Child and Family Services Reviews

State of Utah Statewide Assessment

May 31, 2018

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Table of Contents

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;

- Determine what is happening to children and families as they are engaged in child welfare services; and

- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Practice Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.

- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.

- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;

- Facilitate identification of issues that need additional clarification before or during the onsite review;

- Serve as a key source of information for rating the CFSR systemic factors; and

- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

Statewide Assessment Instrument
Section I: General Information

Name of State Agency: Child and Family Services

CFSR Review Period

CFSR Sample Period: April 1, 2017 to September 30, 2017

Period of AFCARS Data: AB2017

Period of NCANDS Data: FY2017

Case Review Period Under Review (PUR): April 1, 2017 to July 29, 2018

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

All participants listed below were involved in the development and the review of the information contained in the Statewide Assessment document.

Kelly Peterson - Utah Foster Care Foundation

Mike Hamblin - Utah Foster Care Foundation

Janice Weinman - DHS Office of Licensing

Brad McGary - DHS Office of Services Review

Jeff Harrop - DHS Office of Services Review

Court Improvement Project Committee -

       Judge Jeffrey Nolan - Juvenile court judge
       Judge Julie Lund - Juvenile court judge
       Judge Richards Smith - Juvenile court judge
       Judge Mary Manley - Juvenile court judge
       Carol Verdoia - Office of Attorney General
       Gabriella Archuleta - Administrative Office of the Courts
       Katie Gregory - Administrative office of the Courts
       Lisa Lokken - Parental Defense
       David Carlson - Office of Attorney General
       Ruth Wilson - DHS Children's Mental Health
       Dawn Marie Rubio - Administrative Office of the Courts
       Martha Pierce - Guardian ad Litem Office
       Mark Osenbach - DCFS training
       Stacey Snyder - Director, Guardian ad Litem

Salt Lake Quality Improvement Committee

       Justin Boardman - community member -Boardman Training and Consulting)
       Anna Cervantes - Juvenile Justice Services (JJS)
       Karen Ellsworth - Department of Workforce Services (DWS)
       Carolyn Hansen - Salt Lake County Youth Services
       Melanie Hansen - Fostering Healthy Children
       Ray Harris - Salt Lake Valley Region Director (DCFS)
       Emily Harris - Valley Behavioral Health
       Jamie Luna - Kinship Specialist (DCFS)

Lesley Lundeberg Salt Lake Valley DCFS
Krisse Prestwich - Foster/Adoptive Mother
Arn Stolp - community member
Dan Webster - Utah Foster Care Foundation
Nicole Huntsman - Cottonwood Heights Police Department
Kerri Burns - Salt Lake Valley Associate Region Director DCFS
Kylie Girsberger - QIC Support Staff - DCFS

State Child Welfare Improvement Committee:

Dr. Kristine Campbell, MD - University of Utah Division of Child Protection and Family Health
Debra Comstock, LCSW - Private Practitioner and Consultant
Jodi Delaney - Salt Lake County Behavioral Health Services
Encami Gallardo - Children's Service Society
Rachel Pratt - Family Support Center, Salt Lake City
Nicole Salazar-Hall - State of Utah Office of Child Welfare Parental Defense
Julie Steele - University of Utah College of Nursing
Sarah Strang - Volunteers of America
Stacey Snyder - Office of the Guardian ad Litem
Mina Koplin - Salt Lake County Department of Youth Services
Gwen Knight - Prevent Child Abuse Utah
Carol Verdoia - State of Utah Office of the Attorney General - Child Protection Division
Barbara Leavitt - United Way of Utah County
Laurie Vervaecke - Childhelp, Wasatch Front Chapter
Lis McDonald - The Christmas Box International
Leah Voorheis - State of Utah Office of Education
Matthew Minkevitch - The Road Home
Vicky Westmorland - Salt Lake County Behavioral Health Services
Dan Moriarity - Unified Police of Greater Salt Lake
Trent Nelson - Roy City Prosecutor; Conflict/Private Guardian ad Litem
Kelly Peterson - Utah Foster Care Foundation
Charri Brummer - Deputy Director, DCFS
Tonya Myrup - Deputy Director, DCFS
Cassie Selim - Prevention Program Administrator, DCFS
Carol Miller - Program Support, DCFS Division of Child and Family Services Data Team

DCFS Data Unit

Vanessa Amburgey
Carol Cook
Dustin Steinacker
Lauren Rizzo

DCFS Administration

Diane Moore
Tonya Myrup

Charri Brummer
Ray Harris
Melonie Brown
Shawn Jack
Casey Christopherson
Kyle Garrett
Kevin Jackson
Sarah Houser
Kyla Clark
Tanya Albornoz
Jennifer Larson
Aude Bermond Hamlet
Jean Marie Morris
Marty Shannon
Alisa Lee
Brian Parnell
Cassie Selim
Becky Johnson
Crystal Vail
Jonathan Houser
Cosette Mills
David Florence
Linda S. Wininger

DCFS Professional Development
Lori Giovannoni
Mark Osenbach
James Piper
Chantel Harvey
Nelson Shumway
Melissa Herrera
Reba Nissen
Dan Rich

Section II: Safety and Permanency Data
State Data Profile

Risk Standardized Performance (RSP)

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

[1] State's performance (using RSP interval) is statistically better than national performance
[2] State's performance (using RSP interval) is statistically no different than national performance
[3] State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

	National Performance		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Permanency in 12 months (entries)	42.7%▲	RSP	48.6%	50.6%	51.9%	48.4%	47.7%	48.5%	51.4%				
		RSP interval	46.4%-50.8%[1]	48.5%-52.8%[1]	49.7%-54.1%[1]	46.3%-50.6%[1]	45.6%-49.8%[1]	46.4%-50.6%[1]	49.2%-53.5%[1]				
		Data used	11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
Permanency in 12 months (12 - 23 mos)	45.9% ▲	RSP					57.9%	56.1%	59.0%	64.1%	63.9%	63.3%	60.1%
		RSP interval					53.4%-62.4%[1]	51.6%-60.7%[1]	54.6%-63.4%[1]	59.9%-68.2%[1]	59.5%-68.1%[1]	59.1%-67.3%[1]	55.5%-64.7%[1]
		Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Permanency in 12 months (24+ mos)	31.8% ▲	RSP					33.8%	37.4%	36.7%	38.5%	38.7%	34.9%	34.6%
		RSP interval					28.8%-39.3%[2]	32.5%-42.8%[2]	31.6%-42.1%[2]	33.5%-43.8%[2]	33.5%-44.2%[2]	29.8%-40.5%[2]	29.3%-40.6%[2]
		Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Re-entry to foster care	8.1%▼	RSP	7.5%	8.7%	9.4%	10.7%	9.9%	9.5%	8.1%				
		RSP interval	5.7%-9.9%[2]	6.8%-11.1%[2]	7.4%-11.8%[2]	8.5%-13.3%[3]	7.9%-12.4%[2]	7.6%-11.9%[2]	6.3%-10.3%[2]				
		Data used	11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
Placement stability (moves/1,000 days in care)	4.44 ▼	RSP					6.44	7.00	6.16	6.45	7.01	6.22	5.81
		RSP interval					6.18-6.71[3]	6.73-7.28[3]	5.9-6.43[3]	6.17-6.74[3]	6.73-7.3[3]	5.96-6.5[3]	5.56-6.08[3]
		Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A

	National Performance		13AB,FY13	14AB,FY14	15AB,FY15	FY12-13	FY13-14	FY14-15	FY15-16
Maltreatment in care (victimizations/100,000 days in care)	9.67▼	RSP	12.44	15.70	16.88				
		RSP interval	10.07-15.36[3]	13.06-18.86[3]	14.12-20.19[3]				
		Data used	13A-13B, FY13-14	14A-14B, FY14-15	15A-15B, FY15-16				
Recurrence of maltreatment	9.5% ▼	RSP				12.0%	13.6%	14.0%	13.3%
		RSP interval				11.3%-12.8%[3]	12.8%-14.4%[3]	13.2%-14.8%[3]	12.5%-14.1%[3]
		Data used				FY12-13	FY13-14	FY14-15	FY15-16

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

Footnotes

National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard." See the Data Dictionary for more information, including the time periods used to calculate the national performance for each indicator.

Risk standardized performance (RSP) is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national performance.

Risk standardized performance (RSP) interval is the state's 95% confidence interval estimate for the state's RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state's performance is statistically no different than the national performance. Otherwise, the state's performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

Data used refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Permanency in 12 months (entries)	Denominator	1,952	2,040	2,008	2,004	2,106	2,174	2,113				
	Numerator	934	1,021	1,031	961	996	1,039	1,070				
	Observed performance	47.8%	50.0%	51.3%	48.0%	47.3%	47.8%	50.6%				
Permanency in 12 months (12 - 23 mos)	Denominator					517	527	535	578	558	572	498
	Numerator					271	264	287	340	325	339	271
	Observed performance					52.4%	50.1%	53.6%	58.8%	58.2%	59.3%	54.4%
Permanency in 12 months (24+ mos)	Denominator					423	413	401	408	378	376	360
	Numerator					98	118	110	120	112	95	87
	Observed performance					23.2%	28.6%	27.4%	29.4%	29.6%	25.3%	24.2%
Re-entry to foster care	Denominator	764	824	851	812	847	892	886				
	Numerator	42	54	61	68	66	66	54				
	Observed performance	5.5%	6.6%	7.2%	8.4%	7.8%	7.4%	6.1%				
Placement stability (moves/1,000 days in care)	Denominator					340,535	343,432	332,092	304,142	331,810	334,333	338,684
	Numerator					2,298	2,468	2,091	2,006	2,375	2,099	1,924
	Observed performance					6.75	7.19	6.30	6.60	7.16	6.28	5.68

		13AB,FY13	14AB,FY14	15AB,FY15	FY12-13	FY13-14	FY14-15	FY15-16
Maltreatment in care (victimizations/100,000 days in care)	Denominator	908,260	948,364	938,703				
	Numerator	84	112	119				
	Observed performance	9.25	11.81	12.68				
Recurrence of maltreatment	Denominator				9,457	9,344	9,835	9,698
	Numerator				871	974	1,053	983
	Observed performance				9.2%	10.4%	10.7%	10.1%

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

Denominator: For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

Numerator: For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

Percentage or rate: For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Data Quality

Calculating performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance. The values below represent performance on the data quality checks. See the Data Dictionary for a complete description of each check and what the values represent. A blank cell indicates there was no data quality check assessed for that data period because it relies on a subsequent period of data that is not yet available. If the data period needed to calculate performance on an indicator displays an orange value or "DQ", then state performance was not calculated. "DQ" is displayed on the RSP and Observed Performance pages when performance could not be calculated due to data quality.

■ Indicates that data quality performance exceeds the data quality limit.   DQ = The data quality check was not performed due to data quality issues.[1]

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	10A	10B	11A	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A	16B	17A
AFCARS IDs don't match from one period to next	> 40%	•	•	•	22.7%	25.2%	25.9%	27.2%	25.0%	28.5%	27.6%	25.9%	24.7%	27.2%	29.9%	27.7%	26.3%	25.9%	
Age at discharge greater than 21	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	•	•	•	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	•	•	•	0.1%	0.1%	0.1%	1.4%	0.0%	3.3%	0.1%	0.6%	0.2%	2.3%	0.5%	0.0%	0.1%	0.0%	
Enters and exits care the same day	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.8%	0.1%	0.3%	0.5%
Exit date is prior to removal date	> 5%	•	•	•	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
In foster care more than 21 yrs	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		•		0.0%	0.2%	0.1%	0.5%	0.0%	0.6%	0.4%	1.1%	0.4%	1.0%	1.1%	0.3%	0.8%	0.5%	1.3%
Missing number of placement settings	> 5%			•	1.2%	1.4%	1.1%	1.2%	2.2%	0.4%	0.4%	0.2%	0.1%	0.4%	0.1%	0.4%	0.3%	0.8%	1.0%
Percentage of children on 1st removal	> 95%	•	•	•	82.3%	82.7%	82.9%	81.5%	82.4%	82.5%	82.2%	81.2%	81.0%	81.3%	82.3%	83.1%	83.3%	83.9%	83.7%

NCANDS Data Quality Checks

	Limit	MFC	RM	12-13	13-14	14-15	15-16	2012	2013	2014	2015	2016
Child IDs for victims match across years	< 1%		•	4.0%	4.5%	4.7%	4.4%					
Child IDs for victims match across years, but dates of birth / age and sex do not	> 5%		•	0.3%	0.2%	0.1%	0.2%					
Missing age for victims	> 5%	•	•					0.0%	0.0%	0.0%	0.0%	0.0%
Some victims should have AFCARS IDs in child file	< 1%	•						100.0%	100.0%	100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	N -	•						Y	Y	Y	Y	Y

MFC = Maltreatment in foster care, PS = Placement stability, RM = Recurrence of maltreatment, Perm = Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months of more, and Re-entry to care in 12 months)

[1] For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ threshold was exceeded on a related data quality check.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

> *Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.*

Item 1 - Timeliness of Investigation:

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

Timeliness of investigation is measured by the first face-to-face contact with one of the child victims. Practice Guideline 201.5 sets the time frame from the moment a child maltreatment referral comes to Utah's 24-hour Centralized Intake facility to the disposition of the case (when a referral is assigned to an investigating CPS worker). Guideline 202.4 then specifies the time allotted for the worker to make the first face-to-face contact with a child victim and is based on the priority level assigned to the referral.

- A priority 1 response is assigned only when there is an imminent threat to the child's safety and there is no adult including law enforcement, school, medical personnel, etc., available to provide protection. Intake has no more than 30 minutes from the completion of the initial contact (referral) to assigning the case to the CPS caseworker. The CPS caseworker then has a maximum of 60 minutes from the moment Intake notifies the caseworker to make the face-to-face contact with an alleged victim. Priority 1 is rarely used. In FY2017 there were no CPS investigations assigned a priority 1 response.

- For a Priority 2 response, Intake has 60 minutes to assign the case to a worker. The CPS caseworker then has 24 hours to make the face-to-face contact with the alleged victim.

- A priority 3 response will be assigned when there is an allegation of abuse or neglect that does not require an immediate response. Intake has no more than 24 hours to assign the referral to a CPS worker. The CPS caseworker then has until midnight of the third working day from the time Intake assigns the case to make the face-to-face contact with the alleged victim.

Priority Level	Time frame: from referral to assigning case to CPS	Time frame: from case being assigned to CPS to first face-to-face with child victim
Priority 1	30 minutes	60 minutes (3 hours if victim is more than 40 miles away)
Priority 2	60 minutes	24 hours
Priority 3	24 hours	three working days

When the referral includes more than one child victim, the policy is met when the face-to-face contact is made with at least one child victim. According to Practice Guideline 202.4, if there are multiple allegations on multiple children, "the alleged victim with the highest priority allegation will be seen within the priority response time frame."

The requirement of a face-to-face contact with the child is waived if the supervisor agrees that one of the following circumstances exist:

1. The only alleged victim is deceased.

2. The parent/guardian refuses to allow face-to-face contact, and;

   a. the caseworker has contacted the police for assistance and the police have been unsuccessful in attempts to access the child, and;

   b. the caseworker has contacted an Assistant Attorney General to staff whether a warrant or petition can be obtained with the information available and it was determined that a warrant or petition was not appropriate.

3. The child is out of state and a request for courtesy casework is made and declined by the out of state child welfare agency and law enforcement in the area and/or the courtesy caseworker/officer cannot complete a face-to-face contact.

4. The child cannot be located despite reasonable efforts including visiting the home at least twice at times other than normal business hours, contacting local schools and law enforcement agencies, checking public assistance records, checking with the referent, and searching telephone directories (books and online) for additional contact information.

DCFS investigated 20,806 CPS cases in FY2017. Of those, 7,129 (34%) cases were supported. This included 9,986 supported child victims. For the last several years the Timeliness of Investigation scores have hovered around 90%, fluctuating between 89% and 92%. While there are exceptions allowed for meeting the priority timeframes for face-to-face contact with the child, **the data in Utah does not account for these exceptions**. In other words, only children who were seen within the priority time frame are scored "yes" regardless of any valid exceptions to the policy. Legitimate exceptions are not accounted for and would probably result in a higher performance.

For the CPR review a sample of CPS cases is selected for a three-month period in each region. Timeliness of the first face-to-face contact with the child is assessed in these sampled cases. OSR has compared their findings to the data generated by SAFE on timeliness for the last few years and found that their findings were within a few percentage points from the data report on timeliness. The report now uses the SAFE data report number instead as it measures exactly what the OSR reviewers were looking at but is of the total universe of cases rather than on a sample. That is why the "sample" in the table below shows 4,497 cases. The CPR performance this year was 90%.

CPR Result for Timeliness of first face-to-face with alleged child victim for 2017:

Type & Tool #	Question	Sample	Yes	No	NA	Goal	Performance Rate (%) FY 2017	2016	2015	2014	2013
						General CPS					
CPSG.1	Did the investigating worker see the child within the priority time frame?	4497	4060	437	0	90%	90%	91%	90%	91%	92%

Timeliness of CPS Investigations

	3rd QT FY16	4th QT FY16	1st QT FY17	2nd QT FY17	3rd QT FY17	4th QT FY17	1st QT FY18	2nd QT FY18
Northern	91%	93%	90%	90%	90%	89%	86%	91%
Salt Lake	88%	92%	89%	89%	89%	91%	87%	90%
Western	90%	89%	87%	85%	88%	87%	81%	88%
Eastern	91%	90%	83%	82%	89%	86%	80%	86%
Southwest	88%	91%	84%	89%	86%	89%	86%	90%
Division	89%	92%	88%	88%	89%	89%	85%	90%
Goal	90%	90%	90%	90%	90%	90%	90%	90%
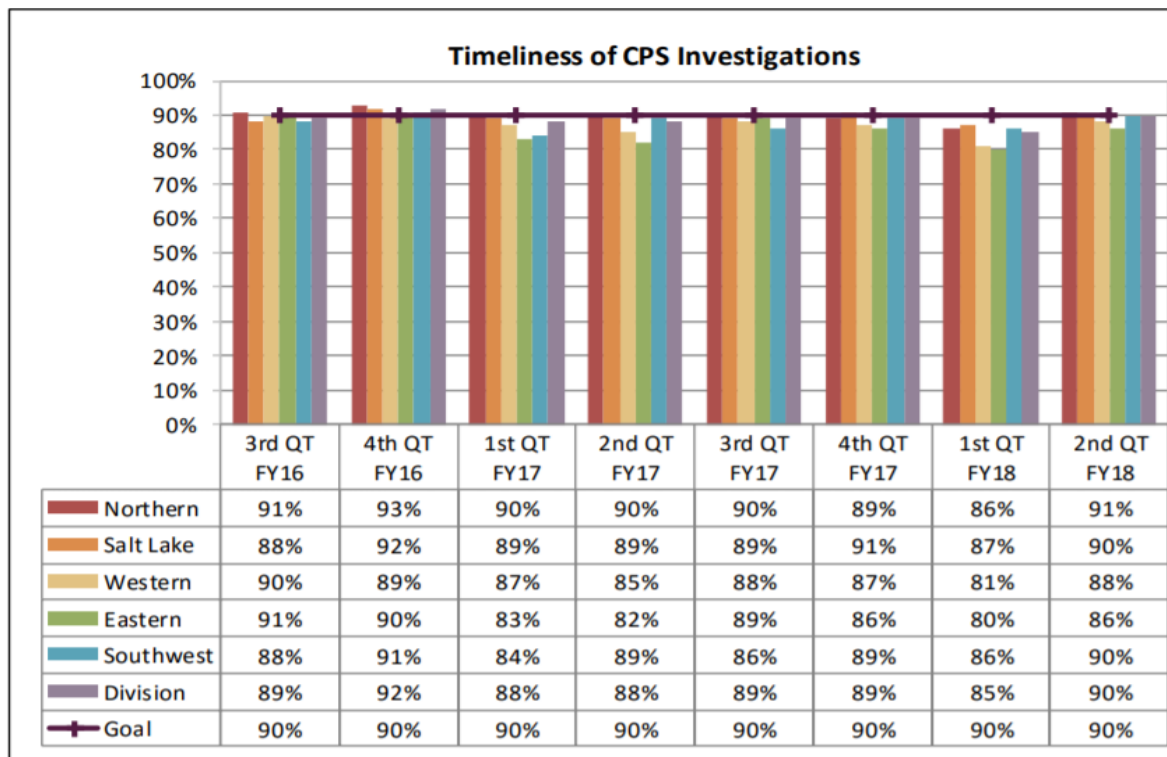
The data mentioned above for timeliness of first contact with the child is tracked through data reports that are published in the Quarterly Report on the DCFS website. The graph above shows the quarterly performance on this indicator for each region. Administrators and supervisors have access to this report and are expected to track their own performance on a regular basis.

During the first quarter of FY18, Utah saw an alarming decrease in the timeliness of CPS investigations. The data was discussed in the Trends Analysis Meeting, CPS Steering Committee, and the Statewide Leadership Team meeting. There was a system-wide emphasis on the importance of meeting the priority timeframes for the first face-to-face visit with the child victim and we saw an immediate change in the rate in the following quarter with the rate improving 5%, returning again to 90%.

Conclusions - We believe that timeliness of CPS Investigations is a strength in Utah because it has been tracked through the CPR and ongoing reports shared with staff and made a priority for many years. The performance has remained around 90% which does not account for any valid exceptions to meeting the priority time frame.

Item 2 - Services Provided to the Family to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care:

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

Utah policy requires every CPS investigation to include the completion of a Safety Decision Making (SDM) Safety Assessment and SDM Risk Assessment. The SDM Safety Assessment is used to identify possible threats to a child's safety and interventions necessary to protect a child from threats to their safety. It guides the CPS caseworker through the information gathering and safety decision making process in order to make the most appropriate safety decision. The outcome of the SDM Safety Assessment helps to guide the decision regarding ongoing intervention with the family. A child can be determined to be safe, "safe with a plan", or unsafe. "Safe with a plan" means that there are identified safety threats that the caseworker believes can be mitigated through effective safety planning so that the child is able to remain in the home. In this case an SDM Safety Plan for all children in the household is created that includes monitoring the child's safety. If a plan for safety cannot be developed to mitigate the present or impending danger the child is determined to be unsafe and removal from the home is recommended.

The table below shows the total number of closed CPS cases and the subset of cases where the children were deemed to be "safe with a plan" as well as the percent of "safe with a plan" cases to the total. The SDM Risk Assessment is a research-informed tool that identifies the likelihood a child will experience abuse or neglect in the next 12 to 18 months. The result of the SDM Risk Assessment is part of the consideration for whether the agency offers ongoing services.

Region	2015			2016			2017		
	Total Closed CPS	Safe with a Plan	Percent	Total Closed CPS	Safe with a Plan	Percent	Total Closed CPS	Safe with a Plan	Percent
Northern	2338	566	24%	2250	419	19%	2286	355	16%
SLVR	3242	424	13%	2292	465	20%	2657	433	16%
Western	1217	222	18%	1311	243	19%	1178	245	21%
Eastern	669	250	37%	632	199	31%	563	109	19%
Southwest	760	223	29%	682	143	21%	751	123	16%
Division	8226	1685	20%	7167	1469	20%	7435	1265	17%

The data above shows that in 17% of the CPS cases closed in FY2017, the children were found to be "safe with a plan". In these cases, a safety plan, often accompanied by an In-Home services case, is completed. This allows children to remain safely in their home rather than be removed. If a decision is made to not open an In-Home case, the reason must be staffed with a supervisor and documented in the SACWIS system. Reasons include that the family is already receiving services, has moved out of state, or the children no longer live with the family. Including exclusions has now been incorporated into the CPR.

In 2013 Utah began implementation of HomeWorks, the division's IV-E child welfare waiver demonstration project. The project is designed to provide caseworkers with skills and tools they can use as they help children, who have experienced abuse or neglect, remain safely in their homes with their parents or guardians or more quickly return home from a foster care episode. It is common practice in Utah for an In-Home Services case to be open when a foster care case is closed after reunification. FY2017 data shows that 65% of the foster care cases closed to Reunification had an In-Home case opened. This allows the division to provide support to the family and additional resources that are a part of the HomeWorks program. The following are components of HomeWorks, which are used in all In Home Services cases.

- SDM risk assessments are used to determine the level of services and the number of visits to the family based on the assessment of risk of future harm.
- The Strengthening Families Protective Factors framework gives structure to visits caseworkers have with families.
- The Utah Family and Children Engagement Tool (UFACET) assessment is a Child and Adolescent Needs and Strengths (CANS) based assessment that includes a parent guidebook, written in family-friendly language, that identifies the strengths and needs of the family. The UFACET is designed to gather and document, in one place, all of the assessment information obtained from individual assessments conducted by workers or other members of the Child and Family Team.
- Three statewide providers are contracted to deliver STEPS peer parenting services.
- HomeWorks supports and strengthens the Child and Family Services Practice Model, which has been in existence for more than 15 years.

As of January 2016, HomeWorks has been implemented statewide. Post implementation support is provided in all five regions during meetings with administrators and supervisors and in the form of on-site mentoring.

The evaluation team from the University of Utah Social Research Institute uses observations of caseworkers' interactions with clients to determine if caseworkers have incorporated the UFACET and the Protective Factors framework into their day-to-day case practice—termed "saturation"— the basic level of competency. Saturation occurs when 75% of observations include:

1) correct administration and scoring of the UFACET

2) UFACET results being used to guide some of a caseworker's choices of the protective factors to focus on and referrals to services

3) a protective factor is part of the interaction with the family or child during the observation.

The project's evaluators determined that Northern Region attained saturation during FFY 2015 and that the Southwest Region and Salt Lake Valley Region attained saturation in FFY 2017. Eastern Region reached saturation in January 2018 and the final region to be trained, Western Region, reached saturation in March 2018. The evaluation team continues to observe caseworker interactions with clients to determine if the practice has been sustained at the saturation level. Northern Region met the second round of saturation in September 2017 and Southwest Region followed in April 2018.

In addition to the formal evaluation being conducted, supervisors use data reports from SAFE and direct observations of caseworker practice to assess whether workers are fully understanding and incorporating the HomeWorks practices.

Re-entry Data for Utah:

The table below shows the percent of children who entered foster care and were discharged from care within 12 months to reunification, living with a relative, or guardianship (including guardianship or custody to a foster parent or other non-relative) who re-entered foster within 12 months. The data in this table does not include the risk adjustment included in the CFSR data indicators.

Re-Entry to Foster Care

CFSR Data Profile

	National Performance		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A
		RSP	7.5%	8.7%	9.4%	10.7%	9.9%	9.5%	8.1%
Re-entry to foster care	8.1%▼	RSP interval	5.7%-9.9%[2]	6.8%-11.1%[2]	7.4%-11.8%[2]	8.5%-13.3%[3]	7.9%-12.4%[2]	7.6%-11.9%[2]	6.3%-10.3%[2]
		Data used	11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A

		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A
	Denominator	764	824	851	812	847	892	886
Re-entry to foster care	Numerator	42	54	61	68	66	66	54
	Observed performance	5.5%	6.6%	7.2%	8.4%	7.8%	7.4%	6.1%

Utah Re-entry Measure

CFSR Definition: Of all children who entered foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, the number and percent who re-entered foster care within 12 months of their discharge.

Exclusions:
    Children in care less than 8 days
    Children who enter care at age 18 or older

Fiscal Year	# of Children who Entered Foster Care who were discharged within 12 months to reunification, living with a relative, or guardianship.	# of Entry Cohort who Re-Entered Foster Care within 12 Months of Exit	% of Entry Cohort who Re-Entered Foster Care within 12 Months of Exit
FY12	758	60	7.9%
FY13	823	87	10.6%
FY14	740	72	9.7%
FY15	807	68	8.4%
FY16	728	59	8.1%

Utah has not yet been able to replicate the federal measure. The data above is the closest Utah has come to the federal numbers, Utah will continue to work with the Capacity Building Center to obtain a closer match.

Conclusions - We believe that the services included in the HomeWorks initiative along with the SDM assessments have provided a good foundation for Utah on this item and we believe that Item 2 is a strength for Utah. In addition, Utah's re-entry rate has trended down over the past few years to the rates measured in the CFSR Round 2. Utah received a strength rating in the on-site review for this item on that review. The current trend is encouraging, and we will continue to monitor it. In addition, we are beginning work with the Capacity Building Center to further understand the data by looking at the demographics of children who are experiencing a re-entry into foster care within 12 months of discharge. Once we better understand the data we will determine what work we can do to further address the causes of re-entry.

> *Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.*

Item 3 – Risk and Safety Assessment and Management

Purpose of Assessment - To determine whether, during the period under review, 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.

Utah requires CPS investigators to complete both an SDM safety and an SDM risk assessment during each investigation in order to determine whether the children can remain safely in the home and whether further services are needed. The SDM Safety Assessment is a point in time determination and can be used at any time in any case type including Foster Care and In-Home Services. The SDM Risk Assessment is an actuarial assessment that estimates the likelihood of future harm to children in the household and assists CPS investigators in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.

The SDM Safety Assessment first implemented in Utah had three possible results. The child could be determined to be "safe", "conditionally safe", or "unsafe". After implementing the SDM Safety Assessment and Risk Assessment tools it became evident that Utah lacked a clear framework for safety planning with families, especially when it was determined that children were "Conditionally Safe." Safety plans often did not include specific strategies to mitigate identified threats to safety. Workers either did not identify clear strategies that sufficiently managed the threats to safety or attempted to employ strategies that did not eliminate the threat, including developing safety plans that were dependent on the person or persons responsible for the danger.

To correct this, an enhanced version of the SDM Safety Assessment was created and programmed into the new web-based statewide information system, SAFE.   The new SDM Safety Assessment helps workers identify when threats to safety exist. When they do exist, the new assessment prompts workers to identify a household's readiness for safety planning. If the worker is able to create a safety plan with the family, documentation will show that the child is "Safe with a Plan," which replaces the term "Conditionally Safe."

Statewide training and deployment of the enhanced SDM Safety Assessment and safety planning process were completed in July 2016. Safety planning follow-up sessions have been held in the regions since the initial training was completed. Legal partners also received training relating to the enhanced safety assessment and safety planning during the Court Improvement Summit held in August 2016.

Maltreatment in Foster Care: The federal measure for maltreatment in foster care is an area needing improvement in Utah. The former measure of Maltreatment in Foster Care included maltreatment by foster parents only. While that definition of the measure was used, Utah's score was usually right at the standard, sometimes just above and sometimes just below. The new definition of Maltreatment in Foster Care includes abuse by anyone while the child is in the

custody of the state (foster care), including other youth in the home or facility and abuse during visitation or while on a trial home placement. Utah's performance is clearly more concerning.

The most recent CFSR data indicator (Federal Fiscal Year 2015) shows an observed rate of 12.68%, which is above the national standard of 9.67%. Even more of a concern is that the trend is going in the wrong direction (see graph below); when the risk adjustment is applied the rate rises to 16.88%, which is significantly above the standard. In terms of actual numbers, this score is based on 119 cases of victimization during that period.

	National Performance		13AB,FY13	14AB,FY14	15AB,FY15
Maltreatment in care (victimizations/100,000 days in care)	9.67▼	RSP	12.44	15.70	16.88
		RSP interval	10.07-15.36[3]	13.06-18.86[3]	14.12-20.19[3]
		Data used	13A-13B, FY13-14	14A-14B, FY14-15	15A-15B, FY15-16

When there is an allegation of maltreatment while a child is in foster care, the investigation is handled by a CPS team outside of the division, the Related Parties team housed at the Office of Services Review. The Office of Services Review is a part of the Department of Human Services and also includes the Child Protection Ombudsman, the Child Fatality Review, and the management of the two annual reviews of DCFS mandated in statute called the Qualitative Case Review and the Case Process Review. Several years ago, the Office of Services Review brought to the attention of DCFS and the Executive Director of the Department of Human Services the number of supported findings against proctor and residential treatment facilities of maltreatment of a child in foster care. DCFS evaluated these cases and found that generally, the cases concerned incidences of foster children abusing each other. Further analysis discovered the need for a standard way for DCFS caseworkers to convey the level of supervision required for each foster child in writing to the placement agency at the time of placement and updated as needed. This information was added to the Placement Screening form that is used by the Placement Screening Committee and the Resource Family Consultants who are tasked with assisting the caseworker in finding the best placement for a child. The information on the form is then passed on to the foster parents, placement agency, or residential treatment staff so that adequate supervision of the child can be maintained in the placement.

Another factor that stood out when analyzing maltreatment in foster care was the abuse perpetrated by parents and other relatives when children were on a visit or a trial home placement.

Recurrence of Maltreatment: Utah does not meet the national standard relating to "Recurrence of Maltreatment." When this data was pulled originally, the observed performance fell right around the standard of 9.5%. But, with the risk adjustment added, the score increased to 12%, which is significantly higher than the national standard. Below is the most recent CFSR Data Profile, which includes FY15-16 data. The Risk standardized performance (RSP) is at 13.3%.

			FY12-13	FY13-14	FY14-15	FY15-16
	National Performance					
Recurrence of maltreatment	9.5% ▼	RSP	12.0%	13.6%	14.0%	13.3%
		RSP interval	11.3%-12.8%[3]	12.8%-14.4%[3]	13.2%-14.8%[3]	12.5%-14.1%[3]
		Data used	FY12-13	FY13-14	FY14-15	FY15-16

The following graph shows internally measured data on Recurrence of Maltreatment, which does not include a risk adjustment. Our data shows a rate of 9.8% to 10.6% of children who experienced another episode of maltreatment within 12 months over the last five years, which is above the National Standard of 9.5%.

Percent of Children With a Subsequent Supported CPS Case within 12 months

	FY2013	FY2014	FY2015	FY2016	FY2017
Division	9.8%	9.8%	10.6%	10.6%	10.3%
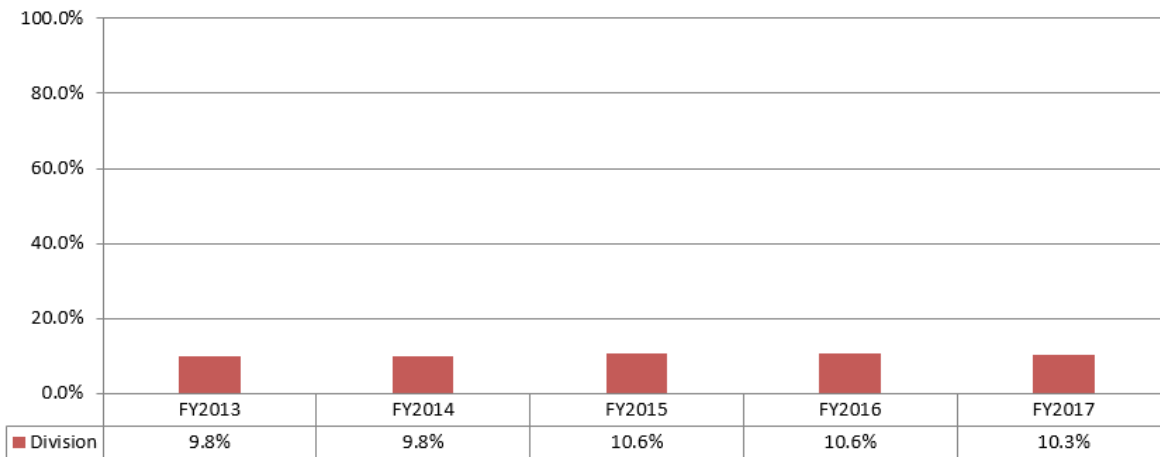
To better measure DCFS staff adherence to SDM Safety and Risk Assessments recommendations which, theoretically, should diminish the likelihood of recurrence of maltreatment, a new question was added to the Case Process Review (CPR). The question asks, "*If the most recent SDM Safety and Risk Assessments recommend ongoing services, was the recommendation followed? If the recommended action was not followed, is an explanation documented on the Risk Assessment form?*

The SDM Safety Assessment and SDM Risk Assessment provide guidance for caseworkers when making decisions about keeping children safe at home. This new CPR question aims to measure how well staff follow the SDM recommendations and, if they chose not to, whether these decisions are well documented. DCFS reviewed the first results which show that workers either follow the SDM recommendations or document the reasons when they do not. Reasons were for the most part sensible (like "family is already receiving services" or "perpetrator does not have access to child"). DCFS will continue to monitor adherence to SDM protocols.

Conclusions - Recurrence of Maltreatment in Utah has remained around 10-11% for several years and has not fluctuate much. Utah recently began work with the Capacity Building Center

to better understand the reasons behind cases of recurrence of maltreatment in our state. We will be including this item in our Practice Improvement Plan.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

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.

The most recent CFSR data profile for Utah reports an improvement on the Placement Stability measure; however, the measure is still far from meeting the standard of 4.44, scoring a Risk Standardized Performance (RSP) of 5.81.

	National Performance		13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Placement stability (moves/1,000 days in care)	4.44 ▼	RSP	6.44	7.00	6.16	6.45	7.01	6.22	5.81
		RSP interval	6.18-6.71[3]	6.73-7.28[3]	5.9-6.43[3]	6.17-6.74[3]	6.73-7.3[3]	5.96-6.5[3]	5.56-6.08[3]
		Data used	13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A

The QCR indicator for placement stability finds stability acceptable if a child has experienced no more than one unplanned placement change in the past 12-months AND if there is no risk of disruption in the current placement OR risks of disruption are managed effectively. The performance on this indicator has been between 77% to 82% in the last five years.

State Child Status	# of cases acceptable	# of cases needing improvement	FY13	FY14	FY15	FY16	FY17 Current Scores
Safety	135	14	95%	97%	89%	90%	91%
Child Safe from Others	148	1	99%	99%	95%	97%	99%
Child Risk to Self	136	13	95%	97%	93%	92%	91%
Stability	115	34	77%	81%	82%	77%	77%
Prospect for Permanence	92	57	58%	68%	68%	70%	62%
Health/Physical Well-being	145	4	99%	99%	98%	98%	97%
Emotional/Behavioral Well-	130	19	89%	93%	91%	88%	87%
Learning	131	18	91%	92%	93%	91%	88%
Family Connections	60	13	86%	87%	83%	91%	82%
Satisfaction	128	20	87%	91%	84%	85%	86%

CFSR Round 2 data shows Utah's performance on Placement Stability to the year 2016: The performance in 2016 for children in care less than 12 months shows 78% having two or fewer placements. The following data is available:

Increase Placement Stability (AFCARS Foster Care File)

Number of Placements by Time in Care (%)

	In Care Less Than 12 Months					In Care at Least 12 months but Less Than 24 months					In Care for 24 Months or Longer				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Children with 2 or fewer placements	78.5	76.1	73.3	78.2	77.5	49.8	44.1	44.0	48.7	52.6	13.5	15.5	15.7	14.2	13.0
Children with 3 or more placements	20.8	23.3	26.2	21.4	21.5	49.9	55.7	55.9	51.2	47.2	86.1	84.4	84.3	85.8	86.9
Missing Placement setting counts	0.7	0.6	0.4	0.4	1.0	0.3	0.2	<.1	0.1	0.1	0.4	0.1	0.0	0.0	0.1
Total number	2,814	2,780	2,906	2,839	2,851	1,140	1,220	1,256	1,421	1,334	943	880	854	825	794

Conclusions - Placement Stability is an area where Utah struggles and where it is necessary to allocate additional time and resources. One of the challenges to better placement stability has been producing accurate data. In order to remedy this, changes to the placement module in SAFE to address many of the data collection issues is underway. Once the new placement module has been launched, many of the entry errors occurring now - resulting in inaccurate data reports - should resolve themselves. For example, several steps that are now entered manually will be automated, eliminating human error.

In addition, DCFS has begun a collaboration with the Capacity Building Center for the States to better understand underlying causes on several items, including placement stability.

Item 5 - Permanency Goal for Child

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

During the second round of the CFSR the practice of requiring concurrent goals in every case was identified to be a flaw in our practice. As a result, changes were made to Utah Code that helped address some of the issues identified. Before these changes, state statute required that there be a concurrent permanency goal for all foster care cases, regardless of the primary goal. So, in cases where the primary goal was Individualized Permanency (synonymous with the Another Planned Permanent Living Arrangement (APPLA) permanency goal), caseworkers and the courts had to assign a concurrent goal, even though Individualized Permanency is intended to be the goal of last resort. Similarly, the change applies to the adoption permanency goal for which identifying a concurrent permanency goal is pointless. In such cases the best course of action is to look for an adoptive family until the right one is found.

Legislation went into effect on May 11, 2015 that stipulates that a concurrent permanency goal is required only when appropriate. To comply with new federal regulations, a subsequent bill was passed during the 2016 legislative session that limits the use of the Individualized Permanency goal for children in foster care age 16 years and older.

As a result, during FFY 2016, DCFS worked to change goals for children under age 16 who had a primary goal of Individualized Permanency. Today, according to SAFE reports, there are now no children under 16 with this goal.

The data available for this item is from cases reviewed during the QCR and scored on the OSRI. For the past two years Utah has a total of 55 foster care cases scored for item 5 on the OSRI. The results for item 5 are shown below. Please note that a thorough QA process has not yet been established in Utah and therefore the results have not been verified.

OSRI: Item 5 Results for FY2017 and FY2018

	Yes	No	percent yes
Were all of the permanency goals established during the PUR established in a timely manner?	51	4	93%
Were all permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case?	51	4	93%

Conclusions - Utah has made some significant changes to the requirements for selecting permanency goals for children in foster care over the last four years. This has resulted in better selection of permanency goals that fit the situation of the children in care and guide the Child and Family Team in their work of finding permanency and stability for the child.

Item 6 - Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

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.

The QCR contains a question similar to Item 6, called "Prospects for Permanence". This score is on the Child Status side of the QCR indicators and therefore is measuring the permanency status for the child not the process for achieving the outcome. Because of this, the QCR indicator goes beyond the "concerted efforts" required in Item 6, and instead reviews whether permanency was achieved. In order for a case to receive an acceptable permanency score, the child must either be imminently achieving legal permanency or have a plan in place that the team is confident will lead to permanency. Prior to FY 2017, QCR results showed a steady increase in scores, the result for FY 2017 is disappointing and will require ongoing attention. It is also important to remember that the QCR indicator is not measuring concerted efforts as measured in Item 6 in the CFSR.

State Child Status	# of cases acceptable	# of cases needing improvement	FY13	FY14	FY15	FY16	FY17 Current Scores
Safety	135	14	95%	97%	89%	90%	91%
Child Safe from Others	148	1	99%	99%	95%	97%	99%
Child Risk to Self	136	13	95%	97%	93%	92%	91%
Stability	115	34	77%	81%	82%	77%	77%
Prospect for Permanence	92	57	58%	68%	68%	70%	62%
Health/Physical Well-being	145	4	99%	99%	98%	98%	97%
Emotional/Behavioral Well-	130	19	89%	93%	91%	88%	87%
Learning	131	18	91%	92%	93%	91%	88%
Family Connections	60	13	86%	87%	83%	91%	82%
Satisfaction	128	20	87%	91%	84%	85%	86%

There were 56 cases applicable in the QCR cases scored on the OSRI. The scores for item 6 B and C are shown below:

OSRI: Item 6 Results for FY2017 and FY2018

	Yes	No	NA	percent yes
B. During the period under review, did the agency and court make concerted efforts to achieve permanency in a timely manner?	43	5	8	90%
C. For a child with a goal of other planned permanent living arrangement during the period under review, did the agency and court make concerted efforts to place the child in a living arrangement that can be considered permanent until discharge from foster care?	6	2	48	75%

Utah met the standard for each of the three CFSR data indicators that rate the system's ability to attain permanency in a 12-month period. The first row shows permanency achievement for children in care less than 12 months. The second row shows permanency achievement for children in care 12-23 months. And, the third row shows permanency achievement for children in care 24 months and longer. This last group of children clearly is the most difficult to move towards permanency. However, at this time Utah is meeting the standard on this group as well.

Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 06-17-17 (AFCARS): Permanency in 12 months

	National Performance		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Permanency in 12 months (entries)	42.7%▲	RSP	48.6%	50.6%	51.9%	48.4%	47.7%	48.5%	51.4%				
		RSP interval	46.4%-50.8%[1]	48.5%-52.8%[1]	49.7%-54.1%[1]	46.3%-50.6%[1]	45.6%-49.8%[1]	46.4%-50.6%[1]	49.2%-53.5%[1]				
		Data used	11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
Permanency in 12 months (12 - 23 mos)	45.9%▲	RSP					57.9%	56.1%	59.0%	64.1%	63.9%	63.3%	60.1%
		RSP interval					53.4%-62.4%[1]	51.6%-60.7%[1]	54.6%-63.4%[1]	59.9%-68.2%[1]	59.5%-68.1%[1]	59.1%-67.3%[1]	55.5%-64.7%[1]
		Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Permanency in 12 months (24+ mos)	31.8%▲	RSP					33.8%	37.4%	36.7%	38.5%	38.7%	34.9%	34.6%
		RSP interval					28.8%-39.3%[2]	32.5%-42.8%[2]	31.6%-42.1%[2]	33.5%-43.8%[1]	33.5%-44.2%[2]	29.8%-40.5%[2]	29.3%-40.6%[2]
		Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A

DCFS regional committees review cases where children have been in care for 24 months or more on a regular basis as do the courts which conduct court reviews every three to six months. In addition, DCFS expanded services delivered under the Wendy's Wonderful Kids recruiter contract and now has four full time staff helping DCFS find permanent families for children that have been in foster care for an extended period of time. The emphasis, over the last few years, on finding permanency for all children in care is resulting in more children finding permanent homes.

The agency will continue efforts to reduce the time children are in foster care. Specifically, the agency is considering implementing or expanding the following:

- Therapeutic Foster Care: DHS is currently exploring ways to add this level of care to our current foster care placement options. The division has hired a consultant as well as formed a workgroup to explore adding the Therapeutic Foster Care option to the State Medicaid Plan. DHS plans to test Therapeutic Foster Care for children who would otherwise be served in a residential treatment setting or for those who are stepping down from a residential treatment setting. After a pilot of approximately 18 months to three years, the division will assess the benefits and costs of this level of care and evaluate the safety, permanency and well-being outcomes for children served.

- Wendy's Wonderful Kids (WWK): The Dave Thomas Foundation for Adoption developed this evidenced-based program to recruit permanent families for children in foster care who, due to age, difficult behavior, disabilities, or who are members of a sibling group may need additional focused efforts to obtain a permanent family. The Dave Thomas Foundation for Adoption donated one WWK recruiter to Utah in 2010 and another in the fall of 2014. The addition of the second recruiter was contingent upon an agreement that DCFS would pay for two additional recruiters. The four WWK recruiters now work closely with DCFS staff throughout the state to provide intensive, child specific recruitment for children who linger in foster care. Data from March 31, 2018 reported WWK recruiters were working with 46 children for whom no permanent family had been identified. Since the program began in Utah, 52 of the 76 youth served have been matched with a family and 35 adoptions have been finalized.

- The Department-wide Integrated Service Delivery (ISD) initiative includes several projects to resolve permanency barriers. The High Needs Work Group was the original group tasked with identifying barriers to finding appropriate placements for children that exhibit both high behavioral needs as well as high mental health needs. These young people have frequent acute care episodes, have experienced trauma, and may be dually-adjudicated.   The division has struggled to find treatment providers that will either accept a youth with these exceptionally high needs or have the skills to provide the needed level of care. The purpose of ISD is to better serve youth and families who are involved with more than one division (Juvenile Justice Services, Division of Child and Family Services, Division of Services for People with Disabilities, or Substance Abuse and Mental Health) and for whom a single division cannot meet their high needs. A child will be able to enter the system through any division and receive services through the combined efforts of all divisions.

- The Permanency Bench Card is a joint effort between DCFS and the Court Improvement Project to provide guidance to judges and caseworkers when selecting a goal of Individualized Permanency (Utah's term for APPLA) as a permanency goal. The bench card has been provided to judges and caseworkers to facilitate meaningful dialogue with the youth, which ultimately helps judges determine if Individualized Permanency is the best permanency goal for this youth. In cases where youth currently have a goal of Individualized Permanency, the bench card assists judges in determining if a that goal should remain in place.   Questions incorporated into the bench card focus on: 1) identification of permanent connections and relationships that the youth can depend on

in the future, 2) the need to normalize the life of youth while they are in foster care, and 3) the provision of services that support the young person as they transition to adulthood. It also helps judges to ensure that the ramifications of the goal of Individualized Permanency were thoroughly considered by the Child and Family Team and that the goal is not used inappropriately.

● Utah Family and Children Engagement Tool, Transition to Adult Living module (TAL module within the UFACET): Utah participated in the National Youth Transition Database (NYTD) Onsite Review in 2016. There were several conversations with the Children's Bureau about the way Utah assesses the skills of a young person and delivers services identified on the assessment. Currently, Utah uses the Casey Life Skills Assessment but plans to move to a new module that is integrated in the UFACET assessment and will address the assessment areas and data elements required for NYTD.   It will also be consistent with our Practice Model assessment process. The TAL UFACET will be a new module in the UFACET, Utah's CANS based assessment tool— developed in conjunction with the HomeWorks IV-E child welfare waiver demonstration project. The TAL UFACET module would follow the CANS scoring and philosophy and would therefore be evidence based at the item level and consistent with the scoring philosophy. The TAL UFACET module is currently being field tested with a small group of caseworkers, located in offices throughout the state. Due to resources and demands on the SAFE system, the current plan is to evaluate the results of the field test in 6 months and determine the priority to implement it statewide. The TAL UFACET also incorporates the Center for the Study of Social Policy (CSSP) Youth Thrive Promotive and Protective Factors Framework and is a direct response to the growing concern that young people leaving foster care do not have the supports or skills necessary to live successfully as adults.

● Pathways to Adoption is an eight-hour parent training required for all parents who want to adopt a child from foster care. Training is required prior to adoption but is best if attended at the time the first child is placed in a new foster home. The intent of the training is to better prepare families to parent children who have experienced trauma and/or may have fetal drug or alcohol exposure. The classes: 1) provide education about the effect of trauma and fetal exposure to drug and alcohol on early brain development, 2) explore what survival behaviors look like and how a parent can effectively address the child's underlying fears or triggers, 3) facilitate parents' understanding of a child's grief and loss and the need for family connections, and 4) help parents realize the importance of self-care and provide them with information about community resources that can help in difficult times. The classes are taught by experienced DCFS staff who provide support to potential adoptive families and who are a resource for adoptive families after an adoption is finalized. In addition, parent-to-parent support—between families attending the training—is fostered as a result of the training.   DCFS will actively evaluate the outcomes of this training and data will be reviewed to determine if child stability improves for foster families who have attended the training.

Conclusions - Utah continues to make improvements in finding permanency for children in custody, particularly for older youth. There are a number of initiatives currently in process that Utah is pursuing. We believe that this area is a strength for Utah.

> *Permanency Outcome 2: The 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.

The following data is from the QCR cases reviewed in 2017 and 2018 and scored on the OSRI item 7 questions A and B. Of the 56 cases reviewed 27 were found to be applicable. All 27 were rated a strength. It is important to note that a QA process was not used on these cases.

Column1	Yes	No	NA	Percent Yes
A. During the entire period under review, was the child placed with all siblings who also were in foster care?	16	11		
B. If the answer to question A is No, was there a valid reason for the child's separation from the siblings?	11		16	100%

Practice guidelines require caseworkers to place siblings together unless there is a safety concern. 30.2% of the population in Utah are children (compared to 22.8% nationwide) according to the US Census Bureau. Persons per household in Utah is estimated for 2017 at 3.16 with an estimate of 2.64 for the US. Utah also has the highest percentage of children under age 18 living with both their mother and father at 61%. The next highest state is Idaho at 55%. Keeping siblings together, especially when there are large sibling groups, can be a challenge, but it is one of the agency's top priorities.
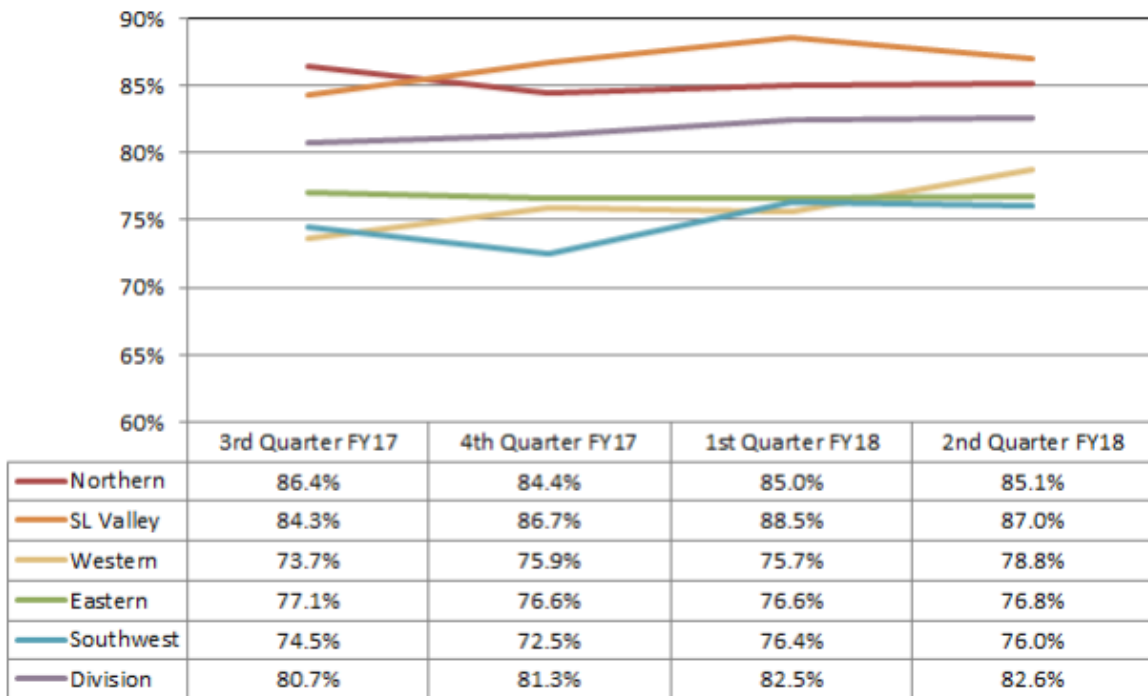
In recent years the state legislature has passed bills to support placing sibling groups together in foster care. These include:

1) Allowing a foster care licensing variance to accommodate a large sibling group even if there is already an unrelated child in the home; and,
2) the placement of biological siblings together when one or more of the siblings have been adopted by the family being considered for placement. This family now is considered a kinship home and a preliminary placement can be made.

To monitor practice, in early 2014 DCFS added an element to its SAFE data management system that requires caseworkers to document, at each placement change, whether the child was placed with one or more siblings. If a child is not placed with a sibling, the caseworker must document the reason for their decision and include the safety or wellbeing issue that prevented a placement with a sibling. Initially, the SAFE system was not set up to differentiate between an only child and a child who has siblings in custody. The correction of this oversight was needed in order to have accurate data. In 2016 the SAFE Project Team added a data field that allows workers to enter a response if a child has no siblings in care, which ensures that the case is excluded from the results.

The chart below details, out of all cases open on the final day of each quarter, the percentage of children placed with one or more siblings, out of all children with siblings in custody.

Percent of Children in Foster Care Placed with One or More Siblings

	3rd Quarter FY17	4th Quarter FY17	1st Quarter FY18	2nd Quarter FY18
Northern	86.4%	84.4%	85.0%	85.1%
SL Valley	84.3%	86.7%	88.5%	87.0%
Western	73.7%	75.9%	75.7%	78.8%
Eastern	77.1%	76.6%	76.6%	76.8%
Southwest	74.5%	72.5%	76.4%	76.0%
Division	80.7%	81.3%	82.5%	82.6%

For 82.6% of children in care the "placed with sibling" indicator was selected by caseworkers when the child entered their most recent placement. It does not include whether there were valid reasons for the separation of the siblings.

Conclusions - DCFS will continue to monitor the placements with siblings. Once the placement module moves to the new SAFE system, more information on placement with siblings will be available.

Item 8 - Visiting With Parents and Siblings in Foster Care

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

DCFS Practice Guidelines state that, unless contact is documented to be clinically contraindicated, 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. Utah has several processes to provide for visitation with parents and siblings that are measured by different reviews.

The Family Visitation Plan is documented in SAFE and is a part of the Child and Family Plan. This document outlines visitation between children in foster care and their parents including any restriction on who may visit the child, how often and where visits will occur, and the level of supervision required. The recommended practice is that visits with parents occurs at least weekly and more often for younger children. The plan may indicate that visits will be less frequent than weekly because of distance. If visits cannot occur weekly, the plan allows workers to record other arrangements in the visitation plan so that contact with parents can occur regularly. These contacts may be through phone calls, video chatting, and letters.

In December 2013, DCFS added an area to the SAFE Family Visitation Plan where the worker records how and when visits with sibling will occur. The recommended practice is for sibling visits to occur no less frequently than monthly, whether or not visits with parents are occurring. If visits are not conducted on a regularly scheduled basis, the SAFE Family Visitation Plan allows workers to identify other arrangements that will ensure that ongoing interaction between siblings occurs. Restrictions to contact between the siblings are only acceptable if there are safety or well-being issues for any of the children that prevent visitation. The worker must record the reasons for the restrictions on the visitation plan in SAFE. Visitation plans are updated at least every 6 months when the Child and Family Plan is updated.

Evidence of the Family Visitation Plan is reviewed during each region's annual CPR. The questions asked include:

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

The 2017 CPR produced the following results.

Type & Tool #	Question	Sample	Yes	No	EC	NA	Goal	Performance Rate (%) FY 2017	2016	2015	2014	2013
IV.5.a	Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?	90	84	6	0	42	85%	93%	98%	94%	96%	92%
IV.5.b	Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?	75	52	23	0	57	85%	69%	92%	92%	85%	75%
IV.6	Was the child provided the opportunity for visitation with his/her siblings weekly OR is there an alternative visitation plan?	33	29	4	0	99	85%	88%	72%	89%	94%	89%

It should be noted that the CPR does not measure whether visits are occurring or assess the quality of the visits but monitors if there is a visitation plan in place for the child. In FY2016 and FY2017 the results of visitation plans with siblings (2016) and fathers (2017) dropped. Since this measure evaluates the appropriateness of visitation plan it is not as relevant for this item as other measures are.

The QCR Family Connections indicator measures if the child's family relationships and connections are being maintained through appropriate visits, or other connecting strategies, while the child is in foster care. The indicator is broken down into connection with mother, father, siblings and others.

Family Connections	FY12	FY13	FY14	FY15	FY16	FY17 Current Scores
Overall Connections	83%	86%	87%	83%	91%	82%
Siblings	84%	83%	78%	85%	91%	73%
Mother	84%	83%	88%	69%	92%	76%
Father	51%	72%	88%	74%	80%	60%
Other	85%	88%	100%	81%	73%	75%

The results for FY 2017 show a decline from last year's score, which was the highest score achieved since OSR introduced this indicator in SFY 2012. The overall Family Connection score went from 91% to 82% while the maintaining connections with the father score declined to 60%.

Recently, a section was added to the UFACET that formally assesses the quality of visitation between a parent and a child when the child is in foster care. The visitation module of the UFACET is completed on each child in foster care.
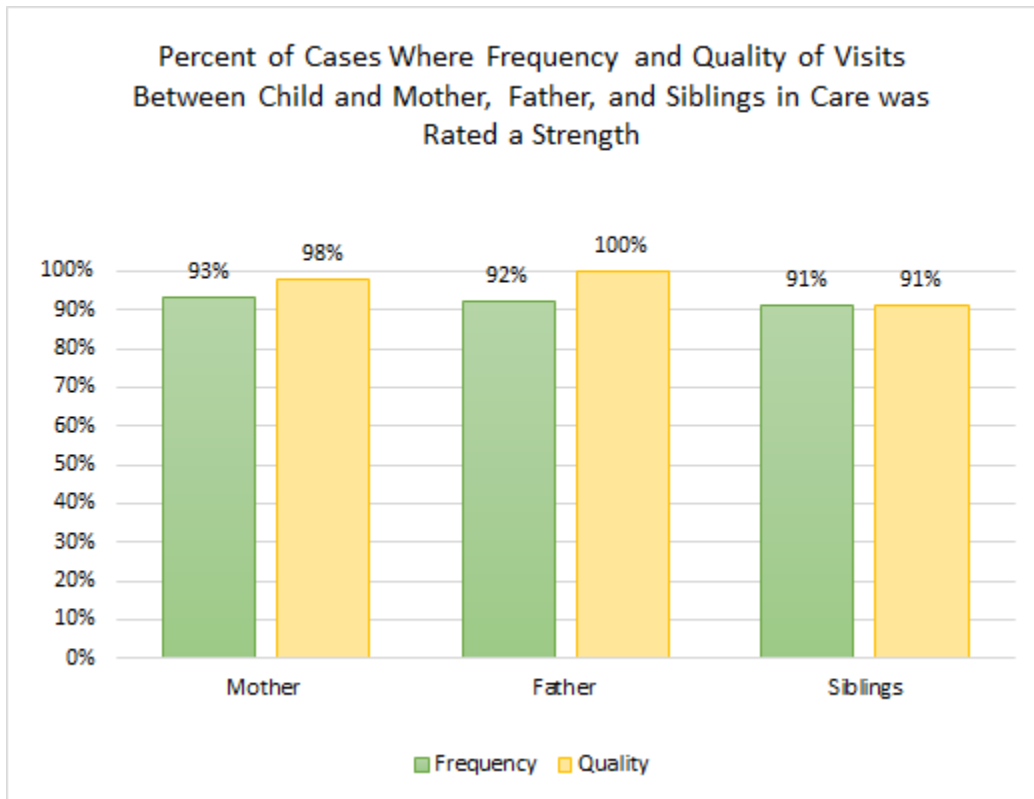
Using the UFACET, the worker assesses:

1. Attendance at the visits including staying for the entire visit
2. the quality of the parent/child interaction during visits
3. demonstration of appropriate parenting skills with each child in foster care

The UFACET assesses the overall pattern of behavior of the parent during visits but is not required after each visit. Workers have been trained to use the results of the UFACET visitation module when they recommend a change to the court in the supervision level or frequency and/or duration of visitation. While aggregate data relating to these new measures are not yet available, it is being entered in SAFE whenever the UFACET is updated.

Scores from the QCR cases that were scored on the OSRI show the following:

OSRI: Item 8 Results for FY2017 and FY2018

Percent of Cases Where Frequency and Quality of Visits Between Child and Mother, Father, and Siblings in Care was Rated a Strength

Conclusions - The division has several different ways to measure the processes associated with visitation through the performance on both the Visitation Plan and Family Connection. With the addition of the OSRI scoring on some QCR cases DCFS can report on the frequency and quality of visits and more directly target the areas needing improvement. The creation of a new visitation module in the UFACET will allow DCFS to more closely track the quality of the parent-child interaction during visits, the parents' demonstration of parenting skills and their attendance at visits. We believe this item is a strength for Utah.

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.

The Item 9 results for the 2017 and 2018 QCR cases scored on the OSRI show 54 foster cases with scores. Two cases were not completed on this item. Only three cases were applicable for the ICWA questions. As a reminder, no QA's were done on these cases. The results are shown below:

OSRI: Item 9 Results for FY2017 and FY2018

	Yes	No	Not completed or NA
A. During the period under review, were concerted efforts made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school, and/or friends)?	50	4	2
B. Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?	51	3	2
C. If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?	2	1	53
D. If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act's placement preferences?	1	1	54

Connection to Tribes

Utah's Practice Guidelines require caseworkers to ask if a child has Native American/Alaska Native heritage at every new proceeding. In other words, if a CPS worker asks if a child has Native American heritage any ongoing worker required to ask again. If a child is identified as

Native, the Utah Attorney General formally notify the Tribe. In addition, DCFS caseworkers informally notify the Tribe as soon as a child who enters custody is identified as Native American.

Utah makes an exceptional effort to help Native children with Tribal enrollment if they are eligible but not yet enrolled. Caseworkers begin by sitting down with parents and asking about membership in the Tribe. If a child is eligible but not enrolled the caseworker can help the family through the enrollment process, helping the child establish or maintain a connection to their Tribe. If a child is a member of or eligible for membership in two Tribes DCFS works to keep both Tribes notified of the child welfare services that the child is receiving. While these two activities are not required by the ICWA, Utah caseworkers have been trained on the value of the connection for families to the Tribes.

Caseworkers have access to a state level program administrator who is an ICWA Specialist and is well connected to the federally recognized Tribes in Utah. Each region also has an employee designated as an ICWA Specialist who can further support caseworkers with ICWA questions.

DCFS caseworkers have Title VI Indian Education resources in the schools that give Native children receiving DCFS services another way to stay connected or reconnect with their heritage. School districts in Utah who have a high concentration of Native American children have an Indian Education coordinator. Coordinators choose activities that increase the students' educational performance, their connection to other Native children and families, and may have cultural classes and activities that include performances for children to participate in. For children who are in care, this gives them a frequent connection to their heritage.

Connection with Schools:

The division also works closely with school districts to maintain the connections between children in foster care and their schools. In 2009, the Utah State Legislature passed legislation allowing children in foster care to remain in their current school even if the foster child moves to a placement in another school district.

In 2014, 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 resolve any issues.

Training was provided statewide to agency staff during which they learned about the purpose of the law, discussed the impact it will have on children in foster care, and were informed about the importance of maintaining school connections.

Conclusions - Utah works to preserve connections for children placed in foster care including connections to extended family, community, school, medical providers, religious organization, tribe, and friends whenever possible and appropriate. The DCFS ICWA Program Administrator's ongoing and active efforts to support and train DCFS staff, instruct Attorney General office staff on notification requirements, and establish strong relationships with every Utah Tribe, support children in foster care to maintain their connection to their Tribe. One role of the Child and

Family Team is to discuss the child's connections and how to best support the child through those connections.

Item 10 - Relative Placement

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

The percent of children in foster care placed with kinship caregivers at some point in time during the year has improved from 19% in FY2004 to 42% in FY2017. In addition, approximately 28% of children leave foster care to permanent custody, guardianship, or adoption by a relative.

Child in Foster Care Placed with Kinship Caregivers

FY12	FY13	FY14	FY15	FY16	FY17
33%	38%	38%	40%	40%	42%
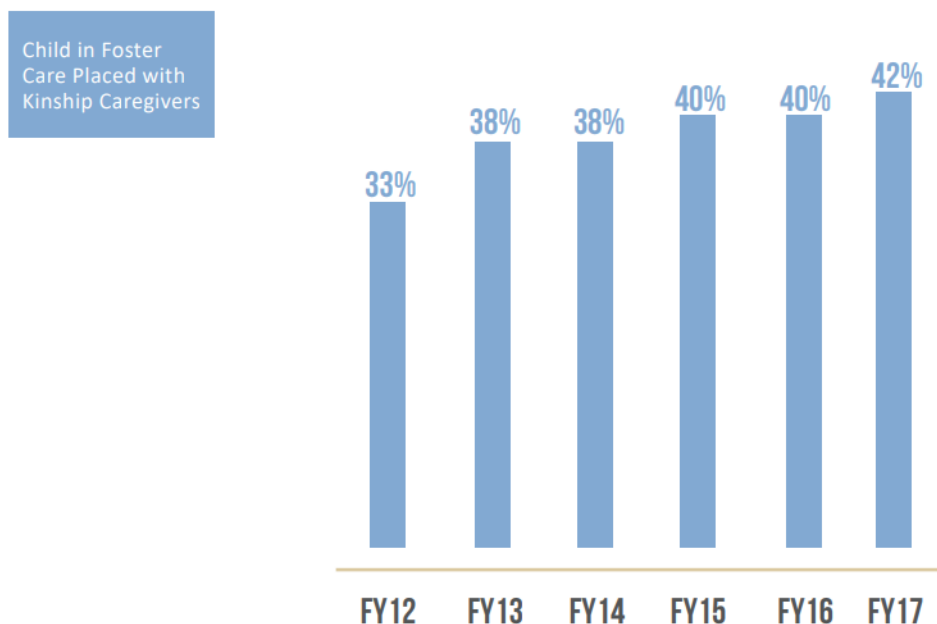
In previous years, biological siblings in Utah were not recognized as siblings after their parents' rights were terminated. In 2015, legislation was passed that allows workers to place a child with the adoptive family of a biological sibling prior to the adoptive family being licensed as foster parents if their license has expired. This law allows DCFS to consider these families as kin to the foster child. A definition of sibling, that includes brothers or sisters who are or were biological, half, or step siblings, has been published in DCFS Practice Guidelines.

Corresponding legislation allows the courts to place a child with a "friend" if one is designated by the custodial parent or guardian of the child and the child knows and is comfortable with the friend. The friend must be a licensed foster parent or willing to become licensed within six months of the child being placed with them. In 2015, a definition of "friend" was included in Practice Guidelines providing guidance to caseworkers as they explore all possible placements for a child. In the 2018 Legislative Session, wording was added to the law giving the child the opportunity to designate a friend under the same provisions in the law, if the child is of sufficient maturity to articulate their wishes in relation to a placement.

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, each time a placement change is made, 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.

Within the first 30 days of a child's placement with kin, the family is provided information about the Specified Relative Grant and about Medicaid through the Department of Workforce Services. The Specified Relative Grant provides medical and financial assistance for relative families before they become licensed foster care providers or when they have been granted guardianship. DCFS provides the kin family with help in filling out the Specified Relative Grant application if needed.

Every region employs Kin Locators, Resource Family Consultants, and a Kinship Team that provide formal and informal supports to kinship caregivers. At the state level, a Kinship Program Administrator coordinates these services and responds to information requests from the public as well from governmental agencies in other states. In addition, DCFS has trained and licensed 30 employees who are now using the internet-based CLEAR search engine, from Thomson Reuters, to locate relatives that might be interested in becoming a kinship caregiver or could offer a family connection to a child entering custody.

Three years ago, DCFS reported that Utah was in the process of seeking approval to provide Federal Kinship Guardianship Assistance Payments. Since then, Utah determined that the costs and other barriers associated with implementation of Kinship Guardianship Assistance Payments outweigh the benefits. In fact, Kinship Guardianship Assistance Payments would negatively impact kin caregiver's ability to access other benefits and would subsequently reduce the amount of financial support they would be able to receive. Therefore, the agency has not pursued this subsidy and will continue working with other agencies—primarily the Department of Workforce Services—to ensure that adequate financial assistance and other support is available to help kinship families support the children in their care.

During the fall of 2016, DCFS staff and several legal partners attended training provided in every region that focused on identifying, locating, and engaging kinship caregivers. Classroom training for kinship families pursuing licensure is now available online, which makes it more accessible to families throughout the State of Utah. A kinship pamphlet was developed to inform the public and potential kin caregivers of policies, procedures, and guidelines that relate to caring for the child of a family member or friend and services available to kin caregivers. This pamphlet is provided by caseworkers and is also available on the DCFS website.

Conclusions - The removal of a child is nearly always traumatic. Placing the child in the home of a relative or friend can lessen the impact of removal from their home. Utah DCFS has a number of provisions in place emphasizing the importance of placing children who cannot remain home in the homes of kin who know and love them. Utah also has provisions for placing children with friends who are known to them. This is an important way to help children feel comforted and cared for when a removal is necessary.

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.

As mentioned in Item 8, the "Family Connections" indicator was added to the QCR in 2011. 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. The table in Item 8 shows the results from the FY2017 QCR.

The table below shows the results of the QCR cases in 2017 and 2018 that were scored on the OSRI on item 11.

OSRI: Item 11 Results for FY2017 and FY2018

	Yes	No	NA
A. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother?	32	11	3
B. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father?	18	10	18

Concerted Efforts Made to Support or Strengthen the Relationships	Mother	Father
Encouraged the parent's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities?	21	5
Provided or arranged for transportation or provided funds for transportation so that the parent could attend the child's special activities and doctors' appointments?	12	5

Provided opportunities for therapeutic situations to help the parent and child strengthen their relationship?	16	5
Encouraged the foster parents to provide mentoring or serve as role models to the parent to assist them in appropriate parenting?	9	5
Encouraged and facilitated contact with a parent not living in close proximity to the child?	9	5
Other	0	3
NA	14	28

In 32 of the 42 or 76% of applicable cases reviewed on this item, reviewers found that concerted efforts were made for mothers. These same concerted efforts were found for fathers in 18 of the applicable 28 cases or 64%.

67% of the cases reviewed received a strength rating on this item. A summary of the ratings for Item 11 is shown in the table below:

Strength	Area Needing Improvement	Not Applicable	Total
31	15	10	56

Conclusions - Utah's DCFS Practice Guidelines instruct staff to notify parents of medical appointments, school meetings, and other activities in the child's life and to encourage parents to attend activities in which their children participate. In addition, Child and Family Services is expected to provide parents with transportation to support their attendance at these events. While Utah is increasing the performance in this area, further analysis of the data will provide insight on where to target the efforts for maintaining relationships with children in care and their parents so that efforts can be directed in the most important places.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Wellbeing Outcome 1: Families Have Enhanced Capacities to Provide for Their Children's Needs

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

The QCR indicators for Assessment and Intervention Adequacy measure Utah's performance on Item 12. Reviewers evaluate whether Assessment and Intervention Adequacy were acceptable for the child, mother, father, and caregiver and assign an overall score for each measure. The data for overall scores goes back to the beginning of the QCR in 2000. The breakout for individuals however only goes back to 2012 when these two indicators were modified to better reflect the CFSR measures. The overall score is independent of scores given the child, mother, father, caregiver, and other.

While Intervention Adequacy has declined somewhat over the last few years (while remaining above the 70% QCR standard), there has been a constant improvement observed on the Assessment measure. The current overall score of 81% for the Assessment measure, as seen in the tables and graphs below, is an encouraging trend and possibly the result of implementing formal assessment tools. The Intervention Adequacy score is the result of reviewers assessing

the degree to which the planned interventions, services and supports being provided to the child and family are of sufficient power, and beneficial effect to achieve safety and permanency. An unacceptable score in Intervention Adequacy is typically the result of a lack of, a delay, or insufficient intensity of a service/support or it not producing the desired change. When a QCR score drops below the 70% standard, the region must engage in a PIP to remedy the decline. Southwest region's Intervention Adequacy overall score, for example, dropped from 85% to 55% in FY 2017. They engaged in a Practice Improvement Plan and the score went back up to 85% this year.

Assessment	# of cases (+)	# of cases (-)	FY11	FY13	FY14	FY15	FY16	FY17 Current Scores
Overall Assessments	120	29	78%	77%	78%	80%	79%	81%
Child	128	21	84%	84%	90%	90%	87%	86%
Father	38	36	48%	56%	62%	68%	68%	51%
Mother	71	34	65%	62%	72%	73%	70%	68%
Caregiver	87	0	89%	84%	100%	100%	100%	100%

Intervention Adequacy	# of cases (+)	# of cases (-)	FY12	FY13	FY14	FY15	FY16	FY17 Current Scores
Overall Intervention Adequacy	113	36	82%	82%	89%	85%	83%	76%
Child	119	30	86%	86%	90%	90%	90%	80%
Father	31	11	43%	43%	73%	58%	78%	74%
Mother	59	20	63%	63%	80%	78%	75%	75%
Caregiver	84	11	91%	91%	95%	89%	93%	88%
Other	13	9				68%	69%	59%

Overall Assessments

Overall Intervention Adequacy
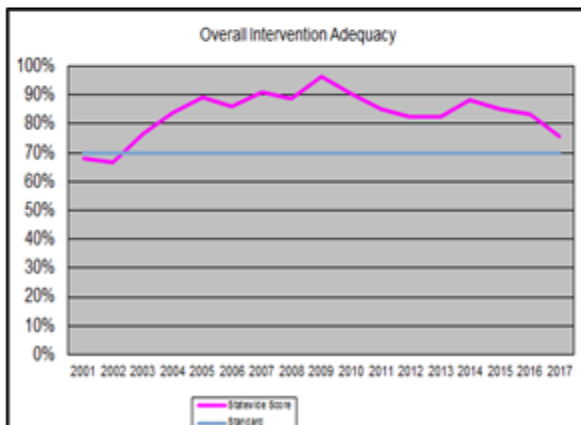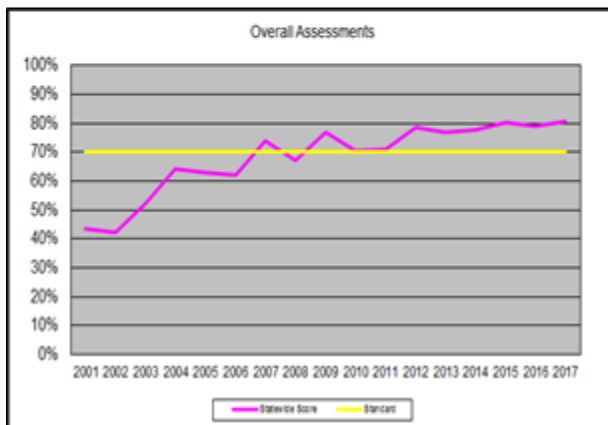
DCFS formerly used the CANS assessment to assess the strengths and needs of children, families, and other caregivers involved in a foster care case. Over the last three years, in conjunction with the HomeWorks IV-E child welfare demonstration project, the UFACET, a modified CANS assessment, was developed and implemented to assess the strengths and needs of all families with an open In-Home case. After comparing the capabilities of the CANS assessment and the UFACET, the In-Home UFACET was modified for use in assessing the strengths and needs of children, families, and caregivers involved in foster care cases. Sections were added to the UFACET to assess "visitation" between parents and children and "Progress in Residential Treatment" to assess the progress of a child placed in residential treatment.

Additional modifications to the UFACET include the addition of the CANS algorithm that assesses placement service level, and an assessment of the needs of substitute care providers

and biological families. The new foster care UFACET was completed and was programmed into the SAFE database in 2015. Training on the new tool was incorporated into the HomeWorks statewide training, which was completed earlier this year. All five regions have been trained and are now required to use the UFACET for both In-Home and foster care cases. The UFACET is a vital assessment that is pertinent to both In-Home and foster care cases and is applicable during the entire service episode for a family involved with the child welfare system.

Conclusions - Utah has made great progress since the CFSR round 2 in improving assessment tools and processes used by Child and Family Teams to assess the needs of parents and children in both In-Home and foster care cases. The Assessment score in the QCR reflects this steady improvement. The service array available for families will continue to grow as contracts for services are expanded through both the HomeWorks initiative at the division level and the Integrated Service Delivery project at the Department level (see item 29).

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.

In Utah, child and family involvement is measured during the CPR. Below are the results for In-Home services and foster care cases for FY 2017 and the previous four years.

In-Home Services:

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
									In Home Services				
IH.3	Were the following team members involved in the development of the current child and family plan?												
	the mother	110	104	6		0	16	85%	95%	92%	97%	93%	95%
	the father	100	80	20		0	26	85%	80%	73%	84%	85%	69%
	other caregiver (guardian, step-parent,	29	25	4		0	97	85%	86%	72%	98%	87%	92%
	the child/youth if developmentally	71	51	20		0	55	85%	72%	73%	85%	76%	70%
				Performance rate for all four sub-questions					84%	80%	91%	86%	81%

Foster Care Services:

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
IV.3	Were the following team members involved in the development of the current Child and Family Plan?												
	the mother	85	77	8		0	47	85%	91%	93%	89%	86%	85%
	the father	67	48	19		0	65	85%	72%	83%	78%	69%	61%
	other caregiver, (guardian, foster parent, stepparent, kin)?	119	111	8		0	13	85%	93%	92%	98%	98%	93%
	the child/youth if developmentally appropriate? (generally age 5 and over)	91	81	10		0	41	85%	89%	92%	97%	95%	86%
				Performance rate for all four sub-questions					88%	91%	92%	89%	83%

The involvement of children five years and older and families in case planning is fundamental to the Practice Model. While the steady improvement observed in foster care cases over the last

few years continued, there was a decline on plan involvement for In-Home cases in 2016. This decline was seen statewide. It is not clear if parents and children were not involved in the development of the case plan or if their involvement was not adequately documented. In some regions, caseworkers and whole teams were being reassigned during the review period to accommodate HomeWorks implementation. This reshuffling of staff may have impacted this score. In addition, three years ago, the state experienced a hiring freeze that led to vacant positions and higher caseloads. In the past, when caseloads have increased, compliance with case planning requirements has decreased for In-Home cases in some areas of the state. This is possibly due to caseworkers' perceptions that foster care cases are more urgent and when resources are limited they put their time and effort there first.

Since the scores for the FY 2017 review improved, with an overall performance rate of 84% in parent and child involvement In-Home cases and 88% in foster care cases, an in-depth study of the causes did not occur. The CPR score for involving children over age 5 in case planning on In-Home cases remained low (72%). The difficulty with In-Home cases is that there are usually multiple children involved in each In-Home case, whereas there is one child per foster care case. Caseworkers must remember to document each child by name in In-Home cases for plan involvement to count on the CPR. Involving fathers in both In-Home cases and foster care cases continues to require ongoing work.

Conclusions - This item will continue to be targeted for improvement, especially for In-Home cases. However, with the implementation of HomeWorks now complete and the hiring freeze lifted, it is expected that this indicator will improve.

Preliminary CPR results for FY2018 for involving children in the plan development are showing some improvements but remain an area to work on.

Preliminary In-Home Services:

Type & Tool #	Question	Sample	Yes	No	EC	NA	Threshold	Performance Rate (%) FY 2018	2017	2016	2015	2014
IH.3	Were the following team members involved in the development of the current child and family plan?											
	the mother	111	102	9	0	14	85%	92%	95%	92%	97%	93%
	the father	90	71	19	0	35	85%	79%	80%	73%	84%	85%
	other caregiver (guardian, step-parent, kinship)?	16	13	3	0	109	85%	81%	86%	72%	98%	87%
	the child/youth if developmentally appropriate? (generally age 5 and over)	64	48	16	0	61	85%	75%	72%	73%	85%	76%
	Performance rate for all four sub-questions							83%	84%	80%	91%	86%

Plan involvement in foster care cases in FY2018 continues to improve as well:

Preliminary Foster Care Services:

Type & Tool #	Question	Sample	Yes	No	EC	NA	Threshold	Performance Rate (%) FY 2018	2017	2016	2015	2014
IV.3	Were the following team members involved in the development of the current Child and Family Plan?											
	the mother	82	71	11	0	51	85%	87%	91%	93%	89%	86%
	the father	66	52	14	0	67	85%	79%	72%	83%	78%	69%
	other caregiver, (guardian, foster parent, stepparent, kin)?	116	110	6	0	17	85%	95%	93%	92%	98%	98%
	the child/youth if developmentally appropriate? (generally age 5 and over)	76	73	3	0	57	85%	96%	89%	92%	97%	95%
	Performance rate for all four sub-questions							90%	88%	91%	92%	89%

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.

This item has been measured in the CPR for several years. The question asked in the CPR is: "1B.2. *Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?*" In order for this question to receive a "Yes" answer, the documentation must show that the caseworker saw the child during that month in his or her out-of-home placement. N/A is given if the child was not in foster care or was on the run for more than half of the month. For In-Home cases the question asks: IH.4. "*Did the worker have a face-to-face contact with the child at least once during each month of this review period?*"

Results are listed below. For the last five years, the score for monthly caseworker visits with children in foster care has been between 89% to 94%. For In-Home cases it has been 85% to 90%. Preliminary results for FY2018 reached a five year high of 92%.

In-Home Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
	In Home Services												
IH.4	Did the worker have a face-to-face contact with the child at least once during each month of this review period?												
	Month one	77	69	7		1	49	85%	90%	93%	92%	90%	88%
	Month two	89	77	12		0	37	85%	87%	89%	91%	89%	79%
	Month three	84	73	10		1	42	85%	87%	78%	86%	86%	83%
	Month four	90	80	10		0	36	85%	89%	85%	88%	88%	86%
	Month five	83	75	8		0	43	85%	90%	84%	95%	90%	86%
	Month six	77	67	10		0	49	85%	87%	82%	88%	91%	85%
	Performance rate for six months								88%	85%	90%	89%	85%

Foster Care Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
									Foster Care Cases				
IB.2	Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?												
	Month one	98	88	10		0	34	85%	90%	91%	98%	94%	89%
	Month two	103	95	8		0	29	85%	92%	92%	93%	97%	94%
	Month three	104	93	11		0	28	85%	89%	87%	95%	96%	92%
	Month four	109	102	7		0	23	85%	94%	89%	91%	94%	88%
	Month five	113	107	5		1	19	85%	95%	87%	96%	89%	91%
	Month six	106	92	14		0	26	85%	87%	90%	92%	94%	90%
	Performance rate for six months								91%	89%	94%	94%	91%

Conclusions - The division's performance on frequency of face-to-face contact with the child has been a high priority and source of pride for many years. Prompts in SAFE remind caseworkers of this requirement. If the visit is missed, the caseworker's supervisor receives a notice. While the CPR results continue to meet the Utah CPR standard of 85% and have improved from last year, we will continue to emphasize the importance of caseworkers seeing each child at least monthly.

Item 15 - Caseworker Visits 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.

Caseworker contact is assessed during the CPR using only documentation entered in SAFE. This measure reviews how frequently caseworkers visited with mothers and fathers face-to-face or through correspondence when out of county, in either a foster care or In-Home case during a six-month period. The requirement for monthly contacts with mothers and fathers is more stringent than in the CFSR with fewer exceptions allowed. The FY2017 results are displayed below.

In-Home Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
	In Home Services												
IH.8	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?												
	Month one	73	70	3		0	53	85%	96%	96%	89%	90%	86%
	Month two	80	73	7		0	46	85%	91%	92%	93%	95%	89%
	month three	77	71	6		0	49	85%	92%	84%	92%	91%	89%
	Month four	85	78	7		0	41	85%	92%	93%	91%	92%	89%
	Month five	81	73	8		0	45	85%	90%	91%	93%	90%	89%
	Month six	75	63	11		1	51	85%	84%	89%	93%	89%	86%
	Performance rate for six months								91%	91%	92%	91%	88%
IH.9	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?												
	Month one	60	46	14		0	66	85%	77%	73%	80%	77%	70%
	Month two	70	54	16		0	56	85%	77%	82%	75%	78%	61%
	Month three	66	57	9		0	60	85%	86%	74%	87%	74%	62%
	Month four	69	52	17		0	57	85%	75%	77%	76%	77%	75%
	Month five	70	55	15		0	56	85%	79%	69%	78%	81%	75%
	Month six	64	47	17		0	62	85%	73%	80%	61%	79%	82%
	Performance rate for six months								78%	76%	76%	78%	71%

Foster Care Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
	Foster Care Cases												
IB.4	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?												
	Month one	71	51	20		0	61	85%	72%	86%	71%	74%	65%
	Month two	74	51	23		0	58	85%	69%	77%	80%	72%	74%
	Month three	73	57	16		0	59	85%	78%	81%	75%	69%	64%
	Month four	79	56	23		0	53	85%	71%	80%	72%	71%	74%
	Month five	82	61	21		0	50	85%	74%	73%	74%	74%	74%
	Month six	81	62	19		0	51	85%	77%	72%	75%	72%	60%
	Performance rate for six months								73%	79%	75%	72%	69%
IB.5	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?												
	Month one	50	30	20		0	82	85%	60%	70%	72%	58%	44%
	Month two	55	35	20		0	77	85%	64%	67%	73%	54%	42%
	Month three	55	35	20		0	77	85%	64%	71%	63%	51%	38%
	Month four	63	41	22		0	69	85%	65%	64%	71%	49%	53%
	Month five	68	48	20		0	64	85%	71%	60%	63%	55%	55%
	Month six	67	37	30		0	65	85%	55%	67%	72%	49%	49%
	Performance rate for six months								63%	67%	69%	53%	47%

The rate of compliance for monthly contacts with mothers and fathers involved in foster care cases had been improving continuously for several years but dropped suddenly last year. For In-Home cases, the progress plateaued around 91% for mothers and 78% for fathers. Results for both case types show that contact with fathers trails behind contact with mothers, which has prompted the agency to increase the emphasis on locating and involving fathers.

Caseworker visits with both parents of a child in foster care are vitally important to the overall outcome of the case. While Utah has seen growth in the percent of mothers and fathers visited each month by the caseworker, the percentage is far from where it needs to be. One struggle seems to be in families with multiple fathers. The focus of the caseworker may be on the mother

and her current husband/partner and not on the biological father of each child. Making sure that all fathers and all mothers are contacted and involved remains an ongoing goal.

Conclusions - Monthly contacts with mothers and fathers has gone up substantially this year. The preliminary CPR results for FY2018 show that monthly caseworker contact with mothers and fathers went up in both In-Home and foster care cases. The improvement in In-Home cases was quite dramatic with 97% of the cases reviewed showing evidence of monthly contacts with mother and 84% with fathers, an all-time high.

In-Home Services:

Type & Tool #	Question	Sample	Yes	No	EC	NA	Threshold	Performance Rate (%) FY 2018	2017	2016	2015	2014
IH.8	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?											
	Performance rate for six months							97%	91%	91%	92%	91%
IH.9	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?											
	Performance rate for six months							84%	78%	76%	76%	78%

Foster Care Services:

Type & Tool #	Question	Sample	Yes	No	EC	NA	Threshold	Performance Rate (%) FY 2018	2017	2016	2015	2014
IB.4	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?											
	Performance rate for six months							75%	73%	79%	75%	72%
IB.5	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?											
	Performance rate for six months							66%	63%	67%	69%	53%

While there were improvements in foster care cases, the result is still below the standard. The struggles of homelessness, drug addiction, and a transient lifestyle can make it difficult to complete monthly contacts with some parents of children in foster care.

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

Item 16 - Educational Needs of the Child

Purpose of Assessment - To evaluate 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.

The QCR measures child education outcomes. Status Indicator 6a: Learning asks "*Is the child learning, progressing, and gaining essential functional capabilities commensurate with his/her*

age and ability?" The score is based on an assessment of the developmental progress of children 5 years of age or less OR an assessment of the educational progress (i.e. acceptable progress in key academic and functional areas, performance at or close to grade level, progress towards graduation or an alternate curriculum if disabled) of children who are 5 years of age or older. Cases scored 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 (IEP). For children with an IEP, a successful rating can be achieved if the child is making progress on their IEP goals. QCR scores for the past 10 years have remained relatively constant ranging from a low of 85% in FY2009 to a high of 93% in FY2015. The score for FY2017 was 88%.
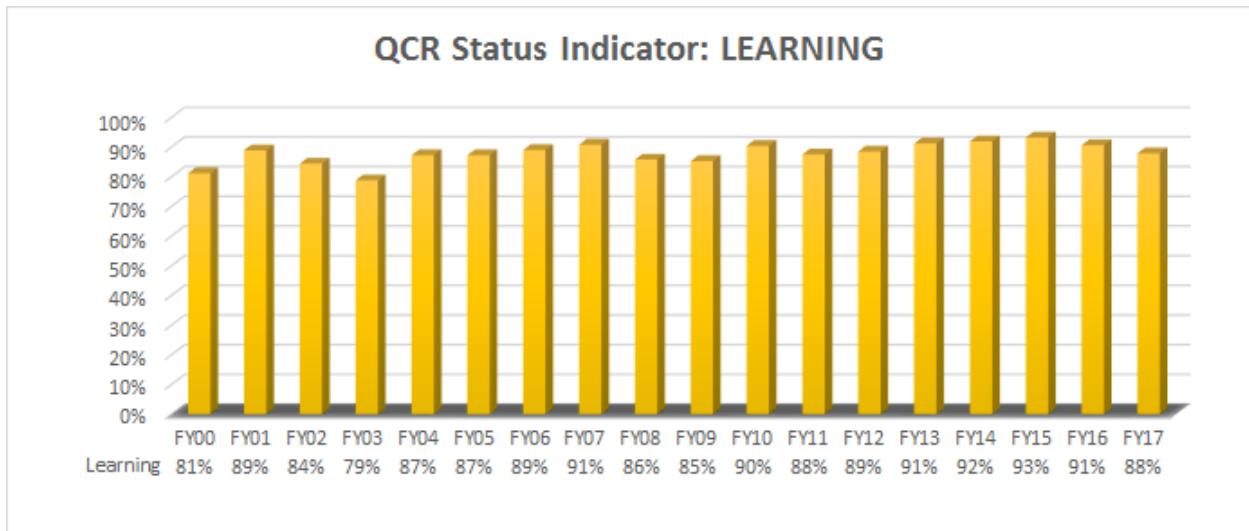
In 2012, DCFS updated the education module in the SAFE data management system to make it more relevant to caseworkers. Practice Guidelines were also updated and now state: "The caseworker will maintain contact with educational staff to monitor the child's ongoing educational status, including grades, 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 for caseworkers that stresses the need to establish and monitor 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 and DCFS Practice Guidelines relating to educating youth in care, caseworker responsibilities, special education issues, and caseworker resources. All staff that work with children in foster care were required to complete the training by December 2014. This training remains available for staff to access whenever needed and is a part of the required training for new employees.

In 2014, DCFS has also designated staff in each region as Education Specialists. The Region Education Specialists are assigned to create relationships with the school districts in their region and to collaborate with them on any education related issues. They are also available to provide technical assistance to staff in the region when there is an issue on a specific case regarding education that line staff are unable to resolve. The Foster Care Program

administrator at the state office, who collaborated closely with the Utah State Board of Education, provides guidance to the region education specialists and holds meetings with them on every other month.

DCFS and the Utah State Office of Education have an MOU that allows both agencies to collect relevant data and share information about students. This agreement has made it possible for caseworkers to obtain information on the educational progress of children in care, including information about attendance, behavior, grades, achievement testing, and progress towards graduation. In the past, caseworkers needed a court order to obtain this information from the schools. In the 2016 legislative session, Utah Code Ann. §53A-1-1409 was created with language from the MOU and became effective in the 2017-2018 school year.

The Utah State Board of Education also recently instigated an electronic education records database that documents education information relating to a student's performance. The "UTREX" database contains education information related to all students involved in public education in Utah and due to a requirement in Utah State statute, all school districts across the state should be inputting student information and records into the UTREX database. Information provided includes evidence of a child's grades, attendance, achievement scores, disciplinary actions, and special education services. While all districts are required to enter information into the UTREX system, there are still a few districts that use proprietary student information systems that require technical upgrades in order to interface with the new system.

DCFS and the Utah State Board of Education are beginning to explore the possibility of creating an interface between the SAFE and UTREX systems once all districts are inputting information into the UTREX system. The plan is for UTREX to auto-populate SAFE with children's education data. Another goal is to design the interface so that caseworkers will not be required to log into two separate databases to access student records.

A subcommittee was formed in 2014 by the Administrative Office of the Court in response to several juvenile court judges desiring to take a leadership role to improve educational outcomes for children in foster care. The subcommittee determined that the educational information being provided to the juvenile court was inconsistent and oftentimes inadequate. In 2015, the judges on the subcommittee led an effort to create and implement the *Juvenile Court Education Court Report*. This form has relevant information that the judge can use to determine whether the educational needs of the child are being met and determine what actions, if any, are needed to help improve educational outcomes for the child. In Early 2017, a Court Improvement Project workgroup was formed and began auditing Juvenile Court Education Reports from around the state to determine the quality of the information being reported. From the audit, this ongoing CIP workgroup identified issues with the education court report form and are working on improving the form and the process for gathering information for the court report.

In 2017, DCFS began collaborating with the State Board of Education to explore methods to maintain education stability for children in foster care. This process will include efforts to retain children in the schools they were attending prior to coming into foster care—or those they are

attending after entering foster care—so that there is not a subsequent change of schools if their placements change.

To facilitate this process, DCFS and the State Board of Education is exploring implementation of an MOU that will include language to support education stability for children in foster care. In addition, during 2017, the Court Improvement Project provided a small grant that allowed the DHS Education Liaison to create a "best interest determination" guide or protocol for front line caseworkers to use when they have to make a decision regarding maintaining an education placement for a child in foster care. The DHS Education Liaison is also working on developing education training for foster parents and caregivers to call attention to the educational issues faced by children in foster care. Current plans are to implement the training in FY 2019.

Conclusions - Since the CFSR round 2 much has been done to address children's educational needs. The Juvenile Court Education Report requires caseworkers to obtain and report on school progress to juvenile court judges during review hearings. The upcoming interface between the Utah Department of Education and SAFE will allow caseworkers to have access to children's education information, allowing Child and Family Teams to have up-to-date information on how the child is doing in school.

> *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.

The CPR rates timeliness of initial and annual physical and dental health check-ups for children in foster care. The division's performance continues to be satisfactory, with FY2017 results at 87% for initial and annual health check-ups and 86% for dental exams, down from 92% in FY2016. One challenge has been the documentation of health assessments for babies, which are required every two months. Obtaining and entering health visit reports for all of these visits is a challenge.

CPR Results for Health Questions:

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
	Foster Care Cases												
II.1	Was an initial or annual Well Child CHEC conducted on time?	131	114	17		0	1	85%	87%	86%	90%	87%	83%
II.3	Was an initial or annual dental assessment conducted on time?	108	93	14		1	24	85%	86%	92%	92%	89%	87%

The preliminary FY2018 CPR results for these two health questions remained within 1 percent of last year's results.

The QCR also measures the health status of the child. This is a composite measure of both physical and dental needs and measures whether routine and follow-up physical health and dental services were provided at an acceptable level and whether all acute and chronic health care needs are identified and met on a timely and adequate basis. This QCR indicator combines results for both foster care and In-Home services cases (all In-Home cases are applicable). As seen below, the performance has remained very high since the onset of the QCR.
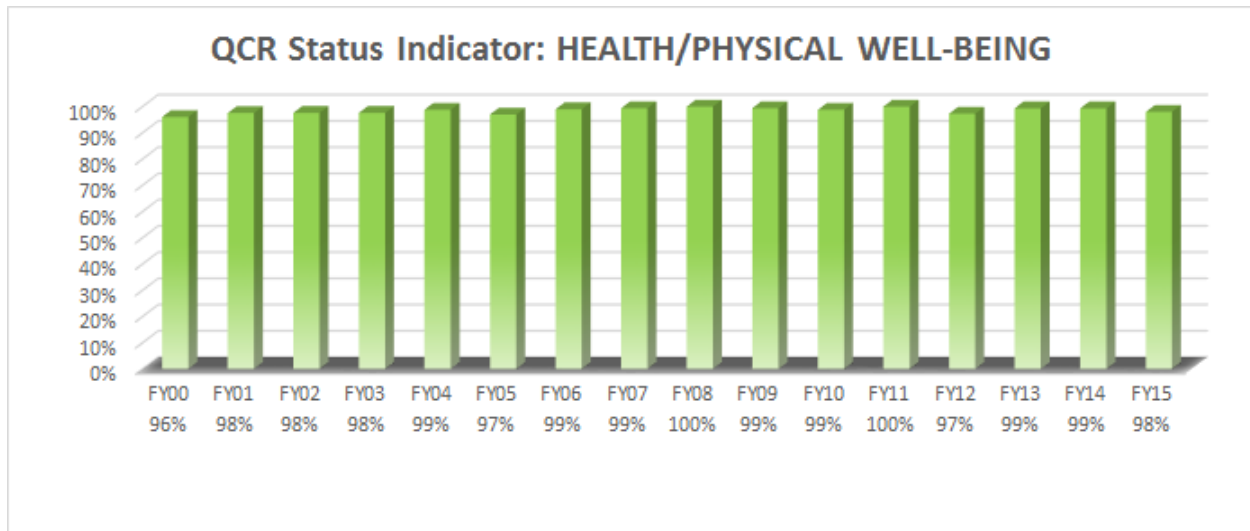
Utah DCFS is fortunate to have a contract with the Department of Health to provide collocated nurses in every DCFS office (some smaller offices in the same region share a nurse) who are assigned to every child in foster care. These Fostering Healthy Children nurses work with the child's established healthcare provider, if there is one, or establish a new provider for the child to ensure that all of the child's health needs are met. In addition, the nurses contact each foster parent on a specific frequency based on well-child check recommendations, to go over the child's treatments, including prescribed medication. Nurses assess the child's health status using a tool that then determines the frequency of contact. We attribute the high performance on the CFSR and QCR to the remarkable support provided by these nurses.

Conclusions: DCFS will continue to maintain the contract and nurture its relationship with the Department of Health, which employs the Fostering Healthy Children nurses assigned to each child in foster care. To maintain the high performance, Utah will continue to monitor and modify practice as needed.

Item 18 - Mental/Behavioral Health of the Child

Purpose of Assessment - To determine whether the agency addressed the mental and behavioral health needs of children.
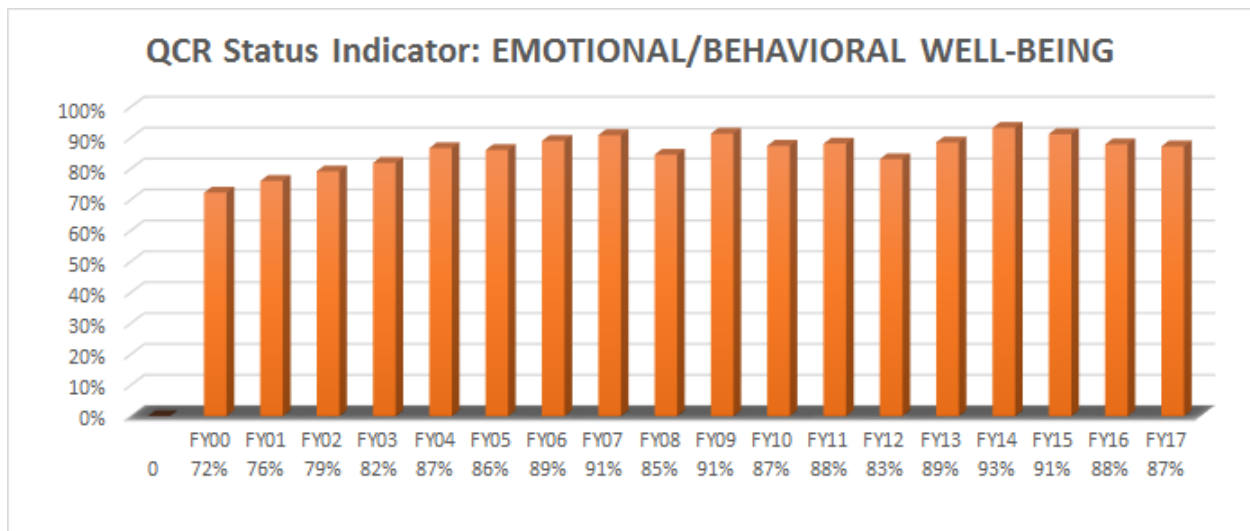
The CPR measures the timeliness of initial and annual mental health assessments. An initial mental health assessment of children in foster care five years or older is required within 30 days of removal or court ordered custody, whichever comes first. For children younger than five years, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) Screening Tools are used in place of a mental health assessment and the results are reviewed by the Fostering Healthy Children nurse assigned to the case. If a need is identified, the child is referred to the local service provider for further assessment. Additional mental health assessments are required annually. The table below shows the results for CPR question II.2 which states "*Was an initial or annual mental health assessment conducted on time?*"

CPR Results for Mental Health Questions

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
	Foster Care Cases												
II.2	Was an initial or annual mental health assessment conducted on time?	131	114	15		2	1	85%	87%	83%	80%	91%	87%

The results have improved over the last three years and are now above the 85% margin. One of the challenges involves children ages 0-5, who receive ASQ assessments on a set schedule instead of mental health assessments. The ASQ is completed by the foster or kin caregiver. Some caregivers, in particular kin caregivers, struggle to comply with the paperwork and often do not return the assessments on time.

In addition, 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. This measure is scored on foster care and In-Home cases.

QCR Status Indicator: EMOTIONAL/BEHAVIORAL WELL-BEING

	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
0	72%	76%	79%	82%	87%	86%	89%	91%	85%	91%	87%	88%	83%	89%	93%	91%	88%	87%

The QCR results for this indicator have remained quite strong for more than a decade with a high of 93% in 2014. Since then, the numbers have declined slightly with FY2017 results at

87%. The report from frontline workers is that the children coming into foster care appear to have more significant behavioral and emotional problems than in the past. According to data recorded at the time of removal, approximately 70% of all children come from families impacted by substance use disorder, which is significantly higher than in the past. These children have often experienced a high level of neglect and a dysfunctional home environment before coming into foster care. Our teenage population, in particular those youth with a history of delinquency, represent a challenging population to adequately serve and maintain in stable treatment settings.

The health care nurses mentioned in Item 17, who assigned to each foster child are also responsible to track and attend to the children's mental health needs. They are in regular contact with the child's caregivers to make sure that prescribed treatments and medications are attended to and to remind them to send in the required paperwork to be entered in the child's file. They are invited to attend Child and Family Team meetings where they can make sure that biological parents and foster care caregivers are given the necessary health and mental health information.

During the 2016 legislative session, lawmakers passed SB-82 *Child Welfare Modifications,* which amended Utah Code Ann. §62A-4a-213 and allowed DCFS to establish and support a psychotropic medication oversight panel for children in foster care. The purpose of the oversight panel is to ensure that foster children are being prescribed psychotropic medication consistent with their needs. The statute allowed for the oversight panel to be comprised, at minimum, of an Advanced Practice Registered Nurse (APRN) and a child psychiatrist. By statute, the oversight panel is tasked with monitoring foster children that meet the following criteria:

1. Six years old or younger who are being prescribed one or more psychotropic medications; and
2. Seven years old or older who are being prescribed two or more psychotropic medications.

The oversight panel was established in statue as a 3-year pilot program and was provided funding through FY 2019, with the intention of a report on outcomes to the legislature by DCFS during the 2019 legislative session. DCFS plans to ask for continued funding for the oversight panel at that time.

During 2016, DCFS collaborated with the Department of Health and the University of Utah Safe and Healthy Families Program to create the Utah Psychotropic Oversight Panel (UPOP) and initiate contracts to deliver program supports. In January 2017, the APRN was hired and the program was officially launched.

In 2017, 2335 cases that fit the review criteria were reviewed. 427 of the cases met the criteria for medical complexity triggering an in-depth review, record finding, and physician consultation (which sometimes includes recommendations). In 2018, the UPOP panel implemented an improved approach for reviewing the cases, which required more time and effort spent talking to prescribers, and a specialized review for children under 7 years old. Since implementing the

new approach in January of 2018, the panel has completed 56 in-depth reviews on children under the age of 7 who had been prescribed any psychotropic medications, 216 reviews on medically complex cases (children over 7 on more than 4 psychotropic medications) and 876 reviews on intermediate cases (children over 7 on 2-4 psychotropic medications).

The panel has implemented a "helpline" where a medical provider treating a child in foster care can consult with the UPOP team and receive advice about appropriate medications to prescribe. The helpline is also available to foster parents and DCFS staff for consultation with UPOP on specific cases. In 2018, UPOP has received about 15 phone calls requesting consultation on specific cases and an average of 10-15 emails a month requesting consultations. The number of consultations requested is steadily increasing as awareness of UPOP increases.

The team is also in the process of outlining appropriate medication guidelines for Utah that will be distributed to medical providers treating children in foster care. In the summer of 2017, the team provided a workshop that brought together caseworkers, other DCFS staff, mental health clinicians, community medical providers, and mental health professionals to train them on issues surrounding psychotropic medication use for children in foster care and to provide program design input, as well as provide guidance and insight from national experts. A second workshop is being planned for the fall of 2018. UPOP also plans to provide further training for caseworkers, foster parents, and the medical community at various conferences throughout the year.

Prior to implementation of UPOP, oversight of all prescription medication was ensured through regular phone calls and collaboration between the health care nurse, caseworker, and the foster/kin caregiver (see Item 17 for more information).

Over the last three years, to better understand and serve the families involved with DCFS, the division has been working diligently to become more trauma-informed. In the 2017 legislative session, a House Concurrent Resolution was passed encouraging all State of Utah agencies with responsibilities that include working with vulnerable children and adults to become more trauma-informed and implement more evidence-based trauma-specific treatment.

The process of becoming a trauma-informed agency is expected to take several years. Nevertheless, the agency feels that becoming a trauma-informed agency will: a) help meet the needs of children and parents impacted by trauma, b) reduce additional trauma caused by our interventions, and c) help diminish secondary trauma experienced by our workforce.

Conclusions - Addressing the complex emotional and behavioral needs of children who are removed from their homes - and often from drug impacted homes - continues to be an important focus of child welfare work. In Utah, the continued support from the health care nurse assigned to each child contributes to the positive results measured in the QCR. In addition, increased focus on the impacts of trauma on children impacted by neglect, abuse, and separation from primary caregivers is giving practitioners a new lens to better address their needs. With the recent implementation of the Utah Psychotropic Oversight Panel an additional level of expertise is available to help ensure that each child receives the care needed.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.

2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.

3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).

4. Include the sources of data and/or information used to respond to each item-specific assessment question.

5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Utah's SACWIS data management system (SAFE) is used statewide by all child welfare staff and 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.

Practice Guidelines require that information about clients be accurate and up to date. Placement information must be updated within 24 hours of a placement change. A check of the accuracy of the placement information occurs each month when foster families are paid. The electronic payment process requires approval by the caseworker (first approving worker) and a supervisor or contract monitor (second approver). If the placement is incorrect, the caseworker stops or deletes the payment and fixes the placement information in order to generate a new Purchase Service Authorization (PSA) for the correct foster parent to be paid. Should a placement and the corresponding payment still be incorrect after this process, foster parents would not receive payment, which usually results in a quick notification from the foster parent to the caseworker. In addition to this check on placements, other system validations insure that information about the child, family and placement are kept up to date. SAFE generates a number of notices and action items which alert the caseworker when an action or update is required. A list of these notices and action items and their frequencies is attached in the Appendix. An Action Item requires documentation of the required action and does not go away until the requirement is met, or an administrator agrees to an exception. Overdue actions are reported to supervisors and administrators who can pull reports of overdues on a regular basis and follow up on them. For example:

- If a worker enters a date of birth that is in the future, an email alerts him/her that this needs to be fixed.
- A notice is also generated if a placement is in "draft status" alerting the caseworker that the placement needs to be finalized.
- A notice goes to the worker when a child has a placement change asking the worker to update the school information if it has changed: *[Child's name] [case id] 'has had a change in placement, if school\education information has changed please update'*.
- A notice goes out when a caretaker is not yet licensed (or the license information is not entered in the system) or their license has expired.

In addition, supervisors are required to review and sign every case plan. It is expected of them to discuss the content and accuracy of the plan with the caseworker. The permanency goal listed on the plan, for example, is taken directly out of the SACWIS system and can be verified by the supervisor.

Conclusions: - Utah has well-functioning processes in place to ensure that information in our Statewide Information System is accurate and kept up to date. We believe that we are in substantial conformity with this item.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

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

Most often the Child and Family Plan is developed during a Child and Family Team Meeting to which the family's formal and informal supports are invited. 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 the plan was finalized and notifies the caseworker — every six months — when the plan must be updated. The SAFE data management system is also the repository for Child and Family Team Meeting minutes, which includes a list of individuals participating and the topics discussed. It is expected that the plan is discussed and that the written document is either developed or updated as a result of, or during, that meeting.

The quality and timely completion of the Child and Family Plan as well as the participation in the case planning process is reviewed yearly during both the QCR and the CPR. The measure in the QCR that evaluates planning encompasses much more than timely completion and family participation. It is a qualitative measure that evaluates the degree of individualization, relevance,

family preferences, and how well the supports and services in the plan meet the family's needs. Therefore, it is not represented here. Instead, the CPR scores for Plan Timeliness and Plan Involvement are shown below.

CPR Plan Timeliness Score

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	Goal	Performance Rate (%) FY 2017	2016	2015	2014	2013
	Foster Care Cases												
IV.1	Is there a current child and family plan in the file?	132	109	10		0	0	85%	90%	93%	96%	95%	88%
IV.2	Was an initial child and family plan completed for the family within 45 days of the case start date?	39	23	3		0	93	85%	84%	92%	90%	82%	77%

Timeliness of plans is measured in the CPR. For an initial plan to be found in compliance, it must be finalized within 45 days of a child entering care and then every six months thereafter. The table below shows that in foster care cases, for all years reported, ongoing plans (those after the initial plan) are completed on time. The struggle is completing and finalizing initial plans within the first 45 days. This requires the caseworker to engage with the family, assess their needs, identify team members, convene a Child and Family Team Meeting, and develop the plan with the team. When one of the parents or a child is not present at the meeting the caseworker must obtain their input outside of the meeting. In addition, other barriers may contribute to the late completion of a plan. For instance, there have been times when parents' lawyers, especially those not familiar with the child welfare process, have advise parents to refuse to participate until the case is adjudicated. At other times, parents fail to show up at the meetings or continue to fight the state's intervention in court.

The following table is from the Case Process Review (CPR) annual report for FY2017: It shows timeliness of plans and involvement of parents and child in the development of the plan.

CPR Family Involvement in the Development of Child and Family Plans in Foster Care Cases

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	Goal	Performance Rate (%) FY 2017	2016	2015	2014	2013
	Foster Care Cases												
IV.3	Were the following team members involved in the development of the current Child and Family Plan?												
	the mother	85	77	8		0	47	85%	91%	93%	89%	86%	85%
	the father	67	48	19		0	65	85%	72%	83%	78%	69%	61%
	other caregiver, (guardian, foster parent, stepparent, kin)?	119	111	8		0	13	85%	93%	92%	98%	98%	93%
	the child/youth if developmentally appropriate? (generally age 5 and over)	91	81	10		0	41	85%	89%	92%	97%	95%	86%
	Performance rate for all four sub-questions								88%	91%	92%	89%	83%

The following table includes foster care cases during FY2017 that had an initial plan completed within 60 days of the removal. The state performance for this period was 84%.

	Cases Open Longer than 60 Days	FY17 7/1/2016 and 6/30/17			
		Plan Finalized			
		<= 60 Days		> 60 Days	
Northern	496	428	86.3%	68	13.7%
SL Valley	712	607	85.3%	105	14.7%
Western	399	300	75.2%	99	24.8%
Eastern	211	174	82.5%	37	17.5%
Southwest	167	155	92.8%	12	7.2%
Division	**1985**	**1664**	**83.8%**	**321**	**16.2%**

Utah is aware that involving the family in the development of the plan and completion of case plans in the required time frames is a challenge and needs to be monitored. Therefore, both reviews, the CPR and the QCR, include measurements to track performance in this area. In addition, supervisors have reports that allow them to monitor their teams' performance on these indicators. These reports, together with SAFE notices, alert caseworkers and supervisors when a plan is due on a case. Difficulties with measuring parent involvement in a quantitative way occur when families consist of more than one mother and one father or a parent is absent or refuses to participate. Because accurate data is a challenge, regions have a number of strategies and plans to continually prompt supervisors to review this with their teams and remind their staff of the importance of family involvement in the plan. Finally, SAFE will not allow a case plan to be finalized without the recording of a Child and Family Team meeting occurring prior to the finalization of a new plan. When the family is present at the Child and Family Team meeting they are included in the development of the case plan.

Stakeholder Interview Summary:

Stakeholder interviews during the 2017 QCR reported there is an expectation that parents and children are involved in case planning. This is done during visits, Child and Family Team meetings, and sometimes during court mediation. Barriers that exist to parent involvement in planning arise when a parent cannot be located or is incarcerated. Some stakeholders indicated that involvement of parents who are incarcerated is often dependent on the facility where they are housed. Some facilities are more supportive of inmates having outside contact than others.   Stakeholders also commented that it is apparent that caseworkers allow parents as much preference on the plan as possible within the mandates of the court.

Conclusions: The 2017 CPR data for involvement in case planning shows a combined rating for mother, fathers, other caregivers, and children of 88%. Data for 2017 shows that 84% of the time initial plans in foster care cases are completed within 60 days. Completion of timely plans and the involvement of the family in the development of the plan is a challenge for every child welfare system and will continue to require a lot of monitoring and prompting. However, Utah believes that with autogenerated SAFE prompts, the CPR and QCR measures, and various strategies at the local level, there are sufficient means in place to continue to push for adherence with this requirement. The QCR and CPR results allow the administration to identify weaknesses such as the difference in the involvement of fathers compared to mothers or declines in particular offices or regions and address them with Practice Improvement Plans. Therefore, Utah believes that this systemic factor is in substantial conformity.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Utah continues to hold court reviews for all children in foster care no less frequently than every six months. 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.

As can be seen in the table below, during FY 2016, **97.5%** of foster care cases received a court review at least every 6 months.

Court Reviews Every 6 Months			
FY 2016			
	Number of Cases	Number of Reviews within 6 months	Completion Rate

Foster Care	1573	1533	97.5%	

The ***Child Welfare Statutory Time Requirements Report*** for fiscal year 2017, published by the Administrative Office of the Courts, provides valuable data on various court requirements. The table below shows FY 2017 juvenile court data on timeliness of completion of hearings at every stage of a child welfare case. As shown below, Utah courts' compliance with holding timely hearings is very high.

	Statutory Deadline	Incident Count	Compliant	Not Compliant	Percent Compliant	Percent Compliant within 15 Days after Benchmark	Percent Compliant within 30 Days after Benchmark
Shelter	3 days	1,513	1,472	41	97%	100%	100%
Child Welfare Proceeding Pretrial	15 days	1,820	1,790	30	98%	100%	100%
Child Welfare Proceedings Adjudication	60 days	1,795	1,728	67	96%	98%	99%
Child Welfare Proceeding Disposition	30 days	1,771	1,710	61	97%	100%	100%
No Reunification to Permanency Hearing	30 days	389	381	8	98%	98%	98%
Permanency Hearing	12 months	1,308	1,245	63	95%	98%	99%
Termination Pretrial	45 days	636	511	125	80%	89%	92%
Removal to Decision on Petition to Terminate	18 months	403	370	33	92%	92%	93%

Utah Statute on Permanency Hearings requires: When reunification services have been ordered in accordance with Section 78A-6-312, with regards to a child who is in the custody of the Division of Child and Family Services, a permanency hearing shall be held by the court no later than 12 months after the day on which the minor was initially removed from the minor's home.
Of the 1,308 cases in FY2017, 95% had a permanency hearing within 12 months of removal. The most frequently cited reason for delay was a stipulation of the parties.

Utah Statute on Termination of Parental Rights: If the final plan for the minor is to proceed toward termination of parental rights, the petition for termination of parental rights shall be filed, and a pretrial held, within 45 calendar days after the permanency hearing.

In cases in which the final plan was to proceed toward termination of parental rights, 77% of those petitions were filed and a pre-trial scheduled within 45 calendar days. The court sets a termination of parental rights pretrial hearing if the child's permanency goal is changed to adoption but must rely on counsel for the timely filing of petitions for termination.

While there are multiple reasons for delay at this stage of the proceeding, the most common reasons are: 1) a stipulation of the parties; 2) conflict in the court schedule; or 3) unavailability of counsel. Stipulation of the parties accounted for 40 percent of cases outside of standard. Delay can be due, in part, to a general reluctance to petition for termination of parental rights unless a child is already placed in a home likely to result in adoption. Delay may also result from the state's inability to locate one or both parents for service of the petition, or when paternity questions are unresolved.

Stakeholder Interview Summary:

Stakeholder interviews conducted during the 2017 QCR include information on this item. In each of the regions stakeholders indicated that court reviews are regularly occurring every 90 days and sometimes as often as monthly. It is rare to find a case that has court reviews as infrequently as every 6 months. One judge has considered holding court hearings in the evening so that court does not interfere with school. In Utah, it is a requirement that children be present at the court hearings or that there is a good reason for excusing them.

Conclusions: In Utah, it is common practice for each child welfare case to be reviewed in court every 3 months. Because this is the practice, the Court Improvement Project Committee members were concerned about the cases not meeting the requirement for a review every 6 month. The committee asked for further information about the 2.5% of foster care cases that do not meet the requirement to determine any further action that might be taken. Utah believes it is in substantial conformity on this item.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

The same report from the juvenile courts database listed in Item 21 is used to monitor this item. The timing of these reviews is carefully monitored by DCFS and the courts, which together ensure that Utah continues to conduct permanency reviews for every foster care case no less frequently than every 12 months.

Utah Statute on Permanency Hearings requires: When reunification services have been ordered in accordance with Section 78A-6-312, with regards to a child who is in the custody of the Division of Child and Family Services, a permanency hearing shall be held by the court no later than 12 months after the day on which the minor was initially removed from the minor's home.

Of the 1,308 cases in FY2017, 95% had a permanency hearing within 12 months of removal. The most frequently cited reason for delay was a stipulation of the parties.

	Statutory Deadline	Incident Count	Compliant	Not Compliant	Percent Compliant	Percent Compliant within 15 Days after Benchmark	Percent Compliant within 30 Days after Benchmark
Permanency Hearing	12 months	1,308	1,245	63	95%	98%	99%

In terms of subsequent permanency hearings (after the first permanency hearing), Utah courts do not differentiate between regular court reviews and subsequent permanency hearings. Therefore, the data on the six-month reviews in Item 21 shows that subsequent permanency hearings are held on a timely basis. During a recent CIP meeting in a discussion on the differences between regular review hearings and permanency hearings, all judges in attendance verified that in their courtrooms permanency issues were discussed at every review hearing.

Last year the Court Improvement Project committee together with DCFS developed an Individualized Permanency Bench card when an APPLA goal is being considered for a youth to ensure the team and the court have ruled out all other permanency goals and are continuing to seek permanency solutions for this youth. Judges report that this bench card is helping them address permanency at every court hearing regardless of the permanency goal.

Conclusions: As demonstrated in the juvenile court report, 95% of the children had a permanency hearing within 12 months of removal. That number increased to 99% with an additional 30 days. Based on this finding, Utah is in substantial conformity on this item.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

> Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

The same juvenile court report noted in items 21 and 22 provides the following data on Termination of Parental Rights Pretrial. In cases in which the decision was made at the permanency hearing to proceed towards termination of parental rights, 80% of those petitions were filed AND a pre-trial scheduled within 45 calendar days of the permanency hearing. With an additional 30 days, the compliance rate moves to 92%. In other words, 92% of the cases where the goal has changed to adoption have the TPR pretrial within 75 days (45 days mandated by Utah Statute plus an additional 30 days), or 2.5 months.

	Statutory Deadline	Incident Count	Compliant	Not Compliant	Percent Compliant	Percent Compliant within 15 Days after Benchmark	Percent Compliant within 30 Days after Benchmark

Termination Pretrial	45 days	636	511	125	<mark>80%</mark>	89%	92%
Removal to Decision on Petition to Terminate	18 months	403	370	33	<mark>92%</mark>	92%	93%

While there are multiple reasons for delay at this stage of the proceeding, the most common reasons cited are: 1) a stipulation of the parties, 2) conflict in the court schedule, or 3) unavailability of counsel.

Utah law §78A-6-314-*Decisions on Petitions to Terminate Parental Rights* states:

"(9) *If the final plan for the minor is to proceed toward termination of parental rights, the petition for termination of parental rights shall be filed, and a pretrial held, within 45 calendar days after the permanency hearing.*" It also states:

"(12)(c) *A decision on a petition for termination of parental rights shall be made within 18 months from the day on which the minor is removed from the minor's home.*"
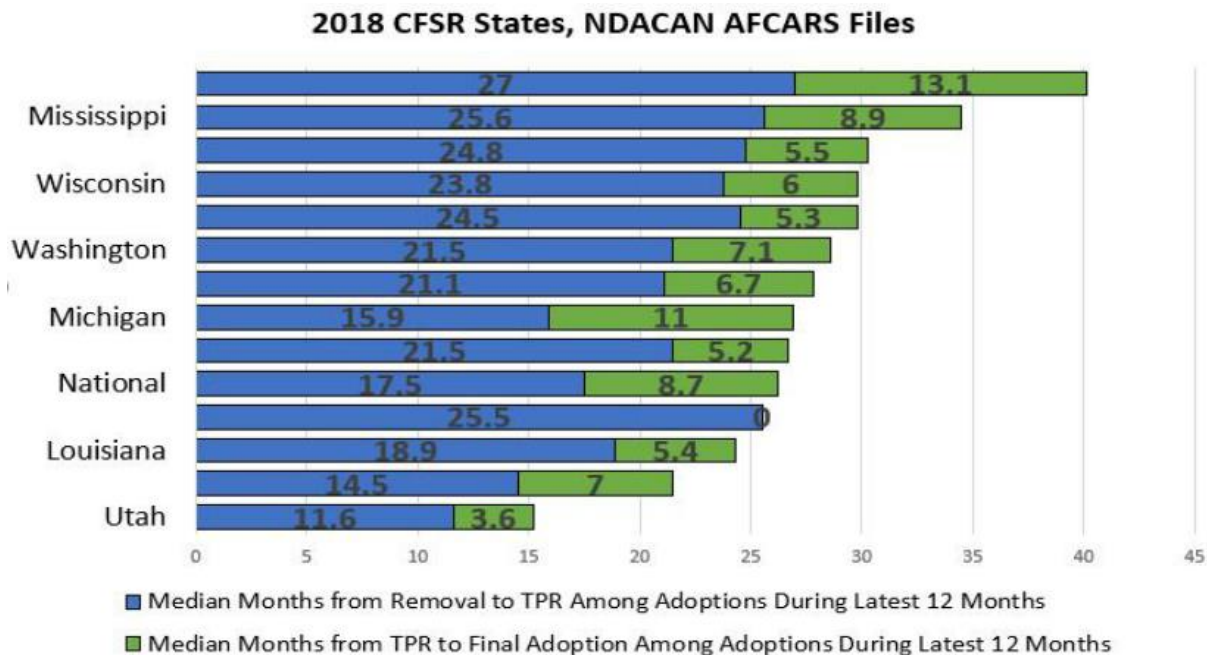
The data for FY 2016 shows that 88% met the statutory requirement. Nearly half of 37 noncompliant cases were attributed to a stipulation of the parties.

Utah's appeals process is accomplished quickly, which ensures that the permanency status is not considerably delayed.

In addition, Utah's SACWIS system calculates the 15 of 22 months in care based on information entered in the system and alerts the caseworker when that point is about to be reached. In order to resolve this action item, the caseworker must enter the proper information into the SACWIS system. This ensures that information about filing for TPR or providing reasons for not filing are recorded in SAFE on a timely basis.

As can be seen in the graph below, Utah has the shortest time of the states being reviewed in 2018 in terms to time from removal to termination of parental rights and to finalized adoptions for children who were adopted.

Median Months from Removal to Adoption, FFY 2016

2018 CFSR States, NDACAN AFCARS Files

Legend:
- ■ Median Months from Removal to TPR Among Adoptions During Latest 12 Months
- ■ Median Months from TPR to Final Adoption Among Adoptions During Latest 12 Months

Stakeholder Interview Summary:

Stakeholder interviews from the 2017 QCR's reported that across the state the courts and the agency diligently file a petition for termination of parental rights when children have been in care for 15 of the past 22 months. It is typical that a termination petition will be filed at 12 months when the parent is non-compliant. Termination petitions are filed within 30 to 45 days of the Permanency hearing or when reunifications services are ended. When the case reaches the point where a termination petition is filed, the case is typically resolved by default of the parents or through relinquishment rather than by trial. On some occasions parents will relinquish during the termination trial when it is evident that there has been sufficient opportunity for reunification. Some termination trials end with an order for reunification but this is rare.

Conclusions: As reported by stakeholders, termination petitions in Utah are filed within 30 to 45 days of the permanency hearing or when reunification services are ended. Utah is confident that the juvenile court system and in particular the termination of parental rights of parents who are not able to be safe parents for their children is expedient and working well.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?
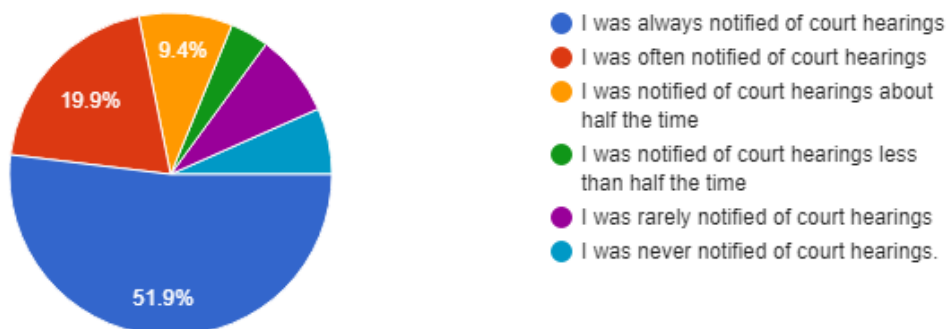
> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

A recent survey of the 706 foster parents who had children placed in their homes during the period between July 1, 2017 and May 7, 2018 received 204 responses. The following are the results of the survey:

For foster children living in your home during the period July 1, 2017 to today, were you NOTIFIED of court hearings?

181 responses

- I was always notified of court hearings
- I was often notified of court hearings
- I was notified of court hearings about half the time
- I was notified of court hearings less than half the time
- I was rarely notified of court hearings
- I was never notified of court hearings.

As can be seen above, 72% of foster parents who responded to the survey said that they were always or often notified of court hearings. Another 9% was notified half of the time. The remainder (19% of the respondents) were notified less than half of the time, rarely, or never.

Those who answered Yes or Sometimes to the question above were asked the following question:

Were you told that you have a RIGHT TO BE HEARD in court hearings for foster children placed in your home?

181 responses

Legend: ● Yes ● No ● Sometimes

67.4%
13.8%
18.8%
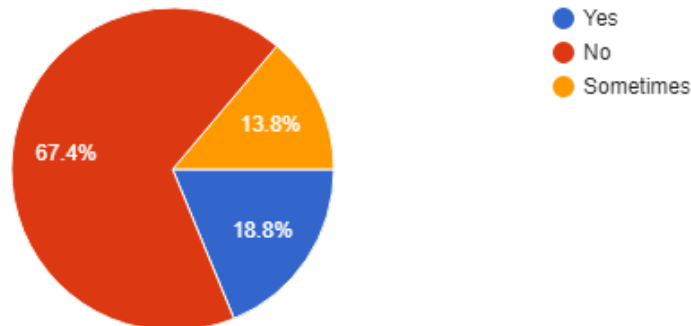
While the notification of foster parents of court hearings is happening in the majority of the time, few foster parents report that they were told that they had a right to be heard in court hearings.

CFSR round 2 rated this item as an area needing improvement. The Utah PIP addressed this by working with the courts to provide foster parents access to the newly implemented "MyCase" management system, an internet-based system that allows parents and children involved with the Juvenile Court System to look up court information including the date and time of court hearings. Unfortunately, during the QCR stakeholder interviews, foster parents commented that even though they have access to MyCase they are not always aware when court hearings are scheduled.

Early reports from a current Court Improvement Project initiative to increase the attendance of children at their court hearings show that foster parent attendance along with the increased attendance of children. As this initiative gains more momentum we anticipate that the rise in foster parent attendance will continue. Judges report that foster parents are often notified of court hearings when they are present at court since the date and time of the next hearing is scheduled right there, in the courtroom.

Stakeholder Interview Summary:

Stakeholder interviews conducted during the 2017 QCR mentioned that foster parents typically attend court hearings. State-licensed providers are more likely to attend court than proctor licensed providers. There has been a concerted effort to have children attend court hearings which has improved the attendance of caregivers, since they are usually the ones bringing the child to the hearing. Notice to substitute caregivers usually comes through the caseworker and is typically a standing item on the Child and Family Team meeting agenda. The next court hearing is generally scheduled at the end of every hearing and if foster parents

are in the courtroom they will have the next hearing date. When present, caregivers are given the chance to speak in most courts.

Conclusions: DCFS recognizes that it needs to provide better notifications of upcoming court hearings to foster parents and notification of their right to be heard. Recently, an interface between the court system and the SAFE data management system has allowed court review dates to be sent to SAFE. This will facilitate development of a plan for SAFE to support notice to foster parents of upcoming court hearings. The plan includes a first step, which was released in May 2018. Caseworkers now see a widget on their SAFE main page with upcoming court hearings on their cases. The next step will be to instruct caseworkers on creating Google calendar appointments for every hearing and include the foster parent as an invitee. This will generate an emailed appointment for the foster parent. If a hearing date or time is changed, the widget will show a change and the caseworker can update the appointment on their calendar, sending a notice of the change to the foster parent. Finally, the administration will need to evaluate the effectiveness of this notification system and make any adjustments. While we have seen an improvement in the notification of court hearings to foster parents, the notice of their right to be heard in court still lags behind. The analysis of the survey results of foster parents show that practices between courts differ in terms of courts providing foster parents the opportunity to be heard.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

> Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Utah has a model QA system that measures outcomes for children and families as well as the agency's ability to integrate the Utah Practice Model throughout the child welfare system. This QA system was a result of the David C. lawsuit and began in 1999 as a part of the Performance Milestone Plan, the Division's business and strategic plan for successfully exiting the lawsuit.

Exit from the lawsuit was accomplished in 2010. The QA requirements outlined below were also codified in Utah Law in §62a-4a-117. The Office of Services Review (OSR), a separate office within the Department, is charged with conducting annual quality assurance reviews of DCFS. OSR and DCFS collaborate closely on the review process and the interpretation of the reviews' findings.

The QA process includes three important components:

- The Case Process Review (CPR) measures compliance with policy, state statute, and federal law. The CPR results in quantitative data indicating how often documentation provides evidence of tasks completed for Child Protective Services (CPS), In Home Services, and Foster Care Services. Reviewers are from the Office of Services Review.

- The Qualitative Case Review (QCR) is an interview-based outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services. Interviews are conducted with key parties associated with the case and must include a face-to-face interview with the child. Additional interviews include parents, foster parents, caseworkers, Guardian ad Litem, Assistant Attorney General, teacher, therapist for parents and child; and on foster care cases, the Fostering Healthy Families nurse assigned to the child. Other interviews may be added as needed. QCR's are completed on both In Home and Foster Care cases. Reviewers are selected from Community Partners, DCFS employees, and the Office of Services Review. In addition, Utah often hosts visitors from other states who want to see how the QCR process operates. The QCR also includes stakeholder interviews. For FY2017 these Stakeholder Interviews with DCFS staff included:

  - DCFS Region Directors
  - Administrative Focus Groups
  - Supervisor Focus Groups
  - Caseworker Focus Groups

  External Stakeholder interviews included:

  - Foster Parent Focus Groups
  - Assistant Attorney General
  - Guardian ad Litem
  - Parental Defense Attorney
  - Judges
  - Health Department - Fostering Healthy Children
  - Family Support Centers
  - Local Child Welfare Quality Improvement Committee members
  - Juvenile Justice Services
  - Mental Health Providers
- Finally, Quality Improvement Committees (QICs) in each region and the Child Welfare Improvement Council (CWIC) at the state level constitute the third level of quality assurance. These stakeholder committees include legal partners, community action groups, community service providers, foster parents, foster care alumni, medical service

providers, business owners in the community, and other interested parties. QICs provide regular, ongoing feedback and make recommendations to region and state office administrators about quality assurance issues that affect the child welfare system. (See Item 31 and 32 for more information on these stakeholder committees.)

The Office of Services Review (OSR) completes a QCR for each of the five DCFS regions annually. Reviews begin in September and concluded in May. A total of 150 randomly selected cases are reviewed. The cases are divided among the regions reflecting the percent of cases each region has in relation to the total number of cases in the state, with a minimum of 20 cases for any review. The sample includes both Foster Care cases and In-Home Services cases. For both case types a target child is selected for review.

OSR also completes the Case Process Review (CPR) annually on a sample of DCFS cases statewide. The sample includes CPS cases, foster care and In-Home cases, as well as unaccepted referrals of maltreatment. The CPR is a file-based review that evaluates adherence of practice to policy.

REVIEW DIFFERENCES	QUALITATIVE CASE REVIEW	CASE PROCESS REVIEW
Method	Interviews with key parties and limited review of case record	Thorough review of case record
Sample	By Region	Statewide
Measurement	Measures outcomes	Measures compliance

When both the Qualitative Case Review and the Case Process Review are completed for a region, OSR reports the findings. A meeting with the region administration to go over the results is held, and a written report of the results is issued. If there are QCR indicators that fall below the acceptable level of 70% for individual indicators or 85% for the overall score on Child Status or System Performance, the region develops a Practice Improvement Plan (PIP). This plan is submitted to the state office for approval and monitoring. Regions are asked to report on their PIP strategies and performance in quarterly statewide meetings. This allows each region to learn what improvement strategies are used in other regions and what strategies are effective. Region improvement goals are measured by the performance on the next year's review. Because the CPR is a statewide review and individual region scores are not statistically representative, so no PIP's are required. If the state falls below the acceptable score for any program area a statewide PIP is required. Acceptable scores on the CPR are 90% for safety items and 85% for all other items.

The findings of both, the QCR and CPR, are reported annually to the statewide Child Welfare Improvement Council (CWIC) and to the regional Quality Improvement Committees (QICs). This is an important source of data and information for these committees that informs the recommendations they make to DCFS.

The annual report with the most recent QCR and CPR findings can be found on OSR's website at: https://hs.utah.gov/divisions/services-review

The Practice Improvement Plans that are developed to remediate substandard performance are posted on the DCFS website at https://dcfs.utah.gov/resources/reports-and-data/ under Region Performance Improvement Plans.

QCR Results for FY2017:

As can be seen in the table below, the QCR has been evaluating DCFS services and influencing its practice since 2000. It represents a key pillar in Utah's CQI process. Results improved dramatically in the first five years, leading eventually to the exit from the David C. lawsuit in 2010. Results have fluctuated somewhat since but remained close to the standard with the overall System Performance score falling slightly below acceptable this year. DCFS believes the main reason behind these declines is due to high frontline staff turnover during the last two years. Turnover has been a challenge in the past, but not to the extent experienced recently. While turnover rates hovered around 14% six years ago, it spiked to 27% last year.
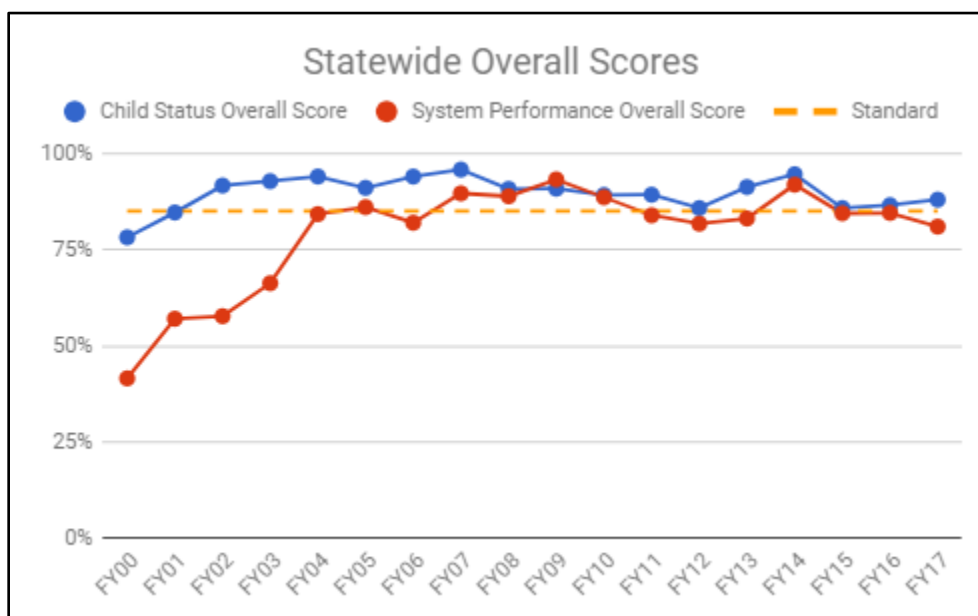
Number of cases reviewed in the CPR for FY2017:

PROGRAM AREA	CASE FILES REVIEWED
CPS General	133
Unable-to-Locate	76
Medical Neglect	26
Priority 1	0
Unaccepted Referrals	134
Removals	133
PSS/PSC/PFP	126
Foster Care Services	132

No Priority 1 cases were reviewed because there were no Priority 1 assignments in FY2017.

Statewide CPR 2017 Data								
Answers	Year	CPS	Unable to Locate	Unaccepted Referrals	Removals	In Home Services	Foster Care	Overall % Yes
Yes answers		832	173	401	465	2362	3370	7603
Partial credit answers		0			0	37	26	
Partial credit (score)		0.00			0.00	27.75	19.50	47.25
Partials (no credit)		0	0		14	0	0	14
No answers		84	50	1	101	420	540	1196
EC answers		7	7		0	11	4	29
N/A answers		191	74		218	2462	2264	5209
Sample		923	230	402	580	2830	3940	8905
	2017	90%	75%	100%	80%	84%	86%	86%
	2016	93%	86%	99%	84%	82%	87%	87%
	2015	92%	82%	100%	86%	86%	88%	88%
	2014	96%	87%	100%	86%	87%	86%	88%
	2013	94%	86%	100%	77%	82%	81%	84%

Stakeholder Interview Summary:

Stakeholder interviews during the 2017 QCR recorded the following comments from stakeholders:

- DCFS staff are very aware of the Case Process Review (CPR) and Qualitative Case Review (QCR) that are performed annually in each region.
- Most community partners are also aware of the quality assurance activities associated with the CPR and QCR. Their level of knowledge depends on the region they are connected with.
- In addition to the two annual reviews there are performance reports that are available in the SAFE database (SACWIS) system. These are used in varying degrees in the regions. There is no set requirement for their use and there is the general feeling that there are some reports that are not accurate. Changes to these reports are being made in connection with the migration from Classic SAFE to WebSAFE.
- There is an expectation across the state that there are regular QA activities including review of cases by supervisors. There is a varying degree of compliance with this expectation.

> - Regions are required to develop and implement a Practice Improvement Plan if they fall below the standard for the QCR or CPR. Activities to improve practice vary by region.

An example to illustrate how Utah uses the CQI process to address areas needing improvement is provided below:

"Strengthening CPS" is a project to improve the operational efficiency of CPS services. It was first piloted in one office of the Northern Region. Expansion to the entire Northern Region is now complete. Utah used principles from Theory of Constraints developed by Eliyahu Goldratt as well as consultation from the Utah Governor's Office of Management and Budget. The process includes identifying the constraint, exploiting the constraint, subordinating and synchronizing to the constraint, elevating the performance of the constraint and repeating the process for continuous quality improvement.

In the evaluation of the system performance, Child Protective Services (CPS) Investigations were identified as Utah's biggest constraint. CPS has an uncontrolled input of cases, which creates chaos and inefficiencies within the workflow. Tools frequently found in the business community, proven to increase workflow and quality of work, have been implemented to exploit the constraint, and subordinate and synchronize to the constraint.   These include the following:

1. Daily Agenda Task and Action Boards (DATA boards)
2. Daily Agenda Task and Action Meetings (DATA meetings)
3. Batching of work

To improve the quality of the work, the following items were implemented:

1. Communication Cards
2. Ensuring the right frequency, intensity, time and type of contact with families (F.I.T.T.)
3. Improved transfers to ongoing services to decrease lengths of stays in the system
4. Increasing quality at the source

DATA boards (or Work in Process boards as they are known in the business world) are large vinyl boards that provide a visual of all the Work in Process for every worker on the team. Workers account for each case using a sticky note with the case name, date to meet the priority, and the case closure date. Each morning the team meets to discuss what the priorities are for the day. Workers now focus on only a few cases each day and getting as much information as possible to move those case toward completion. This allows for less disruptions, decreased chaos and increased time spent with families.

Daily Agenda Task and Action

Safety Face-to-Face Victim Interview History Review Referent Interview SDM Safety Decision	Parent Contact Interview Mother(s) Interview Father(s) Home Visit	Risk 3rd Party Collateral Contact(s) Perpetrator Interview SDM Risk Decision	Staffing AAG's Supervisor	Interventions CFTM Home Visit(s) Parent Contact Staffing(s)	Case Transfer Coordinated Meeting PSC	Case Closure Finding NAA Letter Referent Letter Family Notice	Quality Assurance/ Supervisor Review	Court Involvement
						PSS		
						SCF		
Daily Tasks								

Daily Agenda Task and Action Meetings (or scrum meetings in the business world) are brief (10 minutes or less) stand-up meetings where the team comes together to determine the priorities for the day. Using the DATA board, workers move their sticky notes horizontally across the board to show where the case is in the process and vertically to show which cases are each worker's priority for the day. The meeting is not to staff cases, but an accountability measure for supervisors to know what their workers are doing each day in order to give guidance and direction to the worker's priorities. These meetings have increased team morale, increased the quality of supervision and created a more efficient work flow, which decreases case duration. The graph below demonstrates the use of data to inform the implementation of this new project. In addition, feedback groups with staff were used to monitor the effects of the implementation of this project on staff morale and quality of supervision.

DHS/DCFS CPS Case Duration - Ogden

The improvement in duration based on mean is 19.1 percent; moreover, variation decreased 10.9 percent. This means that duration is shorter more consistently.

Base Period — Pilot Period — Base Period Curve (mean = 32.5; s = 18.4) — Pilot Period Curve (mean = 26.3; s = 16.4)

Batching (choke and release in the business world) was introduced to decrease the interruptions within the system as well as decrease the amount of chaos inherent in a system with an uncontrolled input. In batching, a worker receives 3 cases and then has a period of time without any new cases assigned. Depending on how many new cases are coming into the system, the frequency at which a worker is batched is 4-11 days. This allows a worker to focus on the three families (cases) without being interrupted by the assignment of new cases coming into the system. This ability to focus on the cases assigned has increased the number of contacts the worker has with the family and the quality of those contacts. In addition, location is considered by supervisors as they batch incoming cases in order to improve the efficiency of worker travel during the case. Batching helped to significantly reduce the duration of CPS cases, as shown above, and thus decreased the number of open cases per caseworker.

Improving the Quality of Work

Communication Cards:

The quality of CPS work cannot be sacrificed for speed or efficiency. To this end, there were several items that were introduced as part of the project. To increase transparency for families each worker now uses a "Communication Card" which is a worker's business card with the back of the card formatted to tell families what they can expect from the caseworker and case progress. As part of the quality metric, families have been surveyed. Results are promising with families indicating they feel their worker is keeping them informed.

Insuring the right Frequency, Intensity, Time, and Type (F.I.T.T.)

CPS Caseworkers were also provided with training specific to the engagement of families and creating Child and Family Teams during the crisis of the CPS case to synchronize services for families. This robust engagement with the family, allows the worker to provide the right frequency, intensity, time and type (F.I.T.T.) of contact that helps create positive outcomes for families.   Using the right F.I.T.T. helps workers more quickly identify families who need ongoing services.

Improved Transfer to Ongoing Services

Case transfer processes are more family oriented, with the CPS and ongoing caseworkers meeting with the family together and involving the family in the transfer process. The model suggests that families engage in services more quickly, thus decreasing the overall time families are involved with the child welfare system.

Increased Quality at the Source

The role of supervisors is crucial for ensuring quality work throughout the duration of the case. The Strengthening CPS project has encouraged supervisors to engage in quality assurance during the case rather than waiting until it closes to run a report or look at the case. To help supervisors understand their importance to the project, they are given specific information on coaching and mentoring their staff, observing workers in the field, purposeful case staffing using the Protective Factors Framework, and reviewing documentation and quality assurance reports. Supervisors give feedback about the actual task while it is being performed, then check the

documentation once completed to ensure the task details are included. New reports help supervisors view the work in process for each worker, which is compared to the information on the DATA board. New staffing guides and training for supervisors reinforce the use of Protective Factors in assessing safety and risk. Refresher training provides supervisors and their staff information that leads to increased fidelity to the SDM Safety Assessment and SDM Risk Assessment.

Utah is looking forward to implementing this project statewide. Western region will begin implementation in September with Salt Lake Valley Region following in February 2019. Eastern and Southwest regions will follow with the entire state being engaged in Strengthening CPS by the end of 2019.

Conclusion*:* Since the QCR measures practices that are congruent with the Practice Model, DCFS feels strongly that the QCR encourages quality casework practice and has been the driving factor in maintaining a high level of performance. In addition, the CPR allows decision makers and stakeholders to monitor how well key policies are followed and documented in the electronic file system.

Over the last several years Utah has been attempting to merge the CFSR measures with the QCR which has been used for nearly 20 years. Utah initially added CFSR items to the QCR scoring sheet and used this model for a couple of years. Last year the team determined that this model had not had the desired result. During the 2016-2017 review year, a group of seven mentor level QCR reviewers made the commitment to participate in every QCR and to score cases using both the OSRI and the QCR scoring sheet. This process has proven to be successful and will be expanded upon during the on-site CFSR scheduled in 2018. The team's next steps will be to develop levels of QA for the OSRI and assure that the process is acceptable to the Children's Bureau.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Utah Child and Family Services is committed to having a prepared, well-trained workforce. Because we strongly believe that the Practice Model is the foundation of our work with children and families, we not only provide Practice Model training to new caseworkers, but to new Child and Family Services staff at all levels, including support staff, foster parents, and many of our community partners and contracted agencies. This sets the expectation for statewide consistency in practice and gives partners a working knowledge of the Utah Practice Model.

The Practice Model is based on seven principles: protection, partnership, permanency, cultural responsiveness, organizational competency, professional competence, and development. The training emphasizes five skill areas: engaging, assessing, teaming, planning, and intervening. In addition to Practice Model training, Child and Family Services creates and delivers a multitude of specific program trainings, i.e. kinship, child and adult interviewing, domestic violence, transitions to adult living, Indian Child Welfare Act (ICWA), identifying child abuse/neglect, safety planning and safety and risk assessments, family needs/strengths assessment, trauma informed care, worker safety, and SAFE training. Child and Family Services' training emphasizes the importance of preserving the parent-child relationship, maintaining children safely in their home with In-Home Services when possible, and the importance and priority of kinship placement in the event a child must be taken into protective custody.

The DCFS training team, known as the Professional Development Team, consists of a state Child Welfare Training Coordinator, a group of trainers at the state office, and a training team in each region headed by a Region Training Manager, who is supervised by the Training Coordinator. All training attendance is recorded in SAFE.

DCFS provides staff and provider training as outlined in its Training Plan:

All DCFS direct service staff are required to complete the 120-hour in-person, in-class Practice Model Training plus an additional field experience packet with 30 different tasks and shadowing including a half day at DCFS Centralized Intake. During this training, students learn about the foundations of child welfare, receive an orientation to DCFS, and are introduced to the Division's Mission, Practice Model, Practice Skills, and Practice Principles. Training includes an introduction to, or in-depth instruction on, child abuse and neglect, worker safety, child interviewing, audio-import, removal of children, developmental screening, Structured Decision-Making (SDM), legal aspects of child protection provided by the Office of the Attorney General, secondary traumatic stress (STS), trauma and attachment, effects of trauma on child development, trauma-informed care, cultural responsiveness, and use of the SAFE database. Finally, during Practice Model Training, new staff receive HomeWorks Training, which introduces participants to the Strengthening Families Protective Factors (SFPF) and the Utah Family and Children Engagement Tool (UFACET) as well as provides workers with tools and skills that can help them effectively serve children and families receiving In-Home services.

Simulation training for new employees began in the summer of 2017. A key feature of the Child Welfare Simulation lab experiential training is the ability to construct environments that are as realistic as one would find in the field. The Simulation Lab is on the University of Utah campus and provides a safe learning environment that allows new employees to practice their knowledge and skills in a supportive and safe environment. When mistakes are made they can be corrected using a strength-based approach that also recognizes skills that were successfully demonstrated as well. This in turn helps to increase the confidence and competency of the employee. An introduction to and practice of skills that relate to initial responses to child abuse and neglect reports, interviews of children, conversations with adults, and team meeting dynamics are practiced and explored.

Following Practice Model Training, new employees work side-by-side with supervisors, region trainers, and experienced caseworkers who provide one-on-one mentoring as new caseworkers provide Intake, CPS, In-Home, Foster Care, and other program services.

Within 90 days of hire, direct service staff are required to complete the web-based 4th and 14th Amendments Training. Region trainers track the completion of each part of the training requirements.

Workers are required to complete Practice Model Training prior to being assigned as the primary worker on a case. In rare instances in rural regions, where resources are limited, new employees may be assigned cases prior to full completion of the training (trainers could identify one caseworker recently). Occasionally, caseworkers miss one day of training that they must make up at a later point. Trainers monitor the completion of the training including any missed days and make sure that everyone is in compliance with this requirement.
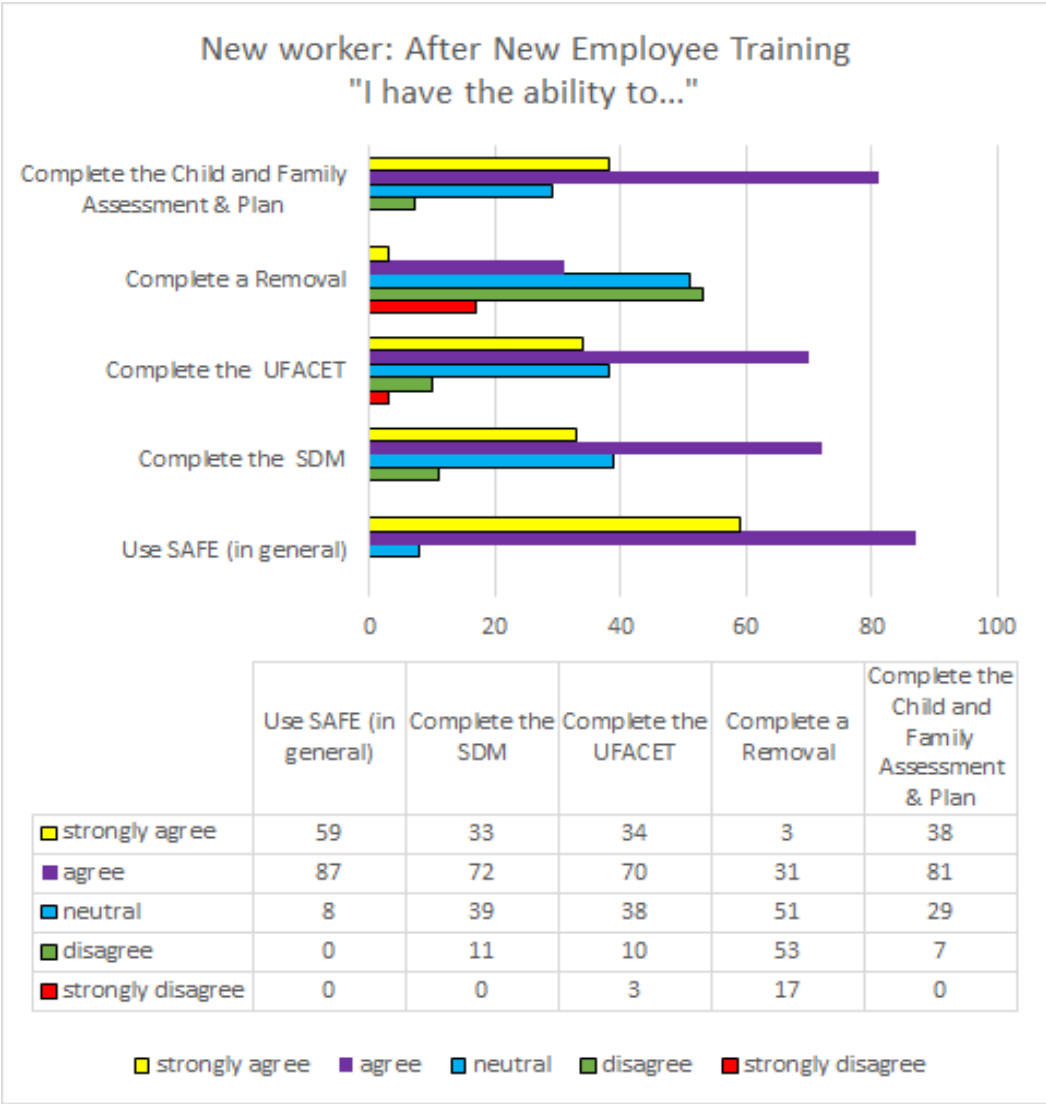
The table below shows the number of new employees who participated in the mandatory Practice Model Training for all new DCFS employees during FY 2017, according to SAFE records. 153 new caseworkers completed the three-week Practice Model Training and 10 staff completed Practice Model Training for Support Staff. Practice Model training for new employees is provided every two months at the state office in Salt Lake City.

FY2017	Caseworkers	Support Staff
3-week mandatory Practice Model Training for new DCFS employees	153 participants In addition, 8 caseworkers from the Ute tribe participated this year.	10 participants

To determine the effectiveness of any course, the training team surveys new employees:

a)   Immediately following training
b)   At 4-6 months post-training
c)   One-year post-training

The chart below shows the results of a new worker survey conducted at the end of a year post training. The majority of workers responding were 4 to 9 months post training. The number of respondents was 156.

New worker: After New Employee Training "I have the ability to..."

	Use SAFE (in general)	Complete the SDM	Complete the UFACET	Complete a Removal	Complete the Child and Family Assessment & Plan
strongly agree	59	33	34	3	38
agree	87	72	70	31	81
neutral	8	39	38	51	29
disagree	0	11	10	53	7
strongly disagree	0	0	3	17	0

strongly agree ■ agree ■ neutral ■ disagree ■ strongly disagree

The training team uses results of surveys to enhance courses so that they better meet the needs of new employees. All new Caseworkers who are hired and who stay have completed new employee training.

Stakeholder Interview Summary:

Stakeholder interviews from the Qualitative Case Reviews FY2017 include information about staff training.
- Across the state, stakeholders believe that new staff are better trained today than in the past.
- They are aware that new employee training includes classroom instruction, field experience, coaching and mentoring as part of the training process.

- Employees reported that they feel they've benefited from the mentoring experience which is deemed a critical component of developing the skills of new staff.
- The gradual assignment of cases to new staff through the first year of employment is the expectation though in rural regions this is not always possible.
- Most training is generalized to primary program areas and is generally useful but can be delivered at a higher rate than some staff feel they can learn.
- Trainers meet with supervisors and new employees at periodic intervals during the employee's first year to track progress and were praised for their good work.
- One judge noted that staff spend more time sitting in the courtroom just to observe the proceedings.
- A suggestion made was that an abbreviated refresher be provided for caseworkers at the end of their first year.

Conclusion: All new employees complete the Practice Model Training. Surveys are conducted at various intervals post-training to determine the effectiveness of the training. Utah believes it is in substantial conformity with the systemic factor of Initial Staff Training.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

All caseworkers, supervisors, and administrative staff are required to complete 40 hours of training each year. Utah Child and Family Services provides ongoing training for staff that is designed to increase the skills and knowledge workers need to provide excellent child welfare services to clients. Participation in internal training is recorded in SAFE by the trainer. Staff can also enter additional training hours manually for approval by the Professional Development team. Utah is currently not able to compile accurate data reports on compliance with this requirement. However, training requirements are expected to be a part of each individual's performance plan. Through the performance rating process, supervisors review, evaluate, and determine compliance with the 40-hour training requirement.

Currently, staff have access to 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.

Over 50 different trainings were provided during FY 2017, including:

Trainings	Participants in FY2017
Bridges out of Poverty	178 completed
Mandatory Kinship Training	588 completed
Ethics Training	532 completed
Ongoing ICWA Training	411 completed
Mandatory Trauma Informed Care Training	434 completed
Regional In-Service trainings*	760 completed*

* *Regional In-Service trainings include a number of regionally provided trainings on various topics developed based on the region's needs. A caseworker may attend multiple trainings.*

As recorded in SAFE, 1040 unduplicated people participated in one or more trainings this year.

In addition, DCFS held an annual Child Welfare Institute which included 921 participants over three days (duplications when people attended multiple days). Supervisor Conference was held in May of 2017 and 202 participants attended it.

Satisfaction surveys are sent to each participant via email immediately following all trainings. This valuable input is used as a guide to the Professional Development Team as they revise current training and identify and develop supplemental training that addresses issues of importance to staff.

The following are examples of results of these surveys:
Supervisor Conference 2017:

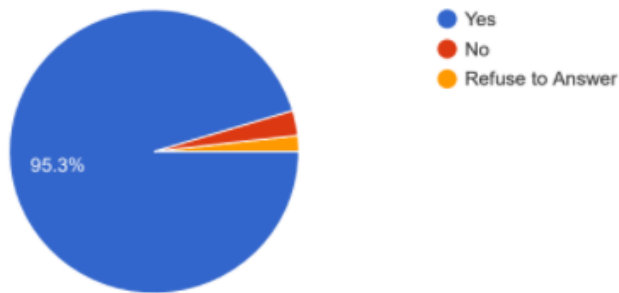## The subject matter was relevant to my current role in Child Welfare.

128 responses

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

47.7%

7%

44.5%
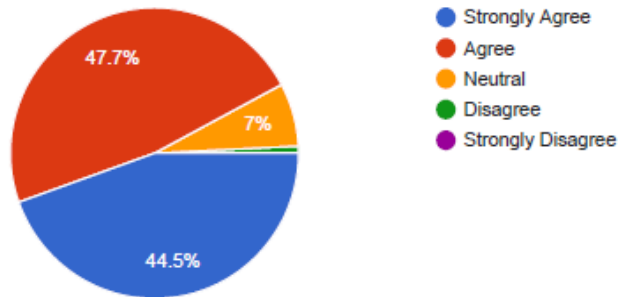
Child Welfare Institute 2017:

As a Result of Attending CWI, Are You Better Prepared to Serve Children and Families in Utah?

386 responses

- Yes
- No
- Refuse to Answer

95.3%

DCFS responds regularly to requests for new trainings when outside or inside requests are made. For example, DOH requested DCFS provide a training for staff on interviewing children with a disability, which was provided in FY2018. Cultural responsiveness was another training that was requested and provided in the last year. Staff can also approach the regional Training Team which will work to meet local needs.

In September 2017, Child and Family Services introduced a 2-day New Supervisor Onboarding training, which is mandatory for all new supervisors. It is offered quarterly at the state office.

Currently, the Professional Development Team is developing a Leadership Academy training that will begin rollout in 2018.

Stakeholder Interview Summary:

Stakeholder commented about ongoing training for staff during the 2017 QCR Stakeholder interviews.
- They reported that veteran staff receive regular opportunities for training throughout the year.
- Topics are frequently determined by state and regional demands but can also be determined by supervisors as needed.
- Regional training managers are instrumental in meeting all training demands within the region.
- It can be challenging to develop a training that is universally beneficial when the audience has an array of years of experience.
- Whenever a specialized training is needed, a specialist can be recruited to deliver the training. For example, when there is a need to understand how new legislative law will impact child welfare, someone from the Assistant Attorney General's office will provide legal training.
- In addition to training staff, DCFS often trains community partners on new initiatives.
- DCFS staff also attend training provided by community partners as in the training on secondary trauma that the Eastern Region staff attended at another agency.

Conclusions: Based on the number of trainings provided on a wide range of child welfare topics to all DCFS staff across the state, staff have a solid set of skills and knowledge needed to carry out their duties. Therefore, Utah believes that this systemic factor is in substantial conformity.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of 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?

> Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:
>
> - that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
> - how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Utah Foster Care (UFC) is a private non-profit agency created by the Utah legislature and Governor Mike Leavitt in 1999. Their mission is to develop innovative strategies to help recruit, train, and retain foster families. UFC fulfills this mission through a contract with the Utah Division of Child and Family Services (DCFS). UFC has recruited and trained more than 12,000 families since its inception. Link to the UFC website: https://utahfostercare.org/

In order for a foster family to become licensed and receive payments as a foster family, they must first complete the foster parent training. Kinship families can complete training after the child is placed in their home. If a kinship family is not yet licensed, they do not receive a foster care payment until after the training and licensing process is fully completed. Once licensed, foster families are expected to receive a set number of hours of in-service training (see below). Compliance with training expectations is monitored by DCFS. The DCFS Resource Family Consultant (RFC) assigned to the foster parent monitors compliance with the in-service training expectation and contacts the foster parent 120 days before their license expires, encouraging them to complete the training.   If they do not meet the annual training expectation, the RFC works with them to get the training done as quickly as possible. If training is not completed by the time of relicensing, children placed with the family are not removed but the family is told that further placements in their home will not be made until the training is completed. While in service training is required by DCFS it is not considered a health and safety issue by the Office of Licensing and so non-compliance will not impede relicensing but will restrict further placements.

During FY 2015, DCFS signed a new contract with the Utah Foster Care Foundation (UFC) to recruit quality foster and adoptive resource families, including kin families, conduct pre-

service/pre-licensure and in-service/post-licensure training, assist in the retention of resource families by coordinating cluster support groups, and advocate on behalf of all resource families.

As noted in their annual report, during FY 2017 the Utah Foster Care Foundation:

- Provided pre-service training—using *The Institute for Human Services Pre-Service Training for Foster, Adoptive and Kinship Parents* curriculum, an evidence-informed planned sequence of learning—to 537 potential foster and adoptive parents and an additional 212 kin caregivers, for a total of 749 graduates.

- Assisted in the design of new pre-service training requirements for foster parents and developed new online training for kinship and foster parents that addresses these requirements. Currently, the pre-service training consists of 24 hours classroom training and a series of online webinars and lectures, followed by online quizzes.

- According to data from the Office of Licensing Foster Care Statistics monthly report, 780 resource families completed the required in-service training, renewed their licenses, and continued to provide foster care. Foster families may choose not to renew their license for various reasons. For example, they may have adopted the children in their care and are no longer interested in fostering additional children.

- Coordinated a Foster Parent Training Symposium attended by more than 300 individuals, including nationally renowned speakers, funded 100% through UFC's fundraising efforts.

- Developed training for foster parents relating to the educational needs of children. All foster parent training is designed to be trauma-informed and has been for several years.

- Planned and delivered a conference for foster parents that focused on relationships between parents and DCFS staff to strengthen those relationships.

Survey results from a foster parent exit survey indicated that the content of the in-service training was deemed beneficial and helped enhance participants' skills by 73% of foster parents. This survey was given to foster parents who decided not to renew their license for various reasons.

Resource Family Inquiries and Number Graduated Training in FY2017					
	Inquiries	Foster/Adopt Graduated Statewide Total		Kinship Specific Graduated Statewide Total	
		Goal	Actual	Goal	Actual
Total	3,661	495	537	not applicable	212

The **2016 FOSTER PARENT SATISFACTION SURVEY,** conducted biennially, shows that foster parents feel that both pre-service and in-service training is effective:

	2014	2016
**Pre-service training – ** prepared me to determine whether I wanted to be a foster parent	83%	96%
**Pre-Service – ** I would recommend to other parents I know	87%	97%
**Pre-Service – ** I felt more confident in my ability to care for children in foster care	76%	94%
**In-Services training – ** enhanced my skills as a caregiver of children placed in my home	83%	95%
In-Service topics were relevant to help me meet the needs of the children in my home	n/a	95%

	Good	Excellent	Total
Pre-service training	30.3%	66.7%	97%
In-Services training	44.6%	51.3%	96%

Stakeholder Interview Summary:

Stakeholder interviews conducted during the 2017 QCR included comments about foster and adoptive parent training.

- New foster parent training is provided by the Utah Foster Care Foundation trainer. The training is helpful. The trainer uses worse-case examples in the training which prepares foster parents for what might happen. Most foster parents are relieved when it turns to be better than described, nevertheless some report that the worse-case scenarios do exist and were better prepared because of the training.
- For seasoned foster parents, in-service training opportunities are coordinated by both the Utah Foster Care Foundation and the Resource Family Consultant team.
- The foster cluster groups in the region provide great training opportunities so that foster parents can meet the requirement for annual training hours.
- Foster parents also attend various conferences such as the Symposium in Heber, or the Adoption Conference in Sandy.
- The periodic publication of the Foster Roster also provides training opportunities for foster parents.
- Foster parents have also developed social media connections where training and support can be circulated.
- Training hours are tracked by both the Utah Foster Care Foundation and the DCFS Resource Family Consultant.
- One common theme that emerged from nearly all parties was that the online training is much more difficult to engage with than the classroom experience. The online training is intended to accommodate foster parents who live at great distance from trainings offered at central locations. However, nearly all parties agree that the classroom experience far surpasses the online session and that it is worth the drive.

Conclusions: Utah has had a strong partnership with the UFC for the past 20 years and we expect to continue to work together to provide quality training and support to foster and adoptive parents. We believe that this item is in substantial conformity for Utah. Initial foster parent training is conducted by the Utah Foster Care Foundation and sent to the Office of Licensing as part of the information needed to complete the foster parent licensing. In services training is tracked and monitored by DCFS training.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

   Please provide relevant quantitative/qualitative data or information that show:

   - The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
   - Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

DCFS has a large array of contracts with various service providers to meet multiple child and family needs. These include services that assess the strengths and needs of children and families and determine other service needs. For example:

- In FY17 2,625 mental health assessments were completed on 2,224 children over the age of 5 years.

- The needs of children under 5 years old are assessed through regular ASQ (Ages and Stages Questionnaire) and ASQ-SE (Ages and Stages Questionnaire - Social Emotional), which are conducted at a specific frequency with all children in foster care between the ages of 4 months to 5 years.

- Identified child needs are addressed through referrals to outside agencies and included in the case plan.

- All children entering foster care and their families are assessed by the caseworker using the UFACET (Utah Family And Children Engagement Tool). Both the strengths and the needs of family members as well as foster parents are identified and discussed with the family, foster parents, and the Child and Family Team. Interventions or services to address the needs are included in the case plan.

The array of services available to help families involved with DCFS and whether these services and interventions are provided at the right level to produce the desired outcomes is captured in the QCR indicator of **Intervention Adequacy**. When a region scores below the standard on this item, they develop a PIP to address the identified issue in their region. Contrary to common belief, rural regions typically perform as well as, and sometimes better than, urban areas. It seems that rural regions, despite the lower density of available services, use creative ways and their closer community connections to find or individualize services for their families. The table below shows the results on this indicator for the last five years:

QCR Performance Indicator: Intervention Adequacy

Intervention Adequacy	FY13	FY14	FY15	FY16	FY17 Current Scores
Eastern Region	70%	89%	84%	80%	85%
Northern Region	89%	89%	90%	88%	80%
Salt Lake Region	88%	90%	80%	79%	77%
Southwest Region	80%	85%	90%	85%	55%
Western Region	75%	88%	83%	83%	73%
Overall Score	82%	89%	85%	83%	75%

As can be seen on this table the performance for the two rural regions in Utah - Eastern and Southwest Regions - has been between 80% and 90% for the last four to five years, just like in other more urban regions. Southwest region did drop below the standard to 55% in FY2017 for the first time in 14 years. They included remedies for the low Intervention Adequacy score in their PIP and this year's QCR review results show Southwest Region's Intervention Adequacy score back up to 85%.

Currently, family support services funding is used to contract for intensive In-Home intervention programs designed to teach parenting skills to at-risk parents who were identified in the UFACET as needing that service. A contract with Utah Youth Village to deliver the evidence-based, In-Home *Families First* service to families that need to strengthen their family functioning capacities is available in each of the five DCFS regions. The Families First program has been very valuable and appreciated and therefore is being expanded to serve more families.

Families First Services Provided by Utah Youth Village

Clients who received Families First services	FFY 2017
Children	519 (49 of whom had disabilities)
Adults	322 (30 of whom had disabilities)
Additional Families not included above	199

In addition, DCFS continues to enhance contracts with three statewide providers that deliver *STEPS* peer parenting services, an in-the-home, hands-on, and evidence-based parenting support program that is designed to help parents:

- Understand positive and negative child behaviors

- Practice positive listening

- Practice using encouragement instead of praise

- Learn alternative parenting behaviors

- Learn alternative ways to express ideas and feelings

- Develop child responsibilities

- Apply natural and logical consequences

- Initiate family meetings

- Develop child confidence

The following table shows the number of families who were assessed in the UFACET to have a need for parenting support and received the service in FY2017. The need was discussed in the Child and Family Team, a referral was made, and the family received *STEPS* Peer Parenting service:

STEPS Peer Parenting Services

Region	Number of families served
Eastern Region	37
Northern Region	182
SW Region	42
SLV Region	98
Western Region	66
TOTAL	**425**

DCFS continues to address the development of new community resources — or the enhancement of existing resources — through the HomeWorks IV-E child welfare waiver demonstration project. In addition, the Department of Human Services (DHS) received a System of Care grant to address behavioral support, crisis intervention, and respite care services to families who are or may be involved with more than one division within the department. Included are families with a child who has an identified behavior problem that, without additional support, may lead to an out of home placement for the child. DHS is implementing this program on a staggered basis by DCFS region.

The DHS Integrated Service Delivery is an initiative intended to improve service delivery for clients of the department. This will be done by integrating separate division processes into a common department-wide process and applying a System of Care approach to how we do business and deliver services. Better outcomes for families will be achieved through:

- Streamlining direct services and supports for clients and staff to avoiding duplication of work and service delivery

- Delivering consistent and reliable person-centered assessment, evaluation, treatment services and utilization reviews

- Ensuring consistency in operations: contracts, finance, monitoring, incentives, quality assurance and data analysis

As part of this Integrated Service Delivery initiative, the Department is currently expanding DHS contracts to be available to all department clients. As a result, DCFS clients will be able to access any service contracted by any of the Department divisions (which include Juvenile Justice, Services for People with Disabilities, Substance Abuse and Mental Health, and Aging Services among others). As of May 2018, DHS has created a DHS-wide procurement to ensure clients have access to all DHS-contracted evaluation, treatment, and wrap services regardless of the "door they enter", their custody status, or Medicaid-eligibility. The services include: psychotherapy, psychological and neuropsychological evaluations, pharmacological evaluations and management, psychosocial rehabilitation, therapeutic behavioral services, family and youth peer support, mentoring, day treatment, respite care, behavior consultation and adaptive behavior treatment, clinical consultation, DSPD eligibility evaluation and specialty psychological services, forensic evaluations; and domestic violence treatment.

What this means for DCFS clients is more services to support our In-Home and foster care clients; a larger array of non-clinical support services; and access to more providers increasing client choice. A wider array of services means services can be better individualized. More services mean better opportunities for clients to receive needed services.

Utah, like many states, has a 2-1-1 helpline that provides information to any caller about health and human service resources. The Utah State Legislature appropriated funding for the 2-1-1 database and expects agencies to use the database rather than creating new databases. DCFS and the Department of Human Services have been working with the United Way of Utah County, who is the contractor for the 2-1-1 resource, to develop a portal. The portal will give caseworkers the ability to enter a resource need and get a list of providers with DCFS contracts that could provide the service for the family. At the beginning of the project a focus group of DCFS staff from across the state was convened. The most requested database element was information on the funding source for each service. The second was the ability to filter by location. Both of these elements will be incorporated into the final product as well as additional detailed information about providers. Another function will allow for filtering by client characteristics, such as parenting classes specifically for teens or behaviorists specializing in autism. One of the purposes of the Integrated Services Initiative is to eliminate barriers between agencies making it seamless for families working with more than one agency. The

department is looking at whether the best structure to accomplish this is contracting for services at the department or at the division level. There are advantages and disadvantages for each. While these questions are being answered, the design for the portal is being developed. A DCFS worker and a DCFS supervisor from the original focus group have been advising the developers on the design. Focus groups will again be convened to test the portal and refine the design. The final product will be accessible on worker smartphones.

Using this portal DHS will also be able to map the location of available services, which will help the department identify statewide service area gaps. Funds will then be targeted to these service gaps when they become available. The launch of the portal is planned for the end of calendar 2018. Ultimately, the portal will allow the division to track searches to be able to assess what services are being used, and what services are needed but not available in specific areas of the state. Community resource development activities will continue to the extent that capacity and funding allows.

Stakeholder Interview Summary:

Stakeholder interviews during the 2017 QCR's reported on service availability focusing on drug treatment, domestic violence treatment, mental health services, parent training, drug testing, as well as some miscellaneous areas. The following was included in the report:

Drug treatment options outside of Salt Lake County are not as available as staff and community partners would wish. Stakeholders noted the absence of in patient drug treatment programs in some of the more rural parts of the state but did say that outpatient programs that are available are effective for clients who engage in the service. There were also reports of the need for specialized treatment options for youth in one area of the state and an abundance of treatment options for male youth in another.

As a follow up to these reports, Child and Family Services recently began to meet regularly with the Division of Substance Abuse and Mental Health (DSAMH) to discuss perceived need and service availability. The goal of this group is to better educate both Child and Family Services staff on the resources available and how to better individualize services for clients as well as DSAMH on the requirements families must meet when involved with child welfare services. The first step was to be able to assess the number of DCFS clients being successfully served by DSAMH providers across the state.

Domestic Violence Treatment was reported to be deficient in three counties, in three different regions in the state.

General **mental health services** seem to be available statewide. When asked for areas that could be improved most stakeholders identified specialty services that would be helpful to have more locally available. These services are available but sometimes require some travel. Agency staff and community partners are pleased, thus far, with the UFACET assessment tool which helps caseworkers to identify the needs of the child and family.

Parenting instruction services were noted in a couple of regions during the QCR Stakeholder interviews. One of the more rural regions reported that a Family Support Center recently closed operation in one of their counties. Families needing parenting instruction have been referred to another program, but this resource is not yet available in their area. Parenting instruction services are more readily available in other counties in their region, but clients must drive a considerable distance. This same region also reported that peer parenting resources have also decreased but so have the number of referrals for this service. Another region reported that the Strengthening Families program has been very effective in their region. In the northern part of the state stakeholders reported that some of the more urgent deficits in services include parenting instruction.

Drug testing is often considered by DCFS staff to be a service. Utah currently has a contract with one agency to provide drug testing statewide. This limits the options for the more rural parts of the state who often report that the testing facilities are not close enough for clients and that the ones available may have limited hours or staff of one sex that cannot observe collection by a client of the opposite sex.

Miscellaneous services identified in the QCR Stakeholder interviews included affordable housing in several parts of the state, issues with Medicaid and finding specialized medical providers for some foster children, transportation resources, and daycare services. It was noted that services and programs provided in the northern part of the state are very good.

Conclusions - Utah is placing great emphasis on the quantity, quality, and availability of a broad array of services throughout the state. While specialized services are not always available in a given area, DCFS caseworkers, particularly in rural areas, are often very resourceful, finding creative ways to provide or individualize services for families in their local area. For example, DCFS is working in cooperation with local stakeholders to provide needed drug treatment services in the rural counties of Sevier and Sanpete. DCFS also realizes the importance of educating staff and community partners on best practice so available services are used in a meaningful way. For these reasons, and because DCFS is implementing several major projects to expand access to services, such as the 2-1-1 Helpline, Systems of Care, Integrated Service Delivery Initiative, Families First, Peer Parenting, and continued HomeWorks expansion, we believe that this factor is in substantial conformity in Utah.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Utah's Practice Model incorporated individualization of services into its model with its inception in 2000. DCFS policy requires caseworkers to use the Child and Family Team to discuss and plan interventions in order to adapt services to meet each individual's needs. This may include providing a service in the client's foreign language, making sure that the service is trauma-informed, or that the service is provided at the time, location, and intensity necessary to meet the client's needs. The Peer Parenting service (see item 29), which is a service DCFS contracts with and uses widely, comes to the family's home or, if the child is not living in the home, wherever the parents visit with the children to provide individualized parenting coaching and support. The Peer Parent is included in the Child and Family Team meetings to report on progress and hear about the family's needs and requests. The individualization of plans and services is evaluated during the QCR as part of the scoring for Intervention Adequacy.

Recently, a training was developed and presented to help DCFS workers better serve children with disabilities. The objectives for the training included:

- Understanding Abuse vs Disability:
    - The trap of assuming behaviors are attributable to the child's autism and not abuse or neglect
    - Knowing and recognizing the differences between PTSD symptoms and ADHD symptoms.
- Identifying how an individual child with disabilities communicates.
- Adapting for communication difficulties including input, processing, and output.
- Recognizing and working with children with different disability considerations including vocabulary, length of disclosure, and clarification issues.
- Understanding differences in eye contact, vocabulary, and sensory issues for children with some disabilities and how to adapt an interview to fit the child's needs.

Red Mesa Behavioral Health is a part of the Urban Indian Center of Salt Lake City that offers outpatient substance abuse treatment, substance abuse evaluations, mental health therapy, mental health therapy evaluations, couples counseling, family counseling, and domestic violence victim treatment. The Urban Indian Center serves people across the larger metropolitan areas of Utah and partners closely with DCFS to provide these services to DCFS clients as well as helping Native families receiving services from DCFS to navigate the child welfare system.   The Urban Indian Center is also an active partner in systemic projects and has been a resource for meetings and conferences. In addition, the center is a place where Native children and families, as well as the general community, can participate in cultural activities.

Recently, a non-Native DCFS clinical consultant who has worked for DCFS for many years in a rural part of Utah with a large Navajo population was recognized for his cultural competency in serving Navajo clients. Due to the low availability of local service providers in this very rural region and no tribal services, DCFS provides many services directly. The local population relies on these directly provided services to meet an important need.

As a result of a request, a widely used pamphlet explaining the HomeWorks services is being translated into Navajo. It is currently available in English and Spanish and will soon be available for clients who speak Navajo. The translation is completed and currently a Navajo caseworker is making sure that the language correctly reflects the HomeWorks concepts.

The HomeWorks project is a good example of how services can be individualized according to a client's needs. A Google HomeWorks internet site is constantly expanding with more and more ideas for activities to use with families during meaningful visits with the family (see site at: homeworks.utah.gov). Most of these ideas have come from the creativity of caseworkers working with families and then sharing their good ideas. For example, the same concepts are available in an academically focused handout all the way down to a simple flip chart for someone needing a simpler approach to the same information. Regions have created "HomeWorks Closets" with materials available to caseworkers to use with families. Caseworkers can also ask for input from a HomeWorks group at the state office who will then consult with others to brainstorm ideas for teaching new skills and concepts to families. Any new information found is then added to the HomeWorks website and is available for others.

Stakeholder Interview Summary:

The Stakeholder interviews conducted as a part of the 2017 Qualitative Case Reviews noted that while there are always needs that are not being met, Utah Child and Family Services is ready and willing to work on ways to meet the needs of children and families in our state who are struggling. The following are responses from stakeholder interviews:

Linguistically and culturally competent services
- We have an ongoing need for caseworkers who speak other languages. We have many Spanish speaking caseworkers and a process for certifying these workers as such. When they are certified they receive a raise in pay. These workers are generally working with Spanish speaking clients and are also often asked to help colleagues with their Spanish speaking clients.
- DCFS workers has a contract with an agency who provides translators statewide. However, a focus group in Salt Lake County reported that it is estimated that there are between 40 and 50 languages spoken within the county with an even greater number of dialects. Locating qualified translators for all languages is not always possible. Even when there are translators in the area, this does not always present the solution and in fact can present other issues, when the translator's background may include

> affiliation with an opposing faction or party. This can lead to mistrust or even sabotage.
> - One of the most reliable resources in the Salt Lake County community for both DCFS and the refugee population is the Asian Association.
> - Spanish speaking providers is another area of need. Every region reports that while there are Spanish speaking providers in nearly every part of the state there is still a need for more.

*Conclusions***:** Individualization of plans and services is an integral part of Utah's Practice Model and an expectation in the QCR. The teaming process provides a platform for caseworkers, service providers, and the family to review assessments, discuss the family's needs and hear their requests, and plan and review services making sure that they meet the family's individual needs. There is a continuing need for translators or services provided in languages other than English as the diversity in Utah grows. However, the teaming process gives caseworkers the ability to bring supporters of the family and the community together to find or create the intervention that can meet every individual's needs.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state 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, objectives, and annual updates of the CFSP?

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state 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, objectives, and annual updates of the CFSP.

State Response:

DCFS is fortunate to have an excellent and long-standing relationship with its partners and community representatives. These relationships and the collaboration that results are evidenced in the table found in the appendix, which identifies some of the major collaborative meetings and processes that Child and Family Services participates in.

> ➢ *See Table of Stakeholders/Community Partner meetings in the Appendix.*

Some of the most direct collaborations occurs in the Quality Improvement Committees (QIC). Each region supports a QIC comprised of medical providers, business leaders, legal partners and representatives from community service and non-profit organizations. Some QIC committees include tribal representatives and some have invited former DCFS parents and youths to be on their committees. During QIC meetings, these representatives discuss local needs and collaborate to better serve the families in their community. A complimentary state level committee is the Child Welfare Improvement Council.

CWIC (Child Welfare Improvement Council) Purpose and Process:

The Child Welfare Improvement Council meets monthly with the following purpose and membership:

Role of the CWIC

- Review policy and outcomes and provide recommendations to the division.
- Oversee the Children's Trust Account grant process and approve allocation of funds.
- Seek out concerns from stakeholders and share with DCFS.

Group membership

- Group membership consists of 25 individuals who are selected through an application process. There is an outline of the representation desired for this group to have diversity. Currently included are education, AG's office, legal partners, Law Enforcement, foster care providers, health providers, juvenile courts.
- There is active recruitment for parent representatives and former youth in custody.

Relationship of the CWIC to the regional QIC (Quality Improvement Committees)

- Every Region QIC committee has a liaison who is also on the CWIC.
- A biennial summit is held for the state CWIC and Region QIC committee members. When a region QIC identifies a statewide concern the region QIC reports it to the CWIC.
- The APSR is presented to the council. Members ask questions and request details.

Process for recommendations from the CWIC to DCFS

- A DCFS staff member assigned to the CWIC along with the CWIC chair, keep track of recommendations made by the CWIC and the DCFS response. The CWIC has subcommittees that investigate topics and craft recommendations.

DCFS data presentations

- The CWIC meetings include presentation of specific data and reports including:
    - APSR

○ Office of Service Review QCR/CPR report
○ Additional CWIC requests for DCFS data

Youth Council:

The Utah State Youth Council is a governing board with elected officials that represent each DCFS region in the state and consists of current and former foster youth and DCFS staff working with youth.

Each region has a regional Youth Council which meets monthly. Youth 14 and older, who were previously or are currently in foster care are invited to attend. Attendance varies from five to 15 youths depending on the region. The bylaws indicate the youth must be under the age of 26 to participate, but seldom do youth over the age of 23-24 participate. Two or three youth from the region Youth Councils are selected to attend the state Youth Council and represent their region.

The state Youth Council meets monthly for four hours. The first hour youth and staff meet as a larger group. Then, the youth and staff each meet alone for two hours and the whole group reconvenes for the last hour and shares progress on action items. The council creates its own agenda and action plan. Information is shared between the councils through their representatives.

Some of the Youth Council's achievements in recent years include: Passage of the Youth Bill of Rights, helping to promote the passage of Normalcy Legislation in Utah, and helping with the development of a new TAL UFACET assessment tool for youth.

Tribal Collaboration:

Utah has a government-to-government relationship with Utah's eight federally recognized Indian Tribes as set forth in the Constitution of the United States, the Utah Constitution, treaties, state statute, and court decisions. They are Confederated Tribes of Goshute Indians, Navajo, Northern Ute Tribe, Northwestern Band of Shoshone, Paiute Indian Tribe of Utah, San Juan Southern Paiute, Skull Valley Band of Goshute, and White Mesa Band of the Ute Mountain Ute. DHS has a formal consultation policy in place that supports Tribal self-governance (https://www.powerdms.com/public/UTAHDHS/documents/36148) through regular and meaningful consultation with Utah Tribes. DCFS recognizes that each Tribe is a distinct and sovereign government. DCFS also recognizes that all children and families in Utah are Utah residents and that services and assistance is extended to Tribal families on and off the Reservation. DCFS works to ensure that jurisdictional and cultural boundaries are respected to provide support to Tribal families. There are three forums in which DCFS works collaboratively with Utah Tribes:

- Tribal Indian Issues Committee (TIIC) Meetings: DHS's TIIC Committee is organized by DCFS's Indian Child Welfare Program Administrator and has representatives from all DHS Divisions. The TIIC meetings are bi-monthly and rotate to each of the Reservations around the state to facilitate understanding the Tribe's culture and unique challenges in the rural areas of Utah. DCFS regularly reports and offers technical assistance to Tribes though the TIIC Committee.

- Utah Tribal Leaders Meetings: DCFS attends and presents updates at the quarterly meetings hosted by Utah's Division of Indian Affairs. This is an opportunity for Tribal leaders to discuss child welfare issues with DCFS.   Recently the Tribes requested

DCFS to support the Indian Child Welfare Act (ICWA) in a lawsuit by Texas against the federal government to invalidate ICWA. DCFS collaborated with the AG's and Governor's Office in a formal consultation process to understand the Tribe's concerns and establish a joint response.

- DCFS Individual Tribal Visits: DCFS regularly visits Tribal Reservations in Utah, and Tribal Headquarters in Colorado and Arizona. The Region DCFS Administration, the AG and Region ICWA Specialist participate in these visits. DCFS' philosophy is to support Tribal Governments through shared training resources and technical assistance. In addition, a grant with the Navajo Nation allocates state funding to provide CPS services on reservation lands in Utah. This partnership has fostered positive relationships with the Tribes' Social Service Departments and elected leaders. DCFS Region administration also engages tribal social service departments in regular staffing from the earliest point possible ensuring meaningful collaboration. For example, the Paiute Tribe has a regular monthly meeting with DCFS to identify Tribal children and talk about the case plan reducing late discovery of ICWA eligible children and creating a partnership with the Tribe during reunification.

DCFS has established Intergovernmental Agreements with six of Utah's Tribes (http://hsemployees.utah.gov/dcfs/tribe-agreements.htm).

Stakeholder Interview Summary:

The Stakeholder interviews conducted as a part of the 2017 Qualitative Case Reviews noted that Child and Family Services collaborates with Tribes and other community systems serving clients common to both agencies. The following are responses from stakeholder interviews:

Collaboration with the Tribes
- DCFS has had a Program Administrator at the state office for a number of years who has the assignment to work closely with the Tribes and to be an expert on the Indian Child Welfare Act (ICWA). Each region also has a person designated as the ICWA specialist.
- The regions who have reservations in their areas work well with the Tribes there. One of note is the Southwest Region's coordination with the Paiute Tribe. The Tribe provides an array of services which are deemed to be exceptional in quality. Lately the agency has referred some non-tribal clients to the tribal resource center.

Working with CPS, Courts, Legal and Community Partners
- Community partners in each region of the state report that Child and Family Services administration in their area is approachable and responsive.
- Agencies reported collaboration that included sharing the results of drug testing in order to coordinate the information, maximize collaboration, and efficiency and minimize the inconvenience to the families.

> ● The AAG's in one of the regions reported that they were working well with DCFS on the new HomeWorks initiative.

Conclusions - Utah has well-functioning processes in place to involve and work with our community partners, including all Utah Tribes, around child welfare issues and respond to their concerns and recommendations. This has resulted in long-standing trusting relationships. We believe that we are in substantial conformity with this item.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure 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?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

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

> ➢ *See Table of Stakeholders/Community Partner meetings in the Appendix.*

The Department of Workforce Services (DWS) administers Temporary Assistance to Needy Families funds, which are used to pay Specified Relative Grants to relatives who are caring for a relative's children.

DCFS works closely with the Department of Health (DOH) Early Intervention Program and Utah's Head Start Programs to identify children who may be eligible for services through either program. DOH uses Medicaid funding to provide access to nurse case managers who track the medical needs of eligible children in foster care. Using Medicaid or state general funds, DCFS also works with DOH to ensure that health care coverage is available for every child in foster care.

In cooperation with DOH and the Division of Services for People with Disabilities (DSPD), DCFS is able to access Medicaid waiver services for children with intellectual disabilities. DCFS also meets with DOH to coordinate Women, Infants, and Children (WIC) and Early Developmental Screening services delivered to families. Foster children under the age of 5 are automatically eligible for WIC. Furthermore, the Early Developmental Screening program is alerted to every child under the age of 3 who is the victim of a supported allegation of child abuse or neglect.

DCFS also notifies the Utah State Office of Education when a child enters foster care and is thereby, eligible for the free lunch program. This notification is completed automatically, each Sunday night at 11:59 P.M., through a link between SAFE and the Office of Education databases.

Regional DCFS trainers provide a number of trainings to community partners, including school districts. Region training teams have also been inviting the tribes to attend Child and Family Services trainings. Several tribes have subsequently sent people to these trainings.

In Utah, funding for housing assistance (state and federal) is coordinated at the county level. Several regions have agreements with their local housing authority to help provide access to low income housing for families receiving DCFS services such as the Family Unification Program (FUP). FUP is also available for youth "at risk of homelessness" but only in Salt Lake County. Other regions have indicated that the case management requirements for youth who exit foster for 18 months, as required in the contract for FUP, are too great a burden on DCFS and housing agencies are unable to participate in the program.

Finally, the DHS System of Care, which will enable divisions within DHS to coordinate services delivered to children and youth with complex emotional and behavioral needs and their families, is supported by a SAMHSA implementation grant, which has helped support the phased roll-out of the System of Care.

➢ *See table of DCFS Active MOU's in the Appendix.*

Conclusions - Utah DCFS coordinates well with other agencies receiving federal funding for the child and family populations served. Not only do we actively coordinate on specific programs, DCFS participates in many community and state level meetings where additional coordination on initiatives occurs and concerns are addressed. Because Utah is a relatively small state, there is a close relationship between many community stakeholders and DCFS.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

The DHS Office of Licensing is independent of DCFS and is responsible for licensing foster family homes and child placing agencies receiving title IV-E or IV-B funds. Child placing agencies then certify foster homes employed by these agencies. These homes are generally known as proctor homes in Utah. The Office of Licensing also audits these agencies for compliance with state standards.

The Office of Licensing has Administrative Rule that sets standards for foster homes and child placing agencies serving children in the care of divisions within DHS. The process for foster care licensing requires a home study that meets the requirements for an adoptive home study, a safety walk through of the home, and a criminal background check, which includes FBI fingerprinting. This check includes criminal history in every state, Utah warrant check, Utah juvenile criminal history, and any wanted person information. SAFE is checked for supported findings of child abuse and neglect and Adult Protective Services supported findings, which are also recorded in the SAFE database. Court link is checked for any additional Utah criminal history. Foster care licenses are not given until this process is completed.

All Office of Licensing specifications and criteria that guide services delivered by contracted providers conform to state and federal law and meet recommended national standards. Foster parent licensing rules allow for variances on a case by case basis when licensing kinship homes. Variances can be granted for rules other than those affecting child safety allowing more kin to become licensed foster care providers.

Office of Licensing Data for FY2017:

Licensed Foster Homes	Numbers	Comment
Number of foster homes (kinship and foster) licensed Fiscal Year 2017	1602 total: 265 probationary 346 initial 991 renewal	There may be some overlap of providers between each category
Number of homes operating at some point in time on a variance	56 distinct foster care providers	
Number of penalties issued against foster homes	4 distinct provider homes received penalties	all licenses revoked

Licensed Child Placing Agencies	Numbers	Comment
Number of child placing agencies licensed during FY2017 (initial and renewal)	3 initial licenses 54 renewals (including 36 for DCFS)	This data includes child placing agencies which have contracts with any DHS division, not just DCFS
Number of proctor homes/caretakers certified by a child placing agency who had a child placement during FY2017	337	This only includes proctor homes that had children placed with them
Number of penalties issued against child placing agencies during FY2017	1	

Stakeholder Interview Summary:

Stakeholder interviews conducted during the QCR 2017 included the following regarding licensing of foster and adoptive parents:

- Most but not all foster parents were satisfied with their licensor and the licensing experience.
- Background checks are consistently occurring prior to placement.
- Foster homes licensed by the state are highly prized by staff.
- It was noted that the prohibition of licensing cohabitating foster parents, limits interested relatives and non-relative potential foster parents.
- The screening process by the Office of Licensing has improved and the process seems to go more smoothly.   The process of licensing (Home studies and Background Checks, etc.) foster homes has improved over the past two years and is going pretty well.

Conclusions: Utah believes it is in substantial conformity on this item.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure 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?

> Please provide relevant quantitative/qualitative data or information that show the state is complying 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.

State Response:

In Utah, foster care licenses are not given until every adult living in the home of the prospective foster family has passed a criminal background check as stated in Item 33. The process includes FBI fingerprinting in order to check for criminal history in every state, Utah warrant check, Utah juvenile criminal history, and any wanted person information. SAFE is checked for supported findings of child abuse and neglect and Adult Protective Services supported findings, which are also recorded in the SAFE database. Court link is checked for any additional Utah criminal history. Foster care licenses are not given until this process is completed.

Proctor homes are not licensed but are certified by child placing agencies. These child placing agencies in turn must be licensed. They are audited for compliance with licensing standards including background clearance for each adult in the proctor family's home. Conditional licenses may be issued when an infraction is found. If there are multiple repeated infractions a license will be revoked. This data is captured in the table in Item 34.

Each DCFS office has one or more eligibility workers who are in charge of verifying Medicaid and Title IV-E eligibility of every child coming into foster care. Eligibility workers in Utah routinely review the license and background screening information of foster parents; the requirements are also reviewed during each eligibility worker's yearly peer review. During the peer review a sample selection for 10 cases is drawn for each worker and the background/licensing requirements that are applicable to that case are reviewed.

The following table shows a recent audit of licensed foster homes done in early 2018. The audit included looking at licensing files for foster parents to determine if the background and licensing checks were completed as required. This audit is ongoing. At this point, the following findings were made:

Foster Parent Licensing/Background Check Audit Data		
Number of **foster homes/families** audited	**436**	
Number found to be in compliance	**425**	97.5%

Number found to have issues with background checks	**11**	2.5%

It appears that among those foster homes whose files had issues identified, the problem was several years old (prior to FY2017). In some cases, the issue was due to improper documentation, and in all cases the licensor was notified.

The case planning process for addressing child safety in the foster home includes the DCFS requirement that caseworkers visit every child in their foster/kin placement at least monthly and have a private conversation with the child to assess safety, wellbeing and progress on the case. In addition, policy requires the child's caseworker to also have a monthly conversation with the foster/adoptive/kin caregiver to discuss the child's needs and child safety. Practice Guideline 302.2 states: *"The caseworker will assess with the substitute caregiver the safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being needs of the child and the substitute caregiver's needs as it pertains to the child's needs."* CPR results for the required visits and private conversation with the child are reported in Item 14.

In addition, all allegations of abuse or neglect of a child in foster care are investigated by The Conflict Investigation Team, a part of the Department of Human Services Office of Services Review and independent of DCFS. Once the conflict investigator makes contact with the child, a recommendation may be made that for the safety of the child, a removal from the foster home be made, or that a respite home be used until the investigation is complete. After conducting a CPS investigation of a foster, adoptive, or kinship home, if allegations are supported, the conflict investigator informs DCFS of the findings.   A formal staffing between DCFS and the conflict investigator is held that includes the caseworker, supervisor and a region administrator. DCFS make all placement and treatment decisions, however, if the Conflict Investigation Team disagrees with the DCFS decisions, they notify their AAG of their concerns who then reports the conflict investigator's concerns to the AAG assigned to the DCFS case. While this seldom happens there is a procedure in place to address it. The Conflict Investigation Team also notifies the Office of Licensing and the contract team of all supported findings as well as licensing violations. The Conflict Investigation Team notifies these same partners when there are concerns regarding a foster home that do not rise to the level of supported findings of child abuse or neglect. Kin caregivers are treated the same as any other foster provider.

Conclusions: Utah believes that this item is in substantial compliance as there is a process in place to audit background and licensing files and that audit shows only minimal concerns. In addition, Utah has a case planning process that for over 20 years has focused on providing safety through a team approach and requires caseworker visits that assess safety at least monthly.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the 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 is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's 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 is occurring statewide.

State Response:

Utah Foster Care (UFC) is a private non-profit agency created by the Utah legislature and Governor Mike Leavitt in 1999. Their mission is to develop innovative strategies to help recruit, train, and retain foster families. UFC fulfills this mission through a contract with the Utah's Division of Child & Family Services (DCFS). Utah Foster Care has recruited and trained more than 12,000 families since its inception. Link to the UFC website: https://utahfostercare.org/

The ethnicity of children in foster care FY2017 is shown in the table below:

Race/Ethnicity	Child Count	Percent
Am Indian/Alaska Native	219	4.3%
Asian	31	0.6%
Black	319	6.3%
Pacific Islander	81	1.6%
White	4314	85.5%
Multi-racial other race not known	62	1.2%
Cannot Determine/Unknown	17	0.3%
Total	**5043**	**100.0%**
Hispanic	1064	21.1%

The ethnicity of Foster Families currently licensed for foster care placements is shown in the table below:

Ethnicity	Number	Percent
Am Indian/Alaska Native	18	1%
Asian	11	1%
Black	8	1%
Pacific Islander	9	1%
White	1372	96%
Multiracial-other race not known	2	0%
Unknown	4	0%
Total	1424	100%

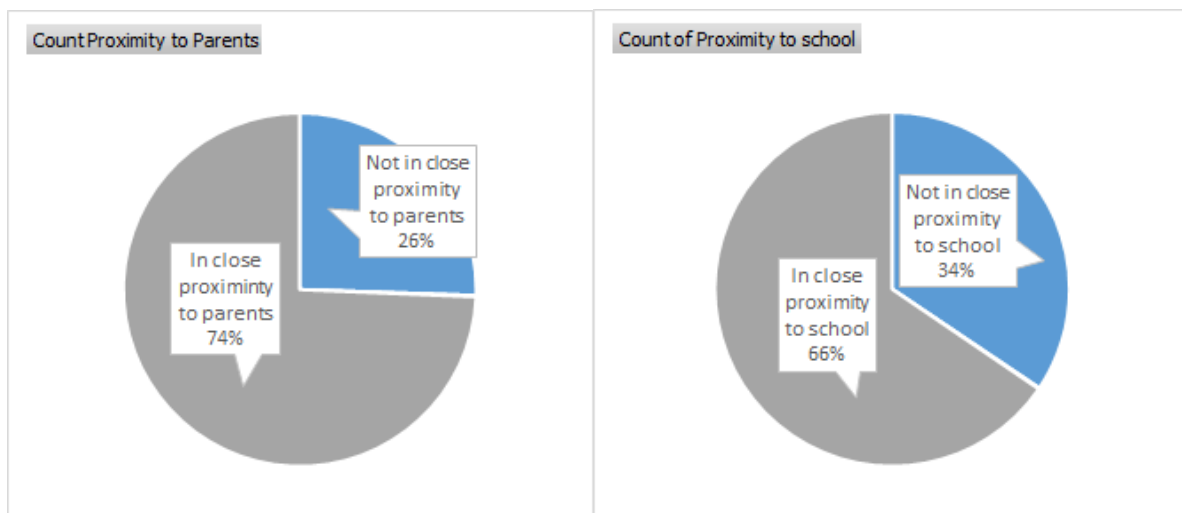|		
Hispanic	77	5%

The data above only includes foster families licensed by the Office of Licensing directly and not proctor homes hired and certified by proctor agencies (child placing agencies - see item 33).

Comparing the number of children served in foster care during a one-year period (FY2017) and the number of currently licensed foster homes (point-in-time count) is not exactly the proper way of comparing data. But it does illustrate that there is an ongoing need to recruit more ethnically diverse foster homes.

A few years ago, efforts were undertaken with the Utah Native American Legislation Committee to change statute to allow Tribes to license their own foster homes on and off the reservations. In 2017 language was added to Utah State statute to allow this change.

The proximity of the children's placements to their parents and their school is of great importance. Workers are required to look for placements that provide both, if at all possible, when it is in the child's best interest. The worker indicates in SAFE whether or not this was achieved. The graphs below show the data from these SAFE data points. This data does not take into account when proximity is not in the best interests of the child or when reunification is not the goal.

Count Proximity to Parents

Count of Proximity to school

In close proximity to parents 74% / Not in close proximity to parents 26%

In close proximity to school 66% / Not in close proximity to school 34%

Vigorous recruitment is ongoing and includes all community outreach strategies that increase awareness of the need for quality families to care for children in foster care. UFC develops plans with each region for recruitment of foster families on an annual basis. Progress on the

plan goals are reviewed at a minimum of every six months with a UFC Area Representative and the DCFS Regional Director or designee. These plans include specific recruitment target goals for foster families with certain characteristics such as ethnicity, families who can take large sibling groups, teenagers, etc. In addition, the plans specify the target goals for each area or neighborhood. DCFS developed a Needs Assessment template for the regions to use in order for them to identify their local needs. These needs assessments serve as the basis for the above-mentioned recruitment plans.

During FY 2017, UFC reported that they met or exceeded their goals for recruitment and training prospective foster care, adoption, and kinship families.

Resource Family Inquiries and Number Graduated Training in FY2017							
DCFS Regions	Region Goals	Initial Inquiries	Initial Consult	Enrolled Families	Kinship Grads	Foster/Adopt Grads	**Total Grads**
Northern	135	952	259	173	68	135	**203**
SLV	149	1141	385	228	50	182	**232**
Eastern	41	91	59	48	20	42	**62**
Western	110	690	297	158	39	111	**150**
SW	63	355	155	91	35	67	**102**
Statewide	**495**	**3229**	**1155**	**698**	**212**	**537**	**749**

In FY2017 UFC used a range of grass-roots and broad-based activities to reach prospective families in every community. UFC has nine locations each with recruitment staff who network within their local communities seeking opportunities to partner with various businesses, religious, civic organizations, and local governments. They provide presentations, display information and participate in local events.

To bolster their recruitment efforts, UFC also:

- Employs a full-time Spanish Recruitment Specialist who conducts outreach to the Hispanic community along the Wasatch Front, provides Spanish pre-service classes, and supports a Spanish language cluster.

- Employs a full-time Native American Specialist who conducts outreach to tribes, assists staff statewide with AI/AN recruitment efforts, and mentors AI/AN families through the licensing process. In addition to initiating meetings with the local tribes, participating in the court improvement program (CIP) Indian Child Welfare Committee, and DHS Tribal and Indian Issues Committee, organizing the first statewide Native American Foster/Adoptive Parent Recruitment Retreat involving all of Utah's tribes, the Native American Specialist also attended or assisted in coordinating UFC staff attendance at a number of Native American events during the past year, including Pow-wows, symposiums, school events, and the Governor's Native American Summit, across the

state. UFC collaborated with, all eight of Utah's federally recognized Tribes and DCFS with the guidance of Casey Family Indian Programs, to develop a statewide Native American Foster Care Recruitment Plan. This plan is currently in its first year of implementation and will be updated yearly at the Native American Foster Care Retreat.

● UFC also conducts mass marketing efforts through statewide billboard campaigns and radio ads in rural areas, and within the Hispanic community.

● In order to better tailor their recruitment efforts UFC conducts surveys with foster parents to learn which recruitment strategies are most effective. This survey led to the UFC decision to intensify Facebook advertising efforts. UFC receives over 1,000 inquiries a year. Facebook ads were the third most listed source for foster care inquiries.

● The website continues to be the most frequently cited referral source for all those interested in becoming a resource family. Through applying analytics to the UFC website, it was discovered that the majority of the visitors login using a mobile device. With this knowledge UFC updated their website to be more mobile-friendly.

● Keeping interested families engaged while waiting to become licensed is of significant importance. UFC recognizes this and tracks these families carefully. Monthly newsletters (called "*While You Wait*") are sent to families by UFC while they go through the licensing process to keep them involved. Prospective families are also notified of and invited to events.

● UFC held their 15th annual chalk art festival on Father's Day weekend, which is a well-established community event that draws over 25,000 visitors and provides awareness of the need of more foster families for Utah's foster children. The Adam Ostmark Foster Dad of the Year award is presented to honor dedicated and committed foster fathers.

● In addition, UFC and the tribal foster care program directors conducted the first annual Native American Recruitment Summit, developed a state-wide tribal/State Foster Care Recruitment plan, and completed the Casey Family Indian Programs recruitment training.

Stakeholder Interview Summary:

Stakeholder interviews conducting during the QCR in 2017 included information about foster and adoptive parent recruitment. Some of the comments included were:

● Foster parent recruitment is a function of the Utah Foster Care Foundation (UFCF) and therefore the efforts and strategies are not immediately apparent within the agency.   Both community partners and agency staff have noticed the recruitment efforts of the UFCF which has manifested as Public Service Announcements on TV and radio spots, billboards, and social media.
● Stakeholders reported that there are not enough foster parents (particularly specialized foster parents) available in many of the more rural communities across the state.
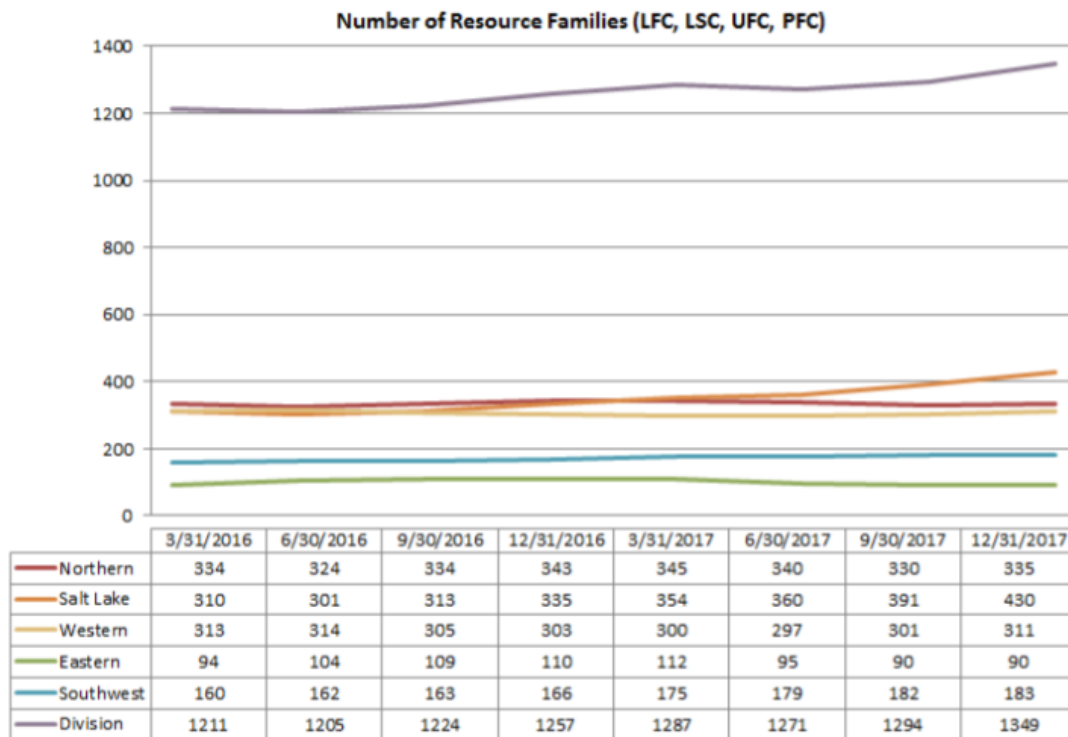
Retention Efforts:

UFC uses a number of strategies to keep licensed foster families engaged, including

● a bi-monthly magazine called the *Foster Roster*

● Peer Support Groups (formerly called Clusters). Support groups meet monthly and bring together 15–50 foster, adoptive, kinship, and specific care families. There are over 35 Peer Support Groups statewide, with 266 meetings held last year.

● A statewide Annual Foster Parent Appreciation event, as well as additional appreciation events in all regions throughout the state.

● An exit survey to identify areas needing improvement

● In addition, UFC uses fundraising proceeds to provide foster parents and children with financial help and in-kind donations.

The following graph shows the number of foster homes in Utah (not including proctor homes provided by child placing agencies). The data includes relatives who become licensed, as well as Ute Foster Care (UFC) and Paiute Foster Care (PFC) homes, which are licensed through the Tribe.

Number of Resource Families (LFC, LSC, UFC, PFC)

	3/31/2016	6/30/2016	9/30/2016	12/31/2016	3/31/2017	6/30/2017	9/30/2017	12/31/2017
Northern	334	324	334	343	345	340	330	335
Salt Lake	310	301	313	335	354	360	391	430
Western	313	314	305	303	300	297	301	311
Eastern	94	104	109	110	112	95	90	90
Southwest	160	162	163	166	175	179	182	183
Division	1211	1205	1224	1257	1287	1271	1294	1349

As can be seen in this graph, the number of resource families (foster homes) has increased significantly since 2016, which is a welcome trend and a result of ongoing recruitment efforts.

Stakeholder Interview Summary:

Stakeholder Interviews conducting during the QCR 2017 provided the following information:

- Foster parents report several helpful resources including; Resources Family Consultants, Foster Parent Cluster Groups, and a Facebook group. Resource Family Consultants are a great support for foster parents. Most of the RFCs have more experience and are an excellent resource when the caseworker may not have an answer to a question.
- New foster parents are energized about the prospect of becoming involved as foster parents but as time goes by and there are delays in the training, licensing, and placement of children; many lose the excitement and motivation.
- There are different challenges in working with kinship placement resources as opposed to working with a non-related foster home; staff need to be aware of the differences and how to work through particular challenges that come with relative caregivers.
- Some foster parents reported that it seemed to take a long time after they were licensed before they received any inquiries for placement. Some foster parents did not renew their license after the first year when they received no inquiries for placement.

> - Foster parents do a great job of working reunification cases. In many instances the foster parents get involved with the birth family and support the family in their service experience.
> - Foster parents are responsive and diligent at attending to the medical and dental needs of the children placed in their home.

Conclusions: Utah has had a strong relationship with the UFC for the past 18 years and expects to maintain that beneficial partnership. This includes yearly recruitment plans in each region, resulting in an ongoing flow of new foster homes that fit the needs of the region. Utah believes it is in substantial conformity on this item.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

DCFS has both a full-time Interstate Compact on the Placement of Children (ICPC) Administrator and an assistant who are responsible for processing ICPC requests in a timely manner. In addition, there are ICPC Coordinators in the regions that assist caseworkers with the ICPC process. The process used in Utah's largest region, the Salt Lake Valley Region, is for caseworkers to notify the ICPC coordinator who will then discuss the case with the worker to determine what type of home study should be requested: parent home study, relative home study, foster care, or adoptive home study. It is important that the correct type of home study is requested since that determines the funding and Medicaid stream that would be used to meet

the child's needs while placed out of state. Once the ICPC request packets are completed they are sent to the state office ICPC coordinator who sends it to the corresponding state. The other state will follow their process and procedures, and either send an approved home study or a denial. Once an approved home study is received, the child can be sent to the placement in the other state at any time. Processes in other regions may be a slight variation of the one used in Salt Lake Valley Region.

When requests for home studies are received from other states the ICPC coordinator at the state administrative office opens a home study case in SAFE and sends the request to the office located closest to the family who is the subject of the home study. Each region has a Region ICPC coordinator. In all regions the ICPC coordinator completes home studies. In Salt Lake Valley Region, the ICPC coordinator completes home studies for parents or relatives and DHS Office of Licensing completes foster care or adoption home studies. The table below shows the time for completing home studies requested by other states. Reasons for completion outside of the 60-day requirement include delays on background checks; processing "hits" on background checks; placements not returning paperwork, medical exams, or reference letters; delays in getting out of state child registry checks; and placements needing to complete training if being licensed as foster parents.

	Incoming ICPC Home Studies	% of Completed Home Studies
Completed in 60 Days or Less	124	51.9%
Completed within 61 to 75 Days	26	10.9%
Completed in 76 Days or Greater	89	37.2%
Total	**239**	

The table below shows the number of ICPC's processed in Utah during FY2017.

ICPC FY 2017			
	Incoming	Outgoing	Total
All Adoptions	201	232	433
Foster Care	104	66	170
Parent	66	78	144

Kinship	122	236	358
All Residential	3,360	9	3,369

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 many cases, has found adoptive families for children in Utah outside of the state.

A contract with Wendy's Wonderful Kids has made further resources available to help process incoming home studies, which for a while, were experiencing backlogs. With the help of several Wendy's Wonderful Kids staff, the supply of home studies is now being managed efficiently.

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 more than 12 months. 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.

Conclusions: The ICPC office, together with the Adoption Exchange, the Heart Gallery, Wendy's Wonderful Kids, all contribute to the excellent time to adoption performance seen in Utah. The information on the timeliness of Home Studies is new to us and we will be looking at this further. Regardless, Utah believes it is in substantial conformity on this item.

APPENDIX

Name of Committee/Group Gathering	Does your group coordinate any federal grant/ program? If so, which one?	Focus of Committee/Meeting	Frequency of Meetings	Stakeholders/Community Partner Included — *Abreviation Definitions (go to end of table)*	Products/Achievements
CWIC (Child Welfare Improvement Committee)	The Council recommends to the Division how monies contained in the Children's Account (CA) and the Community Based Child Abuse Prevention (CBCAP) fund shall be allocated. The CA and CBCAP fund child abuse and neglect prevention programs.	The Council shall understand, promote, and advocate for best practices to prevent child abuse and/or neglect. The Council shall advise Child and Family Services (Division) on matters relating to child abuse and neglect (e.g. programs, policies, and guidelines) and with the Child Abuse Prevention Program Administrator (Program Administrator), submit their findings and recommendations to the Division Director at least biannually.	monthly	PTA, Prevent Child Abuse Utah, Network on Juveniles Offending Sexually (NOJOS), Guardian ad Litem Office, Utah Foster Care Foundation, Foster Care Citizen's Review Board, State Department of Education, Children's Justice Center, mental health (private and public), primary prevention agencies, medical providers for children, Judicial, Tribal, Law Enforcement, a parent, a caregiver, a grandparent, ethnic and cultural community, former recipient of services (adult survivor of abuse), etc.	In FY2017, the CWIC: - enhanced relationships with contract providers who receive CBCAP, Children's Trust Fund (CTF), and Crisis Nursery funds and agencies offering child abuse prevention services. - provided insight and direction to DCFS relating to new statutes considered or enacted by the Utah State Legislature during the 2017 legislative session. - provided information and advice to Sen. Orrin Hatch's office relating to his sponsorship of the Family First Act (co-sponsored by Senator Ron Wyden), which addresses the discrepancy between federal funding for out-of-home placements and the
CIP (Court Improvement Project)	CIP grant	Juvenile court improvement	quarterly	juvenile court judges and administrators, Guardian ad Litem director, AG chief over child welfare, DCFS administrators, Parental Defense coordinators, tribal representatives	See CIP workgroups
CIP Permanency Workgroup	CIP grant	Look at data on children in foster care who struggle to achieve permanency in a timely manner. Discuss solutions.	quarterly	juvenile court judges and administrators, Guardian ad Litem director, AG chief over child welfare, DCFS administrators, Parental Defense coordinators.	Permanency Benchmark for juvenile court judges
CIP ICWA Workgroup	CIP Grant	Improve knowledge of special protections and procedural safeguards of ICWA, federal Bureau of Indian Affairs regulations and BIA guidelines pertaining to ICWA and create tools for consistent application.	quarterly	Juvenile court judges and administrators, Guardian ad Litem director, AG Child Protection Director, DCFS administrators, Parental Defense coordinators, tribal representatives.	ICWA Quick Reference Guide and draft ICWA Benchbook with orders and findings.
CIP ICWA Committee	CIP Grant	Court focused education to support proper implementation of ICWA, fostering relationships with tribal partners (i.e. tribal judges).	quarterly	Juvenile Court Judges, Tribal Judges, Tribal Staff, DCFS ICWA Specialists.	Tribal/State judicial forum, visits to tribal social service programs.
CIP Workgroup: Children in the Courtroom	CIP Grant	Research effectiveness of having children in the courtroom. Determine if there are processes or ages that are getting better outcomes		CIP members	Data on attendance of children in their juvenile court hearings.
Utah Board of Juvenile Court Judges	No	Best practices and consistency in child welfare statewide	occasional invite	Board of Juvenile Court Judges	Not provided to DCFS as we re only an occasional invite, but presume they are goals related to the
Utah Board of Juvenile Justice (UBJJ)	No	Best practices in Juvenile Justice. Subgroup of the CCJJ	Bimonthly	JJS, education, legislative representation, CCJJ, mental health	Implementation rollout of HB239 Juvenile Justice Reform, restorative justice and truancy pilots
Commission on Criminal and Juvenile Justice (CCJJ)	No	Best practices in Juvenile Justice.	monthly	JJS, education, legislative representation, CCJJ, mental health	Implementation rollout of HB239, stakeholder meetings statewide, proposing and contributing to new legislation, tracking costs and savings of
Youth Council	CHAFEE grant	Review child welfare practice and integrate youth voice	monthly	current and former foster youth; TAL coordinators and education specialists, DWS, WIOA casemanagers.	Bill of Rights, Normalcy Legislation; creation of a new TAL UFACET assessment tool
Utah Tribal Leaders Meeting	No	Diseminate information to Tribal Leaders and respond to their requests regarding Indian child welfare issues.	quarterly	Elected representatives from the 8 federally recognized Tribes in Utah and state representatives.	Facilitated requests from tribal leaders regarding requests for government-to-government meetings, requests for information, and consultation.
DCFS ICWA Specialist Meetings	No	Address areas of ICWA compliance in the Regions to increase capacity and implement procedures and tools for DCFS best practices in ICWA cases.	quarterly	DCFS ICWA Specialists, Tribal Social Service Directors, Tribal Staff, Utah Foster Care Native American Recruiter	ICWA State-wide training curriculum, Qualified Expert Witness Training, Utah Indian Child Welfare Resource Guide.

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TriState meeting with Navajo Nation	No	Review Navajo Nation cases, data and collaborate on juridictional concerns.	quarterly	Navajo Nation Division of Social Services (ICWA Program Manager, Family Services Department Manager), Navajo Nation Assistant Attorney General, DCFS Eastern Region Director, Utah Attorney General Child Protection Division.	Revised and updated current Intergovernmental Agreement (IGA) to reflect federal BIA Regulations.
Utah Foster Care Native American Recruitment	No	Collaborate to remove barriers and increase the number of Native American foster parents on and off the Tribal reservations in Utah.	Bi-Yearly	Utah Foster Care Director of Recruitment, Utah Foster Care Native American Recruiter and staff, tribal foster care program directors.	First annual Native American Recruitment Summit, State-wide tribal/State Foster Care Recruitment plan, Completion of Casey Family Indian Programs recruitment training.
State Tribal Liasion Meeting	No	Respond to requests from tribal leaders regarding	quarterly	Utah Division of Indian Affairs and State Tribal Liaisons.	State agencies work jointly to respond to Tribal concerns addressed during the Governor's Native American Summit Final report to be submitted to
Indian Child Welfare Conference	No	Plan, budget, organize and host 1.5 day conference on relevant issues pertaining to Indian Child Welfare.	12x's yr.	DCFS, CIP, AAG, Juvenile Court Judges, Utah Legal Services, Parental Defense Fund, Utah Foster Care, Representatives from 8 federally recognized Tribes.	Annual state-wide conference with host Tribe, Native American Foster Care Recognition Dinner.
Tribal Visits	No	Provide T/A and/or sharing of resources to tribes to increase capacity, education and foster relationships.	8 Tribes (1-2 visits per year)	DCFS Program Mangers (Kinship, TAL, Domestic Violence, CPS) DCFS Training Staff,	Ute Tribe/Paiute Tribe Training Needs Assessment, T/A for the Goshute Tribe ICWA Coordinator, Inclusion of Ute Tribe in DCFS New Employee Training.
Utah Coalition for the Protection of Childhood (UCPC)	CBCAP	The Utah Coalition For Protecting Childhood (UCPC) is a statewide primary prevention effort that aims to engage individuals, families, and communities in building secure and healthy childhoods.	Bi-monthly	Department of Health, DCFS, DHS, Foundation for Survivors of Abuse, CCJJ, CJC/AGs office, Salt Lake County District Attorney, USU School of Social Work, LDS Family Services, State Office of Education, University of Utah School of Medicine, Prevent Child Abuse Utah, Utah State Legislature	Drafted and advised on 2017 HB10 Trauma Resolution; hosted and facilitated Resilience screenings throughout the state; recognized on the floor of the state House and state Senate; spoke on behalf of the Coalition during state legislature caucus meetings; provide education and outreach to state legislature
Youth Providers' Association	No	Work through any concerns & continue to build collaborative relationship	1/month	Executive Directors from DCFS contracted residential and proctor providers	
Foster Families of Utah	No	Help examine the needs of foster parents and provide foster parent community with a voice	1/month	Foster parents	Foster learning Conference, increase in foster parent reimbursement rate in 2016, successful lobbying for/against legislation that effects
Utah's Initiative on Children (IOU Kinship)	No	To look at the spectrum of kinship caregiving in the state of Utah- to provide supports and overcome barriers as families navigate through many agencies and systems.	quarterly	LDS Church, DWS, Children's Services Society, Utah Grandfamilies, Wasatch Mental Health, LDS Family Serivces, Utah Family Caregiver Support Program, Office of Home Visiting, Head Start, Guardian ad Litem's Office, United Way, Utah Foster Care Foundation, Utah Valley University, Kinship Caregiver	
Kinship Forum	Specified Relative Grant/Medicaid			DCFS region kinship suprvisors, team members and supports	
Early Childhood Utah (ECU)	CDC Grant (federal Health Resource & Service Administration (HRSA)	is a statewide early childhood systems group to improve Utah's early childhood system, in order to help ensure that all children receive the care and support they need to enter school healthy and ready to learn.	quarterly. Five subcommittees that meet monthly	members represent all sectors of Utah's early childhood system	create and maintain an Early Childhood Comprehensive Systems (ECCS) State Team.

Name of Committee/Group Gathering	Does your group coordinate any federal grant/ program? If so, which one?	Focus of Committee/Meeting	Frequency of Meetings	Stakeholders/Community Partner included _Abreviation Definitions (go to end of table)_	Products/Achievements
DSPD and Permanency	DSPD Medicaid Waiver	Help Regions understand how to achieve permanency for children with Disablities	Discussion Groups held 5 times throughout the state	DSPD, Adoptiopn Exchange, Regional DCFS RDs, DSPD liasons, permanency specialists, DIS providers	Increase permanency outcomes for children in WHX or DHX placements.
Unaccomanpied Refugee Minor (URM)	URM Federal Grant	Coordinate services for unaccompanied refugee minors. URM program must mirror state foster care services. DCFS provides lots of techanical assistance to the URM program regarding services, supports, placements, assessments, transitional services, and well-being issues	About quarterly	URM program manager at DWS, URM contracted provider with CCS	URM program has similar policy and guidelines to DCFS. Youth who are URMs have almost identical services and supports as youth transitioning out of foster care.
Domestic Violence Workgroup	No	multi-agency workgroup set up at the request of Senator Christensen to look at ways to improve collaboration between funding agencies and those providing services.	monthly, November 2018 might be their last meeting	Jennifer Campbell <jenc@svsutah.org>	
Domestic Violence Fatality Review Committee	No	Review of domestic violence related fatalities to assess whether systemic corrections may be needed.	monthly	DOH, Medical Examiner, CCJJ, Law Enforcement, DWS, Office for Victims of Crime, AG	
Utah Sexual Violence Council	No	Review and advise re: legislative matters related to intimate partner violence	quarterly	Rape Recovery Center, CCJJ, UCASA, Prevent Child Abuse Utah	Produce annual report on the status of sexual assault in Utah, participate in production of annual state wide conference on intimate partner violence.
UDVC / DCFS Collaboration Meetings	No	Coordination of work with DV Shelter conractors with state DV Coalition	quarterly	Utah Domestic Violence Coalition	Coordination of activities/projects; improved communication with coalition and their 13 member programs, which are all DCFS DV shelter
Hope and Resilience DV Conference Planning	No	Planning of annual IPV conference for LGBTQ communities	monthly	LGBTQ Affirmative Therapists Guild, DOH, UCASA, Center for Women In Crisis, Valley Beh Health, PRIDE Center	Annual conference on intimate partner violence among LGBTQ communities
Blessing the Model Conference Planning	No	Planning of annual conference on domestic violence among American Indians	monthly	Urban Indian Center of Salt Lake, Utah Office on Indian Affairs, DOH, as yet to be determined indian tribes	Inaugural conference on intimate partner violence among tribal communities
UVU Conference on Domestic Violence	No	Planning of inaugural conference on domestic violence at Utah Valley University	monthly	UVU College of Humanities and Social Sciences, U of U Hospital, American Fork PD.	Regional conference on domestic violence
Coalicion Latino Contra la Violencia Intrafamiliar (COLAVI)	No	Plan and implement Spanish language outreach and advocacy events	monthly	South Valley Services, Centro Civico Mexicano,	Awards events, outreach and education events
Domestic Violence Policy Advisory Council	No		quarterly		
Domestic Violence Offender Management Group	No				
Utah Assoc for Domestic Violence Treatment	No				
FASD trainings	PSSF - Adoption funds	Improved MH professional understanding of working with children adopted from foster care	Five traininigs throughout the state	Adoptive parents, PMHP therapists, contracted providers for group homes, residential tx, proctor agencies and outpatient MH services.	Increase community resources for parents raising children - 70% or higher - with FASD.
State of Utah Department of Health's Interagency Coordinating Council	No	An independent advisory board appointed by the Governor	quarterly	Parents, Providers, Foster Care (DCFS), Department of Health, Department of Education	

Name of Committee/Group Gathering	Does your group coordinate any federal grant/ program? If so, which one?	Focus of Committee/Meeting	Frequency of Meetings	Stakeholders/Community Partner Included Abreviation Definitions (go to end of table)	Products/Achievements
Faith Leaders Roundtable	No	A diverse gathering of religious leaders with the shared mission of child abuse prevention and early intervention in the faith community.	quarterly	Representatives from: Calvary Baptist Church, Unitarian Universalist Association, Granger Christian Church, Trinity African Methodist Episcopal Church, Christian Center of Park City, Episcopal Diocese of Utah, Salt Lake Buddhist Temple, Mount Olympus Presbyterian Church, Pacifica Institute, Zion Evangelical Lutheran Church, Greek Orthodox Church, Holy Trinity, Sri Ganesha Hindu Temple of Utah Community of Grace Presbyterian Church, First United Methodist Church, Khadeeja Islamic Center of Greater Salt Lake. Catholic Diocese of Salt Lake City, Sikh Community of Utah, LDS Church, DCFS/DHS, Foundation for Survivors of Abuse, Community Advocates	Provided training and education to Roundtable members on child abuse and neglect in Utah, Children's Justice Centers, The Strengthening Families Protective Factors, 2-11, and legal matters related to child abuse and the clergy. Roundtable members have presented and shared their child protection policies and trainings with the group, which has resulted in the development and improvement of other organizational policies and training. We are currently working with the faith leaders to create a joint statement on the faith community's responsibility to prevent child abuse and neglect.
Culture of Health		Improve the collaboration between health professionals and child welfare professionals to build a culture of health in our community for children who are suspected of child maltreatment	monthly	Dr. Kris Campbell	
Related Party Investigation Meeting		Discuss trends and/or concerning findings by the RPI team (conflict investigations)	monthly	Karlene Stamos	
UCCYIC (Utah Coordinating Council on Education on Youth in Care workgroup)		Committee distributes education grants and ways to improve education for youth in care		Trena Valdez	
System Of Care Advisory	No	advise soc	Every other month	DHS Division directors and community partners	
Partner's Meeting (Foster/Adoptive resource families)		Collaboration with community partners who work with foster and kinship caregivers. Training, licensing, supporting, and helping to find placements.		Utah Foster Care Foundation, Wendy's Wonderful Kids, Children's Services Society, Office of Licensing	
Integrated Service Delivery: Performance Based Residential Contracting	No	Performance based contracting and HB 239	weekly	DJJS and DCFS contract, program, and audit staff; SOC staff; and Executive Directors of residential programs	
Performance Based Contracting: Subcommittee	No	Outline performance and process measures to recommend to large workgroup	weekly	DCFS and DJJS contract manager and residential program administrators; SOC staff; Clinical Director of UNI GTC; and Owner of Live for Life Sequoia	
Contiunity of Care	No	Discuss progress of USH patients, discuss step-down, allocate Out Placement funds to support community-based care	monthly	USH, LMHAs across the state, DSAMH, DCFS	
High Level Staffing	No	Review high needs department cases			

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DSAMH/DCFS Collaboration on Substance Use Disorder	No	Cross system learning, data sharing, developing plan for better access to services, etc.	About monthly	DSAMH and DCFS administration; will include local substance abuse authorities and DCFS regions staff	
Child Fatality Review Committees (3 separate committees)	No	Reviews child fatalies whose families received services from DCFS within 12 months of their death	every other month	DCFS, OSR, OCPO, Safe and Healthy Families physician, AG office, GAL,	Recommendation for practice improvement
USEAP (Utah Special Education Advisory Panel)	No	Stakeholder group that exmines issues pertaining to special education and give input to the state board of education	4-5 times a year	USBE, parents of special ed students, special ed students, educators, JJS, adult education	
DCFS Education Specialists	No	examine issues regarding education for youth in foster care, provide input for policy and practice changes.	bi-monthly	DCFS regional education Specialists, USBE representative over YIC funding, EDO Education Specialist	
Utah Psychotropic Oversight Panel	No	To fulfill state and federal requirements to have a process to ensure that foster children are being prescribed psychotropic medication consistent with their needs.	weekly	Fostering Healthy Children, University of Utah, Safe and Healthy Families, 3 Child psychiatrists	
Peer Parent Coordinator Meeting	No	To oversee and coordinate the peer parent service program	quaterly	Peer parent contractors and coordinators from each regions (Family Support Centers and Allies for Families)	
eREP Coordinating Group	No	Coordinating eREP needs pertaining to eligibility for foster and adoptive children.	2 x month	ORS, eREP, DWS policy staff, DOH policy staff and DHS	
Medicaid Policy Coordination	Yes. Medicaid	Coordinate the foster care Medicaid policy and ensure we have the most current policy	quarterly	DOH policy staff, eREP, DWS policy staff, Office of the Inspector General, ORS, DHS	
Fostering Healthy Children Meeting	No	Coordinate health needs of foster children with eligibility processes and requirements	quarterly	DOH policy and managed care staff, Fostering Health Children nurse staff, and DCFS	

Name of Committee/Group Gathering	What Region?	Does your group coordinate any federal grant/ program? If so, which one?	Focus of Committee/Meeting	Frequency of Meetings	Stakeholders/Community Partner included *Abreviation Definitions (go to end of table)*	Products/Achievements
Eastern Region QIC	Eastern	No	Quality improvement committee, focus on improving the quality of services delivered by DCFS and developing a community response to abuse and neglect.	monthly	Utah Foster Care Foundation, Children's Justice Center, DHS System of Care, LDS Social Services, Regional Healthcare Coordinator, Allies System of Care, Community members	The Eastern Region QIC continues to spearhead the region's response to a statewide initiative that provides "transition bags" to children entering a DCFS out-of-home placement or who are moving from one placement another. This eliminates the need to use garbage bags to move children's belongings from one location to another. As in past years, the QIC continues to ensure that DCFS workers are recognized for their work with the Employee of the Quarter award. The committee also addressed a myriad of problems faced by youth, especially youth that have exited foster care and are attending college. Noting that these youth often drop out of school because they do not have the support they need, the QIC scheduled a meeting with staff in the USU chancellor's office who announced that the university has allocated $15,000 for a program to identify and assist youth that are (or were) in foster care and are just starting college.
SLV Region QIC (Quality Improvement Committee)	SLV	No	Stakeholders from the community coordinate with DCFS to address DCFS practices and protocols, with a perspective of improving outcomes for children and families.	monthly	AAG, GAL, defense counsel, SL Youth Services, DJJS, DWS, education, Utah Foster Care, adoption agency, mental/behavioral health agencies, Health Nurse,	Increased membership; in-meeting training/information regarding each of the DCFS program areas and functions; information sharing from stakeholders regarding services offered by their respective agencies.
Interagency School District Councils	SLV	No	Coordinate educational services provided to Youth in Care (DCFS or DJJS custody)	quarterly	YIC Directors, teachers and mentors; DCFS and DJJS representatives;	Coordinate educational services provided to Youth in Care (DCFS or DJJS custody)
Salt Lake System of Care Council	SLV	No	Determine community needs that SOC can address; coordinate services between the providers involved in SOC; problem-solve for specific needs.	monthly	DHS SOC staff, DHS, DWS, DCFS, mental/behavioral health agencies, law enforcement, YIC/education, Optum, youth representatives, familly representatives	This committee is relatively new. It has been identifying needs and problem-solving solutions.
Community Refugee Support Meetings	SLV	no	Identify needs and coordinate services for refugee families in the SL area	monthly or as requested	Various stakeholders from the community involved with the refugee community	Identify needs and coordinate services
Salt Lake County Intergenerational Poverty Task Force	SLV	no	Identify needs and develop a plan to address IGP in the SL area	monthly	SL County Council, Youth Services, DWS, DCFS, education, U of U, LDS Welfare Program.	This committee is relatively new. It has been identifying needs for the purpose of developing a plan.
Murray School District Drug and Alcohol Prevention	SLV	no	Identify greatest factors contributing to drug and alcohol use by youth in Murray School District	quarterly	Murray SD personnel, substance use treatment, DCFS	The committee has used SHARP survey data to identify three areas of primary concern, as well as contributing factors to those areas. The committee has identified additional data to consider in creating a plan to address those areas.
Salt Lake Domestic Violence Coalition	SLV	no	Inservice presentation on DV related subjects, planning of DV awareness and outreach events	monthly	Davis County Sheriff, Safe Harbor DV Shelter, various DV Treatment providers	Annual Peace on Earth awards banquet, community awareness and education events
Salt Lake Multi Agency Screening	SLV	no	cases that probation officers are struggling with	weekly and as needed	probation, JJS, DCFS, VBH, Youth Services, Granite School District, Optum, UNI, Hopeful Beginnings, Utah House, DSPD	
TALNET	SLV	?	Ensuring housing vouchers for our TAL youth get used and youth don't slip through the cracks, staff cases that may be eligible for services within several agencies.	monthly	DCFS, VOA, Mentor Project, City and County Housing, Youth Services.	Coordinate efforts and make sure youth who are able to obtain services

129

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Transition Court	SLV	no	Provide a specialty court for youth who are or will soon be 18 or over who may be experiencing homelessness and may not be wanting further involvement with DCFS	monthly	AG, GAL, Juvenile Court, District Attorney, Juvenile Public Defender, DCFS, VOA.	Provide support and coordinated community response for Youth who are transitioning to adulthood, at risk of homelessness, and no longer in DHS custody (DCFS or DJJS). Also can help resolve pick up orders
Southwest Region QIC	Southwest	No	Quality improvement committee, focus on improving the quality of services delivered by DCFS and developing a community response to abuse and neglect.	monthly	GAL, School district, Paiute tribe, DWS, Foster care foundation, other community members.	Last year, the QIC—with support from the Paiute Tribe and the Exchange Club of St. George—planned and coordinated the annual staff appreciation luncheons held during April in Richfield, Cedar City, and St. George. With the theme of "Caseworkers Plant Seeds for Success," committee members presented an award to one region administrator and (in each area) one supervisor, one assistant caseworker, and two caseworkers. New this year, the committee also recognized three foster parents (one in each area) for their commitment to child welfare and DCFS programs and services.
DV Coalition	Southwest	unknown	Coordinate DV Services in Iron County	monthly	Law enforcement, service providers, DV Shelter, Local government officials etc.	
Children's Justice Center advisory council	Southwest	unknown	Supports Childrens Justice center through coordination of it's services	monthly	Law enforcement, service providers, DV Shelter, Local government officials etc.	
Family support center advisory board	Southwest	unknown	Provides support and oversight of local family supports centers	monthly		
unkn	Southwest	unknown	Provides support and oversight of an mentoring after school program.	Bi-annually	School district Rep, Local Mental Health rep, other community representatives.	
Systems of Care Advisory council	Southwest	unknown	Provides support/coordination for system of care team in Southwest region.	monthly	School rep., Division of Work force services rep., Community mental health rep, law enforcement rep., Juvenile Justice services rep., other community representatives.	
Local Interagency	Southwest	No				
Northern Region QIC	Northern	No	Quality improvement committee, focus on improving the quality of services delivered by DCFS and developing a community response to abuse and neglect.			The QIC took the lead in coordinating the storage and distribution of duffle bags provided to children entering a DCFS out-of-home placement or who are moving from one placement another. The committee is working on a project to obtain and distribute costly household supplies needed by kinship families or other families offering a preliminary placement to a child receiving DCFS services. n addition, QIC members supported the Christmas Box International's Project Elf and Giving Tree, which provided Christmas gifts to approximately 430 children this year. They are also in the process of implementing employee recognition process developed by the Eastern Region QIC and plan to provide quarterly recognition to workers that do "great work."
Table of Six-Local Child Welfare Meeting	Northern	No	Discuss issues parties bring to the table, improve communication and relationships	every 6 months	Judge, defense attorneys, GALs, AAG, DCFS, court clerks, county attorney	
Children's Justice Center Multi-Disciplinary	Northern	No	Staff CJC cases, agency updates	monthly	DCFS, DWS, SOC, CJC, Law enforcement	
Local Interagency Council	Northern	No	Staff families for services, share information and resources	monthly	DCFS, DWS, SOC, BRMH, JJS, SOC,Cache County School District, Logan School District, Box Elder School District	
Systems of Care	Northern	No	Staff families for services, share information and resources	monthly	DCFS, DWS, SOC, BRMH, JJS, SOC, Cache County School District, Logan School District, Box Elder School District, QYS	

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Children's Justice Center Multi-Disciplinary Team	Northern	No	Multi Disciplinary Team that staff cases that were interviewed at the CJC or received a physical examination at the CJC. There is also discussion of agency updates.	monthly (3rd Wednesday	CCSO, LCPD, NPPD, SPD, Rich County PD, BRMH, DCFS, CJC, Primary Children's nurse, Juvenile Probation, CVR, County Attorney, The Family Place, AAG, GAL,	
DVRT	Northern	No	Discuss DV cases that have taken place in the county as well as discuss law and policy changes surrounding DV. To become familiar with each agency's policies surrounding DV and how we can partner together to make our County safer.	monthly	CAPSA, DCFS, USU, GAL, Cache County Attorney's Office, Head Start, PPSI, LCPD, AP&P, DSPD, The Family Place, LDS Church, CCSO, Juvenile Probation,	
Cache County Coalition	Northern	No	To build partnerships and discuss concerns in the County. To help make a difference in the community by developing better resources.	quarterly	Cache County Attorney's Office, DCFS, CCSO, LCPD, Rich County PD, Box Elder County Attorney's office, Box Elder Sheriffs Office, AAG's Office, CAPSA,	
Mental Health Court Committee	Northern	No	The Committee discusses the clients of mental health court and where they are in the progress. The committee helps to build supports around the clients so that they can be successful in their lives. Each agency reports on how the client is doing and what the next steps are.	weekly	First District Court Judge, DCFS, Cache County Jail, AP&P, BRMH, BRSA, Cache County Attorney, District Court Public Defender, LCPD, FRIENDS Board Rep,	Clients are able to successful graduate from Mental Health court and are able to dismiss their criminal charges. This allows them to have a clean criminal record and be mentally healthy.
Drug Court Committee	Northern	No	There is a committee set up to discuss the progress of the individuals involved in mental health court. The committee discusses ways they can be a support to the individuals.	weekly	First District Court Judge, DCFS, Cache County Jail, AP&P, BRMH, BRSA, Cache County Attorney, District Court Public Defender, LCPD	Helps supports clients to become drug free and they are able to learn new skills that will help them remain drug free.
Northern Utah Trauma Resiliency Collaboration	Northern	Yes	The focus on this meeting is to help create a program that will address Trauma. The program will include using the ACE's study. The goal is to educate all the agencies in the county to assess Trauma.	quarterly	USU Social work Dept, DCFS, The Family Place, CJC, CAPSA, IHC nurse, Cache County School District, Logan School District, Box Elder School District, State Office, Cache County Attorney's Office, CVR, Health Dept, LDS Family Services, Head Start, CAPSA, Veterans Assos., ICON Fitness, AAG's Office, CCSO, Tremonton PD, LCPD, Rich County School District, Rich County PD., BRAG, DWSm	Creating a new program in the community which will help families who suffer from trauma.
Juvenile Court Probation Committee	Northern	No	The team reviews children who are on probation and what the next steps are to help them become successful.	weekly	LCPD resource officers, CCSO resource officers, JJS, Juvenile Probation, DCFS	
CART	Northern	No	This team of professionals come together when a missing child is reported. They each have a roll and will execute their roll when they are notified that a child is missing.	As needed. The team is executed when there is a report of a missing child.	DCFS, LCPD, CCSO, NPPD, SPD, CVR, Cache County Attorney's Office, CJC, Logan City School District, Cache County School District, Health Dept.,	
DWS Coalition	Northern	No	This is a team of professionals who gather together to learn have to colaborate better and be more efficient in the services that each of them offer.	monthly	DWS, DCFS, DSPD, School Districts,	
Davis County DV Coalition	Northern	No	Reports of DV related events and outreaches, planning for same	monthly	Davis County Sheriff, Safe Harbor DV Shelter, various DV Treatment providers	Education and outreach regarding DV services and events

Name of Committee/Group Gathering	What Region?	Does your group coordinate any federal grant/program? If so, which one?	Focus of Committee/Meeting	Frequency of Meetings	Stakeholders/Community Partner included *Abreviation Definitions (go to end of table)*	Products/Achievements
Davis County Inter-Agency Council	Northern	No	Identify resources for high need youth in Davis County	monthly	DCFS, DWS, DSPD, Davis School District, Vocational Rehab, Davis Behavioral Health, Probation, Juvenile Justice	This meeting helps identify resources for our highest needs children in Davis County. We also decide what agencies could cost-share for their cost of care.
Central Registry Board-	Northern	No	Collaboration between active military and DCFS	1-2x per month	DCFS, Colonel, Chief, Jag, OSI, Security Forces, Family Advocacy, Commanders related to the military member.	
Western Region QIC	Western	No	Quality improvement committee, focus on improving the quality of services delivered by DCFS and developing a community response to abuse and neglect.	monthly	Centro Hispanico, Utah Foster Adoptive Families Association, Wasatch Mental Health, Utah Foster Care Foundation, Christmas Box International, United Way of Utah County, Foster and adoptive Parents, Department of Health, Utah Family Coalition, Utah Valley University, Office of Licensing, Office of the Guardian ad Litem, Mental Health services providers.	Like other QICs, the Western Region participated in the collection of backpacks to be given to children entering foster care or who may be moving from one home to another. In addition, they have initiated the "Quality Heart" employee recognition process and issued their first four awards to staff members who received multiple nominations for the award. The committee met with Wasatch Mental Health to discuss disrupted adoptions and the benefits of the Pathways classes being offered to all adoptive parents.
Utah County DV Coalition	Western	No	Creation and strengthening of county domestic violence coalition that will provide education and outreach re: DV services and events	currently ad hoc	Utah County Commissioners, Utah Co Sheriff's Office, numerous DV treatment providers, Center for Women In Crisis, UVU, Saratoga Springs PD, Wasatch Mental Health	Creation and strengthening of county domestic violence coalition that will provide education and outreach re: DV services and events
CCRT - Community Cour	Western	Yes, Increasing Criminal Justice Response grant	Discuss DV services in Utah County, primarily Provo area.	quarterly	DCFS, Provo City Attorneys, Provo City Advocates, Provo Justice Court Judge, AP&P, DV Shelter,	Ensure community coordination among agencies.
Utah County Coalition	Western	unknown	Help protect victims of DV and advocate standards offenders treatment	quarterly or as needed	DCFS, TX providers, Victim Advocates, Prosecutors, DV Shelters, surviors as invited	Focus on helping victims & community awareness of DV and lessen DV incid
Judges Meeting - CWIC (Child Welfare Improvement Committee)	Western	unknown	Identify needs and improve collaboration between the courts and other agencies	quarterly	DCFS, Probation, JJS, AAG, GAL, DSPD, WMH & Utah County Substance Abuse, Public Defender's office, County Attorneys, local school districts, System of Care,	Ensure community coordination among agencies
Multi-Agency Staffing	Western	No	Meet the best interest of the family or individual being staffed. Assignments given during the meeting.	weekly	DCFS, JJS, Probation, Court, AAG, System of Care, WMH, DSPD, Voc Rehab/DWS, Utah Co. Substance Abuse, Utah Family Coalition, Community Rep, Director of Family Support & Tx Facility	Recommendations for a course of action.

Abreviation Definitions (this is not an inclusive list):

			Focus of Committee/Meeting		Stakeholders/Community Partner included	Products/Achievements
			Assistant Attorney General	AAG	Fetal Alcohol Spectrum Disorders	FASD
			Bear River Mental Health	BRMH	Guardian Ad Litem	GAL
			Child Welfare Improvement Committee	CWIC	Local Mental Health Authorities	LMHA
			Court Improvement Project	CIP	Quality Improvement Committee	QIC
			Department of Human Services	DHS	System of Care	SOC
			Department of Workforce Services - Utah.gov	DWS	Utah Commission on Criminal and Juvenile Justice (CCJJ)	CCJJ
			Division of Juvenile Justice Services (DJJS)	JJS and DJJS	Utah Department of Health	DOH
			Division of Services for People with Disabilities (DSPD)	DSPD	Utah Domestic Violence Coalition	UDVC
			Division of Substance Abuse & Mental Health (DSAMH)	DSAMH	Valley Behavioral Health	VBH
			Executive Director's Office	EDO		

Appendix C for Item 19:
List of SAFE Alerts, Notices and Validations

CFSR Item 19: How is SAFE ensuring that it can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care? List of SAFE alerts, notices and validations			
			*of particular interest
EMAIL NOTICES			
Notification Description	**Content**	**Recipient**	**Frequency**
Child Missing Type	Please reply to this email as soon as possible with the category that best matches the current status of <ChildName>.	Primary Worker	Nightly
CPP Placement code was used	A CPP Placement code was used on case ID <rc_id> with the start date of placement_start_dt!	wendyhansen@utah.gov; kbeckstrand@utah.gov; smcdonald@utah;	nightly
Missing "placed with sibling" information	One of your cases has a placement that is missing "Placed with Sibling" information. This data is urgently required, please reply to this email as soon as possible with the appropriate response for person ID <personid>'s placement which started on <PlacementStartDT> with case #<rc_id>.	Primary Worker	nightly
Person with future dob	The following person: <personid> on case ID: <rcid> has a future date of birth, please go and update it, dob can not be in the future!	Primary Worker	nightly
ProviderOrgName-- Caretaker Licenses Needed	A child in the custody of the Division of Child AND Family Services must be placed with an out-of- home caregiver who IS fully licensed/certified. In ORDER to make an appropriate AND accurate determination regarding the license status of the caretakers FOR a child placing agency, DCFS'' child welfare data base (SAFE) must contain this license/certification information. Our contracted providers are responsible FOR entering AND updating accurately their Caretaker's personal AND license information prior to the placement of a child in ORDER FOR DCFS staff to make an informed placement decision. The caretaker AND/or license (certification) information FOR the following providers has not been entered or has expired ON the SAFE Provider website. Information FOR the caretakers AND spouses listed below should be updated at your earliest convenience to ensure DCFS IS able to reimburse you in a timely manner. <CaretakerList>'After updating the license information in the SAFE computer system, please email a hard copy of the documentation to <DcfsContactEmail>. IF you have any questions regarding the process, please call the SAFE Help desk (801)538-4141 or email them at safehelp@utah.gov'	Agency workers	twice/month
Provider Address Change	provider_name , SAFE Provider ID: <prov_number> address updated.'	input worker	as needed
Provider Phone Change	provider_name , SAFE Provider ID: <prov_number> phone updated.'	input worker	as needed
NOTICES [1]			
type_desc	**type_msg**		
Pending Cases	There is(are) <n> pending case(s) assigned to you.		
Overdue - 30 Days	<Case Name>,<rc_id> , < action item process desc>	worker,supervisor,AD,RD	
Overdue - 14 Days	<Case Name>,<rc_id> , < action item process desc>	worker,supervisor,AD,RD	
Overdue - 10 Days	<Case Name>,<rc_id> , < action item process desc>	worker,supervisor,AD,RD	
Overdue - 7 Days	<Case Name>,<rc_id> , < action item process desc>	worker,supervisor,AD,RD	
Overdue - 5 Days	<Case Name>,<rc_id> , < action item process desc>	worker,supervisor,AD,RD	
Overdue - 3 Days	<Case Name>,<rc_id> , < action item process desc>	worker,supervisor,AD,RD	
Overdue	<Case Name>,<rc_id> , < action item process desc>	worker,supervisor,AD,RD	
Pending Cases	There is(are) <n> pending case(s) assigned to you.		
Notice #10	<Case Name>, <rc_id>, No activity.		
Notice #11	<Case Name>, <rc_id>, No activity for <n> days.		
Notice #27	<Case Name>, <rc_id>, has placement in draft, needs to be finalized.		
Notice #28	<Case Name>, <rc_id>, <Case Type> closed		
Notice #45	A Child and Family Plan has been finalized for <Client Name>		
Notice #70	<Case Name>, <rc_id>, Policy Compliance attention needed.		
Notice #71	<Case Name>, <rc_id>, has an ethnicity of Am Indian/Alaska Native for case <rc_id> type: <Case Type>		
Notice #79	<case name>,rc_Id,Service Plan due by <date>.		
Notice #80	<case name>,rc_Id,Progress Review due by <date>.		
Notice #81	<case_name> + ', ' + <rc_id> + Primary Worker changed on SCF case		

Notice #87	<Case_name>,<rc_id>,Document Child/Family Involvement in C&FP		
Notice #88	<case name>, <rc_id>, Document 48 hour shelter visit.		
Notice #89	<case name>, <rc_id>, Document weekly shelter visit.		
Notice #91	<last_name>, <first_name>,<rc_id> has at least one child who previously demonstrated a need for early intervention assessment.		
Notice #97	<case_name>, <rc_id>, CFTM dated <start_dt>has been in Draft Status for over 30 days.		
Case Reviewed	<Case Name>, <rc_id>, Case Review completed by <reviewer>		
Notice #101	<case name>,rc_id,Service Plan for Case <rc_id> is ready for supervisor approval.		
Notice #102	<case name>,rc_id,Service Plan for Case <rc_id> has been approved/disapproved.		
Notice #103	<Last name, First name, primary case number> Foster Children Research Involvement - Caseworker Consent Form has been prin		
Notice #104	As of <date> you have # hours of training for Fiscal Year <xxxx>		
Notice #105	<case name>, <case id>, new Activity backdated to <start date>.		
Notice #115	<worker name> requests approval to include informal training hours as part of their annual training hours.		
Notice #116	Request for annual training hours has been approved/was not approved.		
Notice #117	On <date> a request for approval of training hours for <Worker name> was sent and has not been completed.		
Notice #118	<case name>, <rc_id>,"Trial Home placement exceeds 6 months."		
Notice #119	<over/under payment on provider.>		
Notice #120	<case name>, <rc_id>,SCF case created with JJS as referral source.		
Notice #125	<last name, first name> , <rc_id>, "Permanency Goal has closed. Update new goal on Case Plan.		
Notice # 126	(Provider last name, first name) has been identified as having a sibling exception placement.		
Notice #127	<person name> <person_id> Child placed for 60 days.		
Notice #128	<person name> <person_id> Residential Placement open for over 90 days.		
Notice #136	<last name, first_name, scf case number> has been designated as a "Confidential Case". Caseworker first_name, last_name in <		
Notice #142	(Child's name),(case id),SCF Placement changed to BOH: (start date of placement) entered on : (entry date in SAFE)		
Notice #146	<Client last name,first name,SAFE Person id>, payment history has changed for services during <date>		
Notice #147	[Foster child's name] SCF case [case number] closed [date closed] wsa re-opened [date]		
Notice #148	Child's name, SCF Case <case id> 'Update school information for new school year.'		
Notice #150	[Child's name] [case id] 'has had a change in placement, if school/education information has changed please update'		
Notice #155	<last_name, first_name + SCF Case + <rc_id> + " Update school information for end of school year(Exit Date & Exit Reason)."		
Notice #156	<class_name> <class_date> has a status of 'Pending'. Please select a status of 'Completed' or 'Canceled'.		
Notice #158	(Worker Name) backdated a Placement for (Client Name) at least 4 days prior to (Current Date)		
CFTM/Professional Staffir	CFTM/Professional Staffing - <client name>,<court case number>- <case type> case, case_id		
Case Closed	Case Closed - <client name>,<court case number>- <case type> case, case_id		
Address Changed	Address Changed - <client name>,<court case number>- <case type> case, case_id		
Court Report Finalized	Court Report Finalized - <client name>,<court case number>- <case type> case, case_id		
Draft Activity	Case (RCID number) has 1 or more logs in draft status over 30 days more than .		

ACTION ITEMS

prompt_code	process_desc	form_nbr	form_name
NULL	User Defined	NULL	NULL
CHEC	CHEC Assessment/Well Child Care	984	Health Visit Report
DENT	Dental Exam	984	Health Visit Report
FCTP	FC Service Plan	OH02	FC Service Plan
MENT	Mental Health Assessment	984	Health Visit Report
TILP	Transition to Adult Living Plan	OH03	Transitional Independer
01MO	2 Week Well Child/CHEC	984	Health Visit Report
02MO	2 Month Well Child/CHEC	984	Health Visit Report
04MO	4 Month Well Child/CHEC	984	Health Visit Report
06MO	6 Month Well Child/CHEC	984	Health Visit Report
09MO	9 Month Well Child/CHEC	984	Health Visit Report
12MO	12 Month Well Child/CHEC	984	Health Visit Report
15MO	15 Month Well Child/CHEC	984	Health Visit Report
18MO	18 Month Well Child/CHEC	984	Health Visit Report
24MO	24 Month Well Child/CHEC	984	Health Visit Report
CTRE	Review - Six month Court Case Review	OH07	Activity Log w/ Policy
FCCR	Foster Care Citizen Review	NULL	Activity Log w/ Policy
PERM	Hearing - Permanency Hearing	OH07	Court Report/Progress :
RCRE	Residential Care Review	OH20a	Residential Care Revie

SHST	Staffing - Shelter Staffing by 14th Day	NULL	NULL
CLVI	Monthly Home Visit	NULL	NULL
CPCC	CPS Case Completion	NULL	NULL
PFTP	Service Plan - PFP/PFR	HB02	HB Family Service Plan
PYTP	Service Plan - PYS	HB02	HB Family Service Plan
PSTP	Service Plan - PSC/PSS	HB02	HB Family Service Plan
APCC	Case Completion	NULL	NULL
STUP	Complete Case Set-up	NULL	Case Setup Wizard
HSOM	HSOM Test Results	NULL	Person Health - HSOM
MCPR	Contact - Monthly Contact with Caregiver	NULL	Monthly Contact with P
MHVC	Visit - Home Visit with Foster Child	NULL	Monthly Home Visit wit
HHBR	Review - Quarterly Review of Home to Home Book	NULL	Activity Log w/ Policy
FCCT	Review - Court Case Review Held	NULL	Activity Log w/ Policy
SPRV	STS Service Plan Progress Review	NULL	NULL
SVCV	STS Service Assessment Visit	NULL	NULL
ELIG	Eligibility Form	NULL	NULL
CREV	STS Case Service Review	NULL	NULL
SPAG	STS Service Plan	NULL	NULL
MEDC	Medical Certification	NULL	NULL
FTFV	Face to Face Visit	NULL	NULL
ASUB	New Subsidy Agreement Due	NULL	NULL
ASBV	In State Annual Letter	NULL	Annual Letter
1522	15 of 22 Month Documentation	NULL	NULL
ACLS	Annual Casey Life Skills Assessment	NULL	NULL
CAFA	Child and Family Assessment	NULL	NULL
IROR	Serious Risk of Removal	NULL	NULL
PSIH	IH Progress Summary	HB03	HB Court Report/ Progr
PSOH	OH Progress Summary	OH07	Court Report/Progress
SIPS	Signature Progress Summary	285	Signature Progress Sur
SCFP	Signature Child and Family Plan	283	Signature Child and Fa
SPCS	STS Service Plan Client Signature	NULL	NULL
ASQL	Ages and Stages Letter	NULL	NULL
ICPC	ICPC Home Study Complete	NULL	NULL
NYTD	NYTD Survey Completion	NULL	NULL
PCRL	Placement Committee Review - Levels 4 and above	NULL	NULL
INHA	Completion of UFACET Assessment document	NULL	UFACET
ASBV	Out Of State Annual Letter	NULL	Out Of State Annual Le
IHSA	Completion of SDM Safety Assessment	NULL	SDM Safety Assessmer

135

Appendix D for Item 32:
DCFS Active MOU's: Coordination of Services with Other Federal Programs

Parties to the Agreement	Description	Start Date	Exp Date
DHS, DOH, SOE and Courts	Successfully provide coordinated services to families and to provide a foundation for agency personnel to deliver collaborative coordinated services to eligible families and to promote consistent statewide delivery, reporting and data sharing.	12/10/2004	
Paiute Indian Tribe and DCFS	Terms and conditions regarding the duties and responsibilities of DCFS and the Tribe to provide "best practice".	1/11/2006	
Adult Protective Services and DCFS	After hours on-call system	4/14/2006	
Goshute Tribe and DCFS	Terms and conditions regarding the duties and responsibilities of DCFS and the Tribe to provide "best practice".	4/24/2006	
Adult Probation and Parole and DCFS	Share information and resources and assist each other to accomplish the mission of child and family welfare and public safety with clients they have in common.	11/13/2006	
AG and DCFS	Pass through of Title IV-E Fed reimbursement for foster care admin costs for allowable services provided by AG.	12/7/2006	
Shoshone and DCFS	Terms and conditions regarding the duties and responsibilities of DCFS and the Tribe to provide "best practice".	1/16/2007	
SLC Housing Authority and DCFS	Administration of FUP vouchers	11/16/2010	
Courts and DCFS	Defines the individual and joint obligations of the Admin Office of the Courts and the Utah Dept of Human Services.	11/17/2010	
DSAMH and DCFS	Child Welfare Demonstration Project	7/5/2012	
DOH and DCFS	Foster care mental health match	7/1/2013	6/30/2018
DOH and DCFS	DHS - Subsidized Adoptions State Match	7/1/2013	6/30/2018
SOE, Courts and DCFS	The agencies listed in this MOU, specifically DHS, USOE and the Utah Juvenile Court are to share educational data to improve education outcomes for youth in the custody and/or guardianship of DHS, in the residential care of the Division of Juvenile Justice Services (DJJS), in the custody of the Division of Child and Family Services (DCFS), and/or under the jurisdiction of the Utah Juvenile Court.	9/15/2014	7/1/2019

Parties to the Agreement	Description	Start Date	Exp Date
Utah BCI and DHS/DCFS	Sharing the Utah Criminal History hereafter referred to as UCH records with DCFS.	11/3/2014	11/3/2019
Courts and DHS	CARE and SAFE interface	12/1/2014	11/30/2019
DOH and DCFS	Baby Watch Early Intervention Program	4/1/2015	3/31/2020
Utah Head Start Association and DCFS	To foster collaborative working relationships between UHSA and DCFS to set the structure for developing a team approach to serving families.	5/29/2015	
DOH and DCFS	Fostering Healthy Children	7/1/2015	6/30/2020
DSPD and DCFS	Medicaid Waiver	7/1/2015	
Hill Air Force Base and DCFS	Outlining protocol for active duty military personnel	12/1/2015	
Children's Justice Center and DCFS	This is a statewide program that provides a comprehensive, multidisciplinary, nonprofit, intergovernmental response to sexual abuse of children, physical abuse of children, and other crimes involving children where the child is a primary victim or a critical witness, such as in drug-related endangerment cases, in a facility known as a Children's Justice Center.	1/1/2016	
CCJJ and DCFS	Providing funding for the statewide domestic violence needs assessment for offender and victim services.	3/1/2016	6/30/2021
Integrated System of Care within DHS among the Divisions of DCFS, DJJS, DSPD and DSAMH	This MOU has been created to ensure successful implementation of the processes and the cultural and organizational changes needed to realize and sustain an integrated system of care that meets the needs of children, young people, and families served by DHS regardless of the referral source or available funding streams.	3/1/2016	
DOH and DCFS	Dating Violence/Sexual Violence/Intimate Partner Violence Prevention to agencies whose primary purpose is serving LGBTQ or Tribal communities.	7/1/2016	6/30/2021
DOH and DCFS	Medicaid agreement	7/1/2016	6/30/2021
DOH and DCFS	Help me grow	7/1/2016	6/30/2020
DOH and DCFS	Office of Home Visiting	10/1/2016	9/30/2021
OL and DCFS	Clarify agency roles, increase efficiency, avoid duplication of efforts, facilitate communication, increase cooperation, and minimize employee confusion regarding the process to obtain a child-specific foster license.	11/7/2016	
AG and DCFS	Pass through funding to the AG's Office to contract with Primary Children's Hospital to provide medical services to alleged victims of sexual and/or physical abuse.	3/20/2017	6/20/2020
U of U and DCFS	First Star	8/1/2017	7/30/2018
DWS and DCFS	Data sharing necessary for research in intergenerational poverty in Utah	11/1/2017	10/31/2022
DOH and DCFS	Efind		7/31/2018