



STATE OF UTAH

DIVISION OF CHILD AND FAMILY SERVICES

CHILD AND FAMILY SERVICES PLAN

**For Federal Fiscal Years
2015-2019**

June 30, 2014



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INTRODUCTION

In response to ACYF-CB-PI-14-03 issued by the Administration for Children and Families-Children's Bureau, following is the FFY 2015-2019 Child and Family Services Plan (CFSP). In this five-year strategic plan the Utah Division of Child and Family Services (DCFS) identifies goals that are designed to attain the desired outcomes of safety, permanency, and wellbeing for Utah's children, and will achieve these outcomes by strengthening services delivered by agencies and organizations that comprise the state's child welfare system.

In this document DCFS also:

- Assesses its performance on the seven child and family outcomes and the seven systemic factors that are part of the Child and Family Services Review (CFSR).
- Identifies major program areas that coordinate the delivery of services to children and families.
- Focuses its goals on improving state performance on CFSR outcomes related to safety, permanency, and well-being.
- Integrates Continuous Quality Improvement (CQI) principles and processes into the planning process.
- Addresses substantial ongoing meaningful involvement of stakeholders, tribes, and courts, all of which have been instrumental in the development of this plan.
- Outlines training activities that are designed to support the child welfare system.

Goals and tasks detailed in this plan 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)
- Adoption Incentive Funds

This plan has been closely coordinated with Utah's Title IV-E child welfare waiver demonstration project currently being implemented by the division as well as with activities outlined in the Child Abuse Prevention and Treatment Act (CAPTA) Plan.

Other legislation to which this plan pertains includes:

- 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



Distribution

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

- Executive Director-Department of Human Services
- 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.

The person to contact regarding Utah's Child and Family Services Plan is:

Cosette Mills-Federal Revenue Manager
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Salt Lake City, UT 84109
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STATE AGENCY ADMINISTERING THE PROGRAMS

Legal Authority

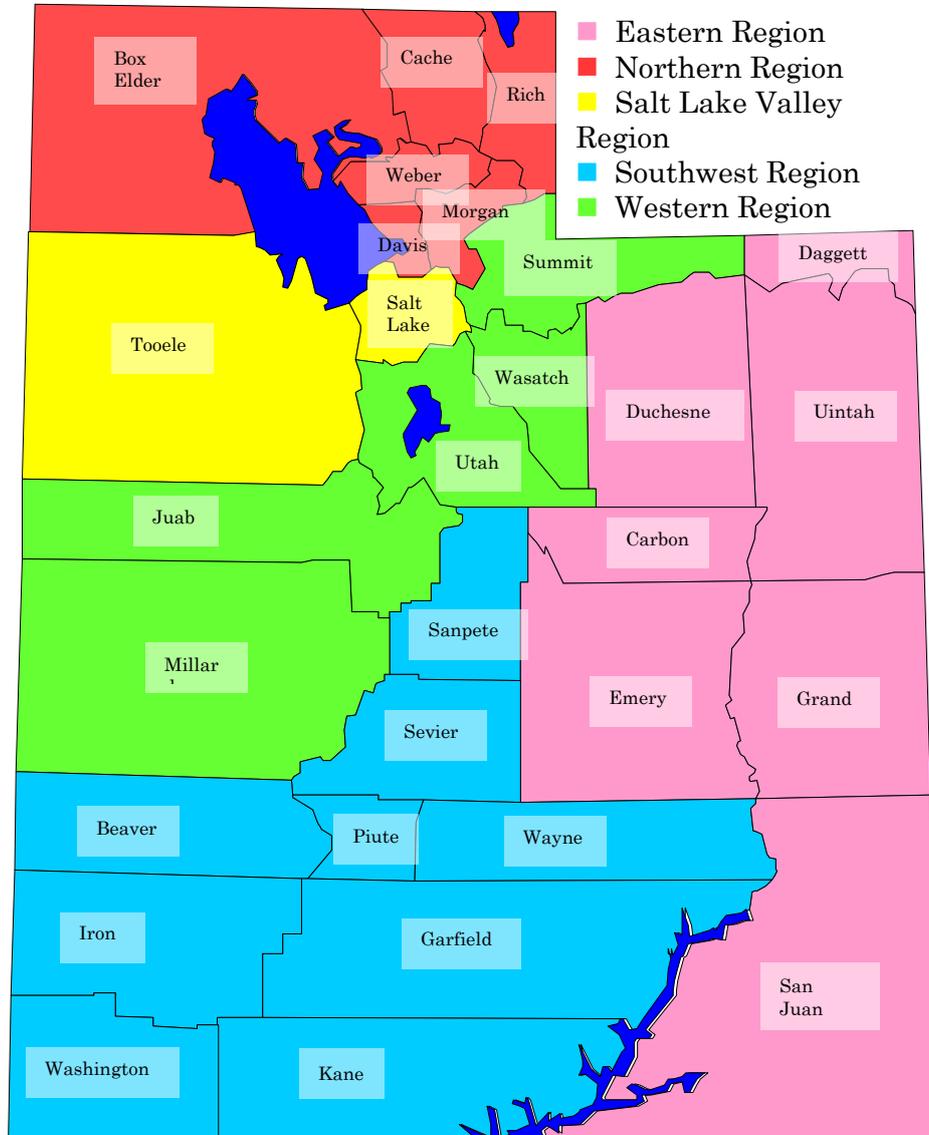
The Department of Human Services (DHS) is responsible for the administration of programs and services provided using funding authorized by Titles IV-B, IV-E, and XX of the Social Security Act. The department has designated DCFS as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs as well as child abuse prevention and domestic violence services delivered to Utah's children and families. As such, DCFS administers federal funds received through the Stephanie Tubbs Jones Child Welfare Services (IV-B Part 1), PSSF (IV-B Part 2) including Monthly Caseworker Visits, Adoption Incentive Payment, CAPTA, CFCIP, and ETV programs.

The child welfare system in Utah is state administered. DCFS is the lead child welfare agency and provides services throughout the state. The division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, as well as overall management of child and family welfare programs and services.

The division is the agency responsible for establishing practice standards for all programs and services provided directly by DCFS staff or by contract providers. The division is also responsible for auditing provider contracts to ensure that all program standards and contract stipulations are met.



State of Utah Division of Child and Family Services Map of Regional Boundaries



Management

The Division Director is the administrative head of the division. His office is physically located in the state administrative headquarters in Salt Lake City, Utah.

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Two administrative teams coordinate activities and formulate policies that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the Director, two Deputy Directors, Finance Director, SAFE, Evaluation, and Research Director, Director of Professional Development, Director of Out-of-Home Programs and Practice Improvement, Director of In-Home Programs, Federal Revenue Manager, Contracting and Auditing Managers, and SAFE Manager. This body has primary responsibility for overseeing state office operations including planning, budgeting, and communications.

The State Leadership Team (SLT), consisting of the DCFS State Office Administrative Team and the five Region Directors, meets once per month and is responsible for oversight of statewide operations.

Region Directors, located in five geographically defined regions, lead their regional administrative teams and are responsible for the region's budget, personnel, inter-agency partnerships, and service delivery. Staff members in those regions deliver services statewide to children and families. Additional services provided in accordance with requirements of federal law are delivered by private or nonprofit contract providers.

VISION, MISSION, AND PRACTICE MODEL PRINCIPLES

Vision

Safe Children, Strengthened Families

Mission Statement

To keep children safe from abuse and neglect and provide domestic violence services by strengthening families and working with communities.

Practice Model

Practice Model Principles guide staff as they strive to achieve the agency's vision and meet its mission. They are consistent with child and family services principles specified in federal regulations [45 CFR 1355.25(a) through 1355.25(h)].

Principle One - Protection. Children's safety is paramount; children and adults have a right to live free from abuse.

Principle Two - Development. Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

Principle Three - Permanency. All children need and are entitled to enduring relationships that provide a family stability, belonging, and a sense of self that connects children to their past, present, and future.

Principle Four - Cultural Responsiveness. Children and families are to be understood within the context of their own family rules, traditions, history, and culture.



Principle Five - Partnership. The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

Principle Six - Organizational Competence. Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, help ensure positive outcomes for children and families.

Principle Seven - Professional Competence. Children and families need a relationship with an accepting, concerned, empathetic worker who can confront difficult issues and effectively assist them in their process toward positive change.

Practice Skills

Using these Practice Model Principles as a guide, a set of key Practice Skills have been formulated and are designed to put our values into action. These basic skills are:

Engaging. The skill necessary to effectively establish a relationship with children, parents, and individuals who work together to help meet a child or family's needs or resolve child welfare related issues.

Teaming. The skill a worker uses to assemble, become a member of, or lead a group (or groups) that supply needed support, services, and resources to children or families, and that helps resolve critical child and family welfare related issues. Child welfare is a community effort and requires a team.

Assessing. The skill that workers use to obtain information about salient events and underlying causes that trigger a child or family's need for child welfare related services. This discovery process helps children and families identify issues that affect the safety, permanency, or wellbeing of the child, helps children and families discover and promote strengths that they can use to resolve issues, determines the child or family's capacity to complete tasks or achieve goals, and ascertains a family's willingness to seek and utilize resources that can support them as they try to resolve their issues.

Planning. The skill that workers use to identify and design incremental steps that help move children and families from where they are to a better level of functioning. During the planning cycle a worker helps children and families:

- Make decisions about what programs, services, or resources they want to use to meet their needs.
- Evaluate the effectiveness of their decisions.
- Rework or revise their service delivery plan.
- Celebrate successes when they occur.
- Face consequences that result when their plan fails to achieve the desired results.

The planning process produces a unique service delivery plan tailored to the needs of the individual child or family.

Intervening. The skill used to intercede when a child or family's interactions, activities, or behaviors fail to decrease risk, provide safety, promote permanency, or



assure the wellbeing of a child. This skill is utilized when helping families find housing, when helping a parent change negative patterns of thinking about their children, or when helping members of a family change their relationship with each other.

Practice Standards

Following are general practice standards that cross program boundaries. Together with practice principles and skills these standards help caseworkers understand their roles and responsibilities. Standards provide guidance to caseworkers who provide services that help ensure the safety, permanency, and wellbeing of each child and family they serve.

A. Service Delivery Standards.

1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.
 - (a) Prevention services help resolve family conflicts and behavioral or emotional concerns before there is a need for the family to become deeply involved in the child welfare system.
 - (b) In a family where abuse has already occurred, interventions will be developed with the goal of preventing any future incidence of abuse.
2. Services provided to children and families will respect their cultural, ethnic, and religious heritage.
3. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child or family's needs.
 - (a) Services will be provided in the least restrictive, most normalized setting appropriate.
4. Meaningful child and family participation in decision-making is vitally important. To the level of their abilities, all children and family members shall have a voice in decisions made about their lives, even when specialized communication services are required.
 - (a) Children and families will be actively involved in identifying their strengths and needs and in matching services to identified needs.
5. In whatever placement is deemed appropriate, siblings should be placed together. When this is not possible or appropriate, siblings should have frequent opportunities to visit each other.
6. When an out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.
7. When children are placed in an environment outside of their parent's home they must be provided with developmentally appropriate educational and vocational opportunities with the goal of becoming self-sufficient adults.
8. Children receiving services shall receive adequate, timely medical and mental health care that is responsive to their needs.

B. Standards Relating to Child and Family Teams.

1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.
2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency, will be made by a team to include the child and his or her family, the family's informal helping systems, out-of-home caregivers, and formal supports.



3. Child and Family Teams should meet face-to-face periodically to evaluate assessments, case planning, and services delivered. They should also meet to track the child or family's progress. When there are domestic violence issues, separate Child and Family Team Meetings may be held (refer to Domestic Violence Practice Guidelines [Section 600](#).)

C. Standards Relating to Assessments.

1. Strengths-based assessments should be produced that:
 - (a) Address the family's underlying needs and conditions.
 - (b) Engage the family in the identification or development of interventions that address threats of harm, the protective capacities of the family, and the child's vulnerability.

D. Standards Relating to Planning.

1. Children and/or their family members shall be involved in the planning process. The plan will be adapted and changed as the case evolves. The Child and Family Plan:
 - (a) Incorporates input from the family as well as the family's formal and informal supports.
 - (b) Identifies family strengths.
 - (c) Utilizes available assessments.
 - (d) Identifies services that address the family's needs and includes specific steps and services that help the family maintain the child's safety, permanency, and wellbeing.
 - (e) Anticipates transitions.
 - (f) Addresses safety for both child and adult victims.
 - (g) Identifies permanency and concurrent permanency goals.

COLLABORATION

On June 3, 2014, DCFS held its annual collaborative joint planning meeting during which more than 75 participants attended one or more of two planning sessions. In both sessions participants received an orientation to current division activities and were introduced to the FFY 2015-2019 CFSP requirements.

During feedback sessions participants reviewed agency priorities and identified the following needs of children and families receiving child welfare services:

- The visitation process needs to be a priority. Families should meet more than one time per month. We need to find ways to change negative parent/child visits to ones that result in a positive experience and that promote reunification. To accomplish this, instead of giving families a list of things “not to do” provide them with a list of positive things “to do.”
- There is a lot that can be done to proactively prepare families and foster parents for visits and the eventual reunion of children with their parents.
- There is a need to address children's educational outcomes as well as children's “educational permanency.” Educational outcomes affect a child's wellbeing.
- The effects of intergenerational poverty on clients receiving services throughout the child welfare system need to be addressed.



- We need to keep children in their homes. But, if they are not able to stay in their homes they should be placed with kin.
- Parents need help to decrease the stress they feel when we give them more to do.

Focusing on organizational issues, participants indicated that the child welfare system needs to:

- Place additional emphasis on identifying gaps in services and development of new programs and services to fill those gaps.
- Identify who the gatekeepers to services are and determine if there are barriers to accessing needed services.
- Better understand how to develop and implement innovative practices.
- Identify how systems outside of DCFS impact the entire child welfare system.
- Instill the Strengthening Families Protective Factors Framework and the trauma assessment process into Child Protective Services (CPS) and prevention programs.
- Understand that the goal is not to provide in-home services “at all costs.” We want to provide in-home services when it is safe and appropriate. Adequate and sustainable supports need to be available in order to provide effective in-home services.

As DCFS develops collaborations that will help resolve the issues above, participants suggested that the agency:

- Include the courts in all initiatives.
- Engage educators by making personal connections with school districts.
- Involve families and consumers in discussions.
- Contact universities, which can help identify target populations and make contact with community members.
- Involve community health clinics and medical providers as well as educate primary care providers about the needs we identify.
- Include legal service providers.
- Collaborate with tribal elders and community leaders.
- Identify and involve informal supports (e.g., churches, scouting, 4-H, etc.).
- Build relationships, share best practices, and identify deliverables.

A number of collaborations, committees, and workgroups have reviewed applicable data, ascertained the needs of families and children, or have evaluated the efficacy of DCFS or other community services. Following are a sample of groups and organizations that have provided advice, information, data, or technical assistance and have influenced the goals outlined in this plan:

- 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—interpreted Case Process Review (CPR) and Qualitative Case Review (QCR) data and developed recommendations regarding changes they believe will improve policies and procedures, Practice Guidelines, or casework practices.



- The Director's Supervisor Workgroup used QCR and CPR results to develop front line supervisor level initiatives that will improve caseworkers' ability to provide quality services.
- Quality Improvement Committees (QICs) identified organizational obstacles and evaluated the extent to which the child welfare system is successfully discharging its protection responsibilities.
- Primary Children's Medical Center evaluated children's health needs.
- The Children's Justice Center reviewed and supported child abuse and neglect related operations, initiatives, and legislation.
- Regional and State Youth Councils (comprised of youth who are currently in foster care or who are foster care alumni) provided information to DCFS and other agencies about systemic barriers faced by youth in foster care as well as shared experiences about their involvement in the child welfare system.
- The DHS Tribal and Indian Issues Committee addressed issues of common concern to DHS and various Utah tribes.
- Utah tribes shared information and concerns relating to the care and custody of American Indian children during monthly Tribal Leaders Meetings.
- University researchers and evaluators identified needs of children and families and assessed the effectiveness of services provided throughout the child welfare system.
- Casey Family Programs shared new innovations and interesting initiatives that it supports.

For DCFS, and for Utah's broader child welfare system, collaborating with key stakeholders and community partners is a way of "doing business." DCFS expects that key stakeholders and community partners will continue to support Utah's child welfare system and will contribute to the development, refinement, and accomplishment of key agency goals, objectives, and activities that support this plan. DCFS also expects that stakeholders will participate in quality assurance activities, community resource development activities coordinated through the IV-E waiver demonstration project, and will attend future joint planning meetings held before Annual Progress and Services Reports are prepared.

ASSESSMENT OF PERFORMANCE

Safety Outcomes

SAFETY OUTCOME 1-CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

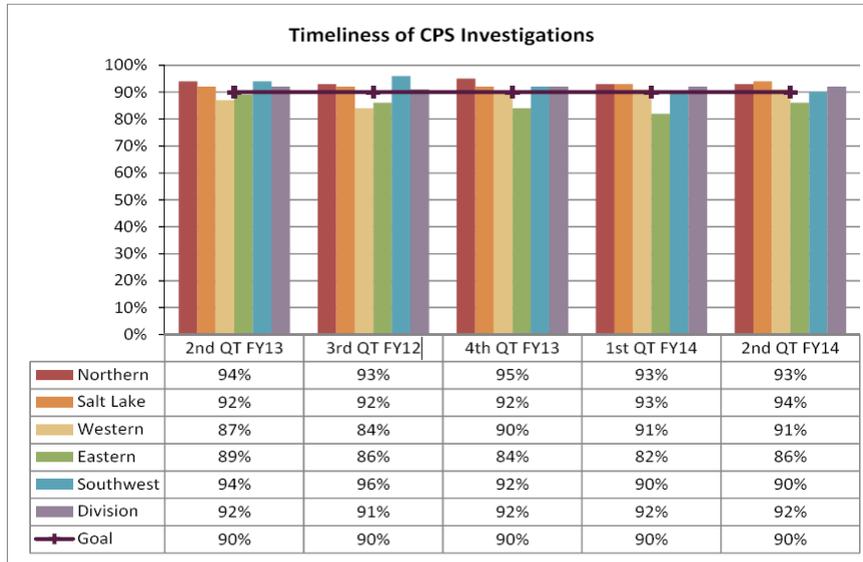
Item 1-Timeliness of Initiating Investigations of Reports of Child Maltreatment

Purpose of Assessment-To determine whether responses to all accepted child maltreatment reports received were initiated, and face-to-face contact with the child made, within the time frames established by agency policies or state statutes.

2010 CFSR Results-With a performance score of 97%, this item was determined to be a strength.



Current Situation-In Utah a case is considered initiated when a caseworker has face-to-face contact with the child who is the subject of the allegation of abuse and/or neglect. The goal in Utah is to meet or exceed this indicator 90% of the time. Occurring approximately 92% of the time this goal, is currently being met on a consistent basis.



Strengths and Concerns-Utah does not view this item as a concern and will not be allocating resources for targeted improvement. In the quarterly report, we will continue to monitor the timeliness of CPS investigations.

SAFETY OUTCOME 2-CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Item 2-Services Provided to the Family Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care.

Purpose of Assessment-To determine whether the agency made concerted efforts to provide services to the family that prevented children’s entry into foster care or re-entry after a reunification.

2010 CFSR Results-With a performance score of 83%, this item was determined to be an Area Needing Improvement.

Current Situation-This item was included in the Program Improvement Plan (PIP). The table below shows the results of QCR data collected over the last two years. The first review set the baseline at 83.6%. Subsequently, the goal was set at 87.4%. In Quarter 7, the state met the goal with a result of 94.1%, and as seen in the table below has maintained a high performance since.

		10/31/12	1/31/13	4/30/13	7/31/13	10/31/13	12/31/2013	3/3/2014
UT PIP Item	Adjusted PIP Goal in Percent	Q4 Rolling measurement Period (10/11-9/12)	Q5 Rolling measurement Period (1/12-12/12)	Q6 Rolling measurement Period (4/12-3/13)	Q7 Rolling measurement Period (7/12-6/13)	Q8 Rolling measurement Period (10/12-9/13)	Q9 Rolling measurement period (1/13-12/13)	Q10 Rolling measurement Period (4/13-3/14)
Item 3	87.4%		82.5%	86.8%	94.1%		92.5%	93.7%

LIFE ELEVATED



Strengths and Concerns—In cases where abuse or neglect of a child is suspected, Utah statute requires that CPS caseworkers obtain a warrant to remove a child from his or her home if the child is not immediately at risk.

A strong safety model guides CPS caseworkers as they assess a child’s safety and identify resources a family needs in order to keep the child safely in the home.

In addition, Utah has implemented the Structured Decision-Making (SDM) Safety Assessment; a new assessment tool. This tool is now used statewide by caseworkers conducting all CPS investigations as well as by caseworkers providing in-home services. A case cannot be closed without completing an SDM Safety Assessment. A second assessment tool, the SDM Risk Assessment, further guides decisions regarding the need for—and intensity level of—ongoing services that keep children safely in the home.

In conjunction with HomeWorks—the state’s IV-E child welfare waiver demonstration project—DCFS is in the process of implementing enhanced in-home services. Pilot tests of project components have been completed and enhanced services are being implemented in the Northern Region. Implementation of the project will be staggered, region by region, over the next several years.

To determine if the project is successful, an additional item to be added to the QCR protocol will assess the ability of the agency to facilitate transformational changes in families, increase the capacity of parents to protect and care for their children in the home, and safely reduce the need for foster care.

Item 3-Risk and Safety Assessment and Management

Purpose of Assessment—To determine whether the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

2010 CFSR Results—With a performance score of 83%, this item was determined to be an Area Needing Improvement.

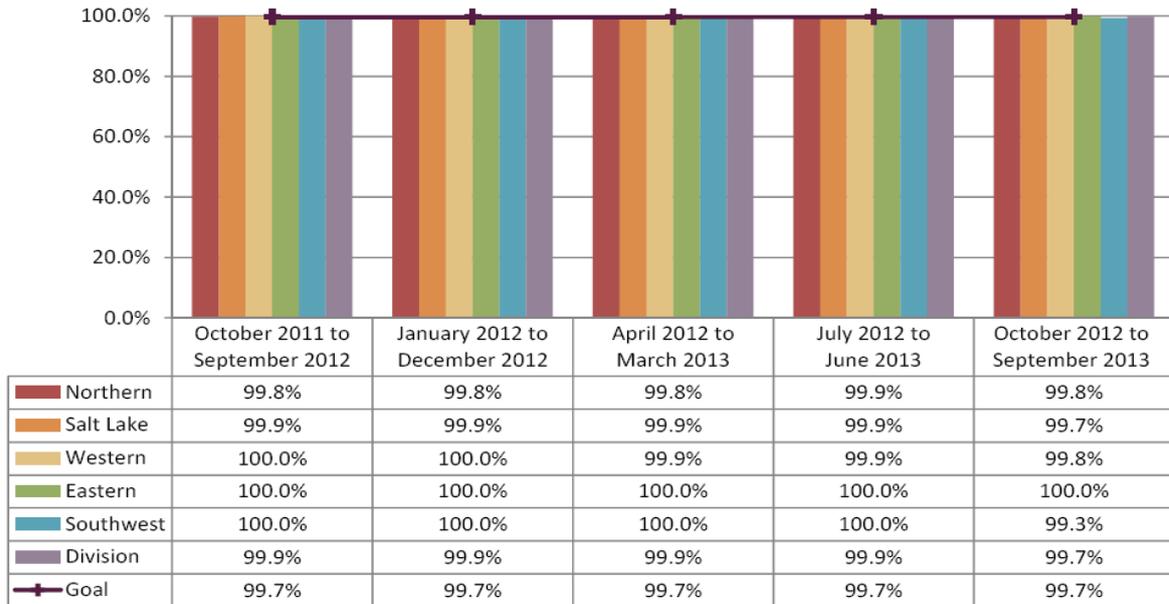
Current Situation—Goals and objectives related to item 3 were included in the Program Improvement Plan (PIP). The question: “During the last six months, did the agency make concerted efforts to assess and address the risks and safety concerns to the target child?” was added to the QCR. The table below shows the data collected over the last two years. The first review set the baseline at 95.9%, which is already very high. Subsequently, the goal was placed at 97.2%. In Quarter 6 the state met the goal with a result of 97.3%. It met this goal again in Quarter 10, the most recent quarter.

		10/31/12	1/31/13	4/30/13	7/31/13	10/31/13	12/31/2013	3/3/2014
		Q4 Rolling measurement Period (no sig new data - could report 9/12 - drop 9/11)	Q5 Rolling measurement Period (1/12,2/12,3/12, 4/12,5/12,9/12, 10/12,11/12, 12/12)	Q6 Rolling measurement Period (4/12, 5/12,9/12,10/12, 11/12,12/12,13,2/13,3/13)	Q7 Rolling measurement Period (9/12,10/12, 11/12,12/12, 1/13,4/13,5/13)	Q8 (could report 1 additional site-drop 9/12 add 9/13)	Q9	Q10
UT PIP Item								
Item 3	87.4%		82.5%	86.8%	94.1%		92.5%	93.7%
Item 4	97.2%		96.0%	97.3%	96.0%		96.6%	97.3%



Strengths and Concerns—For foster care cases, safety is monitored primarily through regular (at least monthly) visits to the foster home and during a monthly private conversation with each child. Child maltreatment in foster care does occur, but in Utah (as seen in the table below) the percent of children experiencing this maltreatment remains very low.

Percent of Children in Foster Care Who DO NOT Experience Maltreatment by a Foster Parent or Residential Staff



As mentioned in item 2, Child and Family Services now uses the new SDM Safety and Risk Assessments—which are available in SAFE, the agency’s SACWIS system—to guide decisions made concerning a child’s safety. The SDM Safety Assessment is required before closing any CPS investigation but is also available to ongoing services caseworkers (in-home and out-of-home cases) anytime safety becomes a concern.

In conjunction with HomeWorks, DCFS created a caseworker contact frequency grid that utilizes these assessments to determine when client contacts must take place. The higher the risk level, the more frequent client contacts are required. For example, a Very High risk level requires a frequency of four contacts per month. At least two of those contacts must be conducted in the home.

Contacts can be made by any professional who is a member of the Child and Family Team and working with the family. The contact must be made with at least one child and one parent.

Regardless of the risk level, DCFS continues to have a requirement that the caseworker meet with the family in the home at least monthly and have a private conversation with each verbal child.

As noted in item 2, to determine the outcome of this item an additional review question will be included in the QCR that will assess the ability of the agency to address children’s risk and safety while living in their own home or while in foster care.



Permanency Outcomes

Permanency Outcome 1-Children Have Permanency and Stability in their Living Situations

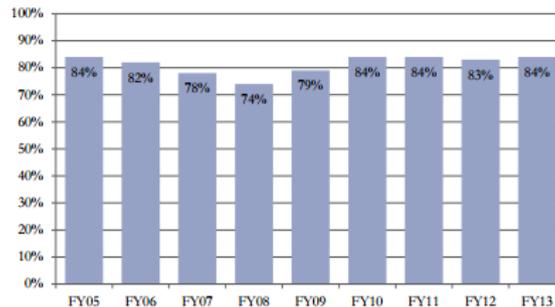
Item 4-Stability of Foster Care Placement

Purpose of Assessment-To determine if the child in foster care is in a stable placement and that any changes in placement that occurred were in the child’s best interest.

2010 CFSR Results-With reviewers finding 52% of children in cases reviewed experiencing stability, this item was determined to be an Area Needing Improvement. The data further showed that children involved experienced multiple placement changes and that in many of those cases at least one placement change was unplanned. In addition, some placements were deemed to be unstable at the time of the review.

Current Situation-The QCR measures placement stability by determining whether a child has experienced one unplanned placement change in the past 12 months, or multiple placements in the past 12 months, or if the placement is at risk of disruption. Between FY '09 and FY '13 the performance rate for this indicator has fluctuated between a low of 67% in FY '10 and a high of 77% in most current review year (FY '13).

Percent of Children in Foster Care Less Than 12 Months who had Two or Fewer Placements



Strengths and Concerns-This is an area where Utah will be allocating additional effort and resources. DCFS and the Utah Foster Care Foundation (UFCF) will cooperate to increase training provided to foster parents that targets the importance of stable placements.

In addition, the agency believes it will be able to stabilize placements through the re-launch of the CANS assessment; a communication tool that will facilitate the evaluation of a child’s needs and identify areas where the foster family might need extra support.

SAFE data reports will be used to measure outcomes related to this item. Furthermore, the QCR will provide us with qualitative information that will help us identify what is needed to improve children’s stability.

Finally, where foster parents have made a request to move a child to a new placement, DCFS may use surveys or interviews with those foster parents to determine which services would have enabled that family to keep the child stable in the placement.



Item 5-Permanency Goal for Child

Purpose of Assessment-To determine whether appropriate permanency goals were established for the child in a timely manner.

2010 CFSR Results-With 22.5% of the applicable cases not meeting this standard, this item was determined to be an Area Needing Improvement. Two of the three review sites performed substantially better (90% and 85%) than the third (50%). Reviewers determined that the appropriateness of the goal was a factor in seven of the cases rated Area Needing Improvement while timeliness was a factor in five of the cases. Agency efforts to seek termination of parental rights in accordance with Adoption and Safe Families Act standards was a factor in three cases. Not documenting compelling reasons for seeking the termination of parental rights was the most notable factor.

Current Situation-The targeted improvement goal of 72.6% was met in the PIP year Q10 rolling year quarterly submission (the result equaled 73.0%).

Analysis of data showed three case characteristics tended to correlate to inappropriate goal selections. These were age of the child 13 or older; months in care 13 months or longer; and cases with a concurrent goal of Guardianship Relative, Guardianship Non relative or Individualized Permanency.

Strengths and Concerns-As a result of this analysis, reports featuring cases with the above characteristics are sent to caseworkers and administrators for their review. Staff then determine whether the primary and concurrent goals are appropriate.

Another key issue identified during the analysis was the fact that workers were compelled to select exclusive primary and concurrent goals. Selecting exclusive primary and concurrent goals makes sense most of the time but in certain circumstances (i.e. Adoption and OPPLA) it may not make sense to select an alternative concurrent goal. Previously the SAFE data management system prohibited the selection of the same primary and concurrent goal but now allows caseworkers to select goals that fit the case situation.

This item continues to be a concern. DCFS is aware that a change to state statute needs to be made in order for state law to support what we now consider best practice. The agency will need to inform our legal partners—who view current practice as the appropriate way to assign permanency goals—about the need for modifications to state statute and current practice.

In addition, on a quarterly basis DCFS will be monitoring the permanency goals and will pay particular attention to specific permanency goal combinations. For example, the permanency goal of Individualized Permanency Plan (OPPLA), as a rule, should not have another goal (adoption, guardianship, reunification) as a concurrent plan because, by definition, it is “the goal of last resort.” Therefore, if there is an appropriate concurrent goal other than Individualized Permanency Plan, it should be the primary permanency goal rather than the concurrent goal.



Item 6-Achieving Reunification, Guardianship, Adoption, or OPPLA

Purpose of Assessment-To determine whether concerted efforts were made, or are being made to achieve reunification, guardianship, adoption, or other planned permanent living arrangements.

2010 CFSR Results-This is a new review element.

Current Situation-

Reason for Exiting	Percent	Median Months in Custody
Reunification with Parent(s)/ Primary Caregiver(s)	43%	11
Adoption Final	26%	14
Custody and Guardianship to Relative	16%	4
Age of Majority/ Emancipation	9%	35
Child Ran Away	1%	15
Custody to Juvenile Justice Services	3%	13
Custody/Guardianship to Foster Parent/Other Nonrelative	2%	5
Referred Outside Organization	0%	38
Death of Child	0%	29
Total	100%	

Strengths and Concerns-DCFS will refine the data it collects to more adequately assess the level of effort made to achieve reunification, guardianship, adoption, or other planned permanent living arrangements. New or refined data elements will be included in the DCFS Quarterly Report.

The agency will also continue efforts to reduce the time children are in out-of-home care. Our ability to reduce the time children are in out-of-home care will directly impact the success of the IV-E waiver demonstration project.

Permanency Outcome 2-Continuity of Family Relationships and Connections is Preserved for Children

Item 7-Placement with Siblings

Purpose of Assessment-To determine if concerted efforts were made to ensure that siblings in foster care were placed together unless a separation was necessary to meet the needs of one of the siblings.

2010 CFSR Results-With a performance score of 76%, this item was determined to be an Area Needing Improvement. On the other hand, this item was determined to be a strength following the 2003 CFSR.

Current Situation-For the last three years, the QCR has included a question asking "Was the [foster care, target] child placed with siblings in care?" Reviewers have overwhelmingly answered this question positively.



Number of Cases in the 2012 and 2013 QCR Where the Target Child was Placed with His/Her Sibling(s)

	All Siblings Placed Together	Some Siblings Placed Together	No Siblings Placed Together	Not Applicable
FY '12	29	11	15	88
FY '13	33	12	23	79

Strengths and Concerns—Placing siblings together is one of the agencies top priorities. Practice Guidelines require caseworkers to place siblings together unless there is a safety concern. In Utah—which ranks number 1 in the United States in fertility rate and where 31% of the population are children (compared to 23% nationwide)—large groups of siblings are common. Placing them all together can be a challenge.

To meet this challenge, DCFS added an element to its SAFE data management system that requires caseworkers document—following every placement change—whether the child was placed with siblings. If not, the caseworker must document the safety or well-being issue that prevented siblings from being placed together and why the placement chosen was the most appropriate. This data element will be added to the DCFS Quarterly Report.

In addition, licensing requirements can be amended in order to allow larger sibling groups to be placed together.

Item 8-Visiting with Parents and Siblings in Foster Care

Purpose of Assessment—To determine if concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationship with these family members.

2010 CFSR Results—This item was determined to be an Area Needing Improvement with reviewers finding that in only 55% of the cases the agency had made concerted efforts to ensure that visitation was of sufficient frequency to meet the needs of the family. The data further showed that visitation with mothers and siblings scored significantly higher than with fathers. This item was a strength in the 2003 CFSR.

Current Situation—The 2013 CPR produced the following results:

- Question—Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?

In 92% of the cases reviewed, the reviewers answered Yes.

- Question—Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?

In 75% of the cases reviewed, the reviewers answered Yes.



- Question-Was the child provided the opportunity to visit with his/her siblings weekly, OR is there an alternative visitation plan?

In 89% of the cases reviewed, the reviewers answered Yes.

Strengths and Concerns-This is an area of concern for Utah as visitation is the greatest predictor of successful reunification. As noted in the goals and objectives section in this plan, improving the structure of parent/child and sibling visitation is one of the priorities for the next five years.

DCFS Practice Guidelines state that, unless contact is documented to be clinically contra-indicated, purposeful and frequent visitation with parents and siblings is a child's right and not a privilege; not something to be earned or denied based on the behavior of the child or parent. Visitation is expected to occur as often as possible, with once per week as the minimum general guideline. Over the next few years DCFS will be creating additional guidance regarding the frequency and quality of visits between parents and children, which will help facilitate reunification efforts.

A Family Visitation Plan is an integral part of the Child and Family Plan and is located in the SAFE data management system. Evidence of the Family Visitation Plan is reviewed as part of each region's annual CPR.

In December 2013, DCFS also added an area to the SAFE visitation plan where the worker must record how and when visits will occur. The recommended practice is that contacts occur at least monthly. If visits are not conducted on a regularly scheduled basis, the SAFE visitation plan allows workers to identify other arrangements that will ensure that ongoing interactions between siblings occur. If there is to be no contact between the siblings then the worker must record the safety or well-being issue that prevents siblings from having ongoing interaction or visitation.

Item 9-Preserving Connections

Purpose of Assessment-To determine whether concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.

2010 CFSR Results-With reviewers finding that the agency had made concerted efforts to maintain the child's connections with extended family, culture, religion, community, and school in 74% of the cases, this item was determined to be an Area Needing Improvement.

Current Situation-DCFS does not have an explicit QCR or CPR data measure that coincides with this item. While the QCR measures connection to family—including extended family—it is not specific enough to provide adequate information.

Strengths and Concerns-Since DCFS does not have a data measure that coincides with this item the agency will review and devise data collection measures that will target this information.

In accordance with Memorandums of Understanding or Intergovernmental Agreements between DCFS and five Indian tribes in Utah, the state constantly works to maintain



connections between American Indian children in foster care and their appropriate tribes. As such, in cooperation with UFCF, DCFS is focusing on recruiting more American Indian families as foster parents. Approximately a year ago, a new UFCF staff member was hired and is actively recruiting and licensing more Native American foster families. She recently reported that the total number of American Indian foster families increased from 13 families in October 2013 to 25 in May 2014, which is an impressive achievement in such a short period of time.

DCFS is also working closely with school systems to maintain the connections of children in foster care with their schools. In 2009, the Utah State Legislature passed legislation to ensure that children in foster care can remain in their schools even if the foster child moves to a placement in another school district. Training was provided statewide to DCFS staff to inform them of this law and to convey the importance of maintaining school connections.

DCFS Practice Guidelines were updated to include a provision that requires a caseworker to make efforts to maintain the child's enrollment at their existing school whenever a child's living arrangement is changed. If a school change must occur, the caseworker is required to make every effort to minimize the degree of disruption to the child's education by working with educators to determine how to best minimize those disruptions. DCFS provided statewide training to its staff informing them of the purpose behind this law and the impact it will have on children in foster care.

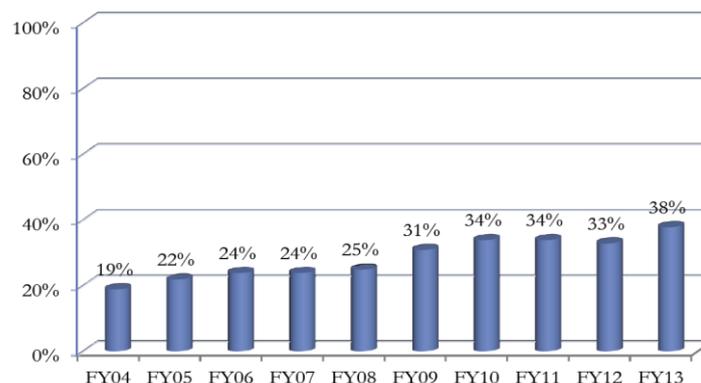
Item 10-Relative Placement

Purpose of Assessment-To determine whether concerted efforts were made to place the child with relatives when appropriate.

2010 CFSR Results-With reviewers finding that the agency had made diligent efforts to locate and assess relatives as potential placement resources in 67% of the cases, this item was determined to be an Area Needing Improvement.

Current Situation-The percent of children in foster care placed with kinship caregivers at some point in time during the year has gone from 19% in 2004 to 38% in FY 2013. Furthermore, approximately 28% of children leave foster care to permanent custody and guardianship or adoption with a relative.

Percent of Children in Foster Care Placed with Kinship Caregivers at Some Point in Time During the Year





Strengths and Concerns-Identifying and locating kin families with whom children may be placed is a high priority in Utah. Completion of a search for relatives, extended relatives, non-relatives or family friends is required within 30 days of the date a child enters custody and periodically throughout the life of the case. In order to expedite the placement of children coming into custody with their kin, provisions were put in place several years ago to perform immediate background checks on potential kin caregivers. Kin families are notified of and if appropriate complete applications for the Specified Relative Grant (through the Temporary Assistance to Needy Families program) and Medicaid (within the first 30 days of a child's placement). This assures medical and financial assistance for relative families is available before they become a licensed foster care provider or obtain temporary custody and guardianship of the child(ren).

Every region has four to eight designated kin locators, Resource Family Consultants, and a Kinship Team that provides formal and informal supports to kinship caregivers. Child and Family Services has trained and licensed twenty-five employees who are now using the internet-based CLEAR search engine (from Thomson Reuters) to locate relatives who may agree to a kinship placement for a child entering custody. At the state level, a Kinship Program Administrator coordinates these services and responds to continuous information requests from other states.

In the future, DCFS will continue to monitor children's placement with relatives and will devise strategies and write policies that will allow the state to provide Kinship Guardianship Assistance Payments to families providing care for a relative's child or children.

Item 11-Relationship of Child in Care with Parents

Purpose of Assessment-To determine whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

2010 CFSR Results-With reviewers finding that the agency had made concerted efforts to support the parent-child relationships of children in foster care in 41% of the cases, this item was determined to be an Area Needing Improvement.

Current Situation-About three years ago the QCR added a "Family Connection" indicator to the existing tool. While this indicator primarily assesses whether connections with parents through visitation have been maintained, it also looks at the involvement of parents in the child's life, including participation in school, sporting events, or medical visits. Using the Family Connections indicator, 86% of the cases reviewed in FY 2013 were scored as acceptable.

Strengths and Concerns-This item continues to be of concern to DCFS. Since our only data measure for this item is the QCR indicator referenced above, the agency is in the process of developing an indicator that will collect more relevant information.

With the goal to enable parents to attend activities in which their children participate, Utah expects parents to be notified of medical appointments, school meetings, and other activities in the child's life. In addition, DCFS is expected to provide parents with encouragement and transportation to support their attendance at these events.



Planning related to these events often takes place during Child and Family Team Meetings.

In addition, peer-parents associated with the state’s peer-parent program have been tasked with working with biological parents to help them rebuild or strengthen the parent-child relationship.

Finally, in an effort to better evaluate this item, DCFS will be reviewing all parent/child activities to determine which best measure selected outcomes.

Well-being Outcomes

Wellbeing Outcome 1-Families Have Enhanced Capacity to Provide for their Children’s Needs

Item 12-Needs and Services of Child, Parents, and Foster Parents

This item is divided into three sub-items:

- 12A: Needs assessment and services to children.
- 12B: Needs assessment and services to parents.
- 12C: Needs assessment and services to foster parents.

Purpose of Assessment-To determine whether the agency made concerted efforts to:

- Assess the needs of children, parents, and foster parents.
- Identify services necessary to achieve case goals.
- Adequately address the issues relevant to the agency’s involvement with the family.
- Provide the appropriate services.

Each factor is rated as the child enters foster care (if the child entered during the period under review) as well as on an ongoing basis.

Current Situation-During FFYs 2012-14, Utah designated this item as an area of focus and included it in the agency’s PIP. The table below shows the baseline (43.9%), Target Improvement Goal (47.2%), and rolling quarterly progress and achievement of the goal in Q7-10 (52.7%).

	TARGET IMPROVEMENT	Perf Rate					
	Q1-Q4	Q1-4	Q2-5	Q3-6	Q4-7	Q6-9	Q7-10
		Sep11-Aug12	Dec11-Nov12	Mar12-Feb13	Jun12-May13	Dec12-Nov13	Mar13-Feb14
ITEM 17- Assessment of Needs & Provision of Services	47.2	43.9	45.6	43.9	43.9	45.6	52.7

Analysis of data collected during the period the PIP was in place showed 166 of the cases were rated as an Area Needing Improvement. 42 of these cases were rated as Area Needing Improvement by missing only one component of the rating. The components missing most often were the assessment of father (9 of 42) or mother (11 of 42).



Strengths and Concerns-This is a very important item that has guided several Utah initiatives including projects that target assessment of the needs of children, parents, and foster parents or that address the provision of services to those groups.

Specific initiatives that address this item include the IV-E waiver demonstration project, the agency’s permanency framework initiative (including Permanency Roundtables), the re-launch of the CANS assessment, and the implementation of SDM.

In addition, DCFS is developing a number of data reports that will not only help support the assessment of these initiatives but will guide the development of future projects that address parent/child relationships.

Item 13-Child and Family Involvement in Case Planning

Purpose of Assessment-To determine whether concerted efforts were made or are being made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

2010 CFSR Results-With 45% of the applicable cases not meeting this standard, this item was determined to be an Area Needing Improvement.

Current Situation-This item is measured during the CPR and is highlighted in the PIP data. At 66.9%, the PIP Targeted Improvement Goal of 61.5% was achieved in the PIP Q9 rolling year quarter.

	CPR Foster Care		CPR In-home		CFSR PIP	
	FY12	FY13	FY12	FY13	PIPY12 Q4	PIPY13 Q8
Mother	77%	85%	89%	95%	58%	60%
Father	67%	61%	63%	69%		
Child	78%	86%	63%	70%		

Strengths and Concerns-Involvement of the child and family in case planning is an integral part of the Utah Practice Model. While state policy originally set the threshold for child involvement in the planning process at 12 years of age or older it was subsequently changed 2011 to make it consistent with federal guidelines that recommend children 5 years of age or older be involved in the planning process.

This item has and will continue to be an area of concern but it will not be targeted for extra efforts. The item has been measured during the CPR and will continue to be in the future.

Item 14-Caseworker Visits with Child

Purpose of Assessment-To determine whether the frequency and quality of visits between caseworkers and the child(ren) are sufficient to ensure safety, permanency and well-being of the child and promote achievement of case goals.

2010 CFSR Results-With 12% of cases not meeting this standard, this item was determined to be an Area Needing Improvement. Results for families involved in a foster care case tended to be better than were results for families receiving in-home



services. In cases where caseworker contact was determined to be an Area Needing Improvement both frequency and quality of the visits were equally problematic.

Current Situation-This is measured in the CPR, which reviews the frequency of visits over a 6-month period.

Mean Average of all Visits with all Target Children Occurring over a 6 Month Period

	CPR Foster Care		CPR In-home		CFSR PMAG	
	FY12	FY13	FY12	FY13	PIP-Y12 Q4	PIP-Y13 Q8
Child	89%	91%	78%	85%	89%	93%

Additional data was collected in conjunction with the PIP. The PIP data is rated based on the CFSR-OSRI definitions of frequency and quality visit. The PIP Targeted Improvement Goal of 91.8% was achieved in the PIP year Q6 rolling year quarter. Subsequent tracking of this data has revealed performance rates have steadily improved (Q10=96%).

Strengths and Concerns-DCFS will continue to track and report on this data measure but will not be allocating additional resources to this item.

Item 15-Caseworker Contacts with Parents

Purpose of Assessment-To determine whether the frequency and quality of visits between caseworkers and mothers and fathers of children are sufficient to ensure the safety, permanency, and well-being of children and promote achievement of case goals.

2010 CFSR Results-With 51% of the applicable cases not meeting this standard, this item was determined to be an Area Needing Improvement.

Current Situation-Caseworker contact is measured in the CPR, which reviews the frequency of visits with mothers/fathers over a 6-month period.

Mean Average of all Visits with Mothers and Fathers Occurring over the 6-Month Period

	CPR Foster Care		CPR In-Home		CFSR PMAG	
	FY12	FY13	FY12	FY13	PIP-Y12 Q4	PIP-13 Q8
Mother	59%	69%	85%	88%	59.6%	71.1%
Father	47%	47%	56%	71%		

Additional data was collected in conjunction with the PIP. The PIP data is rated based on the CFSR-OSRI definitions of frequency and quality of visits. The PIP Targeted Improvement Goal of 63.3% was achieved in the PIP year Q6 rolling year quarter. Subsequent tracking of this data has revealed performance rates have steadily improved through Q10 (79.8%).

Strengths and Concerns-Regardless of whether children are in foster care or are provided services in the home, Utah places great importance on ensuring children participate in visits with their parents. This item will continue to be emphasized but DCFS will not be allocating additional resources to this item at this time.



Wellbeing Outcome 2-Children Receive Appropriate Services to Meet Their Educational Needs

Item 16-Educational Needs of the Child

Purpose of Assessment-To assess whether the agency made concerted efforts to assess children's educational needs and whether identified needs were appropriately addressed in case planning and management activities.

2010 CFSR Results-With 12% of the applicable cases not meeting this standard, this item was determined to be an Area Needing Improvement. In all five cases that were rated as Area Needing Improvement, the child had identified educational needs that were not addressed.

Current Situation-The QCR measures child education outcomes. The overall rating is based on an assessment of the developmental progress of children 5 years of age or less OR an assessment of the educational status (i.e. attendance, proximity to grade level, prognosis for graduation) of children who are 5 years of age or older. Cases with unique age or developmental situations are also evaluated and are included in the rating, which may be adjusted depending on the specific situation. Unique cases where scores may be adjusted include those where a youth may be preparing for college, vocational training, or entry into the workforce as well as those where a child may have an Individualized Education Plan to which they may, or may not, be adhering. QCR scores for the past five years have remained relatively constant ranging from a low of 85% in FY '09 to a high of 91% in the most recent review year (FY '13).

Strengths and Concerns-DCFS is currently working on a Memorandum of Understanding (MOU) that will allow DCFS and the Utah State Office of Education to share real time data and student information. This will allow caseworkers to receive current information on the educational progress of children in care including information about attendance, behavior, grades, achievement testing, and progress towards graduation.

In 2012, DCFS updated the information on the education module in the SAFE data management system to make it more relevant to caseworkers. Practice Guidelines were also updated and state the following: "The caseworker will maintain contact with educational staff to monitor the child's ongoing educational status, including grades, attendance, and credits toward graduation. Educational staff or their input will be included in Child and Family Team Meetings when appropriate."

In June 2014, DCFS released mandatory online education training that helps workers understand their responsibilities relating to educational outcomes for children in foster care. The training covers how trauma issues may impact the child's performance in school, federal and state laws regarding educating youth in care, practice guideline requirements, caseworker responsibilities, special education issues, and caseworker resources. All staff that work with children in foster care must complete the training by December 2014. The training will remain available for staff to access indefinitely.

Although this item is also of great concern to Utah, we will not be allocating additional resources to it at this time.



Wellbeing Outcome 3-Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

Item 17-Physical Health of the Child

Purpose of Assessment-To determine whether the agency addressed the physical health needs of the child including dental health needs.

2010 CFSR Results-With the physical health needs of the child being unmet in only 8% of the applicable cases, this item was rated as a strength.

Current Situation-The CPR rates physical health and dental health separately. This rating applies to foster care cases only.

Timeliness of the Child’s Initial or Annual Physical Health Exam and the Timeliness of the Initial or Annual Dental Health Exam

CPR- Foster Care Cases Only	FY '12	FY '13
Initial or Annual Physical Evaluation	85%	83%
Initial or Annual Dental Evaluation	90%	87%

The QCR also measures the health status of the child. This is a composite measure of both physical and dental needs and measures whether physical health or dental services were provided at an acceptable level.

QCR- Foster & Home-based Cases	FY '12	FY '13
Health Status	97%	99%

Strengths and Concerns- This item is important to Utah but, since we already do well in this area, we will not be allocating additional resources. To maintain our high performance we will continue to monitor and modify practice in this area as needed.

Item 18-Mental/Behavioral Health of the Child.

Purpose of Assessment-To determine whether the agency addressed the mental/behavioral health needs of the child(ren).

2010 CFSR Results-This item was determined to be an Area Needing Improvement with 9% of the applicable cases not meeting the Mental/Behavioral Health standard.

Current Situation-The CPR measures the timeliness of initial and annual mental health assessments. This is applicable in foster care cases only.

CPR- Foster Care Cases Only	FY '12	FY '13
Timeliness of MH Evaluations	80%	87%

The QCR measures the emotional and behavioral well-being of the child. Considerations when rating this indicator include emotional and behavioral functioning, assessment of indicated needs, provision of services to address identified needs, and whether the interventions are having the desired results.



QCR- Foster & Home-based cases	FY '12	FY '13
Emotional & Behavioral Well-being	83%	89%

Strengths and Concerns-While this item is also very important to Utah we will not be allocating additional resources to this item at this time.

Statewide Information System

Item 19-Statewide Information System

Purpose of Assessment-To assure that the state is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the preceding 12 months, has been) in foster care.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-Utah has a well-developed and well-used SACWIS system (SAFE).

Strengths and Concerns-During the last two years, a major project has been initiated to move the SAFE data management system from a Power Builder platform to a web-based Dot.net system. The conversion of the database was accomplished during a nine-month period in 2013 and new modules are now being written into the web-based system. The SAFE data management system has long been able to identify information regarding every child in foster care, families receiving in-home services, as well as children and families served through other agency programs.

SAFE records concerning a child and family are kept indefinitely.

This item will continue to be a focus for Utah, not because we have been deficient but because technology is available that will provide a stronger, more responsive system that will better support caseworkers and other child welfare professionals who work with families.

Case Review and Quality Assurance System

Item 20-Written Case Plan

Purpose of Assessment-To assure that the state provides a process that ensures that each child has a written case plan to be developed jointly with the child's parents that includes the required provisions.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

Current Situation-Participation in the case planning process is reviewed yearly during both the QCR and the CPR. Data from the reviews held in 2013 show:



Teaming Scores for In-home and Foster Care Cases

Teaming	FY00 Baseline	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13 Scores
Eastern Region	22%	50%	67%	75%	75%	79%	75%	74%	65%	79%	58%	63%	75%	80%
Northern Region	44%	29%	42%	42%	57%	75%	71%	83%	83%	88%	74%	71%	80%	59%
Salt Lake Region	37%	29%	35%	54%	78%	80%	75%	87%	71%	73%	79%	69%	65%	73%
Southwest Region	53%	71%	67%	92%	96%	100%	92%	83%	79%	92%	63%	75%	65%	75%
Western Region	36%	30%	38%	54%	83%	73%	75%	79%	91%	67%	79%	67%	67%	29%
Overall Score	39%	39%	45%	61%	79%	81%	77%	83%	76%	78%	73%	69%	70%	56%

Involvement in the Development of the Child and Family Plan for In-home Cases

IH.3	Were the following team members involved in the development of the current child and family plan?														
	the mother	110	105	0	0	5	0	16	85%	95%	89%	91%	63%	81%	3.3%
	the father	91	63	0	0	27	1	35	85%	69%	63%	60%	63%	81%	8.0%
	other caregiver (guardian, step-parent, kinship)?	37	34	0	0	3	0	89	85%	92%	86%	87%	NA	NA	7.4%
	the child/youth if developmentally appropriate?	88	62	0	0	26	0	38	85%	70%	63%	74%	78%	79%	8.0%

Involvement in the Development of the Child and Family Plan for Foster Care Cases

IV.3	Were the following team members involved in the development of the current Child and Family Plan?														
	the mother	97	82	0	0	15	0	34	85%	85%	77%	76%	63%	81%	6.0%
	the father	77	47	0	0	28	2	54	85%	61%	67%	45%	63%	81%	9.1%
	other caregiver, (guardian, foster parent, stepparent, kin)?	118	110	0	0	8	0	13	85%	93%	92%	95%	57%	57%	3.8%
	the child/youth if developmentally appropriate? (generally age 5 and over)	84	72	0	0	12	0	47	85%	86%	78%	86%	90%	89%	6.3%

Strengths and Concerns-Utah requires that each child and family served have a Child and Family Plan created within 45 days of the case start date. The plan is developed with the parents and the child, if the child is over the age of 5 and able to participate.

Often the Child and Family Plan is developed during a Child and Family Team Meeting where both formal and informal supports of the family are in attendance. Utah requires that the plan be updated at least every six months while the case is open.

The plan is maintained in the SAFE data management system. SAFE identifies the date when the plan is finalized and notifies the caseworker before the six-month mark, when plans must be updated. The SAFE data management system is also the repository for Child and Family Team Meeting minutes, which include a list of persons participating in the meetings and the topics discussed. It is expected that the plan is discussed and that the plan is either developed or updated as a result of, or, during that meeting.

In the next five years, Utah will be targeting this item for improvement. The data clearly shows that workers need to increase the involvement of both fathers and children in case planning. An initiative to engage fathers in case planning has been included in the goals section of this plan.



The CPR will continue to be the forum where progress relating to development of case plans is measured.

Item 21-Periodic Reviews

Purpose of Assessment-To assure that the state provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by court or by administrative review.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-Utah continues to have court reviews for all children in foster care no less frequently than every six months.

Strengths and Concerns-While the Juvenile Courts track this information, both DCFS and the Juvenile Courts review the court report to assure that reviews are conducted every 6 months.

This item is very important to Utah but because we are successfully meeting this requirement we will not be allocating additional resources to this item.

Item 22-Permanency Hearings

Purpose of Assessment-To assure that the state provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body no later than 12 months of the date the child entered foster care and no less frequently than every 12 months thereafter.

2010 CFSR Results-This item was determined to be strength.

Current Situation-Utah continues to have permanency reviews no less frequently than every 12 months.

Strengths and Concerns-Utah has an expectation that permanency reviews are completed within 12 months for every foster care case. Additional reviews are to occur no less frequently than every 12 months thereafter. The timing of these reviews are carefully monitored by DCFS and the courts. The same report from the Juvenile Courts database listed in Item 21 is used to monitor this item.

This item is also important to Utah but because we are successfully meeting the requirement we will not be allocating additional resources to this item at this time.

Item 23-Termination of Parental Rights

Purpose of Assessment-To assure that the state provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

2010 CFSR Results-This item was determined to be a strength.



Current Situation-Utah continues to provide a process for termination of parental rights, which takes place during the 12 month permanency hearing. Utah has an appeals process. Since it is accomplished quickly the permanency status is not considerably delayed.

Strengths and Concerns-A report in the SAFE system pertaining to termination of parental rights is used to track this data and whether the division is in conformance with requirements in the Adoption and Safe Families Act. Therefore, we will not be allocating additional resources to this item at this time.

Item 24-Notice of Hearings and Reviews to Caregivers

Purpose of Assessment-To assure that the state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

Current Situation-Currently information about a child's court case, including date and time of hearings, is accessible to foster parents through the "MyCase" system managed by the courts. The Resource Family Consultant assigned to the case gives foster parents information about this system and shows foster parents how to access their foster child's information. Foster parents are given the opportunity to address the court in any review or hearing held with respect to a child placed in their home.

Strengths and Concerns-DCFS recognizes that it needs to better coordinate notifications of foster parents, pre-adoptive parents, and relative caregivers of children in foster care with the court's CARE system. The agency is developing a system that notifies substitute caregivers via email of any review or permanency hearing. Our hope is to automatically send an email to the substitute care provider through an interface between the court system and Utah's SAFE data management system. This email will include notification that the caregiver has the opportunity to be heard at the review or hearing. The first step of this improved process is to acquire the email addresses of every provider and add those addresses to SAFE.

In the future, DCFS intends to allocate additional resources to improve this service and will instigate a foster parent survey to determine if we have accomplished needed improvements.

Quality Assurance System

In its letter regarding Utah's QA/CQI system, the Children's Bureau did not indicate that the system needed further enhancement. DCFS currently has four people receiving federal CQI training and is equipped to support the state's system. Because our system has been successful for more than a decade, we are not experiencing any issues nor do we foresee any barriers to the collection of applicable data or information.



Item 25-Quality Assurance System

Purpose of Assessment-To assure that the state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-Utah has a model QA system that measures the outcomes for children and families as well as the agency's ability to integrate the Practice Model throughout the child welfare system.

Strengths and Concerns-Utah's QA process includes three important components. The CPR measures compliance with policy. The QCR is an interview-based outcomes-focused review. Finally, QICs in each region and at the state level involve stakeholders—including legal partners, community action groups, community service providers, foster parents, foster care alumni, medical partners, and other interested parties—in the review process. QICs provide regular, ongoing feedback to region or state office administrators about quality assurance issues that affect the child welfare system.

DCFS has allocated resources that will enable us to incorporate more CFSR measures into the current system, all while maintaining the integrity of the QA process that was established over 15 years ago.

In the future, as DCFS staff work to increase consistency of practice, we will be surveying workers and supervisors to learn if the QCR and CPR process is helpful to them. We will also continue to incorporate CQI information obtained from the recent CQI Academy into our quality improvement activities.

Staff and Provider Training

Item 26-Initial Staff Training

Purpose of Assessment-To assure that the state is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services

2010 CFSR Results-This item was determined to be strength.

Current Situation-DCFS continues to provide staff and provider training as outlined in its [Training Plan](#).

Strengths and Concerns-The *New Employee Practice Model Training* course was recently updated and now includes additional practice content. DCFS is in the process of reviewing the impact of the new course on workers ability to provide consistent statewide services. The training team will survey new employees immediately following the training, at 4 months post-training, and 1 year post-training to determine the



effectiveness of the course. The training team will use results of the survey to enhance that course so that it better meets the needs of new employees.

To date, QCR results indicate that because of the revised training many new employees are performing on par with some of our more seasoned employees.

Item 27-Ongoing Staff Training

Purpose of Assessment-To assure that the state provides ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

2010 CFSR Results-This item was determined to be strength.

Current Situation-Utah continues to provide ongoing training for staff. This training is designed to increase the skill and knowledge base workers need to provide excellent child welfare services to clients.

Strengths and Concerns-DCFS believes that providing continuing education to all staff is important and that it is a good investment. Therefore, the agency will continue to allocate a large portion of its resources to staff training.

Currently, staff are able to access a wide array of regularly scheduled training, which may be provided through a web-based format or in the classroom. Training may also be available during conferences, summits, or provided as in-service training during staff meetings.

Satisfaction surveys are administered post training which are used to determine the effectiveness of the training. The training team recently started sending these surveys via email, which has increased the return rate. The training team also uses employee input and requests to guide it as it identifies and develops supplemental training that addresses a wide array of additional training topics.

Item 28-Foster and Adoptive Parent Training

Purpose of Assessment-To assure that the state provides training for current or prospective foster parents, adoptive parents, and staff of the state licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

2010 CFSR Results-This item was determined to be strength.

Current Situation-In conformance with their state contract, the UFCF continues to offer training for prospective foster parents.

Strengths and Concerns-A new curriculum, which UFCF provides to foster and adoptive parents, has been implemented in three of the five regions, and has been well received. The remaining two regions will be trained by September 2014. Practice Model training is included in training for prospective foster and adoptive parents as well as for



staff of state licensed facilities that care for children receiving foster care or adoption services.

In conjunction with DCFS, UFCF is currently reviewing current training in an effort to make it more accessible to foster and adoptive parents who live in rural areas or to those who cannot participate in classroom or web-based training.

UFCF provides potential foster parents with an online survey following each training session. This survey used to measure client satisfaction with training and to evaluate which training method(s) are most amenable to those attending the course.

Service Array and Resource Development

Item 29-Array of Services

Purpose of Assessment-To assure that services are accessible to families and children in all political jurisdictions covered in the states CFSP.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

Current Situation-While there is still a large array of services in the more populated areas of the state (along the Wasatch front), due to budget cuts the number of services statewide has decreased. Budget cuts and the resulting reductions in staff have also caused some concern about the quality of services provided in both rural and urban areas of the state.

Strengths and Concerns-This problem is compounded by the fact that there is increasing demand for a number of services including respite care for parents and foster parents, peer parenting, dental and orthodontic services, mental health services such as child psychiatric services, services for sexual abuse (victim and perpetrator), inpatient substance abuse treatment, intensive in-home services, affordable housing, domestic violence services (shelter beds, treatment, support services), community-based services for high risk youth, Spanish speaking services and interpreters, and foster homes (particularly for teens).

Because of their high cost, several services are even less accessible for parents that do not have health insurance or Medicaid.

In conjunction with the HomeWorks project, DCFS staff are currently gathering information about the number of providers that are capable of delivering specific services and are identifying service gaps in each DCFS region.

DCFS staff are also participating in a survey process that is assessing the accessibility and quality of services provided in each region. The ultimate goal of this survey process is to identify gaps in services for each region and provide local community collaborations with information they need to formulate a plan that will be used to enhance existing services or develop new services.

To support the development and funding of new and existing services, the division's contracting process has been restructured. Individuals involved in writing and executing contracts have been centralized within the state office. As a result, a number of



contracts that were previously available in only one region are now available statewide. Staff on the Contracts Team are also analyzing each contract to ensure that services provided by contract providers are evidence-based and align with agency needs.

DCFS intends to continue to evaluate and augment all available resources. Ensuring that the state has a broad array of available and accessible services is not only important to the success of the HomeWorks project but is essential to other agency programs as well.

Item 30-Individualizing Services

Purpose of Assessment-To assure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

Current Situation-Many services can be individualized but, as mentioned, may have limited accessibility, particularly to clients that speak Spanish.

Strengths and Concerns-This item is being addressed and evaluated through the IV-E waiver demonstration project. As noted above, DCFS staff are participating in a survey process that will assess the accessibility and quality of services provided in each region. Surveys are designed to evaluate whether a provider's services are able to be individualized as well as identify if providers have the capacity to provide services in languages other than English.

Agency Responsiveness to the Community

Item 31-State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Purpose of Assessment-To assure that the state, in implementing the provisions of the CFSP, engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

2010 CFSR Results-This item was determined to be strength.

Current Situation-Utah has an excellent record of collaboration with partners and continues to seek out partnerships that will benefit children and families in the State of Utah.

Strengths and Concerns-During stakeholder interviews conducted during a QCR, reviewers determine if appropriate consultations have taken place and use the results of those interviews to identify and recommend actions that will resolve gaps in partner relations. State office and regional administrators then act on those recommendations as appropriate.



QICs—comprised of medical providers, court improvement project partners, individuals that deliver community services, representatives from non-profit organizations, legal partners, and members of the general public—are not only used as a partnering tool but assess relationships between DCFS, community providers, and other agencies that may not be represented on the committee.

In addition, the Indian Child Welfare Program Administrator has built relationships with each of the federally recognized tribes in Utah. This person, along with other agency representatives, meets quarterly with tribal leaders during their monthly coordinating meeting. The Program Administrator has been instrumental in establishing MOU's with five tribes and organizes the annual ICWA conference, which for the last two years has been hosted by two different tribes.

DCFS administrators also collaborate with a number of agencies involved in the Court Improvement Project and are members of the Court Improvement Project's Permanency Workgroup and ICWA Compliance Committee.

Because of the state's success at forming effective partnerships, no additional resources will be allocated to this item at this time.

Item 32-Coordination of CFSP Services with Other Federal Programs

Purpose of Assessment-To assure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

2010 CFSR Results-This item was determined to be strength.

Current Situation-DCFS coordinates with a number of federal agencies or state partners that utilize federal funds.

Strengths and Concerns-The Department of Workforce Services (DWS) administers Temporary Assistance to Needy Families funds, which are used to supply Specified Relative Grants to relatives who are caring for a relative's child(ren). DCFS worked closely with DWS to create a pathway for relative caregivers, which expedites the application process for kin who are seeking Specified Relative Grants and/or medical cards for the children they care for.

DCFS works closely with the Department of Health's (DOH) Early Intervention Program and Head Start to identify children who may be eligible for services through either program. DOH also uses Medicaid funding to provide access to nurse case managers who track the medical needs of every child in foster care.

In addition, DCFS works closely with the DOH Medicaid Program to access medical and mental health services for foster and adoptive children. In cooperation with DOH and the Division of Services for People with Disabilities, DCFS is able to access Medicaid waiver services for children with intellectual disabilities.

Using funding provided through a SAMHSA planning grant, DHS is developing a System of Care (SOC), which will enable divisions within DHS to coordinate services delivered to children and youth with complex emotional and behavioral needs and their



families. The SOC Committee has also applied for a SAMHSA implementation grant, which will help support the phased roll-out of the SOC during FFYs 2015 to 2017.

DCFS is not concerned about the current state of this item and will not be allocating additional resources to it. As always, we will continue to collaborate with other state and federal programs in order to achieve better outcomes for the families we work with.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33-Standards Applied Equally

Purpose of Assessment-To assure that the state has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards.

2010 CFSR Results-This item was determined to be strength.

Current Situation-DHS Office of Licensing (OL), which works closely with—but is independent from—DCFS, is responsible for ensuring that approved foster family homes or child care institutions receiving title IV-E or IV-B funds comply with state standards and audits each program frequently.

Strengths and Concerns-OL sets standards for foster homes and child care institutions that serve children in the care of various divisions within DHS. All OL criteria and specifications that guide services delivered by community providers conform to federal law and recommended national standards.

The Office of Licensing is in the process of updating their foster parent licensing rule and is making other provisions related to kinship caregivers. A variance to a rule can be made (on a case by case basis) that will make it easier for a kin caregiver to accept the child of a relative into their home. Variances are not available for rules that affect the safety of a child.

Since licensing standards are in place and are working effectively, DCFS will not be allocating additional resources to this item.

Item 34-Requirements for Criminal Background Checks

Purpose of Assessment-To assure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

2010 CFSR Results-This item was determined to be strength.

Current Situation-DCFS monitors the requirements for criminal background checks and in partnership with OL periodically reviews licensing files.

Strengths and Concerns-OL oversees the criminal background screening and child abuse registry screening process for foster and adoptive parents and works with the



Department of Public Safety to ensure that criminal background checks are completed. Background screenings are recorded in the SAFE data management system, which OL uses to track compliance.

No additional resources are needed in order to accomplish the purpose of this item. OL and DCFS will continue to periodically review licensing files to ensure that background checks are completed.

Item 35-Diligent Recruitment of Foster and Adoptive Homes

Purpose of Assessment-To assure that the state has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

2010 CFSR Results-This item was determined to be strength.

Current Situation-Through a contract with DCFS, the UFCF is responsible for the diligent recruitment and training of potential foster and adoptive families and works with each region to determine yearly recruitment target numbers.

Strengths and Concerns-Near the end of 2013, UFCF in collaboration with DCFS and Utah's tribes hired a part time foster parent recruiter to specifically focus on the recruitment and licensing of American Indian foster homes. In addition, targeted recruitment efforts have focused on Hispanic families and families willing to work with older children in foster care.

DCFS audit staff monitor UFCF activities and ensure that foundation services are in compliance with the statement of work listed in their contract. Any non-compliance issues found are noted and an improvement plan is required. If improvements are necessary, the DCFS audit team follows up to ensure that compliance is achieved.

No additional resources are needed in order to accomplish the purpose of this item.

Item 36-State Use of Cross-Jurisdictional Resources for Permanency Placements

Purpose of Assessment-To assure that the state has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for waiting children.

2010 CFSR Results-This item was determined to be strength.

Current Situation-DCFS has a full-time Interstate Compact on the Placement of Children (ICPC) Administrator and assistant that process ICPC requests in a timely manner.

Strengths and Concerns-Utah also has a contract with the Adoption Exchange and uses many of their resources to find adoptive families for children. The Adoption Exchange's Heart Gallery has helped place children who are free for adoption into families located outside of the county or region in which the child is located and in some cases has found adoptive families—for children in Utah—outside of the state.



The Adoption Exchange contract is audited on a regular basis by the DCFS audit team to determine if provisions in the contract are being fulfilled. If any non-compliance issues are found, an improvement plan is developed and is monitored until the issues are resolved.

In addition, DCFS uses the Casey Family Programs Permanency Round Table process to find permanent families for children that have been in foster care for a long period of time. Permanency Round Tables have helped these children return home, find placements with relatives, or locate placements outside normal channels that are willing to offer the child a permanent home. Permanency Roundtables are evaluated as part of the QCR process. Evaluation of that process is specifically addressed when reviewers interview stakeholders.

Casey Round Table training, traditionally provided to permanency experts that participate on Permanency Round Tables, has been adapted so that it can be provided to DCFS caseworkers. During this course, participants address the topic of worker bias and identify ways to reduce biases.

No additional resources are needed in order to accomplish the purpose of this item.

PLAN FOR IMPROVEMENT

Goals

Three broad goals will guide DCFS activities over the next five years. Goals selected support the agency's vision statement ("Safe Children, Strengthened Families") and conform to the following basic and fundamental concepts that were outlined by the administrative team during the planning retreat in March 2014. To support proper allocation of resources, the concepts are used as a guide whenever DCFS considers implementing new initiatives. Those concepts are:

1. Utah has an excellent child welfare system that is not in need of an overhaul.
2. Sustaining high levels of practice achieved in the last decade is critical.
3. Initiatives to improve quality of programs and services are best accomplished when implemented in small increments, in conditions where staff have time to absorb new knowledge and skills, and when staff are provided with the support they need to achieve competency.

Goals outlined in this plan address initiatives that may:

- Be currently in the process of being implemented.
- Help attain fidelity to evidence-based models (e.g. SDM, and CANS).
- Support needs identified in the statewide assessment.
- Enhance accomplishments (e.g., parent/child visitation) that were achieved in response to the agency's Program Improvement Plan (PIP) developed following the 2010 Child and Family Services Review.

Goal 1 was selected in response to data collected between 2000 and 2011 that shows that the number of children receiving foster care services increased and the number of children served through in-home services decreased. Overall, there is a need to increase



the number of clients receiving in-home services and reduce the number of children entering foster care. To accomplish this goal the child welfare system will need to improve the overall effectiveness of services provided in the home, help families make lasting changes that result in improved child well-being, and reduce the number of families that repeatedly come to the attention of the child welfare system due to reports of abuse or neglect of children. Also in support of this goal, increasing evidence indicates that outcomes may be better for children served at home, when possible.

This goal is consistent with goals outlined in Utah’s IV-E waiver demonstration project initiated in October 2012 through an agreement with the Children’s Bureau. Please refer to the IV-E waiver plan for details on objectives, benchmarks, and outcomes.

Implementation Supports	Goal	Objective	Task	Process/Outcomes Measure
Waiver Leadership Team, Region Administration, Children’s Bureau, U of U Social Research Institute, NRC for In-Home Services, CSSP, Casey Family Programs	1. More children are safely nurtured in their families			Data from SAFE will be used to track the population served through the In Home Program and Out-of-Home Programs. In conjunction with the HomeWorks project, DCFS also has a rigorous evaluation plan that will be used to assess outcomes related to this goal.
		A. Implement statewide HomeWorks, Utah’s IV-E child welfare demonstration project.	1) Implement the UFACET, an evidence-based child and family assessment.	
			2) Enhance caseworker skills by incorporating the Strengthening Families Protective Factors Framework into casework practice.	
			3) Develop a trauma-informed child welfare system through agency training that will increase awareness and improve response to trauma, address secondary traumatic stress for caseworkers, and increase availability of evidence-based trauma treatment.	
			4) Provide an increased array of evidence-based services with enhancements to include the implementation of the Strategic Training for Effective Parenting (STEP) peer parenting curriculum, to be used in home-based settings.	
			5) Develop additional community resources to support in-home services (to the extent capacity and funding allow).	



Implementation Supports	Goal	Objective	Task	Process/Outcomes Measure
		B. Focus on child protective services as the first in-home service.		
			1) Improve methods used to implement the SDM Risk and Safety Assessments.	
			2) Strengthen policies and practices that will aid in assessing child risk and safety planning.	
		C. Partner with the Department of Human Services in implementation of the DHS System of Care for children.	1) Ensure that the DCFS Director participates as a member of the Governance Board.	
			2) Actively provide input to the System of Care Clinical, Training, Communication, Data, and Finance subcommittees to help facilitate successful program design and implementation as well as ensure that child welfare and domestic violence perspectives are represented.	

Goal 2 supports activities that will enhance the agency’s Permanency Framework, a project initiated in response to goals and objectives listed the agencies PIP (from round 2 of the CFSR).

In addition, Goal 2 incorporates recommendations outlined in the 2012 legislative audit, conducted by the Office of the Legislative Auditor General, which suggested that DCFS reconsider its decision to not provide Guardianship Assistance Subsidies to kinship families as allowed by the Fostering Connections and Increasing Adoptions Act of 2008. On the basis of this recommendation DCFS has begun a planning process that will lead to the implementation of Title IV-E Kinship Guardianship Assistance Payments for a select population.

Finally, in response to the agency’s struggle to successfully meet CFSR standards related to assessment and service provision, over the past several years Utah instigated several new assessment tools including three new SDM assessments and the CANS assessment. Unfortunately, negative comments about the CANS were prevalent during interviews with stakeholders conducted during the 2014 QCRs in every region of the state. Presented to staff as a tool for determining the level of care needed by children in foster care, it has become clear that caseworkers, supervisors, and administrators do not see the value of the CANS assessment and have advocated that it be discontinued.

On the other hand, the UFACET assessment, a major component of the HomeWorks initiative, is a CANS based tool and has been well received in the areas where it has been implemented. Addressing this incongruity, DCFS will use the UFACET to assess the strengths and weaknesses of CANS and determine which components of CANS require revision. In an effort to gain the same support for CANS as we have had for the



UFACET, once revisions to CANS are made DCFS intends to use the process used to launch the UFACET to re-launch CANS.

Implementation Supports	Goal	Objective	Task	Process/Outcomes Measure
Children’s Bureau, Utah State Legislature, NRC for CPS, Praed Foundation, Casey Family Programs	2. Support children in in out of home settings.			<p>Process measures will be used when developing tools and processes to be implemented. Once developed and implemented DCFS will define measures of success. Measures of success will likely include the following indicators:</p> <ul style="list-style-type: none"> -Number of KinGap subsidies sought and percent awarded. -Visitation reports on frequency of parent/child visitation and their correlation with time to reunification. <p>In addition SAFE data will be used to measure the quality of CANS assessments. Worker surveys and caseworker and supervisor interviews—conducted during QCRs in each region—will also be used to measure satisfaction with CANS once it is re-launched.</p>
		A. Implement Title IV-E Kinship Guardianship Assistance Payments for older youth who are Title IV-E eligible and in foster care.	1) Determine the population that will be eligible for the KinGap subsidy.	
			2) Write policy and Administrative Rules that will support implementation of the new process.	
			3) Train staff on the new process including when and how to establish the subsidy for those eligible.	
		B. Strengthen efforts to help children attain timely permanency.	1) Improve parent/child visitation.	
			2) Engage fathers and improve casework contacts with parents.	
			3) Enhance reunification assessments and develop appropriate permanency goals.	



Implementation Supports	Goal	Objective	Task	Process/Outcomes Measure
		C. Revise the CANS assessment to better mirror UFACET enhancements (including enhancements that address trauma), and ensure that the tools are being administered with fidelity.	1) Determine the issues that must be addressed and identify changes to CANS needed to ensure a successful re-launch of the assessment.	
			2) Develop an implementation plan that covers all of the necessary steps to ensure a successful implementation.	
			3) Identify and develop additional CANS training that will help caseworkers use the tool to its full potential.	

Goal 3 was selected for several reasons. Following both the first and second rounds of the CFSR Utah was commended for its Practice Model (developed in response to the David C. lawsuit and subsequent settlement). But, further evaluation indicated that DCFS struggles with using the Practice Model to guide the consistency of practice.

As a result, in PIPs developed following both CFSRs, Utah included goals and strategies that support supervisors as they monitor and coach caseworkers and improve caseworkers practice. Current goals and strategies developed (listed below) support past strategies and outline additional tools and training that DCFS feels will improve supervisor and administrator skills and increase their capacity to address practice related issues.

To support development and implementation of these new initiatives, DCFS will assimilate the [DCFS Strategic Planning and Implementation Process](#), which staff have found profoundly increase the chances that new skills, tools, and practices will be accepted and implemented successfully.

Implementation Supports	Goal	Objective	Task	Process/Outcomes Measure
Casey Family Programs	3. Increase organizational competence.	..		DCFS will be using several feedback mechanisms as we implement the Leadership Academy and the implementation science practices. These mechanisms will include surveying administrators and supervisors who participate in the academy as well as evaluating responses received through, stakeholder interviews conducted during QCRs.



Implementation Supports	Goal	Objective	Task	Process/Outcomes Measure
		A. Strengthen the capacity of administrators and supervisors to provide leadership and support consistency of quality practice.		
			1) Implement a Leadership Academy that will provide training to administrators, supervisors, and lead workers. Topics will include creating a culture of leadership, characteristics of a child welfare organization, human resources issues, and leading quality practice.	
			2) Provide coaching training, skills, and tools.	
		B. Test and refine the division's strategic planning and implementation process and implement CFSP goals and objectives by using evidence-based implementation science principles.	1) Address pre-implementation, implementation, and post-implementation elements identified by the State Leadership Team when working with regions implementing the HomeWorks project.	
			2) Obtain feedback from regions to identify what was helpful and what implementation design elements need to be improved.	

Training

The DCFS Professional Development Team creates and delivers training that provides DCFS staff with the professional and technical knowledge they need to provide effective support to the children and families they serve. During FFY 2015-2019, the Professional Development Team will be responsible for accomplishing the training activities identified in the **Training Plan**. The plan, and the courses listed, support the delivery of services provided through all agency programs.

One specific enhancement that will occur during the period covered by this plan will be the creation and implementation of a Leadership Academy. Currently, the Leadership Academy will consist of the following four training modules:

- Module 1-Creating A Culture of Leadership
- Module 2-Characteristics of a Healthy Organization
- Module 3-Human Resource Issues Specific to DCFS
- Module 4-Leading Quality Practice

Training will be available to all leadership in the state office and regional offices, including supervisors and lead workers training to become supervisors. It will also be available to other staff that might be interested in improving their leadership knowledge and skills. Separate training sessions will be scheduled for each module. Participants will need to attend training in the order listed.



In addition, in conjunction with the IV-E child welfare demonstration project, coaching training using the OSKARS coaching model is being presented in regions where HomeWorks is being rolled out. This training activity directly supports both Goal 1 and Goal 3.

Technical Assistance

DCFS expects that that technical assistance will be required from the Children's Bureau as DCFS develops and refines the goals and objectives to be incorporated into this plan. Furthermore, in support of Goal 1, it is expected that DCFS will continue to seek technical assistance from the Children's Bureau as the state implements the IV-E waiver demonstration project.

Also in support of Goal 1, DCFS will continue to seek technical assistance from the NRC for In-Home Services as the division enhances its in-home services delivered to children and families.

In addition, DCFS will request that the Center for Study of Social Policy (CSSP) continue to support the integration of the Strengthening Families Protective Factors Framework throughout the child welfare system.

DCFS will ask the NRC for CPS (Action for Child Protection) to continue to provide technical assistance and support as DCFS strengthens policies and practices that will help workers identify and maintain a child's safety. Specifically, the NRC and DCFS will strive to improve the current safety planning process and will develop training that will inform caseworkers and supervisors of changes made to the process.

In support of Goal 2, the Praed Foundation will be instrumental in the refinement of the current CANS tools used in Utah and will be asked to identify measures that will help workers use CANS tools with fidelity.

Finally, DCFS expects that the beneficial relationship between Casey Family Programs and DCFS will continue and that Casey Family Programs will provide substantial technical assistance and support as DCFS strengthens its in-home services and works to safely reduce the need for foster care.

Evaluation

In support of the IV-E child welfare waiver demonstration project (Goal 1), the University of Utah, College of Social Work, Social Research Institute (SRI) is currently evaluating project activities and outcomes. The evaluation, to continue through FFY 2018, includes an analysis of processes, outcomes, and costs. Data will be obtained and evaluated at the state, regional, local, unit, worker, case, and child levels.

Researchers at the Social Research Institute are also conducting an in-depth analysis of residential treatment services being provided to children in state custody. They are currently analyzing the extent to which programs are operating using evidence-based services and are evaluating outcomes for youth receiving residential treatment services. As they conduct their analysis, the researchers provide immediate feedback and technical assistance, which helps residential treatment programs quickly address issues that affect client outcomes.



Also in support of the IV-E child welfare demonstration project, a researcher from Utah State University will gather and analyze feedback from parents concerning the quality and effectiveness of in-home services received through HomeWorks.

Finally, while the exact specifications of the evaluation of the System of Care (Goal 1) are not known, DCFS expects that it will be involved in collecting data and evaluating outcomes for at-risk children and families receiving services coordinated through System of Care.

Implementation Supports

As part of the five-year plan, DCFS will be implementing a formal strategic planning and implementation process based on implementation science principles. The three broad goal categories will be managed by separate implementation teams. These teams will ensure that the division has the system and workforce capacity necessary to achieve the results desired.

In order for these teams to be successful, three key organizational elements need to be in place. First, the agency must have adequate staff capacity to support improvements in direct services. Each implementation team will work closely with region administrators to assess their staffing needs, will work with regions to hire staff (to the extent that funding permits), and will provide timely, quality training and coaching to new and existing staff.

Second, support from leadership is imperative. Region and state administrators must have a shared vision of agency goals and agree on improvements desired.

Finally, involvement of community partners is critical. Stakeholders will need to be included in agency planning, programming, and activities. DCFS will also need to provide education and technical support to community partners as we work together to augment existing services and develop new evidence-based services.

SERVICES

DCFS Program and Services

Eleven DCFS program areas provide direct services or support community organizations that deliver services to children and families.

Child Abuse Prevention Program

The mission of the Child Abuse Prevention Program is to provide services to children and families before it is necessary for DCFS to intervene. The Child Abuse Prevention Program oversees four funding streams that support child abuse and neglect prevention services.



Individuals Served Through the Child Abuse Prevention Program							
	Children	Children with Disability	Adults	Adults with Disability	Families Served	Total Clients	Total Clients with Disability
CBCAP (Participants in direct services)	3,350	315	889	270	1,527	4,253	585
Children's Trust Fund (Includes individuals receiving education and direct services)	61,877	3,798	5,201	359	4,982	67,078	4,157
Crisis Nursery (Participants receiving direct services)	11,601	845	7,490	484	5,443	19,091	1,329
PSSF Family Resources (Includes individuals receiving education and direct services)	637	150	414	27	215	1,051	177
Total	77,465	5,108	13,994	1,140	12,167	91,473	6,248

Prevention services are delivered by contract providers, which operate independently and are responsible for providing services consistent with those mandated in their contracts. Each service provider defines its own catchment area and while eligibility requirements vary by program, no program (other than the Office of Home Visiting) requires families to meet an income test in order to receive services.

Regardless of the funding stream, program type, or model utilized to provide services, child abuse prevention funds are used to:

- Fund priority programs that are universal (primary) and voluntary.
- Support programs and services that are evidence-based or evidence-informed.
- Support programs that are adapted to the complex and diverse cultural needs of Utah's communities.
- Fund programs that are collaborative and involve parents in program planning and implementation.
- Fund public-private partnerships.

Domestic Violence Program

The Domestic Violence Program supports domestic violence programs that provide emergency shelter, housing, and/or support services to victims of domestic violence and their dependent children. Fourteen of the 16 programs are managed by private nonprofit agencies. DCFS manages two shelter programs in rural areas and oversees domestic violence support services provided to victims seeking services from those shelters. DCFS allocates funds through individual contracts to 13 of the 14 nonprofit domestic violence shelters. State funds supplement income generated by shelters, which sponsor local fundraising events and receive funding from local, state, and federal granting agencies.

The Domestic Violence Program also supports the 24-hour domestic violence hotline (LINKline) information and referral service provided by the Utah Domestic Violence Council (UDVC), which contracts with DCFS to provide that service.



Over the last five years, domestic violence shelters have provided an average of 88,856 days of safe haven each year. An average of 1,594 women, 1,436 children, and 30 men received shelter support each year. Annually, shelters have responded to an average of 31,505 domestic violence related crisis calls and have provided an average of 2,052 hours of individual counseling to adult victims and 437 hours of individual counseling to child victims or children of victims. They have also provided an average of 2,279 hours of group counseling for adult victims and 949 hours of group counseling for children during the year.

An average of 4,367 volunteers help shelter staff provide support to individuals receiving emergency housing and donate an average of 89,523 hours of service each year.

Centralized Intake

Centralized Intake receives reports regarding potential child abuse, neglect, or dependency and evaluates whether a CPS investigation is warranted. To determine if an investigation is needed Intake workers obtain all available information, research data sources, make disposition to CPS, staff the referral, determine the case priority, complete documentation including data entry, and when necessary 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 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

In-Home Program

Following an allegation of child abuse or neglect, if it is determined that a child can remain safely in their home (or to facilitate the return home of children who have been placed in the DCFS custody), the In-Home Program provides services that 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

DCFS is in the process of implementing the “HomeWorks” Title IV-E child welfare waiver demonstration project. HomeWorks has integrated the DCFS Practice Model and uses the SDM process to assess safety and risk as well as to document the need for ongoing services provided through the project.

Building on this foundation, HomeWorks will:

- Implement UFACET, an evidence-based child and family assessment.
- Enhance caseworker skills by incorporating the Strengthening Families Protective Factors framework and concepts related to trauma-informed care.
- Form a trauma-informed child welfare system that includes evidence-based trauma treatment services.
- Provide an increased array of evidence-based services with initial enhancements to include the implementation of the Strategic Training for Effective Parenting (STEP) peer parenting curriculum, which will be used in home-based settings.
- Develop additional community resources to support in-home services (to the extent capacity and funding allow).

The following services are either directly provided by regional DCFS In-Home Program staff or through contracts with participating partners. Not all services are available statewide.

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



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

Foster Care Program

If CPS determines that it is not safe for a child to remain in their home, a child may be placed in foster care with kin, licensed foster parents, or in a residential treatment program. The Foster Care Program provides:

- 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 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

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 DWS. 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 DWS 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 DOH 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%



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

Residential Treatment

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

Transition to Adult Living Program

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

To complement a youth’s efforts to achieve self-sufficiency and to assure that a youth recognizes and accepts their personal responsibility to prepare for and then make the transition from adolescence to adulthood, up to \$2,000 in annual 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

Education and Training Vouchers (ETV) are also available to youth meeting 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.

ICWA Program

Children Receiving DCFS Services That Are Native American		
	Number	Percent of Total
FFY 2009	1,298	3%
FFY 2010	1,246	3%
FFY 2011	1,118	3%
FFY 2012	1,009	3%
FFY 2013	1,027	3%

There are eight federally recognized American Indian 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.

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 will testify at hearings regarding American Indian children in state custody.

Service Coordination

DCFS state and regional staff have formed strong state and local level partnerships with divisions within DHS, including the Division of Juvenile Justice Services (DJJS), Division of Substance Abuse and Mental Health, Division of Services for People with Disabilities, as well as with a variety of other state level public and private agencies such as DWS, Medicaid, United Way, Prevent Child Abuse Utah, the Association of Families Support Centers, Youth Provider's Association, Domestic Violence Coalition, and the State Office of Education.

In addition, a variety of educational, medical, and community service partners also collaborate with DCFS whenever they participate on Child and Family Teams.

DCFS expects that collaboration, service integration, and service delivery coordination will be strengthened as the agency participates with DHS in the development and



implementation of the statewide System of Care which will strive to coordinate services to children and youth (age 0 – 21) who have emotional and behavioral needs and are involved with one or more DHS divisions and/or multiple child serving systems.

System of Care is a nationally recognized, evidence-based approach for delivering coordinated services through collaboration with key partners. Through System of Care, children and youth and their families will have access to services that are:

- 1) Available within the community or neighborhood they reside in.
- 2) Provided within the least restrictive and most normative environment that is clinically appropriate.
- 3) Responsive to individual strengths, needs, and cultures.
- 4) Available at settings most appropriate for the individual child and youth, including homes, schools, and health clinics.
- 5) Comprehensive, coordinated, and address multifaceted needs.
- 6) Responsive to the impact of trauma in the lives of children, youth, and their families.
- 7) Available at the earliest possible time to improve outcomes.
- 8) Inclusive of the child, youth, their families, and incorporate their natural support system.

Under the System of Care framework, DHS will move from a categorical (silo) approach of service delivery to a non-categorical (population of focus) approach. The following chart highlights the issues DHS is addressing through System of Care.

Utah Facts	Research	Expected Outcomes from System of Care Model
For children and youth in 9-12 th grades in DCFS custody, grade point averages were approximately 0.5 lower and for children and youth in Division of Juvenile Justice Services (DJJS) custody, 1.0 lower than Utah's general school population.	Youth in foster care struggle academically, have much lower graduation rates, reading abilities and overall academic performance than their peers.	By 2019, the grade point average for children and youth in DCFS/DJJS custody will be the same as or better than Utah's general school population.
Children in DCFS/DJJS custody have a much higher mobility rate (less than 160 days of membership in a school) than Utah's general school population.	High school mobility rates have been associated with negative educational outcomes such as failing grades, behavior problems, and decreased high school completion. Poor communication or collaboration between multiple schools or between education, child welfare, and juvenile justice may contribute to poorer outcomes	By 2019, the mobility rate for children and youth in DCFS/DJJS custody will be the same as Utah's general school population. For children and youth in DCFS/DJJS custody who do transfer to different schools, there will be a plan to facilitate successful transition.



<p>Children in DCFS/DJJS custody are classified as eligible for special education more frequently than their peers.</p> <p>In 2010-2011, children and youth in DCFS custody received services for an emotional disturbance at a rate of 7.9% compared to 0.5% for Utah's general school population. The rate for DJJS youth was 5.8%.</p>	<p>High levels of cortisol, triggered by the stress response can induce despair and stress, and research has shown that chronically high cortisol levels can eventually destroy hippocampal neurons associated with learning and memory.</p> <p>The Surgeon General's Report on Mental Health (U.S. DHHHS, 1999), the report from the President's Commission on Excellence in Special Education (U.S. Department of Education, 2002), and the President's New Freedom Commission on Mental Health (2003) all address the importance of providing mental health services for children in schools.</p>	<p>By 2019, 50% of Utah schools will have been trained on an evidence-based practice that uses a continuum of educational and treatment interventions to meet the needs of all students within a school environment.</p> <p>By 2019, 80% of children and youth in DCFS/DJJS custody with diagnosis of emotional disturbance will report improved outcome in their homes, at school and in the home community.</p>
<p>In 2011, 13% of Utah children and youth in DCFS custody were placed in group home or institution.</p> <p>In 2010, 684 Utah children were placed in juvenile detention or correctional facilities (191 per 100,000).</p>	<p>Many children's conditions do not improve at all while at residential treatment centers and most do not sustain any gains they made once they return home.</p> <p>Developmentally appropriate, intensive, and individualized family focused treatment is both feasible and superior to group care at any point in the developmental trajectory of antisocial youngsters.</p>	<p>By 2019, less than 6.5% of Utah children in foster care will be placed in group home or institution.</p> <p>By 2019, less than 95 per 100,000 Utah children will be placed in juvenile detention or correctional facilities.</p>
<p>In 2011, 10,559 (12 per 1,000) children are confirmed by Child Protective Services as victim of maltreatment.</p>	<p>Child abuse and/or neglect increase a youth's risk of arrest by 55%.</p> <p>There is a multitude of short- and long-term health and social problems associated with adverse childhood experiences.</p>	<p>By 2019, trauma informed care will be standard practices at DCFS, DJJS, DSAMH, and DSPD.</p>
<p>41,373 Utah youth need mental health treatment but system capacity is limited to 15,406</p>	<p>The national evaluation of the Children's Mental Health Initiative and other studies have found that Systems of Care result in positive outcomes for children and families and that they are effective in improving services and better investing limited resources</p>	<p>By 2019, System of Care will be a standard practice at DCFS, DJJS, DSAMH, and DSPD and the treatment capacity will increase by 25% to 19,258</p>
<p>12,189 Utah youth need substance abuse treatment but public system only has the capacity to treat 1,489.</p>	<p>National data: Youth alcohol abuse costs the nation \$89.5 billion annually.</p> <p>As many as four in five teens in trouble with the law are abusing drugs and alcohol. 60 to 90 percent of teenagers who appear in juvenile court have a substance abuse problem.</p>	<p>By 2019, System of Care will be a standard practice for children and youth with substance abuse issues and the treatment capacity will increase by 25% to 1,861.</p>
<p>The latest reports indicate that 1 out of every 88 children nationally has an autism spectrum diagnosis; Autism has been increasing at an annual growth rate between 10 – 17%. It is estimated that there are over 11,000 children in Utah who have an autism spectrum diagnosis.</p>	<p>The general consensus is that there is no single cause of autism, and further, it is likely to actually be a result from a combination of genetic predisposition and triggering environmental events that serve to influence early brain development. Early intervention is a key factor in reducing the effect of an autism spectrum disorder.</p>	<p>Partnerships between schools, non-profit organizations, and government agencies will create specialized learning programs and interventions to improve the likelihood for Utahans with autism to live independent and self-directed lives.</p>



To implement an effective System of Care, DHS will focus on four levels of system change:

- 1) Policy Level changes will impact system design, treatment capacity, financing, regulations, and rates.
- 2) Management Level changes will enhance data systems, organizational capacity, quality improvement, and human resource development.
- 3) Frontline Practice Level changes will improve assessment, care planning, care management, and services and supports.
- 4) Community Level changes will enhance partnerships with families, youth, natural helpers, education, faith-based organizations, businesses, physical healthcare, and other social service agencies.

Participants in the Coordination Process

In addition to being an integral part of the System of Care, which will better coordinate services delivered to children and youth with complex emotional and behavioral needs and their families who are being served by one or more DHS divisions and/or multiple child serving systems, DCFS will continue to associate with a broad range of coalitions, collaborations, and committees that coordinate services delivered throughout Utah's child welfare system. They include:

- Utah Partner's meetings at which participants coordinate information and services delivered to foster, kinship, and foster-to-adopt parents.
- The DHS Tribal and Indian Issues Committee, which addresses issues of common concern to DHS and Utah's tribes.
- The Utah Indian Child Welfare Committee, a group of concerned individuals including court representatives, community partners, tribal leaders, and other concerned citizens that address issues concerning Native Americans.
- The Utah Foster Adoptive Family Association (UFABA), which represents foster parents needs and lobbies for changes and improvements to systems that support foster and adoptive parents.
- The Utah State Court's Court Improvement Project, which reviews child welfare outcomes, child welfare policies and procedures, as well as evaluates educational services delivered to youth in care.
- The Utah Coalition for Caregiver Support, a group of caregiver advocates that provide information and promote awareness of caregiving and its challenges.

The new Child Welfare Improvement Council (CWIC), a combination of members from the recently merged Child Abuse Advisory Council and the State QIC, will be pivotal in coordinating community and DCFS programs and services. Comprised of community agency executives, legal partners, medical professionals, researchers, former clients, and community leaders, this body will work together to prevent duplication of services as well as resolve barriers that clients face when accessing services.

In addition, region QICs will continue to recommend innovative approaches to service delivery and, like the Eastern Region QIC which conducted and analyzed the results of an employee needs survey, will continue to address organizational needs and make recommendations that will ensure that professional staff are provided with the support they need to fulfill their responsibilities.



Involvement of Stakeholders

Stakeholders involved in the child welfare system consist of a broad array of public, private, and non-profit agencies. While the list is too expansive to catalogue in one document, following is a representative sample of the agencies that collaborate and cooperate to meet the needs of children and families throughout Utah. DCFS interacts with each in one or more of the myriad of collaborations and coalitions, some of which were listed on the previous page.

Public

- Juvenile Courts oversee delinquency (child felony and misdemeanor) and dependency (involving children who have been neglected, abused, and who are dependent) cases.
- The Office of the Guardian ad Litem represents, in Juvenile Court, the best interests of children alleged to be abused or neglected children.
- County Attorneys prosecute individuals suspected to have committed abuse or neglect of a child.
- The Utah Office of the Attorney General provides investigative and prosecutorial support to the county attorneys and in some instances will assume primary responsibility for a case.
- Children's Justice Centers provide a comfortable, neutral, child-friendly atmosphere for children to receive coordinated services during the child abuse investigative process.
- DWS helps children and families apply for food stamps, Specified Relative Grants, Medicaid, childcare, or other financial assistance. They also administer the ETV program and are able to enroll youth in paid internships or help youth obtain financial support as youth search for a job or take steps to build a career.
- DOH administers the Medicaid, CHIP, and WIC programs as well as provides services to children with special needs.
- The Department of Substance Abuse and Mental Health addresses the mental health and substance abuse needs of Utah's children and families.
- The Department of Juvenile Justice Services works with DCFS to meet the needs of dually adjudicated youth.
- State supported universities and other institutions of higher education provide technical assistance and conduct research that evaluates child welfare outcomes and the effectiveness of programs and services delivered.

Private/Non-profit

- The Children's Center, local mental health authorities, and a variety of treatment providers address the mental health and emotional needs of children and families involved in the child welfare system.
- Primary Children's Hospital provides primary care to child victims of abuse or neglect as well as advocates on behalf of child victims of abuse and neglect.
- GivGroup, a local property development company currently building housing projects across the Wasatch Front, allotted a number of their new residential housing units to youth exiting foster care.
- Domestic violence shelters provide safe haven and a variety of support services to victims of domestic violence and their family members.



- Twelve Family Service Centers provide crisis and respite nursery care for at-risk children, as well as parent education and a wide range of programs and services that support at-risk families.
- Local domestic violence coalitions, supported by the UDVC, work to ensure that adequate services are available to victims of domestic violence.
- The Heart Gallery promotes the adoption of children waiting for an adoptive family.
- The UFCF recruits and trains foster and foster-to-adopt resource families.
- Christmas Box International provides emergency shelter care for abused or neglected children and distributes Lifestart Kits filled with personal and household items needed by youth exiting foster care who are setting up a new home.

Promoting Safe and Stable Families Service Description

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 is used to contract for intensive in-home intervention programs, designed to teach parenting skills to at-risk parents. Funded programs receive referrals from DCFS, schools, or other community-based organizations. Each program defines its own catchment area, and while eligibility requirements vary by program, no program requires 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

The Adoption Program traditionally uses Adoption Promotion funding 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.

Number of Cases Receiving Direct Services Funded Using Adoption Promotion and Support (FPA) Funding	
FFY 2009	261
FFY 2010	216
FFY 2011	266
FFY 2012	261
FFY 2013	296

Strengths and Gaps in Services

Many strengths and gaps in services are identified in the [Assessment of Performance](#) section in this plan. In addition, based on the analysis of population data and review of case records conducted in association with the IV-E child welfare demonstration project, the areas of focus for Utah's HomeWorks project will target specific services 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 and housing.

The demonstration project's three primary components address both internal and external gaps in training or resources that when strengthened will help families resolve these needs.

Internally, enhancing caseworker tools and training will help caseworkers conduct more effective assessments of family needs, which will lead to more effective interventions and improved access to community services.

Externally, bringing communities together through formal community resource meetings will support DCFS efforts to address gaps in services. Once gaps in services are identified, communities will be in a better position to enhance existing services or develop new evidence-based services needed in the community.



During the agency's joint planning meeting stakeholders identified additional issues requiring attention, many of which have been incorporated into this plan or are being addressed through other initiatives. Gaps identified during that meeting included:

- The need to focus more attention and resources on the parent/child visitation process including proactively preparing families and foster parents for visits and their eventual reunification.
- The need to improve children's education outcomes as well as help children achieve "educational permanency."
- The need to address the effects of intergenerational poverty on clients receiving services.
- The need to make placements with kin a priority when it is not possible to maintain children in their homes.
- The need to identify systemic barriers and their consequences on children and families.
- The need to help parents decrease the stress they feel when they have to apply for services through a number of different agencies that may provide similar services.

Expenditure of Promoting Safe and Stable Family Funding

DCFS anticipates that it will expend PSSF funding as follows:

PSSF Funding Distribution	
Service Category	Percentage
Family Support	20%
Family Preservation	38.5%
Adoption	20%
Reunification	20%
Administration and Training	1.5%

Planning and training costs are included on the Administration and Training line item.

Service Decision-Making Process

Community agencies requesting funding to provide family support services submit an application in response to a published Requests for Grant Application (RGA) or Requests for Proposal (RFP). Applications describe the provider's ability to deliver services outlined in the RFA/RFP scope of work and identify the amount of funding they need in order to deliver the requested services.

The DCFS state office or regional program manager, grant manager, or administrator submitting the RFA/RFP assures that all applications or proposals received in response to an RFA/RFP are scored by a scoring team in accordance with DHS Bureau of Contract Management (BCM) guidelines.

All individuals that score a proposal must declare in writing any potential conflict of interest they have in relation to a potential provider. A reviewer who makes a conflict of interest declaration may not score the proposal of the agency with which they have a conflict of interest without prior written approval from BCM.



Once scored, BCM prepares a draft of the contract to be submitted to a successful applicant and sends the draft contract to the state office contract administrator for review. BCM prepares official copies for signature, obtains the appropriate signatures, assigns a contract number, and enters the document into the Contracts, Approvals, and Payments System.

As noted in DCFS Practice Guidelines 050-*Purchasing and Contracting*, in all cases where an RFA/RFP is published and contracts for services are executed, DCFS will ensure that:

- RGAs or RFPs are developed in a collaborative environment where all management staff with an interest in the RFA/RFP and/or resulting contract(s) has a chance to contribute to the development and review of the RFA/RFP.
- All contracts and amendments that achieve official, legal status meet the highest level of accuracy, completeness, and adherence to State of Utah and DHS procurement policies and practices.

Populations at Greatest Risk of Maltreatment

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 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 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 have 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 or 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 for Children Under Age Five

Activities to Reduce the Length of Time that Children Under Age Five are in Foster Care without a Permanent Family

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.

Provision of Developmentally Appropriate Services

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 have been ordered into custody by a court. 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.

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.

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.

Services for Children Adopted from Other Countries

As special needs arise, DCFS provides adoptive families who have adopted children from another country with referrals to appropriate community resources. If a family is struggling and the adopted child is at-risk of coming into foster care, DCFS will provide in-home services. Services include a clinical assessment and can include any of the family preservation services outlined in the [In-Home Program](#) section. DCFS can also help the parent assess mental health support or residential treatment options that meet their income needs or are available through their insurance carrier.

Parents with children adopted from another country can access the www.utdcfsadopt.org website 24 hours a day. That website is regularly updated and contains a number of beneficial resources including parent support groups and cultural awareness activities. The website also includes a lending library, which has a variety of books and tapes that address special issues related to inter-country adoptions.

Parents of children adopted from other countries are also invited to attend the annual adoption conference. Numerous workshops focus on cultural sensitivity and all are relevant to families adopting children from other countries.

Utah will continue to provide the services listed above during the plan period to adoptive families who have adopted children from other countries.

CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Process Used to Gather Input from 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.

The DCFS ICWA Program Administrator gathers input and coordinates DCFS activities with all tribes in Utah at the monthly 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. Information gleaned from those tribal meetings has been used in the development of this plan.

Tribal Leadership Meetings have resulted in the negotiation of Memorandums of Understanding or Intergovernmental Agreements (IGA) with five tribes (the exceptions are the Uintah and Ouray Tribe, Ute Mountain Ute Tribe, and San Juan Southern Paiute Tribe). Those agreements can be accessed at <http://hsemployees.utah.gov/dcfs/tribe-agreements.htm>.

The DCFS ICWA Program Administrator also receives input regarding issues of common concern to DHS and tribes during DHS Tribal and Indian Issues Committee meetings, which are held every other month. This committee provides input to, and monitors, the Consultation Agreement executed between DHS and federally recognized Indian tribes in Utah, which was updated on June 1st, 2014. This agreement provides a framework for, and a means to implement the government-to-government relationship between DHS and tribes.

Tribal members were invited to attend stakeholder meetings concerning the IV-E child welfare demonstration project. Tribal members attending provided feedback and/or expressed interest in the project. As the IV-E waiver demonstration project is implemented throughout the state, tribes will continue to be invited to participate in stakeholder meetings and in other relevant activities.

Tribal members were also invited to, and participated in, the collaborative joint planning meeting held on June 3, 2014. At that meeting representatives stressed the need to include tribal members, especially tribal elders (those that “know the community”) in any discussions regarding new programs and services, especially those that address the needs of American Indian children. Tribal members will continue to be invited to future joint planning meetings.

Responsibility for Provision of Child Welfare Services for Tribal Children

The IGA 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 that portion of the Navajo reservation.

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.

Assessment of 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 no foster care placement or termination of parental rights proceeding may be held until the tribe(s), parent(s), and Native American custodian have received proper notification.

The Practice Guideline indicates 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; or 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.

Those to receive the ICWA notice of each proceeding include 1) parents; 2) the Native American custodian; 3) the tribe; 4) other tribes (if the child is affiliated with or eligible for membership in more than one tribe, all tribes should receive notice); and 5) the 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.

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.”

Active Efforts to Prevent the Breakup of the Indian Family

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

Community services 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, 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.

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."

That Practice Guideline indicates:

- A. The tribe(s) 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

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.



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

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 reviewer's rate whether the practice meets the CFSR ICWA standard.

In 2012, the Utah Court Improvement Program commissioned the ICWA Compliance Assessment, which was 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.
- 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 a child's placement.



Ongoing Coordination and Collaboration with Tribes

The ICWA Program Administrator will continue to be the individual that has the primary responsibility to collaborate with tribes as well as monitor the agency's compliance with ICWA. He will continue to attend monthly Tribal Leaders Meetings, negotiate new or renegotiate existing IGAs or Memorandums of Understanding, communicate with agencies and organizations that provide services to American Indian families, as well as sponsor the annual Indian Child Welfare Conference during which stakeholders will meet to learn more about ICWA and address issues related to the needs of American Indian children, including the need to develop additional services for American Indian children and their families.

Barriers that affect coordination of programs and services delivered by DCFS, tribes, and providers of community services include:

1. Cultural differences between Native Americans and non-natives as well as between tribes. These differences can result in dissimilar perceptions about the needs of American Indian children and families.
2. The great distances that must be travelled in order to conduct meetings. The time needed to travel from one location to another impinges on the time needed to address other priorities. Therefore, because of other obligations, many stakeholders that want to attend meetings are unable to do so.

As of yet, few solutions to these barriers have been found. While all participants in the various meetings try to communicate and explain their points of view in a manner that can be universally understood, there are often times when people are misunderstood. In addition, while there is a concerted effort to hold most meetings in a central location, to meet the needs of every tribe as well as to foster a sense of inclusiveness, it is necessary to periodically schedule meetings in locations that are not as convenient as others.

Steps to Improve or Maintain Compliance with ICWA

DCFS will continue to coordinate with tribal organizations on a regular basis to openly talk about ICWA compliance issues. DCFS will also continue to provide ICWA related training to new staff and in cooperation with Utah's tribal leaders will sponsor the annual ICWA conference. DCFS has not identified any laws, policies, procedures, communication strategies, trainings, or other activities that require modifications in order to comply with ICWA. DCFS will take action whenever ICWA related issues arise.

Discussions with Tribes Related to the CFCIP

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

In FFY 2015, the Adolescent Foster Care Program Administrator will be meeting with the Uintah and Ouray Tribe, which has expressed a desire to add TAL services to their service array. The Program Administrator and the tribe will discuss ways the state can support the tribe as the tribe provides CFCIP services and will discuss ways the tribe's



cultural ceremonies (like the sweat lodge ceremony) may be integrated into their TAL program.

Exchange of Documents

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

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

Agency Administering CFCIP

DCFS is the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs and as such administers the CFCIP. The Adolescent Foster Care Program Administrator is responsible for planning and execution of all CFCIP activities and services as well as for supporting community providers delivering services to youth in foster care.

In each DCFS region TAL caseworkers provide direct services to youth or refer youth to appropriate specialized community services that are better suited to meet a youth's needs.

In tandem with the DCFS Audit Team, every year the Program Administrator completes a comprehensive audit of each service provider, the purpose of which is to ensure the provider is delivering services in accordance with their contracted scope of work as well as is meeting their fiduciary responsibilities.

Description of Program Design and Delivery

Once a youth in foster care reaches the age of 14, the caseworker, youth, and the youth's Child and Family Team (which the youth leads once they reach 16 years of age) work to prepare the youth for their transition from out-of-home care. All youth receive a continuum of training and services as identified by the Child and Family Team and as outlined in their TAL Plan.

Transitional support funds (TLN) are used to fund traditional services to youth or can be used to pay for unique services that will help a youth become a successful adult. Services provided to youth may include:

- Education or training
- Career exploration
- Physical, mental health, and emotional support
- Transportation
- Housing supports (not room and board).¹

No changes to this process are anticipated at this time.

¹ More information on the TAL process and services delivered to youth can be found in DCFS Practice Guideline 303.7 located at <http://hspolicy.utah.gov/files/dfs/DCFS%20Practice%20Guidelines/300-%20Out-of-Home%20Services.pdf>



Involvement of Youth

Youth have directly impacted the development of the CFSP through their participation on the State Youth Council, which adds a much needed “youth voice” to the child welfare system. Through this council, members identify issues that impact youth in foster care, set goals and objectives that involve them in the resolution of the problems they face, and interact with DCFS administrators to develop policies and procedures that ultimately affect the support they receive.

One example of the benefit of this council is the successful passage of HB 346—the Normalcy Bill—that requires DCFS and its providers to make efforts to provide normalizing activities to youth in foster care. The State Youth Council identified the problem, formulated a solution, helped draft legislation, and communicated their support of the bill to their legislators.

Also, at annual Youth Leadership Summits to which legislators, DHS administrators, DCFS administrators, representatives from the Utah Youth Mentor Project, Christmas Box International, DWS, QICs, and the Homeless Youth Resource Center are invited, youth have the opportunity to advocate for themselves and their needs.

Involvement of Stakeholders, Tribes, and Courts

Utah has used the NYTD data to inform stakeholders, including Utah's legislature, about barriers youth face when they exit foster care. Specific barriers reported include youth homelessness and the need for safe affordable housing for young people. NYTD data is shared with our judicial partners and is used by the State Youth Council to identify areas where system improvements can be made. Utah has also used this data to highlight the need for improved service delivery throughout the focus areas addressed by the NYTD and to address specific issues related to educational outcomes and access to health care services.

In her discussions with any tribe about the integration of TAL services into the tribe's child welfare service array (see [Collaboration with Tribes](#)), the Adolescent Foster Care Program Administrator will present NYTD data collected and discuss the importance of collecting this data. During those meetings, the Program Administrator will identify the data collection process and discuss ways the state can support the tribe in collecting this information.

Collection of NYTD Data

To provide Utah with a complete image of youths experience, DCFS continuously collects data regarding youth turning 17 while in foster care. Over the next five years, DCFS will continue to survey youth at the designated times and will use the data to identify areas of improvement that will increase positive outcomes for youth exiting Utah's foster care system. DCFS has been able to meet the threshold set forth for data collection and will continue to do so. DCFS will compare the data from the 17, 19 and 21 year old survey to determine if the areas of housing, education, access to health care, and incarceration continue to be areas youth identify as barriers to their success.



Serving Youth Throughout the State

TAL services are provided throughout the state. Each DCFS region employs a number of TAL caseworkers and supervisors who coordinate services delivered to youth. CFCIP funding is available as needed to every youth involved in the TAL program.

Number of Youth in Foster Care Receiving TAL Services and Payments FFY13		
Region	Youth Receiving TAL Services	Number With One-Time Support Services or Payments (TLN or TLP)
Northern	368	40
Salt Lake	570	53
Western	424	32
Eastern	205	7
Southwest	152	14

Demographics of Youth Receiving TAL Services (In Percentages)					
	Eastern Region	Northern Region	Salt Lake Valley Region	Southwest Region	Western Region
Age					
Female	49.7	48.4	43.7	62.2	46.2
Male	50.3	51.6	56.3	37.8	54.0
Race					
American Indian	20.9	1.1	3.4	5.0	4.4
Asian	0	0	0.9	0	1.8
Black	3.3	11.6	11.8	1.7	3.9
Pacific Islander	.7	0	.8	0	1.0
White	79.1	89.2	84.8	94.1	91.7
Unknown	0	0.4	1.1	0	0.5
Hispanic*	7.8	27.4	27.2	12.6	18.2
In Foster Care	91.5	90.6	80.5	87.4	81.0
Tribal Affiliated	12.4	0	1.9	3.4	1.0
Receive Special Education Services	22.2	31	32.5	19.3	24.9

In addition, all youth receiving TAL services, as well as TAL alumni, are eligible to become a member of the State Youth Council and are invited to annual activities scheduled throughout the state.

Because the number of youth in foster care—and their individual needs—vary greatly from region to region, it is difficult to use the NYTD data presented to formulate any conclusions regarding youths’ needs or region’s performance. What the data does show is that services are being provided in every region throughout the state and that a variety of needs are being addressed.



By a large margin, an Independent Living Needs Assessment was the service most provided to youth with between 63% and 83% of youth in regions receiving these assessments. Other Financial Assistance was provided to between .07% and 60% of youth in various regions. While they differ in order between regions, Housing and Home Management (3.6%-17.1%), Budget and Financial Management (4%-16.6%), Health/Risk Prevention (2.9%-14.8%), and Family Support and Healthy Marriage, (2.2%-13%) were the next most likely services to be provided.

Barriers to Serving Youth of Various Ages and States of Achieving Independence

As noted above, the Adolescent Foster Care Administrator is responsible for planning and execution of all CFCIP activities and services. TAL caseworkers either provide direct services to a youth or refer a youth to community services that help that youth meet his or her needs.

One barrier to assuring that youth are able to achieve independence is the general opinion of proctor and foster parents that their responsibilities do not include teaching life skills to the youth they care for. In discussions with proctor and foster parents, many do not feel that teaching life skills is an important parenting responsibility and feel that if a child needs life skills training that the need should be addressed by another provider.

To resolve this misconception, the Adolescent Foster Care Administrator is working with the DCFS Professional Development Team and UFCF to identify or develop training that will stress to foster parents the need to teach basic life skills to foster children in their care.

Another barrier that DCFS faces is the inflexibility of the payment system the agency uses to pay youth. When a youth who has exited foster care wants to access YARN funds and needs financial assistance, the process to access this funding can be lengthy. If a youth does not have a checking account (which means funds cannot be directly deposited to their checking account) the youth is paid by check. This process can take up to two weeks for the paperwork to be completed and the check to be issued. In this case, not only is the payment delayed, but the youth may have problems cashing the check.

Even if the youth does have a checking account, the default payment method for the youth is by check. If the transfer of funds is not made by direct deposit then again the payment may be delayed for up to two weeks.

Many times youth do not seek help through YARN until they are in crisis. Not being able to help them meet their immediate needs means they may face homelessness, loss of educational opportunities, or other problems that may impede their success as an adult. Unfortunately, to date DCFS has not been able to find a solution to this problem. Nevertheless, efforts will continue to overcome this barrier for youth who need to receive immediate YARN funding.



Services to Youth 14-18 Years of Age

Specific services provided to youth include:

At age 14 caseworkers provide the following services to youth. They:

- Re-visit family searches for family connections.
- Explore significant safe and healthy relationships for youth. This can be completed by using the “Permanency Pact.”
- Complete the annual Casey Life Skills (CLS) assessment.
- Obtain the youth’s birth certificate.
- Complete the TAL plan, which focuses on providing developmentally appropriate skills as identified by the CLS assessment.
- Make a referral to the DWS Workforce Investment Act (WIA) program for educational support if the youth is more than one year behind academically.

Age 15

In addition to services above, at age 15 caseworkers:

- Include in the TAL plan a plan for earning and saving money and consider opening a savings account for the youth if there is an appropriate co-signer available.

Age 16

In addition to services above, at age 16 caseworkers:

- Assure youth are current with school credits and help youth prepare for high school graduation, or ensure that youth have an alternate plan in place to achieve a GED or attend vocational training.
- Help youth planning to obtain post-secondary education prepare for and complete pre-admittance tests including the ACT, SAT, and ASVAB.
- Help youth explore employment opportunities and get a part-time job if appropriate.
- Sign up for and complete a driver’s education course and receive a driver’s license.
- Obtain a state identification card if youth cannot get a driver’s license.
- Begin Basic Life Skills workshops.
- Ensure youth begin to facilitate their Child and Family Team Meetings.
- Assist youth in getting their name on a waiting list at the local Housing Authority if appropriate.
- Review, with the youth, the youth’s credit report received from the various credit reporting agencies and determine the accuracy of report.



Age 17

In addition to services above, at age 17 caseworkers:

- Offer (six months prior to the youth's 18th birthday) the opportunity to enroll in a driver's license course if the youth has not completed a driver's education class.
- Help youth apply (as needed) for school, training, Pell grants, and ETV.
- Refer youth to DWS for enrollment in WIA-Youth during the semester they are expected to complete their high school graduation requirements or GED.
- Enroll youth with a mental illness diagnosis in NAMI Bridges for Youth groups.

Prior to exiting foster care the caseworker:

- At least 90 days prior to exiting care, helps the youth convene a Child and Family Team Meeting where the team will develop a plan for transitioning the youth from state custody.
- Refers youth to DWS for enrollment in WIA Youth during the semester they are expected to complete their high school graduation requirements or GED, which paves the way for the youth to receive an ETV or receive employment related support.
- Develops with the Child and Family Team a specific exit plan that addresses personal connections, support services, housing, health insurance, vocational and educational goals, workforce supports, and employment related resources.
- Updates the Child and Family Plan in the SAFE data management system by adding specific timeframes, objectives, and steps to be taken to successfully transition the youth out of state custody.
- Ensures that each youth meets with a nurse to learn skills relating to their individualized health care, medication management, and use of their Medicaid card. In addition, the nurse will emphasize the need for the youth to complete a health care power of attorney or health care proxy.
- Assists a youth who turns 18 years old while in foster care who is receiving Medicaid to complete the Medicaid review and provides necessary supporting documentation to the regional eligibility caseworker so that Medicaid coverage will continue uninterrupted.
- Ensures that each youth has important documents such as their birth certificate, Social Security Card, driver's license, or personal identification card.
- Gives (at no cost) the youth a copy of the youth's health and education records.
- Explains YARN services to the youth and helps ensure that the youth understands how to access services after leaving care.
- Provides information to the youth on the National Youth in Transition Database and incentives available to youth for completing surveys after leaving care.
- Gathers information from the youth on the best ways to keep in touch with them and updates the youth's contact information in the SAFE data management system.
- Assists the youth in obtaining his or her free credit report or assists youth in filling out all needed information required by the Credit Reporting Agency to obtain their credit report.
- Assists the youth in correcting credit discrepancies if any appear.



Services to youth/adults who have exited foster care include:

YARN services, if a youth has exited care and is not yet 21 years old, and the youth:

1. Exited foster care at age 18, or
2. While in foster care, after the age of 14, the youth received 12 months of TAL services **and** the court terminated reunification.

Payments can be made directly to the youth or to providers and can be used to provide financial aid, Basic Life Skills classes, housing, counseling, employment, education, and other appropriate support and services.

Assessments and Tools Used to Evaluate Youths Needs

The TAL program uses the Casey Life Skills (CLS) assessment to assess “the behaviors and competencies youth need to achieve their long term goals.” As noted on the Casey Family Programs website², the CLS “aims to set youth on their way toward developing healthy, productive lives.” Examples of the life skills CLS helps youth self-evaluate include:

- Maintaining healthy relationships
- Work and study habits
- Planning and goal-setting
- Using community resources
- Daily living activities
- Budgeting and paying bills
- Computer literacy
- Permanent connections to caring adults

“The CLS is designed to be used in a collaborative conversation between an educator, mentor, case worker, or other service provider and any youth between the ages of 14 and 21. It is appropriate for all youth regardless of whether they are in foster care, live with their biological parents, or reside in a group home.”

DCFS uses the CLS to assist in the planning of services for youth as they transition from childhood to adulthood. The youth’s personal evaluation of their strengths and needs, the strengths and needs identified by the CLS, and strengths and needs recognized through informal observations of the youth made by Child and Family Team members are all used to identify goals, outline needs, and recommend services that are then included in the youth’s updated Child and Family Plan.

As the youth and Child and Family Team complete the TAL portion of the plan, they are required to designate at least one life skill as needing further attention. This not only ensures that the youth receives appropriate services but ensures that the plan remains relevant and useful.

² Casey Family Programs, Casey Life Skills found online at <http://www.casey.org/Resources/Tools/cls/default.htm>



Barriers to the Provision of a Broad Array of Services

The DCFS organizational structure grants each region authority to form its own TAL teams. Therefore, the number of TAL staff available to serve youth can vary between regions. The difference in staffing patterns creates a situation where services are not provided consistently statewide and may result in circumstances where youth in foster care do not receive the full support they need. This is particularly true for youth that have aged out of foster care, who in some regions are not receiving all of the services they need.

To resolve this situation, TAL administrators are proposing that each region appoint a TAL coordinator who in turn will supervise TAL caseworkers and designated aftercare specialists. Under the proposal, the number of aftercare specialists in each region will be linked to the number of youth eligible for YARN services in each region. The proposal will be presented to agency administration as soon as technical issues are addressed.

Room and Board for Youth Ages 18-21

DCFS defines room and board simply as “shelter and food.” If room and board is the most appropriate living arrangement for a youth age 18-21 that was formerly in foster care then DCFS may help pay for costs of room and board, including rent, food, and utilities. Former foster youth who qualify are those that were in foster care on their 18th birthday or who received TAL services at age 14 or older for at least 12 months and for whom the court terminated reunification services. No more than 30% of grant funds may be used for room and board costs. Utah spends well below this amount on this service.

IV-E Foster Care Assistance to Youth 18-21 Years of Age

Utah did not take advantage of the option to extend IV-E foster care assistance to youth ages 18-21 nor does it plan to in the near future.

Collaboration with Other Private and Public Agencies

The private sector continues to provide innovative programs and services delivered 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 of the Utah 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 Transition to Adult Living Coordinators to ensure that youth exiting foster care receive a portion of available transitional Section 8 housing. DCFS provides case management and YARN funding to youth who receive these housing vouchers. DHS has also been working with



the Salt Lake County Housing Authority and the Ogden City Housing Authority to try to increase the number of Family Unification Program vouchers available in those areas.

The Utah Youth Mentor Project 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.

DCFS works closely with the Homeless Youth Resource Center, a program administered by the Volunteers of America. The Resource Center operates two transitional housing programs. The Young Women's Transition Home is an 18-month, all female program designed to provide support, guidance and structure to homeless youth. The Young Men's Transition Home houses young men ages 18-23 and works to help them become self-sufficient by providing a safe, stable and consistent environment. VOA is also developing plans that will lead to the construction of a 30 bed emergency facility for homeless youth.

DCFS also works closely with Salt Lake County Youth Services which manages the Milestone Housing Program. Milestone serves young men and women ages 18 to 21 who are facing homelessness in Salt Lake County and have two shelter locations. The Milestone house in West Valley City houses six females and the house in Sandy houses five males.

In addition, the Adolescent Foster Care Program Administrator is currently collaborating with multiple start-up agencies that are focusing on youth homelessness, the most notable of which is Youth Futures, located in Ogden, Utah.

Other agencies with which DCFS collaborates include:

- DWS, which manages services provided through the ETV program and coordinates food stamps and additional employment training.
- DOH, which coordinates Medicaid services delivered to youth.
- The Division of Substance Abuse and Mental Health (DSAMH), which refers youth to services that help youth resolve mental health and substance abuse issues.
- The Department of Public Safety Driver's License Division, which provides assistance in obtaining a driver's license.
- DJJS, 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 DWS, Vocational Rehabilitation, Mental Health, or through the various county housing authorities.

Coordination of CFCIP with State and Federal Programs for Youth

DCFS works closely with local coordinating councils administered by each Juvenile District Court in the state. The purpose of these councils is to identify appropriate placements and services for youth whose infractions do not meet the sentencing matrix



requirements for placement in a secure facility. They also address cost sharing between agencies providing services to delinquent youth.

In cases where youth require placement in an out-of-home setting the responsibility for placement, which is recommended by the local coordinating councils, is divided between the Juvenile Court, DJJS, and DCFS. In the case where the “dually adjudicated youth” come into the custody of DCFS, agency staff conduct assessments, attend court hearings, and in concert with the DJJS case manager, monitor a youth who has been placed in foster care.

DCFS also coordinates with a number of state agencies or partners that utilize federal funds. Those agencies include:

- DWS, which administers the WIA Youth program that administers the ETV program.
- Job Corps, which provides housing to youth attending an institution of higher education or who may be receiving skills or technical training.
- DOH, which coordinates Medicaid services and through a contract with DCFS, provides access to a nurse case manager who tracks the medical needs of youth in foster care.

Coordination of CFCIP with Medicaid

In compliance with the Affordable Care Act (ACA) youth age 18 to 26 that age out of foster care and who were receiving Medicaid when they left foster care may qualify for Medicaid under the *Former Foster Care Individuals Medicaid Program*. DCFS eligibility workers help coordinate the process that allows youth in foster care to continue to receive Medicaid through DWS.

As determined by the Department of Health, Utah does not allow youth who qualify for Extended Foster Care Medicaid in another states to access Extended Foster Care Medicaid in Utah.

Medicaid Policy 354-3 stipulates:

Eligibility Criteria

This coverage group is for individuals who age out of foster care and are under age 26. Individuals are eligible for this Medicaid category if they are not eligible for SSI Recipient Medicaid, poverty level Child Medicaid, Parent/Caretaker Medicaid or Pregnant Woman Medicaid, and they meet the following criteria:

1. Is age 18 to 26. Eligibility runs through the month they turn 26.
2. Was concurrently enrolled in Medicaid and Foster Care in Utah at age 18 or higher when Foster Care ended.
3. Was in the custody of DCFS, DHS, or an Indian tribe when Foster Care ended. Persons in the custody of Juvenile Justice Services are not eligible.

There is no income or asset test.



Application & Confirmation of Foster Care Status

Medicaid policy provides that an individual may apply for Medicaid using any of the approved application methods described in section 703-1. Confirm the applicant received Medicaid coverage in the last month they were in DCFS or tribal foster care on or after their 18th birthday.

If the former foster care child who meets the criteria in section A. 1-3, states they have income over the income standard for the income groups shown in Section A, accept that statement and determine eligibility for this group.

Persons eligible on the Foster Care Independent Living program can be moved to *Former Foster Care Individuals* Medicaid at review or when they turn 21. They must have been on Medicaid when they aged out of foster care.

Effective Date and Retroactive Coverage

Eligibility can begin with the month after the foster care Medicaid ends. Clients can receive retroactive eligibility based on the date of application if the client meets the criteria in Section A. in the retroactive months.

Assignment of Rights

The client must sign the review form or an application to complete Assignment of Rights requirements, the TPL requirements, and to acknowledge the client has received the information about Medicaid rights and responsibilities.

Medical Support Requirement

A client with a minor child living with them who receives Medicaid is required to cooperate with Medical Support enforcement unless they can show good cause for not cooperating.

In addition, an extension for Medicaid coverage, called *Foster Care Independent Living*, is available for youth through age 21 when they age out of foster care if they received Independent Living Services through DCFS. This is an option for former foster care youth who do not qualify for the *Former Foster Care Individuals* program.

Should a youth age 18-26 inquire, TAL caseworkers will refer a youth formerly in foster care to the appropriate state program. Youth can also learn about available services through the DCFS [Just for Youth](#) website or can contact their local health department to apply.

Programs and Services Directed Toward Victims of Human Trafficking

In 2014, the Utah Legislature passed House Bill 254-*Human Trafficking Victim Amendments*, which provides that a child is not subject to a delinquency proceeding for engaging in prostitution unless a law enforcement officer has referred the child to DCFS on at least one prior occasion for an alleged act of prostitution or sexual solicitation.



Historically, these youth have been arrested when caught soliciting sex. With the growing recognition these youth are actually victims, the legislature wants to ensure they are being treated as victims of sexual abuse upon their first arrest.

The CPS Program Administrator is currently working with a collaboration of individuals representing the Utah State Courts, law enforcement, UCASA, Primary Children's Hospital, and others to identify measures that will help avoid re-victimizing victims of human trafficking.

To date, it has been determined that DCFS will have the responsibility to track cases of youth involved in human trafficking. Upon contact with law enforcement, DCFS will open an in-home services case and will code it in the SAFE data management system with an identifier that indicates the child is a victim of human trafficking. This will allow DCFS to track whether a victim has previously received services as a victim of human trafficking and will ensure that DCFS provides a more victim-friendly response.

For youth in custody that run away from an out-of-home placement and may become involved in human trafficking, Utah is adopting protocols that will help caseworkers determine if the youth has been involved in human trafficking as well as will help caseworkers assess a youth's need for mental health treatment or other community services.

If specific sexual perpetrators are identified, DCFS may open a CPS case, which will also document—in our licensing database—the existence of a sexual perpetrator.

Determining Eligibility for Benefits and Services

In Utah, TAL services are provided to all youth in DCFS custody who are 14 years and older in accordance to an assessment of their individual strengths and needs. Youth are offered TAL services regardless of permanency goal.

Cooperation in National Evaluations

DCFS agrees to cooperate in any national evaluations of the effects of the agency's programs in achieving the purposes of the CFCIP.

EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

Administration of the ETV Program

DCFS contracts with DWS to manage the ETV program. ETV funds are allocated to youth that make an application through DWS and complete the screening process. Once the screening process is completed, 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.

Once an applicant is approved and becomes eligible to receive support through the ETV program DWS coordinates Individual Education Assessments and Individual Education Plans, which are completed for each eligible applicant.



DWS also 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. It also helps youth (between the ages of 14 and 16 who are more than one grade level behind) receive academic support, which can help those youth improve their performance in school or help them graduate from high school on time.

Duplication of ETV Benefits

DWS administers both the WIA Youth and ETV programs, oversees a number of other programs that meet youths educational needs, and coordinates educational services provided to youth in foster care with other governmental agencies. Therefore, because of their involvement, DWS is able to ensure that educational services provided to youth in foster care are not duplicated.

In their MOU with DCFS, DWS is required to monitor and report to DCFS the amount of total ETV funding expended as well as report on the yearly support provided to each youth. The Adolescent Foster Care Administrator uses information in these reports to assure that assistance provided is in accordance with federal requirements.

In addition, regional TAL coordinators work with youth and DWS to document and review use of all funds. TAL coordinators are responsible for reviewing case files, which helps them ensure that other TAL or state funds are not being used for the same purpose as are ETV funds.

To date, neither DWS nor DCFS have ever identified a youth that has applied for or received services that are not in accordance with established policies and procedures.

Goals and Outcomes for ETV

In FFY 2015, DWS will be providing DCFS with Temporary Assistance to Needy Families funding that will be used to hire five new higher education 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. In addition, navigators will be responsible for building strong relationships with campus admitting staff and counselors to assure that those staff are aware of needs of youth in foster care and are capable of addressing any issues that arise.

Specific outcome measures are being written into the MOU between DWS and DCFS that will be used to evaluate the effectiveness of services delivered by navigators. Outcome measures will also be used to determine if DCFS will be eligible for further funding.

Assuring Reporting of Unduplicated Numbers

DWS manages a sophisticated case management database that tracks services delivered to youth who may be receiving support through several funding sources. Youth are required to submit documentation verifying their identity when they apply for an ETV.



DWS compares information in their database with information contained in other databases and uses those comparisons to track youth that may be applying for educational funds under different names.

The database tracks a youth's use of ETV funding by date and amount of assistance and is able to ensure that, even if a youth receives ETV funding multiple times during the year, the individual case is reported only once.

Once the report from DWS is received, the Adolescent Foster Care Administrator checks information provided against records kept in the SAFE data management system and rectifies any discrepancies with DWS before the federal report is submitted.

Consultation with Tribes

While no tribe has made a request to develop an agreement where DCFS will administer or supervise the tribe's CFCIP or ETV programs, nor has there been significant coordination of these programs with any tribe, all DCFS TAL and ETV services are available to Indian children age 14 or older who are in state custody or who have transitioned out of foster care. Native American youth have consistently participated in the annual youth summit. In fact, in FFY 2013 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.

In the future, DCFS will coordinate with tribal organizations on a regular basis to openly talk about TAL and ETV related issues and will address those issues in training provided to new staff and during the annual ICWA conference.

In FFY 2015, the Adolescent Foster Care Program Administrator will be meeting with the Uintah and Ouray Tribe, which has expressed a desire to add TAL services to their service array. The Program Administrator and the tribe will discuss ways the state can support the tribe as the tribe provides CFCIP services and will discuss ways the tribe's cultural ceremonies (like the sweat lodge ceremony) may be integrated into their TAL program.

CFCIP PROGRAM IMPROVEMENT EFFORTS

Consultation with Youth and Youth Involvement in Assessment, Improvement, and Evaluation

As noted in the [Involvement of Youth](#) section above, youth have directly impacted agency plans, programs, and services through their participation on the State Youth Council and through their participation in the annual Youth Leadership Summits.

CFCIP TRAINING

Currently, a 5-hour segment of the *New Employee Practice Model Training* focuses on youth services provided through the TAL Program as well as on community resources available to youth.



DCFS anticipates that it will continue to provide Foundations for Youth: Supporting Foster Parents Web-Training to staff that request it. As they complete this training participants review the latest research relating to adolescent development and learn about the impact that abuse and neglect, including trauma, has on youth. They study adolescent behavior, both normal and trauma-related, as well as learn how to engage, provide appropriate interventions, and plan with youth. They are also introduced to the CLS and learn how to support youth as they transition to adulthood.

UFCF also refers foster or foster to adopt parents to the Foundations for Youth: Supporting Foster Parents Web-Training, especially those that will be fostering or adopting youth over the age of 14. Foster parents can use this training to meet their mandatory retraining requirements or may refer to training to obtain answers to specific questions they may have.

DHS also sponsors the Transitions Academy that addresses the needs of youth in the process of transitioning to adulthood and who are receiving services through one or more divisions within the department. Training delivered through the Transitions Academy provides information on how to involve youth in transition planning, how to integrate the requirements included in the Normalcy Bill into transition planning, how the Foster Youth Bill of Rights applies to transitioning youth, and how to use the CLS assessment to inform the transition plan.

DCFS has no plans at this time to develop additional training that focuses on youth, their needs, or services provided by community resources.

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

Practice Guideline 302.2 *Purposeful Visiting with the Child, Out-Of-Home Caregivers, and Parents* indicates the caseworker must have a face-to-face meeting with the child in accordance with the following:

1. Frequency-visits must occur as frequently as the conditions of the case require and no less frequently than monthly.
2. Location-the environment of the location of the visits must be conducive to open and honest conversation. At least one monthly caseworker contact with the child must take place in the out-of-home placement. The interview between the caseworker and the child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately depending on the comfort level of the children or if there are safety considerations.
3. Duration-the length of the visit must be of sufficient duration to address key issues.
4. Quality discussion-the content of the interview should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being, as well as promote the achievement of case goals. When the child is nonverbal or unable to communicate, the caseworker will document that the child is nonverbal and instead report observations regarding the child's appearance pertaining to physical well-being.



Monthly Caseworker Visit grant funding will be utilized over the next five years to:

- Enhance caseworkers' capacity to provide quality visits.
- Provide training that will help caseworkers make effective decisions.
- Send caseworkers to specialized conferences or obtain supplemental training that will increase caseworkers' knowledge or skills.
- Strengthen caseworker recruitment, retention, and training.
- Hold leadership training for supervisors and managers in an effort to ensure that caseworkers receive adequate supervision and support from supervisors and managers.
- Obtain technical and non-technical resources that may be used by caseworkers to increase the effectiveness of home visits.
- Purchase or develop recruitment and retention resources that can be utilized in the hiring process.
- Provide additional support to caseworkers, including peer to peer counseling or counseling for secondary trauma, which will help prevent turnover.

DCFS has consistently met the requirement for monthly face to face visits so will not allocate a great deal of funding to efforts that enable caseworkers to conduct face-to-face visits.

ADOPTION INCENTIVE PAYMENTS

During FFY 2015-2019 DCFS will continue to use Adoption Incentive funds to strengthen the child welfare system and to provide services to children and families. Specifically, funding will:

- Support post-adoption services and activities, particularly those that will help adoptive families deal with unanticipated, high cost special needs for a child.
- Enhance adoption recruitment efforts for children in custody.
- Strengthen in-home services by expanding services that support children and families.
- Address issues and develop initiatives related to well-being and trauma.
- Support foster care and TAL activities.
- Provide conferences and training on topics of special interest for child welfare agency staff and/or stakeholders.
- Obtain consultation and technical assistance services to support program development and organizational competency.

DCFS will ensure that funds are expended timely through grant budgeting, advance planning, quarterly tracking of expenditures, and general funding oversight according to established state government and department fiscal procedures.

CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Utah is in the process of implementing its approved child welfare demonstration project as authorized under section 1130 of the Social Security Act. Entitled "HomeWorks," the project supports the DCFS vision statement ("Safe Children, Strengthened Families") and has been fully integrated into this plan. Support to HomeWorks is addressed in the



Plan for Improvement section (Goal 1-More children are safely nurtured in their families) of this document and will encompass the majority of the activities to be completed under that priority. HomeWorks activities will include:

- Implementation of UFACET, an evidence-based child and family assessment.
- Enhancement of caseworker skills by incorporating the Strengthening Families Protective Factors framework and concepts related to trauma-informed care.
- Formation of a trauma-informed child welfare system that includes evidence-based trauma treatment services.
- Provision of an increased array of evidence-based services with initial enhancements to include the implementation of the Strategic Training for Effective Parenting (STEP) peer parenting curriculum, which will be used in home-based settings.
- Development of additional community resources to support in-home services (to the extent capacity and funding allow).

To the extent IV-E savings may be realized, use of Title IV-E dollars under the project will be primarily used to support new services and expand caseworker capacity to serve families in the home. Because HomeWorks is not a distinct service, but is being integrated into the division's existing In-Home Program, project funding is being coordinated with state and federal funds that support other agency programs.

While Title IV-B Part 1 funds continue to be used primarily to support direct services provided by child welfare agency staff, funds received through other federal grants (such as through the Adoption Incentive Program) and state general funds will be used to support many of the initial costs for waiver related program enhancements. In addition, Promoting Safe and Stable Families Family Preservation funds, which support in-home services provided throughout the state, will certainly impact how HomeWorks funds will be allocated.

Together, these funding sources will 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.

FINANCIAL INFORMATION

Payment Limitation: Title IV-B, Subpart 1:

DCFS does not use IV-B subpart 1 funding to pay for child care, foster care maintenance, or adoption assistance payments and did not do so in FFY 2005. No Title IV-B subpart 1 funding was used for these purposes in FFY 2005 or in FFY 2013. Therefore, DCFS has complied with the requirement not to spend more title IV-B subpart 1 funds in FFY 2012 than it did in FFY 2005 for those payments.

Likewise, since in FFY 2012 DCFS did not use federal IV-B, subpart 1 funds for foster care maintenance payments, nor did it do so in FFY 2005, it did not allocate state funds as a match for federal funds. Therefore, DCFS has complied with the requirement that the FFY 2012 state match for foster care maintenance payments did not exceed the amount of the FFY 2005 match.



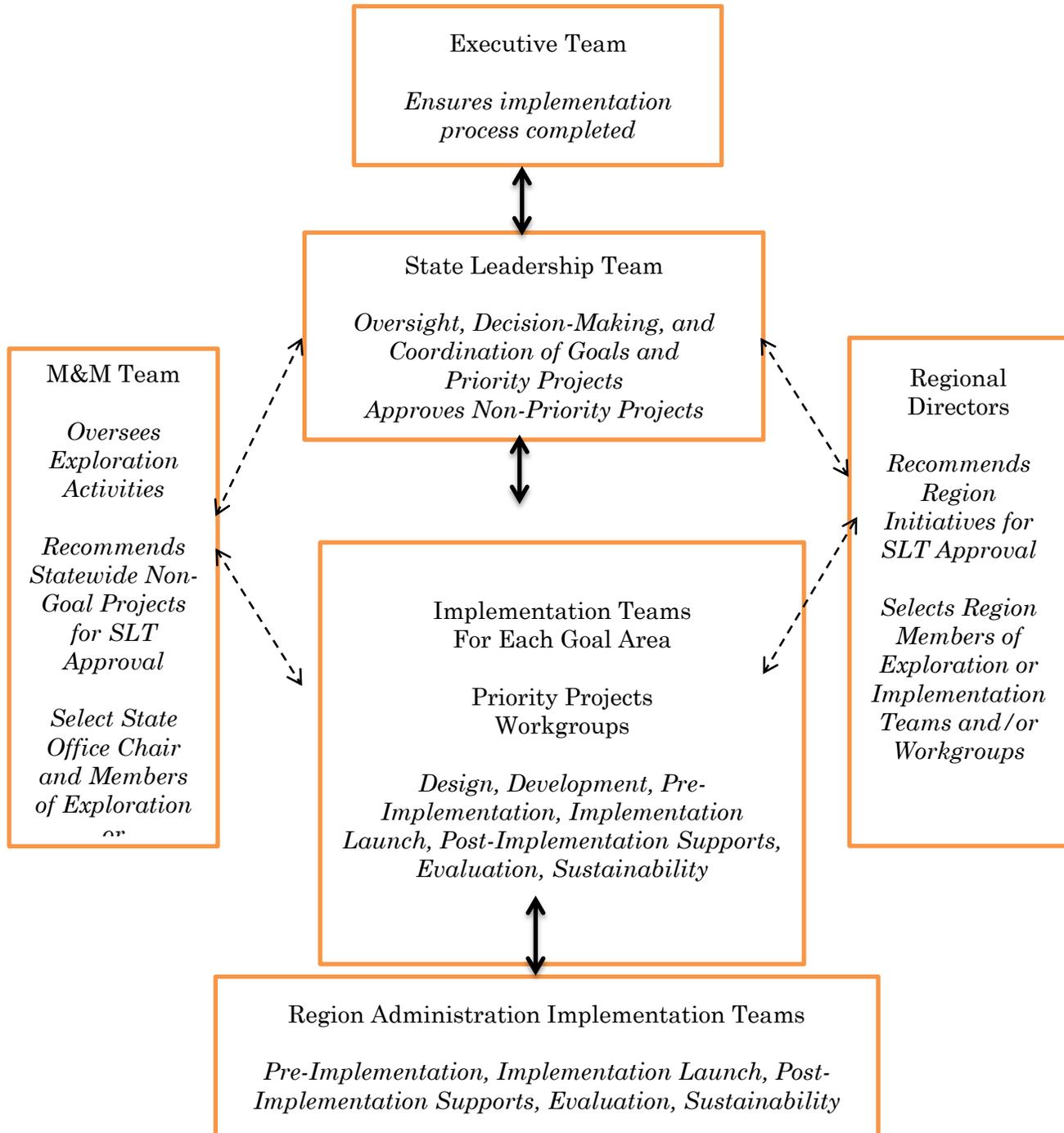
Payment Limitation: Title IV-B, Subpart 2:

As noted under [Expenditure of PSSF Funding](#), DCFS plans to expend at least 20% of total PSSF funds will be expended in each of the four service categories.



ATTACHMENT 1-DCFS STRATEGIC PLANNING AND IMPLEMENTATION PROCESS

DCFS Strategic Planning and Implementation Process





Strategic Planning and Implementation/Agency Goals Process and Roles

Responsible Entity	Roles
Executive Team (Director and Deputy Directors, with one Deputy Director as functional lead)	<ul style="list-style-type: none"> • Authority and oversight for strategic planning and implementation process. • Holds managers responsible for following process overall • Ensure SLT agenda includes agency goals items • Designated deputy director, with support of Executive Team
SLT	<ul style="list-style-type: none"> • Approve broad agency goals • Define overall scope of each broad agency goal • Coordinate overall across broad agency goals • Approve/deny priority projects to be addressed within broad agency goals • Review/approve region or state office initiatives or projects within context of broad agency goals to ensure capacity for statewide initiatives, minimize duplication of effort among regions, involve state office when needed or across statewide efforts, and to utilize region expertise and innovation • Assess and manage capacity and timing statewide across goals • Oversee overall implementation process at global level • Determine where to adapt goal efforts in events of crisis, law changes, other demands, etc. • Establish communication plans • Have decision-making authority by majority vote of designated voting members or their representatives and when quorum present, based on what is best for agency as whole (not representing individual areas of responsibility) with Director having tie breaker or veto authority • Record decisions • Celebrate successes
M&M	<ul style="list-style-type: none"> • Review and recommend key projects to SLT to be included in broad goal categories • Perform State office specific management and coordination • Oversee and coordinate exploration phase of strategic planning and implementation process and make recommendations to SLT: --<u>Exploration</u> (exploration team; communication plan for exploration activities; data gathering and analysis re: target population, needs and prevalence of needs; selection of targeted of areas to address – who is being targeted and for what needs; identify and review interventions that address needs; analyze for need, fit, resource sustainability, strength of evidence, readiness



Responsible Entity	Roles
	<p>to replicate, capacity to implement; assess buy-in; select intervention; recommend for approval)</p> <ul style="list-style-type: none"> • Allocate state office staff and resources to goals/key projects <ul style="list-style-type: none"> --Internally manage staff resources and assignments --Ensure work efforts stay within plans/process for goals implementation ---Ensure all efforts are sufficiently addressed for goals and projects (e.g., SAFE, contracts, finance, practice, training, etc.) • Assign state level resources to implementation teams • Designate chairs of implementation teams • Approve assignments of state level resources to project workgroups • Have decision-making authority by majority vote of designated members when quorum present, based on what is best for agency as whole (not representing individual areas of responsibility) with Director having tie breaker or veto authority • Make decisions by majority vote when quorum present • Record decisions • Celebrate successes
Region Directors Team	<ul style="list-style-type: none"> • Brings their region optional/negotiable projects for review within RD team (initiatives/projects) – peer review process—for input about appropriateness within the context of what else is happening in the state • Also, make aware of region mandatory tasks (PIP’s, audit responses, etc.) so decisions can be made in this context (and share in context for state items/SLT) • Group approval means bringing items to SLT to approve in context of other statewide groups • Make decisions by majority vote when quorum present
Implementation Teams (for each agency goal category)	<ul style="list-style-type: none"> • Report to SLT on a regular basis • Report to M&M as needed regarding state office related items • Oversee and support all processes/phases of each project • Meet frequently enough to keep work moving consistently forward • Define scope of key projects to be completed under the broad agency goal <ul style="list-style-type: none"> --What is included --What is not included (to avoid scope creep) --Exit plan (when institutionalized and what has to be retained over time) • Identify workgroups/resources needed to complete projects



Responsible Entity	Roles
	<p>--M&M approve state office resources --RD's approve regional resources</p> <ul style="list-style-type: none"> • Define overall scope for workgroups and other work efforts and provider leadership and support for workgroup efforts (e.g., give them their charge, communication plan, track progress, help with problem solving, etc.) • Identify specific elements needed for <u>each phase</u> and ensure completion of each phase (details of design and development and some other tasks may be developed and carried out by workgroups, with approval from implementation team): <p>--<u>Design</u> (vision/charter for this group for the implementation team, including consideration of (triangle model – timing, scope, resources – which is the most important driver), capacity, timing, coordination with other projects and goals, assessing impact on workforce or resources, communication plan, evaluation plan, how it relates to existing practice, ensuring that it is going to meet the intent of the broader goals, funding considerations/grant application, all components of the system represented/considered, identification of needed workgroups and charters for workgroups, etc.)</p> <p>--<u>Development</u> (completing all preparatory tasks prior to implementation, e.g., policies, tools, technology supports, training, communication materials preparation, post-training supports, contracts, SAFE, finance, payment systems, budget, service codes, evaluation, data, field testing, and adapting based on implementation feedback)</p> <p>-- <u>Pre-Implementation Preparation</u> (working with region implementation team to complete region preparation activities, administrator and supervisor readiness, identify success measures/data, capacity assessment, establish feedback loop, scheduling; and working with state office and/or community partners to complete implementation preparation tasks, such as SAFE Help Desk, contracts, training run-throughs, communication materials and processes to update relevant staff, program teams, etc.)</p> <p>--<u>Region Launch/Implementation</u> (working with region implementation team to implement, such as communication strategies, administrator and supervisor training on content</p>



Responsible Entity	Roles
	<p>and coaching, caseworker or other region/state office staff training, implementing feedback loop), data gathering and review.</p> <p>--<u>Region Ongoing Supports</u> (working with region implementation team for post-training supports, practice champions, administrative supports, continuing feedback loop, improvements, and attaining sustainability – may also), data gathering and review (example, dashboard indicators).</p> <p>-- <u>Evaluation/Success Measures</u> (such as data measures, identifying outcomes to reflect success, incorporation into QI processes);</p> <p>--<u>Sustainability</u> (how to determine and maintain fidelity, sustaining practice, ongoing monitoring, exist plans, maintain and adjust staff and/or financial resources to sustain</p>
Project Workgroups	<ul style="list-style-type: none"> • Chairs are members of the applicable implementation team • Have well-defined scope of responsibility that addresses applicable phases of the project • Are accountable to implementation team • Includes designated state office staff to represent key functions, such as program administrators, contracts, SAFE, finance, etc. • Includes affected region staff, supervisors, and may include representation from administrators • Region staff have clear expectations about sharing and gathering of information from region (representing regions, with concerted efforts to use technology or other methods to minimize burden) • Includes community partners, as applicable • Task and time-limited involvement
Region Administrative Implementation Teams	<ul style="list-style-type: none"> • Region membership designated by region director (or M&M group for state office specific implementation teams) • Meets regularly with designated members of project implementation prior to, during, and following implementation (until implementation has stabilized, with follow-up plan until sustainability reached) • Leads on decisions for how implementation will take place in the region, such as: <p>--Pre-implementation activities (e.g., orientation to project, developing supportive environment, identifying key stakeholders for process, communication needs, infrastructure and resource assessment and capacity/hiring, strategies for launch and post-</p>



Responsible Entity	Roles
	<p>supports, data needs, managing pre-implementation anxiety of staff, informing them about evaluation and need to gather info from them, etc.), logistics, staff hiring, etc.</p> <p>--Implementation activities (e.g., introduction and communication about project, scheduling, hosting, and/or conducting training, training evaluation, etc.)</p> <p>--Post implementation supports (e.g., coaching/post training supports, region ownership of success, developing region champions, identifying problems/problem solving, feedback/improvements, etc.)</p> <p>--Evaluation/Success Measures (e.g., data, staff progress, resources capacity, client outcomes, continuing feedback, etc.)</p> <p>--Sustainability (maintaining fidelity, sustaining practice, ongoing monitoring/management, planned supports for consistency, e.g., refresher training, plans for handling turnover/new staff, integrating with new employee training.)</p>