services.
 - Private Medical Insurance-When allowed by the insurance provider, the non-custodial parent or relative may be able to provide for a child’s health care needs by adding the child to their own private medical insurance.
 - State Medical Services Program-If the Medicaid eligibility for a child in state custody has not been approved or the child is not eligible for Medicaid, an eligibility worker or nurse may generate an MI 706, which is used by DCFS to authorize medical care paid for by the Department of Health using state funds. In all cases, before an MI 706 is issued DCFS will request that the non-custodial parent or relative apply for Medicaid and will ask the non-custodial parent to request that Medicaid approve retroactive coverage.
 - WIC is available to children in custody (under the age of 5) being cared for by a kinship family.

Number of Children Placed with Relatives*													
	Aunt/ Uncle		Grand- parent		Non- Custodial Parent		Sibling		Step Parent/ Step Sibling		Other		Total
FFY 2009	541	39%	578	41%	77	6%	25	2%	11	1%	274	20%	1,397
FFY 2010	564	35%	719	45%	107	7%		1%	12	1%	347	21%	1,615
FFY 2011	548	35%	776	50%	97	6%	31	2%	7	0%	204	13%	1,566
FFY 2012	604	39%	821	53%	32	2%	46	3%	16	1%	164	11%	1,552
FFY 2013	685	40%	837	49%	67	4%	55	3%	13	1%	182	11%	1,715

*Since percentages are rounded to the nearest full percentage point, sums of the percentages in a row may total more than 100%

The Kinship Program’s most notable accomplishments over the five-year period (FFY 2010-2014) include:

- The development of a pathway that provides families caring for children in custody easy access to Specified Relative Grants, Medicaid, and the Women Infant and Children (WIC) nutrition program.
- Development and ultimate passage of legislation that changed the definition of “Kin” to include the first cousin of the biological parent (which adds first cousins as possible kinship placements). This legislation also allows biological parents to identify two (instead of one) friends as possible out-of-home placements.
- Completion of training and practice guidelines that help workers effectively use the CLEAR search engine, which is used to obtain information about a child’s relatives or other individuals that may be contacted and asked about their interest in caring for the child.



During FFY 2013 the Foster Care Program:

- Worked with the Department of Workforce Services to expedite Specified Relative Grants to kin families, who can now receive the grant within one day after all paperwork is submitted to the Department of Workforce Services by DCFS Kinship workers.
- Assisted in the completion of the Grandfamilies community website through which kinship families can locate statewide resources that may provide support as they raise their relative’s children.
- Created a Resource Family Consultant position in each region. Workers in these positions will provide services to relatives and or friends providing kinship care as long as the friend or relative has an open case.

Residential Treatment Program

Residential treatment services are provided to children who have severe emotional or behavioral difficulties and cannot be managed in traditional family or community settings because of their need for more intensive supervision.

The Residential Treatment Program Administrator provides support to DCFS caseworkers and supervisors when a significant clinical question about a client arises. Through the new Systems of Care Committee the Program Administrator also acts as a formal link with other divisions within DHS, which are developing a model that will help divisions coordinate and avoid duplication of services delivered to clients served by two or more divisions.

Number of Children Served in Residential Placements						
	FFY 2009	FFY2010	FFY 2011	FFY 2012	FFY 2013	Point in Time (5/1/14)
Level V	948	1,010	1,144	1,251	1,124	227
Level VI	772	708	558	570	537	88
Level VII	115	154	135	164	174	13
Other (IRTS)	265	271	288	262	267	35
Total Unduplicated Count	1,573	1,500	1,532	1,661	1,557	363

During FFY 2013 the Residential Treatment Program:

- Performed a review of children who entered custody with a primary reason listed as needing mental health services.
- Performed a data analysis to ensure that children were not coming into custody only to receive mental health services.
- Participated in monthly reviews with the Utah State Hospital to assist in discharge planning for children in care. As a result, during FFY 2013 the number of children in custody at the Utah State Hospital was reduced by more than 50%.



- Provided quarterly utilization reviews for children placed at the highest level of care to ensure that children’s clinical needs were being met and that their length of stay was appropriate.

Transition to Adult Living Program

Services Delivered Utilizing Chafee Foster Care Independence Program (CFCIP) Funding

Prior to a youth in foster care exiting state’s custody, the Transition to Adult Living (TAL) Program helps ensure that all youth, age 14 and older, have access to services that help youth establish skills and obtain the knowledge necessary to transition successfully to self-sufficiency.

Ethnicity of Youth Receiving TAL Services										
	FFY '09 Number	FFY '09 Percent of Total	FFY '10 Number	FFY '10 Percent of Total	FFY '11 Number	FFY '11 Percent of Total	FFY '12 Number	FFY '12 Percent of Total	FFY '13 Number	FFY '13 Percent of total victims
American Indian/Alaska Native	106	6%	109	6%	111	6%	99	6%	90	5%
Asian	15	1%	17	1%	17	1%	12	1%	12	1%
Black	127	7%	129	7%	133	7%	137	8%	127	7%
Pacific Islander	17	1%	23	1%	23	1%	19	1%	17	1%
White	1,548	85%	1,575	87%	1,555	87%	1,523	87%	1,508	88%
Total	1,813	100%	1,811		1,789		1,749	100%	1,718	100%
Hispanic or Latino Origin	378	21%	423	23%	396	22%	375	21%	366	21%
Gender								0%		
Male	923	52%	931	51%	869	48%	810	46%	795	46%
Female	866	48%	880	49%	946	52%	939	54%	923	54%
Total	1,789		1,811		1,789		1,749		1,718	

For those that have exited state custody, the Young Adult Resource Network (YARN) is able to provide time-limited financial support to youth who meet eligibility requirements and need temporary assistance.

Number of Youth Emancipating	
	Number
FFY 2009	190
FFY 2010	200
FFY 2011	207
FFY 2012	190
FFY 2013	204



Percent of Youth 14 and Older Exiting Custody to Permanent Placements				
Closure Reason	Adoption	Custody/ Guardianship to Relative	Custody/ Guardianship to foster parent/other non-related	Reunified with parent/ primary caretaker
FFY 2009	3%	11%	3%	40%
FFY 2010	5%	12%	3%	32%
FFY 2011	4%	10%	1%	36%
FFY 2012	5%	10%	3%	38%
FFY 2013	6%	14%	4%	35%

To complement youths efforts to achieve self-sufficiency, and to assure that youth recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood, up to \$2,000 in assistance can be provided to eligible youth through YARN. These funds are designed to help youth pay for housing, counseling, employment, education, and other appropriate services.

Number of Youth Receiving TAL (YARN) Services	
	Number
FFY 2009	614
FFY 2010	760
FFY 2011	797
FFY 2012	855
FFY 2013	788

The TAL Program’s most notable accomplishments over the five-year period (FFY 2010-2014) include:

- The creation of the State Youth Council, which consists of youth in foster care and foster care alumni who want to help improve Utah’s foster care system.
- The development and ultimate adoption of a Foster Youth Bill of Rights.
- The drafting by the State Youth Council and ultimate passage of legislation (HB 346, the Normalcy Bill) that requires DCFS and its providers to make efforts to provide normalizing activities to youth in foster care. The legislation also allows the youth’s caregiver to approve or disapprove these activities based on a reasonable and prudent parenting standard, without prior approval from the division.
- The sponsorship of yearly two-day Youth Leadership Summits during which youth in foster care, age 16 and older, attend workshops where they learn skills that help them successfully transition to adulthood. For instance, in workshops youth may discuss and set educational or work related goals as well as .talk about ways to form permanent relationships that will help them once they transition out of foster care.



Accomplishments Achieved in the Seven Program Areas

Purpose Area 1-Assist youth to transition to self-sufficiency.

During FFY 2013, DCFS continued to help youth create permanent and meaningful relationships that will guide them after they transition out of foster care. TAL Program Practice Guidelines were re-written and now put permanency and the development of personal connections at the forefront of practice. Specifically, guidelines now: 1) Emphasize the use of Permanency Round Tables to help youth find permanent homes, 2) Encourage caseworkers to help youth complete the Permanency Pact, a tool that helps youth identify permanent connections as well as provides guidance on how to build those relationships, and 3) Set requirements that caseworkers must follow as they actively search for a youth's kin.

The division also hosted a two-day leadership summit held at a local university, which focused on advocacy, college and career readiness, as well as on formation of permanent relationships. Youth participated in the planning and organization of this summit attended by approximately 200 alumni and youth in foster care.

In addition, this year the Basic Life Skills course was enhanced and now incorporates more tactile learning methods. The course includes modules pertaining to work, career planning, education, home life, daily living, self-care, health education, housing, money management, and formation of social relationships.

The program has been well received with youth reporting the experiential learning to be of higher value than was the former classroom instruction.

Purpose Area 2-Help youth receive the education, training, and services necessary to obtain employment.

As outlined in a Memorandum of Understanding between DCFS and the Department of Workforce Services-Workforce Incentive Act Program (WIA Youth), youth are now referred to WIA Youth at the age of fourteen. This program helps youth currently or formerly in foster care access Education and Training Vouchers (ETVs) and makes it possible for enrolled youth to participate in paid internships or obtain financial support as they search for a job or take steps to build a career.

Youth between the ages of 14 and 16 who are more than one grade level behind may also be referred to WIA Youth for academic support, which can help them improve their performance in school, help them graduate high school on time, or help them achieve the skills they need to enter an institution of higher education.

During FY 2013, DCFS collaborated with a local university on a research project designed to determine the college readiness of Utah's foster youth. The results show that Utah's youth in foster care are significantly behind their peers in both grade point averages and proficiencies in language, math, and science. With this baseline data, Utah has now begun



to address many of the educational barriers that lead to unemployment or underemployment.

Purpose Area 3-Help youth prepare for and enter post-secondary training and educational institutions.

As noted above, research identified divergent educational outcomes for youth in Utah's foster care system as compared to their cohorts not in foster care. Specifically, as a group youth in foster care have lower grade point averages and are less proficient in language, math, and science. Since receiving this baseline data, the division has been working with the Utah State Office of Education to determine the best course of action to close these gaps and help youth in foster care make literacy and numeracy gains, which in turn will help youth become college ready.

One of the biggest barriers has been that of placement stability. In addition to helping youth achieve stable placements there is also a need to help youth achieve stability within their academic setting. To encourage educational stability, DCFS continues to use Court Appointed Special Advocates (CASA) as educational advocates during court proceedings. As a result, there is an increased focus on a youth's education during these proceedings.

Purpose Area 4-Provide personal and emotional support to youth aging out of foster care.

During FY 2013, the division started using Positive Youth Development as a framework for providing personal and emotional support for youth aging out of foster care. This model emphasizes providing services and opportunities that help young people develop a sense of competence, usefulness, belonging, and empowerment. "The youth development approach works best when entire communities, including young people, are involved in creating a continuum of services and opportunities that youth need to grow into happy and healthy adults."⁵ Youth who have engaged in this youth-adult partnership have had better outcomes and feel as though they are contributing to something greater than themselves.

As noted in Purpose Area 1, DCFS also placed increased emphasis on permanent connections and creating emotional supports for youth aging out of foster care. It is our hope that the actions taken by caseworkers and community organizations will increase the "human capital" available to youth and that these new connections will help youth achieve their goals.

Finally, in collaboration with Christmas Box International, youth exiting foster care receive a Lifestart Kit, which contains all of the necessities a youth may need when moving out on their own. Christmas Box International solicits donations from local businesses and the public to pay for these kits. The foundation also works with local chapters of the Boy Scouts of America to obtain new backpacks filled with school supplies. These supplies are then handed out to youth who attend the Youth Leadership Summit.

⁵ Positive Youth Development, National Clearinghouse on Families & Youth (NCFY), Silver Spring, Maryland, 2001, available at www.ncfy.com



Purpose Area 5-Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

Youth that exit foster care after the age of 18 are able to receive aftercare services through their regional DCFS TAL Coordinator who will help a youth develop an action plan that identifies what their current needs are and what goals they have for the immediate future.

The TAL Coordinator will also help the youth find and access community resources that fit their needs. Chafee aftercare funds may be utilized to help a youth access a service or may be used to meet a youth's emergency needs. Since Utah is a reciprocal state, a youth in Utah foster care that lives in another state can access Chafee aftercare or ETV resources by contacting a TAL Coordinator in the state in which they are living.

To prevent youth exiting foster care from becoming homeless, Family Unification Vouchers offered through the Salt Lake County Housing Authority are available to eligible youth. These vouchers allow for 18 months of continued case management and rental assistance while a youth continues their education.

Through the Salt Lake County's Milestone Program, DCFS coordinates with county government services to help youth meet their housing needs. Youth who are in crisis or facing homelessness can also access resources and supports through the Salt Lake County Homeless Youth Resource Center, sponsored by Volunteers of America.

Purpose Area 6-Make available vouchers for education and training, including postsecondary education to youth who have aged out of foster care.

In an effort to increase the number of youth utilizing available ETV funds, the Department of Workforce Services-WIA Youth employs advocates who act as ETV navigators. Navigators help youth currently or formerly in care access ETV funding and mentor youth as they deal with the complexities of college life. They focus on recruiting youth who may benefit from ETV funding as well as on retention of youth already attending institutions of higher education who for a number of reasons may be considering dropping out. During the last year, ETV navigators were able to focus much of their attention on helping youth break barriers that prevent youth from completing their education including issues with finances, housing, transportation, employment, and supportive relationships.

During FFY 2013, Utah experienced steady growth in the number of youth enrolling in WIA Youth and receiving ETVs. Youth in foster care also experienced a slight increase in proficiency scores for reading, math, and language. Last year, there was also an increase in the number of youth completing educational programs at both institutions of higher education and schools that teach vocational trades. Youth who were enrolled in a short-term certificate training program have a higher completion rate than youth who seek a four-year degree. Youth who received these short-term certificates also sought four-year degrees more frequently than youth who did not complete a certificate training program.



Purpose Area 7-Provide services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship, or adoption.

Youth who are adopted after the age of 16 or who achieve legal permanency after being placed with kin or in a placement with a guardian continue to be eligible for ETVs and the Olene S. Walker Transition to Adult Living Scholarship. Youth are also eligible to receive YARN aftercare funds up to 21 years of age.

While attending Child and Family Team Meetings prior to their achieving legal permanency, youth and their caregivers learn about available TAL services. During these meetings, youth and their caregivers also learn about post-adoption services that can help provide for the emotional, financial, and physical needs of the youth. The Child and Family Team can also link youth and families to needed resources and services that can help meet a youth's needs until the youth can qualify for ETV or aftercare funds.

Post-adoption services may also be available and can help youth navigate relationships with biological family members, link youth to educational services, provide youth with mental and physical health services, and provide youth with referrals to trauma related services or referrals to beneficial financial services.

Coordination of Services with Other Federal and State Programs for Youth

During FFY 2013, the Adolescent Foster Care Program Administrator attended the DHS Transitions Academy a department level conference where participants from all divisions received information regarding outcomes for youth aging out care. During that conference participants developed a service delivery model that they hope will ensure that consistent services are provided to youth transitioning from any departmental program.

In support of the academy, the Program Administrator helped plan the conference, provided the keynote address, and facilitated a breakout session during which participants reviewed educational outcomes of youth in foster care.

The Program Administrator sits on the DHS Homeless Discharge Committee, which is tasked with helping all agencies under the DHS umbrella find housing for clients being discharged from services, including youth transitioning to self-sufficiency. She is also a member of the DHS TAL Workgroup, which is addressing System of Care issues relating to youth receiving services from multiple departments within the division.

The private sector continues to provide innovative programs and services to youth in foster care. Operation Kids and Christmas Box International continue to supply Lifestart Kits that are filled with personal and household items needed by youth who are setting up a new home. The Utah Educational Savings Plan continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youth transitioning out of foster care complete a post-secondary education program (degree or certificate) at one Utah's System of Higher Education institutions or Applied Technical Centers.



The Salt Lake City Housing Authority Family Unification Program continues to work with the DHS Discharge Planning Committee and local DCFS TAL Coordinators to ensure that youth exiting foster care receive available transitional Section 8 housing vouchers. DCFS provides case management and aftercare funding to youth who receive these housing vouchers.

In cooperation with the Salt Lake County Housing Authority and the Ogden City Housing Authority DCFS will continue its effort to increase the number of Family Unification Program vouchers available through those agencies.

The Utah Youth Mentor Project (UYMP) matches mentors with youth aging out of foster care. Mentors agree to meet at least once monthly and may also have contact with a youth via phone, email, or text message. Youth and mentor relationships are based on a strength-based approach to youth development, an approach that stresses the development of a genuine friendship rather than the formation of a relationship that centers on finding solutions to a youth's problems. Other agencies with which DCFS collaborates include:

- The Department of Workforce Services, which manages services provided through the ETV program, coordinates food stamps, and provides additional employment training.
- The Department of Health, which coordinates Medicaid services delivered to youth.
- The Department of Substance Abuse and Mental Health, which refers youth to services that help youth resolve mental health issues.
- The Department of Public Safety Driver's License Division, which helps youth obtain a driver's license.
- The Division of Juvenile Justice Services, which works with DCFS to identify dually adjudicated youth who have received services through both systems. These youth may qualify for Chafee funded supports and may be eligible to receive other services provided by the Department of Workforce Services, Vocational Rehabilitation, Mental Health, or through the various county housing authorities.

Training

The Utah Foster Care Foundation continues to provide *Foundations for Youth: Supporting Foster Parents* training to foster parents. Any foster parent who cares for a youth 14 years of age or older in their home is required to take this training. It is also recommended for foster parents caring for children eight years and older. This 16-hour training presents the latest research relating to adolescent development as well as information about the impact of trauma on children. In addition, during training foster parents are introduced to the Casey Life Skills assessment and available resources.

Delivery of Services Utilizing the States Children's Trust Fund

Utah's Children's Trust Fund is supported by funds legislatively directed to DCFS from revenues received from the issuance of birth certificates. While not specifically designated for services to youth receiving independent living services or transition assistance, Children's Trust Funds do support several programs and services directed toward youth.



Individuals Served Through The Children’s Trust Fund FFY 2013							
	Children	Children with Disability	Adults	Adults with Disability	Families Served	Total Clients	Total Clients with Disability
Children’s Trust Fund (Includes individuals receiving education and direct services)	61,877	3,798	5,201	359	4,982	67,078	4,157

Involvement of Youth

The TAL Program also conducted strategic planning that laid the groundwork for the development of the State Youth Council. Through this process, program staff and youth set goals and identified youth willing to serve on the council.

As mentioned, the State Youth Council helped draft legislation (HB 346, the Normalcy Bill) that requires DCFS and its providers to make efforts to provide normalizing activities to youth in foster care. The successful passage of this bill proves that by encouraging youth to participate in system improvements, such as the State Youth Council, youth can add a much needed “youth voice” to the child welfare system.

Also, at the annual Youth Leadership Summits to which legislators, DHS administrators, DCFS administrators, and representatives from the Utah Youth Mentor Project, Christmas Box International, the Department of Workforce Services, Quality Improvement Committees (QIC), and the Homeless Youth Resource Center are invited, youth have the opportunity to advocate for themselves and their needs. This level of involvement from top administrators verifies that administrators and others that create policy not only care about youth and the services they receive but want to hear about youths experiences and opinions.

Option to Expand Medicaid to Youth Ages 18 to 21

Eligible youth who exit foster care after their 18th birthday continue to qualify for Medicaid coverage. DCFS continued to provide training to eligibility staff and caseworkers that includes information about the expanded Medicaid policy, which allows eligible youth to receive services to the age of 21.

Tribal Consultation Relating to the Programs and Services Using Chafee Funding

Native American youth have consistently participated in the annual youth summit. In fact, this year approximately 10 Native American youth in foster care, or that have aged out of foster care, attended the summit. Tribal youth in foster care also participated in Basic Life Skills classes and other youth council events held throughout the state. Through a partnership with the Passages Program administered by the Division of Substance Abuse and Mental Health, Native American youth in San Juan County who have mental health issues had the opportunity to develop relationships and leadership skills that will help





them as they transition to adulthood. Also, as participants in the Passages Program, Native American youth were encouraged to become involved in their communities and help raise awareness of youth mental health issues.

Negotiation in Good Faith with Tribes that Request to Develop an Agreement to Administer CFCIP

No tribe has requested to develop an agreement with DCFS to administer or supervise the CFCIP or ETV program. The state has certified that it will negotiate in good faith with those tribes that do make such a request.

Education and Training Vouchers

To be eligible for the ETV Program, an individual must meet the following requirements:

- Be an individual in foster care who has not yet reached 21 years of age, or
- Be an individual no longer in foster care, but who received 12 months of TAL services after the age of 14 while in foster care and the court terminated reunification, or
- Be an individual no longer in foster care who reached 18 years of age while in foster care and who has not yet reached 21 years of age, or
- Be an individual adopted from foster care after reaching 16 years of age and who has not yet attained 21 years of age.

And:

- Have an individual educational assessment and individual education plan completed by the division or their designee.
- Have submitted a completed application for the ETV Program.
- Be accepted to a qualified college, university, or vocational program.
- Have applied for and accepted available financial aid from other sources before obtaining funding from the ETV Program.
- Have enrolled as a full-time or part-time student in the college, university, or vocational program.
- Have maintained a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

Number of Youth Receiving ETV Awards					
	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Number of Youth	65	93	100	109	166
Average Cost per Youth	1,569.99	\$1,576.66	\$1,658.66	\$1,971.31	\$2,066.75

Eligible youth may receive vouchers up to a maximum of \$5,000 per year through the ETV Program. Specific awards are determined by the cost of tuition at specific educational institutions and the youth’s enrollment status.



Administration of ETV and Services Provided

The Department of Workforce Services manages the ETV Program through a contract with DCFS. ETV funds are allocated to youth through an application and screening process. Individual Education Assessments and Individual Education Plans coordinated by the Department of Workforce Services are produced for each eligible applicant. Applicants receive written notice of approval or denial of their application. If denied, a written form is provided stating the reason for denial. That form also includes instructions about how to appeal the decision.

Efforts to Establish, Expand or Strengthen the State's Postsecondary Educational Assistance Program

The Karsten Scholarship at the University of Utah, which targets youth that have been in foster care, will be available again in the fall of 2014. Potential scholarship candidates have been recruited and have been asked to submit applications for the scholarship. DCFS will continue to support efforts to retain this scholarship program.

DCFS continues to support the Utah Education Savings Plan that launched the Olene S. Walker Transition to Adult Living Scholarship in August 2008. This scholarship is available to older youth who have been in foster care. As a scholarship recipient, youth must meet with a mentor at their school at least monthly as well as be involved in school sponsored extra-curricular activities.

Finally, in an effort to promote the advantages of a higher education, DCFS will continue to distribute the *Guidebook to Higher Education* to youth attending Basic Life Skills training.

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

Family Preservation Services

In an effort to help stabilize families and support families with children who have returned home from foster care, Family Preservation Services funding has been used to support DCFS regional office family preservation workers and one In-Home Program Administrator who is primarily responsible for the enhancement of HomeWorks supports and services.

Family Preservation Services funds are also used to provide flexible funding to regions, which caseworkers and supervisors use to meet a variety of child or family needs. Examples of services paid for using these flexible funds include:

- Wrap-around services that address mental health and educational needs.
- The repair, registration, or one to two months of insurance for vehicles needed to transport family members to school, work, or medical appointments.
- Housing including deposits, rent payments or utilities.
- Essential home furnishings and supplies such as beds for children.



Number of Cases Receiving Services Funded Using Family Preservation (FPF) Funding	
FFY 2009	407
FFY 2010	651
FFY 2011	478
FFY 2012	723
FFY 2013	777

Approval for use of Family Preservation Services flexible funding is managed at the regional level. In all five regions caseworkers work with their supervisors to develop specific requests for services which are then submitted for approval to a designated financial manager who oversees the utilization of this flexible funding.

Family Support Services

Number Served in FFY 2013 Utilizing PSSF Family Support Funding							
	Children	Children with Disability	Adults	Adults with Disability	Families Served	Total Clients	Total Clients with Disability
Promoting Safe and Stable Families	637	150	414	27	215	1,051	177

Family Support funding was used to contract for intensive in-home intervention programs designed to teach parenting skills to at-risk parents. Funded programs received most of their referrals from schools or other community-based organizations. Each program defines its own catchment area and while eligibility requirements vary by program no program required families to meet an income test in order to receive services.

Time-Limited Reunification Services

Time-limited reunification services are provided, for up to 15 months from removal, to children in foster care who have a goal of reunification or to their parents or caretakers with whom the child will reunify. These funds are primarily used for:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including initial fees and costs associated with drug courts and drug testing.
- Services to provide temporary protective childcare or other therapeutic services.
- Assistance to address domestic violence treatment or service needs.
- Peer parent services.
- Transportation to or from services and activities listed above.



Time-Limited Reunification funds are allocated from the state office to regions based on the proportion of children that have been in foster care less than 15 months and have a goal of reunification. The approval process for use of Time-Limited Reunification funds is the same as that used to approve use of Family Preservation Services flexible funds.

Number of Cases Receiving Services Funded Using Time-Limited Reunification (FPR) Funding	
FFY 2009	299
FFY 2010	469
FFY 2011	482
FFY 2012	446
FFY 2013	475

Adoption Promotion and Support Services

Adoption Promotion services were identified in the [Adoption Program](#) and [Adoption Incentive](#) sections in this document.

CASEWORKER VISITATION

A child or family’s primary caseworker is responsible for visiting the child and family monthly. While the primary caseworker has the responsibility to conduct home visits with children that have been placed in a setting that may be several hours away from the caseworker’s office, the caseworker can ask that the visit be completed by a courtesy worker in another office or region. In addition, if the primary caseworker is on leave for an extended period of time, visits may be completed by the worker’s supervisor or, if the cases have been temporarily reassigned, by another worker.

CASEWORKER VISITATION FFY 2009-2011					
Federal Fiscal Year	Children in Custody 17 and younger at least one month	Children visited every month	Percent visited every month	Visit months	Percent of Visits in Home
FFY09	3,891	3,736	96.02%	24,117	100%
FFY10	4,055	3,819	94.18%	23,859	100%
FFY11 – DCFS data	4,023	3,749	93.19%	23,084	100%
FFY11 – DJJS data	146	123	84.25%	887 (729 in home)	82.19%
FFY11 combined data ⁶	4,161	3,864	92.86%	23,971	99.34%

⁶ In FFY11 there were 8 children that had custody episodes with DJJS and DCFS. The combined data shows the merging of those records



CASEWORKER VISITATION FFY 2012-2013⁷			
	FFY12 – DCFS data	FFY12 – DJJS data	FFY12 combined data
Aggregate number of children in the data reporting population	3,966	165	4,118 ⁸
Number of months children spent in care for which a visit is required	28,674	1,000	29,674
Number of months in which the youth was visited	27,669	927	28,596
BENCHMARK 1 (Percentage of months where a visit was required and completed)	96.50%	92.7%	96.4%
Months in which the youth was visited that included a visit at the youth's place of residence	27,669	853	28,522
Percent of Visits at youth's place of residence	100%	92.02%	99.7%

	FFY13 – DCFS data	FFY13 – DJJS data	FFY13 combined data
Aggregate number of children in the data reporting population	3,988	182	4,147 ⁹
Number of months children spent in care for which a visit is required	28,253	1,181	29,434
Number of months in which the youth was visited	27,374	1,058	28,432
BENCHMARK 1 (Percentage of months where a visit was required and completed)	96.89%	89.58%	96.59%
Months in which the youth was visited that included a visit at the youth's place of residence	27,374	956	28,330
Percent of Visits at youth's place of residence	100%	90.36%	99.64%

⁷ Note that this data includes all children in custody, including those over 18. The inclusion of these youth was approved by the regional office in FYY12.

⁸ In FFY12 there were 13 children that had custody episodes with DJJS and DCFS. The count is the unduplicated count. The months across both agencies data are included

⁹ In FFY13 there were 23 children that had custody episodes with DJJS and DCFS. The count is the unduplicated count. The months across both agencies data are included



Documentation of caseworker visits with foster children is completed in the SAFE data collection system. Workers enter an activity log and indicate completion of a policy requirement after they finish their visits. Utah policy requires the visit to be in the home of the child. Therefore, data tabulating visits completed by DCFS caseworkers in the home of the child will always total 100%.

As shown above, the Division of Juvenile Justice Services, which receives some pass through IV-E funding, also reports on caseworker visits with their population. Due to differences in practice, Division of Juvenile Justice Services workers may not always visit children in their homes.

To ensure consistency between log text and policy documentation, reviewers from the Office of Services Review examine documentation during annual Case Process Reviews (CPR). During the annual QCR they also interview children, foster parents, parents, and caseworkers. These reviews have indicated that workers are accurately documenting their visitation with children.

Use of Caseworker Visitation Funding

PSSF funding for Caseworker Visitation has been used to:

- Enhance caseworker capacity to maintain at least 90% monthly visitation with children in foster care.
- Provide training that introduces caseworkers to tools that aid in the decision-making process.
- Support activities that aid in the retention of caseworkers.
- Provide technology that supports decision-making activities.
- Implement measures that relieve the burden of administrative tasks performed by caseworkers, freeing up more time for face-to-face visits with clients.
- Orient caseworkers to tools they will use during home visits to evaluate the risk to a child's safety.
- Support efforts that will help DCFS retain a quality workforce.

POPULATIONS AT-RISK

DCFS does not use one specific tool or process to identify populations at risk of maltreatment but uses existing federal and state statute, rules, guidelines, qualitative review processes, client specific data, and information gleaned from committees or collaborations to pinpoint populations requiring services. Data used to identify at-risk populations, specifically those that may benefit from secondary and tertiary prevention services, is acquired from a number of sources including:

- The Statewide Assessment, which is an evaluation of organization and community needs that DCFS prepares for the CFSR.
- The SAFE database, which is used to collect case related demographic and service delivery information.
- CPRs and QCRs conducted jointly with the DHS Office of Services Review.



Various committees and organizations, including the DCFS Trends Committee, State Leadership Team, QICs, the new Child Welfare Improvement Council, the Utah Association of Family Support Centers, the Department of Health's Office of Home Visiting, as well as providers and other organizations, interpret data and research from a number of sources, including the sources above, and have identified the following as populations most at risk of maltreatment:

- Families that may not be aware of available services due to ethnic, racial, cultural, gender, and/or language barriers.
- Families isolated from programs and services due to their geographic isolation.
- Individuals or families who are economically disadvantaged or homeless.
- Individuals who are substance abusers and their families.

In addition, as part of the IV-E waiver planning process, DCFS recently identified the most prevalent issues facing children and families receiving DCFS services. Based on population data, a university analysis, an individual review of case records conducted by the in-home services program administrators, and an analysis of Structured Decision-Making (SDM) assessments of families where children were identified as only conditionally safe or where the risk level was identified as high or very high, a conclusion was reached that overall, the areas of focus for Utah's in-home services program for evidence-based services under Component 3 of the project should target development of resources for at-risk families with the following types of needs:

- Substance abuse
- Domestic violence
- Trauma
- Mental health
- Family functioning
- Access to concrete supports, such as financial resources, housing, etc.

Data and information obtained from the sources above have also led to changes in a number of assessment tools including the SDM and UFACET (a CANS based assessment). When caseworkers' become involved with a family they now have tools that better assess the family's needs. These tools also help caseworkers' make decisions that help their teams identify strategies that families can use to meet those needs.

Increasingly, data and information has also been used to prioritize child abuse prevention programs and to develop contracts with agencies that provide community-based services designed to prevent child abuse and strengthen families. As a result contracts with providers now fund more effective evidence-based services in locations that are nearer to families with special needs.



***SERVICES TO CHILDREN UNDER THE AGE OF FIVE IN
FOSTER CARE AND ACTIVITIES TO REDUCE THE LENGTH
OF TIME THAT CHILDREN UNDER AGE FIVE ARE IN FOSTER
CARE***

As noted in DCFS Practice Guideline 303.5 *Health Care* Section B. 1. D. Child Health Evaluation and Care (CHEC) exams are provided for children under the age of two years using the following Periodicity Schedule:

- (1) Birth.
- (2) Two weeks of age.
- (3) Two months of age.
- (4) Four months of age.
- (5) Six months of age.
- (6) Nine months of age.
- (7) Twelve months of age.
- (8) Fifteen months of age.
- (9) Eighteen months of age.
- (10) Twenty-four months of age.
- (11) Annually after 24 months of age.

Annual dental exams are also required for children three years of age and older.

DCFS Practice Guideline 202.11 *CPS Assessment Of A Child Who Is 0-35 Months Old* indicates that in an effort to provide prevention and support services to families and improve the well-being of children, the CPS caseworker shall offer developmental screening and information about Utah's Department of Health's Baby Watch Early Intervention Program (BWEIP) to all parents with children who are between the age of 0-35 months and who are referred for services. The CPS caseworker shall also offer, with parent permission, to assist the caretaker in completing an approved developmental screening tool.

DCFS Practice Policy 303.5 *Health* mandates that primary care physicians be contacted to follow the developmental progress of infants and that the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) Screening Tools be mailed to the foster parent(s) of children 4 months to 5 years of age who have been removed or court-ordered into custody. Separate assessments are completed as a child reaches 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months of age.

For infants and children 4 months to 36 months the ASQ and ASQ-SE is used to determine the need for further developmental/mental health assessment. If a child scores below a recommended level, a caseworker will refer the caregiver (within 30 days of the return of the Ages and Stages questionnaire) of a child 3 years of age and younger to the BWEIP for evaluation and services.



The caseworker will refer the caregiver of children 37 months to 60 months of age to the local school district where the child resides or to a local mental health provider that can provide appropriate services.

In FFY 2013, there were 5,654 victims/alleged victims who were age three and younger at the start of the CPS investigation. In addition to the 104 children already receiving early intervention services, 2,368 additional children received 2,867 screenings.

DCFS actively seeks to reduce the length of time that young children under age five are in foster care and without a permanent family. Utah defines a “child without a permanent family” as a child in DCFS custody whose parent’s rights have been terminated by court order.

A child in any out-of-home placement who has a permanency goal of reunification is not considered a child “without a permanent family.” In this case efforts are made to reunify children with their parents as early as is safe for the child.

In order to gain permanency for a child under five whose parent’s rights have been terminated, a Permanency Worker (or the placement committee) will:

1. Ask the child’s caretakers at its current placement if they want to adopt the child.
2. Seek kin that may want to pursue a kinship adoption.
3. Survey licensed foster-to-adopt families for their interest in adopting the child.
4. List the child on The Adoption Exchange website.
5. Place information about the child on the AdoptUSKids website.

Permanency Goal for Children Under the Age of 5					
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
No Goal	125	127	141	111	116
Reunification	850	1,008	966	924	908
Adoption	398	423	420	387	386
Individualized permanency	6	4	5	3	2
Guardianship (non-relative)	1	0	2	4	1
Guardianship with Relative	13	21	15	8	11
Total Children (unduplicated count)	1,194	1,366	1,298	1,227	1,196

Gender of Children Under the Age of 5					
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Male	650	708	661	647	644
Female	544	675	637	580	552
Total	1,194	1,366	1,298	1,227	1,196



Ethnicity of Children Under the Age of 5					
	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013
Abandoned-Can't Say		1	1	1	2
Am Indian/Alaska Native	68	66	59	47	49
Asian	8	14	11	10	10
Black	69	63	60	66	65
Cannot Determine/Declined/incapacitated	5	7	4	8	9
Multiracial-other unknown		10	8	6	15
Pacific Islander	11	16	15	16	9
White	1,074	1255	1,196	1,120	1,104
Hispanic Origin	289	384	350	257	201
Total Children (unduplicated count)	1,194	1,366	1,298	1,227	1,196

Note: a child may report more than one ethnicity.

When parental rights are terminated and a child under age 5 and in custody becomes eligible for adoption the median length of time it takes for the child to be adopted is 12 months. If reunification is the appropriate permanency goal, the median time it takes a child to be reunified with their parents is 9 months. When a kinship placement becomes available, the median time for a child to be placed with relatives is 2 months.

For Children Under Age 5 Who Exited Custody, Percent Exiting by Reason and Median Months in Custody										
	FFY 2009		FFY 2010		FFY2011		FFY2012		FFY2013	
	Percent	Median Months in Custody	Percent	Median Months in Custody	Percent	Median Months in Custody	Percent	Median Months in Custody	Percent	Median Months in Custody
Adoption	44.1%	14	45%	13	41%	12	41%	13	42%	12
Reunification with Parent/Guardian	41.4%	8	41%	8	43%	10	43%	8	43%	9
Custody to Relative	13.0%	4	12%	2	15%	5	13%	3	14%	2
Other	2.0%	3	1%	5	1%	9	2%	2	1%	1

Finally, DCFS tracks data on children that have been in care more than 24 months and develops specialized permanency efforts for these children. While data tracked relates to all children in care, younger children are prioritized for extreme family recruitment efforts.



COLLABORATION

Summary of Activities FFY 2010-2014

Over the last five years DCFS has been a partner in several notable collaborations that have had a significant impact on the child welfare system. During that time the agency:

- Collaborated with the American Public Human Services Association and Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to update Interstate Compact on the Placement of Children (ICPC) training and national guidelines.
- Cooperated with the National Association for State Adoption Programs (NASAP), a collaboration of state adoption program managers, to address practices and barriers to providing adoption and Guardianship Assistance Payments.
- Participated on a Children's Bureau workgroup that developed the *Youth Companion Manual* that deals with children's use of psychotropic medications.
- Contributed to the *Kinship Diversion Study* coordinated by the Annie E. Casey Foundation, which identified diversion practices being used throughout the U.S.
- Collaborated with the Dave Thomas Foundation for Adoption and Casey Family Programs to implement the Wendy's Wonderful Kids program, a proactive, child-focused recruitment program that strives to move Utah's longest-waiting children from foster care into adoptive families.
- Worked with the Children's Justice Centers and Primary Children's Medical Center's Safe and Healthy Families program to ensure children receive an adequate and thorough medical assessment when there are suspicions of child abuse or neglect and ensure appropriate medical consultation occurs between medical professionals and social workers.
- Collaborated with the Children's Center and Primary Children's Hospital's Safe and Healthy Families program to develop a focus on trauma-informed care that will guide the implementation of trauma-based services throughout Utah's child welfare system.
- Participated in Utah Partner's meetings where participants coordinate agency information and services delivered to foster, kinship, and foster to adopt parents.
- Provided leadership and guidance to the Regional and State Youth Councils (comprised of youth who are currently in foster care or who are foster care alumni) that provide information to DCFS and other agencies about systemic barriers faced by youth in foster care as well as share experiences about their involvement in the child welfare system.
- Joined with the Department of Human Services Tribal and Indian Issues Committee to resolve issues of common concern between DHS and the various tribes.
- Partnered with the ad hoc Utah Indian Child Welfare committee, a group of concerned individuals including court representatives, community partners, tribal leaders, and other concerned citizens that coordinate innovative projects and address issues concerning Native Americans.
- Coordinated with the Utah Foster Care Foundation on the presentation of pre-service and in-service training for foster parents, the formation of a strategic plan



that addresses the Utah Foster Care Foundation's capacity to train potential foster parents in rural areas, and the development of on-line training that provides foster parents with information about the effect of trauma on attachment and children's brain development

- Supported the Coalition for Caregivers, which provides services to elderly caregivers and has implemented a website that informs caregivers about available services.
- Teamed with the Heart Gallery to promote the adoption of children waiting for an adoptive family.
- Partnered with the University of Utah to assess the effectiveness of residential treatment programs serving children in state custody
- Participated on the board of directors of the Utah Foster Adoptive Family Association, which is an association that represents foster parents needs and lobbies for changes and improvements to systems that support foster and adoptive parents.

Finally, DCFS would be remiss in not mentioning the close relationship it has with the Children's Bureau, which has been a cooperative participant in the development and implementation of Utah's HomeWorks IV-E child welfare waiver demonstration project. The main focus of the project is to strengthen in-home services through: 1) Implementation of an evidence-based child and family assessment, 2) Enhancement of caseworker's skills, specifically through the integration of the CSSP Strengthening Families Framework, and 3) Identification and development of community resources with an emphasis on those that utilize evidence-based practices.

Collaboration with Courts

DCFS continued its close relationship with the Utah State Court system. The Division Director served on the Initiative for Utah's Children in Foster Care (IOU) committee until it disbanded at the end of FFY 2013. Launched by the Utah State Courts in 2005, the IOU met three to four times a year to review the state's collaborative child welfare master plan.

In FFY 2013, following the retirement of Utah's Chief Justice—the IOU founder—the IOU committee was integrated into other existing collaborations with which DCFS confers.

Over the last five years DCFS has also:

- Collaborated with the Court Improvement Project to improve timeframes to permanency, improve the overall court process for children and families involved in the child welfare system, and evaluate how well courts are complying with ICWA.
- Partnered with Juvenile Court and District Court judges, the Office of the Guardian ad Litem, and the Office of the Attorney General on joint training efforts.
- Worked with Juvenile Court and District Court administrators, the Office of the Guardian ad Litem, and the Office of the Attorney General on an interface between DCFS data systems and the new Guardian ad Litem Voice system. This collaboration also enhanced the interface between the DCFS and the Juvenile Court computer systems, which has resulted in more effective sharing of data.



- Held two seats on the State Advisory Board on Children's Justice, which reviews and supports child abuse and neglect related operations, initiatives, and legislation.
- Helped the Court Improvement Project conduct a study that enabled DCFS and the State Office of Education to share and match data as well as evaluate educational services delivered to youth in care.
- Collaborated with the Children's Justice Center to develop policies that will improve services delivered to cases where sexual abuse or serious physical abuse is involved.
- Worked with the Court Improvement Project to help judges, Assistant Attorneys General, and Guardian ad Litem re-assess Other Planned Permanent Living Arrangements (OPPLA) and individualized permanency goals to determine if those goals meet the needs of specific children.
- Joined with the courts to deliver training to Juvenile Court judges that focused on the enhanced in-home processes, protocols, and services being implemented as part of the IV-E waiver demonstration project.

PROGRAM SUPPORT

Training and Technical Assistance

During FFY 2010-2014, DCFS provided the following technical assistance to local, state, or federal government agencies, non-profits, or other organizations with which it interacts.

- Worked with the Los Angeles County, California's child welfare division on the development of their quality assurance system.
- Helped DHS and CASA develop the infrastructure and tools needed to make it possible for CASA volunteers to serve as educational advocates, facilitate improved educational outcomes, and act as role models for children, age 10-17, residing in foster care in Utah.
- Provided training on brain development, ethics, trauma, and gender specific intervention to residential treatment programs including UNI, the Aspire program, and Young Women Empowerment.
- Assisted Central Mental Health, Davis Behavioral Health, Optum Health and Wasatch Mental Health in the identification of guidelines, best practices, and procedures that will help local mental health authorities develop new programs and services.
- Assisted the DCFS Southwest Region by providing Home Study Training, Regional Background Screening Training, and CLEAR (Relative) Search training. Also provided guidance to the region on issues relating to kinship practice and caseworker responsibilities.
- Provided information to GivGroup (a local property development company currently building housing projects across the Wasatch Front) and the Salt Lake County Housing Authority relating to support and services needed by former foster youth to whom they have allotted a number of their new residential housing units.



Over the last five years DCFS has received technical assistance from the following agencies and organizations:

- The NRC for In-Home Services, which continues to assist DCFS as it enhances in-home services delivered to children and families. Specifically, the NRC helped DCFS receive assistance from CSSP, which is aiding in the development of new Strengthening Families Protective Factors Framework curriculum and resources.
- The NRC for CPS (Action for Child Protection), which is working with the DCFS CPS Program Administrator to develop a safety planning curriculum and provide safety planning training to DCFS trainers.
- The NRC for Legal and Judicial Issues, which helped DCFS improve caseworkers' ability to develop appropriate primary and concurrent permanency goals.
- The Children's Resource Center, which helped Utah develop its Structured Decision-Making Model.
- The NRC for Permanency Planning and the Child Welfare Information Gateway, which identified kinship home study requirements in other states that led to modifications to Utah's licensing requirements that now allow smaller bedrooms in homes of relatives who wish to become licensed foster parents.
- The Praed Foundation, which worked with DCFS on the design of the Utah specific UFACET in-home services assessment as well as the development of online training that enables caseworkers to obtain CANS certification.
- The NRC for Adoption, which assisted in providing Utah specific adoption pathway training. This training uses revised Spaulding for Children curricula to help adoptive families identify resources they can access as well as provide them with the skills they need to deal with a child's survivor behaviors. Utah's training was highlighted in the NRC's Readiness Assessment Tool located at <http://www.nrcadoption.org/raversion1/>.
- The child and family services state agencies in Connecticut and Illinois, which provided invaluable information about the value of the Protective Factors Framework to their agencies and the clients they serve.

Technical assistance and support provided by the Casey Family Programs requires special mention. Over the last five years, Casey Family Programs has influenced most of the goals outlined in the 2010-2014 CFSP as well as has provided support to other initiatives that provide value to the child welfare system. To highlight just a few, the Casey Family Programs helped DCFS:

- Coordinate the delivery and evaluation of Permanency Round Tables, which help "mine" kinship placements or other relationship connections that aid children who have been in foster care for a long period of time achieve permanency.
- Assess options that the division can use to provide federal Relative Guardianship Subsidy payments to kinship families.
- Develop processes that will help supervisors monitor and mentor caseworkers as caseworkers master skills learned in HomeWorks training.
- Link with the Dave Thomas Foundation for Adoption and that foundation's Wendy's Wonderful Kids program, a proactive, child-focused recruitment program that will help move Utah's longest-waiting children from foster care into adoptive families.



Research and Evaluation

Each year, the Information Systems, Evaluation, and Research Team responds to hundreds of requests from community partners, researchers, students, quality improvement committees, division and department administrators, and employees that ask for service and outcome related data. In addition, the team works with local and national researchers on numerous projects that are designed to add to the child welfare knowledge base or that affect the way child welfare services are delivered.

While all research completed over the last five years focused on a specific aspect of the child welfare system or a specific service provided to children or families, none pertain specifically to the goals and objectives listed in the 2010-2014 CFSP.

Following is a synopsis of research activities currently supported by the division.

Research-Title	Researcher	Research-Description
Trauma Informed Care for Youth in Utah Foster Care	Julie Steele, MN, DNP, FNP-C	The goal of this quality improvement project will be to improve the mental health screening process for youth entering foster care in Utah by implementing the use of a trauma-focused screening tool in the primary health care setting, specifically at the South Main Clinic. The researchers hypothesize that by utilizing a standardized trauma specific screening process in primary care they will increase 1) identification of traumatic experiences and 2) appropriate mental health referrals for children in foster care. This pilot study will involve a retrospective chart review post implementation of the standardized screening process at the South Main Foster Program, which has implemented the use of a trauma screener known as the "Traumatic Experiences Questionnaire (TEQ)".
Addressing the Housing Needs of Youth Aging Out of Foster Care	M. Robin Dion	The U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and Research selected Mathematica Policy Research (Mathematica) and its subcontractor, Chapin Hall at the University of Chicago, to conduct a study examining housing programs available to young people aging out of foster care. Focusing on HUD's Family Unification Program (FUP), this research will select four communities that appear to be particularly strong examples of serving youth with FUP vouchers to learn more about how the communities operate FUP. In each community, the researchers will conduct key informant interviews with a variety of staff from Public Housing Authorities (PHAs), Public Child Welfare Agencies (PCWAs), and other organizational partners who are responsible for administering the program. Researchers will aggregate themes across respondents and sites to synthesize lessons learned, which will then be disseminated to HUD and other communities around the nation.



Research-Title	Researcher	Research-Description
Parenting needs of women seeking services for intimate partner violence	Raquel Vargas-Whale	This project will identify specific needs of mothers and children as they seek services to end intimate partner violence. Results will be used to develop resources to support mothers and their children after exposure to IPV and give researchers insight into the prevalence of problematic behaviors and parenting difficulties within a shelter and nonshelter setting. This project will seek to: <ol style="list-style-type: none"> 1) Assess the parenting needs of women seeking resources related to intimate partner violence. 2) Characterize the types of behavior problems over time experienced by children of women seeking services to end intimate partner violence. 3) Assess the health care needs over time in children of women who are seeking services to end intimate partner violence.
Handful of Hope: Increasing Resilience in Foster Children through Cultivating Positive Emotions	Cinda Morgan, LCSW	The purpose of this pilot study is to assess the efficacy of Handful of Hope, a new resiliency program. This program is designed to increase positive emotions in foster children. The study will test the degree to which the program is effective in increasing positive emotions and resiliency. It will also determine if the format and content delivery is appropriate and coherent prior to planning a controlled study. Pre- and post- measures will be given to foster parents (including a parent who may not participate in the actual training), foster children, and other children in the home. Participating foster parents will also be asked to fill out a questionnaire to provide feedback about the program at the conclusion of the study.
Educational Outcomes for Children in the Custody of the Dept. of Human Services	Derrick R. Tollefson PhD	This study will gather data regarding educational outcomes for youth being served through the Youth in Custody Program.
Post Adoption Support Study 5	Susan Egbert, Ph.D.	Input on post adoption service awareness, access, use, and suggestions for improvement will be sought from all foster adoptive parents who receive adoption assistance from the State of Utah. Data will be collected on-line from a self-selected sample via Survey Monkey.
Body Image, Breast Self-Exams, and Nutrition Needs Assessment for the YWCA	Yen Cao	The purpose of this needs assessment is to determine effective ways to promote positive body image, increase awareness of performing breast self-exams and healthy eating, and determine barriers and solutions to participating in a breast health program.



Research-Title	Researcher	Research-Description
What happened then? Experiences and attitudes of caregivers after a CPS finding of child abuse	Kristine Campbell	This project will conduct a follow-up pilot study to collect data to support a larger, six year longitudinal study. This pilot study is a test of recruiting and interviewing families following a first-time DCFS finding of physical abuse or neglect of a child between one and 10 years of age. Qualitative interviews of selected caregivers in the year following a substantiated CPS finding will add to the understanding of families living with a history of child maltreatment and generate new hypotheses related to the recurrence of maltreatment within these families. This study aims: 1) To identify key community supports for caregivers after a CPS finding of child maltreatment, and 2) To explore a caregiver's perspective on positive and unanticipated negative household consequences associated with a CPS finding of child maltreatment.
Healthcare Utilization Associated with Child Maltreatment	Kristine Campbell	This study will examine the impact of Family Unification Program housing vouchers on several outcomes, including family preservation, reunification, housing stability, and cost offsets or savings to the child welfare system. Salt Lake County is one of the eight sites included in this national study being conducted by the Urban Institute.

Additionally DCFS will continue working with the University of Utah Social Research Institute on a project initiated in FFY 2012 that:

- Developed a system for continuous program evaluation and quality improvement that will enable DHS/DCFS administrators and contract providers to assess a contract provider's programs and determine how those programs can be improved. Specifically, the evaluation system will:
 - Measure program adherence to evidenced-based practices.
 - Assess outcomes.
 - Provide ongoing consultation and education in order to improve quality of services.
- Developed a means to report the results of the performance-based outcome measures on an Internet-based website that will serve as a "dashboard" that DHS/DCFS administrators and program staff can use to view the current status of the program.

The development of a provider evaluation tool is complete and is being used to conduct ongoing evaluations.

Management Information Systems

DCFS operates and maintains the SAFE Management Information System, which is used to track client information as well as services delivered to children and families. DCFS uses SAFE data to identify client and agency needs, to manage service delivery, to review processes and outcomes, and to provide state or federal legislators and administrators with information they need to formulate laws that support programs and services.





The SAFE Team's most notable accomplishments over the five-year period (FFY 2010-2014) include:

- The planning, testing, and implementation of the migration of major portions of the SAFE database (including the training database, Data Tools Reporting Module, and National Youth in Transition Database web tools) from Sybase ASE to Microsoft SQL, a project that has consumed the majority of all SAFE personnel resources.
- The programming and subsequent modification of the Structured Decision-Making Safety, Risk, and Risk Reassessment tools in SAFE.
- The rewrite of the entire Child and Family Assessment and Planning tool so that it provides more useful information and is easier for caseworkers to use.
- The completion of a database failover test that ensured that the database can transfer from the primary server to a secondary server should there be a catastrophic failure at the primary server site.

During FFY 2013-2014 the SAFE Team:

- Developed the UFACET assessment web-based module in support of the IV-E waiver demonstration project.
- Released the Trust Account module, which is used to track and maintain funds for children with trust accounts. This was the first module to be completed as part of the SAFE Modernization Project.
- Made extensive changes to the PowerBuilder application to accommodate the migration to Microsoft SQL.
- Expanded the provider contract module in SAFE.
- Moved a significant amount of the SAFE business logic to a middle-tiered (application server) environment.
- Implemented an Agile software development cycle.
- Released the SQL Server Data Tools Reporting Module, a system replacement for the Infomaker report module.
- Rebuilt the federal NYTD web tools, which are now compatible with the new framework.
- Enhanced the interface between the DCFS and both the Utah State Court's and Guardian ad Litem's MIS systems (CARE/VOICE). This allows an increased number of documents to be exchanged across the interface.
- Modified grid settings in the new web-based system to allow users to customize how data is collected and presented.

Quality Assurance

The DHS Office of Services Review in collaboration with DCFS conducts yearly CPRs and QCR's in each of the five DCFS regions.¹⁰ In FFY 2013, approximately sixty certified lead QCR reviewers, representing a number of state agencies and community organizations, conducted the bulk of all reviews. Of those reviewers that participated, seventy-five percent

¹⁰ The OSR homepage can be located at <http://hsosr.utah.gov/>



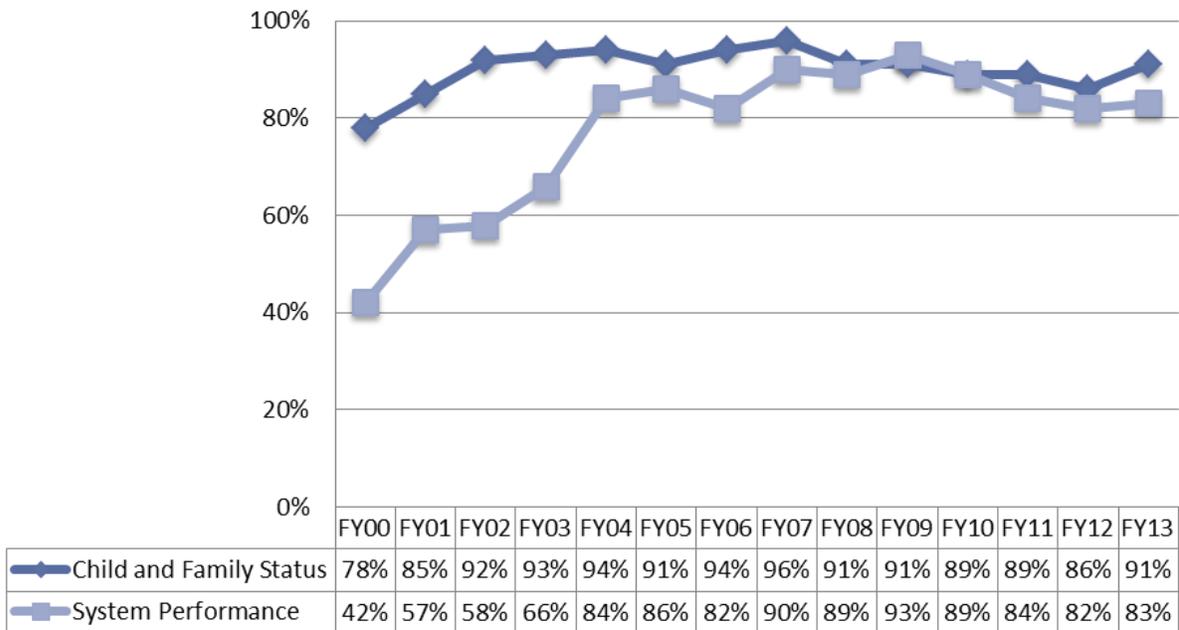
(45 individuals) had led 10 cases or more. Of those, eight had led more than 20 cases, six had led more than 35 cases, and four had led more than 50 cases.

The CPR provides a snapshot of how well the division documents case management, looks for evidence that the worker has performed required activities within prescribed timeframes, and measures a worker’s compliance with policy and statute. The CPR results in quantitative data regarding the completion of a required task.

CPR Results							
Statewide Results	CPS	Unable to Locate	Unaccepted Referrals	Removals	In Home Services	Foster Care Services	Total
FY2013	94%	86%	100%	77%	82%	81%	84%
FY2012	94%	91%	99%	76%	82%	87%	87%
FY2011	95%	90%	100%	60%	82%	88%	86%
FY2010	94%	79%	100%	87%	85%	91%	91%
FY2009	93%	83%	99%	80%	87%	92%	91%

Also conducted annually in each region, QCRs evaluate the status of children and families served by the division as well as the overall performance of the child welfare system. The QCR is similar to the federal CFSR in that it measures outcomes related to child safety, permanency, and wellbeing.

Qualitative Case Review Cumulative Results (SFY)



During a QCR, the review team interviews caseworkers, supervisors, children, parents, service providers, legal partners, and other community members in an effort to determine if





DCFS case services are provided in accordance with established policies and procedures. The QCR also identifies barriers to the provision of quality programs and services as well as identifies processes or services that will aid DCFS in achieving better outcomes for families.

While data collected during CPRs or QCRs does not directly measure the outcomes of goals and objectives listed in the CFSP, the data is used by a number of administrative teams and committees that evaluate the agency's overall performance and ability to produce successful outcomes for the children and families served.

The Office of Services Review uses results of reviews to provide objective, fair data on how well DCFS is meeting legislative requirements. That office publishes the annual *A System Review of the Division of Child and Family Services*,¹¹ which reveals the results of each QCR outcome measure, lists DCFS strengths and weaknesses, as well as offers recommendations that are designed to produce more favorable outcomes. That office also uses results to help DCFS develop and conduct training, analyze performance trends, and conduct special studies of "vexing" problems.

Outcome data provided by the Office of Services Review and the SAFE, Evaluation and Research Team is reviewed in every administrative meeting. As requested, data pertaining to a specific case, caseworker, supervisory team, region, or to the state as a whole is generated, which allows administrators and program staff to corroborate anecdotal information, identify new issues, track trends, and verify improvement.

The Trend Analysis Committee, comprised of region and state office practice improvement coordinators, associate regional directors, representatives of the SAFE, Evaluation and Research Team, and state program administrators, also use CPR and QCR data to develop recommendations regarding changes needed to policies and procedures, Practice Guidelines, or casework practices. Similarly, the Director's Supervisor Workgroup uses QCR and CPR findings to develop front line supervisor level initiatives that are intended to help caseworkers' improve their ability to effectively serve children and families.

In FFY 2013, QCR results indicated the need for continuous monitoring of basic Practice Model expectations. The Program and Practice Improvement Team found that workers statewide are struggling with the development of Child and Family Plans and are presently coaching and mentoring caseworkers and casework teams as they write those plans.

In addition, one region experienced a significant drop in their QCR scores last year requiring region administrators to make a concerted effort to identify the causes and address issues. A "supplemental QCR" performed at the sixth month mark showed that their diligence paid off, with the region improving in all areas that were deficient. The trend has continued with the region showing even more improvement following their regularly scheduled yearly review.

¹¹ The 2013 report *A System Review of the Division of Child and Family Services* can be viewed online at http://hsosr.utah.gov/pdf/2013_OSRA_Annual_Report.pdf



One or more individuals from the agencies listed below served as reviewers or shadow reviewers on QCRs during FFY 2013. Without the participation of these traditional and non-traditional partners neither the Office of Services Review nor DCFS would be able to collect the quality or depth of information they currently obtains.

Agencies That Assist in Conducting Qualitative Case Reviews (QCR) and Case Process Reviews (CPR)				
Annie E. Casey Foundation	Utah Office of the Attorney General	Court Appointed Special Advocates	Christmas Box International	Child Welfare Policy and Practice Group
Community Partners/Private Individuals	Department of Health	Department of Human Services Office of the Executive Director	Division of Child and Family Services	Division of Juvenile Justice Services
Los Angeles County (California) Mental Health	Marriage Law Foundation	Northern Region Quality Improvement Committee	Ogden Weber Community Action Partnership/Headstart	Paiute Indian Tribe
Prevent Child Abuse Utah	Salt Lake City Family Support Center	Salt Lake County Division of Youth Services	Southwest Region Community Partner	Sunset City Mayor
U.S. Department of Health and Human Services	Utah Foster Care Foundation	Utah Youth Village	Valley Mental Health	Washington County Schools
Wendy's Adoption Exchange				

Of note, one reviewer from Los Angeles County (California) Mental Health gained the experience needed to become a certified reviewer. In addition, three other individuals from that agency shadowed one or more certified reviewers.

CONSULTATION AND COORDINATION WITH TRIBES

Process Used to Consult with Tribes

There are eight federally recognized Native American Tribes in Utah including the Navajo Nation, Confederated Tribes of the Goshute Reservation, Skull Valley Indian Community (Goshute), Uintah and Ouray Tribe (Northern Ute Tribe, White River Band, Uncompahgre Band), Ute Mountain Ute Tribe in White Mesa, Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band), Northwestern Band of the Shoshone Nation, and the San Juan Southern Paiute Tribe.

Utah has negotiated Memorandums of Understanding or Intergovernmental Agreements with five of these tribes (the exceptions are the Uintah Ouray Tribe, Ute Mountain Ute





Tribe and San Juan Southern Paiute Tribe). All agreements can be accessed at <http://hsemployees.utah.gov/dcfs/tribe-agreements.htm>.

The Memorandum of Understanding with the Uintah Ouray Tribe expired on December 31st of 2013. Efforts to negotiate and implement a new MOU will begin on September 23rd, 2014 in Ft. Duchesne, UT. State leaders that will join members from the Uintah Ouray Tribe in the negotiations will include the DCFS Executive Director, DCFS Eastern Region Director, DCFS ICWA Program Administrator, and representatives from the Utah State Office of the Attorney General.

The Intergovernmental Agreement with the Navajo Nation indicates that they will provide all child welfare services for their members living on the reservation. As a result of a contract between DCFS and the Navajo Nation dated June 2013, the Navajo Nation receives funding from DCFS for costs to provide an organized and structured CPS program for children from birth through age 17 living on the portion of the Navajo Nation located in Utah. While this grant will support CPS services delivered by the Navajo Nation it does not authorize DCFS to provide any protective services for Navajo children on the portion of the Navajo reservation located in Utah.

The Confederated Tribes of the Goshute Reservation headquartered in Ibapah provides all child welfare services on their reservation but have an agreement with DCFS to provide services to tribal members living off of the reservation. They use their own courts (or coordinate with the Bureau of Indian Affairs) to adjudicate child welfare cases.

The Paiute Tribe relies on DCFS to conduct all CPS investigations and uses state courts to adjudicate all child welfare cases. The Paiute Tribe uses its own foster care and kinship licensing standards to determine the suitability of resource families living on the reservation and uses its own procedures for approval of foster homes.

The Northwestern Band of the Shoshone Nation and Skull Valley Goshutes rely on DCFS for the provision of child welfare services to their tribal members. They also use the State of Utah Juvenile Court and its attorneys to adjudicate child welfare cases. DCFS informs and involves each of these tribes in case planning and all court proceedings.

The DCFS ICWA Program Administrator coordinates DCFS activities with tribes at the monthly Utah Tribal Leaders Meeting. During this meeting [tribal representatives](#) receive updates on the status of agreements, discuss tribal issues, connect with state ICWA specialists, discuss national policy and statutes, and collaborate to implement ICWA requirements.

Tribal partners were also invited to participate in two stakeholder meetings held prior to submission of the IV-E child welfare demonstration project. Two of the tribes provided feedback and/or expressed interest in the project.

The Consultation Agreement executed between federally recognized Indian tribes in Utah and DHS was updated on June 1st, 2014. This agreement provides a framework for the government-to-government relationship and outlines implementation procedures. In



support of this agreement, the ICWA Program Administrator is a member of DHS Tribal and Indian Issues Committee and sits on other community coalitions that reinforce collaborative efforts between tribes, other ethnic minority communities, and DCFS casework teams.

The ICWA Program Administrator has the primary responsibility to monitor the agency's compliance with ICWA as well as to identify ICWA related goals and objectives. In addition, at the request of the Office of the Attorney General or a DCFS caseworker, the ICWA Program Administrator testifies at hearings regarding Indian children in state custody.

Over the past five years the ICWA Program's most notable accomplishments include:

- The hosting of the Indian Child Welfare Conference held each year at various locations throughout the state.
- The writing and renegotiation of a separate Memorandums of Understanding or Intergovernmental Agreements with six Utah tribes (one of which has since expired).

During FFY 2013 the ICWA Program Administrator:

- Coordinated the second (FFY 2013) and third (FFY 2014) annual Indian Child Welfare conferences held at the Paiute Tribal Offices in Cedar City in 2013 and in Ft. Duchesne, UT in March 2014. During each conference, nearly 200 participants representing all tribes, community partners, Juvenile, District, and Tribal Courts, the Division of Juvenile Justice Services, the Office of Indian Affairs, and the Indian Health Services received information on child welfare best practices and discussed issues of mutual concern.
- Met with state tribal councils at local events including the Paiute and Shoshone tribal restoration celebration, various tribal harvest celebrations, and local pow-wows.
- Provided ICWA and child welfare training to DCFS staff attending New Employee Practice Model Training.
- Provided ICWA and child welfare training to the court improvement program and Ute, Shoshone, Goshute, and Navajo tribal leaders, members, and partners.
- Conducted an on-site visit with the New Mexico Native and Non-native Judicial Committee. During that meeting, held at the Matheson Courthouse in Salt Lake City, the Utah Indian Child Welfare Committee described how Utah provides child welfare services to Indian children in Utah and emphasized the invaluable relationship that exists between the courts and Indian tribes in Utah.
- Attended all QCR debriefings to assure that services provided to cases involving Indian children were in compliance with ICWA.
- Updated the Memorandum of Understanding with the Confederated Tribes of the Goshutes.
- Testified at a number of court hearings involving Native American children.



Compliance with ICWA

Notification Proceedings Involving Indian Children and their Right to Intervene

DCFS Practice Guideline 705.5 *Notice* (of Indian parents and tribes) indicates that:

- A. No foster care placement or termination of parental rights proceeding may be held until the tribe(s), parents, and Native American custodian have received proper notification and ICWA timelines have been followed.
- B. There are specific timelines set forth in §1912(a) of ICWA. This provision states that a custody proceeding cannot go forward until:
 1. At least 10 days after receipt of notice by the parents or Native American custodian, or after 30 days if 20 additional days are requested by the parents or custodian to prepare for the proceedings.
 2. At least 10 days after receipt of notice by the tribe, or after 30 days if the tribe requests an additional 20 days to prepare for the proceeding.
 3. At least 15 days after receipt of notice by the Secretary of the Interior (Bureau of Indian Affairs) if the identity or location of the parent or Native American custodian and the tribe cannot be determined.
- C. Those to receive the ICWA notice of each proceeding are:
 1. Parents.
 2. Native American custodian, if any.
 3. Tribe.
 4. Additional tribes (if the child is affiliated with or eligible for membership in more than one tribe, all tribes should receive notice).
 5. Bureau of Indian Affairs in Washington, D.C. as well as the appropriate Bureau of Indian Affairs area office if identified/location of parents or custodians cannot be determined.
- D. Notice is served by the following:
 1. Notice may be provided by registered mail, returned receipt requested.
 2. Notice must be filed with the court, along with any returned receipts or other proof of service.
 3. The case files must be properly documented regarding proof of service.
 4. Even if the tribe does not respond, an official notice is sent of every future proceeding.
 5. Even if a tribe replies that it does not wish to intervene in the proceeding, notices of every future proceeding are sent.
 6. Determination must be made that the parent was proficient in the English language.
 7. If there is a reason to believe that the parent or Native American custodian will not understand the notice because of possible limited English proficiency, a copy of the notice must be sent to the Bureau of Indian Affairs Area Office nearest to the residence of that person, and a request must be made to the Bureau of Indian Affairs staff to arrange to have the notice explained to that person in the language that he or she best understands. The written request must be properly documented in the case file.



8. If a person is assigned to explain the notice to the parent or Native American custodian in the language that is best understood, the details of the assistance rendered must be documented in the case file.

Placement Preferences of Indian Children in Foster Care, Pre-adoptive, and Adoptive Homes

DCFS Practice Guideline 705.16 *Out-Of-Home Placement of Native American Children* states: “Child and Family Services caseworkers shall give preference to the foster and pre-adoptive placements, unless the Native American child’s tribe has established a different order of placement. The caseworker should also contact the tribe to discuss tribal placement preferences as early as possible in case development.”

That Practice Guideline also states: “The preferences and standards recognized are the prevailing social and cultural standards of the Native American community in which the parent or extended family resides or with which the parent or extended family maintains social and cultural ties.”

Relating to foster care, kinship and adoptive placements the Practice Guideline states;

A. ICWA requires:

1. The child must be placed in the least restrictive setting available, 25 U.S.C. §1915(b).
2. The child must be placed in reasonable proximity to the child’s permanent home, 25 U.S.C. §1915(b).
3. Inquiry must be made of the child’s tribe regarding the tribe’s customary definition of extended family, 25 U.S.C. §1903(2).

B. The child must be placed within the foster/pre-adoptive placement preferences established by ICWA, which are:

1. Member of the child’s extended family.
2. Foster home licensed, approved, or specified by the Native American child’s tribe.
3. Native American foster home licensed or approved by an authorized non-Native American.
4. An institution for children approved by a Native American tribe or operated by a Native American organization that has a program suitable to meet the child’s needs.

C. In any adoptive placement, preference shall be given, in absence of good cause to the contrary, to a placement with:

1. A member of the child’s extended family.
2. Other members of the Native American child’s tribe.
3. Other Native American families.

D. The Child and Family Services caseworker should:

1. Contact the tribe to ask if they have a different placement preference than those set forth in ICWA.
2. Ask the tribal social worker about concurrent planning options early in the case.
3. File appropriate documents to show that a diligent search was undertaken to follow ICWA’s placement preference.
4. Contact the tribe’s social service office for input.
5. Establish contact with the child’s extended family.



6. Conduct a search of state and county lists of available Native American homes.
7. Contact other tribes and Native American organizations with available placement resources.

Regarding Voluntary Placements and Adoptions the Practice Guideline states:

- A. ICWA applies to voluntary placements involving public and private agencies.
- B. §1913(b) of the ICWA grants a parent or Native American custodian the right to withdraw consent to the termination of parental rights prior to the entry of the final order of termination.
- C. Consent should be obtained from both parents. If not, the non-consenting parent's rights must be terminated involuntarily in accordance with ICWA.
- D. If the case involved an unwed father and the father sought to acknowledge or establish paternity, the state should acknowledge that paternity.
- E. The consent signed by the Native American parents or custodians should contain:
 1. Name and birth date of child.
 2. Name of child's tribe.
 3. Child's enrollment number or other indication of membership in the tribe.
 4. Name and address of consenting parents of Native American custodian.
 5. Name and address of prospective parents, if known, for substitute care placements.
 6. Name and address of person or agency through which placement was arranged, if any, for adoptive placements.
 7. Parents' right to withdraw consent from termination and regain custody of child before entry of official order.
 8. Parents'/Native American custodian's right to be notified if the adoption is set aside or vacated or otherwise unsuccessful and the right to petition the court for custody.
 9. A statement of the parents' right for parental consent to be signed in closed court.

Active Efforts to Prevent the Breakup of the Indian Family

DCFS Practice Guideline 705.10 *Active Efforts Required to Prevent Family Breakup* states:

- A. The Child and Family Services caseworker shall offer the provision of services of a remedial nature designed to rehabilitate and prevent the breakup of Native American families to the same extent that are available to non-Native American families when eligible.
- B. Prior to initiating a petition before a state court for foster care placement or termination of parental rights, the Child and Family Services caseworker shall undertake active efforts to provide remedial services and rehabilitative programs to the family designed to prevent its breakup.
- C. In determining the type of remedial services that are appropriate, consider the following:
 1. Are the Native American child's or Native American parent's cultural values, beliefs, and religious practices tied to the child's tribe?
 2. Does the Native American child or parent or Native American custodian maintain cultural ties to a tribe?



3. Is the Native American child or parent or Native American custodian willing to accept services provided by the tribe or an organization such as an AI/AN cultural and/or service center?

4. Is there an organization such as an AI/AN cultural and/or service center that can offer culturally appropriate services to Native American children and their families in close proximity to the Native American child, parent, or Native American custodian? Are these services designed to prevent removal or reunify Native American families?

5. Is the Native American child's tribe able and willing to provide services that eliminate the risk factors that prevent the child from living safely at home?

6. Is there a contract provider who has access to culturally American Indian programs and/or resources?

D. To reduce the potential for cultural bias when evaluating home and family conditions and making decisions affecting Native American children and families, the Child and Family Services caseworker should involve the tribe and Native American organizations at the earliest possible point of intervention.

E. Services in the community specifically designed for Native American families are to be used where available, including resources of the extended family, the tribe, urban Native American organizations, tribal family service programs and individual Native American caregivers, e.g., medicine men or women, and other individual tribal members who may have developed special skills that can be used to help the child's family succeed.

F. In order to demonstrate that "active efforts" have been made, the Child and Family Services caseworker must assure that due consideration has been given to the cultural needs and values of the family and that resources have been diligently sought to provide family services.

Tribal Right to Intervene in State Proceedings, or Transfer Proceedings to the Jurisdiction of the Tribe

DCFS Practice Guideline 705.8 *Tribe's Right to Intervene* states "ICWA grants the tribe the authority to intervene in any state court foster care placement or termination of parental rights proceeding "at any point in the proceedings."

Practice Guidelines indicate:

A. The tribes should be encouraged to intervene early in the child custody proceeding.

B. The right to intervene extends to voluntary as well as involuntary proceedings.

C. If the tribe intervenes, it is a party to the proceeding and has the same rights to notice of all hearings and assert its interest, the right of access to court records, the right to retain counsel if it chooses, the right to appeal, the right to present witnesses, to cross-examine witnesses, and to present other relevant evidence at the hearing.

D. Tribal recommendations should be documented in the case file and court reports.



Measuring Compliance

Native American Children Receiving DCFS Services										
Tribe/Federal Fiscal Year	2009		2010		2011		2012		2013	
	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases
Navajo Nation (including children living in New Mexico and Arizona)	537	538	511	49	463	499	403	419	421	457
Confederated Tribes of the Goshute Reservation	1	1	4	5	12	7	8	8	6	8
Skull Valley Indian Community (Goshute)	2	6	1	1	2	2	4	11	4	6
Uintah and Ouray Tribe (Northern Ute Tribe, White River Band, Uncompahgre Band)	119	150	134	189	112	136	91	97	88	101
Ute Mountain Ute Tribe in White Mesa	10	14	11	13	9	12	9	9	7	8
Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band)	57	86	78	89	81	89	60	72	64	88
Northwestern Band of the Shoshone Nation (including children living in Utah and Idaho)	7	6	6	5	7	7	9	8	9	9
San Juan Southern Paiute Tribe (including children living in Utah and Arizona)	2	2	3	1	9	21	3	4	2	1
Other tribes (not located in Utah)	538	537	477	940	404	429	410	430	414	433
Total	1,273	1,340	1,225	1,292	1,099	1,202	997	1,058	1,015	1,111



During each region's annual QCR, reviewers respond to three data elements that are designed to measure whether the case is ICWA compliant. Items reviewers rate are:

- 1) Was the child identified as American Indian?
- 2) Is there reason to believe the child is American Indian?
- 3) Tribal Affiliation?

In SFY 2014, reviewers assessed 150 cases statewide including in-home and out-of-home cases. In regard to item 1 there were 139 "No" responses, 6 "Yes" responses, and 5 (3.33%) with no response. Therefore, in the 145 cases reviewed where the caseworker responded, 4% of children were identified as American Indian.

In regard to item 2, reviewers noted that there were 114 "No" responses, 11 "Yes" responses, and 25 cases (16.67%) with no response. Therefore in 9% of the cases reviewed, there was reason to believe the target child could be American Indian.

Since items 1 and 2 are not mutually exclusive, it should be noted that some of the "Yes" Responses in Question 2 were also "Yes" responses in Question 1 which means that reviewers responded that there was "reason to believe" that a child was Native American and then had "been identified" as Native American.

For item 3 there were 11 total responses. Two of the 11 were recorded as "tribe unknown." The other nine identified specific tribes—including Navajo (7), Cherokee (1), and Paiute (1)—with which the child was affiliated.

In the next round of QCRs to begin in SFY 2015, the Office of Services Review has revised questions related to ICWA to align questions with those asked during the CFSR. The new process will require that reviewers rate whether the practice meets the CFSR ICWA standard.

In 2012, the Utah Court Improvement Program commissioned the ICWA Compliance Assessment designed to help the courts actively observe and improve the protections set forth in ICWA. A review team consisting of representatives from the National Center for State Courts, the National Council of Juvenile and Family Court Judges, and the Minneapolis American Indian Center found that in general the state court exercises jurisdiction properly and is attentive and sometimes even meticulous in providing proper notice of proceedings. The study also found that the courts pursue active efforts to prevent the breakup of Indian families, courts are consistent in terminating parental rights only after finding beyond a reasonable doubt that the continued custody of the child was likely to result in serious emotional or physical damage to the child, and that the courts have a statewide practice of placing children with extended family members.

To further recognize the intent of ICWA, to protect the best interests of Indian children, and to promote the stability and security of Indian tribes and families, the reviewers recommended the courts should:



- Ensure that the official court record documents ICWA compliance.
- In conjunction with the DCFS, work to identify ICWA cases on the aggregate level.
- Be careful to use, in judicial orders, the specific language and findings required by ICWA.
- Determine ICWA applicability for in-home cases.
- Discuss how fathers might be identified and be included in court proceedings.
- Clearly document, in the court record, findings regarding proper exercise of jurisdiction.
- Not send notice to the Bureau of Indian Affairs (BIA) unless a tribe cannot be identified.
- Inform the tribe of cases and solicit their assistance in providing services to the family.
- Establish a finding of imminent physical harm at every hearing until a finding of serious emotional or physical damage to the child is made.
- Develop a list of experts qualified to testify to the Section 1915 issue of prevailing social and cultural standards.
- Incorporate the affidavit in the court order when qualified expert witness testimony occurs by affidavit.
- Provide detail in the court order as to child's placement.

Changes to laws, policies, or procedures, to increase compliance with ICWA

No new state laws, policies, or procedures designed to increase compliance with ICWA were adopted this fiscal year.

Exchange of Documents

The ICWA Program Administrator is the individual responsible for providing tribes with a copy of the CFSP, APSR, and other documents that benefit both the state and tribes. Tribes can also access plans and reports on the DCFS website located at <http://dcfs.utah.gov/reports/>

Consultations that Relate to the Chafee Foster Care Independence Program (CFCIP)

As described in the [Transition to Adult Living](#) section of this plan, no tribe has requested to develop an agreement with DCFS to administer or supervise the CFCIP or ETV program. The state has certified that it will negotiate in good faith with those tribes that do make such a request.



FOSTER AND ADOPTIVE PARENT RECRUITMENT

Through a contract with DCFS, the Utah Foster Care Foundation recruits quality foster and adoptive resource families, conducts pre-service/pre-licensure and in-service/post-licensure training, assists in the retention of resource families by coordinating cluster support groups, and advocates on behalf of kinship families and foster/adoptive families.

Annually developed region recruitment plans outline methods to be used to recruit potential resource families including families from Hispanic, Native American, and Black communities. In its FY 2013 recruitment plans the Utah Foster Care Foundation stressed the need to:

- Recruit new resource families to replace 600 to 700 families who chose not to renew their licenses each year.
- Recruit resource families willing to care for children age 12 and older.
- Recruit resource families willing to care for sibling groups.
- Produce Spanish language recruitment materials, ads, interviews, stories, and radio and newspaper public affairs messages distributed to targeted populations.
- Produce Native American recruitment materials and participate in Native American cultural activities.
- Build long-term relationships beneficial to both Native American tribes and the Utah Foster Care Foundation through meetings with tribal leaders.
- Identify local leaders of the Black community, including religious and business leaders, and meet with them to assess the needs of their constituents.
- Utilize currently licensed Hispanic, Native American and Black resource families to recruit other minority foster parents.

Resource Family Inquiries and Number Graduated Training					
Month	Inquiries	Foster/Adopt Graduated Statewide Total		Kinship Specific Graduated Statewide Total	
		Goal	Actual	Goal	Actual
October, 2012	195	37.50	46	N/A	21
November, 2012	137	37.50	40	N/A	11
December, 2012	132	37.50	28	N/A	16
January, 2013	218	37.50	35	N/A	24
February, 2013	201	37.50	52	N/A	17
March, 2013	199	37.50	47	N/A	15
April, 2013	205	37.50	48	N/A	23
May, 2013	203	37.50	31	N/A	13
June, 2013	194	37.50	25	N/A	15
July, 2013	213	37.50	40	N/A	16
August, 2013	280	37.50	34	N/A	22
September, 2013	166	37.50	31	N/A	20
Total	2,343	450	457	N/A	213



After families are recruited, the Utah Foster Care Foundation provides 32 hours of DCFS approved pre-service training for foster, adoptive, and kinship families, which meets the training requirements for Utah licensure.

After a family becomes licensed and begins providing care to a foster child the Utah Foster Care Foundation continues to provide training and support. In-service training, required for yearly re-licensing, covers topics that help families address the special needs of the children they care for.

In addition, every foster parent in the state is a member of a local cluster group, which meets monthly and brings together 15–50 foster, adoptive, kinship, and specific care families. During these meetings parents make new friends, share caregiving experiences, and have access to in-cluster training that counts towards their re-licensing minimum. During FY 2013, the Utah Foster Care Foundation hosted 309 cluster groups throughout the state. In all, 3,785 individuals attended these groups.

The Utah Foster Care Foundation conducts annual surveys of licensed resource families. On alternating years, the survey addresses either the reasons resource families exit the foster care system or their overall satisfaction with their foster parenting experience. The survey also measures resource families' satisfaction with support received from DCFS. Reports relating the outcomes of these surveys are produced annually and dispersed to DCFS administration and partner agencies.

With additional funding from generous donors, the Utah Foster Care Foundation also offers invaluable programs that benefit children in care and the resource families caring for them. Activities that benefit resource families include the Wishing Well Fund, Annual Foster Family Camp, Annual Symposium on Trauma and Attachment, Youth Summer Camps, and the Giving Tree Holiday program.

Highlighting some of its notable achievements over the last five years, the Utah Foster Care Foundation:

- Obtained non-contract funding for five part-time training positions to assist with the statewide in-service training of resource families.
- Obtained funding (non-contract and DCFS) that was used to hire a part-time Native American staff member who is responsible for recruiting Native American families and strengthening tribal relationships.
- Obtained non-contract funding that supports the Spanish language mentoring program, which assists and supports newly licensed Hispanic families as they navigate the child-welfare system.

During FFY 2013 the Utah Foster Care Foundation:

- Held a photo-shoot with Hispanic and Native American resource families to develop recruitment materials that target racially and culturally diverse families.
- Established the Utah American Indian Foster Care Task Force, which brought together Utah Foster Care Foundation recruitment staff, tribal human services



recruitment staff, and other interested community members to combine efforts, develop additional resources, and address barriers relating to the recruitment of Native American families.

- Founded a Black Leadership Advisory Committee, bringing together leaders from the Black community to discuss the need for additional resource families, discuss avenues to increase community awareness, and problem-solve potential barriers.

ADOPTION INCENTIVE PAYMENTS

During FFY 2013-2014 the Adoption Program used Adoption Promotion and Adoption Incentive funds to:

- Help pay for special services delivered to adoptive children and their families that are not available from other sources, specifically those that will help adoptive families deal with the high cost of services for a child with special needs.
- Pay for travel and education expenses for adoptive parents that attend seminars or conferences that educate parents about the specialized needs of adoptive children.
- Help with care and supervision costs when adopted children need out-of-home treatment.

In addition, over the last five years Adoption Incentive Funds have been used to:

- Personalize the PATH curriculum developed by Spaulding for Children (an adoptive parent training program that now includes an overview of Utah laws and practices) and purchase 300 handbooks for adoptive parents who attended training.
- Strengthen in-home services.
- Develop and implement strategies that better address child wellbeing and trauma.
- Support post-adoption services and activities, specifically those that help adoptive families deal with the high cost of services for a child with special needs.
- Obtain technical assistance from researchers and clinicians that are experts in areas such as differential diagnosis for autism, FASD, trauma, and Asperger's Syndrome Disorder.
- Purchase curriculum resources and/or training for workers, supervisors, administrators, and service providers including a peer-parent curriculum and *Adopt Care* training, the latter of which was delivered to mental health providers.
- Enhance technology resources for staff.
- Aid in the modernization of SAFE data collection system.

DCFS has experienced no difficulties in either receiving or expending those funds.



CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Several of the concepts and key components incorporated into Utah's child welfare demonstration project (entitled "HomeWorks") have ties to several goals and objectives outlined in the 2010-2014 CFSP. In fact, the project is a second generation version of goal 2A which states the agency will "Develop new and enhance existing in-home services and community partnerships that will decrease threats of harm, decrease child vulnerability, increase protective capacity, and ultimately facilitate child safety."

The project uses the SDM (goal 1) to assess and address safety and risk. The target population for the demonstration project is all children and families with a supported allegation of child abuse, neglect, or dependency who, based on their SDM Safety and Risk Assessments, are identified as requiring services.

SDM is also used to document the need for ongoing services provided through the project.

In addition, the project addresses many of the tasks published under the administrative goals outlined in the FFY 2010-2014 CFSP. Specifically, the project is spurring discussions on administrative capabilities (goal 3A), competency of the workforce (goal 3B), and consistency of services (goal 3C) provided throughout the state. The project is also addressing caseworker workloads, resources needed to provide effective services, and a number of other issues that will have a long-term effect on the entire child welfare system.

Implementation of HomeWorks began on October 1, 2013. The first phase of HomeWorks was launched in two pilot sites in the Northern Region. Training was provided to region staff during September 2013. This training focused on the Strengthening Families Protective Factors Framework and the UFACET, a CANS-based child and family assessment.

Subsequent training was held for additional Northern Region staff in March 2014 and the program was implemented in the remainder of the Northern Region on April 1, 2014.

An initial pre-implementation meeting was held with Southwest Region administration in January 2014, with additional meetings held in April and May. The project will begin delivering HomeWorks training in that region in October 2014.

Training data collected by the project evaluators suggests that initial waiver training efforts adhered to the planned structure developed by DCFS. Initial training has served a valuable purpose in introducing the components of the HomeWorks program. Along with modest gains in knowledge and skills, caseworker confidence increased significantly.

Given this progress, coaching and other ongoing training supports have been developed. A coaching model was selected and coaching guides have been developed. Both were introduced to administrators, supervisors, and caseworkers in the Northern Region during subsequent training sessions.



Legal partners in both pilot locations received an orientation to HomeWorks in October 2013. In addition, legal partners in areas within the Northern Region where the project was next implemented (other than those in the pilot sites) received an orientation to HomeWorks in March 2014.

Contracts for Systematic Training for Effective Parenting (STEP) peer parent services were executed in November 2014 and were implemented in December 2014. STEP is now available in all five DCFS regions.

An assessment of the of community resources array of services continues. This process includes surveying caseworkers to obtain their impression of the availability, accessibility, and effectiveness of services that strive to meet one or more of six categories of needs including: (1) Substance abuse; (2) Mental health; (3) Trauma; (4) Domestic violence; (5) Family functioning; and (6) Basic needs. Since the same providers often offer both mental health and trauma services, one survey assessed the availability and accessibility of services that meet both of those needs.

Weighted caseload measures for in-home services have been developed. In-home service caseloads are now based on the number of clients in the home, intensity of services needed, and newness of the case. As a result the workload standard for in-home services has been reduced to more closely match that of foster care.

Title IV-E savings have not yet been reinvested into the project. As the project is implemented, some of the initial costs are being paid for by using funds provided through other federal grants (other than Title IV-E) such as Adoption Incentive funds. State general funds are also being used to pay for initial project costs. In addition, Promoting Safe and Stable Families Family Preservation funds continue to support in-home services efforts throughout the state.

Together, these funds will enable DCFS to establish a foundation of services that are expected to result in Title IV-E savings. As the number of children entering foster care is reduced IV-E savings will then be used to sustain the project.

In collaboration with other DHS divisions, DCFS is joining in a large scale effort to create a System of Care for children, which will coordinate efforts to create a trauma-informed child welfare system. The HomeWorks project has also stimulated the formation of a number of other collaborations including one with the University of Utah, which helped complete the target population data analysis and assisted in the development of residential treatment and in-home services evaluation and quality improvement processes.

It is expected that HomeWorks long-term benefits will include:

- A reduced need for foster care.
- An increase in the number of families that have improved child and family well-being as measured by changes in emotional and behavior health.
- Improved caseworker knowledge of evidence-based assessment techniques, trauma-informed casework practices, and services available to children and families in their communities.



CAPTA STATE PLAN REQUIREMENT AND UPDATE

Centralized Intake

The purpose of Centralized Intake is to receive reports regarding potential child abuse, neglect, or dependency and evaluate whether an investigation is warranted. To determine if an investigation is needed Intake workers obtain all available information, research data sources, staff the referral as necessary, determine the case priority, complete documentation including data entry, make disposition to CPS, and notify law enforcement.

When assigning substantiated referrals of suspected child abuse, neglect, and dependency to CPS for investigation, Intake workers provide CPS workers with a complete child and family services history for each child in the family, including siblings of the primary victim. The history includes information about previous foster care episodes, any prior investigations including reports of abuse, neglect, or dependency, all treatment plans, and casework deadlines as appropriate.

During FFY 2013, the intake unit processed 62,964 calls (an average of 5,247 phone calls per month) and 9,767 police reports (an average of 814 police reports per month). The average police report takes three days to process. The average wait time for a caller to contact an Intake worker decreased significantly from almost 3 minutes in FFY 2009 to 24 seconds in FFY 2011, 27 seconds per call in FFY 2012, and 21 seconds per call FFY 2013.

Child Protective Services¹²

Child Protective Services (CPS) caseworkers promote the protection and safety of children by conducting accurate and timely investigations and assessments, which determine the capacity and willingness of parents to assure the safety and well-being of their children.

The CPS caseworker assesses protection, risk, the safety needs of a child, the family's strengths, needs, and challenges, and the capacity and willingness of the family to provide for and protect the child.

Based on their investigation and assessment, CPS caseworkers identify available resources that can help keep children safe from further abuse and neglect or that can help parents as they strive to achieve safety, permanence, and well-being for their children.

CPS Case Investigation Results							
	Number of Cases	Number of Supported Cases	Number of Unsupported Cases	Without Merit	False Report	Unable to Complete Investigation	Unable to Locate
FFY '09	20,538	8,473	11,060	241	10	356	398
FFY '10	20,046	8,341	10,715	267	20	350	353
FFY '11	18,820	6,990	10,766	314	15	396	339
FFY '12	18,983	6,528	11,366	292	22	505	270
FFY '13	19,496	6,576	11,699	330	24	533	334

¹² More information on Intake and CPS services can be found under the [CAPTA State Plan Requirement and Update](#)





Changes to State Law or Regulations

No new laws were enacted during Utah's 2013 legislative session that could affect the state's eligibility for the CAPTA state grant

Use of CAPTA Grant Funds

CAPTA grant funds were used to improve and support Utah's child protective services system. Funds from the grant were also used to provide training to program administrative staff, to pay for community-based child abuse prevention services, and for activities related to the development and implementation SDM.

Citizen Review Panels

Utah Quality Improvement Committees (QICs) act as Citizen Review Panels (CRPs), required entities mandated by the Child Abuse Prevention and Treatment Act (CAPTA). In accordance with provisions specified in Section 107.c of that act, QICs examine policies, procedures, and practices proposed, developed, or implemented by DCFS.

QICs also have the ability to review specific CPS cases and evaluate the extent to which the CPS system is successfully discharging its protection responsibilities. Members have a stake in the outcome of services delivered to children and families and are considered "informed evaluators" who provide DCFS with the best, most objective analysis of issues that face the state's child welfare system. They have the knowledge and ability to identify organizational obstacles, have the ability to recognize system strengths, and have the authority to communicate those strengths to the community.

During FFY 2010-2014, the DCFS state office supported the State QIC. The State QIC served as the conduit for information and ideas shared between region QICs and DCFS administration. In addition, the State QIC operated, updated, and maintained the QIC website, which provides convenient access to relevant information and data. The State QIC also organized and coordinated the annual QIC Summit, which this year was held on October 29th in conjunction with the annual Child Welfare Institute.

Over the last year, four DCFS regions (Eastern, Northern, Salt Lake, and Western) each maintained and supported one QIC. The Southwest Region/Richfield QIC recently merged with the Southwest Region/Iron County QIC. Therefore, the Southwest Region supported two committees.

Each regional committee was coordinated by a citizen chair and was composed of citizen and community partners living or practicing within a region's jurisdiction. Each QIC met monthly to advocate for unique solutions to community needs and discussed systemic problems that affect children and families. During meetings, members were responsible for being informed evaluators and for making recommendations that they believe might improve agency processes or client outcomes.

At least quarterly, each QIC was required to review CPS related data and identify issues



that affect CPS. Every year, QICs invited the following agencies to a committee meeting and received reports that related to child welfare trends or the status of child welfare services:

- The Office of Services Review, which reported on QCR and CPR outcomes.
- The Office of Child Protection Ombudsman (OCPO), which tracked client and consumer complaints and reported on trends in consumers' satisfaction with services delivered by DCFS.
- The Department of Human Services Fatality Review Committee, which presented results of the Fatality Review.

To communicate their activities, each QIC produced minutes of monthly meetings that included a description of:

- Data reviewed.
- Public relation activities.
- Special studies conducted
- CPS and domestic violence related child abuse issues.
- Recommendations passed to region administrators, the State QIC, or the division director.

To help QICs communicate their suggestions, DCFS developed a [Recommendation Process](#) that defines how to prepare a recommendation as well as identifies to whom those proposals should be sent.

State CAPTA Coordinator

The following individual is the State CAPTA Coordinator and may be contacted regarding questions that relate to services provided using CAPTA funding.

Sarah Houser
195 North 1950 West
Salt Lake City, UT 84116
Phone: (801) 224-7848
E-mail: shouser@utah.gov



Changes to 14 Program Areas (CAPTA, Section 106)¹³

Program Area 1-Intake, assessment, screening, and investigation of reports of abuse and neglect.

DCFS replaced its system of regional CPS referral units with a Centralized Intake Unit. The Centralized Intake Unit reports directly to the Centralized Intake Program Administrator who in turn reports to the Director of In-Home Programs.

Program Area	Inputs	Goal/Objective	Baseline		Time-Frame	Person(s)/Group(s) Responsible	Achievements
1-Intake, assessment, screening, and investigation of reports of abuse and neglect.	CPS Team Administration Agency Partners Information Systems, Research, and Evaluation Team	A. Monitor and evaluate the CPS Central Intake system which is expected to maximize agency efficiencies and provide better outcomes for children that are the subject of an allegation of child abuse or neglect.	90% of Intake referrals are completed within the prescribed timeframe	90 % success as reported in the CPS Priority Timeframe Report located in the DCFS Quarterly Report. Predominantly positive comments from surveys and focus groups.	Ongoing	Program and Practice Improvement Team	This goal was completed June 13, 2011 and will be deleted from future reports. For more information please refer to Goal 1 B <i>Centralized Intake</i> Transition Plan.

¹³ FFY 2013 accomplishments are highlighted in grey.



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
		I. Develop data management tools, and collect data, and disseminate reports that outline Centralized Intake's ability to meet requirements relating to their ability to meet timelines for delivery of allegations to region staff, completion of SAFE documentation, and other requirements that have a time restriction attached.					<p>FFY 2011-Centralized Intake timeline requirements include completing 90% of Priority 2 referrals within 60 minutes, 90% of Priority 3 referrals within 24 hours, and 90% of unaccepted referrals by midnight of the 5th business day. Reports indicate that Intake is meeting the timeframes on Priority 3 referrals (90.2%) and unaccepted referrals (90.8%) but is missing the goal of 90% on Priority 2 referrals (72.2%).</p> <p>-Intake pulls a report monthly of all unaccepted cases by region. These reports are sent to each region so that the region can review all unaccepted referrals to determine if they agree with Intake's decision to unaccept the case. If the region finds a case they believe should have been accepted, the case is staffed again and often reopened.</p> <p>FFY 2012 Intake did not meet the timeframes on Priority 2 (84%) and Priority 3 referrals (86%) but did meet the timeframe for unaccepted referrals (90%). The drop in performance was due to the fact that the Intake Program administrator changed the way data is collected. Data in previous reports included only referrals received from Monday through Friday. It now includes referrals made on weekends. The drop in performance is due in part to problems in meeting timeframes for referrals received over weekends.</p> <p>FFY 2014 Intake is not meeting the timeframe on Priority 2 (87%)—but has improved when compared to last year (84%). It is meeting the requirement on Priority 3 referrals (92%)—also improved from last year (86%). It is also meeting the requirement for unaccepted referrals (92%)—up from last year (90%).</p>



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
		II. Develop and implement tools to survey administrators, supervisors and workers regarding their opinions regarding the efficacy of services provided through Centralized Intake					FFY 2011-Centralized Intake supervisors contact region CPS supervisors on a regular basis (at least twice monthly) to get feedback on Centralized Intake and discuss any problems they have noticed with specific cases assigned to their team.
		III. Hold focus groups to include Intake Workers, CPS Supervisor, other regional staff, and community partners to address further concerns, solutions, and next steps.					<p>FFY 2011-The Centralized Intake Program Administrator has been meeting with region staff and community partners on a regular basis to obtain feedback regarding Intake. In addition, the Program Administrator attends regional meetings with CPS supervisors and administration. Meetings with law enforcement, QIC committees, hospital administrators, and Children's Justice Center staff have also taken place.</p> <p>FFY 2013-2014 The Program Administrator conducts regular program training sessions and participates in feedback sessions with medical, legal partners, and other state agencies regarding mandatory reporting and discusses any problems.</p>



Program Area 2-Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appeals of substantiated reports of abuse and neglect and provision for the appointment of an individual appointed to represent a child in judicial proceedings.

DCFS works with state legislators to develop legislation that results in new statutes or revises exiting statutes that guide child welfare services in the State of Utah. In response to state or federal statutes and guidelines, DCFS develops new or revises existing Administrative Rules, Practice Guidelines, and other policy and practice regulations that help the agency meet the changing needs of children and families.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
2-Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improve legal preparation and representation, to include procedures for appeals of substantiated reports of abuse; and provision for the appointment of an individual to represent a child in judicial proceedings	State Legislators ACYF Program and Practice Improvement Team Administration Region Administration Legal Partners	B. Develop new, revise current, and publish Statutes, Administrative Rules, Practice Guidelines, and other policy or guidelines that support CPS intake, investigation, court proceedings, or other activities that ensure the protection and wellbeing of children involved in the child welfare system.		Statutes, Administrative Rules, and Practice Guidelines are current and meet the needs of the children and families served.	Ongoing	DCFS Administrative Team	FFY 2014-This goal has been completed and will be deleted from future reports.
		I. Revise the child abuse and neglect definitions in state statute so they are consistent with findings of supported allegations of abuse or neglect.	Current definitions		June 30, 2012		FFY 2011-Child abuse and neglect definitions have been revised and are regularly reviewed.
		II. Develop or revise Practice Guidelines as needed that support Centralized Intake.	Current Practice Guidelines		Ongoing		FFY 2011-Practice Guidelines related to Centralized Intake were revised prior to full implementation of Centralized Intake.



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
		III. Develop or revise Practice Guidelines or Administrative Rules to ensure that seamless services are provided from the time a child or family enters the system through CPS to the time the child and family exits the system.	Current Practice Guidelines		Ongoing		FFY 2011-Regular meetings are held with DCFS administration and the Office of the Attorney General to review legislation. FFY 2012-Amended Practice Guidelines were completed. Policies amended or developed related to Receiving and Researching Referrals; Investigation and Assessment (to include the SDM Safety and Risk Assessments); Protocols for Children in Out of Home Care that are over the age of 18, Child Fatalities and Near Fatalities, and Reopening of Cases.

Program Area 4-Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.

DCFS uses best practices and evidence-based program models to provide services to children and families.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
Program Area 4-Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols		C. To assure that DCFS continues to provide the best quality services to children and families entering the system through CPS, DCFS will continue to utilize best practices and evidence-based models as it develops, revises, and implements those services.			Ongoing	DCFS Administrative Team	FFY 2013-2014- More information about achievements can be found under Goal 1A- <i>Structured Decision-Making Model</i> .



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
	Casey Family Foundation, National Resource Center, Court Improvement Project, Decision-Making Model Workgroup	<p>I. Implement Structured Decision-Making tools and use them when serving CPS and In-home cases. The tools will be used in an effort to enhance child safety and improve key outcomes for families including reducing</p> <ul style="list-style-type: none"> The percentage of CPS substantiated victims with a subsequent supported CPS finding within 12-months The percentage of CPS substantiated victims with a subsequent supported finding The percentage of CPS substantiated victims with a subsequent supported finding 	<p>-The percentage of CPS substantiated victims with a subsequent CPS supported finding within 12-months is 12.4%</p> <p>- The percentage of CPS substantiated victims with a subsequent supported finding is 10.78%</p> <p>- The percentage of CPS substantiated victims with a subsequent supported finding of case closure is 6.0%</p>	<p>Structured Decision-Making tools results in improved safety related outcomes for children as measured by a reduction in:</p> <ul style="list-style-type: none"> The percentage of CPS substantiated victims with a subsequent supported finding within 12 months. The percent of home-based child clients who experience a subsequent supported CPS finding within 12 months of case closure. The percent of foster children who experience a subsequent supported CPS finding within 12 months of case closure. 	December 31, 2014-2015	Katy Larsen Linda Winger	<p>FFY 2011-Linda Winger assumed responsibility for this goal.</p> <p>FFY 2012-Risk reassessments are completed on all children in families with an open in-home case.</p> <p>FFY 2013-The due date was amended to coincide with the development and implementation of two new tools.</p> <p>FFY 2014- The due date was extended again to allow for implementation of two new tools. The SDM Reunification Assessment is currently being pilot tested. The schedule for implementation of the SDM Intake Assessment, originally scheduled to follow implementation of the SDM Reunification Assessment, is being reconsidered to better coordinate with the rollout of HomeWorks, Utah's IV-E child welfare demonstration project.</p> <p>The baseline measures to be used to measure the effect of SDM were ultimately too broad to be useful. Experience has shown that SDM is not the only factor that influences these outcomes.</p>
		a. Review and revise the plan to be used to implement the model.					Completed FFY 2011
		b. Develop and disseminate Practice Guidelines that will guide workers' use of Structured Decision-Making.					FFY 2012- Practice Guidelines relating to the implementation of SDM by the CPS Program were released in May 2012.
		c. Identify and suggest modifications to state rules and statutes that will ensure maximum benefit from use of Structured Decision-Making.					Completed FFY 2012- No modification to state statutes were required.



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
		d. Develop or enhance data collection tools that will enable workers to utilize SDM on client outcomes.					Completed FFY 2012-SDM tools for CPS and the In-Home Program were programmed into SAFE database and released March 2012. Reports to support supervisors will be developed during the 2013 fiscal year.
		e. Package, distribute and communicate to agency partners and service providers the value of, and ways to utilize Structured Decision-Making.					FFY 2012- Judges received a presentation on SDM from the Children's Research Center. Assistant Attorneys General received an SDM presentation at their spring conference on May 30, 2012-2 hours of SDM were provided during the Court Improvement Project Summit. Training was delivered to Assistant Attorneys General and taught them how to use SDM in court.



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
		f. Integrate the application and use of Structured Decision-Making into existing training and/or develop new training that will enable workers to effectively use Structured Decision-Making tools.					<p>FFY 2012. Caseworker training was developed. Training was initially provided in each region at a limited number of implementation sites. A series of feedback sessions were held following implementation.</p> <p>FFY 2013-Following training at these pilot sites, DCFS implemented training statewide. 800 staff attended 18 SDM training sessions. More than 400 stakeholders were introduced to the SDM tools during three conferences including the Court Improvement Program summit.</p> <p>FFY 2014-SDM training has been incorporated into New Employee training. In addition, during FFY 2013 and 2014 more than 400 community partners received an introduction to SDM at the Court Improvement Project Summit, Parental Defense Conference, Crime Victims Conferences, and the Assistant Attorneys General and Guardian ad Litem Conference. During the same period, forty judges, Assistant Attorneys General, and Guardian ad Litem received an introduction to SDM during two meetings with legal partners in the Northern Region.</p>



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
		g. Develop process and procedures to ensure that SDM is being used with fidelity.					Two procedures are now in place to assure that workers are using the tools with fidelity. First, safeguards have been included in the SAFE database that will not allow a worker to finalize an assessment if 1) validations are not met, or 2) the caseworker's decision differs from the SDM recommended decision and no explanation regarding the difference has been entered in SAFE. SAFE also sends a notification to a worker's supervisor and their Child Welfare Administrator when the worker checks the box that indicates the assessment was not staffed with a supervisor. Secondly, administrators and supervisors are able to access SDM reports, which they use to track whether assessments have been completed in a timely manner as well as assess whether key data elements are being completed accurately.
	NCR for CPS, CPS Workgroup	II. Develop a new safety assessment and planning protocol.			June 30, 2017	Sarah Houser	
		a. Review and revise the plan to be used to implement the new assessment and protocol.					FFY 2014-To bolster the confidence of CPS staff in the new in-home services provided under HomeWorks and to keep more kids in their homes the CPS Program Administrator developed guidelines that describe the new case transfer process, which will be implemented in each region as HomeWorks is implemented. The new case transfer process strives to make case transfers from CPS to in-home workers as seamless as possible. It is also designed to eliminate gaps in the time it takes to deliver services.
		b. Develop and disseminate Practice Guidelines that will guide workers' as they use the new assessment and protocol.					



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
		c. Identify and suggest modifications to state rules and statutes that will ensure maximum benefit from the new assessment and protocol.					
		d. Develop or enhance data collection tools that will allow the collection of relevant data.					
		e. Package, distribute and communicate to agency partners and service providers the value of the new assessment and protocol.					
		f. Integrate the application and use of the new assessment and protocol into existing training.					



Program Area 5-Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.

DCFS operates and maintains the SAFE Management Information System, which tracks client identifying information as well as services delivered to children and families., The SAFE Team develops new and revises existing modules within SAFE to accommodate changing policies, procedures, practices, as well as the need for data to substantiate the quantity and quality of services delivered to clients.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
Program Area 5- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange		D. Develop new and revise existing modules within SAFE to accommodate changing policies, procedures, practices, as well as the need for data to substantiate the quantity and quality of services delivered to clients.	SAFE currently has approximately 25 modules The SAFE Team typically publishes 4 or 5 SAFE releases a year, approximately 2 per year that affect CPS.	Modules in SAFE meet the needs of caseworkers, supervisors, administrators, data staff, and others that require verification of services delivered as well as data that supports the quantity of services delivered.	Ongoing	Information Systems, Research, and Evaluation Team	
	Program and Practice Improvement Team Safety Assessment Workgroup	I. Include recording and data modules that accommodate the new SDM Risk-Assessment and SDM Safety Assessment.			June 30, 2013	SAFE Team	Completed FFY2012-SAFE now includes modules that record the SDM assessment and risk-reassessment. SAFE is currently migrating from a Sybase to a SQL server database platform. Over time the front end of the database will move from a PowerBuilder client-server application to an internet web-based application. FFY 2014-The SAFE Team continues to work on the migration of major portions of the SAFE database from Sybase ASE to Microsoft SQL Server.



Program Area 6-Developing, strengthening, and facilitating training including training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers, training in early childhood, child, and adolescent development.

Training is developed by the division’s training staff, is acquired through purchase or agreement with an outside entity, or is created through a contract for development. Training is provided to CPS workers by DCFS trainers located in the state office or in each of the five DCFS regions.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 6-Developing, Strengthening, and facilitating training including training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers, training in early childhood, child, and adolescent development		E. Continue to develop new training that presents new policies, procedures, practices and guidelines to CPS workers and community partners required to report child abuse and neglect.	CORE Training		Ongoing	Professional Development Team	
	Program and Practice Improvement Team Safety Assessment Workgroup	I. Revise CORE training to include specific training for CPS workers on the risk and safety assessments, as well as the decision-making model.	Existing CORE training	CORE training is updated and CPS specific training implemented.	June 30, 2013	Professional Development Team	FFY 2013-CPS workers attended at one of 18 SDM training sessions. -This goal is complete and will be removed from the next report.
	Program and Practice Improvement Team CWLA	II. Implement the CWLA “Supervision to Success” training.	None	Supervision to Success training is incorporated into the training system.	June 30, 2013	Professional Development Team	FFY 2012-Completed the Bormaster training. In all 142 participants attended three 8-hour training sessions. -This goal is complete and will be removed from the next report.



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
	Professional Development Team	III. Develop and provide other training relevant to Intake or CPS.			Ongoing		FFY 2012- Developed and implemented new Ethics Training, a required course for all licensed social workers. Also implemented e-warrant training which trains CPS workers on how to use the e-warrant system. FFY 2013-2014-All staff were required to attend the eight hour Bridges out of Poverty which highlights the effects—and solutions to--intergenerational poverty.
	Professional Development Team	Provide CPS supervisors with Supervisor Training In coordination with the IV-E waiver demonstration project.			September 30, 2016	Professional Development Team	



Program Area 7-Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvement in the recruitment and retention of caseworkers.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 7-Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvement in the recruitment and retention of caseworkers.	Division of Human Resource Management DCFS Administrative Team	F. Incorporate new tools to aid in the effective recruitment and hiring of staff; specifically providing information that will increase an applicant's understanding of the nature of child welfare services, thereby assuring that the agency interviews applicants that are committed to providing quality programs and services to children and families.					
		I. Develop and disseminate a video that will help potential applicants for child welfare positions understand the nature of child welfare work as well as inform them of their responsibilities should they be employed by DCFS.	None	University and college candidates as well as other applying for DCFS casework positions are aware of current programs and services offered and report they have watched the video before being interviewed for a position.	June 30, 2014	DCFS Administrative Team	Competed FFY 2012-The Professional Development Team uses a video entitled "Child Choice" which is viewed by all participants in New Employee Training. The Salt Lake Valley Region shows this video to candidates applying for a position. There are no plans to produce a new video. 2014-This objective has been completed and will be removed from the next report



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
		II. Coordinate the collaboration between CPS and the IV-E waiver Caseworker Skills Workgroup			Ongoing	CPS Program Administrator	<p>FFY 2012-Noting the importance of integrating CPS into the IV-E waiver demonstration project, the waiver Leadership Team asked the CPS Program Administrator to join that team as well as lead a workgroup that will integrate the CPS process into new processes, programs and services to be implemented as part of the demonstration project.</p> <p>FFY 2013-14-The CPS Program Administrator's involvement in the project led to the development of the case transfer process and supported efforts to develop a new safety assessment and planning protocol.</p>



Program Area 13-Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.

To meet the needs of children and families CPS works in partnership with the Juvenile Courts and Juvenile Justice System to coordinate services delivered to children in the care or custody of the State of Utah.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
Program Area 13- Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems		G. To meet the needs of children and families, CPS will continue to cooperate and collaborate with various local, state and federal government agencies, as well as other private or non-profit organizations.					
	Utah Courts Decision-Making Workgroup Program and Practice Improvement Team Casey Family Foundation, National Resource Center	I. Continue to collaborate with the Court Improvement Project on the development, implementation, and evaluation of the Decision-Making Model.	None	DCFS and Court Improvement Project report effective collaboration exists Decision-Making Model is implemented and evaluated.	Ongoing	DCFS Administrative Team	FFY 2012-DCFS and the Court Improvement Project are joint partners in the implementation of the Utah Safety Decision-Making Model. Court improvement funds supported the purchase of evidence-based assessment tools used by caseworkers. DCFS made a presentation to Juvenile Court judges and informed them about the process. Judges also learned about practices caseworkers follow when they use SDM tools, as well the value of the model to children we both serve. FFY 2013-Participated in the Court Improvement Conference and presented SDM tools to court personnel (Judges, AGs, Criminal Defense).



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
	DJJS Program and Practice Improvement Team	II. Collaborate with the Division of Juvenile Justice Services to address issues related to children who are both abused and delinquent and who are dually adjudicated through DCFS and the Division of Juvenile Justice Services.	None	DCFS and the Division of Juvenile Justice Services report effective collaboration exists A Diversion Program is developed, implemented and regularly evaluated.	June 30-2012	DCFS Administrative Team	FFY 2014-This goal has been completed and will be deleted from future reports. Completed FFY 2012-A Deputy Director participated as a member of the IOU/Court Improvement Project workgroup comparing the differences in treatment of youth that receive traditional DCFS services while in foster care with children that are “dual adjudicated”, and due to delinquency or minor offenses, are transferred to facilities operated by the Division of Juvenile Justice Services. DCFS, the Utah Office of Guardian ad Litem, the Utah Juvenile Court, and Salt Lake County Youth Services collaborated on a project that resulted in the creation of a toolkit to help workers address needs of and provide services to dually adjudicated youth who are involved with the juvenile court for delinquency offenses while in DCFS custody. This quick reference guide provides a detailed explanation of the role and responsibilities of each agency, describes resources available through those agencies, and helps workers navigate both the child welfare and delinquency sides of the juvenile court system. It also outlines how information should be shared and establishes best practices for managing dually involved cases while avoiding duplication of services by agencies involved. Copies of the toolkit are available online at: http://www.utcourts.gov/courts/juv/toolkit/ .
		a. Develop, implement, and evaluate a “Diversion Program” for dually adjudicated youth that have, or may in the future, commit offenses.	None				Completed FFY 2012- In Juvenile Court, diversion is now a level of service (similar to probation but much less intensive). In Utah, juvenile offenders who are diverted have a recidivism (re-offense) rate of 25.7 percent while juvenile offenders who are not diverted have a recidivism rate of 40.8 percent.



Program Area 14-Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

To meet the needs of children and families CPS works in partnership with a variety of community-based education governmental, non-profit, faith-based, tribal, and other organizations that provide advocacy services for children, youth, families, and parents; after-school programs; crisis respite care; child abuse prevention education and advocacy; family resource and support services, parenting skills and training; protective day care; and work on community development initiatives.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
		H. To meet the needs of children and families, CPS will continue to cooperate and collaborate with a variety of internal and external agencies and organizations that address or provide services that meet the needs of children that are the subject of a child abuse and neglect investigation and their families.			Ongoing	Sarah Houser/ Marnie Maxwell	



Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
Program Area 14 -Supporting and enhancing collaboration to provide child abuse and neglect prevention and treatment services and to address the health needs, including mental health needs, of children identified as abused or neglected.	Department of Health, Fatality Review committee	I. Collaborate to review child fatalities.		Yearly Fatality Review Report published.	Ongoing	Sarah Houser	
	Tribes, Contract Partners, Community Agencies, Community Collaborations	II. Collaborate with Utah tribes to ensure consistent information is provided to them regarding CPS Intake and CPS protocols and services, especially those that relate to Indian children.		Tribes are aware of current CPS policies and procedures	Ongoing	Sarah Houser/ Marnie Maxwell	FFY 2013-Project staff presented SDM tools to Native American tribes and court partners at the two ICWA conferences.
		III. Collaboration with medical facilities and medical providers to ensure that consistent information is provided to them regarding CPS Intake and CPS protocols and services.		Medical providers are aware of current CPS policies and procedures	Ongoing	Sarah Houser	FFY 2013-2014- Provided training to medical facilities that included information relating to DCFCS and how a case is processed. Explained providers' responsibilities when dealing with suspected cases of abuse or neglect and identified when and how to contact CPS.
	Utah State Courts, Law Enforcement, UCASA, Primary Children's Hospital	IV. Collaborate to address issues related to the response to child/youth victims of human trafficking.			June 30, 2019		
		a. Determine the need to track cases involving first time offenders and if needed set up a special case type that will enable CPS to track incidences of child/youth human trafficking		Process and procedures to track human trafficking cases are developed.	June 30, 2015		



STATISTICAL AND SUPPORTING INFORMATION

Information on Child Protective Service Workforce

Information on Child Protective Service Workforce

The average DCFS employee is 41 years of age and has now worked for the agency an average of 115.6 months (9.6 years). All caseworkers have at least a Bachelor's Degree in Social Work, Psychology, Sociology, or closely related field of study and are encouraged to obtain at least a Social Service Worker (SSW) license within a year of being employed.

All DCFS direct service staff are required to complete the 180-hour *New Employee Practice Model Training* before they can work individually with children and families. During this training students learn about the foundations of child welfare, receive an orientation to DCFS, and are introduced to the division's Mission, Practice Model, Practice Skills and Practice Principles. Training includes technical instruction relating to child abuse and neglect, worker safety, child interviewing, motivational interviewing, audio-import, removal of children, developmental screening, child and adolescent needs and strengths (CANS), Casey Life Skills assessment, structured decision-making, legal aspects of child protections (provided by the Office of the Attorney General), secondary traumatic stress, trauma and attachment, effects of trauma on child development, trauma informed care, cultural responsiveness, and on use of the SAFE database.

During this course participants apply their training as they review relevant casework and work side by side with experienced caseworkers providing services through the Centralized Intake, CPS, In-Home, Foster Care, and other program areas.

To keep their skills current, all direct services staff are required to complete 40 hours of additional training annually. Not only are they able to attend specialized training provided by the Professional Development Team but are encouraged to attend outside training opportunities during which they learn new service delivery techniques and skills as well as interact with direct service, clinical, and administrative staff employed by other agencies.

To ensure that the Practice Model is universally understood and applied, support staff are also required to attend the five-hour Practice Model Training for Support Staff and are required to take at least 20 hours of additional agency related training each year.

In addition, regardless of whether they are direct or support staff, all staff must complete periodic department and state mandatory administrative training including harassment, driver's safety, and use of technology training.



Child Welfare Workforce FFY 2013		
(Reflects all employees including caseworkers and supervisors)		
Sex	Number	Percentage of Total
Male	250	23%
Female	820	77%
Unknown		
Race		
American Indian/ Alaska Native	7	1%
Asian	18	2%
Black	4	0%
Unknown/ Decline to Disclose	6	1%
Two or more Races	2	0%
Hispanic/Latino	55	5%
Native Hawaiian or other Pacific Islander	6	1%
White	972	91%
Total	1,070	

To allow for more frequent and purposeful visitation in the home and to make it possible for caseworkers to provide more attention to each individual family member, as part of the IV-E waiver demonstration project DCFS determined that in-home services caseworkers must have lower caseloads than the current caseload standard of 16 cases per worker. A programmed report using a new caseload formula calculates a caseworker's in-home caseload by comparing the weighted measures of risk level (determined using the SDM Risk Assessment) against the number of children and/or adults in the family.

To support this new caseload standard regions may be authorized (to the extent that funding permits) to hire additional in-home service caseworkers and may be allowed to hire new caseworkers ahead of the potential need.



WORKLOAD UNITS

CASE TYPES	WEIGHTING/ WORKLOAD UNITS PER	CASELOAD IN CASES	WORKLOAD IN UNITS	JUSTIFICATION
CPS, PAT, PSI, IHS, CCS, CIS, HW -LOW, HW-NO SDM, HW-NOT REUNIFICATION GOAL	1	15	15	Consistent with prior legislative caseload standards, national CWLA standards
SCF, HW—Moderate, HW—Kin with reunification goal	1.25	12	15	Consistent with prior legislative caseload standards, national CWLA standards. HW kin is included because there are two sets of parents to work with. HW— Moderate because they have an additional visit a month
HW-High	1.5	10	15	Increased contact standards. Review of study on workload weighting in in-home.
HW—Very High	1.875	8	15	Increased contact standards. Review of study on workload weighting in in-home.

- ◊ HW stands for HomeWorks case and includes PSS, PSC, PFP, PFR
- ◊ Multiplier of 0.2 per case with large sibling groups (4 or more)
- ◊ Multiplier of 0.25 per new case (less than 45 days)



Utah Administrative Code R 477-10 *Employee Development* provides the framework that state agencies use to develop opportunities for entry and advancement in the profession, including advancement to supervisory positions. In summary that rule indicates:

- Agency management shall utilize the Utah Performance Management (UPM) system to produce employee performance plans and evaluations. Performance standards and expectations for each employee shall be specifically written in a performance plan.
- Managers or supervisors should provide employees with regular verbal and written feedback based on the standards of performance and behavior outlined in the performance plan.
- Each fiscal year an employee shall receive a performance evaluation.
- Agency management may establish programs for training and staff development that shall be agency specific or designed for highly specialized or technical jobs and tasks.

Generally, in order to advance to another position, a current DCFS staff member must have a satisfactory work performance evaluation and meet the skills and requirements mandated in the job description. DCFS provides opportunities for caseworkers and supervisors to participate in activities that can help employees obtain the necessary skills and experiences needed for advancement in the organization. Specifically:

- Workers may be assigned to select committees and workgroups that provide case workers and supervisors with the opportunity to become involved in statewide initiatives.
- Caseworkers may be offered lead worker positions, which enable caseworkers to obtain and practice supervisory skills before they apply for a supervisor position.
- Workers can qualify for career mobility placements where they are temporarily assigned to a different position for the purpose of professional growth or fulfillment of specific organizational needs. Career mobility assignments may be made to any salary range and may include assignments to agencies inside or outside state government.
- Workers may also qualify for stipends for continuing education through the University of Utah, Utah State University, or Weber State University. These stipends are designated to be used to help staff with a Bachelor's degree obtain their Masters of Social Work degree.
- Child Welfare Administrators, Assistant Regional Directors, and Regional Directors (as well as other designated staff) have the opportunity to attend the DCFS Leadership Academy where they receive training designed to increase their expertise as well as help them prepare for promotion.
- Child Welfare Administrators, supervisors, and designated caseworkers can attend the Leadership Academy for Middle Managers (LAMM) provided by the National Child Welfare Workforce Institute (NCWWI).
- Managers can apply to attend the Utah Certified Public Manager program, which is designed to increase the professional performance of current and future government managers by increasing the capacity of its participants to effectively lead people, manage work processes, and develop effective leadership behaviors.

Juvenile Justice Transfers



This data is compiled from the division's SAFE database and references all children exiting custody (foster care) with a closure reason of "Transfer to Juvenile Justice Services".

Juvenile Justice Transfers		
	Number of Cases	Percent of all youth exiting custody
FFY '09	33	1.8%
FFY '10	46	2.2%
FFY '11	48	2.30%
FFY '12	51	2.59%
FFY '13	53	2.57%

The Division of Juvenile Justice Services has sentencing guidelines that specify when a child should be ordered into their custody. A child can only be ordered into custody if the child meets the applicable guidelines. Therefore, if a delinquent child (many of whom may not have experienced abuse or neglect) does not meet that agency's sentencing guidelines, the child may be ordered into DCFS custody. A judge may order the transfer of the child back to Division of Juvenile Justice Services custody if their delinquent behavior continues while the child is in foster care. Less prevalent are cases where a child placed in foster care because of abuse and neglect is transferred to Division of Juvenile Justice Services custody after committing a delinquent act while in foster care.

Child Maltreatment Deaths

The Department of Health provides the DHS Fatality Review Coordinator with Certificates of Death for all children between the ages of birth and 21 years who die in the State of Utah. The Fatality Review Coordinator uses those death certificates to determine if the deceased child or their families have received services through DHS within 12 months of the child's death and will conduct a review of cases that meet that stipulation. She also reviews cases where a newborn (who received no services) dies and whose family is currently or has previously been involved with a division within DHS.

The Fatality Review Coordinator examines a number of documents when reviewing each death. Those documents include:

- Autopsy Reports
- Deceased Client Reports provide by divisions within DHS
- Office of the Medical Examiner Infant/Child Death Notices
- Child Death Decedent Information reports provided by the University of Utah Medical Center
- Newspaper Obituaries
- Police/Sheriff Reports when applicable
- The decedent's case file

Once each case has been reviewed, the Fatality Review Coordinator generates a written summary of the family's history of involvement with DHS and analyzes case practice to determine if the agency has any culpability. Reports are forwarded to the appropriate fatality review committee (DCFS Child Fatality Review Committee; DSPD Fatality Review Committee; or DJJS Fatality Review Committee), which review reports and, if necessary, recommends changes to practice.



If a child is in DCFS custody, but is residing in a placement outside of Utah, it is expected that either the caregiver will inform DCFS of the death or that the ICPC or courtesy worker in the receiving state will notify DCFS of the death. When notified, the caseworker or ICPC Administrator completes a Deceased Client Report and submits it to the Fatality Review Coordinator for her review.

A report regarding fatalities of children in DCFS custody is published yearly. The 2013 Fatality Review Report indicated that in the majority of the 42 fatalities reported by DCFS, the work conducted during CPS investigations, and in providing on-going services to families, conformed to DCFS Practice Guidelines. In the majority of cases reviewed workers saw the child within priority timeframes, conducted appropriate interviews, collaborated with law enforcement when necessary, worked with service providers to meet the needs of their clients, and if removal was necessary, aggressively sought appropriate kinship or foster placements.

Education and Training Vouchers

Attachment F

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Utah

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2012-2013 School Year</u> (July 1, 2012 to June 30, 2013)	166	48
2013-2014 School Year* (July 1, 2013 to June 30, 2014) TO DATE of 5/28/14	153	62

Comments:



Inter-Country Adoptions

The six cases listed below represent children adopted from another country whose placements were disrupted and that were subsequently taken into state custody.

FFY 2013 Inter Country Adoptions				
Child Number (names not required)	Placement Agency	Country of Origin	Reason for Disruption/ Dissolution	Status/Plan for the Child
Unknown	LDS Family Services	Ukraine	Sexual Perpetrator	Child was returned home so his parents could pursue private treatment at a higher level
Unknown	Unknown	Columbia	Transferred from JJS in order to obtain services not available with JJS- Sex abuse perpetrator	Individualized Permanency-Independent Living
Unknown	Unknown	Russia	Sexual abuse by adopted father	Adoption
Unknown	Unknown	Russia	Caretakers could no longer care for child	Guardianship-non-relative
Unknown	Unknown	Ethiopia	Ungovernable	JJS
Unknown	Unknown	Russia	Delinquent Behavior	Individualized Permanency-Independent Living

Interstate Compact on Adoption and Medical Assistance (ICAMA)/ Interstate Compact on the Placement of Children (ICPC)

ICAMA Medical Adoption			
	Incoming	Outgoing	Total
Referrals	141	69	210

ICPC			
	Incoming	Outgoing	Total
All Adoptions	180	311	491
Foster Care	101	50	151
Parent	60	76	136
Kinship	134	145	279
All Residential	2,422	27	2,449
Closures (the number of closures that occurred during the year)	1,927	208	2,135

Timely Home Studies				
Study Type FFY-2013 (10/1/12-9/30/13)	Completed within 60 days	Completed between 60 and 75	Completed over 75 days	TOTAL ICPC



		days		Cases
ICPC Adoption Home Study	17	1	19	37
ICPC Foster Home Study	17	4	53	74
ICPC Parent Home Study	25	3	30	58
ICPC Relative Home Study	38	9	66	113
TOTAL	97	17	168	282

During FFY 2013, the ICPC/ICAMA Team:

- Provided ICPC training to DCFS regions, workers, and supervisors.
- Continued to update and maintain the ICPC database and ICPC websites.
- Continued to work with the AAICPC (the national ICPC association) on efforts designed to improve the ICPC process.
- Developed a condensed and improved ICPC training presentation that also includes a list of resources.