



Utah Division of Child and Family Services

2025 Annual Report



Utah Department of
Health & Human Services
Child & Family Services

Child & Family Services

Table of contents

| | |
|---|---------------------------|
| 3 | Director's message |
|---|---------------------------|

| | |
|---|-----------------------------|
| 5 | Overview of services |
|---|-----------------------------|

| | |
|---|--|
| 6 | Child Protective Services (CPS) |
|---|--|

| | |
|---|-------------------------|
| 9 | In-home services |
|---|-------------------------|

| | |
|----|--------------------------------|
| 10 | Kinship and foster care |
|----|--------------------------------|

| | |
|----|----------------------------|
| 12 | Exiting foster care |
|----|----------------------------|

| | |
|----|--|
| 13 | Critical community-based services |
|----|--|

| | |
|----|----------------------|
| 16 | Annual budget |
|----|----------------------|

| | |
|----|-------------------------------|
| 17 | Workforce and training |
|----|-------------------------------|

Please note: Data in this report is measured by state fiscal year (FY) (July 1 through June 30) unless otherwise indicated.

Director's message



As we present this year's annual report, I want to express my gratitude to our exceptional team and child welfare partners. These outcomes reflect not just the diligent work of our division but the collective efforts of the child welfare community. Our work, while complex and challenging, has yielded progress in safeguarding and promoting the well-being of Utah's children and families. Although this report is data-focused, it represents outcomes for the children and families we serve that go beyond the numbers.

Each day, we navigate difficult and sensitive situations, always prioritizing child safety and family well-being. We understand the field of child welfare is not stagnant but continuously evolving. Our practices are constantly refined, grounded in the latest research and best interests of children and families, with a focus on prevention strategies. Despite these challenges, this year's annual report shows the accomplishments born from these efforts, demonstrating our shared commitment to positive change that directly impacts our communities.

Together we achieved positive outcomes that make a lasting difference for Utah's children and families. Our commitment and collaboration are not merely abstract concepts, but tangible actions that provide essential care and support to the most vulnerable community members. This work is a source of pride and a testament to our connection with the public.

As we look to the future, we reiterate our commitment to our mission: ensuring safe children and strengthened families. We will build upon this year's achievements to deliver high-quality outcomes for all those we serve, adapting our interventions to reflect current research and best practices. Our dedication to this critical mission should provide reassurance of our commitment and instill confidence in our collective ability to make a positive, lasting difference for every family in Utah.

A handwritten signature in black ink, appearing to read "Tonya Myrup".

Tonya Myrup, LCSW
Director, Division of Child and Family Services

Utah Division of Child and Family Services (DCFS)

Safe children

Safety is the reason we exist. At DCFS our mission is to keep children safe from abuse and neglect by working with communities and strengthening families.

Strengthened families

A child's physical and emotional well-being largely exists within the context of the adults in their life. When a family is strengthened through individualized, trauma-informed, community-based services that are both safety driven and family driven, an environment that promotes child safety and well-being is created.

Supported workforce

Our most important resource in achieving success with children and families is our staff. They enter the lives of children and families at times of crisis and vulnerability. The professionalism and skill of our staff in engaging, teaming, assessing, planning, and intervening with families are essential to good outcomes. Due to the complex and critical nature of child welfare, our community expects and deserves a well trained, experienced, ethical, compassionate, and supported workforce.



Integrated service community

DCFS is not the child welfare system – we are the child welfare agency within a much larger social service continuum. Our ability to provide timely, effective, and extensive services to our most vulnerable populations is integrated within a robust network of legal partners and private and public community providers.

Services provided

Child Protective Services is a short-term intervention to assess a child's risk for abuse, neglect, or dependency. Services are provided to keep children in the home and families intact whenever safely possible.

In-home services keep children who have been assessed to be at risk of abuse and neglect safely with their parents. Services may include parent supports, child safety planning, and linking the family to community resources.

Foster care is a temporary intervention for children who are unable to remain safely in their homes. Once a child is placed in DCFS custody the goal is to provide a safe, stable, and loving environment until they can be safely reunited with their family. DCFS must consider a placement with a non-custodial parent, relative, friend, or former foster parent before considering other placements.

Kinship care allows a child to stay in the care of a family member or friend who is willing to meet all of the child's needs, including working with the child's parents or guardian so they can return home. Sometimes kin placements provide a permanent home for the child in the event they cannot safely return home.

Transition to adult living (TAL) services provide support to youth ages 14 to 21 who are transitioning from foster care to adult living. The program utilizes a network of organizations and offers services including academic mentoring, financial planning, career preparation, and limited financial assistance.

Transition to adult living (TAL) aftercare services provide support to youth who have aged out of foster care, or who obtained permanency through adoption or custody and guardianship at the age of 16 or older through their 23rd birthday. Services include case management for independent living needs, and limited financial assistance for education, transportation, personal care, work related expenses, and housing.

Adoption services support children who cannot reunify safely with their family. Children may be adopted by relatives, families who fostered them, or other families seeking to provide a loving home for a child.

Prevention of child abuse and neglect is a focus of DCFS through the support of community programs. These services include parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, support to grandparents raising grandchildren, and 17 crisis and respite nurseries in local Family Support Centers across the state.

Domestic violence services funding is provided by DCFS to help support domestic violence shelters and outreach services, therapy for victims of domestic violence, and other resources including the state's domestic violence hotline.

Child Protective Services (CPS)

Reports of alleged child abuse or neglect come to a centralized intake office. A trained professional collects information to find out if the report meets the criteria to open an investigation.

Allegations must meet the child abuse and neglect statutes outlined in Utah state law in order for DCFS to open an investigation. Sometimes reports to our hotline may sound concerning, but don't qualify as child abuse or neglect under state law.

Reports that don't meet the criteria to open an investigation are documented in our child welfare information system as unaccepted. Reports that do meet the criteria of child abuse or neglect are then assigned to Child Protective Services (CPS) workers. Most of the time, the intake worker does not make this decision alone. A supervisor or licensed social worker helps make the decision whether it rises to the level of abuse or neglect under state law. They also look at any history of the involvement with DCFS to assist in this decision.

The moment CPS becomes involved with a family, our goal is to assess for safety concerns, work with the family to create a safety plan, and provide effective interventions that promote child safety and strengthen parents.

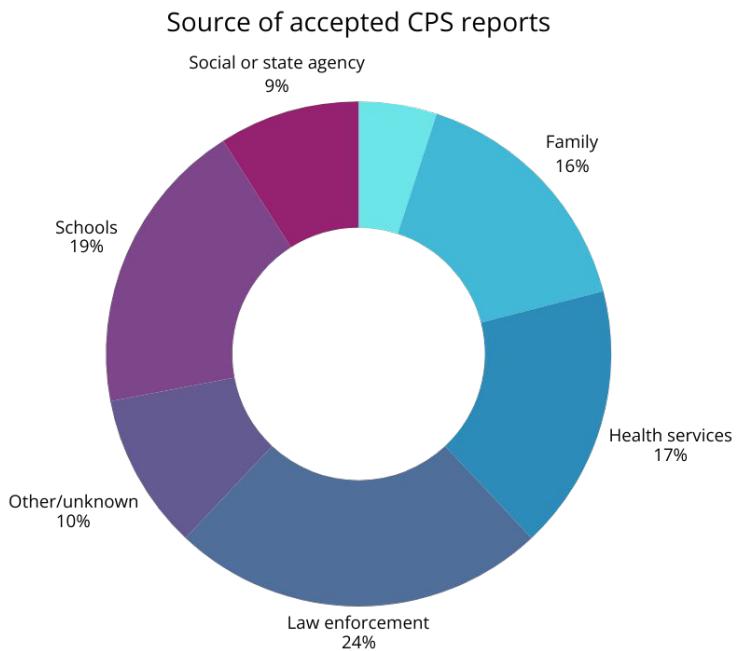
During a CPS investigation, a caseworker collects different types of information and evidence of child abuse or neglect, conducts interviews, and does safety and risk assessments.

- Review any involvement the child or family had with DCFS in the past.
- Interviews with child, parent, and caregiver.
- Interviews with person alleged to be responsible for abuse or neglect.
- Interviews with third-party collateral contacts, like teachers or doctors.
- Conduct an assessment of safety and risk.
- Suicide screener on every child age 10 and older (this is also conducted regularly as a part of in-home and foster care services).
- Safe sleep assessment if a mother is pregnant or if there is a child 12 months or younger.
- Developmental milestone checklist for children who are non-verbal or younger than age 5.
- A home visit or unannounced home visit.

Child Protective Services (CPS)

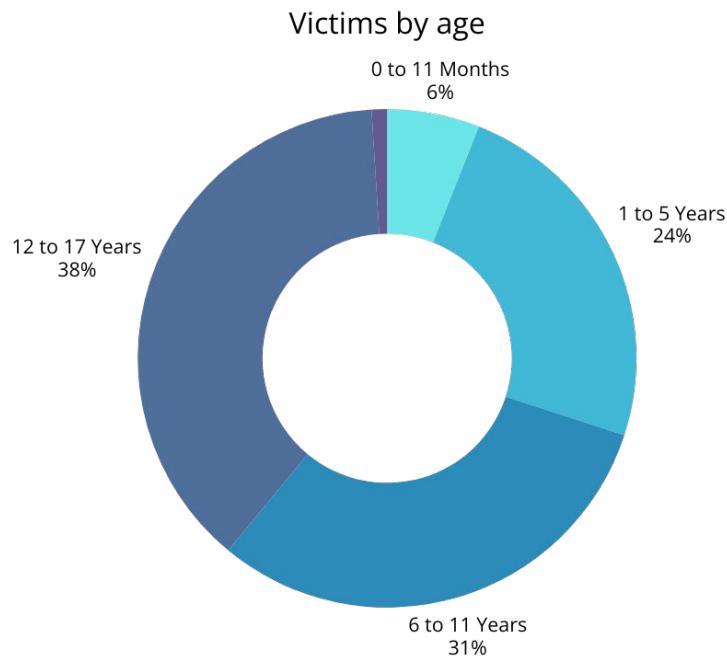
FY25 in review:

- **51,105 reports** of abuse or neglect received by intake
- **24,006 reports** met the criteria to open CPS investigation
- **8,622 confirmed victims** of child abuse or neglect
- **75%** of alleged perpetrators were victim's parent
- **18%** were other relatives
- **52% of supported abuse or neglect cases** had domestic violence related child abuse as a contributing factor



Utah Department of Health & Human Services Child & Family Services

FY 25 in review continued:



- **6,980** of the 8,622 victims of child abuse or neglect were able to remain safely at home without subsequent DCFS involvement within the year.
- **1,665 cases** received in-home services from DCFS.
- **90.4%** of confirmed victims **did not** experience repeat maltreatment within 12 months of DCFS services.
- **Approximately 1 of every 1,000 children*** enter foster care in Utah, while the national average is 5 of every 1,000 children.

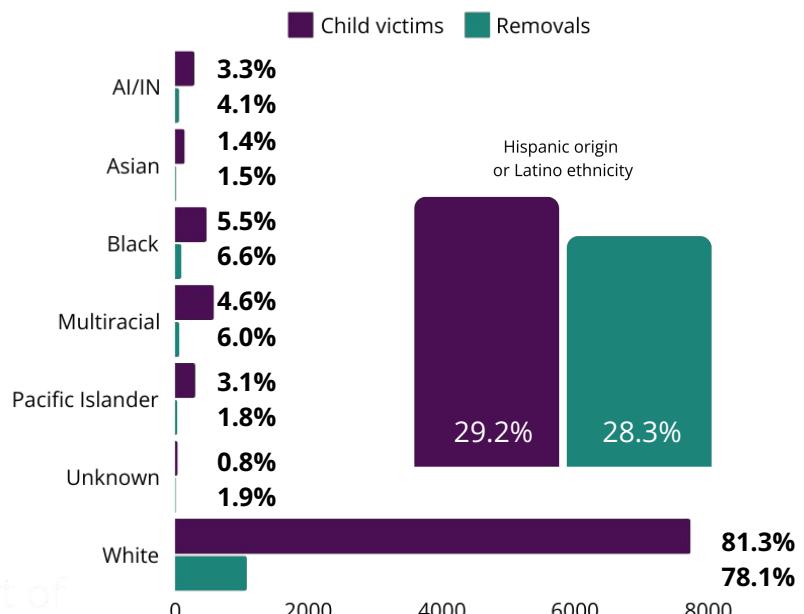
*Based on [2021 National Kids Count](https://datacenter.kidscount.org) data, datacenter.kidscount.org.

Child Protective Services (CPS)

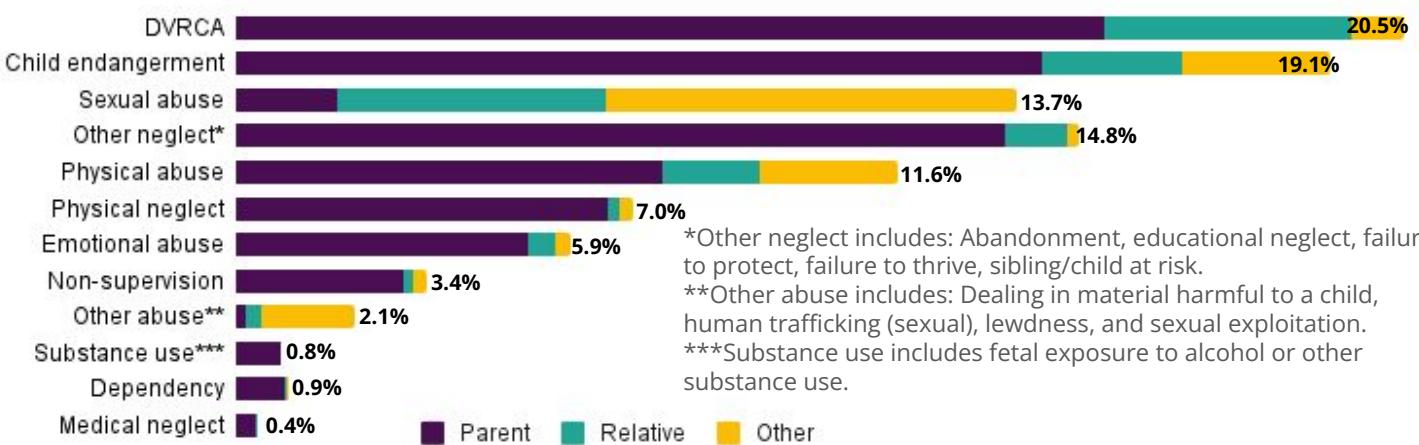
DCFS' work in child welfare brings us into communities and lives of diverse families with diverse needs. DCFS is committed to making every effort to treat all families with respect and dignity, while making sure they receive interventions that support the family's success.

DCFS seeks out best practices focused on achieving positive outcomes for children and families. We incorporate insight from individuals with lived experience and collaborate with researchers, using data to strengthen strategies and interventions. These collaborative efforts improve the experience for all children and families we serve.

Race among child victims and foster removals, FY25



Confirmed allegations by type and relationship of individual responsible for abuse or neglect to child victim, FY25



In-home services

DCFS believes that children should remain with their families whenever safely possible. Most parents who are involved with DCFS are able to keep their children safely at home with the right help and support. We take a family-centered approach to providing services and support. Each family is unique and diverse. We try to tailor services to their strengths and needs by respecting their beliefs, culture, values, practices, traditions, and financial circumstances.

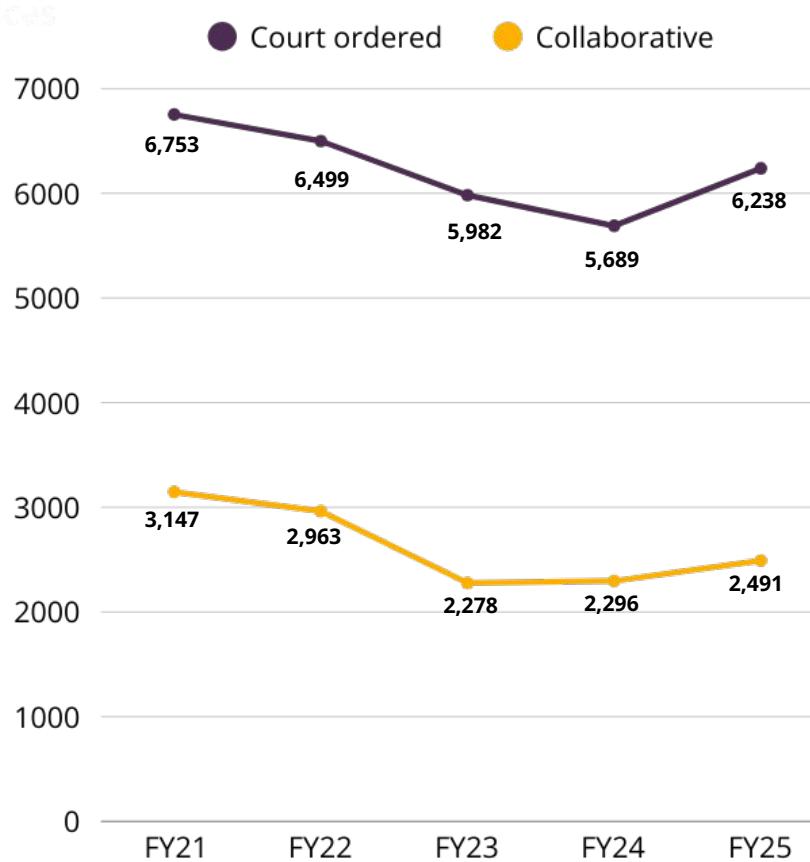
Kids have better outcomes if their parents are involved with their caseworker early on. We try to focus on strengths and needs that are most relevant to each child and involve the parents in selecting the services and resources they need most.

Services can include teaching parenting skills, developing child safety plans, teaching conflict resolution, and linking the family to evidence-based community resources including mental health treatment and substance use disorder treatment.

FY25 in review:

- **2,084 cases** received in-home services.
- **87.4%** of in-home services child clients **did not** have a subsequent supported CPS case within 12 months of case closure.
- **95.4%** of in-home services child clients **did not** enter foster care within 12 months of the in-home case closure.
- On average court-ordered in-home services cases were open for **196 days**.
- On average collaborative (voluntary) in-home services cases were open for **127 days**.

Adult and child clients receiving in-home services



Kinship care

The first priority for DCFS is to maintain a child safely at home. When children are unable to safely remain in their own homes, foster care acts as a temporary intervention until children are able to be safely reunited with their family.

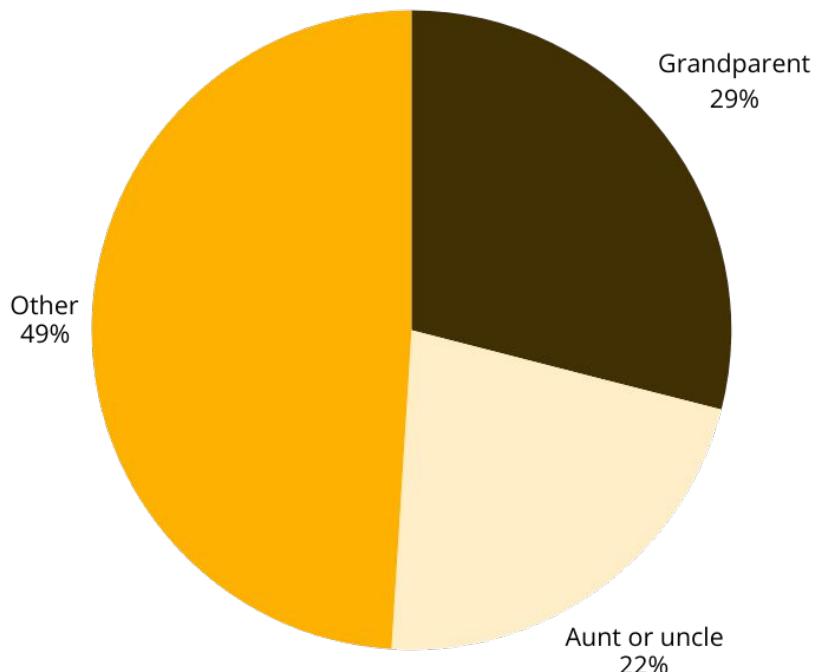
Safety, health, and the best interest of the child drive all placement decisions. Kinship is a priority if a child must be removed from their home. It reduces trauma to the child and helps keep them connected to their family and maintain a sense of belonging. Keeping siblings together is also critically important. We can help reduce the overall trauma by keeping kids connected to their family, school, community, and culture by placing them with relatives or someone familiar to them.

DCFS makes active efforts to locate potential kinship caregivers for placement to build and sustain family connections for the child. In cases where reasonable efforts to reunify the child and parent were not successful, custody or adoption by a relative is pursued.

FY 25 in review:

- **41.6% of days** foster children spent in foster care were spent in a kin placement.
- **92.7%** of children who exited foster care to a relative in FY 24 did not receive subsequent CPS services within 12 months.
- **93.3%** of children who exited foster care to a relative in FY 24 did not re-enter foster care within 12 months.

Relationship to kinship caregiver to children placed in kinship care



Foster care

Foster care is provided to children who cannot safely remain in their homes. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.

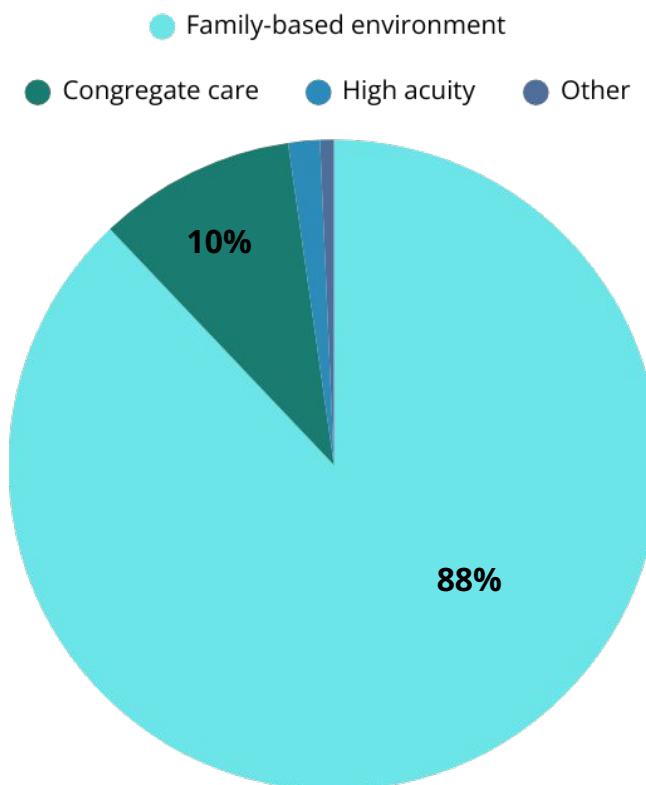
DCFS utilizes an evidence-based assessment tool to determine the recommended level of care for children in foster care, referred to as the Utah Family and Children Engagement Tool (UFACET). The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child.

The first three levels (Level I, Level II, and Level III) are most frequently provided in foster family homes licensed by the DHHS Office of Licensing. Occasionally these services are provided to children in proctor homes, such as when foster family homes are not available or when siblings of a child in proctor care are placed together. Children with severe emotional or behavioral difficulties that cannot be cared for in traditional family settings because of a need for more intensive supervision and treatment may be placed in higher levels of care (Levels IV, V, or VI) through contracts with licensed providers.

FY 25 in review:

- **2,863 children** received foster care services.
- **42%** of children who entered foster care in previous fiscal year, exited care within 365 days and experienced 2 or fewer placements.
- **1,604** children were newly placed in foster care.
- **32.8%** of children in foster care were aged 0 to 5 years old.
- **33.7%** of children in foster care were aged 6 to 13 years old.
- **33.5%** of children in foster care were aged 14 to 18+ years old.

Placement level of youth in care, June 30, 2025



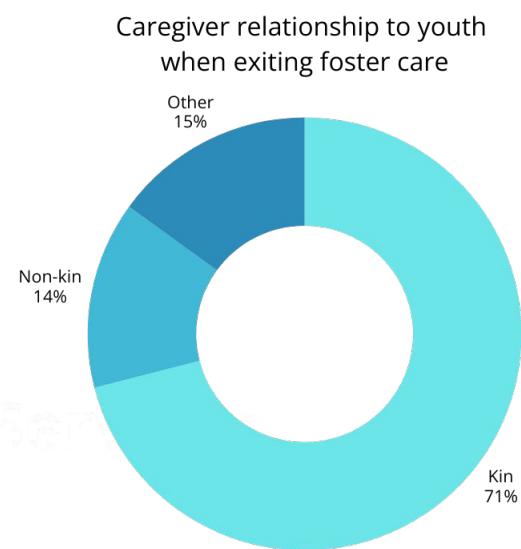
Exiting foster care

Reunification is the goal for the child and family in almost every case. While DCFS works to reunify the child with the parent, the court requires DCFS to also create an alternative permanency plan for the child at the same time—in case reunification is not possible. This helps make sure children do not linger in foster care.

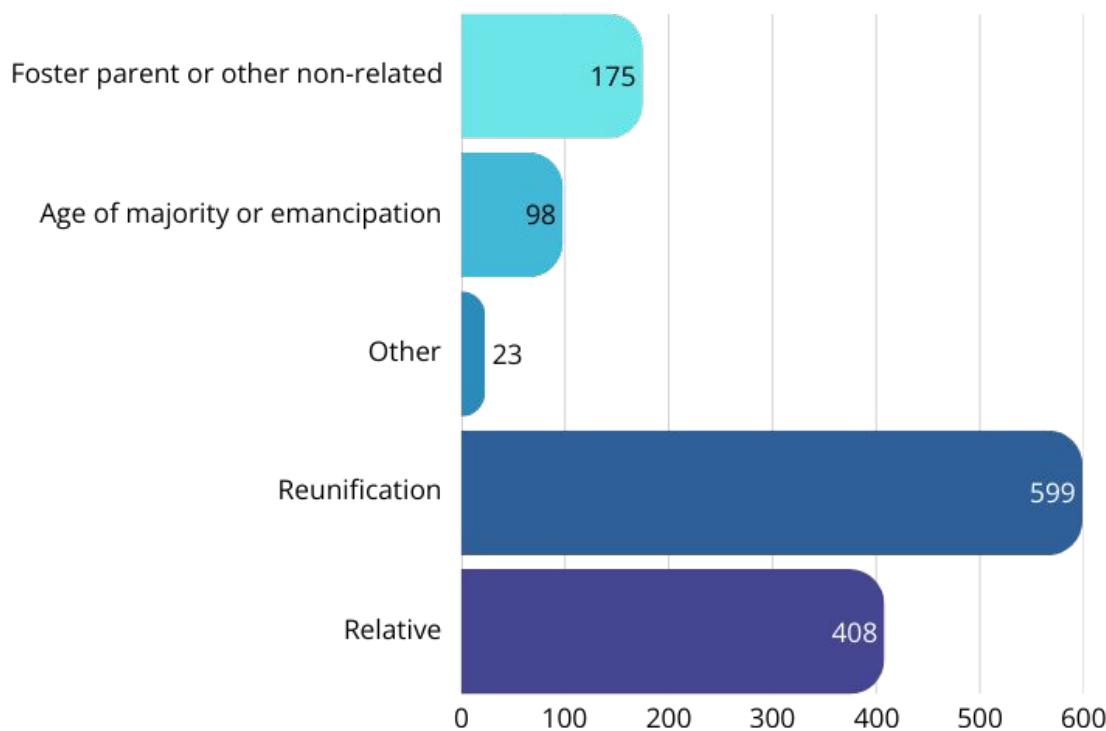
Every child deserves safety, stability and permanency. For children who cannot reunify safely with their family, DCFS seeks to find a safe, nurturing and permanent family through adoption or guardianship.

FY 25 in review:

- **1,303** children exited foster care.
- Average time in care for children exiting foster care was **12.2 months**.
- Average time in care for children reunified with their family was **10.5 months**.
- Average time in care for children that were adopted was **21.6 months**.



Reasons children exited foster care



Other includes: Child missing/runaway; referred outside organization; petition for temporary custody denied/dismissal; non-petitioned release; voluntary custody terminated, death of child, transfer to Juvenile Justice and Youth Services (JJYS).

Substance use-disorder

We recognize substance use disorders (SUDs) as a health crisis that affects countless Utah families. The majority of cases requiring a child welfare intervention involve substance use.

Our goal is always for the child to remain in the home whenever safely possible while we work to connect the parent or caregiver to services to help build their long-term capacity to safely care for their children.

Utah has several residential substance use disorder treatment programs that allow young children, including children in foster care, to reside with their parents while completing treatment.

FY 25 in review:

- **738** children newly placed in foster care were from families affected by substance use.
- **275** children have been placed with a parent in a SUD residential treatment program to date since this service could be federally funded for children in foster care in Utah.
- **78%** of children placed with a parent in a SUD residential treatment program successfully reunified with a parent at the time of case closure.
- **82.1%** of children placed with a parent in a SUD residential treatment program did not have a subsequent supported CPS case.

Domestic violence services

Connecting adults affected by domestic violence to trauma-informed services also enhances stability, safety and permanency for children. Domestic violence services provided by local shelter and treatment programs with federal and state funding through DCFS include:

- 16 domestic violence shelters
- Trauma-informed therapy, financial planning and safety planning
- Assistance with protective orders
- LINKline domestic violence crisis hotline
- Lethality Assessment Protocol (LAP) program utilized by law enforcement and victims advocates to assist and educate victims
- Trauma-focused treatment for both survivors and offenders

More than \$17 million was provided through DCFS to support the domestic violence services program in FY 25.

FY 25 in review:

- **47,810** calls were made to the LINKline domestic violence crisis hotline.
- **3,200** adult and child clients received support from a domestic violence shelter.
- **2,640** children were victims of domestic violence related child abuse.
- **18.1%** of clients receiving in-home services cited domestic violence as a safety concern.

Child abuse prevention

Prevention of child abuse and neglect is a focus of DCFS through local community-based services that include:

- Parenting classes
- Six evidence-based home visitation programs
- Statewide community and school-based education presentations
- Support to grandparents raising grandchildren
- 17 respite and emergency nurseries in local Family Support Centers across the state

More than \$7 million of federal and state funds were provided through DCFS for these community-based prevention services in FY 2025.

Child Abuse Prevention services focus on upstream efforts that strengthen children, families and communities before abuse ever occurs. Families are strong when they have the skills to find resources when needed, have support of family, friends and their community, are prepared and able to handle stressful situations and parents have strong parenting skills and are able to build a positive relationship with their children.

FY 25 in review:

- **23,458 children received support from local community-based services.**
- **22,469 adults received support from local community-based services.**
- **19,239 families received support from local community-based services.**
- **people received outreach support and services.**
- **Launched a child abuse prevention website located at strongfamilies.utah.gov**
- **Shared family strengthening tips and child abuse prevention messaging through DHHS social media sites.**



Utah DHHS



@Utah DHHS



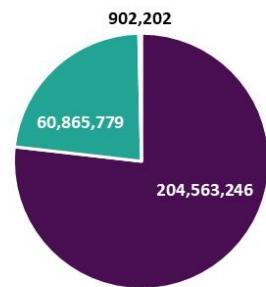
@Utah DHHS

Annual budget

The budget for DCFS is primarily made up of a mix of state general fund, federal funds and dedicated credits. The following two general fund restricted accounts are appropriated by the Legislature and distributed through DCFS for services that focus on child abuse prevention and treatment programs and domestic violence services:

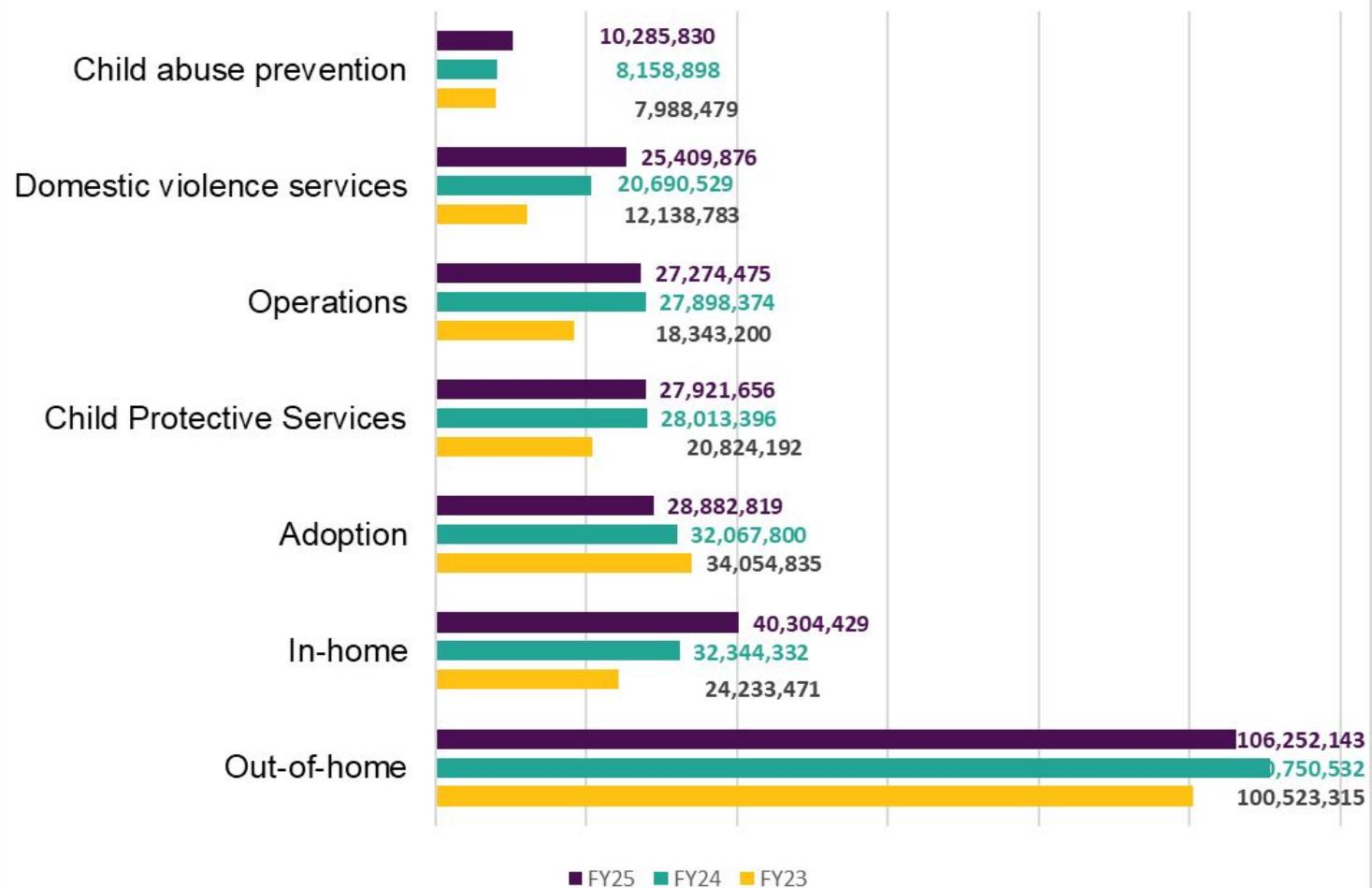
- Children's Account
- Victims of Domestic Violence Services Account

FY25 DCFS operating budget funding sources



■ General Fund ■ Federal Fund ■ Dedicated Credit

DCFS expenditures by program



Workforce development

Our most important resource in achieving success with children and families is our staff. They enter the lives of children and families at times of crisis and vulnerability. The professionalism and skill of our staff in engaging, teaming, assessing, planning, and intervening with families are essential to good outcomes. Due to the complex and critical nature of child welfare, our community expects and deserves a well trained, experienced, ethical, compassionate, and supported workforce.

Required training includes:

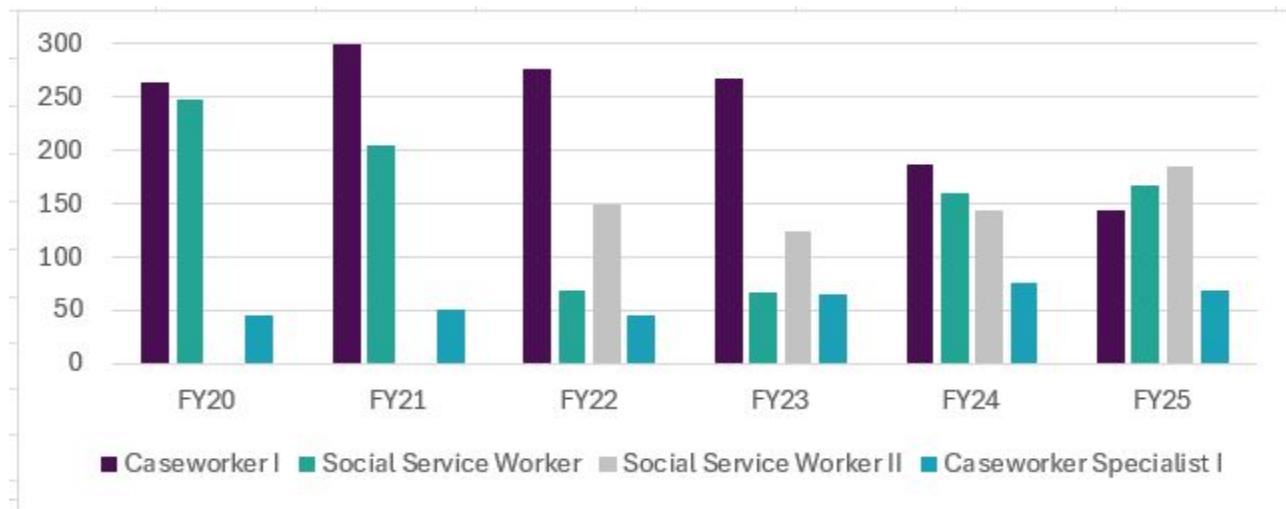
- All DCFS direct service staff are required to complete practice model training before assuming any independent casework responsibilities
- Within 90 days of hire, direct services staff are required to complete online training on the 4th and 14th Amendment
- Within 90 days of hire, direct service staff are required to complete online training on the Indian Child Welfare Act and recognizing situations involving domestic violence and substance use
- After the first year, direct service staff must complete at least 20 hours of additional annual training

FY 25 in review:

- **100% of new case workers** completed the required onboarding training in their first year.
- **80.3% of employees** with 1 or more years with the agency completed 20 hours or more of training.
- **550 employees** in frontline positions.
- **50.7%** of all frontline employees have less than 3 years of experience.
- **27.8% turnover rate** for frontline positions.

Target frontline title ratio

DCFS has seen a significant upward trend in SSW and SSW II positions.





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For an online copy of this report, or to find previous annual reports, please go to dcfs.utah.gov.

For questions about this report please contact the Department of Health and Human Services Office of Public Affairs and Education at dhhs@utah.gov.