
2020-2024 APSR FinalReport



Utah Department of
Health & Human Services
Child & Family Services

Submitted: June 30, 2024

Contents

| | |
|--|-----|
| INTRODUCTION | 7 |
| State Agency Administering the Programs | 9 |
| Management | 10 |
| Division of Child and Family Services Organizational Chart..... | 12 |
| DCFS Map of Regional Boundaries | 13 |
| I. COLLABORATION AND VISION..... | 14 |
| Vision, Mission, and Practice Model | 15 |
| II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES | 20 |
| Child and Family Outcomes | 21 |
| Permanency Outcomes | 25 |
| Wellbeing Outcomes..... | 31 |
| Systemic Factors | 37 |
| III. UPDATE TO THE PLAN FOR ENACTING THE STATE’S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES | 55 |
| Goals, Objectives, and Measures | 55 |
| Staff Training, Technical Assistance, and Evaluation | 103 |
| Implementation Supports..... | 106 |
| IV. QUALITY ASSURANCE SYSTEM | 107 |
| Overview | 107 |
| Enhancements in CQI/QA Capacity..... | 107 |
| Using CQI/QA to Revise Goals and Interventions | 108 |
| Using CQI/QA to Measure Progress..... | 109 |
| Feedback Loops | 110 |
| Sustaining the State CFSR Case Review Process..... | 112 |
| V. SERVICE DESCRIPTIONS | 114 |
| Child and Family Services Continuum | 114 |
| Service Coordination..... | 115 |
| Service Descriptions..... | 117 |
| A Fully Integrated Child Welfare System | 117 |
| DV Services | 122 |
| Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Part 1) | 123 |

| | |
|---|-----|
| Services to be Funded under IV-B Part 1 | 123 |
| Services for Children Adopted from Other Countries..... | 123 |
| Services for Children under the Age of Five | 124 |
| Efforts to Track and Prevent Child Maltreatment Deaths | 130 |
| Promoting Safe and Stable Families Program (Title IV-B, Subpart 2) | 135 |
| Promoting Safe and Stable Families (PSSF) Service Descriptions..... | 136 |
| Adoption Promotion and Support Services | 140 |
| Service Decision-Making Process for Family Support Services..... | 141 |
| Populations at Greatest Risk of Maltreatment..... | 142 |
| Kinship Navigator Funding | 151 |
| Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits..... | 154 |
| Adoption and Legal Guardianship Incentive Payments..... | 156 |
| Adoption Savings, Methodology, and Expenditures..... | 157 |
| Family First Transition Act Grant Funds (FFTA)..... | 159 |
| Family First Transition Act Funding Certainty Grant..... | 160 |
| V. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD | 162 |
| Agency Administering Chafee..... | 162 |
| Description of Program Design and Delivery | 163 |
| Serving Youth across the State..... | 169 |
| Serving Youth of Various Ages and Stages of Achieving Independence | 170 |
| Collaboration with Other Private and Public Agencies | 171 |
| Multi-Agency Collaboration..... | 171 |
| University of Utah Collaboration - First Star Academy..... | 172 |
| State Agencies and Community Partners | 175 |
| Determining Eligibility for Benefits and Services | 178 |
| Cooperation in National Evaluations..... | 178 |
| Chafee Training..... | 178 |
| Education and Training Vouchers Program..... | 180 |
| Program Description..... | 180 |
| Consultation with Tribes..... | 183 |
| VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES | 188 |

| | |
|--|-----|
| DHHS Office of American Indian Alaska Native Health and Family Services | 188 |
| Utah’s Plan for Coordination and Collaboration with Tribes | 190 |
| Process Used to Gather Input from Tribes..... | 191 |
| Responsibility for Provision of Child Welfare Services for Tribal Children | 197 |
| Ongoing Coordination and Collaboration with Tribes and Steps to Improve or Maintain Compliance with ICWA..... | 201 |
| Monitoring of Compliance with ICWA..... | 201 |
| Steps to Secure ICWA Provision of Utah’s Native American Children | 202 |
| HB 40 - Utah ICWA..... | 202 |
| Family First Prevention and Services Act..... | 203 |
| ICWA Training..... | 204 |
| Annual Utah Indian Child Welfare Conference | 206 |
| Native American Summit..... | 206 |
| Utah Foster Care Foundation..... | 206 |
| Discussions with Tribes on John H. Chafee Foster Care Program for Successful Transition to Adulthood | 207 |
| Exchange of Documents..... | 208 |
| VII. CAPTA STATE PLAN REQUIREMENTS AND UPDATES..... | 209 |
| Changes to State Law or Regulations | 209 |
| Changes from the State’s Previously Approved CAPTA Plan and Planned Use of Funds to Support 14 Program Areas..... | 209 |
| Changes to CAPTA State Plan..... | 209 |
| How CAPTA Grant Funds Were Used to Support Program Purposes | 221 |
| Planned Use of CAPTA Funds..... | 225 |
| CPS Citizen Review Panel Annual Report..... | 227 |
| Addressing Needs of Infants Affected by Illegal Substances or with Fetal Alcohol Spectrum Disorder | 227 |
| Changes in Implementation or Lessons Learned | 227 |
| Multi-disciplinary Outreach..... | 230 |
| Plan of Safe Care..... | 230 |
| Technical Assistance Needs | 234 |
| Governors Assurance Statement | 234 |
| State Liaison Officer for CAPTA | 235 |

| | |
|---|-----|
| Statistical and Supporting Information | 235 |
| CAPTA Annual State Data Report | 235 |
| <i>Practice Model Training</i> | 235 |
| American Rescue Plan Act | 238 |
| VIII. FINANCIAL INFORMATION | 242 |
| Payment Limitation: Title IV-B, Subpart 1 | 242 |
| Payment Limitation: Title IV-B, Subpart 2 | 242 |
| FFY 2022 IV-B Subpart 2 - Payment Limit Non-Supplantation Requirements [45 CFR Parts 1357.15(F)] | 243 |
| Chafee Program..... | 245 |

ATTACHMENTS

Attachment A.

- 1.1 CFS-101 Part I Signed
- 1.2 CFS-101 Part II
- 1.3 CFS 101 Part III Signed
- 1.4 CFS-101 Excel Version
- 1.5 CFS-101 Reallotment Request

Attachment B. Foster and Adoptive Parent Diligent Recruitment Plan

Attachment C. Healthcare Oversight and Coordination Plan

Attachment D. Emergency Response and Recovery Plan

Attachment E. Training Plan

Attachment F. Hearing Quality Bench Card Initial Analysis

Attachment G. Guiding Questions on Permanency

Attachment H. Incarcerated Parents Visitation One Pager

Attachment I. CPS Citizen Review Panel Annual Report - Calendar Year 2023

Attachment J. State Attorney General's Letter – CAPTA

Attachment K. 2024 Utah Legislative Session Statutes Applicable to CPS

Attachment L. Annual Reporting of Education and Training Vouchers Awarded

INTRODUCTION

The Utah Department of Health and Human Services (DHHS) Division of Child and Family Services (DCFS) is submitting this Annual Progress and Services Report (APSR) for the 2020-2024 Child and Family Services Plan (CFSP) in accordance with ACYF-CB-PI-20-13, issued by the Administration for Children and Families, Children's Bureau, on December 17, 2020. This report provides the fifth and final review and update of progress made in attaining Utah's vision for child welfare system improvements as stated in its FFY 2020-2024 CFSP, with the overall goals leading to safe children through strengthened families in the context of a strong workforce and integrated child welfare system. Utah's CFSP also leads to desired outcomes of safety, permanency, and wellbeing for Utah's children and families through strengthened partnerships within the state's child welfare system.

In this document, DCFS also provides an update on Utah's progress related to the following:

- Seven child and family outcomes and the seven systemic factors that are part of the Child and Family Services Review (CFSR).
- Major program areas that coordinate the delivery of services to children and families.
- Goals for improving the safety of children through strengthening their families, in the context of a strong workforce and integrated child welfare system.
- Continuous Quality Improvement (CQI) principles and workflows.
- Involvement of stakeholders, tribes, and courts, which were instrumental in the development of Utah's 2020-2024 CFSP.
- Training activities that are designed to support the child welfare system.

The following programs are coordinated by the submission of the 2020-2024 CFSP with progress reported in this APSR:

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1).

- Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2):
 - Family Preservation.
 - Family Support.
 - Family Reunification.
 - Adoption Promotion and Support Services.
- Kinship Navigator Funding (under title IV-B, subpart 2).
- Monthly Caseworker Visit Funds.
- Adoption and Legal Guardianship Incentive Payment Funds.
- Adoption Savings.
- Chafee and Education and Training Vouchers.
- Training activities in support of the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

Utah's 2020-2024 CFSP was informed by Utah's Title IV-E child welfare waiver demonstration project, which concluded on September 30, 2019, and by activities outlined in the Child Abuse Prevention and Treatment Act Plan.

Utah also received additional funding sources as indicated below, including supplemental awards due to the COVID-19 public-health emergency:

- John H. Chafee Transition to Successful Adulthood supplemental grant authorized under the Consolidated Appropriations Act, 2021.
- Education and Training Voucher supplemental grant authorized under the Consolidated Appropriations Act, 2021.
- Family First Prevention Services Act Transition Grant.
- Family First Transition Act Funding Certainty Grant.
- Child Abuse Prevention and Treatment Act supplemental grant authorized under the American Rescue Plan Act of 2021.
- Community-based Child Abuse Prevention supplemental grant authorized under the American Rescue Plan Act of 2021.

Where applicable, reporting requirements for these additional grants are incorporated below.

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

- DHHS Executive Director.
- Federal Regional Program Manager, Region VIII, Children’s Bureau.
- Federal Child and Family Program Specialist for Utah, Region VIII, Children’s Bureau.

This APSR will also be made available to Native American Tribes located within the State of Utah, placed online at dcfs.utah.gov/resources/reports-and-data, and it will be available to other interested parties at their request.

The Utah DCFS Federal Operations Administrator’s contact information is found below; this is the individual to contact regarding Utah’s APSR. The Administrator’s office is in the state administrative headquarters in Salt Lake City, Utah.

Cosette Mills, Federal Operations Administrator
Division of Child and Family Services
195 North 1950 West
Salt Lake City, UT 84116
Phone: (385) 242-5482
Email: cwmills@utah.gov

State Agency Administering the Programs

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

The child welfare system in Utah is state administered. DCFS is the lead child welfare agency and provides services throughout the state. The Division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, and the overall management of child welfare programs and services. DCFS is also responsible for designing services, developing contracts, and establishing standards for all services delivered directly by the Division, as well as those offered by program and service providers with which it contracts.

In addition, DHHS Division of Continuous Quality and Improvement is responsible for monitoring contracts, monitoring internal and external service effectiveness, and evaluating qualitative and quantitative data to help shape how and what services have the greatest success in achieving the results for children, youths, families, and adults.

Management

The Division Director is the administrative head of DCFS. The Director's office is in the state administrative headquarters in Salt Lake City, Utah.

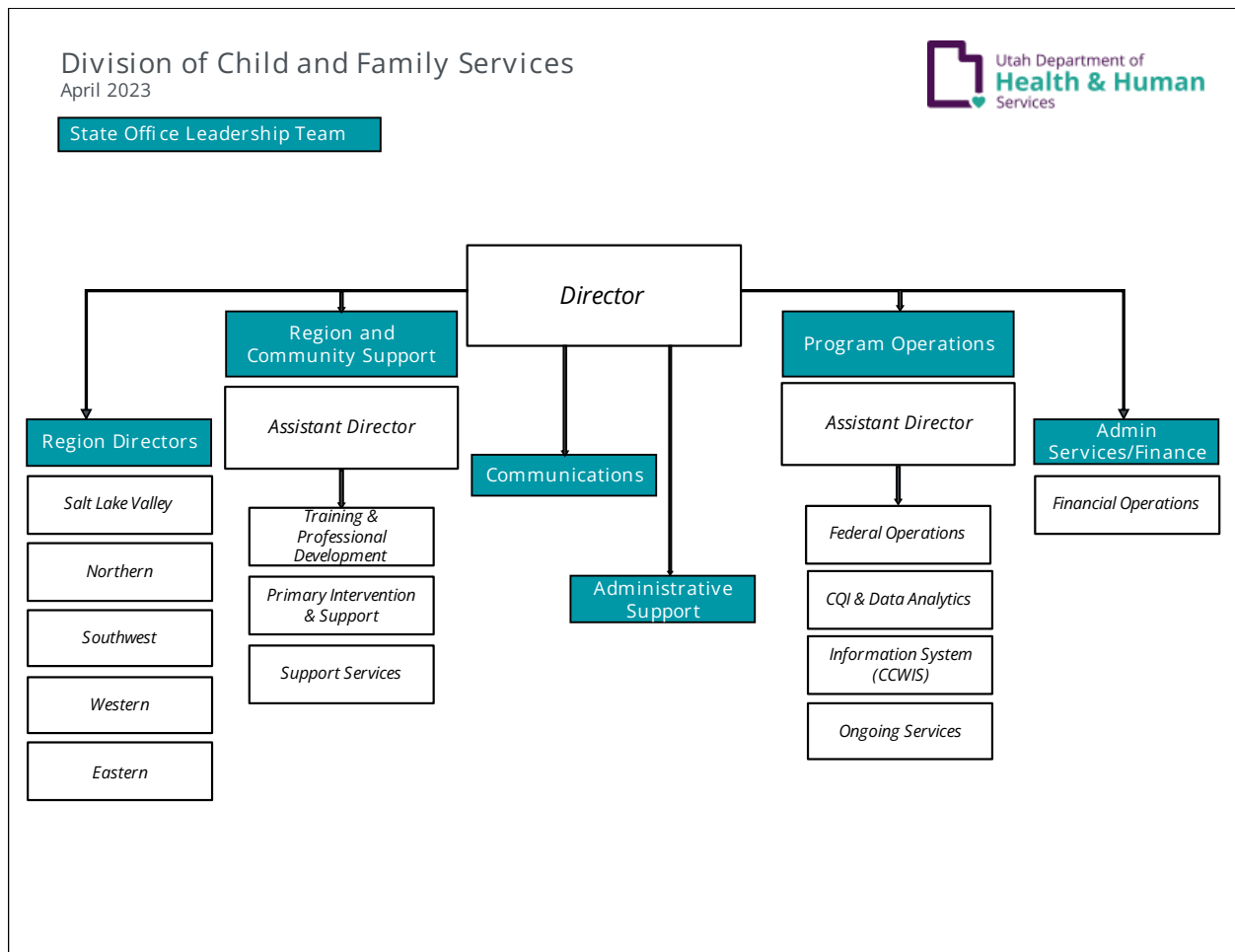
Tonya Myrup, Director
Division of Child and Family Services
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Salt Lake City, UT 84116
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Three administrative teams coordinate activities and make policy decisions that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the director; two assistant directors; finance; administrators for programs, CQI data, professional development, support services, information systems, and federal operations; communications; and administrative support. This body is primarily responsible for overseeing state

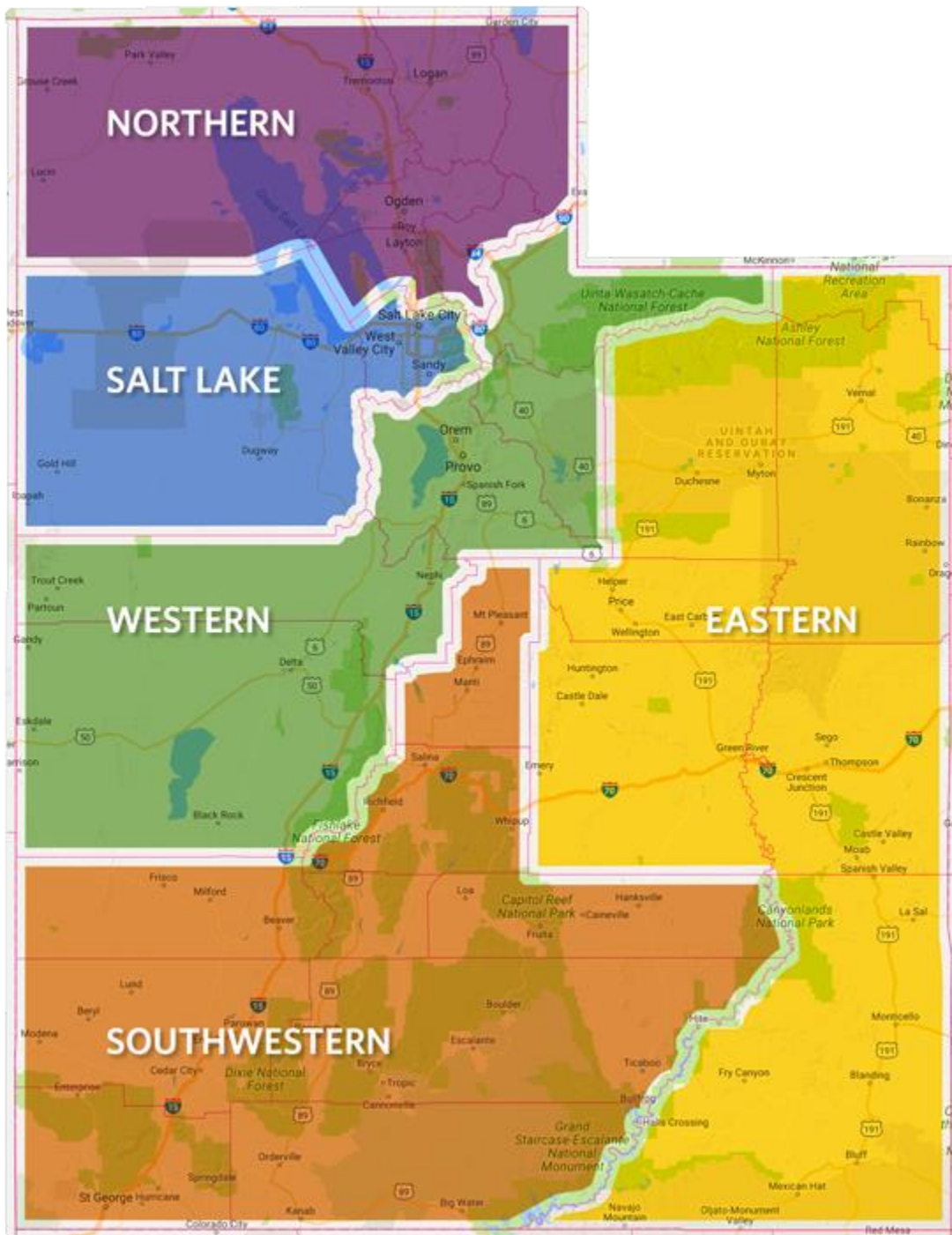
office operations, including planning, budgeting, and communications. Second, a Region Director meeting is held twice weekly and includes the director, two assistant directors, the five regional directors, and administrative support. This team is responsible for coordinating statewide operations and ensuring consistency of practice and access to services across the state. Third, the State Leadership Team meets monthly and consists of the DCFS State Office Administrative Team and the five Region Directors. This team connects the work done by the DCFS State Office Administrative Team and the RD group to align State Office operations with regional needs.

Region Directors, located in five geographically defined regions, lead their administrative teams and are responsible for their region's budget, personnel, interagency partnerships, and service delivery. Staff members in the regions deliver services statewide to children and families. Governmental, private for-profit, and nonprofit contract providers deliver additional services.

Division of Child and Family Services Organizational Chart



DCFS Map of Regional Boundaries



I. COLLABORATION AND VISION

APSR Update

Meaningful collaborations have continued in the four years since submission of the 2020-2024 CFSP. While a continued increase of in-person gatherings occurred this past year, some collaborations continue to be held virtually. Fortunately, meaningful collaborations with stakeholders and community partners, as well as collaborations involving youth and family voice, have occurred and are highlighted in the report below.

In response to federal regulations at 45 CFR 1357.16, Utah regularly engages the agencies, organizations, and individuals who are part of the ongoing CFSP-related consultation and coordination process. Collaboration partners and stakeholders include the state's legal and judicial community, including the Court Improvement Program and Children's Justice Act grantee, tribes, prevention partners, service providers, faith-based and community organizations, frontline workers, and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, the Temporary Assistance for Needy Families, and state and local education agencies.

Utah actively strives for meaningful collaboration with families, children, youth, and other partners to identify and work toward shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and wellbeing of children in the child welfare system. Utah has used a variety of approaches and activities to continue its collaboration and consultation with stakeholders. Approaches include focus groups, surveys, planning forums, and other community-based strategies for linking the CFSP with the CFSR review process.

Utah's collaboration activities contributed to the development of the goals and objectives and 2020-2024 CFSP and have continued to inform program development and implementation designed to achieve our shared vision.

Vision, Mission, and Practice Model

Accomplishing a shared vision will help to align valuable resources and create the conditions necessary to support prevention and better outcomes for children and families. Utah strives to create a shared vision across the broader child welfare system and desires its community partners to see the organization and services as part of that vision. The agency's mission and practice model are essential foundational elements to overall system success and continuing improvement efforts.

Vision

The designated vision for DCFS is Safe Children, Strengthened Families. For the purpose of the CFSP, this vision has been enhanced to focus system improvement goals, and it can be summarized as "safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community."

Mission

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

Practice Model Principles

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

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

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

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

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

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

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

The Practice Model Principles are at the core of the five Practice Skills, which constitute the framework for all agency training. The five Practice Skills are designed to put the agency's values into action and are universally applied by caseworkers across all DCFS programs and services.

Practice Model Skills

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

Engaging. The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

Teaming. The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.

Assessing. The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.

Planning. The skills necessary to tailor the planning process uniquely to each child and family. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.

Intervening. The skills to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare caseworker and may range from finding housing to changing a parent's pattern of thinking about their child.

Practice Standards

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

A. Service Delivery Standards.

1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.

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

B. Standards Relating to Child and Family Teams.

1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.
2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and

permanency, will be made by a team to include the child and their family, the family's informal helping systems, out-of-home caregivers, and formal supports.

3. Child and Family Teams should meet face-to-face periodically to evaluate assessments, case planning, and services delivered. They should also meet to track the child or family's progress. When there are domestic-violence issues, separate Child and Family Team Meetings may be held.

C. Standards Relating to Assessments.

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

D. Standards Relating to Planning.

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

II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Utah successfully concluded the implementation of its two-year Program Improvement Plan (PIP), as confirmed by the Children’s Bureau in March 2023. This concluded Utah’s CFSR Round 3. In July 2023, Utah began utilizing the Round 4 Online Monitoring System in preparation for its Round 4 CFSR, which is scheduled to begin in 2026.

The last five years have presented unforeseen challenges, including periods of social isolation. DCFS has demonstrated resilience during this time and has remained committed to child welfare excellence. The table below summarizes SFYs 2021-2023 performance on the 10 CFSR Items that had a CFSR Round 3 PIP goal.

| CFSR Round 3 PIP Goal Items | | | | | | |
|-----------------------------|---|--------------|----------|------------------|------------------|------------------|
| Item | Item Description | PIP Baseline | PIP Goal | SFY 2021 N=80 | SFY 2022 N=87 | SFY 2023 N=89 |
| Item 1 | Timeliness of Initiating Investigations of Reports of Child Maltreatment | 59.3% | 65% | 86% | 88% | 95% |
| Item 2 | Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care | 60.0% | 67% | 57% | 46% | 75% |
| Item 3 | Risk and Safety Assessment and Management | 55.4% | 59% | 54% | 63% | 65% |
| Item 4 | Stability of Foster Care Placement | 57.5% | 62% | 63% | 71% | 69% |
| Item 5 | Permanency Goal for Child | 62.2% | 67% | 63% | 78% | 84% |
| Item 6 | Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | 55.0% | 60% | 52% | 73% | 73% |
| Item 12 | Needs and Services of Child, Parents, and Foster Parents | 35.4% | 39% | 41% | 37% | 47% |
| Item 13 | Child and Family Involvement in Case Planning | 62.3% | 66% | 65% | 69% | 71% |
| Item 14 | Caseworker Visits with Child | 63.1% | 66% | 63% | 78% | 82% |
| Item 15 | Caseworker Visits with Parents | 47.4% | 51% | 58% | 56% | 51% |

NOTE: The green highlights represent the years where the PIP Goal was achieved.

Child and Family Outcomes

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

| Children are First and Foremost Protected from Abuse and Neglect | | | | | | | |
|--|---|--------------------|----------|----------|----------|----------|------------|
| Item | Item Description | 2018 Onsite Review | PIP Goal | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2023 N |
| Item 1 | Timeliness of Initiating Investigations of Child Maltreatment Reports | 80% | 65% | 86% | 86% | 95% | 41 |

NOTE: The green highlights represent the years where the PIP Goal was achieved.

Utah met CFSR Item 1 PIP goal in the first reporting period and has continued to exceed this goal every year.

DCFS tracks the timelines of initiating investigations of child maltreatment reports through state-developed Case Process Reviews (CPR); federally developed CFSR reviews, and DCFS-developed report reviews at the team, region, and state levels. During the last three years, Utah’s performance rate has been within 1% of the standard.

| CPR Results | | | | | | | |
|---|-------------|----------|----------------------|------|------|------|------|
| Question: Did the investigating worker see the children within the priority time frame? | | | | | | | |
| Type and Tool # | Sample Size | Standard | SFY Performance Rate | | | | |
| CPSG.1 | 150 | 90% | 2019 | 2020 | 2021 | 2022 | 2023 |
| | | | 91% | 86% | 89% | 89% | 89% |

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

| Children are Safely Maintained in their Homes Whenever Possible and Appropriate | | | | | | | |
|---|---|--------------------|----------|----------|----------|----------|------------|
| Item | Item Description | 2018 Onsite Review | PIP Goal | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2023 N |
| Item 2 | Services to protect child(ren) in the home and prevent removal or re-entry into foster care | 55% | 67% | 57% | 46% | 75% | 24 |
| Item 3 | Risk and Safety Assessment and Management | 62% | 59% | 54% | 63% | 65% | 89 |

NOTE: The green highlights represent the years that achieved the CFSR Items.

In SFY 2023, Utah’s CFSR Item 2 rate is 75%. DCFS has been incorporating Family Action Meeting (FAM) meetings at the CPS level, which are family group decision-making meetings with the intent of problem solving with families and their kin to develop plans that will prevent the children from coming into care.

Please see *Goal #1, Objective #1.1* for a detailed presentation of FAM. DCFS is considering multiple avenues to teach staff about Items 1-3 of the CFSR, including assisting permanency in creating and monitoring safety plans.

During FFY 2023, DCFS provided SDM risk assessment and risk reassessment refresher trainings for all staff. The DCFS Safety Staffing Guide is a resource for supervisors to use when assisting staff in safety assessment of children who are from vulnerable child populations.

Re-entry Data

The table below shows the percentage of children who entered foster care and were subsequently discharged from care within 12 months to reunification, living with a relative, or living with a guardian (including guardianship or custody to a foster parent or other non-relative), then re-entered foster care within 12 months. The February 2023 Data Profile table below shows Utah’s re-entry rate at 4.3%, with a Risk Standardized Performance (RSP) adjustment, which meets the national

performance standard of 5.6%. Utah’s re-entry rate continues to decline, which is an encouraging trend.

| Re-entry to Foster Care within 12 months | | | | | | |
|--|------------|------------|------------|------------|------------|------------|
| National Performance | RSP 18B19A | RSP 19A19B | RSP 19B20A | RSP 20A20B | RSP 20B21A | RSP 21A21B |
| 5.6% | 6.5% | 6.3% | 6.1% | 6.2% | 4.9% | 4.3% |
| <i>NOTE: Feb 2022 data from the February 2023 Data Profile was used for this table, since DCFS had not received February 2024 Data Profile at the time this report was prepared.</i> | | | | | | |

Maltreatment in Foster Care Data

The February 2023 Data Profile table shows Utah’s most recent performance rate for children who were found to be victims of maltreatment while in foster care at 12.95, with an RSP adjustment at 16.87. This rate is higher than the National Performance Standard of 9.07 and has increased since last year. During FFY 2020, there were 109 child victims of maltreatment while in foster care. In the last few years, errors were found in the recording of incident dates that significantly contributed to the higher rates. Corrections were made, but it takes some time for the corrections to show in the Data Profile. The most recent Data Profile shows 2020 data. Additional corrections have been made. Instructions were provided statewide to alert caseworkers and their supervisors to the risk of errors and provide guidance when the date of an incident was not clear. Due to the data entry errors, DCFS is confident that the performance is much better than shown in the table below.

| Maltreatment in Care (victimizations/100,000 days in care) | | | |
|--|-------------------------|-------------------------|-------------------------|
| National Performance | RSP 18AB FFY 2018 | RSP 19AB FFY 2019 | RSP 20AB FFY 2020 |
| 9.07 | 15.67 | 13.79 | 16.87 |
| <i>NOTE: Feb 2022 data from the February 2023 Data Profile was used for this table, since DCFS had not received February 2024 Data Profile at the time this report was prepared.</i> | | | |

Recurrence of Maltreatment

The February 2023 Data Profile table shows Utah’s performance rate for the recurrence of child maltreatment to be 9.3%, which is an improvement from recent years and meets the national performance standard of 9.7%. However, with the RSP adjustment, the reported performance rate is 12.6%, which is above the desired national performance standard and does not meet the goal.

| Recurrence of Maltreatment | | | |
|---|----------------------|------------------|------------------|
| | FFY 2018-2019 | FFY 2019-2020 | FFY 2020-2021 |
| National Performance | Observed Performance | | |
| | 10.4% | 9.4% | 9.3% |
| 9.7% | RSP | | |
| | 14.0% | 12.7% | 12.6% |
| <i>NOTE: FFY 2020-2021 data from the February 2023 Data Profile was used for this table, since DCFS had not received February 2024 Data Profile at the time this report was prepared.</i> | | | |

The internal data chart below shows FFYs 2019-2023 number and percentage of children who did not experience another supported maltreatment occurrence within 12 months of their initial CPS case. FFY 2023 data is not yet available. The rate of 89.8% of children who did not experience repeat maltreatment in the last FFY, or the rate of 10.2% who did, is slightly above the federal standard of 9.5%.

| Supported Victims without a Recurrence of Maltreatment within 12 Months ¹ | | | | | | | | | | |
|--|----------|---------|----------|-------|----------|-------|----------|---------|-----------------------|---------|
| Victim Age at First Case Start | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 ² | |
| | Count | Percent | Count | Count | Percent | Count | Count | Percent | Count | Percent |
| 0 to 1 Year | 179 | 89.9% | 214 | 179 | 89.9% | 214 | 128 | 88.9% | | |
| 2 to 5 Years | 247 | 89.0% | 245 | 247 | 89.0% | 245 | 232 | 86.8% | | |
| 6 to 12 Years | 418 | 89.3% | 440 | 418 | 89.3% | 440 | 348 | 89.2% | | |
| 13+ Years | 278 | 90.8% | 263 | 278 | 90.8% | 263 | 234 | 92.4% | | |
| TOTAL w/o Recurrence w/in 12 Mo | 1,115 | 89.80% | 1,156 | 1,115 | 89.80% | 1,156 | 937 | 89.8% | | |

NOTES: ¹ Recidivism data is reported for the FFY in which the first supported case was closed. ² FFY 2023 data is NOT included for Measure 1.1.b, as a full 12 months have NOT passed since the last day of FFY 2023. Data for CPS cases closed during FFY 2023 will be available after September 30, 2024.

Permanency Outcomes

Permanency Outcome 1: Children have permanency and stability in their living situations.

| Children have Permanency and Stability in their Living Situations | | | | | | | |
|---|--|--------------------|----------|----------|----------|----------|------------|
| Item | Item Description | 2018 Onsite Review | PIP Goal | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2023 N |
| Item 4 | Stability of Foster Care Placement | 48% | 62% | 63% | 71% | 69% | 52 |
| Item 5 | Permanency Goal for Child | 77% | 67% | 63% | 78% | 84% | 51 |
| Item 6 | Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | 58% | 60% | 52% | 73% | 73% | 52 |

NOTE: The green highlights represent the years where the PIP Goal was achieved.

DCFS prioritizes children having permanency and stability in their living situations. The CFSR results were a catalyst to analyze root causes for low permanency and stability performance. Issues were thought to be offset by court hearing frequency and high performance in achieving adoptions under 24 months. In addition, Utah was meeting the standard for each of the three national data indicators on

attaining permanency, which further cemented the belief that Utah was doing well in this area. However, it was learned that there were inconsistent practices in Utah juvenile court hearings that contributed to delays, inappropriate goals, and a lack of engaging parents and other parties. DCFS has contracted with the University of Utah to conduct research regarding quality hearings to assess the court’s efforts to engage parents, improve the family’s experiences while in court, and to discuss primary and concurrent permanency goals more consistently.

Strategies

Placement Stability (Item 4): Utah has seen an improvement in CFSR Item 4 PIP scores for the past three years. However, on the Statewide Data Indicator for Placement Stability, Utah is not meeting the national performance standard. Utah’s performance of 5.55 in the February 2023 Utah Data Profile is above the desired national performance standard of 4.48 moves/1,000 days in care and is trending upward.

The goal is to reduce the number of placements as much as possible to support stability for the child. Current and ongoing efforts to stabilize placements include:

- An added focus on kinship placements, where possible.
- A modification to resource family consultants (RFC) and kinship family consultants roles enables their ability to better address placement needs.
- Increased provision of placement stabilization assistance by clinical consultants, RFCs, and kinship family consultants.
- Involving the child’s therapist for guidance and clinical support.

| Placement Stability (moves/1,000 days in care) | | | | | | |
|--|------------|------------|------------|------------|------------|------------|
| National Performance | RSP 19B20A | RSP 20A20B | RSP 20B21A | RSP 21A21B | RSP 21B22A | RSP 22A22B |
| 4.48 | 5.14 | 5.21 | 4.84 | 5.05 | 5.34 | 5.55 |
| <i>NOTE: Feb 2022 data from the February 2023 Data Profile was used for this table, since DCFS had not received February 2024 Data Profile at the time this report was prepared.</i> | | | | | | |

The below calendar year (CY) 2019 - 2023 DCFS internal data represents the average number of placements a child may experience while in custody.

| Placement Setting Changes (changes/1,000 days in care) | |
|---|------|
| CY | Rate |
| 2019 | 3.6 |
| 2020 | 3.2 |
| 2021 | 3.5 |
| 2022 | 3.5 |
| 2023 | 3.8 |

Appropriateness and Efforts to Achieve Permanency Goal (Items 5 and 6): CFSR Items 5 and 6 results have shown consistent improvements. In 2020, a CIP workgroup created a bench card to improve the quality of hearings. After initial evaluation, the bench card was fully implemented statewide in 2021. In 2022, a research study to determine the effectiveness of the bench card was conducted and showed favorable results. For the last two years, Utah has reached 84% on Item 5. Item 6 has shown a steady improvement from previous years, reaching 73% in the last two years.

Additionally, to further efforts to improve permanency outcomes for children and families through quality hearings, the CIP and DCFS, along with judges, attorneys, developed *Guiding Questions on Permanency*, which includes a judicial checklist for hearings, as part of that effort.

For additional information, please see Attachment G. *Guiding Questions on Permanency*.

Permanency Data from 12, 12-23, and 24+ Months

Utah continues to meet the three national measures for permanency, as seen in the table below, which displays the February 2023 Data Profile. The timeliness of achieving permanency for children within 12 months, 12-23 months, and 24+ months is above the standard in all three measures. Achieving permanency for children within 12 months reached 44.9% (NP is 35.2%). Achieving permanency for

children within 12-23 months reached 66.1% (NP is 43.8%). Achieving permanency for children within 24+ months declined to 38.2%, slightly above the national performance standard (NP is 37.3%).

| Permanency Data from 12, 12-23, and 24+ Months | | | | | | | | | | |
|--|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Number of Months | National Performance | RSP 18A18B | RSP 18B19A | RSP 19A19B | RSP 19B20A | RSP 20A20B | RSP 20B21A | RSP 21A21B | RSP 21B22A | RSP 22A22B |
| Permanency in 12 Months (Entries) | 35.2% | 48.1% | 48.8% | 44.1% | 42.2% | 44.0% | 44.9% | | | |
| Permanency in 12 Months (12-23 Months) | 43.8% | | | | 67.4% | 64.9% | 61.3% | 65.3% | 65.8% | 66.1% |
| Permanency in 12 Months (24+ Months) | 37.3% | | | | 41.2% | 40.8% | 42.9% | 45.3% | 40.9.8% | 38.2% |
| <i>NOTE: Feb 2022 data from the February 2023 Data Profile was used for this table, since DCFS had not received February 2024 Data Profile at the time this report was prepared.</i> | | | | | | | | | | |

Adoption Permanency

DCFS Case Reviews

DCFS regional committees regularly review cases of children who have been in out-of-home care for a specified number of months to explore ways to speed up the achievement of permanency and address barriers that prevent finding permanent homes for children. Courts also conduct reviews every three to six months.

Adoption Efforts and Data

Please see Attachment B. *Foster and Adoptive Diligent Recruitment Plan* for a review of adoption efforts and data, including Wendy's Wonderful Kids, Raise the Future, and Trust-Based Relational Intervention (TBRI) training.

Post Adoption Services

Please see APSR Section V. *Service Descriptions, Adoption and Guardianship Services*.

TAL and ETV Services

Please see APSR Section VI. *John H. Chafee Foster Care Program for Successful Transition to Adulthood*.

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

| Continuity of Family Relationships and Connections is Preserved for Children | | | | | | |
|--|---|--------------------|----------|----------|----------|------------|
| Item | Item Description | 2018 Onsite Review | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2023 N |
| Item 7 | Placement with Siblings | 100% | 87% | 97% | 94% | 33 |
| Item 8 | Visiting with Parents and Siblings in Foster Care | 80% | 76% | 71% | 71% | 34 |
| Item 9 | Preserving Connections | 82% | 54% | 65% | 73% | 52 |
| Item 10 | Relative Placement | 72% | 80% | 85% | 79% | 48 |
| Item 11 | Relationship of Child in Care with Parents | 76% | 52% | 56% | 58% | 33 |

Current and Planned Activities

During the onsite CFSR review, Permanency Outcome 2 was substantially achieved in 80% of reviewed cases. Overall, these indicators have continued to perform well, but some have experienced declines. Utah closely monitors and analyzes outcomes for these indicators. In studying the reasons for low scores on items within this outcome, it appeared that unusual or complex circumstances were the cause in most of the cases that did not receive a strength rating and, the caseworker did not seem to go beyond doing basic casework. Utah asserts that the right policies and practice model guidelines are in place. However, the guidance and confidence for creative solutions may be lacking with some caseworkers. To better mentor, coach, and support caseworkers, Utah recognized that supervisors needed to be given the tools to attend to critical practices and be trained on using these tools. Measures and all PIP strategies have been successfully implemented; however, efforts are ongoing.

Placement with Siblings (Item 7): Practice guidelines require caseworkers to place siblings together unless there is a safety concern. While keeping siblings together is a priority, due to large sibling groups being common in Utah, achieving this goal can be challenging. In recent years, new legislation was enacted to support placing sibling groups together in foster care. Provisions include:

1. Allowing foster care licensing variances to accommodate large sibling groups, even if there is already an unrelated child in the home.
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 is considered a kinship placement, and a preliminary placement can be made.

DCFS prioritizes placing siblings together (Item 7), and sibling placement remains a high-performance measure rating.

The following table presents the FFY 2019-2023 percentage of children in foster care who are placed with one or more siblings, if they have siblings in care.

| Number and Percent of Children in Foster Care with a Sibling in Foster Care who were Placed with One or More Sibling on the last day of the Federal Fiscal Year | | | |
|---|--|---|--|
| FFY | Number of Children with Siblings(s) in Foster Care | Number of Children Placed with Sibling(s) | Percent of Children Placed with Sibling(s) |
| 2019 | 1,502 | 1,244 | 82.8% |
| 2020 | 1,458 | 1,191 | 81.7% |
| 2021 | 1,287 | 1,035 | 80.4% |
| 2022 | 1,272 | 1,041 | 81.8% |
| 2023 | 1,149 | 939 | 81.7% |

Visiting with Parents and Siblings in Foster Care (Item 8): 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, not a privilege. Visitation with parents and siblings is not something to be earned or denied based on the behavior of the child or parent. The CPR and Child and Family Services Review Plus (CFSR+) tools measure visitation adherence to the Family Visitation Plan. DCFS tracks performance on the frequency and quality of visits and directly

targets areas needing improvement. Item 8 performance, Visiting with Parents and Siblings in Foster Care, saw a decline to 71% in 2022 and 2023. The creation of a visitation module in the UFACET allows DCFS to assess the quality of parent-child interactions and parents' attendance and demonstration of parenting skills during visits. During FFY 2023, a plan to facilitate incarcerated parents visitation with their children in custody was formed.

For additional information, please see Attachment H. *Incarcerated Parents Visitation One Pager*.

The CPR measures whether the opportunity for visits between the child and their mother, father, and siblings was provided through the evidence of a Family Visitation Plan.

| CPR Performance for Visitation with Mothers, Fathers, and Siblings | | | | | | |
|--|----------|----------|----------|----------|----------|----------|
| Type and Tool # | Standard | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| Question IV.5. Was the child provided the opportunity to visit with his/her mother, father, sibling, weekly, OR is there an alternative visitation plan? | | | | | | |
| Mothers | 85% | 95% | 92% | 90% | 85% | 77% |
| Fathers | | 83% | 84% | 76% | 72% | 70% |
| Siblings | | 91% | 87% | 87% | 66% | 70% |

Preserving Connections (Item 9): Utah has several policies and provisions in place to help preserve connections for children in foster care, when possible and desirable, including connections to extended family members, community, school, medical providers, religious organizations, Tribes, and friends. One role of the Child and Family Team is to discuss the child's connections and determine how to best support those connections. SFY 2023 performance on CFSR Item 9 continued to make steady improvement, at 73%.

DCFS desires a strong relationship with Utah's eight federally recognized Tribes and is seeking to establish Intergovernmental Agreements (IGA) with each Tribe. Utah is also focused on Indian Child Welfare Act (ICWA) education with DCFS staff, the AAG office, the GAL office, and other community partners.

For additional information, please see: *APSR Section VII. Consultation and Coordination between States and Tribes.*

Relative Placement (Item 10): Utah's SFY 2023 performance regarding relative placements was 79%. DCFS has been proactive in working with its kinship teams to improve efforts to locate kin and assist frontline caseworkers with engaging kin. The DCFS RBA Plan focuses on strengthening DCFS efforts to place with kin.

During FFYs 2019-2023, Utah focused on increasing the use of kinship care. At the state level, a Kinship Program Administrator oversees the kinship process. Identifying and locating kin families with whom children may be placed is a high priority. DCFS has several provisions that support children who cannot remain in their home of origin being placed with kin or with a family friend that the child knows and with whom the child is comfortable. Each of Utah's five regions have positions dedicated to assisting with the kinship process.

For more information and data on DCFS efforts to strengthen kinship care, please see *APSR Goal #1, Objective 1.1, Goal #2, Objective 2.2; APSR Section Service Descriptions, Kinship Care and Kinship Navigator Funding.*

Relationship of Child in Care with Parents (Item 11): 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 the child participates. DCFS assists parents in addressing available transportation options to support attendance at these events. Planning related to these events often takes place during the Child and Family Team Meetings (CFTM). These efforts are monitored in the CFSR. SFY 2023 result of 58% for CFSR Item 11 is a slight but steady improvement from previous years.

Wellbeing Outcomes

Wellbeing Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs

| Families Have Enhanced Capacity to Provide for their Children's Needs | | | | | | | |
|---|---|--------------------|----------|----------|----------|----------|------------|
| Item | Item Description | 2018 Onsite Review | PIP Goal | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2023 N |
| Item 12 | Needs and Services of Children, Parents, and Foster Parents | 46% | 39% | 41% | 37% | 47% | 89 |
| <i>Item 12 A</i> | <i>Needs assessment and services to children</i> | 82% | 39% | 71% | 80% | 85% | 89 |
| <i>Item 12 B</i> | <i>Needs assessment and services to parents</i> | 56% | 39% | 48% | 46% | 47% | 48 |
| <i>Item 12 C</i> | <i>Needs assessment and services to foster parents</i> | 62% | 39% | 76% | 74% | 76% | 50 |
| Item 13 | Child and Family Involvement in Case Planning | 81% | 66% | 65% | 69% | 71% | 85 |
| Item 14 | Caseworker Visits with Child | 80% | 66% | 63% | 78% | 82% | 89 |
| Item 15 | Caseworker Visits with Parents | 66% | 51% | 58% | 56% | 51% | 77 |

NOTE: The green highlights represent the years where the PIP Goal was achieved.

| CPR Performance on Plan Involvement of the Family—In-Home Services | | | | | | | |
|--|----------|------------------------------|----------|----------|----------|----------|----------|
| Question: IH.3 Were the following team members involved in the development of the current child and family plan? (as evidenced in the case logs) | | | | | | | |
| Sample | Standard | Team Member | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| 94 | 85% | Mother | 92% | 90% | 92% | 95% | 83% |
| 83 | | Father | 78% | 76% | 80% | 76% | 62% |
| 19 | | Other Caregiver ¹ | 87% | 88% | 90% | 89% | 54% |
| 69 | | Child/Youth ² | 71% | 70% | 65% | 88% | 66% |
| 265 | | Combined | 82% | 81% | 82% | 87% | 85% |
| NOTES: ¹ Other Caregiver: guardian, stepparents, and kin. ² Child/Youth: generally, ages 5 and over | | | | | | | |

| CPR Performance on Plan Involvement of the Family—Foster Care Cases | | | | | | | |
|--|----------|------------------------------|----------|----------|----------|----------|----------|
| Question: IV.3 Were the following team members involved in the development of the current Child and Family Plan? (as evidenced in the case logs) | | | | | | | |
| Sample | Standard | Team Member | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| 89 | 85% | Mother | 86% | 85% | 80% | 82% | 80% |
| 80 | | Father | 70% | 74% | 69% | 59% | 63% |
| 114 | | Other Caregiver ¹ | 93% | 89% | 94% | 90% | 89% |
| 68 | | Child/Youth ² | 85% | 85% | 83% | 78% | 74% |
| 351 | | Combined | 86% | 84% | 83% | 79% | 78% |
| NOTES: ¹ Other Caregiver: guardian, stepparents, and kin. ² Child/Youth: generally, ages 5 and over | | | | | | | |

| CPR Performance on Monthly Caseworker Contact with the Mother/Father—In-Home Services | | | | | | | |
|---|----------|-----------------------|----------|----------|----------|----------|----------|
| Question: Did the worker make a face-to-face contact with the mother/father of the child at least once during each month? | | | | | | | |
| Performance Rate for six months | | | | | | | |
| Type and Tool # | Standard | Relationship to Child | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| IH.8 | 85% | Mother | 93% | 93% | 86% | 85% | 84% |
| IH.9 | | Father | 81% | 80% | 68% | 64% | 65% |

| CPR Performance on Monthly Caseworker Contact with the Mother/Father—Foster Care Services | | | | | | | |
|---|----------|-----------------------|----------|----------|----------|----------|----------|
| Question: Did the worker make a face-to-face contact with the mother/father of the child at least once during each month? | | | | | | | |
| Performance Rate for six months | | | | | | | |
| Type and Tool # | Standard | Relationship to Child | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| IB.4 | 85% | Mother | 81% | 79% | 61% | 65% | 63% |
| IB.5 | | Father | 64% | 62% | 50% | 48% | 54% |

Current and Planned Activities—Efforts with Parents

In analyzing DCFS efforts and progress on engaging, assessing, planning, and delivering services for parents (CFSR Items 12b, 13, and 15; and CPR Items IH.3, IH.8, IH.9, IV.3, IB.4, and IB.5) the following observations were made.

Utah tends to engage, assess, and plan with biological mothers at a much higher frequency and better quality than it engages, assesses, and plans with biological fathers. There are several reasons for less engagement with fathers. These include:

- Fathers tend to be working and not available for CFTMs, home visits, and other routine efforts made by DCFS.
- The father's whereabouts were unknown before DCFS involvement and continue to be unknown throughout the life of the case.
- Engaging fathers often requires additional efforts from caseworkers and, even with these efforts, fathers are frequently not located or, when they are located, choose not to engage.
- During CFSR+ Reviews, it has been noted that AAGs and GALs sometimes discourage caseworkers from working with a putative father, even when others involved in the case claim that he is the father. This practice can lead to gaps in services, including engaging, assessing, and planning with fathers, as well as child visitation with fathers and search for and involvement with paternal relatives.
- When there are multiple fathers involved with a family, there tends to be areas of relational conflict that can cause a father to not feel welcomed in case involvement.
- When the court has ordered an end to reunification efforts, added caseworker mentoring from supervisors is needed to clarify ongoing expectations for the parent's visitation and contact with the child.
- Other challenges include incarceration, DV, and/or substance misuse of fathers.

Engaging with other caregivers, such as guardians, stepparents, and kin, also shows a drop at 54% with in-home cases. DCFS will continue to explore ways to improve its efforts to engage fathers and other caregivers.

| CPR Performance on Plan Involvement of the Family—In-Home Services | | | | | | | |
|--|----------|-------------|----------|----------|----------|----------|----------|
| Question: IH.3 Were the following team members involved in the development of the current child and family plan? (as evidenced in the case logs) | | | | | | | |
| Sample | Standard | Team Member | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| 69 | 85% | Child/Youth | 71% | 70% | 65% | 88% | 66% |
| 265 | | Combined | 82% | 81% | 82% | 87% | 85% |
| <i>NOTES: Child/Youth: generally, ages 5 and over</i> | | | | | | | |

| CPR Performance on Plan Involvement of the Family—Foster Care Cases | | | | | | | |
|--|----------|-------------|----------|----------|----------|----------|----------|
| Question: IV.3 Were the following team members involved in the development of the current Child and Family Plan? (as evidenced in the case logs) | | | | | | | |
| Sample | Standard | Team Member | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| 68 | 85% | Child/Youth | 85% | 85% | 83% | 78% | 74% |
| 351 | | Combined | 86% | 84% | 83% | 79% | 78% |
| <i>NOTES: Child/Youth: generally, ages 5 and over</i> | | | | | | | |

| CPR Performance on Monthly Caseworker Contact with the Child—In-Home Services | | | | | | |
|--|----------|----------|----------|----------|----------|----------|
| Question: Did the worker have a face-to-face contact with the child at least once during each month of this review period? | | | | | | |
| Six Month Performance Rate | | | | | | |
| Type and Tool # | Standard | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| IH.4 | 85% | 92% | 88% | 87% | 88% | 85% |

| CPR Performance on Monthly Caseworker Contact with the Child—Foster Care Services | | | | | | |
|---|----------|----------|----------|----------|----------|----------|
| Question: Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once? | | | | | | |
| Six Month Performance Rate | | | | | | |
| Type and Tool # | Standard | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
| IB.2 | 85% | 93% | 91% | 92% | 87% | 90% |

Current and Planned Activities—Efforts with Children

In analyzing DCFS progress and efforts with engaging, assessing, planning, and delivering services for children (CFSR Items 12a, 13, 14, and CPR Items IH.3, IH.4, IV.3, and IV.4), the following observations were made.

Results for children data from SFY 2023 continues to show improvement on caseworker visits with children, as evidenced by the CFSR scores at 82%, CPR in-home scores at 85%, and CPR foster care scores at 90%.

Involving children in case planning shows a decline, which DCFS is currently assessing. DCFS has been encouraging caseworkers to have private conversations with the children on their caseloads to assess for safety. DCFS is looking at ways to help face-to-face contacts with all children to be more purposeful.

Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs.

| Children Receive Appropriate Services to Meet Their Educational Needs | | | | | | |
|---|--------------------------------|--------------------|------------------|------------------|------------------|------------|
| Item | Item Description | 2018 Onsite Review | SFY 2021 Results | SFY 2022 Results | SFY 2023 Results | SFY 2023 N |
| Item 16 | Educational Needs of the Child | 82% | 63% | 68% | 92% | 85 |

Current and Planned Activities

Educational Needs of the Child (Item 16): Item 16 evaluates whether DCFS made concerted efforts to assess children’s educational needs and whether DCFS identified and addressed these needs in case planning and management activities. During SFY 2022, DCFS placed focus on improving caseworker efforts addressing the educational needs of children. During SFY 2023, performance reached 92% for this item.

For additional information on how DCFS is addressing Item 16 with TAL youths, please, see APSR Section VI. John H. Chafee Foster Care Program for Successful Transition to Adulthood, including the ETV Program section.

Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.

| Children Receive Adequate Services to Meet Their Physical and Mental Health Needs | | | | | | |
|---|-----------------------------------|--------------------|----------|----------|----------|------------|
| Item | Item Description | 2018 Onsite Review | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2023 N |
| Item 17 | Physical Health of Child | 73% | 75% | 77% | 92% | 84 |
| Item 18 | Mental/Behavioral Health of Child | 60% | 51% | 70% | 64% | 66 |

Current and Planned Activities:

DCFS has a contract with DHHS to provide co-located nurses in every DCFS office through the Fostering Healthy Children (FHC) program. Some smaller offices in the same region share an FHC nurse. An FHC nurse is assigned to every foster child. The nurses work with healthcare providers to ensure that all foster children’s health needs are met. In addition, nurses contact foster parents regularly to review the children’s treatments, including prescribed medication. FHC nurses assess children’s health status using a tool that determines the frequency of contact. This arrangement has contributed to high performance on health questions in past CFSR+ and CPR reviews.

Physical Health of the Child (Item 17): In previous years, CFSR+ scores were low due to children lacking a 6-month dental exam. Utah only requires annual dental exams for children in foster care. To align with pediatric dental recommendations, DCFS advised FHC nurses that 6-month dental exams were strongly recommended for all children in foster care. DCFS progress regarding this item with SFY 2023 at 92%.

Mental Health of the Child (Item 18): During SFY 2023, mental health services have dropped to 64%. There are concerns that some areas of the state, particularly rural areas, do not have sufficient available mental health services, creating long waiting periods and appointments scheduled too far apart, which hinders progress. DCFS will continue to monitor this concern.

DCFS provides a psychotropic medication oversight panel for children in foster care. In January 2017, DCFS officially launched the Utah Psychotropic Oversight Panel (UPOP), and this service continues to be provided for Utah foster children.

Please see the table below for FFY 2019-2023 UPOP data.

| UPOP Case Reviews and Consultations | | | | |
|--|---------------|-----------------|------------------------------|---------------|
| FFY | TOTAL Reviews | Complex Reviews | Children Under Age 7 Reviews | Consultations |
| 2019 ¹ | 2,085 | 322 | 205 | 266 |
| 2020 ² | 2,014 | 387 | 187 | 80 |
| 2021 | 2,229 | 323 | 253 | 237 |
| 2022 | 2,039 | 246 | 212 | 216 |
| 2023 | 1,902 | 205 | 167 | 221 |
| TOTALS ³ | 12,375 | 1,843 | 1,119 | 1,375 |
| NOTES: ¹ Data for 2019 was provided by UPOP. ² DCFS began recording UPOP data in SAFE in 2020. ³ One case may have multiple reviews and/or consultations within one year. | | | | |

For additional information, please see Attachment C. *Healthcare Oversight and Coordination Plan*.

Systemic Factors

Systemic Factor 1: Statewide Information System

| Statewide Information System | | | |
|------------------------------|------------------------------|---|----------|
| Item | | Summary of Findings | Result |
| Item 19 | Statewide Information System | Utah is operating a statewide information system that readily identifies the status, demographic characteristics, location, and goals for placement of every child in foster care. Stakeholders reported that data is entered in a timely manner. | Strength |

Overview of Utah's Statewide Information System

Item 19 was rated as a strength. Utah currently uses three statewide information systems, Classic SAFE, Web SAFE, and Comprehensive Child Welfare Information System (CCWIS), with a plan to transfer all data and processes to its CCWIS system. The functions of CPS and most of the foster care and in-home services have been moved to CCWIS. DCFS has also started using the QuickSight program to create dashboards and analyze DCFS data.

Exploration of Federal Requirements

DCFS statewide information system team validates federally required information as evidenced by error reports from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the SAFE data team's validation reports. DCFS also utilizes CPRs to evaluate accurate and timely caseworker completion of required documentation.

When data inaccuracies are found through AFCARS error reports, SAFE data team validation reports, CPR reviews, and other quality assurance (QA) efforts, DCFS practice improvement coordinators review the inaccuracies and provide technical assistance (TA) to supervisors to ensure caseworkers correct the data.

Utah's information system provides notifications to caseworkers to enter case data in a timely manner. Supervisors also use SAFE reports to remind caseworkers of data entry items that are coming due or are overdue. Caseworkers enter a valid exit date for every child who exits foster care.

Sources include stakeholder interviews and SAFE team consultations.

Areas for Current and Future Consideration

DCFS is continuing to address data sharing needs. DCFS has memorandums of understanding (MOU) with the courts and has been working with schools and other agencies to review data sharing plans. DCFS is also continuing its work to improve accurate and timely data entry through stabilization of its workforce and ongoing training on data entry processes.

Systemic Factor 2: Case Review System (Items 20-24)

| Case Review System | | | |
|--------------------|-------------------|---|----------|
| Item | | Summary of Findings | Result |
| Item 20 | Written Case Plan | Each child has a written case plan that is developed jointly with the child’s parents and includes the required provisions. The state uses CFTMs as the primary tool to engage parents. CFTMs are required before a case plan can be finalized. Stakeholders confirmed that parents are engaged in case planning. | Strength |

Overview of Case Review System—Written Case Plan

Item 20 was rated as a strength. Utah uses CFTMs, which are attended by the parents and other members of the child and family’s team, as a tool for engaging parents. CFTMs are required before a case plan can be finalized. The UFACET helps to determine the needs of the family and the services that can best address those needs. Each child in care has a written case plan developed at the CFTM.

Exploration of Federal Requirements

The DCFS CCWIS system includes a child and family plan template that ensures required elements are included in each plan. Utah has included teaming as an added element of the CFSR+ process to assess if workers are engaging with parents and children in the planning process. Timeliness of plans is a focus of supervisors with their teams and is also monitored by administrators.

Sources include CFSR interviews and satisfaction surveys, stakeholder interviews, and SAFE team consultations.

Areas for Current and Future Consideration

DCFS will continue to prioritize timeliness of plan creation and family involvement in quality plan development. The CPR and CFSR+ will continue to be used to monitor these elements, along with practice compliance to the plan’s required provisions.

| Case Review System | | | |
|--------------------|--|---|--------------------------|
| Item | | Summary of Findings | Result |
| Item 21 | Periodic Reviews | Initial reviews occur in a timely manner for most children. Stakeholder interviews indicate that subsequent periodic reviews occur for most children every 3 months, and drug court cases are reviewed even more frequently. | Strength |
| Item 22 | Permanency Hearings | An initial permanency hearing occurs in a qualified court no later than 12 months from the date the child entered foster care for a substantial majority of children in foster care. Permanency hearings occur at least annually until the child achieves permanency. | Strength |
| Item 23 | Termination of Parental Rights | Utah ensures that petitions for TPR are filed in accordance with required federal provisions. Stakeholder interviews indicate TPR petitions are filed at month 15 of 22 unless a compelling reason not to file exists. | Strength |
| Item 24 | Notice of Hearings and Reviews to Caregivers | The court expects case workers to notify foster parents, pre-adoptive parents, and relative caregivers of children in foster care of scheduled reviews and hearings. Utah does not yet have a systematic mechanism in place 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. | Area Needing Improvement |

Overview of Case Review System - Court Reviews and Hearing
 Items 21, 22, and 23 were rated as strengths, and Item 24 was rated as an area needing improvement. Utah legal systems are expected to conduct their initial and periodic reviews, permanency hearings, and TPR trials within specified timeframes. The Child Welfare Legislative Oversight Panel is charged with overseeing the court's compliance with these timeframes.

Exploration of Federal Requirements

Utah child welfare court reviews are held quarterly, and some cases are monitored more frequently (Item 21). Permanency hearings are held every six months and include an in-depth review of progress toward permanency goals (Item 22).

During SFY 2023, there were 287 cases in which the final plan was to proceed toward termination of parental rights (Item 23). Of the 287 cases, 67% of TPR petitions were filed and a pre-trial was scheduled within 45 calendar days. While there are multiple reasons for delay at this stage of the court process, the most common reason was due to stipulation of parties. Delays can also be due, in part,

to a general reluctance to petition for termination of parental rights unless a child is already placed in a home that is likely to result in an adoption. Other reasons for delays are the state's inability to locate one or both parents for service of the petition, or when paternity questions are unresolved.

Regarding caregiver notice of hearings and reviews (Item 24), the courts expect caseworkers to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of scheduled hearings and reviews. In the hearings and reviews, judges routinely provide caregivers with an opportunity to be heard. Parents also are asked to complete a court-provided form that allows the court to send notification of upcoming hearings and reviews, as well as other correspondence through email. The court has had success with this strategy.

Sources include CFSR+ data, stakeholder interviews, and court data.

Areas for Current and Future Consideration

In 2020, DCFS created a quality hearing bench card that was designed to encourage more parent and child engagement at court hearings and reviews, as well as discussions about safety, parent and sibling visitation, and permanency goals. This past year, there was an evaluation of quality hearing bench card implementation, and initial findings show that the bench card has been impactful. DCFS will continue to encourage use of the bench card to ensure quality hearings.

Sources include bench card evaluation results, CIP discussions, and stakeholder interviews. For additional information, please see Attachment F. *Hearing Quality Bench Card Initial Analysis*.

Juvenile Court Review Hearing Data:

The annual *Child Welfare Statutory Time Requirements Report*, published by the Administrative Office of the Courts, provides valuable data on various court requirements. The table below presents SFYs 2021-2023 juvenile court data on timeliness of hearing completion at every stage of a child welfare case. Utah's compliance with holding timely hearings continues to be high.

| Timeliness of Hearing Completion | | | | | | | | | | | | | | | | | | | |
|--|--------------------|----------------|----------|----------|-----------|----------|----------|---------------|----------|----------|-------------------|----------|----------|--|----------|----------|--|----------|----------|
| Hearing Type | Statutory Deadline | Incident Count | | | Compliant | | | Not Compliant | | | Percent Compliant | | | Percent Compliant within 15 Days After Benchmark | | | Percent Compliant within 30 Days After Benchmark | | |
| | | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2021 | SFY 2022 | SFY 2023 |
| Shelter | 3 days | 1,084 | 1,088 | 1003 | 1,061 | 1,073 | 986 | 23 | 15 | 17 | 98% | 99% | 98% | 98% | 100% | 100% | 100% | 100% | 100% |
| Child Welfare Proceeding Pretrial | 15 days | 1,176 | 1,157 | 1123 | 1,129 | 1,133 | 1099 | 47 | 44 | 24 | 96% | 96% | 98% | 96% | 100% | 100% | 100% | 100% | 100% |
| Child Welfare Proceeding Adjudication | 60 days | 1,060 | 1,072 | 1048 | 946 | 965 | 915 | 114 | 107 | 133 | 89% | 90% | 87% | 89% | 93% | 92% | 96% | 95% | 95% |
| Child Welfare Proceedings Disposition | 30 days | 1,088 | 1,057 | 1034 | 1,007 | 1,003 | 978 | 81 | 54 | 56 | 93% | 95% | 95% | 93% | 98% | 99% | 100% | 99% | 99% |
| No Reunification to Permanency Hearing | 30 days | 298 | 228 | 213 | 279 | 221 | 202 | 19 | 7 | 11 | 94% | 97% | 95% | 94% | 98% | 98% | 97% | 98% | 98% |
| Permanency Hearing | 12 mos. | 1,085 | 855 | 766 | 955 | 824 | 720 | 130 | 31 | 46 | 88% | 96% | 94% | 88% | 98% | 97% | 93% | 99% | 97% |
| Termination Pretrial | 45 days | 473 | 386 | 287 | 302 | 285 | 193 | 171 | 101 | 94 | 64% | 74% | 67% | 64% | 83% | 74% | 83% | 88% | 78% |
| Removal to Decision on Petition to Terminate | 18 mos. | 126 | 133 | 124 | 89 | 92 | 108 | 37 | 41 | 16 | 71% | 70% | 87% | 71% | 75% | 87% | 75% | 77% | 87% |
| PSS Pretrial ¹ | 15 days | 1,482 | 1,450 | - | 1,453 | 1,415 | - | 29 | 35 | - | 98% | 98% | - | 98% | 100% | - | 100% | 100% | - |
| PSS Adjudication ¹ | 60 days | 1,196 | 1,179 | - | 1,064 | 978 | - | 132 | 201 | - | 89% | 83% | - | 95% | 90% | - | 96% | 93% | - |

Note: ¹ PSS pretrial and adjudication data was not provided in SFY 2023.

Systemic Factor 3: Quality Assurance System

| Quality Assurance System | | | |
|--------------------------|--------------------------|---|----------|
| Item | | Summary of Findings | Result |
| Item 25 | Quality Assurance System | Utah's QA system operates in all jurisdictions. It has standards for quality, identifies strengths and areas needing improvement, provides reports to stakeholders, and evaluates improvement measures. | Strength |

Overview of Quality Assurance System

Item 25 was rated as a strength. Utah's QA system measures outcomes for children and families, as well as the ability of DCFS to integrate the DCFS Practice Model throughout Utah's child welfare system.

Exploration of Federal Requirements

Utah's QA system includes the following components:

- The CPR measures compliance with DCFS policy, state statute, and federal law. The CPR allows decision makers and stakeholders to monitor how well key policies are followed and documented in the statewide information system.
- Utah's CFSR+, which is a combination of the federal CFSR and two elements from Utah's previously used QCR (teaming practices and a satisfaction survey) measures Utah's performance on CFSR outcomes and systemic factors and is conducted statewide on an annual basis. The CFSR+ also includes a client satisfaction survey.
- Stakeholder interviews provide feedback on CFSR+ outcomes.
- Quality Improvement Committees (QIC) in each region and at the state level are comprised of key stakeholders including legal partners, community members, service providers, foster parents, and foster care alumni. QICs provide regular, ongoing feedback to region and state office administrators

about QA issues that affect the child welfare system. QICs also make recommendations.

Sources include CPR and CFSR+ data, stakeholder interviews, and QIC feedback.

Areas for Current and Future Consideration

In addition to conducting annual CFSR+, DCFS also obtains feedback from stakeholders, including community partners and representatives from all levels of DCFS region staff, through stakeholder interviews conducted during the CFSR+ at the region level. The Stakeholder Interview Guide is used when interviewing stakeholders. Findings and conclusions from stakeholder interviews and satisfaction surveys show trends at the local and state level that are used to inform DCFS on current and future projects and initiatives. Stakeholder interviews and satisfaction survey results are also used to monitor the performance of the seven Systemic Factors.

SFY 2023 stakeholder interviews and satisfaction results indicate that administrators, supervisors, and caseworkers are generally informed about CFSR+ outcomes, though administrators and supervisors seem to be more informed than case-carrying staff. Some frontline staff report that, while they receive performance data, they often experience a disconnect regarding knowledge of statewide projects and initiatives.

There are several processes used by the regions to improve practice. These processes include supervisor QA tools to assess documentation practice, morning scrum meetings (MAP/data board meetings) and reviewing SAFE reports to ensure timeliness and quality of child and family plans. Many supervisors report that these processes are helpful ways for staying connected to their teams and helping them fulfill their work responsibilities.

Utah adopted the RBA Model as a CQI process to evaluate the implementation and effectiveness of DCFS projects and initiatives. DCFS has developed data reporting mechanisms to track fidelity, effectiveness, and outcomes of projects and initiatives.

For more information, please see *Section IV. Quality Assurance System and Goal #3, Objective 3.1.*

Systemic Factor 4: Staff and Provider Training

| Staff and Provider Training | | | |
|-----------------------------|-------------------------------------|---|--------------------------|
| Item | Summary of Findings | | Result |
| Item 26 | Initial Staff Training | Utah’s training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan. All direct service staff must complete 120 hours Practice Model Training plus an additional field experience packet. Cases are gradually assigned to workers after completion of initial training and mentoring. Completion of training is monitored, and effectiveness of training is evaluated. | Strength |
| Item 27 | Ongoing Staff Training | Utah does not have a way to track completion of the 40 hours of required ongoing training on a statewide basis other than supervisors monitoring workers’ completion of training. All regions have access to the same array of training and the training provided meets specific needs. Although ongoing training for staff is sufficient, only administrative training for supervisors currently exists. The state is in the process of developing practice-oriented training for supervisors. | Area Needing Improvement |
| Item 28 | Foster and Adoptive Parent Training | There are initial and ongoing training requirements for prospective foster parents, adoptive parents, and staff of state-licensed facilities. Numerous training courses are available to foster and adoptive parents that address the skills and knowledge base needed to carry out their duties. The state’s DCFS Audit Team monitors compliance with training requirements for foster parents certified by child-placing agencies and staff of licensed facilities. | Strength |

For more information, please see Attachment E. *Training Plan* and Attachment B. *Foster and Adoptive Diligent Recruitment Plan.*

Systemic Factor 5: Service Array and Resource Development

| Service Array and Resource Development | | | |
|--|--------------------------|--|--------------------------|
| Item | | Summary of Findings | Result |
| Item 29 | Array of Services | Although there is an adequate array of services, access to services is limited in some jurisdictions of the state, especially in the rural areas. In these areas, there is a need for more foster homes, mental health services, substance abuse treatment services, DV services, affordable housing, and public transportation. Additional barriers include waitlists, and the distance families must travel to access services. Stakeholders also said adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state. | Area Needing Improvement |
| Item 30 | Individualizing Services | Utah's Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as CFTMs, support caseworkers' efforts to tailor services. However, stakeholders reported that in some jurisdictions of the state, individualization of services is difficult due to barriers in accessing some of the services. Stakeholders also reported a lack of culturally competent services for Native Americans or for families who speak languages other than English. | Area Needing Improvement |

Overview of Service Array and Resource Development

Items 29 and 30 were rated as areas needing improvement. These items continue to be challenging for DCFS. To address these challenges, DCFS has focused on the following:

- Expand the array of evidence-based services or programs for children, youths and families involved with DCFS, including kinship caregivers, as components of the Family First Prevention Services Act (FFPSA) implementation for prevention services and kinship navigator services.
- Enhance access to clinical and non-clinical wraparound services for children, youths, and families, which may also include kinship caregivers; expand the number of providers contracting to provide these services under the Integrated Clinical Wrap Services contract, if necessary, and implement strategies to expand availability, especially in rural areas, such as:
 - Incentives for providing services in rural areas

- Enhanced rates for evidence-based interventions provided in the family's home.
- Improved provider access to telehealth platform.
- Explore methods to assess service gaps and needs, including problems with access, on an on-going basis throughout the state. Identify and prioritize regional gaps with local stakeholders. Facilitate development of identified services.

Exploration of Federal Requirements

Issues of accessibility and availability of services, particularly in rural areas, are a DCFS priority. One effort is through the Intensive Care Coordination Program, originally referred to as System of Care. Intensive Care Coordination is intended to provide high fidelity wraparound services to children and families in need.

Sources include CFSR+ data, satisfaction surveys, and stakeholder interviews.

Areas for Current and Future Consideration

While these efforts have contributed to the development and strengthening of the array of services available for children and families, this work is an ongoing process.

The addition of Evidence Based Practice (EBP) services under Utah's Title IV-E Prevention Program Plan is taking place over an extended period, as research demonstrating effectiveness of programs is expanded and necessary training is provided for program implementation. With increasing availability of services, efforts to prevent children from entering foster care will be enhanced. Utah continues to develop and support training efforts as well as expand use of EBP services.

With changes in department administration and priorities, and significant changes within the DCFS organization, capacity for supporting implementation and expansion of the Title IV-E Prevention Program Plan was significantly reduced. DCFS is working to sustain what has already implemented. Currently, DCFS is not

expecting immediate increases in capacity to allow for further service expansion and growth.

Please see *Goal #2, Objective 2, Measure 2.1.b.* for an overview of these efforts.

Stakeholder interviews conducted during SFYs 2022 and 2023 provided the following insights regarding priorities and concerns:

- Expanding the service array, particularly in rural areas, will continue to be a priority. With a history of high staff turnover, knowledge about available services suffers. The 211 service is reported to be helpful but is not always sufficient.
- Stakeholders across the state continue to report long waitlists to access mental health services and substance abuse treatment. Waitlists are also reported for basic services.
- Access to affordable housing and public transportation continues to be a challenge. Affordable housing has reached a crisis level due to steep increases in rent and housing prices, especially in Utah's urban areas.
- Clients with criminal histories struggle to find housing, even with vouchers in hand. In some cases, this has affected reunification timeframes.
- A shortage of available foster homes and residential placements is another frequently reported challenge, resulting in children being placed out of area or in placements not commensurate with their needs.
- For clients in rural areas, accessing residential treatment often requires travel to urban areas.
- In some rural areas, there is only one DV service provider. Contracts do not allow both parents to attend the same DV treatment provider, which means that one parent must travel a long distance to access this service.
- The service array along the Wasatch Front is better than in rural areas but has also experienced periods of long wait lists. There are more services for specific language groups and refugee populations.

- Utah Youth Village and its Families First in-home service is a desired service that stakeholders speak highly of, but demand often results in long wait times for access. Some stakeholders report that other services are overlooked due to the reliance on the Families First service.

In May 2022, to address a gap in the provision of mental health services in Utah’s rural communities, Intermountain Healthcare announced the expansion of its Stabilization Mobile Response (SMR) program to five of Utah’s rural counties: Wayne, Piute, Severe, Millard and Sanpete. The Stabilization Mobile Response program is designed to provide help in a variety of circumstances. An individual can call 1-833-SAFE-FAM for help and a trained professional will answer the call, help the family with de-escalation, and determine services that best fit the family's needs. By May 2023, the service had expanded to all five DCFS regions and included 23 of Utah’s 29 counties.

Please see the table below for a listing of the counties by region.

| Utah Stabilization Mobile Response Program County Representation by DCFS Region | | | | | |
|---|-----------|------------------|---------|------------|----------|
| Region: | Northern | Salt Lake Valley | Western | Southwest | Eastern |
| Counties: | Box Elder | Salt Lake | Juab | Beaver | Carbon |
| | Cache | Tooele | Millard | Garfield | Daggett |
| | Davis | | Summit | Iron | Duchesne |
| | Morgan | | Utah | Kane | Emery |
| | Rich | | Wasatch | Piute | Grand |
| | Weber | | | Sanpete | San Juan |
| | | | | Sevier | Uintah |
| | | | | Washington | |
| | | | | Wayne | |

NOTE: Counties in gray are those that do not yet have the service; however, these six counties all have Mobile Crisis Outreach Team services through local mental health agencies.

For additional information on Service Array and Resource Development, please see *Goal 2, Objective 2.1*

Systemic Factor 6: Agency Responsiveness to the Community

| Agency Responsiveness to the Community | | | |
|--|---|--|----------|
| Item | | Summary of Findings | Result |
| Item 31 | State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR | DCFS is responsive to the statewide community system and ensures that the state engages the community in implementing the provision of the CFSP and ongoing developments through the APSR. The state has forums in place to engage in ongoing consultation with Tribal representatives, children and families, service providers, foster care providers, juvenile courts, and other public and private child- and family-serving agencies. | Strength |
| Item 32 | Coordination of CFSP Services with Other Federal Programs | DCFS coordinates with a variety of other agencies that provide services and benefits of other federal or federally assisted programs serving the same populations, including but not limited to Temporary Assistance to Needy Families (TANF), DHHS and Early Intervention Programs, Head Start Programs, Medicaid, the Division of Services for People with Disabilities, Women, Infants and Children (WIC) programs, the State Offices of Education and Housing Services, and the Office of Substance Use and Mental Health. | Strength |

Overview of Agency Responsiveness to the Community

Utah was in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Both items in this systemic factor were rated as strengths.

Exploration of Federal Requirements

Utah values collaboration with its partners, including all Utah Tribes, and continues to seek partnerships that will benefit Utah children and families. DCFS will continue to use this process to identify problems, look for solutions within the communities served, and respond to concerns and recommendations. This approach has resulted in long-lasting and trusting relationships. DCFS will continue to collaborate with other state and federal programs to achieve better outcomes for the families with whom it works.

Sources include interviews with stakeholders, discussions with DCFS Program Administrators and the DHHS Office of American Indian Alaska Native Health and Family Services, and reviews of CWIC and QIC reports.

Areas for Current and Future Consideration

Stakeholder interviews show that DCFS continues to be very responsive to community needs and participate in many committees and community collaborations. DCFS has good relationships with local law enforcement agencies and Children Justice Centers (CJC), community non-profits, Utah Tribes, and federal agencies, such as the Social Security Administration and Head Start.

For additional information, please see *APSR Section VII. Consultation and Coordination between States and Tribes* and *APSR Section Update to the Plan For Enacting The State's Vision and Progress Made to Improve Outcomes, Goal #4, Objective 4.1.*

Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention

| Foster and Adoptive Parent Licensing, Recruitment, and Retention | | | |
|--|---|---|--------------------------|
| Item | | Summary of Findings | Result |
| Item 33 | Standards Applied Equally | In Utah, standards are applied equally to all licensed or approved foster family homes, child-placing agencies, and childcare institutions. | Strength |
| Item 34 | Requirements for Criminal Background Checks | Utah has a process in place to ensure that the state complies with federal requirements for criminal background clearances related to licensing foster care and adoptive placements. The state has a case planning process in place that includes provisions for addressing the safety of foster care and adoptive placements for children. | Strength |
| Item 35 | Diligent Recruitment of Foster and Adoptive Homes | The state contracts with Utah Foster Care to provide diligent recruitment of foster and adoptive families. The recruitment process functions well to ensure that there is a statewide comprehensive process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. Regional recruitment plans are developed based on each region's needs assessment on an annual basis. | Strength |
| Item 36 | State Use of Cross-Jurisdictional Resources for Permanency Placements | A large percentage of ICPC home studies are not completed on a timely basis. Barriers to timely completion of home studies include delays in receiving ICPC documents from the central office, as well as relatives not following up on requested activities. Utah does effectively use cross-jurisdictional resources, such as the Adoption Exchange, the Heart Gallery, and Wendy's Wonderful Kids, to identify permanent placements for foster children. Additionally, Utah uses the Round Table process to locate permanent placement options for children. | Area Needing Improvement |

Overview of Foster and Adoptive Parent Licensing, Recruitment, and Retention

Utah was in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Three of the four items in this systemic factor were rated as strengths.

Exploration of Federal Requirements

DHHS Office of Licensing (OL) works closely with DCFS. OL is responsible for ensuring that approved foster family homes and childcare institutions receiving Title IV-E funds comply with state standards. OL frequently audits each program. All

OL criteria and specifications that guide services delivered by community providers conform to federal law and recommended national performance standards. OL also oversees the criminal background screening and child abuse registry screening processes for foster and adoptive parents and works with the Department of Public Safety to ensure that criminal background checks are completed. Background screenings are recorded in the SAFE data management system, which OL uses to track compliance.

DCFS Interstate Compact on the Placement of Children (ICPC) team is 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. Many factors affect the timeliness of home study completion and processing, some of which are not in DCFS control, such as delays in processes or in receiving required information from families, other agencies, and other states.

The table below displays SFYs 2019-2023 ICPC timeliness of home studies data.

| Timeliness of Incoming ICPC Home Studies | | | | | | | | | | |
|---|----------|-----|----------|--------|----------|--------|----------|--------|----------|-------|
| Completion Time | SFY 2019 | | SFY 2020 | | SFY 2021 | | SFY 2022 | | SFY 2023 | |
| | Count | % | Count | % | Count | % | Count | % | Count | % |
| 60 Days or Less | 124 | 52% | 102 | 41.60% | 108 | 47.60% | 88 | 43.35% | 85 | 39.0% |
| 61 to 75 Days | 26 | 11% | 24 | 9.80% | 19 | 8.40% | 24 | 11.82% | 25 | 11.5% |
| 76 Days or Greater | 89 | 37% | 119 | 48.60% | 100 | 44.10% | 91 | 44.83% | 108 | 49.5% |
| TOTAL ¹ | 239 | | 245 | | 227 | | 203 | | 218 | |
| <i>NOTE: ¹Total percent may not equal 100%, due to rounding.</i> | | | | | | | | | | |

The table below displays FFYs 2019-2023 ICPC placement requests.

| Incoming and Outgoing ICPC Placement Requests | | | | | | | | | | |
|---|----------|-----|----------|-----|----------|-----|----------|-----|----------|-----|
| ICPC Type | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| | In | Out | In | Out | In | Out | In | Out | In | Out |
| All Adoptions | 101 | 144 | 109 | 146 | 70 | 71 | 89 | 163 | 49 | 34 |
| Foster Care | 162 | 96 | 92 | 40 | 103 | 61 | 118 | 37 | 112 | 28 |
| Parent | 53 | 75 | 64 | 45 | 58 | 71 | 54 | 29 | 43 | 14 |
| Kinship | 100 | 160 | 119 | 132 | 88 | 138 | 72 | 94 | 73 | 30 |
| Residential Treatment | 2,530 | 17 | 1,302 | 12 | 412 | 6 | 344 | 2 | 162 | 0 |
| Total Incoming/Outgoing | 2,946 | 492 | 1,686 | 375 | 731 | 347 | 677 | 325 | 439 | 106 |
| TOTAL Placement Requests | 3,438 | | 2,061 | | 1,078 | | 1,022 | | 545 | |

Areas for Current and Future Consideration

Please see Attachment B. *Foster and Adoptive Diligent Recruitment Plan*.

III. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

Utah's CFSP is part of a broader endeavor to synchronize multiple initiatives that, once fully integrated and coordinated, will more effectively help DCFS realize its overall vision of "safe children through strengthened families." Timing for the 2020-2024 CFSP planning occurred simultaneously with planning for: (1) Utah's CFSR PIP, (2) implementation of FFPSA, (3) conclusion of the Title IV-E child welfare demonstration project, HomeWorks, and (4) design of Operational Excellence system improvements as part of a state government-wide initiative.

Goals, Objectives, and Measures

Utah's 2020-2024 CFSP goals were formed because of identified needs, and, through a collaborative process, possible solutions were analyzed and weighed in a variety of venues. National-level strategic planning sessions with Court Improvement partners helped set the foundation for overall planning and conceptualizing goals. PIP workgroups analyzed CFSR findings, seeking to identify underlying needs and select strategies to resolve those needs. The Department of Human Services organized cross-agency teams, which included state-level health and human services agencies, community-service providers, child-welfare regional staff, and consultation with Tribes and clients, to analyze and address provisions of FFPSA, with particular focus on how the prevention-services provisions could build upon the foundation of Utah's IV-E waiver child welfare demonstration project. Planning for completion of the IV-E waiver gave DCFS an opportunity to reflect upon processes for implementation and to utilize waiver funds as a bridge to increase prevention resources. The former Utah governor's Operational Excellence initiative provided for an intensive system self-assessment, with outside consultation from experts in the Theory of Constraints model. Input from the Child Welfare Improvement Council (CWIC), an independent advisory body, resulted in additional recommendations for refinements. Together, these efforts led to the selection of four primary 2020-2024 CFSP goals for improving Utah's child welfare system and outcomes for children and families, which can be generalized as having "safe children through strengthening families within the context of a supported

workforce and integrated child welfare system and community.”

These broad goals reflect priority concerns of the agency and guide selection of significant areas of improvement that Utah will focus on through the FFY 2020-2024 CFSP period. Elements of each of the other initiatives are integrated into goals and objectives for the CFSP and constitute the highest priorities for system improvement in Utah’s child welfare agency during the period of the plan.

APSR Update

Following each goal’s objective is Utah’s APSR update to its plan for enacting the state’s vision and progress made to improve outcomes, including revisions to goals, objectives, and interventions, since submission of the FFY 2020-2024 CFSP.

Goal #1: Children will remain safe at home or free from maltreatment while in State care.

Initial Rationale for Selecting Goal for the Plan:

Child safety from maltreatment is the foremost responsibility of DCFS. Continuing efforts to improve caseworker ability to evaluate safety are always a necessity. In Utah’s CFSP, needs for improvement were identified for both Safety Outcome 1 and Safety Outcome 2, as described in a prior section of this document and in Utah’s PIP. Root cause analysis focused attention particularly on the need to ensure caseworkers more systematically assess child safety at critical junctures across all types of child welfare cases. In addition, analysis of child fatalities and near fatalities in the past year brought renewed attention to the most extreme consequence that can occur when child safety is not attained, with children under age one being most at risk. Data (listed in the “Populations at Greatest Risk of Maltreatment” section of the CFSP) prompted DCFS to challenge a “one size fits all” approach to child protective services assessments (aside from priority time frame) and develop differing requirements based on child vulnerability and types of allegations. For example, the data showed that children under age five are at high risk of maltreatment, including children one year or younger who accounted for 69% of fatalities in SFY 2018 and 50% of fatalities in SFY 2019. Utah’s CPS Success Project

has provided evidence that, with a supportive system, CPS worker capacity can be increased, which may allow for increased time with families during the investigative period, better ensuring child safety.

Objective #1.1: Design and implement a system that supports CPS workers in responding to a referral in a way that better ensures child safety commensurate with identified child vulnerabilities and allegations.

APSR Benchmarks / Time Period Update: System design is completed (including SAFE supports, practice guidelines, etc.); pilot sites will be trained by July 2021; system is successfully implemented at pilot sites by December 2021.

Measures: 1.1.a. and 1.1.b. % recidivism (at 90 days and at 12 months) after CPS assessment is completed for children with higher vulnerabilities; 1.1.c. % children seen within priority time frame.

APSR Update

This objective, originally known as Safety at Critical Junctures, focuses on ensuring safety across the system; this work includes the First Impression Project. First Impression (FI) intensively focuses on the DCFS initial involvement during a CPS case, when safety issues have been identified. FI also focuses on improving the flow of a family's case at the onset of DCFS involvement to set families up for a greater chance of success.

A FI response intentionally involves families and their wider circle to address safety for children. This includes increasing family voice and engagement from the initial safety assessment of a case through the facilitation of upfront family-driven teaming, intensely searching for and engaging with kin and initial kin placements and reducing systemic barriers to accessing evidence-based and appropriate services in a timely manner.

FI intensively focuses on the onset of a CPS assessment. Since families are the experts on their experiences, strengths, and needs, family voice must be heard

early during DCFS involvement to ensure inclusion of the family in decision-making and in resolving safety concerns. Robust teaming with the right participants helps to develop tailored plans, determine necessary services to resolve safety issues, and mitigate risk. Families benefit from the increased social connections this model supports.

Pilot

In March 2021, DCFS began a contract with the Kempe Center for its assistance with the First Impression project, including implementation of a pilot, discussed below. The Kempe Center works with pilot site coordinators on all phases of the process.

The First Impression workgroup selected a teaming model process, Family Group Decision Making (FGDM). Through work with the Kempe Center, modifications to FGDM were made and focused on how to use this framework for creating an expedited response at the CPS level to support children and families quickly and at the point they initially become involved with DCFS. Additional modifications were tailored to specifically address Utah's child welfare system. The name given to this new process is Family Action Meeting (FAM).

The eight core values of the FAM process include:

1. Children have a right to maintain their kinship and cultural connections throughout their lives.
2. Children and their parents belong to a wider family system that both nurtures them and is responsible for them.
3. The family group, rather than the agency, is the context for child welfare and child protection resolutions.
4. All families are entitled to the respect of the state, and the state needs to make an extra effort to convey respect to those who are poor, socially excluded, marginalized, or lacking power or access to resources and services.
5. The state has a responsibility to recognize, support, and build the family group's capacity to protect and care for their young relatives.

6. Family groups know their own histories, and they use that information to construct thorough plans.
7. Active family group participation and leadership is essential for good outcomes for children, but power imbalances between family groups and child protection agency personnel must first be addressed.
8. The state has a responsibility to defend family groups from unnecessary intrusion and to promote their growth and strength.

To establish the FI/FAM pilot, one urban and two rural sites were selected. The pilot sites helped to facilitate a broad spectrum of information, which has informed the process, including its expansion, with an eventual plan to scale the project statewide. Within the pilot sites, capacity was created to support the existence of a coordinator role. The coordinator works with the family to help them build their support system. In response to lessons learned throughout the pilot phase, DCFS and the Kemp Center are continually refining and improving processes.

Family Action Meetings Overview

The family support system is invited to the FAM, which is held at the onset of a CPS assessment to address safety concerns. FAM increases family voice in the planning process and places effort on keeping children safely at home, whenever possible. A primary focus of FAM is for families to experience less trauma; this is accomplished with fewer unnecessary removals and increased support from kin, which occurs by bringing kin into the process early and robustly. FAM intentionally creates transparency and strategically reduces the power differential between DCFS and the family.

FAM facilitates an expedited response when a safety concern is identified. A referral meeting is held one business day from the initial CPS referral, and a FAM is held three business days from the referral meeting or prior to the shelter hearing. Each phase of FAM is designed to address the power differential between the family group and DCFS.

The four phases of the FAM process include:

1. Referral
2. Preparation
3. Meeting
4. Plan Implementation and Follow-up

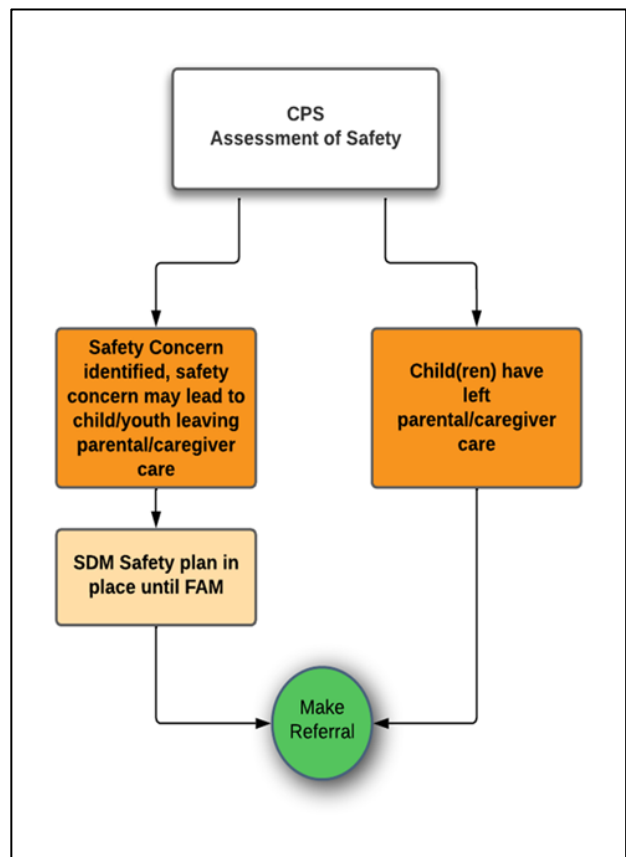
A primary goal of the FAM process is for families to be a part of the decision-making team and partner with system representatives to create consensual decisions acceptable to all parties.

Before a referral is made, it must be determined that there is sufficient information to explain to the family what the child safety concern is.

In the family group, DCFS and the family's wider support system address safety concerns. This is the context for child welfare and safety resolution. The family group and DCFS work together to develop a plan through consensus to address safety concerns.

The relationship between the family and caseworker is improved because the family is involved in making case decisions, instead of being told by DCFS what is going to happen.

High-level transparency enables family group members to utilize their strengths and plan more effectively. This, in turn, increases the quality of family member participation and the likelihood of a strong presence of functioning family members throughout the process.

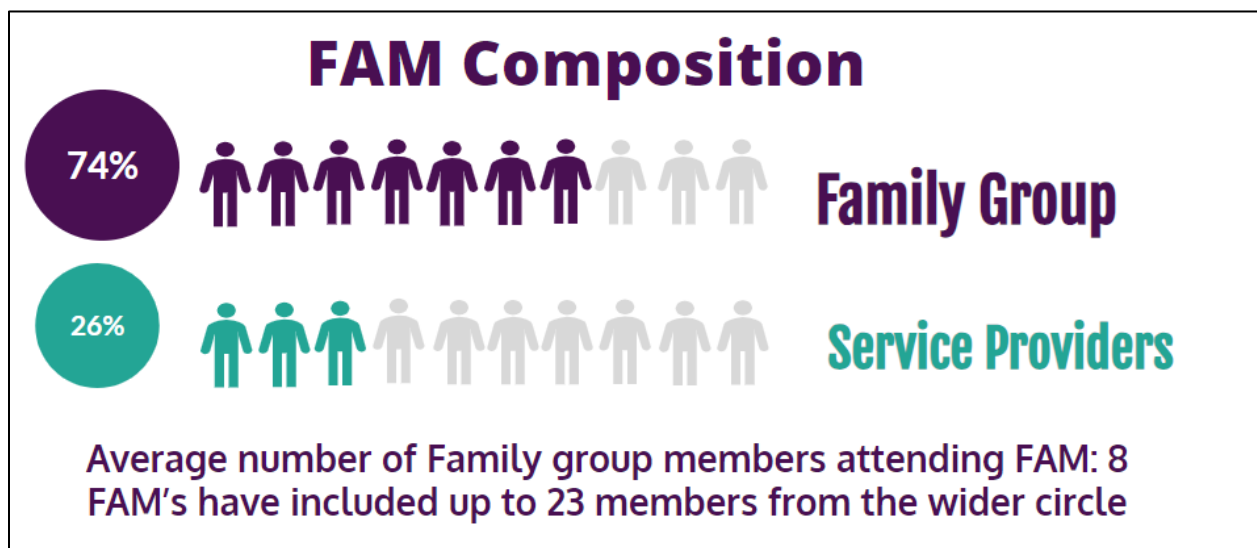


Children are also finding their voice as they realize the strength and depth of their safety net.

The FAM process creates stronger family bonds and has been reparative to some previously strained family relationships.

These elements of the FAM process increase the likelihood of long-term safety.

The plan guides how the family and DCFS work together moving forward. The average FAM composition is 74% family group participants, a 1% increase from last year, and service providers make up 26%.



History of Expansion

In August 2021, three FAM pilot sites were established. Once it was determined that FAM was beneficial to families and a decision was made to grow, DCFS developed a plan for expanding the FAM process across the state. To ensure the FAM process would be implemented to fidelity, a FAM Program Manager was hired, and capacity was created to support a team of specialized FAM coordinators. Existing training was modified, using lessons learned during the initial stages of the pilot, to strengthen and better support all staff when making the transition to using the FAM process.

The plan strategy supported staged implementation of FAM seed offices in each of the three DCFS regions that were not involved in the pilot. Simultaneously, DCFS continued to expand FAM in the pilot regions, Southwest and Salt Lake Valley, as these regions indicated readiness to onboard additional offices. Existing FAM office teams are providing mentorship to seed offices. This approach to expansion has allowed for a deeper understanding of the FAM process, provided strategies for addressing regional challenges, and built regional expertise.

Beyond the initial three pilot sites, in November 2022, a Northern Region seed office and an additional office in the SLV Region were launched.

This was followed by additional offices launching in the SLV Region, resulting in FAM implementation in all the SLV Region offices in summer 2023. During the same time, the Eastern Region launched its seed office.

In November 2023, an additional office was launched in the Southwest Region, resulting in FAM implementation in all Southwest Region offices.

In February 2024, the Western Region launched its seed office and the Northern Region launched two additional offices, resulting in each DCFS region having at least one seed office that has implemented the FAM process. The two pilot regions continue to support ongoing learning and ensure the implementation of FAM is done to fidelity in each DCFS region.

FAM staff now includes one program administrator, two supervisors, and five coordinators.

There are now 14 DCFS offices across the state in urban and rural areas that are actively engaged at varying degrees of using the FAM process.

Please see the table below for FAM office locations and launch dates.

| FAM Office Locations | | | |
|----------------------|------------------------|-------------|-------------------|
| DCFS Region | Office City | Designation | Launch Date |
| Salt Lake Valley | Oquirrh ¹ | Urban | August 1, 2021 |
| Southwest | Richfield ¹ | Rural | August 1, 2021 |
| Southwest | Manti ¹ | Rural | August 1, 2021 |
| Salt Lake Valley | Metro | Urban | November 1, 2022 |
| Northern | Ogden ² | Urban | November 7, 2022 |
| Salt Lake Valley | Midtown | Urban | May 3, 2023 |
| Southwest | Cedar City | Rural | July 17, 2023 |
| Eastern | Vernal ² | Rural | August 7, 2023 |
| Salt Lake Valley | Southtowne | Urban | August 10, 2023 |
| Salt Lake Valley | Tooele | Rural | August 11, 2023 |
| Southwest | St George | Rural | November 10, 2023 |
| Western | Salem ² | Urban | February 1, 2024 |
| Northern | Brigham City | Rural | February 1, 2024 |
| Northern | Logan | Urban | February 1, 2024 |
| Northern | Bountiful | Urban | |
| Northern | Clearfield | Urban | |
| Western | American Fork | Urban | |
| Western | Orem | Urban | |
| Western | Delta | Frontier | |
| Western | Fillmore | Frontier | |
| Western | Beaver | Frontier | |
| Western | Provo | Urban | |
| Western | Heber | Rural | |
| Eastern | Moab | Frontier | |
| Eastern | Price | Rural | |
| Eastern | Roosevelt | Frontier | |
| Eastern | Blanding | Frontier | |
| Eastern | Castledale | Frontier | |

Notes: ¹Initial FAM pilot locations. ² FAM Seed office locations.

Education and Training Efforts

Multiple cohorts of DCFS leadership completed robust FAM training from the Kempe Center that included eight FAM modules (five core and three coordinator-specific) to increase understanding and build internal capacity. Leaders from all five regions have been trained and include region directors, associate region directors, administrators, supervisors, and lead workers.

DCFS strengthens the skills of the FAM coordinators through requiring completion of the Kempe Center's eight FAM modules and a direct mentoring plan, as well as attendance at weekly meetings and participation in ongoing training that focuses on specific skills promoting fidelity of the FAM process. All training is guided by CQI data for each coordinator that identifies strengths and areas for improvement, as well as their own self-advocacy. Additionally, DCFS provides all staff who work in FAM-implemented offices training in the Kemp Center's five core FAM modules.

In addition to educating its leadership, FAM coordinators, and FAM office staff, DCFS has continued to inform community partners about its initiative to increase efforts at the onset of DCFS involvement.

In September 2022, DCFS met with AAG section directors to increase understanding of the FAM approach and secure support for advocacy of FAM plans when there is court involvement. Additionally, DCFS presented FAM at the AAG Conference in April 2023.

During FFY 2023, DCFS also provided FAM presentations to the CIP Committee, the Board of Judges, and GAL and AAG area teams across the state. DCFS has been intentional in underscoring how the FAM process aligns with other child welfare initiatives, such as the Bench Card, kinship efforts, and the CIP Guiding Principles.

Because implementing FAM to fidelity is critical, DCFS tracks the effectiveness of the FAM process through CQI, which includes anonymous surveys completed by family group participants after each FAM meeting. Response continues to be favorable about the FAM process. For example, 83% of those who completed the survey

indicated it was helpful to bring the family together to discuss the situation, and 84% indicated DCFS clearly stated the concerns the plan needed to address.

Steeped in the value that inclusion creates safety, the FAM coordinators work diligently to ensure there is a robust family group and an intentional focus on efforts to include both sides of the family. As noted earlier, during FFY 2023, the average family group participant make-up was 74% family, a 1% increase from last year, and 26% service providers. The average number of family group members attending the FAM also increased from seven to eight. FAM's have included up to 23 family group members, all working together to make certain their loved ones are safe and supported. Family group members include children, mothers, fathers, stepparents, adult siblings, grandparents, aunts, uncles, cousins, family friends, neighbors, educators, religious leaders, and others.

While it is still early in the implementation process, DCFS is encouraged by how First Impression and FAM are being received.

Culture of Safety

In October 2020, a project team was selected to identify safety areas within Utah's child welfare system that needed improvements. The project was named Culture of Safety and is designed to infuse safety throughout Utah's child welfare system.

Culture of Safety includes three primary goals:

1. Help staff feel safe through the provision of a supported workforce
2. Help families create safe homes through the completion of comprehensive assessments and appropriate resource provision
3. Help children remain safe in their own home or in out-of-home-placements, when necessary

Phase One

Culture of Safety's first phase is completed. Phase One focused on vulnerable children. Through the problem exploration process, the project's workgroup identified the populations of children at greatest risk of serious injury or fatality. A comprehensive staffing guide was created to assist workers in gathering the most

relevant, factual, and timely information possible to make informed safety determinations. The guide is designed to facilitate critical thought and reduce potential biases. Along with the guide, the workgroup created Resource Guides on each of the identified vulnerable populations. The resource guides were provided for workers for use as a supplement to the Staffing Guide. The identified vulnerable populations addressed include:

- Children who are under the age of 5
- Children who have a developmental delay
- Children who are nonverbal
- Children who have a sentinel injury
- Infants who have a caregiver who is using substances
- Children who have a disability or special healthcare needs
- Children who have a high risk of death by suicide

The Resource Guides enhance the Staffing Guide by focusing on what makes the child vulnerable. Special considerations are applied for working with each population and specific resources designed to address the needs of each population are suggested. This phase was rolled out as a live two-hour virtual training to all DCFS staff in March 2021. The training introduced the comprehensive Staffing Guide and Resource Guides. To receive training credit hours, each participant was required to complete a post-test after completion. In addition to the post test, the CQI process has included feedback from users on the staffing guide from users, such as supervisors and caseworkers, which has led to changes and refinements during FFYs 2021 and 2022.

Through this process, it was determined that CFSR+ will serve as the CQI for the staffing guide moving forward.

Phase Two

Because a high number of children enter DCFS custody due to caregiver substance use disorder, Culture of Safety Phase Two focuses on safety as it relates to substance use disorder. House Bill 73, which became a law on May 5, 2021, prohibited the court, DCFS, and Guardians Ad Litem from referring to any party for

hair or fingernail testing to determine substance use. A more comprehensive way to address safety, other than drug testing, was necessary.

Clear communication addressing the legislative update was provided to frontline supervisors. Supervisor orientations were completed in May 2021. Additionally, program administrators provided virtual staffing times and a centralized technical support email for staff to refer to when addressing issues.

An additional section was added to the Safety Staffing Guide to enhance worker knowledge of assessing caregiver substance use. The guide is a one-page document that outlines risks to consider when caregivers are using substances. Frequent behavioral indicators, physical indicators and environmental indicators are also listed within the guide. Supervisors were given open-ended staffing questions to clearly outline the safety issue when caregivers' substance use presents a safety concern for children.

DCFS also held Supportive Supervision Training for all supervisors and administrators that perform direct frontline work. This training was focused on the following four priorities:

- Assessing safety of children and clearly articulating the safety concern
- Enhancing quality contacts when assessing the safety of children
- Increasing parent engagement throughout the case
- Permanency planning for children and families

Training was completed in November 2021. Each supervisor and administrator were asked to complete an action plan to enhance the work on their respective teams. The action plans were shared with administrators for the purpose of follow-up with teams and tracking progress made in the four priority areas.

This concluded the design and implementation work of the Culture of Safety project. This work is now considered standard practice and is monitored through case staffing and the CFSR+ process.

Strengthening CPS

An effort completed in November 2020 and related to CPS response is Strengthening CPS. This initiative introduced work practices aimed at improving CPS casework processes and outcomes for families. The Strengthening CPS pilot implementation included regular feedback sessions with region administration, CPS supervisors, and the implementation team. The sessions were designed to learn from the field and were held every 10 days for over one year, creating an ongoing state of CQI. During the sessions, strategies were refined, and processes were revised. This 10-day cycle of process improvement sessions repeated until implementation of Strengthening CPS was completed. Based on the results of the evaluation and the lessons learned through the feedback sessions, ongoing CPS practice was modified to include Strengthening CPS as a part of regular practice and an expectation for all CPS teams.

Objective 1.1 data for FFYs 2019-2023 (90-days) and FFYs 2019-2023 (12-months) is presented in the three tables below.

Measure 1.1.a.

| Supported Victims without a Recurrence of Maltreatment within 90 Days ¹ | | | | | | | | | | |
|--|----------|---------|----------|---------|----------|---------|----------|---------|-----------------------|---------|
| | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 ² | |
| Victim Age at First Case Start | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent |
| 0 to 1 Year | 51 | 97.1% | 63 | 95.7% | 49 | 96.3% | 38 | 96.3% | 31 | 97.0% |
| 2 to 5 Years | 82 | 96.3% | 82 | 95.9% | 82 | 95.8% | 79 | 95.8% | 66 | 96.2% |
| 6 to 12 Years | 142 | 96.4% | 128 | 96.4% | 173 | 95.2% | 117 | 95.2% | 122 | 96.3% |
| 13 Years and Older | 104 | 96.5% | 96 | 96.8% | 98 | 96.4% | 61 | 96.4% | 91 | 96.9% |
| TOTAL | 378 | 96.5% | 368 | 96.3% | 402 | 95.8% | 294 | 95.8% | 308 | 96.6% |

NOTES: ¹ Recidivism data are reported for the FFY in which the first supported case was closed. ² FFY 2023 data are included for Measure 1.1.a, as 90 days have passed since the last day of FFY 2023.

Measure 1.1.b.

| Supported Victims without a Recurrence of within 12 Months ¹ | | | | | | | | | | |
|---|----------|---------|----------|---------|----------|---------|----------|---------|-----------------------|---------|
| | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 ² | |
| Victim Age at First Case Start | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent |
| 0 to 1 Year | 179 | 89.9% | 163 | 89.0% | 157 | 88.0% | 128 | 88.9% | | |
| 2 to 5 Years | 247 | 89.0% | 251 | 87.5% | 229 | 88.3% | 232 | 86.8% | | |
| 6 to 12 Years | 418 | 89.3% | 398 | 88.9% | 433 | 88.0% | 348 | 89.1% | | |
| 13 Years and Older | 278 | 90.8% | 237 | 92.0% | 256 | 90.7% | 234 | 92.4% | | |
| TOTAL without Recurrence within 12 Months | 1,115 | 89.8% | 1,043 | 89.6% | 1,072 | 88.8% | 937 | 89.8% | | |

NOTES: ¹ Recidivism data are reported for the FFY in which the first supported case was closed. ² FFY 2022 data are not included, as a full 12 months have not passed since the last day of FFY 2022. Data for CPS cases closed during FFY 2023 will be available after September 30, 2024.

Measure 1.1.c.

| Number and Percent of Closed CPS Cases where the Child was Seen within the Priority Time Frame | | |
|--|--|---|
| FFY | Number of Closed Cases with Priority Met | Percent of Closed Cases with Priority Met |
| 2019 | 17,748 | 89.4% |
| 2020 ¹ | 16,785 | 88.0% |
| 2021 ² | 16,323 | 87.1% |
| 2022 ² | 18,211 | 88.6% |
| 2023 | 17,482 | 86.5% |

NOTES: ¹ Priority Due Dates before November 23, 2020, were recorded at the case level and only a single due date is recorded for each case. Therefore, FFY 2016 through 2020 calculate the percent of cases with priority met using the case counts. ² Cases opened on or after November 23, 2020, which includes FFY 2021 and forward, have a priority due date for each child victim on a case.

Objective 1.2: Design and implement policy, guidance, and/or tools to enable caseworkers to conduct quality home visits, which include assessment of safety in the home across all child welfare case types. (Note: This objective is correlated with Goal #3 in the CFSR PIP.)

Updated Benchmarks / Time Period: Design of policy, guidance, and/or tools to be completed by July 2022; caseworkers and supervisors trained by January 2023; implemented by June 2023.

Measures: % in-home visits consistent with SDM recommendations; # and % of SDM safety, risk and risk reassessments completed within required time frames; % private conversations with children for in-home and out-of-home cases monthly.

APSR Update

The work for Objective 1.1 is foundational for the completion of Objective 1.2. Despite competing priorities and the DCFS response to COVID-19, progress has been made on Objective 1.1, as detailed above.

One of the strategies to aid workers in providing quality home visitation is to support families in maintaining safety and reducing risk by accurately assessing safety concerns and risk for subsequent child abuse and neglect. The SDM Safety and Risk Assessment tools are utilized for this purpose. During SFY 2020, the SDM Risk Revalidation was completed. The revalidation process found that the risk assessment and reassessment tools needed to be modified.

The DCFS project management team worked with the SAFE CCWIS business analysts to develop specifications for the SDM tool and scoring revisions. The SAFE team determined the time frame for programming the SDM changes in conjunction with the overall CCWIS implementation plan. Due to competing demands, changes to the SAFE system were slightly delayed but were released in April 2022. Following its release, the project management team provided statewide training for administrators, supervisors, and frontline staff prior to the release of the SDM risk assessment and risk reassessment tools. The training also focused on how to gather information to complete the assessments.

Measure 1.2.a.

DCFS SAFE will deploy a case metric that will display the number of required visits and the number of completed visits each month on each in-home case based on the SDM Risk or Risk Reassessment.

Measure 1.2.b.

| Timeliness of Safety Assessment ¹ Finalized Safety Assessment by Fifth Business Day Following the Child First Seen Date or from the Interview of the Child Date ² (Measure 1.2.B) | | |
|--|--------|---------|
| FFY | Number | Percent |
| 2019 | 14,660 | 74.0% |
| 2020 | 14,861 | 78.5% |
| 2021 | 13,833 | 73.9% |
| 2022 | 14,025 | 68.3% |
| 2023 | 12,399 | 61.4% |

NOTES: ¹ Unable to Locate, Unable to Complete, and False Report cases were not included. CPS investigations completed by Related Parties Investigations were also not included. ² Interview of child date was used, if a child first seen date was not documented.

Measure 1.2.c.

| Caseworker Visits | | | | | | |
|-------------------|--|--|--|--|--|--|
| FFY | DCFS | | | JJYS ^{1,2} | | |
| | Children in Custody Age 17 and Younger Required to be Visited at Least One Month | Percentage of Months in which a Required Visit was Completed | Percentage of Months with Visits in which a Visit Occurred in the Home | Children in Custody Age 17 and Younger Required to be Visited at Least One Month | Percentage of Months in which a Required Visit was Completed | Percentage of Months with Visits in which a Visit Occurred in the Home |
| 2019 | 3,840 | 98.3% | 99.8% | 76 | 86.8% | 93.4% |
| 2020 | 3,470 | 98.4% | 99.8% | 41 | 76.3% | 70.7% |
| 2021 | 3,299 | 98.4% | 99.9% | 10 | 87.3% | 81.0% |
| 2022 | 3,092 | 97.2% | 99.7% | 27 | 61.6% | 53.9% |
| 2023 | 2,836 | 97.5% | 99.8% | 24 | 76.0% | 86.8% |

NOTE: ¹ Includes visits by JJYS with children in the custody of JJYS; visits are not required to be conducted in the child's home. ² The child count is distinct and unduplicated for each division.

Goal #2: Family capacity to safely care for their children will be strengthened through expanded availability of services and increased involvement of kin.

Initial Rationale for Selecting Goal for the Plan:

HomeWorks focused on providing tools and enhancing caseworker skills to better support parents in safely caring for their children in the home. The evaluation positively found that regions sustained implementation of UFACET, a CANS-based assessment, and incorporation of protective factors in case practice, through stakeholder interviews. However, the evaluation found that there was “a critical shortage of appropriate services, which were needed to ensure child safety for in-home services cases. Given this issue, some stakeholders were unsure of the extent to which HomeWorks could remain operational without adequate funding, especially once the waiver ends.” The passage of FFPSA creates an opportunity to address the service gap that HomeWorks alone was unable to fill. Under FFPSA, ongoing availability of Title IV-E funds will help address three categories of service needs that HomeWorks surveys of staff identified as the greatest need for families, including mental health and substance abuse prevention and treatment, and in-home parent skill-based training.

Utah’s CFSR also indicated need for this goal in stating that “Utah is not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this system factor were rated as strength.” Three of the four elements of Item 29 pertain to this CFSP goal, including: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children to create a safe home environment, and (3) services that enable children to remain safely with their parents when reasonable. This finding also reinforces Utah’s need to develop additional services to support children and families in achieving outcomes of safety, permanency, and wellbeing.

Also important in efforts to strengthen families is maintaining family connections, especially for the child. The first priority for DCFS is to maintain a child safely at home. If a child cannot safely remain at home, kinship care has the potential for providing the elements of permanency by virtue of a relative’s knowledge of and

relationship with the family and child. Kinship care allows a child to stay in the care of a family member or friend who is willing to meet the child's needs, including working with the child's parents or guardian so they can return home, or providing a permanent home for the child in the event they cannot return home. In developing Utah's PIP in response to the CFRS Permanency Outcome 1, supports to kinship caregivers of children was identified as a need to be addressed. This CFSP goal aligns with PIP Goal #4. Though DCFS has experienced an increase in the percentage of children cared for by kinship caregivers while in foster care, a higher percentage is desired. Also, recent reviews of specific cases have shown that giving priority and seeking kinship involvement needs to be more deliberately reinforced in practice. In addition, the FFPSA creates a unique opportunity to fund kinship navigator services with Title IV-E funds, which will be a valuable service to support kin once an evidence-based program is available.

Objective #2.1: Expand the service array for mental health, substance abuse, and in-home parent skills-based training through implementation of the prevention services provisions under FFPSA. (This objective is aligned with the Service Array Systemic Factor goal in the CFRS PIP.)

Benchmarks / Time Period: Develop five-year Prevention Services Plan, including selection of initial evidence-based services, and submit to the Children's Bureau by September 2019; support training for initial EBPs and establish contracts for these services by October 2019; Expand number and availability of EBPs, with emphasis on capacity for rural areas and tribes ongoing through 2024.

Measures: 2.1.a. % children with in-home cases that enter foster care; 2.1.b. # of EBP services approved and implemented in Utah.

APSR Update

Data for FFYs 2019-2023 is presented in the table below.

Measure 2.1.a.

| Number and Percent of Child Clients on Closed In-home Cases with a Subsequent Foster Care Case Opened between 30 and 365 Days After the In-Home Case End Date | | |
|---|---|---|
| FFY | Child Clients with a Closed In-Home Case During FFY | Percent of Child Clients with a Subsequent Foster Care Case |
| 2019 | 3,392 | 3.6% |
| 2020 | 3,089 | 4.2% |
| 2021 | 3,123 | 3.6% |
| 2022 | 3,088 | 3.7% |
| 2023 ¹ | | |

NOTE: ¹ Data for Cases Closed During FFY 2023 is not available until October 1, 2024.

A summary of Utah’s EBP services and its IV-E Prevention Program Plan implementation challenges is presented below.

Measure 2.1.b.

Utah submitted its initial Five-Year Title IV-E Prevention Program Plan in September 2019 and initiated contracts for initial evidence-based programs by October 2019. Utah received approval for its Five-Year Title IV-E Prevention Services Plan in December 2019. In this plan, two additional evidenced-based mental health services, Parent Child Interaction Therapy (PCIT) and Functional Family Therapy (FFT), and one evidenced-based parent skills training service, Parents as Teachers (PAT), were included and subsequently approved.

In May 2020, Utah received approval for an amendment to its Title IV-E Prevention Program Plan, adding three additional evidence-based services to the plan, including SafeCare as a parent skills training service, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for mental health, and Motivational Interviewing for mental health and substance use disorder.

In January 2022, Utah received approval for the second amendment to its Title IV-E Prevention Program Plan, adding one additional evidence-based service to the plan. The service is Families First, developed and provided through Utah Youth Village. The service is a parent skills training service, and it was rated as well-supported

through the independent systematic review process and was subsequently rated as well-supported by the Title IV-E Prevention Services Clearinghouse.

A third amendment to the plan was submitted in January 2024 to request approval to waive the requirement for evaluation for the Families First Services – Utah Youth Village. This amendment was approved on February 27, 2024.

Parent Child Interaction Therapy

PCIT training was provided to the first cohort of clinicians in July 2019 and contracts were finalized in late 2019. Monthly supervision was provided to each clinician to assist them in becoming certified providers. DHHS established two rates for this service, one for providers in the process of becoming certified and under supervision and one for providers that are certified. Since that time, DHHS has decided to move to a single PCIT rate, as the separate rates created confusion for agency staff and providers. The first cohort included 27 clinicians.

PCIT training for the second cohort was initiated in June 2020 and was completed by November 2020, despite the pandemic. This cohort included 24 clinicians. Billing for clients under the Title IV-E Prevention Plan began in March 2020.

PCIT training for the third cohort was initiated in December 2021 and January 2022, with one group trained in Salt Lake City and one group trained in St. George, in southern Utah. In these two groups, 29 clinicians were trained.

The PCIT developer modified the service to allow for virtual delivery. PCIT providers are now available in all five DCFS regions, and services have been provided in all DCFS regions. At least two providers have been offering virtual PCIT to rural areas of Utah, which is a significant benefit, as few trained providers reside in rural areas. Utilization has not been as high as originally anticipated, and we have also learned that some providers have been providing PCIT services to clients but are not billing under Title IV-E. As Utah prepares for the next five-year Title IV-E plan submission, service utilization and outcomes will be reassessed to determine if PCIT will continue to be included in that plan.

Functional Family Therapy

FFT is a site-based intervention that requires organizations to be accepted by the developer and to offer the service through trained clinicians who provide FFT exclusively. In FFY 2020, FFT training was scheduled at three sites in Utah but was delayed due to the COVID 19 public health emergency. These training sessions were subsequently rescheduled and held for each of the provider organizations, with two located in the Northern Region and one located in Salt Lake Valley Region, with services also available in Tooele and Park City. All sites provided services under the Title IV-E Prevention Program Plan, as well as to clients outside of that plan. However, in year two, one of the providers in the Northern Region discontinued providing this service. Juvenile Justice and Youth Services is the biggest client for this service under the Title IV-E prevention plan. FFT utilization has been highest in the Northern region.

Parents as Teachers

Utah has not yet implemented PAT as part of our Title IV-E prevention plan. PAT programs exist in the state; however, we have not addressed the barriers identified for implementation. Key barriers have been the case length of child welfare cases compared to duration of PAT cases, voluntary nature of PAT when DCFS cases are court ordered, and provision of services when multiple federal funding sources are available. DCFS may consider utilizing PAT under a community pathway option in our next Title IV-E plan cycle.

Trauma-Focused Cognitive Behavioral Therapy

TF-CBT was established as a contract service for DHHS prior to its inclusion in Utah's Title IV-E Prevention Plan. This service is available in three regions of the state, with more than one dozen provider agencies having clinicians who are trained to provide TF-CBT. TF-CBT training was held for two cohorts of clinicians, and another is scheduled in the spring of 2024. It has been challenging to have these clinicians follow through to certification through both completion of supervision sessions and in paying for and taking the required certification exam. And as is the case with child welfare, providers are struggling to retain clinicians. TF-CBT is available in three DCFS regions, but it is not yet widely used. We anticipate

dropping this service from the next five-year Title IV-E Prevention Plan, due to low utilization.

Motivational Interviewing

In the past year, additional steps were taken towards implementation of Motivational Interviewing under Utah's Title IV-E Prevention Plan. In addition to the training that had been provided in the fall of 2019 and March 2023, and additional training for clinicians was held in June 2023. We also established a contract with LYSSN, an artificial intelligence fidelity resource that can be used by providers to verify fidelity to the MI model. This fidelity resource was successfully piloted by MI clinicians. Despite this program, the logistics of having this be an add-on service to another mental health or substance use disorder service has been an ongoing barrier to utilization. Although MI has been implemented on a very small scale, for several reasons we have chosen not to include this service in the next five-year Title IV-E Prevention Plan. These reasons include low referrals and utilization by DCFS region staff, provider preference not to have to utilize the more cumbersome billing and fidelity requirements to have to identify which specific sessions are MI rather than traditional psychotherapy, and department financial constraints requiring us to discontinue the LYSSN contract. Service utilization may continue under the current Title IV-E plan through September 2024.

SafeCare

Progress has continued to be made on the implementation of SafeCare under Utah's Title IV-E Prevention Plan. The National SafeCare Training and Research Center (NSTRC) at the University of Georgia has continued to be the training and TA contractor for this evidence-based service. The Support Center of Ogden and Prevent Child Abuse Utah are the two contractors providing the service. In addition to two in-person training sessions held last year for providers in the more urban part of the state, four virtual training sessions have been provided to allow for expansion of the service to rural areas of the state. Service delivery is still growing from a start-up phase. NSTRC provides the initial training and coaching, and over time it will help Utah become sustainable in being able to provide coaching and training for the SafeCare program. Each of the contractors now has experienced staff that can be trained to become coaches. As their experience increases, Utah

will benefit from experienced staff providing the training. Accreditation of community programs will be completed by NSTRC on an ongoing basis when the program is provided with sufficient fidelity.

Families First

DCFS has contracted with Utah Youth Village for the Families First parent skills training for several years. During the reporting period, this service was added to our Title IV-E Prevention Program Plan through the independent systematic review process, then was subsequently rated as well-supported by the Title IV-E Prevention Services Clearinghouse. This service is available in all the DCFS regions and in most communities with DCFS offices. DCFS was able to quickly put in place the logistics to utilize this service under the IV-E Prevention Program and has been able to submit claims under Title IV-E. This service has been sustained during the current year and is the basis of our well-supported services for Title IV-E prevention claiming.

Addressing Challenges

In addition to the complexity of starting up new evidence-based programs under the Title IV-E Prevention Program Plan, challenges have continued around access and utilization of services once the services are available. To some extent, caseworkers in regional offices have not been quick to adopt the use of the new EBP services. Last year, Utah reported multiple efforts to address this concern, such as working with region teams to identify new clients based on UFACET assessment results, simplifying the EBP services client referral process, creating a new 211 helpline, and establishing a service navigation team. While Utah saw an increase in utilization of EBPs this past year, the increase was not to the degree originally envisioned.

This is largely in part to another unanticipated challenge that we faced. With changes in department administration and priorities, and significant changes within the DCFS organization, capacity for supporting implementation and expansion of the Title IV-E Prevention Program Plan was significantly reduced. DCFS is working to sustain what has already implemented. Currently, DCFS is not expecting immediate increases in capacity to allow for further service expansion and growth.

A third challenge for implementation is availability of services. Most of the EBPs continue to primarily be available in more urban areas of the state. Targeted recruitment of providers in rural areas has had to be scaled back due to reduced capacity. We will strive to sustain existing capacity.

For additional information please see *APSR Section II, Service Array and Resource Development*.

Objective #2.2: Increase and improve kinship involvement in supporting children and families through a structure that better supports identification of kin to keep children safe at home or to provide a safe placement; improve identification, assessment, engagement, and support of kin; bolster and clarify expectations and shift organizational culture to prioritize kinship placements over non-kin foster care. (This objective is aligned with Goal #4 in the CFSR PIP.)

Benchmarks / Time Period: Develop organizational structure that better supports identification of kin by January 2021; implement kin identification structure by July 2021; develop strategies to improve assessment, engagement, kin support, clarify expectations, and shift culture by January 2022; implement strategies to improve assessment, engagement, kin support, clarify expectations, and shift culture by July 2022.

Measures: 2.2.a. % children in foster care served in kinship homes; 2.2.b. % of time children in foster care are in kinship placements; 2.2.c. # Kinship placements for children in foster care 2.2.d. % foster children that exited to family (i.e., reunification or custody/guardianship or adoption with kin); 2.2.e. searches for kin during CPS and Ongoing cases (CPR measure).

APSR Update

The kinship team continues to make efforts to increase identification of kinship supports and placements. The group's efforts are detailed below.

The kinship team mapped the current kinship process, identified gaps, and prepared recommendations for improvement. Their report was presented to DCFS administration and is informing future kinship work.

In response to earlier recommendations made by the kinship team, in May 2022, DCFS created a BCI Support Team. It was expected that centralization of the BCI process would improve kinship efforts, and this has been the case.

The realized outcomes include ensuring consistency and accuracy, as well as reducing biases when completing BCI background checks for kin. BCI techs follow the applications throughout the entire BCI process, including application approval or denial. If the kinship placement becomes the permanent placement, the BCI team collects clearances for licensing and/or adoption.

In May 2022, Utah established a State Background Screening Committee. With this centralized state structure, DCFS is experiencing consistent, less biased decisions that reinforce moving a case forward and placing with kin early in the process. Another key element of the centralized structure is that caseworkers are accountable for working with families to make next step decisions. If the background check is approved, the caseworker must address any reasons they have for not moving forward with placement in the approved kinship family.

The DCFS Kinship Program Administrator meets monthly with the region's Kinship RFC and Interstate Compact on the Placement of Children (ICPC) Supervisors to share information and resources and improve practice guidelines and region support. The kinship workgroup works with the DCFS Regions Kin Locators to ensure they are fully trained and have access to all necessary databases that can be used for locating kin.

The Kinship Program Administrator collaborates with Utah Foster Care, Children's Service Society of Utah Grandfamilies, Department of Workforce Services, the Office of Recovery Services, kinship families and youth, 211 service, and the DCFS Indian Child Welfare Act (ICWA) Administrator to improve services to kinship families.

When DCFS Regional Placement Committees do not reach a consensus on a placement determination, the case moves to a higher-level staffing that includes the Region Director from the region in which the case originates, a Region Director from another region, the Regional Placement Committee Chairperson, a clinical consultant, the caseworker’s supervisor, a State Office Administrator, and a DCFS Assistant Director. This process is intended to provide added region support and educate the child welfare community on the value of kinship care, including the provision of evidence-based research and legal precedence.

Finally, the Court Improvement Program Virtual Summit, detailed in Objective 4.2, has also educated child welfare system members on the value of kinship care. Objective 2.2 data for FFYs 2019-2023 is presented in the tables below.

Measure 2.2.a.

| Children in Custody with at Least One Kinship Caregiver Placement During the FFY (Measure 2.2.a) | | | |
|--|---|---|--|
| FFY | TOTAL Children Served in Foster Care During FFY | Number of Children Placed with a Kinship Caregiver During FFY | Percent of Children Placed with a Kinship Caregiver During FFY |
| 2019 | 4,542 | 1,999 | 44.0% |
| 2020 | 4,074 | 1,831 | 44.9% |
| 2021 | 3,878 | 1,820 | 46.9% |
| 2022 | 3,589 | 1,743 | 48.6% |
| 2023 | 3,301 | 1,637 | 49.6% |

Measure 2.2.b.

| Percent of Time Children in Foster Care were Placed with Kin (Served) (Measure 2.2.b.) | | | |
|--|--|---|--|
| FFY | Number of Days in Care (All Foster Children) | Number of Days in Care Foster Children Were Placed with Kin | Percent of Days in Care Foster Children Were Placed with Kin |
| 2019 | 911,831 | 362,212 | 39.7% |
| 2020 | 893,329 | 376,691 | 42.2% |
| 2021 | 810,319 | 358,411 | 44.2% |
| 2022 | 761,872 | 334,427 | 43.9% |
| 2023 | 704,185 | 314,942 | 44.7% |

Measure 2.2.c.

| Children in Custody with a Kinship Caregiver Placement on the Last Day of the FFY (Measure 2.2.c.) | | | |
|---|-------------------------------|--|---|
| FFY | TOTAL Children in Foster Care | Number of Children Placed with a Kinship Caregiver | Percent of Children Placed with Kinship Caregiver |
| 2019 | 2,479 | 810 | 32.7% |
| 2020 | 2,374 | 845 | 35.6% |
| 2021 | 2,132 | 758 | 35.6% |
| 2022 | 2,066 | 779 | 37.7% |
| 2023 | 1,826 | 651 | 35.7% |

Measure 2.2.d

| Reasons Children Exit Foster Care to a Relative (Measure 2.2.d.) | | | | | | |
|---|---------------|---------|------------------------------------|---------|------------------------|---------|
| FFY | Reunification | | Custody/Guardianship to a Relative | | Adoption to a Relative | |
| | Number | Percent | Number | Percent | Number | Percent |
| 2019 | 880 | 43.1% | 290 | 14.2% | 272 | 13.3% |
| 2020 | 760 | 43.3% | 277 | 15.8% | 169 | 9.6% |
| 2021 | 698 | 40.7% | 260 | 15.2% | 244 | 14.2% |
| 2022 | 635 | 40.9% | 239 | 15.4% | 255 | 16.4% |
| 2023 | 705 | 47.1% | 256 | 16.6% | 203 | 13.2% |

Goal #3: The child welfare frontline workforce will be supported with an organizational structure that enables them to complete critical case activities and engage children and families in achieving outcomes of safety, permanency, and wellbeing.

Initial Rationale for Selecting Goal for the Plan:

Child welfare can be a challenging and complex system with requirements, policy and procedures that do not always align with Utah's goal of "safe children through strengthened families." We have experienced a negative cycle in which the child welfare system loses expertise and capacity needed to support our workforce and serve families, often through turnover. This leads to DCFS defaulting to compliance driven work, which can negatively impact the quality of the work with families. As such, staff do not consistently engage, team, assess, plan, and intervene to facilitate transformational change. The outcome potentially compromises child safety, permanency, and family outcomes. This leads to more requirements, policy, training, procedures, measures which then overburden the workforce with constantly increasing, changing, and competing requirements and expectations. This, in combination with unpredictable mandates, interruptions, and crises, leads to low morale and high turnover. The cycle then repeats.

To break this cycle, DCFS is participating in a state government-wide system improvement initiative called Operational Excellence (OE). For DCFS. This will expand application of a Theory of Constraints model from CPS, which is operational in three of five regions, to ongoing child welfare case practice. The initiative will focus on work processes and workflow and reallocate resources to key priorities, which will create capacity to significantly improve consistency of practice, in particular the ability of staff to focus on critical activities like addressing safety of children and engaging parents. This will include eliminating or reassigning tasks, responsibilities and initiatives that take away from critical activities and aligning our system and resources to ensure children are safe through strengthened families.

This Theory of Constraints model has been incorporated into CPS work in Northern, Salt Lake Valley, and Western Regions, with promising results. For example, in the Western Region, over a period of four quarters there was a reduction of 10 days in

the average number of days a CPS case is open, from 35.4 to 25.3. DCFS has also seen a 10% increase in frequency of priority time frame being met from 80.7% to 90.3%. Average client contacts per case have also increased from 11.9 to 14.2. It is anticipated that applying this model to ongoing cases (in-home and out-of-home) will create additional capacity for caseworkers to address the safety of children and engage with families for transformational change.

This goal was also selected with the belief that applying principles of this model may help address challenges associated with caseworker turnover through providing a more supportive practice structure for caseworkers. During the past year, DCFS region directors unanimously identified workforce needs as the greatest concern they face, in areas such as staff competence, employee retention, career ladder/compensation, leadership and skills development, culture, and organizational support. In SFY 2018, Utah experienced 31% turnover of frontline caseworker positions, up from 19.9% in 2012 and 23.2% in SFY 2014. Regions struggle to fill available vacancies and numbers of new employees trained remain at an all-time high, with 196 new caseworkers trained in SFY 2020.

Operational Excellence has been identified as a crosscutting strategy for Utah's PIP, Goal #1. It is anticipated to address issues identified under Wellbeing Outcome 1 (Items 12-15), strengthen the assessment of safety during home visits at critical junctures (Safety Outcome 2: Items 2 and 3), and items that showed inconsistencies of practice (Permanency Outcome 2: items 7-10; items 16, 17, and 18). The Operational Excellence initiative is now referred to as First Impression.

Objective #3.1:

- Design an improved organizational structure to support frontline workers in completing case-critical activities that improve safety, permanency, and wellbeing of children.
- Structure caseworker expectations around the frequency, intensity, time, and type of activity to improve family outcomes.

- Identify and eliminate or reassign non-critical casework activities to increase caseworker capacity allowing them to spend more time with families.

Benchmarks / Time Period: Design organizational structure to support frontline workers in completing case-critical activities by May 2020; implement organizational structure to support frontline workers in completing case-critical activities by July 2021.

Updated Benchmarks / Time Period: Design organizational structure to support frontline workers in completing case-critical activities by December 2020; implement organizational structure to support frontline workers in completing case-critical activities by December 2021.

Measures: 3.1.a. caseworker turnover; 3.1.b. workforce survey of perceptions of worker support; 3.1.c. Qualitative case review system scores.

APSR Update

Two primary projects address this objective.

Managing Active Progress

The Managing Active Progress (MAP) system uses daily stand-up meetings and a MAP board to help staff track essential tasks that need to be completed on each case. In daily stand-up meetings, case-critical practice activities are determined for the day and any need for additional caseworker support is identified and scheduled. The MAP process allows supervisors and their teams to visually track the progression of cases as they move toward closure. Through the MAP process, the team builds cohesion and improves team support. MAP's initial implementation process was completed in November 2019.

The evaluation period for MAP Prototype I ended in November 2020. It was determined that the regular use of MAP helped teams to collaborate and stay connected, particularly during emergency telework resulting from the pandemic. Supervisors report MAP has been a good way for them to mentor employees on

work-life balance, work prioritization, and learning to focus on tasks to achieve the best results for families. Workers report a slightly increased ability to identify and prioritize critical activities, as well as a sense that they have the time they need to focus on the most critical needs of families they serve.

The MAP board currently requires manual entry for many fields, which has been a barrier for teams to use it to fidelity. As a result, visual tracking of case progression and ability to identify time-sensitive tasks at a glance has not been fully realized.

The second MAP prototype will address these issues by integrating the MAP boards into Utah's DCFS CCWIS system. Three of the fields on the MAP boards have been included in CCWIS development and have been deployed. There are three different categories: assessments, home visits and activity recordings. The assessments category displays the finding and dates of the validated assessment tools used (SDM and the UFACET, a CANS tool). The home visits category tracks when the last home visit was done and the number of days between the visits. The activity recording category shows how many days since documentation was done and how many recordings are still in a draft status.

Other features from MAP include Utah's practice model sequence, along with the engagement, teaming, assessment, planning and intervention cycles. As CCWIS features are developed, these practices will be assessed to determine if integrating them into CCWIS is appropriate and part of Utah's Advanced Planning Document Update.

Culture of Safety

The Culture of Safety Project is designed to infuse safety throughout Utah's child welfare system. Culture of Safety includes three primary goals:

1. Help staff feel safe through the provision of a supported workforce
2. Help families create safe homes through the completion of comprehensive assessments and appropriate resource provision
3. Help children remain safe in their own home or in out-of-home-placements, when necessary

Culture of Safety is presented in greater detail within Objective 1.1 above.

Measure 3.1.a.

The work of the two projects presented above is focused on supporting Utah’s child welfare frontline workforce through providing an organizational structure that provides necessary supports, which, in turn, may improve workers’ job satisfaction.

The table below presents 2019-2023 DCFS caseworker turnover. External turnover represents individuals leaving DCFS; internal turnover refers to vacancies within DCFS that occur when employees move to a different position within the agency. Total turnover demonstrates the challenge of achieving and maintaining a fully staffed caseworker team.

| Percent of DCFS Caseworker Turnover | | | |
|-------------------------------------|-------------------|-------------------|----------------|
| Calendar Year | Internal Turnover | External Turnover | TOTAL Turnover |
| 2019 | 17.3% | 32.2% | 49.50% |
| 2020 | 14.9% | 28.2% | 43.10% |
| 2021 | 10.7% | 34.6% | 45.30% |
| 2022 | 13.6% | 39.4% | 53.00% |
| 2023 | 13.87% | 31.16% | 45.03% |

The \$5M allocated to DCFS by Utah’s governor and legislature in SFY 2021 was an important step to supporting workforce development and improving morale. More than 94% of DCFS workers in frontline positions were impacted by targeted pay increases.

During the 2022 Utah legislative session, a 3.5% cost of living increase was approved for DCFS employees. Based on recommendations stemming from a study completed by the Utah Department of Human Resources, some titles were also approved for an additional targeted adjustment. Both took effect in July 2022.

During the 2023 Utah legislative session, a 5% cost of living increase was approved for DCFS employees. Nearly \$11M in additional funding was provided to support the Division’s continued efforts to invest in staff professional development and

retention. The three-year career pathway and training plan for frontline caseworkers is in its second year. The plan is intended to support stability, efficacy, and opportunity for the DCFS workforce.

To support the professional development plan, a small workgroup addressed the performance plan process for frontline workers by developing a structure to assist supervisors that will guide them through the performance plan process and help to make it more meaningful for caseworkers and supervisors.

The workgroup's focus has shifted to a similar initiative to address mid-level managers, including supervisors of frontline staff. This project will further clarify expectations for supervisors and prioritize their focus on mentoring and coaching frontline staff.

Please see Attachment E. *Training Plan* for information on the DCFS staff professional development. You will also find information on the DCFS Leadership Conference, held for program managers, administrators, and other DCFS leaders to help them connect to how authentic connections can drive impactful leadership, foster collaboration, improve communication, and inspire their teams. Additionally, there is a detailed description of the DCFS leadership training curriculum, Leadership Empowerment and Development (LEAD), which provides training in 10 key areas and is required for all employees in DCFS leadership roles.

To ensure connection with supervisors and a path for professional development, DCFS employees have active performance plans and participate in monthly one-on-ones with their supervisors.

While DCFS has seen an improvement in its turnover, it will take time to impact staffing shortages, provide new staff with sufficient training and experience, and improve morale. Additionally, DCFS may continue to see negative effects on its workforce and the children and families it serves due to the economy, particularly inflation rates.

Measure 3.1.b.

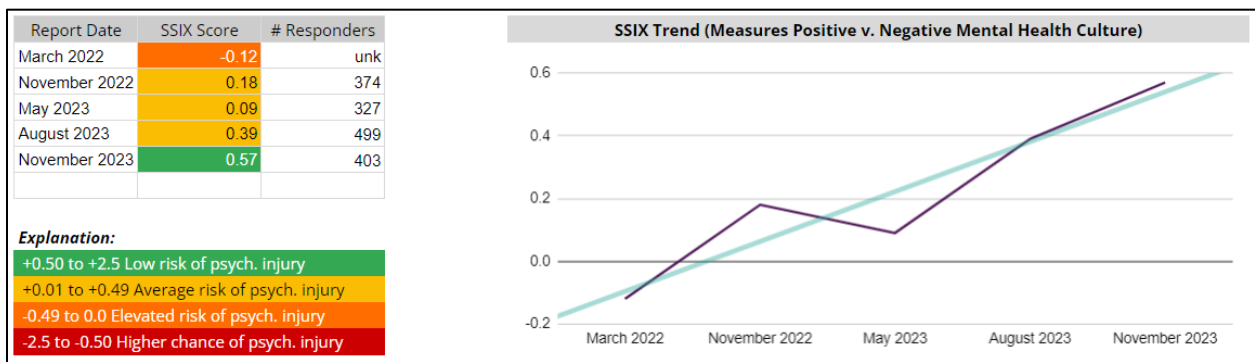
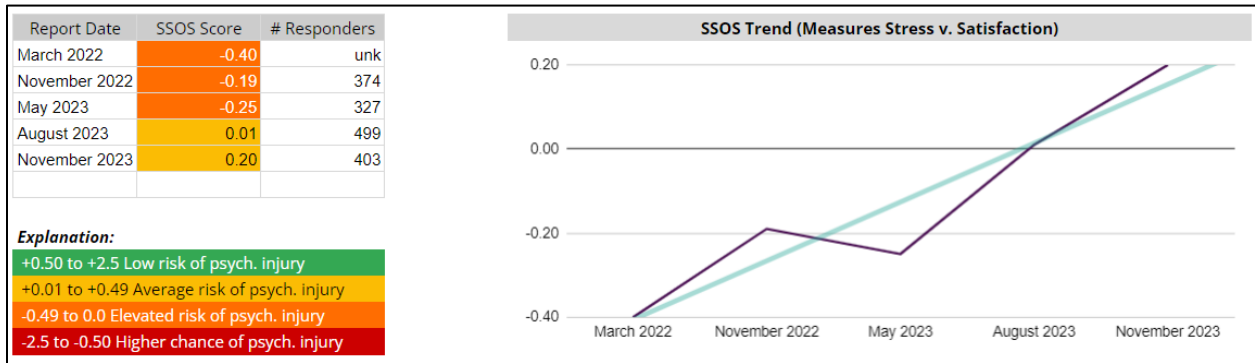
The data in the below charts is from an employee satisfaction survey conducted by the Utah Department of Human Resource Management and depicts information specific to DCFS. The charts show a trend over time, but it is important to note that quarterly respondents are not the same each quarter, as employees complete the survey during the quarter in which they were hired.



Additionally, the Guarding Minds at Work Stress Satisfaction Scan provides a snapshot of employees' experiences with psychological health and safety in the workplace. There are two scores – the SSOS and SSIX. The SSOS measures the level of stress to satisfaction in the workplace, and the SSIX measures the level of positive to negative mental health culture. Both are expressed as single numbers from -2 to +2 for each score. Positive scores indicate a psychologically safer environment while negative scores suggest greater risk. DCFS has been trending in a positive direction for both measures since starting the scans in 2022 and has now moved into the lowest risk category (green) for mental health culture. Creating a positive mental health culture is a powerful factor in retention, so this trend is a

promising indicator showing that the multi-year efforts toward strengthening our workforce are working.

Please see the below charts for SSOS and SSIX trends.



Measure 3.1.c.

Please refer to the APSR section Assessment of Current Performance in Improving Outcomes, Quality Assurance System for data on this measure.

Goal #4: Better integrate the child welfare system and child abuse prevention network in local communities in Utah.

Initial Rationale for Selecting Goal for the Plan:

The Children’s Bureau has highlighted the importance of the child welfare system being more interconnected with child protective services activities in states and communities as a means of focusing on and increasing capacity to prevent maltreatment of children. While DCFS serves as the child welfare agency and has as

a key role in child-abuse prevention in Utah, these roles have functioned somewhat independently and can benefit from better integration into the full child welfare system that serves our shared families.

HomeWorks' implementation included one-on-one, face-to-face discussions with stakeholders and legal partners on a community level to facilitate a shared vision for child safety and strengthening families. The Title IV-E waiver final evaluation report stated, "By the final rounds of stakeholder interviews, there appeared to be extensive buy-in to the vision and goals of the waiver, particularly within DCFS, but also increasingly among external stakeholders, such as legal partners. Respondents from both within and outside of DCFS overwhelmingly appeared to agree regarding the goals of reducing foster care and keeping children in the home, if they could do so safely."

Discussions during national strategic planning meetings with Court Improvement partners led to further discussion about ways to have statewide impact through our unique roles in keeping children safe and strengthening parents' capacity to safely care for their children. The group concluded that this could best be done on a community level, such as replacing the statewide child welfare conference, targeted primarily to child welfare staff, with local child welfare conferences that include both child welfare agency staff and community members including families and partners. The Child Welfare Improvement Council added to the concept by suggesting that when identifying participants for community collaborative activities, participants are selected from the perspective of the family and who they need from the community to support them in being strengthened in safely caring for their children. The need to include family voice became very apparent in all these activities.

Objective #4.1: Review the primary prevention scope of activities and the extent it is integrated with the child welfare system, and review plans for the request for proposal for primary prevention services in preparation for the upcoming five-year procurement cycle.

Benchmarks / Time Period: Review primary prevention scope of system activities and services, the extent of integration with child welfare, and determine modifications needed for better integration by April 2020; review plans for RFP for primary prevention services by July 2020; implement modifications for better integration ongoing through 2024.

Updated Benchmarks / Time Period: Review primary prevention scope of system activities and services, the extent of integration with child welfare, and determine modifications needed for better integration by December 2020; review plans for RFP for primary prevention services by August 2020; implement modifications for better integration ongoing through 2024.

Measures: 4.1.a. Review with prevention and child welfare system partners; 4.1.b. RFP issued, and new contracts established by January 2021.

APSR Update

Measure 4.1.a. and 4.1.b.

Current primary prevention grant agreements are in place from January 2021 through June 2025. The current set of contracts were awarded for 4.5 years in duration to allow sufficient time for the Child Abuse Prevention Program Administrator to conduct a formal needs assessment. This assessment, being completed by the University of Utah College of Social Work SRI from April 2022 to June 2023, will examine various sources of quantitative and qualitative data, including participatory research with community stakeholders. The assessment will identify populations and areas of the state in greatest need of prevention services and will inform a strategic plan to guide service delivery for future years. The Child Abuse Prevention Program Administrator continues to identify new ways to better integrate primary prevention services with the child welfare system. FFY 2023 efforts included:

DHHS Prevention Consortium

The consolidation of the Utah Department of Health and the Department of Human Services to DHHS created a unique opportunity to ensure that the implementation

of prevention programming takes shape through a collaborative, effective, and robust system that promotes the health and well-being of Utahns.

To advance this work, the DHHS Prevention Consortium was established. The consortium supports a prevention strategy that promotes health, safety, and stability to connect prevention efforts throughout DHHS.

During FFY 2023, the consortium began working to create an inventory of prevention strategies with the intent to increase awareness, connect resources and tools, and create efficient prevention efforts. The consortium includes representatives from prevention-focused operational units within DHHS. The Child Abuse Prevention Program Administrator is the co-chair of the consortium.

Early Childhood Utah Advisory Council

The Child Abuse Prevention Program Administrator is a voting member for Early Childhood Utah (ECU) Advisory Council. During the 2023 Utah general legislative session, the responsibilities of the Governor's Early Childhood Commission were repealed, and the responsibility of the ECU Advisory Council was transferred to the DHHS Office of Early Childhood. This ECU Advisory Council works to promote broad statewide coordination and collaboration among a wide range of early childhood programs and services to ensure that Utah children enter school healthy and ready to learn.

Home Visiting Program

DHHS Home Visiting Program (HVP), is the lead agency for Utah's Maternal, Infant, and Early Childhood (MIECHV) funding, which supports seven PAT programs and one Nurse Family Partnership (NFP) program in the state. In FFY 2023, the DHHS HVP served approximately 566 families in 10 of 29 Utah counties, funded by state and federal dollars.

The Child Abuse Prevention Program Administrator and the HVP Administrator continued to work together to expand services through a variety of channels. The two program administrators and their teams meet monthly to coordinate on a variety of shared topics and are working together to improve community

knowledge of home visiting resources and ensure these services reach rural and underserved communities.

Utah Coalition for Protecting Childhood

Utah Coalition for Protecting Childhood is a state network formed in 2013 by stakeholders who saw a need to address the primary prevention of child abuse and neglect, as well as other Adverse Childhood Experiences (ACEs). UCPC works to ensure safe, stable, and nurturing relationships and environments for all Utah children. The coalition is managed by the ACEs Prevention Specialist at the DHHS Violence and Injury Prevention Program. The Child Abuse Prevention Program Administrator is a member of the UCPC Executive Committee. The UCPC State Action Plan currently includes the following five priorities:

1. Strengthening economic supports to families.
2. Enhancing parenting skills.
3. Improving parent help-seeking behaviors.
4. Providing high quality care and education early in life.
5. Promoting trauma-informed approaches.

During FFY 2023, UCPC added several new representatives, including representatives from Circles USA (anti-poverty), Voices for Utah Children, Granite School District, and six of Utah's 13 local health departments. Broader representation has increased UCPC's reach at community levels.

During FFY 2023, UCPC contributed to an update of the Utah Health Improvement Plan (UHIP). The purpose of UHIP is to unite the Utah Public Health System efforts to improve the health of Utahns.

Utah Office of Families

In 2022, the Utah Governor launched the Utah Office of Families (OF). One of the governor's main priorities this year includes providing support for Utah's vulnerable families so that children have better opportunities for success. This includes the OF identifying proactive, upstream strategies that strengthen families. The Child Abuse Prevention Program Administrator collaborates with the OF Director on several

prevention-driven committees to align efforts to strengthen Utah families. Priorities of the OF include:

- Supporting vulnerable families
- High quality childcare
- Youth mental health
- Ensuring high-school graduation
- Family-friendly workforce policies

Family Support Centers

The Child Abuse Prevention Program Administrator continues to support the state's 11 Family Support Centers in helping families from primary prevention through reunification and post-adoption. The Centers provide an uncommon blend of services for families, including crisis and respite care, parenting educational services, emergency shelter for youth in DCFS custody, and in-home respite for post-adopt families. This broad array of services brings unique challenges to the centers.

Court Improvement Program Committee

The Child Abuse Prevention Program Administrator continues to participate on the Court Improvement Program Committee. The Program Administrator and CIP Coordinator are collaborating to identify ways to continue shifting the courts toward a more prevention-focused system.

Objective #4.2: Implement activities at the local level to strengthen child welfare system integration and elevate a shared vision.

Benchmarks / Time Period: Identify goals, messaging, approach, and framework for integration activities by July 2020; conduct integration events ongoing through 2021.

Measures: 4.2.a. # of CIP Webinar Series sessions completed; 4.2.b. # of individuals and organizations participating.

APSR Update

Measure 4.2.a. and 4.2.b.

DCFS Administration, in conjunction with legal partners, determined work for this objective would be completed statewide, rather than at the community level.

During FFY 2020, the Child Welfare and Legal Communities Core Principles document was developed.

Child Welfare and Legal Communities Core Principles

As Utah's child-welfare and legal communities work toward a fully integrated child-welfare system that is focused on best practices, both are united in their commitment to protecting children and strengthening families. The following core principles reflect the overarching goals of child safety, wellbeing, and permanency.

1. Our interventions preserve and create safe family and community connections in ways that minimize loss, harm, and disruption.
2. Children and families receive early, intensive family engagement, advocacy, and access to services and supports.
3. All participants are empowered and valued within a trauma-informed environment that amplifies family voice.
4. Children and families are served by highly skilled professionals, including the judiciary, attorneys, child-welfare staff, foster parents, and other community partners.
5. All participants experience hearings and judicial orders that are consistent, are high-quality, embody best practices, and afford all participants due process of law.
6. All participants are committed to providing families with an experience that is safety-driven, compassionate, transparent, and forward moving.
7. Our interventions in the lives of children and families will be effective and individualized regardless of race, ethnicity, religion, cultural heritage, country of origin, gender, sexual orientation, or socioeconomic status.

The seven core principles embody a collaborative, cross-system, statewide child-welfare transformation, supported by the following Utah child-welfare professionals:

- Board of Juvenile Court Judges
- Juvenile Court Improvement Program
- Office of Guardian ad Litem and Court Appointed Special Advocates
- Department of Health and Human Services
- Utah Attorney General's Office, Child Protection Division
- Parental Defense Alliance of Utah
- Division of Child and Family Services
- Lokken and Associates, P.C.

In August 2020, the Court Improvement Project biannual virtual summit was held. The summit provided a learning opportunity for child welfare and legal professionals and was designed to combine the court's summit with the annual DCFS Child Welfare Institute, continuing with the common vision of an integrated child welfare system with the courts and DCFS legal partners.

Following the combined summit/institute, a webinar series on Utah's Core Principles for a Fully Integrated Child-Welfare System was launched. The seven event webinar series was hosted by the Court Improvement Program as a follow-up to the 2020 CIP Summit and included presenters who were considered national experts in their respective fields. Direct client staff, supervisors, child welfare administrators, and administrative staff took advantage of this opportunity to learn and grow from what has been and will continue to be a valuable collection of voices and perspectives.

The CIP Virtual Summit takes place every other SFY; during off years, a CIP Webinar Series is held. Presenters and panel members are experts in their fields. Organizations and groups in attendance include DCFS, AAG, GAL, Parental Representation, Utah Foster Care, and child caregivers.

Please see the below table for information on this past year's CIP Webinar Series.

| 2023 Court Improvement Project Webinar Series | | |
|---|---|------------------------|
| Date | Webinar Topic | Number of Participants |
| Aug 2023 | Utah's Core Principles and Guiding Practices: Kinship Culture | 442 |
| Sept 2023 | Supporting Children with Immigration Needs: Basic Terms and Considerations | 352 |
| Oct 2023 | Resources and Strategies to Support Kinship Placements | 398 |
| Dec 2023 | Immigration Building Blocks and Issue Spotting Immigration Relief for Survivors of DV | 357 |
| Jan 2024 | Expert panel discussion: Kinship | 350 |

Objective #4.3: Bolster family voice in their own child welfare experience through better teaming and incorporate family voice in collaborative activities shaping the community child welfare system.

Benchmarks / Time Period: Identify strategies to include family voice in collaborative activities by October 2019; implement strategies to engage families in collaborative activities by January 2020; strengthen value of family voice in teaming with regional staff as part of OE implementation by July 2021.

Measures: 4.3.a. Develop system improvement efforts for which parental and youth input can be received; 4.3.b. CFSR+ system measures for engagement with parents and youth.

APSR Update

During the past year, the following efforts were made to improve incorporation of parent and youth voice.

Measure 4.3.a.

DCFS has several current state-level projects that have incorporated people with lived experience. Additional work is needed to make this type of involvement more consistent at the administrative level.

A DCFS workgroup has explored what is the best way to access and compensate for this expertise. Exploration includes coordination at the DHHS level, as the department is doing similar work that will impact how DCFS moves forward. In the past FFY, the scope of work for lived experience was finalized and a rate of \$25.00 per hour was set. During FFY 2023, the contract with state purchasing was finalized. Utilization of this contract is subject to funding availability.

The First Impression Project workgroup has focused on increasing family voice and engagement within the first 21 days of a case. To enhance understanding of the issues regarding robust teaming and engagement with families, several Peer Support-certified families (biological parents who were reunified with their children and have been peer-support trained) were invited to share their experiences and perspectives. This process provided valuable information, as it helped to determine what was most meaningful to families involved in child welfare systems.

Please see *Goal #1, Objective #1.1* to learn more about the work of First Impression and its implementation of the teaming model, FAM Meetings.

DCFS recognized the importance of taking Equity, Diversity, Inclusion and Accessibility (EDIA) into consideration when seeking the voices of lived experience.

In FFY 2020, DCFS created an internal Equity, Diversity, and Inclusion (EDI) Committee, which later expanded to the EDIA Committee, to review its policies, institutional structures, and internal and external barriers to communities of color and vulnerable and underserved populations. The EDIA Committee consists of an internal workgroup with representatives from each of the five regions and the state office.

In FFY 2021, EDIA expanded to include an LGBTQ+ sub-workgroup and a DCFS/Annie E. Casey Foundation sub-workgroup. The focus of the EDIA Committee and its sub-workgroups are to assess policy and practice guidelines, provide resources, support, and direction for agency staff, and maintain knowledge related to these areas. When areas in need of improvement are identified, the EDIA

Committee consults with community partners and persons with lived experience as it seeks solutions.

Also, in FFY 2021, DCFS contracted with the University of Utah College of Social Work SRI to conduct research on equity, diversity, and inclusion within Utah's child welfare system. The *Evaluating Racial and Ethnic Disparity and Disproportionality Project* will also consider the impact of poverty and is described in more detail within the Evaluation and Research Activities APSR Update section and is expected to conclude in June 2024.

In FFY 2022, the LGBTQ+ workgroup transitioned to become the Sexual Orientation, Gender Identity, and Expression (SOGIE) committee. The committee is chaired by a State Office administrator and includes representatives from each region. SOGIE meets monthly to explore ways to increase physical and psychological safety for the DCFS client and staff sex and gender minority population. During FFY 2022, SOGIE provided a few short training courses during monthly DCFS Director Chats. In FFY 2023, the SOGIE group drafted its strategic plan.

During FFY 2024, in response to Utah HB 261, the governor's office of Utah initiated a new program, Utah Thriving. At this time, the DFCS EDIA and SOGIE Committees began transitioning their efforts to be within the framework of the newly formed Utah Thriving program.

Utah Thriving is focused on championing the well-being and success of all Utahns. To achieve this, the state is developing multiple strategies to address disparities, eliminate barriers, increase upward mobility pathways, and promote stability for more people and families in Utah. Utah Thriving includes five pillars that represent the state's highest priorities and fundamental driving forces. The five pillars are dignity, unity, opportunity, proximity, and service.

DCFS continues to support the Youth Advisory Council (YAC), which adds a much-needed youth voice to the child welfare system. The Adolescent Services Program Administrator regularly meets with the State YAC. Through the YAC, youths discuss issues that impact their lives and set goals and objectives that are designed to

resolve problems they face. Additionally, with assistance from DCFS administrators, the YAC develops policies and procedures involving youth support.

To bolster representation of youth voice, in August 2021, DCFS added the position of Lived Experience Youth Voice – Transition to Adult Living (TAL) Coordinator. This position provides expertise that can only be delivered by an individual with firsthand lived experience in the child welfare system. The position of TAL Coordinator continues to evolve as needs are identified.

Please see the below section, *Agency Administering Chafee* for a detailed listing of the TAL Assistant Coordinator's current responsibilities.

The impact of this position is described throughout the presentation of APSR Section VI. John H. Chafee Foster Care Program for Successful Transition to Adulthood.

Youths participate in panel discussions during Utah Foster Care Foundation's (UFC) foster and adoptive parent pre-service training. Youths also participate in UFC region in-service training courses, during which they provide a realistic accounting of their experiences in foster care, summarize the unique needs they encountered while in foster care, and encourage parents to consider fostering or adopting older children in the child welfare system.

Supported by DCFS policy, the DCFS Adolescent Services Program Administrator encourages caseworkers to empower youths to bring their concerns to their CFTM. Through this process, youths are reminded that their voices are important, and they may call a CFTM at any time at which they perceive a need. Youths do not need to wait for DCFS to request a meeting. DCFS provides support to youths to make sure that their voices are heard.

Youths meet annually with the DCFS Director to share their progress on youth-driven projects. Youths have been and will continue to be encouraged to address the Child Welfare Legislative Oversight Panel (CWLOP) and advocate for youth-driven policy change.

Measure 4.3.b.

CFSR+ system data from surveys designed to measure engagement with parents and parent satisfaction results are listed in the tables below.

The satisfaction indicator is a qualitative measurement of the child, parent/guardian, and substitute caregiver’s satisfaction with DCFS supports and services. Satisfaction is the degree to which the child and parents receiving services believe that services are appropriate for their needs, respectful of their views and privacy, convenient to receive, tolerable, and ultimately beneficial in effect.

| Satisfaction ¹ | | | | | |
|---------------------------|------|------|------|------|------|
| Standard | SFY | | | | |
| | 2019 | 2020 | 2021 | 2022 | 2023 |
| 70% | 88% | 85% | 90% | 87% | 87% |

The engagement indicator is a qualitative measurement that focuses on the diligence of DCFS in taking actions to involve, engage, and build rapport with children and families, as well as overcoming barriers to participation, Engagement measures the agency’s demonstration of core conditions of genuineness, empathy, and respect. It also includes building on the strengths of the child and family and valuing their strengths, culture, views, and preferences. The goal of engagement is that the child, family and DCFS develop a mutually beneficial, trust-based working partnership.

| Engagement ¹ | | | | | |
|---|------|------|------|------|------|
| Standard | SFY | | | | |
| | 2019 | 2020 | 2021 | 2022 | 2023 |
| 70% | 92% | 91% | 93% | 90% | |
| NOTE: ¹ DCFS discontinued its use of the qualitative review instrument (QCR) which was replaced by the CFSR-OSRI R3. Therefore, the engagement performance percentage does not exist for 2023. | | | | | |

Staff Training, Technical Assistance, and Evaluation

State Training Plan

The Staff Development and Training Plan contained in the 2019-2024 CFSP supported overall agency operations, particularly frontline caseworker knowledge and skill development. Planned training activities encompassed training needs to support the goals and objectives during the five-year plan period. The need for additional staff development and training was assessed in more detail as work progressed.

For additional information, please see Attachment E. *Training Plan*.

Technical Assistance

As part of implementation planning for each goal and objective, specific needs for TA for regional staff will be identified. TA will be provided through state office staff or through regional staff who have been trained to provide the needed TA support. Additional resources outside of DCFS will be utilized to support the implementation of goals and objectives, when needed. For example, FFPSA workgroup support, which includes individuals outside of DCFS, will be utilized to provide TA to regional staff as components of that legislation are implemented. Similarly, DCFS will access TA to support its efforts to achieve the goals and objectives of the CFSP, as needed. Support was provided by the Capacity Building Center for States (CBCS) as Utah finalized its PIP, which is also closely associated with CFSP goals. Support by the CBCS will continue, as the group assists DCFS investigate its placement stability data and how it varies from the federal data.

In addition, TA will be accessed from the Children's Bureau and from partner organizations, such as Casey Family Programs, or from other states, particularly around goals and objectives related to FFPSA implementation.

APSR Update

Casey Family Programs and Children's Bureau webinars have been primary sources of TA during the plan period. Additionally, the Children's Bureau Regional Office has continued to be a valued source of TA for ongoing implementation of congregate care and prevention program provisions of FFPSA and other Title IV-E and federal program activities. The state office has continued to provide ongoing support to regions for the FAM initiative, as well as for ongoing agency practice and operations. This support will continue for the foreseeable future. Please refer to the above CFSP Goals section for TA specifically associated with CFSP goals.

Evaluation and Research Activities

DCFS has continued its partnership with local universities on several research projects that relate to the CFSP. For example, studies were completed for an in-home parent skills-based training program and a kinship navigator program. Another study is helping DCFS analyze child fatalities and near-fatalities, which supports the plan requirements under FFPSA. An additional study was completed analyzing the CARA components of CAPTA, to inform how to strengthen supports to children born to mothers using substances. Additional evaluation activities are helping with in-depth analysis of foster care, such as conditions leading to foster care that will inform our efforts to keep children safely at home and reduce the time children are in foster care.

APSR Update

In the past year, progress continued to be made in research and evaluation activities related to the implementation of the Family First Prevention Services Act. The evaluation completed by SRI on the Families First program, an in-home parent skills model developed and implemented by Utah Youth Village, was successfully added to Utah's Title IV-E plan. Initially the service was approved as well-supported through the independent, systematic review process. Subsequently, this program was determined to be well-supported by the Title IV-E Prevention Services

Clearinghouse.

In FFY 2021, DCFS contracted with the University of Utah College of Social Work SRI to conduct research on equity, diversity, and inclusion within Utah's child welfare system. The Evaluating Racial and Ethnic Disparity and Disproportionality Project will also consider the impact of poverty. DCFS is working closely with SRI to investigate and evaluate the degree of racial and ethnic disproportionality and disparity for families receiving DCFS services. A variety of racial, ethnic, and socioeconomic indicators will be used to describe the flow of services throughout the child welfare system as well as outcomes related to child welfare. The research and work being done through SRI will include ongoing workgroups and interviews with agency staff, community partners, and families. All will lend their voices to help guide SRI's process and how DCFS incorporates this work and lessons learned into its practice. In 2023, the EDI project was expanded to include socio-economic status factors. SRI is now in the process of analyzing these data elements. It is expected that this new analysis will be completed and shared with the agency in June 2024.

DCFS is contracting with the University of Utah College of Social Work SRI for a second kinship navigator program study of Grandfamilies. The purpose of this evaluation is to determine if the program meets evidence-based criteria required under the FFPSA Prevention Program. The initial study was unsuccessful in meeting the level of evidence needed by the Clearinghouse due to the inability to show equivalence in the ages of the control and treatment groups. The contract for the new study uses a similar design to that used for the Families First UYV study, with the study primarily utilizing SAFE CCWIS administrative data to measure outcomes for the treatment and comparison groups. The first phase of the evaluation will be a feasibility study, to determine if there is sufficient data to conduct an analysis. If the first phase is successful, the full study will be completed to compare outcomes for DCFS families receiving kinship navigator services from Grandfamilies and those families not receiving Grandfamilies services. This project was expanded in 2023.

In addition, SRI is conducting a qualitative needs assessment for child abuse and/or neglect services at the community level throughout the state. This study is jointly being funded by American Rescue Plan Act funds under CAPTA and CBACP.

In 2023, the Court Improvement Project team has embarked on a project looking at the quality of judicial hearings and the participants' experience and subsequent case outcomes. DCFS is a third-party to this project. DCFS has linked court hearing data with child welfare data. University of Utah SRI is conducting the analysis.

Implementation Supports

Implementation supports are critical components of an implementation science approach to program improvement. As each goal and objective is addressed under the CFSP, specific implementation supports and timeline for completion of those supports will be identified. These supports may include staffing capacity, training and coaching, financing, data systems, policies, physical space, and memoranda of understanding with Tribes, other agencies, and organizations.

IV. QUALITY ASSURANCE SYSTEM

APSR Update

Overview

DCFS is a CQI agency committed to elevating the effectiveness of child welfare services and improving outcomes for children and families. CQI is a foundational part of the Division's work in implementing new programs and practices to help keep children safe and strengthen families. DCFS maintains a QA review process to help evaluate, monitor, and adjust its system in a way that helps children and families be successful.

Enhancements in CQI/QA Capacity

A significant enhancement to Utah's CQI/QA efforts and capacity began in August 2022 with the implementation of Utah's new CFSR+ qualitative case review (QCR) process. The CFSR+ is a hybrid tool created from a combination of the CFSR onsite review instrument (OSRI) and two elements of Utah's former Qualitative Case Review (QCR) process. The two QCR elements that constitute the "+" of CFSR+ are Teaming and Satisfaction. DCFS and the DHHS Office of Services Review (OSR) collaborated on the tool creation. Scoring of teaming and satisfaction indicators were updated to match the rating criteria of the CFSR. This significant change in DCFS qualitative reviews has produced some positive feedback from regional staff who prefer one review instrument. Region staff have also provided positive feedback regarding the new review tool's focus on agency "concerted efforts" in evaluating performance. The CFSR+ process is expected to help DCFS better prepare for CFSR Round 4.

DHHS Executive Leadership incorporated Results-Based Accountability (RBA) into its management of practice and operations. The RBA approach and framework guides the thinking, measurement, and improvement of population well-being, as demonstrated in agency performance in producing clientele and population results and outcomes in fulfillment of the Division's mission. During the past year, DCFS

administration significantly enhanced its RBA Strategic Plan, which includes key strategies, tactics, and indicators related to DCFS priorities and key areas of practice. Performance measures for each of the RBA plan objectives serve as a CQI/QA of primary priorities, projects, and practice. The CQI team leads DCFS RBA Strategic Plan oversight and maintenance.

The CQI team continues to serve as DCFS representatives in collaborating with other states and jurisdictions as part of the national child welfare CQI/QA community. This collaboration assists in developing and disseminating the best thinking regarding CQI processes in child welfare, including sharing emerging ideas and established processes between states and jurisdictions. CQI team members represent DCFS as members of the federal Capacity Building Center for States CQI/CFSR Managers constituency group. Team members also participate in the Casey Family Programs Child Welfare Data Leaders (CWDL) CQI Subgroup and the Casey Family Programs CWDL CQI Federal Subgroup. Projects and areas of focus during FFY 2022 included new AFCARS submission requirements and preparation for Round 4 of the CFSR.

Using CQI/QA to Revise Goals and Interventions

DCFS has a well-established, rigorous CQI/QA review process for evaluating the quality of services provided to children and families. These CQI/QA processes identify areas in which the state is performing well and areas in which there are opportunities for practice improvement. Each of the CQI/QA reviews includes a comprehensive report that allows for monitoring and tracking specific items by office, region, and state. DHHS OSR conducts each of the formal CQI/QA reviews, in collaboration with DCFS.

Utah's two primary CQI/QA reviews are:

- The Case Process Review (CPR), which measures compliance with policy, state statute, and federal law. The CPR results are quantitative data indicating how often documentation provides evidence of tasks completed.
- CFSR+, which is an interview-based, outcomes-focused review that measures

outcomes for children and families and provides a qualitative assessment of DCFS services. CFSR+ assesses both internal DCFS practice and system functioning, which can include stakeholders such as schools, courts, and other external agencies.

Using CQI/QA to Measure Progress

Utah's CQI/QA reviews are designed to help measure the quality of services by determining the impact those services have on child and family outcomes and functioning, as well as the effectiveness of processes and practice.

Utah's CPR and CFSR+ provide systematic monitoring and evaluation, generating outcome measures that track progress and performance over time. This helps to identify areas in which the system is performing well and areas in which it needs practice improvement. Each of these measures include standards of quality that help gauge system performance.

The federal OSRI is the foundational instrument in the state's CFSR+ QCR process. The OSRI instrument and instructions are used to guide reviewers in their information gathering on items necessary to complete CFSR+ case review. Information gathered from case-specific interviews of key informants and a review of the case record is entered into the Online Monitoring System (OMS).

Throughout FFY 2022, Utah's CFSR+ process and PIP have been instrumental in evaluating and tracking the Division's progress on practice improvement. On March 2, 2023, DCFS received official federal notification that it had successfully completed its PIP, which had been developed and implemented because of the state's federal CFSR.

The CQI team continues to maintain responsibility for developing individualized CQI plans for DCFS projects and initiatives, as part of the Project Management Team. This is done in collaboration with the Program Implementation and Region Support Teams using Implementation Science principles. Individualized CQI project plans also include collaboration with the Data Analytics Team, which utilizes data-driven

processes for setting goals, planning, implementing, and measuring whether the project or initiative is producing the desired result. This process enhances the Division's ability to perform data and trends analysis and help produce meaningful, actionable reports. Each individualized project CQI developed includes tracking and data reporting mechanisms to measure progress. New project-specific data reports continue to be created by the Data team, which allows for deeper analysis, including fidelity, effectiveness, and outcomes of an initiative.

As project specific CQI plans are initiated, the CQI administrators will complete periodic CQI reports regarding project data analysis, performance, and outcomes. CQI reports are developed and shared with the statewide Practice Improvement Coordinators (PICs) workgroup. As a project moves to a level of being incorporated into practice, the PIC group helps to monitor for sustaining practice and any concerning trends that may arise. The CQI team completes CQI reports on new and well-established projects.

Feedback Loops

Providing and obtaining feedback are essential elements of Utah's CQI/QA processes. Feedback loops help promote circular communication among all levels of the agency, external stakeholders, and decision-makers. This includes sharing data and information associated with change initiatives as well as QA reviews of practice and child and family outcomes.

One way that DCFS receives feedback from community partners and stakeholders is through CFSR stakeholder interviews. As part of the CFSR+ process, OSR interviews community stakeholders, community agencies, and representatives from all levels of DCFS region staff. OSR uses the CFSR stakeholder interview guide to facilitate the CFSR stakeholder interviews. The stakeholder interviews look for trends or themes at the local or state level that can be used to help shape current initiatives or future project planning.

Another effort to obtain direct feedback from families who received agency services is through CFSR satisfaction surveys. As part of each case review, CFSR reviewers

are required to use a formal satisfaction survey to gather feedback from mothers, fathers, caregivers, and children over age 12. The satisfaction survey includes the use of scaling questions to assess a family member's level of agreement with statements such as, "My circumstances are better now than before, or they are getting better because of services/supports." To help elicit additional individualized feedback based on the family's lived experience, reviewers also ask the following open-ended question: "What was the most satisfying/least satisfying in working with DCFS?" Reviewers enter satisfaction surveys into a Google survey format, which allows for review and analysis of the survey results. Feedback is shared with state and region level administrators.

Utah's CQI/QA process highly values frontline caseworkers and supervisors as the true experts and relies on these professionals for feedback. To bolster the CQI process, frontline caseworkers and supervisors actively engage in assessing the outcomes of practices, programs, and policies adjusting them accordingly. Some of the CQI plans developed for individual projects contain a mechanism for ongoing surveys and feedback sessions from frontline caseworkers and supervisors to assess how the project is performing and its impact on staff. Adjustments are made based on the identified needs of frontline staff.

As part of the CQI process for individual projects, surveys have been expanded to include children and families. Individual surveys are sent to all family members and other family supports that participate in Family Action Meetings (FAM). Survey results are shared with regional staff at First Impression pilot sites and with state administration. Survey results help to assess the families' experience and improve the effectiveness of the FAM process. The FAM satisfaction survey was modified to include additional participant feedback when responses range from neutral to dissatisfied. This additional lived experience perspective will help FAM determine areas for improvement. The FAM project has been incorporated into the DCFS Strategic Results Based Accountability (RBA) Plan and the family survey results are used as one of the performance measures in the DCFS RBA Plan.

For a detailed presentation of FAM, please see *Goal #1, Objective 1.1*.

The findings of two key QA processes, the CFSR and CPR, are reported annually to key oversight stakeholders, including the CWLOP, the statewide Child Welfare Improvement Council (CWIC), and regional QICs. This is an important source of data and information for the committees to use in providing oversight and making recommendations to DCFS. The CWIC includes representatives from partner agencies, community members, legal partners, community service providers, foster parents, foster care alumni, medical service providers, business owners in the community, and DCFS administration. CWIC uses the QA information to make recommendations to region and state office administrators about the child welfare system and practice. CWIC has been involved with the development of the PIP and will be involved with implementation. DCFS also has a working relationship with the Utah Court Improvement Project (CIP); DCFS requested this committee explore and coordinate issues regarding permanency and other court challenges related to the CFSR findings. Members of the CWIC, QIC, and CIP are regularly encouraged to participate in the CFSR review process as co-reviewers. Many members participate in the reviews, which strengthens their involvement in the CQI process.

Sustaining the State CFSR Case Review Process

During FFY 2023, Utah's CFSR+ review process was fully implemented in the current statewide review cycle. The Federal OSRI instrument serves as the foundational tool for CFSR+ reviews. Use of this instrument has helped reviewers and staff to gain familiarity with the CFSR items and ratings. DCFS used the CFSR Round 3 OSRI until May 2023, following its March 2023 successful completion of the 2018 PIP. In July 2023, DCFS and OSR made the transition to the updated Round 4 OSRI instrument. This change will help Utah prepare for participation in Round 4 of the federal onsite CFSR.

DCFS and OSR continue to work together to maintain a sufficient pool of trained and certified CFSR reviewers, which contributes to the sustainability of the internal review process. DCFS and OSR have worked to expand the pool of effective CFSR reviewers by training and transitioning some certified QCR reviewers to CFSR reviewers. The sustainability of Utah's case review process is further bolstered by the case QA process for ensuring accurate and consistent case review ratings. OSR

and the DCFS CQI team conduct initial and secondary case QA. The QA staff have completed online CFSR state training and have had ongoing practice in QA on the OSRI. Most have participated in the onsite CFSR as site leads or QA staff. Utah's CFSR QA at the initial and secondary levels continues to be enhanced through the ongoing Secondary Oversight provided by federal partners. Federal secondary oversight has also provided regular online coaching and question-and-answer sessions. Federal oversight has been very timely and responsive to the mentoring needs of Utah QA staff.

V. SERVICE DESCRIPTIONS

APSR Update

Child and Family Services Continuum

The publicly funded child and family services continuum includes the services listed below. These services are further described in the Service Description section.

- Child Abuse Prevention Services, including but not limited to local family support centers/crisis nurseries, are provided through community-based organizations, and are funded with Community Based Child Abuse Prevention (CBCAP) funds, Children’s Account (Children’s Trust) funds, and state general funds.
- Child Protective Services Intake and Assessments are provided in response to reports of abuse or neglect.
- In-Home Services are provided to families in response to the occurrence of child abuse and/or neglect and include case management services for the preservation of families, family support activities, and in-home parent skills-based training services. In-Home Services also includes mental-health and other wrap services.
- Foster Care Services are provided to children when it has been determined that they cannot safely remain in their homes due to child abuse and/or neglect. These services include case management and care for the child with kin, in foster family homes, or through contracted providers such as child placing foster care and residential treatment. Services may also include mental-health services for children in care and other wrap services. Medical and dental care are also provided for these children, typically through Medicaid.
- Kinship Care may be a component of in-home or foster care services. Kinship Care includes case management and care of children in foster care as licensed or unlicensed foster parents or care of children who are under custody and guardianship of a kin caregiver. Services may also include

mental health and other wrap services. Medical and dental care is also accessed for these children when in foster care, typically through Medicaid.

- Reunification Services help parents whose children are in foster care to address concerns that resulted in removal from the home. Reunification services are considered part of foster care and include case management. Reunification may include access to in-home parent skills-based training services as well as access to mental health and other wrap services for parents.
- Adoption and Guardianship Services provide subsidies and supports to adoptive parents and guardians of children who have been in foster care.
- Transition to Adult Living Services are provided to youth in foster care as well as former foster youth and include Chafee Services and ETVs.
- DV Services are also under DCFS responsibility and are closely related to child welfare services. These services include DV shelters and other community-based supports.

Service Coordination

DCFS coordinates services with partners in a variety of ways. DCFS state office and regional staff have strong state and local level partnerships and coordinate services both within and outside of DHHS.

Within DHHS, DCFS partners with the Division of Juvenile Justice and Youth Services (JJYS) and with the Division of Services for People with Disabilities (DSPD) for services for youth. DCFS also partners and coordinates services with the Office of Substance Use and Mental Health (OSUMH), formerly the Division of Substance Abuse and Mental Health, for services for children and adults. With the consolidation of the Department of Human Services and the Department of Health, additional partnerships have been strengthened or created, with entities such as Health Care Administration, which houses Medicaid, and the Division of Family Health with its Maternal and Child Health, Children with Special Healthcare Needs, and Early Childhood offices. DCFS also coordinates with other DHHS offices to coordinate services for children and adults for behavioral health and medical services for children in foster care and for families served in the home.

Outside of DHHS, a state-level public agency partner includes the Department of Workforce Services (DWS) to coordinate access to Medicaid eligibility and specified relative grants.

DCFS actively partners with the CJA grantee and serves as a member of the CIP committee, working closely with CIP staff. The State Office of Education provides coordination of educational services for children in foster care. The Division also coordinates with a variety of educational, medical, and community service partners as vital members of Child and Family Teams for individual families.

Examples of other partners include:

- The United Way.
This organization developed DHHS specific information and a referral portal under the 211 system, which also facilitates user connection to community prevention and supportive services providers for families.
- Prevention and supportive service partners.
These partners include Help Me Grow, Prevent Child Abuse Utah, and the Association of Families Support Centers (coordinate crisis nursery and family support centers), among others.
- The Youth Provider's Association.
This association consists of providers for foster care placement and mental health services for children in custody and in-home services.
- The Utah DV Coalition.
This coalition supports DV shelters and DV support services providers as they serve victims of DV and their children. It also operates the LinkLine, a 24-hour DV crisis line.

Service Descriptions

A Fully Integrated Child Welfare System

Prevention Services

Prevention of child abuse and neglect is a focus of DCFS through provider contracts that address prevention within their communities. Prevention efforts are strengthened throughout the state by:

- Increasing protective factors within the families and communities they serve.
- Promoting and encouraging parent voice when making program decisions.
- Improving professional development of prevention staff.
- Improving technical support, data evaluation, and policy.
- Improving community awareness strategies.
- Increasing focus on special populations, including rural and tribal communities.

Prevention services funded through contracts include parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, support to grandparents raising grandchildren, and 17 crisis nurseries in 11 Family Support Centers located across the state.

Child Protective Services

Child Protective Services (CPS) is a short-term intervention to assess children's safety in response to reports of abuse, neglect and/or dependency and to initiate interventions, when needed. Services are provided to keep children in the home and families intact whenever safely possible. The primary purpose of CPS is to assess the child's safety. CPS will also assess future risk of abuse and/or neglect for the child and gather information about the strengths and needs of the family. This allows the caseworker, family, family supports and community professionals to determine what services, if any, will be the most effective in ensuring safety and reducing risk for the child. When a report alleging child abuse and neglect is made

to the 24-hour Intake hotline, Intake caseworkers and supervisors determine if the report meets the statutory definition of child abuse, neglect or dependency that requires a formal CPS assessment. The CPS assessment will include the following:

- Interviews with the child, the child's parent(s) or guardian(s), and alleged perpetrator(s).
- Contact with the individual who made the initial report of abuse or neglect, any friends, relatives, or professionals that may provide relevant information regarding the family.
- A visit to the family's home.
- A review of any necessary documents, including DCFS case history, medical reports, police reports, etc.
- At the completion of the CPS assessment, a finding of supported or unsupported will be made for each allegation on the case and a determination made about the need for continuing services to maintain child safety.

In-Home Services

The goal of DCFS is to keep children at home whenever safely possible. In-Home Services keep children who have been assessed to be at risk of abuse and neglect safely with their families, when safety concerns can be addressed. In addition to case management, examples of services provided may include parent supports, child safety plan development, parenting skills training, conflict resolution and problem-solving skills training, protective factors education, and community resources such as mental health or substance use treatment services. Services may be provided voluntarily or through court order and may vary in intensity based on family need. Title IV-E Prevention Services are available to eligible in-home services clients and include FFT, PCIT, TF-CBT, Motivational Interviewing, Families First-Utah Youth Village, and SafeCare.

Foster Care and Reunification Services

Foster care is a temporary intervention for children who are unable to remain safely in their homes. Once a child is placed in the custody of Child and Family Services, the goal is to provide a safe, stable, and loving environment until children can be safely reunited with their family. DCFS must consider placement with a non-custodial parent, relative, friend or former foster parent before considering other placements. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living apartments.

DCFS utilizes an evidence-based functional assessment tool to determine the recommended level of care for children in foster care, referred to as the Utah Family and Children Engagement Tool (UFACET). The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child and identifies needs for services for the child and parents or other caregivers. Foster care placement may include foster family homes licensed by the DHHS DLBC, which are most often used. It may also include child-placing foster care or proctor care when foster homes are not available or when siblings of a child in proctor care are placed together. Children with severe emotional or behavioral difficulties who cannot be cared for in traditional family settings because of a need for more intensive supervision and treatment may be placed in residential treatment programs through contracts with licensed providers.

Reunification services for parents or other primary caregivers may include referral for community-based services such as mental health or substance-use disorder treatment, parenting skills training, and other skills development and supports. Parents may also receive transportation supports or assistance to obtain public benefits, housing supports, educational services, DV services, or assistance with other needs to help them prepare to have children safely return home.

Kinship Care

The first priority for DCFS is to maintain the child safely at home. If a child cannot safely remain at home, kinship care has the potential for providing the elements of permanency by virtue of the kinship caregiver's knowledge of and relationship with the family and child. Kinship Care allows a child to stay in the care of a family member or friend who is willing to meet the child's needs, including working with the child's parents or guardian so that the child can return home, or providing a permanent home for the child, in the event the child cannot return home.

When selecting a placement for a child in the custody of DCFS, preferential consideration is given to Kinship Care, which includes a noncustodial parent, relative, or friend of the parent or guardian, as established in law and subject to the child's best interests. DCFS makes active efforts to locate and engage potential kinship caregivers for placement and to build and sustain family connections for the child.

In cases where reasonable efforts to reunify the child and parent are not successful, custody or adoption by a kinship caregiver is pursued. Kinship placements can include relatives and non-relatives if the non-relative is a friend of the family. A relative is an adult who is a grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, stepparent, first cousin, stepsibling, sibling of the child, an adult who is an adoptive parent of the child's sibling, or relative as defined by ICWA. A friend is an adult the child knows and is comfortable with. A friend does not meet the definition of a relative of the child as defined in Utah Code 78A-6-307 and may be an extended relative of the child that is not included in the definition of relative. Child and Family Services will consider placement with a friend if one is designated by the custodial parent or legal guardian of the child, or the child has designated a friend for placement and is of sufficient maturity to articulate their wishes regarding placement.

Transition to Adult Living (TAL)

Transition to Adult Living (TAL) services are delivered to youths who have experienced foster care at age 14 or older and are described in detail in APSR Section XI.

Chafee TAL services focus on:

- Transitional services.
- Building meaningful, permanent connections with a caring adult.
- Developmentally appropriate activities.
- Positive youth development.
- Experiential learning opportunities.

TAL provides these youths with financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts. Former foster care recipients between 18 and 23 years old are eligible for Chafee aftercare services, if they were adopted or obtained legal guardianship after their 16th birthday or aged out of foster care between the ages of 18 and 21.

Adoption and Guardianship Services

All children deserve safety and a permanent and loving family. When children are unable to safely return to their parent(s), adoption and guardianship services are used to find a family that meets the needs of the child. Adoption services support children who cannot reunify safely with their family. Children may be adopted by relatives, families who fostered them, or other families seeking to provide a loving home for the child or may receive supports through permanent custody and guardianship.

Children who are adopted may receive adoption assistance. Eligible children adopted from foster care receive adoption support that includes a one-time payment to assist with adoption expenses, an ongoing monthly financial subsidy, and Medicaid. Clinical post-adoption services are also available.

In limited circumstances, guardianship assistance may be provided to non-relative caregivers granted permanent custody and guardianship of a child.

DV Services

The impact of DV causes harm to adults and children. Children and families experiencing DV may receive services through child welfare programs and DV programs. DV Services funding is provided through DCFS to help support DV shelters, outreach services, therapy for those who have been affected, education and other resources, including the state's DV hotline: 1-800-897-5465. Connecting adults and children affected by DV to trauma-informed services enhances stability, safety, and permanency. DV services provided by local shelter and treatment programs with federal and state funding through DCFS include:

- 16 DV shelters (one state-owned and 15 non-profits)
- Trauma-informed therapy
- Financial planning
- Safety planning
- Assistance with protective orders and other legal assistance
- LinkLine DV crisis hotline
- Lethality Assessment Protocol (LAP) program utilized by law enforcement and victims' advocates to assist and educate victims
- Trauma-focused treatment for both survivors and offenders
- HOMESAFE program that assists DV survivors in obtaining safe housing

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Part 1)

APSR Update

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report. Updates are listed below.

Services to be Funded under IV-B Part 1

Title IV-B Part 1 funds will be utilized for services described under Services Descriptions. These funds are primarily used to support a range of casework activities that support at-risk families through services that allow children to remain safely with their families or return to their families, where appropriate; to promote safety, permanence, and wellbeing of children in foster care and adoptive families; and to promote child safety, strengthening of protective factors within families, and preventing neglect, abuse, and exploitation of children.

Services for Children Adopted from Other Countries

Utah passed H.B. 199 in 2017 to better address the needs of children adopted from other countries. Pre-placement training is now required for adoptive parents and includes how trauma and fetal drug and alcohol exposure affects a child's development and consequent behaviors. This training must be provided by the child placement agency.

As special needs arise, DCFS may provide adoptive families who have adopted children from other countries with referrals to appropriate community resources. If a family is struggling and the adopted child is at risk of coming into foster care, DCFS may provide post adoption services that can include an informal clinical assessment. DCFS may also provide information on community resources.

Parents with children adopted from another country can access the www.utahadopt.org website 24 hours per day. The website is updated regularly and

contains several beneficial resources, including parent support groups and cultural awareness activities. The website also includes a lending library, which has a variety of books and tapes that address special issues related to intercountry adoptions.

APSR Update

FFY 2019-2023 data is presented in the table below.

| Children Adopted from Other Countries Who Entered Foster Care ¹ | | | | |
|--|-----------------------|-------------------|-----------------------------------|-----------------------------|
| FFY | Placement Agency | Country of Origin | Reason for Disruption/Dissolution | Status/Plan for the Child |
| 2019 | Unknown | Ukraine | Neglect | Reunification |
| 2019 | For Every Child | Africa | Dependency | Guardianship (non-relative) |
| 2019 | Unknown | Ukraine | Neglect | Reunification |
| 2019 | Unknown | Ukraine | Neglect | Reunification |
| 2019 | Unknown | Ukraine | Abandonment | Reunification |
| 2020 | Private adoption | Unknown | Ungovernable | Reunification |
| 2020 | LDS Adoption Services | Ethiopia | Adoptive Failure Non-State | Guardianship (non-relative) |
| 2021 ² | None | | | |
| 2022 ² | None | | | |
| 2023 ² | None | | | |

NOTE: ¹ Each row represents one child. ² No children with foreign adoptions entered foster care.

Services for Children under the Age of Five

APSR Services for Children under the Age of Five Update

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report. FFY 2019-2023 data is presented in the tables at the end of the section.

DCFS seeks to actively address the developmental needs of all vulnerable children under age 5 who are receiving Title IV-E or Title IV-B in-home or community-based services.

An assessment of developmental needs is completed for every child receiving in-home and foster care services using the Utah Family and Children Engagement Tool (UFACET). The UFACET is a CANS-based assessment completed with the family early in the case to identify needs that guide the development of the child and family plan and service interventions. Each child in the home is assessed individually. Updated UFACETs are used to track the child's progress over time.

Every UFACET includes a developmental item that is rated individually for each child. The developmental item is a screener question. When it is scored as needing action or needing immediate action, there are breakout questions that further assess the child's cognitive, developmental, and communication needs: (1) cognitive development such as intellectual functioning in areas of focus, reasoning, thinking and perception; (2) developmental delays such as Down syndrome, autism, or physical impairments; (3) communication such as receptive and expressive communication or the ability to speak, write or sign to communicate.

When a developmental item on the UFACET has been identified as an area needing action, a referral is made for a more in-depth assessment and service. Further assessments may include an Ages and Stages Questionnaire (ASQ), medical testing, IQ testing, or neuropsychological evaluation. Based on the UFACET and the follow up assessments, the child will be connected to intervention services such as Head Start, Division of Services for People with Disabilities (DSPD) or other community-based early intervention programs. If the assessed need negatively impacts the child's school performance, the caseworker will engage the child's education team for creation of an Individualized Education Program (IEP) or Behavior Education Program (BEP) to meet the child's needs.

Practice guidelines address timeliness of the initial assessment of child's developmental needs as well on ongoing assessment of the child's progress through time frames for completion, which include:

- Prior to finalization of an initial or subsequent Child and Family Plan.
- When changes in the family make it necessary for modification of services.
- Prior to case closure, unless one has been completed within the last 30 days.

Utah's Practice Guidelines also require that any UFACET item identified as needing action be incorporated and addressed in the Child and Family Plan.

For children who enter foster care, additional screening tools, the ASQ and the ASQ-Social Emotional (ASQ-SE) are used to follow the developmental progress for children under age 5 years of age. Primary care physicians follow developmental progress for infants. Foster parents of children 4 months to 5 years of age receive an ASQ and ASQ-SE to be completed based on the following schedule of the child's age: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 30, 33, 36, 42, 48, 54, and 60 months. The ASQ and ASQ-SE are used for children 4 months to 36 months to determine the need for further developmental and mental health assessment. For children ages 37 months to 60 months, the ASQ and ASQ-SE are used in determining the need for further mental health assessment. The ASQ and ASQ-SE are completed with the child by the current out-of-home caregiver. Upon completion, the questionnaires are sent back to the Fostering Healthy Children (FHC) nurse to be scored. If a child scores below the recommended level, FHC staff coordinate a referral for appropriate services.

DCFS actively seeks to reduce the length of time that young children under age five are in foster care and without a permanent family. Utah defines a "child without a permanent family" as a child in DCFS custody whose parents' rights have been terminated by court order. Efforts are made to reunify children with their parents as early as is safe for the child. While workers provide reunification services, they also identify a concurrent permanency goal, which includes active efforts to identify a permanent family for the child if reunification is not successful.

To attain permanency for a child under five whose parents' rights have been terminated and for whom a permanent family has not been identified, a permanency worker, with the assistance of the placement committee, will:

- Ask the child’s caretakers at their placement if they want to adopt the child if the caretaker has not already committed to adopting.
- Seek kin who may want to pursue a kinship adoption.
- Survey licensed foster-to-adopt families for their interest in adopting the child.
- List the child on the Adoption Exchange website.
- Place information about the child on the AdoptUSKids website.

The tables below display FFY 2019-2023 demographic, permanency goal, and permanency outcome data for children under age five served through foster care or in-home services.

| Gender of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR) | | | | | |
|---|----------|----------|----------|----------|----------|
| Gender | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 |
| Male | 812 | 737 | 745 | 633 | 559 |
| Female | 743 | 632 | 594 | 571 | 478 |
| TOTAL Children Under Five | 1,555 | 1,369 | 1,339 | 1,204 | 1,037 |

| Race and Ethnicity of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR) | | | | | | | | | | |
|--|----------|-------|----------|---------|----------|-------|----------|---------|----------|---------|
| Race | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| | Count | Count | Count | Percent | Count | Count | Count | Percent | Count | Percent |
| American Indian or Alaska Native | 76 | 4.9% | 76 | 5.6% | 76 | 4.9% | 76 | 5.6% | 51 | 4.9% |
| Asian | 18 | 1.2% | 14 | 1.0% | 18 | 1.2% | 14 | 1.0% | 5 | 0.5% |
| Black or African American | 102 | 6.6% | 110 | 8.0% | 102 | 6.6% | 110 | 8.0% | 94 | 9.1% |
| Multiracial, Other Race Not Known | 34 | 2.2% | 29 | 2.1% | 34 | 2.2% | 29 | 2.1% | 33 | 3.2% |
| Native Hawaiian/ Pacific Islander | 33 | 2.1% | 24 | 1.8% | 33 | 2.1% | 24 | 1.8% | 33 | 3.2% |
| Unable to Determine | 6 | 0.4% | 1 | 0.1% | 6 | 0.4% | 1 | 0.1% | 5 | 0.5% |
| White | 1,406 | 90.4% | 1228 | 89.7% | 1,406 | 90.4% | 1228 | 89.7% | 910 | 87.8% |
| TOTAL Children Under Five | 1,555 | | 1,369 | | 1,555 | | 1,369 | | 1,037 | |
| Hispanic Origin or Latino | 371 | 23.9% | 353 | 25.8% | 371 | 23.9% | 353 | 25.8% | 249 | 24.0% |

| Permanency Goal for Children Under Five in Foster Care on the Last Day of the Federal Fiscal Year | | | | | | | | | | |
|---|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|
| Permanency Goal | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent |
| Reunification | 259 | 55.1% | 311 | 63.2% | 259 | 55.1% | 311 | 63.2% | 287 | 62.3% |
| Adoption | 207 | 44.0% | 180 | 36.6% | 207 | 44.0% | 180 | 36.6% | 160 | 34.7% |
| Guardianship (relative) | 1 | 0.2% | 4 | 0.9% | 1 | 0.2% | 4 | 0.9% | 14 | 3.0% |
| Guardianship (non-relative) ¹ | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| TOTAL Children Under Five | 492 | | 470 | | 492 | | 470 | | 461 | |

NOTE: ¹ Guardianship with a non-relative is not a permanency goal for children under five, thus the count and percent for this category is listed as zero.

| Permanency for Children Under Age Five Percent Exiting by Permanency Reason and Average Months in Custody | | | | | | | | | | |
|--|---------------|----------------|----------|----------------|------------------------------------|---------|--|----------------|---------|----------------|
| FFY | Reunification | | Adoption | | Custody Guardianship to a Relative | | Custody Guardianship to a Non-Relative | | Other | |
| | Percent | Average Months | Percent | Average Months | Percent | Percent | Percent | Average Months | Percent | Average Months |
| 2019 | 44.4% | 10 | 39.2% | 13 | 11.6% | 6 | 0.9% | 3 | 3.9% | 1 |
| 2020 | 42.4% | 10 | 40.2% | 15 | 13.2% | 6 | 0.4% | 9 | 3.8% | 1 |
| 2021 | 43.2% | 10 | 39.3% | 17 | 12.7% | 8 | 0.3% | 2 | 4.5% | 2 |
| 2022 | 40.6% | 10 | 47.3% | 18 | 8.2% | 7 | 0.0% | 0 | 3.8% | 1 |
| 2023 | 45.0% | 10 | 36.7% | 18 | 13.9% | 9 | 0.9% | 18 | 3.5% | 3 |
| 5-Year Average | | 10 | | 16.2 | | 7 | | 8 | | 2 |

Over the last five years, when parental rights are terminated and a child in custody under age 5 becomes eligible for adoption, the average length of time it takes for the child to be adopted is 16.2 months. If reunification is the appropriate permanency goal, the average time it takes a child to be reunified with their parents is 10 months. If custody guardianship to a relative is the child's permanency goal, the average length of time is 7 months; to a non-relative, the average length of time is 8 months.

Efforts to Track and Prevent Child Maltreatment Deaths

APSR Update

Steps to Compile Complete and Accurate Information on Child Maltreatment Deaths Reported to National Child Abuse and Neglect Data System

DCFS obtains information on child maltreatment deaths through a variety of sources. DHHS Office of Services Review Continuous Quality Improvement (OSR) conducts fatality reviews on clients served by DCFS. A DHHS Fatality Review Coordinator gathers information on child deaths through the DHHS Certificates of Death for all children between the ages of birth and 21 years who die in Utah. The Fatality Review Coordinator determines if the deceased child or their family have received services through DHHS within 12 months of the child's death. All deaths that meet these criteria are reviewed, regardless of whether deaths were due to maltreatment or were natural or accidental. The DHHS Fatality Review Coordinator also gathers additional information on fatalities from the DHHS death reviews, the Office of the Medical Examiner, and the Office of Vital Records and Statistics.

If DCFS becomes aware of a child fatality or near-fatality, it sends notice to the DHHS Fatality Review Coordinator within 7 days. If a child is in DCFS custody but residing in a placement outside of Utah, it is expected that the caregiver will inform DCFS of the death or the ICPC or courtesy worker in the receiving state will notify DCFS of the death. When notified, the caseworker or ICPC Administrator completes a Deceased Client Report and submits it to the DHHS Fatality Review Coordinator for review.

The CCWIS system includes a data field where information is entered indicating a child died by maltreatment. These entries are reviewed quarterly for accuracy and submitted to the DCFS Safety Administrator, who serves as the DCFS Fatality Review Coordinator, to ensure notification has been made. Any entries that appear to not meet the standard are reviewed by a program expert who may consult with the caseworker's supervisor to determine if the entry is accurate.

DCFS does not have a process for capturing and reporting child maltreatment fatalities in instances where there are no surviving siblings and/or no history with the agency. However, when DCFS is made aware of such a child fatality, the Safety Administrator ensures the fatality information is added to the agency file so that it can be appropriately reported to the National Child Abuse and Neglect Data System (NCANDS).

A DHHS Fatality Review Coordinator regularly follows up with the Medical Examiner's Office and law enforcement on fatalities in which the cause of death was pending a final report from the Medical Examiner or there was an ongoing investigation by law enforcement. The DHHS Fatality Review Coordinator will notify the DCFS Safety Administrator if the coordinator obtains confirmation that a prior death was due to maltreatment, and this information is reported in the agency file as part of the NCANDS submission.

Steps to Develop and Implement a Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities

Improvements to the DHHS Fatality Review Process

The DHHS Child Fatality Review Committee (CFRC) has a plan for improvements to the review process. Information on the current process and planned improvements are listed below.

All child deaths in which DCFS services have been provided within the past 12 months are reviewed by CFRC, which is led by a DHHS Fatality Review Coordinator.

A DHHS Fatality Review Coordinator examines several documents when reviewing each death. These documents include:

- Autopsy reports provided by the medical examiner
- Deceased client reports provided by divisions within DHHS
- Office of the Medical Examiner infant/child death notices

- Child death decedent information reports provided by University of Utah Medical Center
- Newspaper obituaries
- Police/Sheriff reports, when applicable
- Decedent's DCFS case file

A DHHS Fatality Review Coordinator prepares a summary of the case. A case summary is provided, along with the information listed above, to members of the CFRC. The CFRC is a multidisciplinary review team that has representatives from the following entities:

- Law enforcement
- Safe and Healthy Families (child abuse and neglect pediatrician)
- Office of the Guardian ad Litem
- Office of the Attorney General
- Risk Management
- Child Welfare Program Experts
- DCFS State and Region Administration
- DCFS Safety Administrator

The DCFS Safety Administrator attends each review and ensures the child's date of death, demographic information, risk factors, perpetrator relationship, and other relevant data have been correctly entered into the DCFS CCWIS system. Confidentiality forms are updated and reviewed by legal counsel. All committee members sign new forms prior to participation.

The fatality report is reviewed, and case practice is analyzed by the CFRC to determine if there are areas for improvement within DCFS or the broader child welfare system. Reports are forwarded to the appropriate DHHS agencies for review and response to recommendations made by CFRC.

In FFY 2021, the CFRC partnered with Collaborative Safety experts, who provided formal training to all new and current fatality review members. This training was required prior to participation on the committee. Completion of the training better

ensured members understood the objectives of the review and helped to support an analysis of the child welfare system components that may have interacted with the child and family. The training also helped committee members understand that the review process includes a focus on identifying areas for systemic improvement.

The CFRC also reviews near-fatalities. Near-fatalities are brought to the attention of the CFRC through notification from frontline child welfare workforce, who submit a critical incident notification form or by running a SAFE CCWIS report upon case closure.

OSR conducts regular systemic reviews. The purpose of the reviews is to provide an opportunity for members of the CFRC to more closely review systemic barriers and gaps that emerge as concerns during fatality reviews. This review process provides an opportunity for further analysis and exploration of ways to positively influence child-abuse and fatality prevention strategies. To strengthen the feedback loop, at each meeting, DCFS provides an update on actions taken and follows through on CFRC's recommendations. OSR maintains a database that includes all recommendations made to DHHS agencies and tracks implementation.

OSR and DCFS consulted with a leading expert in safety science to explore other ways to improve and enhance the effectiveness of Utah's child fatality review process. DHHS also contracted with the University of Utah College of Social Work SRI to conduct a retrospective review of all fatalities that occurred in a 5-year period (2014-2019). This review was completed at the end of summer 2019. Information from the review was shared as part of the quarterly CFRC systemic review. The retrospective review results were provided to DCFS administration in October 2019. The review results were shared with additional DCFS leadership and continue to be a resource for DCFS, as further discussions are held regarding child fatalities.

Implementation of the Collaborative Safety model for the fatality review process was completed in October 2020. OSR and DCFS completed training all DCFS staff on the Collaborative Safety Model in December 2020. The Collaborative Safety team continued to provide TA to OSR and DCFS through the remainder of their contract with DHHS, which concluded in FFY 2023.

Appropriate agreements are in place to support a robust process for data sharing. The DHHS Fatality Review Coordinator and DCFS representatives participate in DHHS Death Reviews, where information from each agency is shared.

DCFS provides the lists of attendees that participate in the DHHS Death Review Committees to the Utah Attorney General's Office for review. This process has been staffed with DCFS legal counsel and approved. A member from the Attorney General's Office also participates in the review committee.

Additional Committees that Review Fatalities and Recommend Systemic Improvements

OSR produces an annual report that is shared with the public and is presented to the CWLOP at a special legislative hearing. Panel members receive copies of the fatality and near-fatality reviews for the past state fiscal year. The hearing is closed to the public while cases are discussed, questions are answered, and panel recommendations are made.

In response to recommendations from the CWLOP, the CFRC has expanded its view of accidental deaths to explore whether these deaths are more appropriately viewed as neglect deaths.

At the end of FFY 2019, to prevent accidental or unintentional fatalities, DCFS began using a new "toolbox" of resources. The toolboxes were made available to CPS workers for their use throughout the state. The toolboxes include providing families with lockboxes for ammunition and medication, gun locks, and Pack n' Plays for parents of newborns. During FFY 2023, DCFS continued to use the new toolbox statewide, through DCFS Region implementation. CPS workers are also required to complete a safe sleep assessment for all infants in the home and educate parents on safe sleep.

In response to an increase in youths who die by suicide, DCFS expanded requirements for use of the suicide screener. By the end of calendar year 2019, caseworkers were equipped to conduct a suicide screener on all children ages 10

and older who are involved in a Child Protective Services assessment. In addition to the suicide screener completed by the Child Protective Services worker, the suicide screener is required to be completed during the ongoing caseworker's first home visit. The suicide screener must also be completed in conjunction with the UFACET, which is required to be updated at least every six months. The suicide screener is also completed whenever there is a concern that a child is experiencing suicidal ideations.

A CQI plan was developed to ensure the suicide screener is being used to fidelity. Monthly data reports are provided to DCFS frontline supervisors throughout the state indicating which cases did and did not have a suicide screener completed. Supervisors are expected to review the information with their staff to ensure compliance with the practice. In addition, in FFY 2022, the DCFS CQI Administrator and Safety Administrator conducted monthly QA checks on randomly selected cases. This CQI process was completed in FFY 2023. CQI is now managed at the team level.

The DCFS Plan to Prevent Child Abuse and Neglect Fatalities, Near Fatalities, and Death by Suicide was reviewed in FFY 2023, and a decision was made to incorporate suggestions from the fatality review committee into RBA Plan.

Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)

APSR Update

Changes to the 2020-2024 CFSP and prior APSRs are contained in the narrative text below and FFYs 2019-2023 data is presented in the associated tables.

Promoting Safe and Stable Families (PSSF) Service Descriptions

Family Preservation Services

Family Preservation Services help parents safely care for their children in the home as well as help stabilize families with children who have returned home from foster care. Most of the Family Preservation Services funding is allocated to the five DCFS regions, which in turn use funds for flexible funding to families requiring services or supports that help those families keep their children safely in their homes.

Examples of services paid for using these flexible funds include:

- Development of parenting skills
- Providing behavioral health services including mental health and substance abuse treatment and post-treatment supports.
- Wrap-around services that address mental health and educational needs.
- Funding for transportation of family members to school, work, or medical appointments.
- Concrete supports as temporary gap or bridge funding to ensure families can meet their basic living needs, such as housing deposits, rent payments, utilities, groceries, or basic household essentials.

Family Preservation Services funding has been used to support a Program Administrator who is responsible for overseeing in-home and reunification services activities in the state and to support child welfare system improvement efforts.

The approval for use of Family Preservation Services flexible funds is currently administered at the regional level. In all five regions, caseworkers work with their supervisors to develop a specific request for services and then submit that request to a designated financial manager or review committee, who either approves or rejects the request.

For FFYs 2019-2023 data on number of individuals served utilizing PSSF Family Preservation Funding and number of payments, please see the table below.

| Individuals Served Utilizing PSSF Family Preservation Funding | |
|---|-------------|
| FFY | Individuals |
| 2019 | 559 |
| 2020 | 805 |
| 2021 | 992 |
| 2022 | 723 |
| 2023 | 1,022 |

Family Support Services

Family Support Services funding is used for parenting-skills services. This includes Families First-Utah Youth Village and In-Home Adaptive Parenting Services.

Families First provides intensive in-home intervention services available in each of the five DCFS regions, though not necessarily to all communities in each region. Provided by Utah Youth Village through a contract with DCFS, Families First services are designed to teach parenting skills in the home to parents of children who are at risk of abuse or neglect or with behavioral concerns, based on a need to strengthen family functioning capacity. The Families First program, as reported by the California Evidence-Based Clearinghouse, “utilizes the Risk, Need, and Responsivity Model for intervention with at-risk youth and families through 3-4 home visits per week totaling 6-10 hours per week, typically lasting 10-12 weeks. Individual responsivity factors are assessed to tailor the intervention to the youth and family.” The youth’s specific risk factors related to the home environment (e.g., parental relationships, supervision, structure, discipline, etc.) and the social environment (e.g., peer associations, community involvement, relationships, etc.) are targeted.

Families First has been added to Utah’s Title IV-E Prevention Plan, rated as well-supported through the Title IV-E Prevention Services Clearinghouse. Family Support funding is used for families that don’t qualify for Title IV-E prevention services.

In-Home Adaptive Parenting is a newly developed service, providing support to parents who are lower-functioning. The curriculum and timeframe for completing

the curriculum are adapted to the capacity of the parents to help them develop parenting skills at a pace that they can comprehend and apply.

In-Home Adaptive Parenting Services are provided in the home of the parent/guardian or caregiver (or “on site” with the parent/guardian or caregiver in the community). The sessions are targeted towards lower-functioning parents (who have some form of disability). The services include skill building and coaching focused on general parenting skills for parents, guardians, and primary caregivers in cases where traditional parenting classes may be ineffective. Assessments are performed at the beginning of the service period that inform the provider what areas of their pre-developed curriculum(s) they should focus on with the client. The curriculum covers parenting topics such as (a) maintaining the home in a clean, sanitary and safe living environment, (b) child care and supervision, (c) nutrition and meal preparation, (d) basic first aid, (e) discipline, (f) developmental milestones and educational needs of children, (g) daily living skills, (h) managing finances, (i) basic medical management, (j) self-advocacy skills, including instruction and consultation on ways to be as self-sufficient and independent as possible, (k) social skills development, and (l) identifying, building and maintaining natural supports.

For FFYs 2019-2023 data on number of individuals served utilizing PSSF Family Support Funding and number of payments, please see the table below.

| Individuals Served Utilizing PSSF Family Support Funding | |
|--|-------------|
| FFY | Individuals |
| 2019 | 368 |
| 2020 | 381 |
| 2021 | 278 |
| 2022 | 356 |
| 2023 | 301 |

Family Reunification Services

Since October 2018, the period for providing PSSF family reunification services was shifted to allow for reunification services during a foster care placement or for up to 15 months after the child is returned home from foster care, in accordance with

changes made under FFPSA. The formula for allocation of funds to regions is based on the proportion of children in foster care in each region with a goal of reunification. Services provided using these funds primarily include:

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

The approval process for use of Family Reunification Services funds is the same as that for Family Preservation Services flexible funds.

For FFYs 2019-2023 data on number of individuals served utilizing PSSF Family Reunification Funding and number of payments, please see the table below.

| Individuals Served Utilizing PSSF Family Reunification Funding | |
|--|-------------|
| FFY | Individuals |
| 2019 | 547 |
| 2020 | 404 |
| 2021 | 378 |
| 2022 | 426 |
| 2023 | 354 |

Adoption Promotion and Support Services

The Adoption Program primarily uses Adoption Promotion and Support Services funding to:

- Help pay for special services delivered to adoptive children and their families, including parenting skills training, mental health services, concrete supports, and other supports to help adoptive families deal with the complex challenges and high cost of services for a child with special needs.
- Pay for travel and education expenses for adoptive parents who attend seminars or conferences that educate parents about the specialized needs of adoptive children.
- Provide training to adoptive parents or regional adoption staff through state level or regional level adoption conferences.
- Pay for hourly, weekly, or monthly respite care for adoptive families.

For FFYs 2019-2023 data on the number of individuals receiving PSSF Adoption Promotion and Support Funding and number of payments, please see the table below.

| Individuals Served Utilizing PSSF Adoption Promotion and Support Funding | |
|--|-----------------------|
| FFY | Number of Individuals |
| 2019 | 259 |
| 2020 | 236 |
| 2021 | 208 |
| 2022 | 278 |
| 2023 | 324 |

For SFY 2023 data on Adoption Respite Services provided, please see table below.

| SFY 2023 Adoption Respite Services | |
|--|-------|
| Number of Individuals Served | |
| Unduplicated Number of Adopted Children Served <i>Ages 0-11</i> | 558 |
| Unduplicated Number of Adopted Youth Served <i>Ages 12-18</i> | 154 |
| Unduplicated Number of Adoptive Families Served | 320 |
| Number of Services Provided | |
| Number of Adoption Respite Services Provided in the Home | 427 |
| Number of Adoption Respite Services Provided at a Family Support Center | 1,484 |
| TOTAL Number of Adoption Respite Services Provided | 1,911 |
| Number of Service Hours | |
| Number of Hours of Adoption Respite Services Provided in the Home | 1,757 |
| Number of Hours of Adoption Respite Services Provided at a Family Support Center | 4,840 |
| TOTAL Number of Hours of Adoption Respite Services Provided | 6,597 |

Service Decision-Making Process for Family Support Services

APSR Update

Since the submission of the 2020-2024 CFSP, the family support services category has been used for parenting skills training. This has included Families First-Utah Youth Village and in the past year was expanded to also include In-Home Adaptive Parenting Services.

During implementation of Utah’s IV-E waiver demonstration project, a decision was made by the project implementation team to utilize the Family Support Services category of Promoting Safe and Stable Families as a foundation for statewide expansion of an evidence-based, community-based service that helps strengthen families and prevent child entry into foster care. This program, known as Families First, provides in-home parent skills training by certified paraprofessionals using the Teaching Family model. Stakeholder feedback has supported continuation of this service with PSSF Family Support funding.

Last year, Utah Youth Village’s Families First service was approved for addition to Utah’s Title IV-E Prevention Program Plan and was rated as well-supported by the Title IV-E Prevention Services Clearinghouse. With the approval of Families First in Utah’s Title IV-E Prevention Plan, it was determined that this service will continue to

be provided for families not qualifying for Title IV-E prevention services through Family Support. In addition, this allowed for expansion for another critically needed in-home parenting skills training service, In-Home Adaptive Parenting Services.

Expenditure of Promoting Safe and Stable Family Funding

To support the DCFS priority to invest in services upfront to prevent entry of children into foster care, the bulk of PSSF funding will be allocated to the Family Preservation category. Funding for the other three categories will be allocated at 20% so each will meet the significant portion requirements. DCFS plans to expend PSSF funding as follows:

| PSSF Funding Distribution | |
|---------------------------|------------|
| Service Category | Percentage |
| Family Support | 20% |
| Family Preservation | 40% |
| Adoption | 20% |
| Reunification | 20% |

Populations at Greatest Risk of Maltreatment

APSR Update

DCFS uses qualitative and quantitative data to track needs and adapt its services provided to children and families. This includes qualitative and quantitative data indicators that assist in identifying at-risk populations within the system.

Administrators and region supervisors analyze local team, office, and regional data to best identify areas of concern or areas in need of improvement. At least quarterly, DCFS State Office data and practice improvement staff meet with regional practice improvement coordinators to ensure the most current data is being analyzed and steps are taken to identify areas in need of attention.

DCFS uses many tools, data sources, and external resources to best identify populations at greatest risk of maltreatment. Current existing state and federal statute, rules, guidelines, qualitative and quantitative review outcomes, ongoing

internal data measures, contracted services through the University of Utah College of Social Work SRI, and community committee input all contribute to identification and ongoing assessment of the most vulnerable of populations. Sources and assessments include:

- **CFSR+**
In SFY 2023 Utah defined a qualitative review tool known as the CFSR+ which is a combination of the federal Child and Services Review (CFSR) Process including the sampling guide, the review procedure, the QA procedure, federal standards, goals, and targets, and technical resources/tools. Utah carried some unique measures from the long-time QCR tool, including Teaming and Satisfaction ratings and rationales. The Satisfaction rating includes a client satisfaction survey. The CFSR+ also includes sections for highlighting case or systemic strengths and recommendations. The CFSR+ is administered by the Office of Services Review (OSR), which is independent of the child welfare agency which promotes independence in the review process and safeguards against bias.
- *Case Process Review*
Conducted annually by CQI, this review is quantitative, helping identify basic and necessary areas of practice that need to be monitored.
- *Child and Family Services Review*
Periodically conducted by the Children's Bureau, the goals are to ensure conformity with federal child welfare requirements, 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.
- *Adoption and Foster Care Analysis and Reporting System (AFCARS)*
Collecting information from state and tribal Title IV-E agencies, this system provides information on all children in foster care and those who have been adopted with the Title IV-E agency involvement. DCFS is required to submit AFCARS data twice a year, based on two 6-month reporting periods. The

AFCARS review process assists in identifying problems, investigating the causes, and suggesting solutions.

- *National Child Abuse and Neglect Data Systems (NCANDS)*
NCANDS is a voluntary data collection system that gathers information from all states about child abuse and neglect. The Utah DCFS state contact works closely with the Children's Bureau and the NCANDS technical team to uphold high-quality standards associated with NCANDS data. NCANDS data are a critical source of information for many publications, reports, child welfare personnel, researchers, and others. Data is also used to measure performance and is an integral part of the CFSR and the Child Welfare Outcomes: Report to Congress.
- *Utah Children.org – Kids Count Data Center*
Kids Count is a national and state-by-state effort to track the status of children in the United States funded by Annie E. Casey Foundation and Voices for Utah Children, which provides statistical data on the education, health, and economic wellbeing of children and their families. Utah's use of this data informs data-driven decisions to provide a better future for Utah children and families.
- *University of Utah College of Social Work Social Research Institute*
SRI is a local partner contracted with DCFS to gather and analyze a variety of system information. Details regarding its analysis of a 2018 study are outlined in the next section.
- *Internal Data Sources*
These include an extensive reporting database in SAFE. Data, including demographic information, is gathered on a regular basis, and is used at the state, region, and office levels to help inform ongoing practice.

University of Utah SRI Factors that Influence a Child Entering Foster Care

In 2018, DCFS contracted with the University of Utah SRI to conduct an analysis of DCFS SDM assessments to understand what factors influence whether a child enters foster care due to supported abuse or neglect. This was a one-time study; therefore, there is not an update to provide. However, the data analyzation continues to inform Utah's work in child welfare; thus, it is included in this report. Data analyzation yielded the following information regarding vulnerable populations:

Caregiver Substance Abuse

- Households with caregivers experiencing substance abuse constitute a threat to safety and are associated with a host of other risk factors. These include a history of prior investigations and/or receipt of services, mental or behavioral health issues, immediate needs not being met, inability to protect, lack of caregiver attention, unsafe living conditions, homelessness, drug-exposed infants, emotional/physical harm, and a history of DV.
- In over 35% of supported CPS cases, it was determined that caregiver substance abuse was a risk in the home, and this abuse puts a child at more than 10 times the risk of being removed.
- When children are returned home after having been removed due to caregiver substance abuse, 27% of caregivers have a new supported CPS allegation within 12 months.
- Sixty-five percent of children who come into foster care are from households that have substance abuse present (54% drug abuse only, 6% drug and alcohol abuse, 5% alcohol abuse only).
- Caregiver substance abuse is the most reported threat to safety.

Neglect

- Households where children experience neglect have many other associated risk factors. These include caretaker drug and/or alcohol abuse, child abandonment, physical/sexual abuse, child behavioral issues, DV, caretaker coping issues, child drug abuse, and inadequate housing.

- When children come into foster care due to allegations of neglect, they spend an average of 75 additional days in the system.
- Children who experience neglect are 10 times more likely to be removed from the home.

When neglect is present in a home and the caregiver is inconsistent in meeting the needs of the child, the risk of removal greatly increases. Abuse in the home increases child removal odds when one or both primary caregivers are domineering.

Assessment of Structured Decision Making (SDM) outcomes show a strong correlation between several child vulnerabilities and increased odds of removal. These vulnerabilities include being a child under five years of age (which accounts for 37% of all CPS victims), in isolated situations, with significant medical and mental health diagnoses, with diminished development or cognition, or with diminished physical capacity.

Homes consistent with safety services, including services provided by DCFS, are associated with caregivers who acknowledge there is a problem and are willing to work with the agency to achieve resolution. Additionally, it has been found that individuals from these homes often have greater supportive relationships.

Most Vulnerable

Through the analyses of data from these sources, DCFS has identified the populations most vulnerable to abuse and neglect. These populations include:

- Children who are under age 5.
- Children who have a disability or special healthcare needs.
- Children who have a developmental delay.
- Children who are nonverbal.
- Children who have a sentinel injury.
- Children who are isolated from their local community.
- Children who have a high risk of death by suicide.

- Children who have a caregiver who is using substances or abusing alcohol.
- Children who have a caregiver who displays an inability to protect.
- Children who have a caregiver who inconsistently responds to their child's needs.
- Children who live in a household with a history of CPS investigations.

Response

For information regarding the DCFS response, please see *APSR Section III. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes, Goal #1*.

Gender, Race, and Ethnicity

When analyzing demographic information for populations at greatest risk of maltreatment, the below indicators are present.

In Utah, 51% of the youth population is male and 49% of the youth population is female; however, females make up 54.8% of the population of alleged victims while males make up 45.1% of alleged victims. In CPS investigations females make up 56.5% of all substantiated victims while males make up 43.4% of all substantiated victims. Therefore, there are more males in the populations, but females are more likely to be alleged victims and more likely to be confirmed victims of maltreatment.

Please see the table below for the SFYs 2022 and 2023 percentage of alleged victims and substantiated victims by race and ethnicity.

| SFY 2022 and 2023 Alleged and Substantiated Victims by Race | | | | |
|---|--------------------------------|----------------------------------|--------------------------------|----------------------------------|
| Race | SFY 2022 | | SFY 2023 | |
| | Percent of all Alleged Victims | Percent of all Confirmed Victims | Percent of all Alleged Victims | Percent of all Confirmed Victims |
| White | 89.6% | 89.0% | 89.1% | 89.2% |
| Black | 5.3% | 5.6% | 5.1% | 5.6% |
| AI/AN | 2.7% | 3.5% | 2.7% | 3.5% |
| Pacific Islander | 2.7% | 3.1% | 2.8% | 2.7% |
| Asian | 1.4% | 1.4% | 1.4% | 1.2% |
| Unknown | 1.7% | 1.1% | 2.3% | 1.7% |

Note: One child may identify as more than one race; therefore, the sum of percentages will not equal 100%

Please see the table below for the SFYs 2022 and 2023 percentage of alleged victims and substantiated victims by ethnicity.

| SFY 2022 and 2023 Alleged and Substantiated Victims by Ethnicity | | | | |
|--|--------------------------------|----------------------------------|--------------------------------|----------------------------------|
| Ethnicity | SFY 2022 | | SFY 2023 | |
| | Percent of all Alleged Victims | Percent of all Confirmed Victims | Percent of all Alleged Victims | Percent of all Confirmed Victims |
| Non-Hispanic | 75.8% | 73.7% | 75.4% | 72.8% |
| Hispanic | 22.6% | 24.9% | 23.3% | 26.4% |
| Undetermined | 1.5% | 1.5% | 1.3% | 0.9% |

Please see the table below for the DCFS FFY 2023 data for race and ethnicity of children served in foster care and the total child population data for the state as presented by Kids Count Data Center, calendar year 2022.

| DCFS Foster Care and Kids Count Child Population by Race | | | | |
|--|--------------------------------------|----------------------|------------------------------------|----------------------|
| Race | DCFS FFY 2023 | | Kids Count Data Calendar Year 2022 | |
| | Foster Care Child Count ¹ | Percent ² | Utah Child Count | Percent ⁴ |
| American Indian or Alaska Native | 182 | 5.5% | 7,431 | 1% |
| Asian | 21 | 0.6% | 18,688 | 2% |
| Black or African American | 275 | 8.3% | 11,588 | 1% |
| Multiracial, Other Race Unknown | 72 | 2.2% | 37,165 | 4% |
| Native Hawaiian/Other Pacific Islander | 92 | 2.8% | 11,228 | 1% |
| Unable to Determine ³ | 9 | 0.3% | | |
| White | 2,891 | 87.6% | 665,470 | 71% |
| TOTAL SERVED DCFS ^{4,5} | 3,301 | | | |
| Hispanic Origin or Latino ⁵ | 830 | 25.1% | 180,038 | 19% |
| TOTAL KIDS COUNT | | | 931,608 | 100.00% |

NOTES: ¹ All child counts are distinct (unduplicated). ² The Percent of children in each race group is calculated on the distinct count of children served during each FFY. ³ Kids Count Data does not include this category. ⁴ One child may identify as more than one race; therefore, the sum of percentages will not equal 100%. ⁵ DCFS data counts Hispanic/Latino as a part of the total, whereas Kids Count data counts Hispanic Latino as a separate race category.

Response

In FFY 2021, DCFS contracted with the University of Utah College of Social Work SRI to conduct research on equity, diversity, and inclusion within Utah’s child welfare system. The *Evaluating Racial and Ethnic Disparity and Disproportionality Project* will also consider the impact of poverty and is described in more detail within the *APSR Update - Evaluation and Research Activities*.

Please see *APSR Goal #4, Objective 4.3, Measure 4.3.a* for more information on DCFS efforts with equity, diversity, inclusion, and accessibility.

High Population and Low Population Counties in Utah

As presented in *Utah Children.org – Kids Count Data Center 2022*, Salt Lake, Utah, Weber, and Davis counties have the state’s highest populations.

The FFYs 2019-2023 CPS supported cases for child maltreatment in these counties is as follows:

| Supported Victims in Utah Highest Child Population Counties | | | | | |
|--|----------|----------|----------|----------|-----------|
| County | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023I |
| Salt Lake | 3,928 | 3,795 | 3,440 | 3,227 | |
| Utah | 1,572 | 1,258 | 1,347 | 1,429 | |
| Davis | 885 | 918 | 876 | 758 | |
| Weber | 1,146 | 1,146 | 994 | 987 | |
| <i>NOTE: Kids Count Data depends on census data, and 2023 data is not available yet.</i> | | | | | |

FFYs 2019-2023, Maltreatment/1,000 children data for these same counties is as follows:

| Utah Highest Population Counties Maltreatment/1,000 Children | | | | | |
|--|----------|----------|----------|----------|----------|
| County | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 |
| Salt Lake | 12.7 | 12.2 | 11.0 | 10.4 | |
| Utah | 7.9 | 6.3 | 6.6 | 6.9 | |
| Davis | 8.0 | 8.3 | 7.8 | 6.7 | |
| Weber | 16.2 | 16.2 | 13.9 | 13.7 | |
| <i>NOTE: Kids Count Data depends on census data, and 2023 data is not available yet.</i> | | | | | |

As presented in *Utah Children.org – Kids Count Data Center 2022*, Rich, Piute, and Daggett counties have some of the state’s lowest populations.

In FFYs 2019-2023 CPS supported cases for child maltreatment in these counties is as follows:

| Supported Victims in Utah Lower Child Population Counties | | | | | |
|--|----------|----------|----------|----------|----------|
| County | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 |
| Rich | 3 | 14 | 3 | 1 | |
| Piute | 4 | 13 | 6 | 0 | |
| Daggett | 0 | 1 | 8 | 8 | |
| <i>NOTE: Kids Count Data depends on census data, and 2023 data is not available yet.</i> | | | | | |

FFYs 2019-2023, Maltreatment/1,000 children data for these same counties is as follows:

| Utah Lowest Population Counties Maltreatment/1,000 Children | | | | | |
|--|----------|----------|----------|----------|----------|
| County | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 |
| Rich | 4.0 | 16.4 | 4.3 | 1.3 | |
| Piute | 9.5 | 29.4 | 13.2 | 0.0 | |
| Daggett | 0.0 | 7.9 | 59.3 | 53.3 | |
| <i>NOTE: Kids Count Data depends on census data, and 2023 data is not available yet.</i> | | | | | |

Response

Timely practice review and data analysis are an ongoing occurrence in smaller counties to determine the reason for increased substantiated/supported maltreatment. The answer, however, is complicated and can include such factors as distance between worker and child and/or increased reporting of abuse in smaller counties. DCFS anticipates that the *Evaluating Racial and Ethnic Disparity and Disproportionality Project* may further inform this issue.

Kinship Navigator Funding

APSR Update

Kinship Navigator funding used during FFY 2019-2023 has been used to strengthen and support two existing kinship navigator programs in the state that operate using the Grandfamilies curriculum. Note that DCFS has contracted with the University of Utah College of Social Work SRI to evaluate the kinship navigator program provided by the Children’s Service Society of Utah (CSS), which is the developer of Grandfamilies. This evaluation is being paid for with Family First Transition Act funds.

Strengthening Existing Kinship Navigator Programs:

Utah continued to utilize FFY 2022 kinship navigator funding under Title IV-B part 2 to help strengthen existing kinship navigator programs in Utah during FFY 2023. The largest kinship navigator program, Grandfamilies, developed and operated by CSS, received funding from FFY 2018 to FFY 2023 to strengthen their program in multiple locations in the state. Grandfamilies has office locations in northern Utah, including Salt Lake, Weber, Cache, and Davis counties, and in the past two years also opened locations in St. George, in southwestern Utah, in Tooele, west of Salt Lake County, and in Vernal, in eastern Utah. These physical offices provide services to surrounding communities. Grandfamilies also utilize telephone and internet technologies to provide remote services statewide. Starting in January 2024, CSS implemented the Foster Kinship Navigator model through its GrandFamilies program in all offices except Davis County. This model has been rated as promising by the Title IV-E Prevention Services Clearinghouse. Utah received approval to begin providing kinship navigator services under Title IV-E through CSS, effective in January 2024, in all areas of the state except Davis and Utah Counties.

In its annual 2023 report, CSS reported serving 304 adults and 345 children in 184 new families, assisting 193 persons in obtaining guardianship, providing 18 support groups to 138 persons, hosting 65 friend-to-friend events for 2,004 people, and providing outreach, advocacy, and clinical services to kin families. Of the clients served by CSS, 88 % report satisfaction with the services received.

Additionally, in FFY 2019-FFY 2023, Utah provided kinship navigator funding to a smaller kinship navigator program in Utah County, which also uses the Grandfamilies curriculum. Wasatch Behavioral Health (WBH), a local behavioral health authority, operates this program. Funding provided to this program further strengthens its capacity to serve kin families in Utah County.

Wasatch Behavioral Health reported for FFY 2023 that it served 42 adults and 42 children in 27 families in formal classes and served 194 adults and 279 children in 133 families through Friend 2 Friend activities. Based on pre- and post-test results, families participating in the program realized improvement in four of five protective factors, including family functioning and resilience, nurturing and attachment,

social supports, and caregiver/practitioner relationships. Caregivers stated that their relationships with the children had improved, the children's relationships within families had improved, and in several cases the children's and adults' individual well-being had improved.

PSSF Kinship Navigator funding was allocated to each of these programs to strengthen their capacity to provide the full range of kinship navigator services as specified in FFPSA, and to prepare them for expansion under Title IV-E using an approved evidence-based model. CSS is implementing the evidence-based Foster Kinship Navigator Model in all areas except Davis County. WBH is continuing to operate the GrandFamilies Program model in Utah County for the time being.

Evaluation of Existing Kinship Navigator Programs:

The Division initially contracted with the University of Utah SRI to conduct a Kinship Navigator Program evaluation of Grandfamilies, a long-standing kinship support program in Utah operated by the Children's Service Society of Utah (CSS), which meets the criteria in section 427(a)(1) of the Social Security Act, as authorized under FFPSA. The evaluators ultimately determined that the sample groups did not meet the equivalency criteria under the Title IV-E Prevention Services Clearinghouse. This study was funded with Kinship Navigator Program funds under Title IV-B Part 2.

DCFS has contracted with SRI for a second study of the GrandFamilies Program. Every effort has been made to have the study design meet the rigor required by the Clearinghouse. The contract is funded with Family First Transition Act funds. The study design utilizes DCFS administrative data. The population for the study is kin caregivers and clients within child welfare, and the study will compare those who have received services through GrandFamilies as the treatment group and those not receiving GrandFamilies Services as the comparison group. This quasi-experimental design study utilizes a two-phase approach. The first phase, which is currently underway, is an evaluability study to determine if there is sufficient data to analyze. If phase one is successful, the second phase will be implemented to compare outcomes between the two study groups.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

APSR Update

Section 302.2 of DCFS Practice Guidelines addresses purposeful visitation with children in foster care. Guidelines require case workers to visit foster children face-to-face at least once monthly, and at least once per month the visit must occur in the foster care placement. Guidelines also address private conversations with children, conversations including siblings, safety considerations, and quality. Specifically, the content of visits should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and wellbeing, as well as promoting achievement of case goals. Guidelines also address observing a nonverbal child and engaging older youths to help them address their own needs or desires. As needed, the caseworker and members of the Child and Family Team develop the specifics of the visitation plan and decide who will make additional visits and contacts with the child.

During FFY 2023, Utah met the performance standards to have caseworkers visit foster children monthly, as required for the Caseworker Visit Grant. The combined data for DCFS and JJYS was 97.2%, which is about 2% above the standard that 95% of monthly visits to children in foster care are completed during the federal fiscal year. Of those visits that occurred, 99.7% were in the placement where the child resides, well above the requirement of 50%.

The practice guidelines have remained consistent with the required standards for caseworker visits, with one exception. Utah implemented temporary adjustments to policy, formalized in a COVID-19 reference guide, to allow visits to be conducted virtually, when safe and appropriate, to protect both caseworker and client health. The COVID-19 guidelines were discontinued on May 1, 2023.

For DCFS, caseworker visits with foster children are documented in SAFE CCWIS. Workers enter an activity log and indicate completion of a policy requirement after they finish their visits

JJYS, which receives some IV-E funding, also reports on caseworker visits with its population. JJYS visits are documented in the CARE system. Due to differences in practice, JJYS workers may not always visit foster children in their placements. The table below displays FFYs 2019-2023 data on caseworker visits.

| Caseworker Visits | | | | | | |
|-------------------|--|--|--|--|--|--|
| FFY | DCFS | | | JJYS ^{1,2} | | |
| | Children in Custody Age 17 and Younger Required to be Visited at Least One Month | Percentage of Months in which a Required Visit was Completed | Percentage of Months with Visits in which a Visit Occurred in the Home | Children in Custody Age 17 and Younger Required to be Visited at Least One Month | Percentage of Months in which a Required Visit was Completed | Percentage of Months with Visits in which a Visit Occurred in the Home |
| 2019 | 3,840 | 98.3% | 99.8% | 76 | 86.8% | 93.4% |
| 2020 | 3,470 | 98.4% | 99.8% | 41 | 76.3% | 70.7% |
| 2021 | 3,299 | 98.4% | 99.9% | 10 | 87.3% | 81.0% |
| 2022 | 3,092 | 97.2% | 99.7% | 27 | 61.6% | 53.9% |
| 2023 | 2,836 | 97.5% | 99.8% | 24 | 76.0% | 86.8% |

NOTE: ¹Includes visits by JJYS with children in the custody of JJYS; visits are not required to be conducted in the child's home. ²The child count is distinct and unduplicated for each division.

In the past year, Monthly Caseworker Visit grant funds were primarily used for the following purposes:

- Strengthening supervisor and manager support of caseworkers statewide through leadership training held in September 2023.
- Strengthening caseworker capacity through the Child Welfare Institute, a statewide conference held in March 2024.

During the coming year, Monthly Caseworker Visit grant funds are planned for the following purposes:

- Strengthening supervisor and manager support of caseworkers through leadership training, including in key decision-making for safety, permanency, and wellbeing.
- Strengthening caseworker capacity through future Child Welfare Institutes.
- Supporting retention and recruitment efforts and improvements.

Adoption and Legal Guardianship Incentive Payments

APSR Update

Adoption and Legal Guardianship Incentive Payments received during the CFSP FFY 2020-2024 period will be used to enhance child welfare activities in Utah, to the extent funds are available. In the past year, Adoption and Legal Guardianship Incentive Payment funds were used for:

- Tools to enhance workers' ability to search for kin of children in care.
- Specially trained contracted staff who help locate potential adoptive families and help caseworkers match children with potential adoptive parents.
- CQI and grant administrative positions that support quality practice and child welfare system improvements.
- Staff training and special projects, including the Child Welfare Institute for support staff.
- In-home services, including parenting skills classes and behavioral health services.
- Transition to adult living services for youths in foster care and for former foster youth.

In the next year, Adoption and Legal Guardianship Incentive Payment funds are planned to be used for the same purposes as the current year, to the extent that funding is allowable.

One challenge with these funds is that Utah does not receive this funding every year, and the amounts vary significantly from year to year. This makes it difficult to plan for use of the funds for ongoing services.

Adoption Savings, Methodology, and Expenditures

APSR Update

Utah is continuing its use of an alternate approved Adoption Savings Methodology, submitted previously.

During the plan period, adoption savings are planned to be used for costs allowable under Title IV-E or Title IV-B of the Social Security Act. These funds will particularly target services and activities to support children being able to reside safely in the home and to strengthen parents' capacity to care for their children, including post-adoption services.

The programs, services, and activities funded with adoption savings will continue to help with Utah's goal to support families up front and reduce the need for foster care and other back-end services, and to bridge the gap between primary prevention and prevention of foster care services. Examples of services to be funded with adoption savings in the upcoming year include evidence-based in-home parent skills training, mental health services for children and parents who are not Medicaid eligible, and temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children. Savings will also be used for foster care maintenance costs for children that are not Title IV-E eligible.

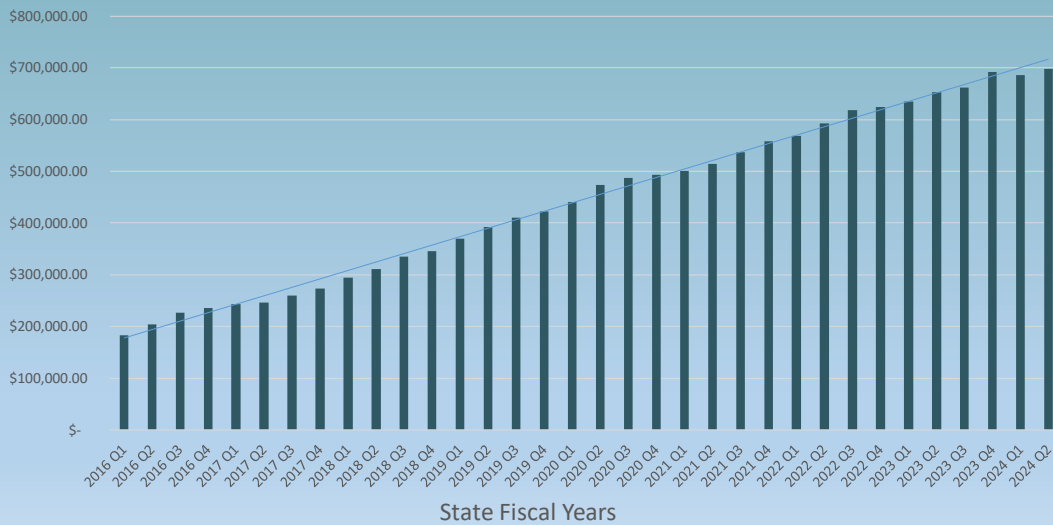
Utah has met the requirement that at least 20 percent of each year's calculated savings is spent on post-adoption and post-guardianship services, and that those expenditures plus amounts spent on services to support positive outcomes for children at risk of entering foster care must equal at least 30 percent of each year's calculated adoption savings. Most savings expenditures have fallen into these two categories since the program began. In FFY 2023, \$788,967 in adoption savings (24%) was expended for post-adoption services, \$767,079 (23%) was expended for in-home services to support children at risk of entering foster care, and \$1,722,871 was expended for foster care services.

In the past year, examples of specific services funded with adoption savings included:

- Evidence-based and evidence-informed in-home parent skills training for parents and children receiving in-home services.
- Mental health services for children and parents receiving in-home services who are not Medicaid eligible.
- Temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children.
- Foster care maintenance for children in foster care that were not Title IV-E eligible.

Generally, Utah has not experienced barriers or challenges when allocating or spending adoption savings. Each year, an estimate of expected savings is prepared, and planned expenditures are budgeted based on that estimate. To the extent feasible, the adoption savings are expended during the state fiscal year in which the savings occur. Any funds not spent during the current state fiscal year are rolled forward and budgeted in the subsequent fiscal year, with intent language authorization from the state legislature. Nearly always, the savings realized for the current year are spent by the end of the following year. From the cumulative data in the FFY 2023 CB-496 report, Utah has saved over \$12 million in adoption savings, and of that savings, under \$100,000 remains in unspent funds. The graph below reflects the estimated Title IV-E adoption savings based on the applicable child criteria.

Title IV-E Adoption Assistance Applicable Child Criteria Adoption Savings



Note: 2024 Q3 and Q4 data is not available at this time and will be included in next year's report.

Family First Transition Act Grant Funds (FFTA)

Family First Transition Act Grant funds continue to be budgeted across multiple federal fiscal years to support the transition to FFPSA and to minimize impact from the ending of the Title IV-E waiver capped allocation. All funding will be spent by September 30, 2025.

During the current year, funds have continued to be used to support transition activities for the Title IV-E Prevention Program plan and to support reduction in IV-E foster care funding.

- In the first three years of the plan, DHHS continued its contract to have PCIT provider training in the state, to support expansion of the provider network for PCIT under Utah's Title IV-E Prevention Plan. Overall, the goal has been to expand the availability of services, including in rural areas. In the past year, FFTA funds were utilized for one additional cohort of PCIT training. No additional PCIT training is anticipated with FFTA funds.
- During FFY 2023, training continued for SafeCare, which includes training of the in-home providers, and includes coaching, and eventually certification of

SafeCare providers. SafeCare is a service under Utah's Title IV-E Prevention Program Plan. Since training began, two in-person training sessions were held, and four virtual trainings were held. Programs are transitioning to provide their own coaching under the model.

- FFTA funds were used for training clinicians for Motivational Interviewing. Two additional sessions were held in March and June 2023. Motivational Interviewing is also an approved service under Utah's Title IV-E Prevention Program Plan, for which claiming under Title IV-E has recently started.
- In addition to funding transition activities towards implementation of the Title IV-E Prevention Program Plan, FFTA funds are being utilized to offset the loss of Title IV-E funds for foster care and for congregate care with the implementation of the Qualified Residential Treatment Program. The extent to which FFTA funds will be utilized for foster care maintenance will be assessed as the state fiscal year-end nears.
- FFTA funds were also utilized to initiate a study of the GrandFamilies kinship navigator program to see if it can be rated as evidence-based by the Title IV-E Prevention Services Clearinghouse. This study is addressed in the kinship navigator section of the APSR/

During FFY 2024, DCFS plans to use the FFTA funds for the same general purposes as funds were budgeted this year. Pertaining to prevention, funds will be used to continue to support training, coaching, and certification of SafeCare, implemented under Utah's Title IV-E Prevention Program Plan. The GrandFamilies Kinship Navigator study will also continue to be funded. FFTA funds may also be used to offset reductions in IV-E funding for foster care and congregate.

Family First Transition Act Funding Certainty Grant

The Family First Transition Act Funding Certainty Grants (FCG) that Utah received in May 2022 have been allocated to the DHHS entities that received funding under the Title IV-E capped allocation waiver. These awards included an adjusted FFY 2021 award in the amount of \$4,258,632 and initial FFY 2022 award in the amount of \$2,888,471. These funds have been distributed as follows: 85% is allocated to DCFS, 11% is allocated to JJYS, and 4% is allocated to the Executive Director's Office. This

distribution may be adjusted over time, based on needs. All funding will be spent by September 30, 2026.

The Funding Certainty Grant will be used for purposes allowable under the grant, with the first priority to support upfront services to prevent abuse and neglect and to prevent entry of children into foster care, including supporting continuing efforts to further implement the Title IV-E Prevention Program Plan. Secondly, funds will be used to reduce the loss of Title IV-E funding for foster care maintenance and administration because of reverting back to traditional Title IV-E claiming and impact of QRTP implementation.

Within that funding framework, DCFS has been working with the Kempe Center over the last few years to implement the Family Action Model (FAM), which is a modification of Family Group Decision Making. FAM provides upfront supports to better engage families receiving child welfare services to help reduce entry into foster care. With the successful completion of the FAM pilot project, DCFS determined that the FCG would primarily be utilized to expand capacity to implement this model to each of the five DCFS regions. FCG funding has been used for hiring a FAM supervisor and a team of coordinators trained in the FAM model and provide family engagement support to teams throughout the state. FAM coordinators are now available in each of the five DCFS regions, though not all regions are at full capacity.

Please see *Goal #1, Objective 1.1.* for a detailed explanation of FAM.

Funding Certainty grant funds are also being used in DCFS to help offset costs for foster care maintenance for non-IV-E eligible youth. JJYS is primarily utilizing the funds to offset foster care maintenance and administrative costs, with IV-E revenue impacted by the loss of the Title IV-E waiver funds.

V. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

APSR Update

The outlined services and program design in the plan have continued over the past year. Since submission of the June 30, 2023, APSR, there have been no substantive changes or additions in services or program design. General updates for work accomplished during FFY 2023 are summarized in the respective sections below.

Agency Administering Chafee

DCFS administers programs and services funded through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee). Within the Division, the Adolescent Services Program Administrator is responsible for planning and execution of all Chafee activities as well as for supporting community providers delivering services to youths in foster care. In September 2023, Jennifer Redd became Utah's new Adolescent Services Program Administrator.

Lived Experience Transition to Adult Living Assistant Coordinator

In August 2021, DCFS added the position of Lived Experience Youth Voice – Transition to Adult Living (TAL) Coordinator. This position provides the expertise that can only be delivered by an individual with firsthand lived experience in the child welfare system. The position of TAL Coordinator continues to evolve as needs are identified. The TAL Assistant Coordinator's current responsibilities include:

- Provide direct support to YAC members.
- Assist DCFS regional TAL Coordinators.
- Maintain connection to national organizations.
- Participate as a member of the DHHS Office of Substance Abuse and Mental Health Youth Empowered Solutions to Succeed group.

- Provide support for the Division of Juvenile Justice and Youth Services Youth Council.
- Provide support for the CIP monthly educational series.
- Provide support for multiple local youths support programs around the state, including the Utah State Board of Education Check and Connect Program.
- Provide support for the Youth Experiencing Homelessness Task Group.
- Ensure emphasis is placed on involvement with programs in the state that provide services to youths who may qualify for access to TAL services.
- Increase National Youth in Transition Database outcomes.

The impact of this position is described throughout the presentation of the John H. Chafee Foster Care Program for Successful Transition to Adulthood section below.

Description of Program Design and Delivery

TAL services delivered to youth who have experienced foster care at age 14 or older are provided throughout the state. TAL services are facilitated by region caseworkers, supervisors, and TAL coordinators who—along with foster care, kinship, or other families caring for the youth—are committed to providing youth with:

- Transitional services.
- Building meaningful, permanent connections with a caring adult.
- Developmentally appropriate activities.
- Positive youth development.
- Experiential learning opportunities.

Once a youth in foster care reaches age 14, region caseworkers and the youth's Child and Family Team, which the youth lead once they reach 16 years of age, work to prepare the youth for transition to adulthood. All youth receive a continuum of training and services as identified by the Child and Family Team and as outlined in their Child and Family Plan.

Transitional services provided to youth are numerous but generally fall within five major categories, including the National Youth in Transition Database (NYTD) areas:

- Work and Career Planning and Education.
- Housing and Money Management (not room and board).
- Home Life and Daily Living.
- Self-Care and Health Education.
- Communication, Social Relationships, Family, and Marriage.

Former foster-care recipients ages 18-22 years, who have not reached 23 years of age, are eligible for Chafee aftercare services, if they were adopted or obtained legal guardianship after their 16th birthday or if they aged out of foster care between the ages of 18 and 21 years. TAL provides these youth with financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts to achieve self-sufficiency.

TAL coordinators provide aftercare services within their regions. In providing these services, coordinators help youth develop a Child and Family Plan that identifies what the youth's current needs are and the goals they have for their immediate future. The TAL coordinator also helps youth locate and access community resources that meet their needs.

Chafee aftercare funds may be used to help youth access services or may be used to meet a youth's emergency needs. Since Utah is a reciprocal state, a youth in Utah foster care that lives in another state can access Chafee aftercare or ETV resources by contacting a TAL coordinator in the state in which they are living, or the services can be provided by Utah.

To complement youth's efforts to achieve self-sufficiency and to ensure youth recognize and accept personal responsibility to prepare for and make the transition from adolescence to adulthood, up to \$5,000 in annual assistance can be provided to eligible youth through aftercare services. (Utah DCFS, in response to the increasing cost of living expenses, chose to increase the annual assistance from

\$2,000 to \$5,000.) These funds are designed to help youth pay for housing, counseling, employment, education, and other services.

The services being provided through the Chafee program are in alignment with the CFSR and the PIP. The Chafee program keeps safety and placement stability at the forefront of all service development and implementation. Utah's YAC is an integral member of the development team addressing the need to increase placement stability for youth. This includes plans for foster youth to participate in UFC in-service training courses in the form of a Lived Experience Foster Youth Panel. Utilization of the panels began in FFY 2023. Additionally, the Adolescent Service Program Administrator is working with UFC to regularly include Lived Experience Foster Youth Panels as a part of the Annual Foster Care Symposium. It is anticipated that utilization of the panels will begin at the next annual symposium in early FFY 2025.

Involvement of Youth

DCFS continues to support the YAC, which adds a much-needed youth voice to the child welfare system. Through the YAC, youth discuss issues that impact their lives and set goals and objectives that are designed to resolve problems they face. Additionally, in collaboration with DCFS administrators, the YAC contributes to the development of policies and procedures involving youth support. The Adolescent Service Program Administrator and TAL coordinators, in conjunction with the YAC are committed to continued monitoring of DCFS Practice Guidelines, as they pertain to youth in care.

Youth participate in panel discussions during UFC foster and adoptive parent in-service training, with a goal of also participating in pre-service training courses. During the panel discussions, youth provide a realistic accounting of their experiences in foster care, summarize the unique needs they encountered while in foster care, and encourage parents to consider fostering or adopting older children in the child welfare system. Since the pandemic, UFC has been using a hybrid model of in-person and virtual format for in-service training.

The youth report a preference for in-person panel participation, as they find the virtual format to be disconnecting and disinteresting.

Youth meet annually with the DCFS Director to share their progress on youth-driven projects. Youth have been and will continue to be encouraged to address the CWLOP and advocate for youth-driven policy change. During FFY 2023, steps were taken to facilitate youth receiving training from the governor's office to help youth understand the legislative process, which will further prepare them for a more active role in educating state and federal legislators, as well as other partners, on TAL-related issues. It is anticipated that training will begin in FFY 2024.

In December 2023, at the invitation of the Journey to Success, a federal policy advocacy campaign that seeks to improve opportunities and outcomes for all youth and young adults who experience foster care, a group of six TAL youth accompanied the Adolescent Program Administrator and a region TAL coordinator to Washington, D.C. to meet with Utah and federal legislators, including the House Ways and Means Committee and the Senate Caucus on Foster Youth. In these meetings, the youth shared their experiences about TAL services, what is working well, and areas for improvement.

Two youth ambassadors accompany the Adolescent Program Administrator to the annual Independent Living Coordinators Meeting in Washington, D.C. The ambassadors provide a report to the YAC that identifies best practices and conveys lessons learned. However, since the start of the pandemic, this meeting has been on hold. Once it resumes, the Program Administrator, TAL Lived Experience Coordinator, and YAC ambassadors will attend.

The YAC continues to work on the development of a youth orientation packet that will be shared with youth when they first enter foster care. Foster youth will be given a flier with information about available services and support. There is an emphasis on reengaging youth participation on the youth council and amplifying youth voices across the state.

During FFY 2023, DHHS changed its departmental permissions for use of social media. With this change, TAL program areas are limited to DHHS social media, instead of TAL having its own social media accounts.

The Chafee program incorporates the main principles of positive youth development (PYD) throughout the case process and in the development of services and assessments. The importance of PYD is seen in the composition of the child and family teaming process. The teaming process brings together family and community connections to support the youths. Youths are encouraged to lead their team meetings and contribute to their planning in a meaningful way. The youth's ability to run their meetings builds their confidence in advocating for their needs and their future.

The YAC worked with staff to create a Milestone Guideline that helps youths focus on building basic life skills and creates opportunities to build confidence and competence in connecting with their families and communities. This guideline was implemented in FFY 2022. Regional youth and TAL Coordinators continue to improve the Milestone Guidelines. Goals for improvement include continuing the creation of content with real-world applications that fit the needs of youths transitioning to adulthood.

The Chafee program supports local community programs that incorporate positive youth-development principles. For example, DCFS partnered with the University of Utah to establish an academic and social mentoring program to encourage youths to complete high school and successfully attend higher education. This program is described in more detail under the education portion of the plan. Youths that attend the program have seen an increase in their academic skills and their ability to connect with peers and advocate for their future. The Chafee program will continue to support the academic and social mentoring program over the next five years, and there are plans to double the number of youths attending from thirty to sixty youths. To support this effort, funding was increased in FFY 2022. In FFY 2023, the contract was renewed for an additional five-year period, ending in June 2028.

Use of NYTD Data

To provide Utah with a complete view of youth experiences, DCFS regularly collects data on youths turning 17 while in foster care. DCFS also conducts surveys with youths who were formerly in foster care; surveys are conducted when the youths are ages 17, 19, and 21 years of age. Data and survey results are entered into the NYTD database. NYTD reports are generated as needed and are used to inform stakeholders about barriers youths face when they exit foster care. The reports are shared annually with the YAC, the Child Welfare Improvement Council (CWIC), the CIP new employees during onboarding training, other relevant statewide training, community partners, and other stakeholders.

The data from the first round of cohorts showed that Utah had a very high rate of youths entering foster care due to delinquency. This data was shared with the Court Improvement Program team and informed the discussion regarding how Utah can reduce the percentage of youths entering care due to delinquency, while still ensuring youths receive the support they need from the courts and human services.

In 2017, legislation was passed that no longer allows the courts to order a child into DCFS custody due to delinquent behavior. Instead, the courts request that DCFS complete an assessment to determine if the family needs support and who is the best agency to provide that support. To help inform future changes to court practice, as noted above, the Chafee program will continue to share the NYTD data with the CIP team during quarterly meetings.

During FFY 2022, the Adolescent Program Administrator and the Lived Experience TAL Coordinator created a user-friendly informational one-page document about NYTD to share with community partners and the YAC. The one-pager was utilized during FFY 2023 and was found to be useful in educating youth on the importance of NYTD. During FFY 2023, the Lived Experience TAL Coordinator continued to focus on increasing NYTD outcomes; this work included access to the CLEAR Network.

Please see the table below for an overview of direct supports for youths provided through Chafee funding.

| Direct Supports for Youth Through Chafee Funding | |
|--|---|
| Purpose | Allowable Services |
| <p>Transitional Living Needs (TLN) The purpose of the TLN grant funds is to address unique short and long-term needs of youths in DCFS custody age 14 and older to supplement their own efforts to achieve self-sufficiency and assist them in transitioning to adulthood.</p> | <p>TLN funds may be spent for needs in the following categories: 1) Education, training, and career exploration, 2) Mental health, and emotional support, 3) Transportation, 4) Normal teen expenses such as prom tickets and outfits, yearbooks, school pictures, dance recitals, guitar lessons, etc., and 4) Housing support such as items to set up an apartment, but may not be used for room, board, including food, rent, or utilities for a youth who is still in foster care. It may also be used for regional youth events or skills classes, with approval for group gatherings when required.</p> |
| <p>Transitional Living Payment (TLP) Grant funds may be used for qualifying youths aged 18 to 23 to address unique short-term needs to assist them in transitioning to adulthood.</p> | <p>TLP funds are available for former foster youths who are between the ages of 18-23. May be used for the same types of costs as TLN (see above). These youth may be provided financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts to achieve self-sufficiency. (Housing costs should be paid under TLR.)</p> |
| <p>Transitional Living Payment for Living Costs (TLR) Grant funds may be used for qualifying youths aged 18 to 23 to address unique short-term needs with maintenance expenses to assist youths in transitioning to adulthood.</p> | <p>TLR funds are available for former foster youth who are between the ages of 18-23. These funds may be used for room and board, including food, rent, or utilities. Normally, no more than 30% of grant funds statewide may be used for room and board costs.</p> |

Serving Youth across the State

The Chafee funding is dispersed among Utah’s five regions. Funding amounts are determined by the percentage of potential eligible youth in each region. Regions have flexibility to develop and provide services that are specific to the needs of the youths in their areas.

TAL coordinators meet monthly and are focused on how to provide more video and online options for youths to participate in the Milestone Guideline classes and

activities. For example, the Eastern Region is rural, and it is difficult to provide a central location that works for all the region's youths to easily participate. The Eastern Region TAL coordinator trained staff in each of the region's offices on the Chafee program. The staff assist in providing local classes and activities to ensure that all Eastern Region youths can participate in and benefit from the classes. The Eastern Region has also increased its ability to provide teleconferencing options, which enable youths from different offices to interact with one another.

YACs exist in all five regions within the state and are available for youths to participate virtually and in-person.

As noted above, in FFY 2021, DCFS hired a Lived Experience TAL Coordinator. This position works directly with the Adolescent Services Program Administrator and the Region Youth Councils to assist youths in using their voices to improve services for themselves and other youths in care.

Serving Youth of Various Ages and Stages of Achieving Independence

The Adolescent Services Program Administrator implemented the state's Milestone Guidelines into practice. Training was provided to Region TAL coordinators on how to use the guidelines to ensure that youths have the skills needed to transition successfully to adulthood and on how to offer the guideline training at a level equivalent to the youth's age and ability.

The Milestone Guidelines provide incentives to youths needing to complete activities, skills, and education that will help them develop and maintain connections to their community. From a list of more than 35 skills and activities under more than 15 focus areas, the youth and caseworker pick the two skills or activities that are determined to be most critical to the youth's success and then obtain the mentoring, training, or services that will help the youth accomplish those tasks.

In recent years, Utah piloted a TAL UFACET assessment. Use of this assessment became standard practice in September 2022. The UFACET is a CANS-based child and family assessment tool developed in conjunction with the HomeWorks IV-E child-welfare waiver demonstration project.

During FFY 2021, the Adolescent Services Program Administrator worked with the CWIC to implement the UFACET TAL skills module, which includes NYTD language, and the wellbeing outcomes outlined in the CSSP Youth Thrive Protective and Promotive Factors framework.

Chafee Services Expansion Option to Extend Services to Age 23

Utah elected to offer Chafee-funded services to former foster youths through age 23. Youth were notified of the change through multiple strategies. DCFS YACs at state and regional levels were also informed of the age change. Youths exiting care to emancipation, guardianship, or adoption who qualify for services after foster care are provided this information as part of preparation for exit. Regional TAL coordinators are the primary contact for youths who have already exited care. TAL coordinators are aware of the change, and they share this information with youth for whom they coordinate services. The Adolescent Services Program Administrator shares this information with other community partners and service providers.

Although the state has not elected to expand Title IV-E foster care beyond age 18, Utah qualifies for expansion of Chafee services to age 23 through operation of a comparable state-funded foster-care program serving youths to age 21.

Collaboration with Other Private and Public Agencies

Multi-Agency Collaboration

The Adolescent Services Program Administrator is a member of a multi-agency collaboration, including members from the Office of the Attorney General, the Salt Lake County Public Defender's Office, JJYS, and other community partners. This group addresses issues related to human trafficking. While not specific to youths

involved with DCFS, the collaboration intends to develop community support for victims of human trafficking and identify or develop services that are designed to keep youth sex-trafficking victims out of jail. The collaborative developed a broad-range protocol that identifies when and how to refer a child or youth sex-trafficking victim to DCFS for services.

University of Utah Collaboration - First Star Academy

The Adolescent Services Program Administrator and administrators at the University of Utah worked together to implement the First Star Academy (FSA), a national program. FSA focuses on academics, life skills, and caregiver engagement. The program brings high-school-aged foster youths to campus for one Saturday each month during the academic school year and an intensive, four-week campus residential experience, during which youths in foster care attend a variety of classes taught by professors. In addition, university mentors provide academic and personal guidance and meet monthly with the youth to assist them with their educational goals. Once youths complete the academy and graduate from high school, they will be eligible for targeted scholarships that will help them fund their secondary education. Furthermore, if youths are in foster care when they enter the academy, they will be able to remain in the program, regardless of permanency status upon leaving foster care.

During FFY 2021, the Adolescent Services Program Administrator worked with First Star to expand the program's capability to increase the number of students served from one cohort of 15 students to four cohorts of 60 total students.

At the end of 2022, First Star enrollment included two cohorts totaling 30 students. First Star is actively recruiting for the next cohort, which will bring the total number of students enrolled to 45 students. The program goal remains four cohorts totaling 60 students.

At the end of 2023, First Star enrollment included three cohorts totaling 39 students. First Star is actively recruiting for its next cohort and has received 27 new applications for students to enroll in the program, nine of which are students from

the Ute Tribe. Current projections indicate this new cohort will be the largest recruiting class to date. This places the projected Spring 2024 enrollment at four cohorts totaling over 60 students.

Below are several quotes regarding First Star Academy's impact from four current, anonymous First Star students:

"I would tell them that I like it because First Star is a second family to me, and I feel like the kids here get so much support and community with people who have been through similar things."

*"I feel more confident in myself and learned that I'm pretty great at being who I am."
"I learned how to manage my emotions better and a lot more about how I need to validate my own emotions."*

"First Star is fun, you meet new people, you learn new things, the stuff you care about, and your education."

During FFY 2022, the Adolescent Services Program Administrator and Federal Grants Program Administrator worked with the FSA Administrator to review past and determine future data points FSA will track.

Please see the table below for FSA data from the program's inception during the 2017-2018 school year through the end of 2022-2023 school year. Since the 2023-2024 school year has not concluded, there is no data to report for this period.

| First Star Academy (FSA) | | | | | | | | | | | | | | |
|---|-----------|-----------|-----------|------|-----------------|------|-----------|------|-----------|------|-----------|-----|------------------------|---|
| School Year: | 2017-2018 | | 2018-2019 | | 2019-2020 | | 2020-2021 | | 2021-2022 | | 2022-2023 | | 2023-2024 ⁵ | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Total Students Returning from Previous Yr. | - | - | 20 | - | 27 | - | 16 | - | 19 | - | 17 | | | |
| Total New Students | 26 | - | 8 | - | 0 | - | 17 | - | 15 | - | 18 | | | |
| TOTAL Students Enrolled in FSA | 26 | - | 28 | - | 27 ² | - | 33 | - | 34 | - | 39 | | | |
| Total Students Enrolled Who Completed the Yr. | 20 | 77% | 25 | 89% | 22 | 81% | 21 | 64% | 20 | 58% | 31 | 80% | | |
| Total Students Enrolled Who Exited FSA for Reasons other than Graduation ¹ | 6 | 23% | 3 | 11% | 5 | 11% | 3 | 9% | 5 | 14% | 3 | 8% | | |
| Total Seniors Enrolled Who Graduated High School (HS) | - | - | - | - | 3 | 100% | 11 | 100% | 4 | 100% | 0 | | | |
| Total HS Graduates Enrolled who went on to a Four-Yr. University that fall | - | - | - | - | 2 | 66% | 7 | 63% | 1 | 25% | 0 | | | |
| Total HS Graduates Enrolled who went on to a Two-Yr. or Vocational College | - | - | - | - | 0 | 0% | 3 | 27% | 2 | 50% | 0 | | | |
| TOTAL Students Enrolled in FS Summer Academy | 22 | 84% | 24 | 85% | 15 on-line | 56% | 16 hybrid | 48% | 15 | 50% | 246 | 62% | | |
| % Increase in Post-Test over Pre-Test Math Score | - | 27% | - | 25% | - | 3 | - | 3 | - | 45% | 45% | | | |
| % Increase in Post-Test over Pre-Test Writing/Language Score | - | 9% | - | 42% | - | 3 | - | 3 | - | 12% | | | | |
| % Students Reporting Increased Desire to Attend Higher Ed. | - | Not coll. | - | 100% | - | 100% | 4 | 4 | - | 75% | 63% | | | |
| % Students Reporting Increased desire to work hard in HS | - | 90% | - | 73% | - | 70% | - | 91% | - | 67% | 94% | | | |
| % Students Reporting Increased Feeling of Academic Capability | - | 84% | - | 73% | - | 70% | - | 83% | - | 58% | 69% | | | |
| % Students Reporting Increased Confidence in Capability to Make Friends | - | 58% | - | 67% | - | 62% | - | 66% | - | 75% | 75% | | | |
| <p>NOTES: ¹ Reasons include spending time with family, transportation issues, adoption, mental health concerns, moved, or other issues. ² Some students leave for a short break and come back. Those are not counted as new students. ³Due to COVID-19 the pre and post academic survey was not completed. ⁴During the recent school year, the number of youth reporting an increased desire to attend a higher education was inadvertently not asked in the survey done in the 2020-2021 year. Therefore, there is no data to report for this question. ⁵The 2023-2024 school year has not yet concluded.</p> | | | | | | | | | | | | | | |

A sister program to FSA is the Impact Scholar Program. This program is designed to follow and provide support to First Star students who enroll in post-secondary education. In January 2023, a full time Impact Scholar Program Manager was hired. Impact Scholars currently supports 30 students, with more than half of these students on the Dean's list. Impact Scholars has served nine First Star alumni in the past cohort. All other Impact scholar students come from the foster care system in Utah and outside of Utah. Several Impact Scholar students are over the age of 25 and have returned to finish their degrees now that they have more support through the Impact Scholars program.

State Agencies and Community Partners

The TAL Program coordinates with several state agencies and partners that utilize federal funds. Those agencies include:

- Department of Workforce Services, Workforce Innovative Opportunities Act (WIOA) eligible youths, which manages services provided through the ETV program and coordinates Supplemental Nutrition Assistance Programming benefits and employment training.
- DHHS, which coordinates Medicaid services and, through a contract with DCFS, provides access to a Fostering Healthy Children nurse case manager who tracks the medical needs of youths in foster care.
- OSAMH, which refers youths to services that help youth resolve mental-health and substance-use issues.
- Department of Public Safety Driver License Division, which aids in obtaining a Utah driver license and a Utah identification card.
- JJYS, which works with DCFS to identify youths in custody who may qualify for Chafee-funded services or may be eligible to receive services from other organizations.

Additionally, the CPS and Adolescent Services Program Administrators continue to work with a collaboration of individuals representing the Utah State Courts, law enforcement, the Utah Court Appointed Special Advocate Program, Primary Children's Hospital, and others to identify measures that will help avoid re-

victimizing victims of human trafficking. Likewise, DCFS continues to work with law enforcement to ensure that DCFS provides a victim-friendly response to child victims of sex trafficking. Specifically, for a youth in custody who runs away from an out-of-home placement and may have become involved in human trafficking, DCFS protocols guide caseworkers as they try to determine if the youth has been involved in human trafficking.

During FFY 2020, to prevent further DCFS involvement or removal, DCFS began coordination with the Juvenile Justice Early Intervention Program to provide support and in-home services to families with ungovernable youth. A pilot program was completed in Utah's Northern Region in fall 2019, and the Juvenile Justice Early Intervention Program was implemented statewide in February 2020. DCFS began referring to the program in July 2021, at the start of the new SFY. SFYs 2021-2024, program and DCFS referral data are presented in the table below.

Juvenile Justice Early Intervention Program

| | SFY 2020 ¹ | | SFY 2021 ² | | SFY 2022 | | SFY 2023 | | SFY 2024 | | | | | | | | Since Inception | |
|-------------------|-----------------------|------|-----------------------|-------|----------|-------|----------|-------|----------|-------|-----|-------|-----|-------|-----------------|---|-----------------|-------|
| | TOTAL | | TOTAL | | TOTAL | | TOTAL | | Q1 | | Q2 | | Q3 | | Q4 ³ | | TOTAL | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Program Referrals | 393 | 100% | 2,260 | 100% | 2,863 | 100% | 3,351 | 100% | 711 | 100% | 979 | 100% | 929 | 100% | | | 11,485 | 100% |
| DCFS Referrals | 0 | 0% | 334 ³ | 14.8% | 320 | 11.2% | 383 | 11.4% | 161 | 22.6% | 169 | 17.3% | 194 | 20.9% | | | 1,561 | 13.6% |

NOTES: ¹ The program form was implemented statewide on Feb 13, 2020. ² DCFS began its participation in SFY 2021. ³ SFY 2024 Q4 data is not included, as it is too soon for the data to be available.

Determining Eligibility for Benefits and Services

All foster youths ages 14 and older automatically qualify for Chafee programs and services. Utah foster youths that live out of state are also provided services through the Chafee program. Utah is a reciprocal state and collaborates with other states to ensure the child is receiving Chafee support.

The Chafee program collaborates with the WIOA program to ensure that youth are eligible for and able to obtain the ETV vouchers. All eligible youths have access to the same ETV funds, based upon their educational need. There is no current waiting list for services or funding.

Cooperation in National Evaluations

Utah DCFS has demonstrated its willingness to cooperate in the past as a volunteer pilot state for the NYTD review. Utah will continue to cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

Chafee Training

DHHS has addressed the needs of youths who are receiving services through one or more DHHS divisions. Training provided workers with information about how to involve youths in transition planning, how to integrate the requirements of the Normalcy Bill into transition planning, and how the Foster Youth Bill of Rights applies to transitioning youths. The training was addressed at a regional level and coordinated by regional training teams. This has given the regions an opportunity to address issues related to their community and to encourage local community providers to be a part of the training. Youths have actively been involved in the planning process and coordinate some of the activities.

In addition, a one-hour segment of the DCFS New Employee Practice Model Training focused on youth services provided through the TAL Program, as well as on community resources available to youths.

UFC referred foster or foster-to-adopt parents, especially those fostering or adopting youths over the age of 14, to DHHS Social-Emotional Learning training. The goal of this training was to help caregivers and individuals who serve youths to build social and emotional skills with young people, particularly young people with disabilities and youth with Individualized Education Plans (IEPs). The use of these options assisted foster parents in meeting mandatory annual training requirements.

UFC also provided TBRI training for families caring for teens and has several recorded online teen-specific training courses. UFC will begin offering the TBRI Core Teen series in May of 2024.

Prospective foster and adoptive parents first learned about the needs of LGBTQ+ youths during an individual orientation and pre-screening interview, prior to beginning training. The topic also addressed in several sections of the 32-hour training provided by UFC. During the session in which UFC trainers discuss why children are in foster/adoptive care and in the session in which participants learn about adolescent development, trainers identify the safety needs of children who may be questioning their sexuality.

UFC also provided in-service classes, including a recorded class, available for families. Several episodes of UFC's podcast, *Fostering Conversations*, have been dedicated to caring for and assisting teens who have, or may soon be, aged out of the system, as well as episodes dedicated to the needs of LGBTQ+ youth. UFC partnered with the Mama Dragons Organization to provide a series of self-guided modules called "Introduction to your LGBTQ Child."

Also, when UFC trainers addressed the need to transcend differences in philosophies or beliefs with prospective foster or adoptive parents, they helped parents to examine their personal, moral, and ethical perspectives and determine if they can work with children who live differently.

A discussion of LGBTQ+ youths safety was held during the UFC DCFS Practice Guidelines webinar, a course that prospective foster parents were required to

complete before becoming licensed. UFC also implemented a cluster group for parents who are fostering LGBTQ+ youth. A culture of acceptance was a primary component of any placement and, as such, UFC addressed issues relating to inclusiveness, safety, stability, and support for LGBTQ+ youth in this webinar.

UFC also increased efforts to ensure youth voice is valued, including inviting foster care youths with lived experience to speak with prospective and current foster parents.

Education and Training Vouchers Program

Program Description

ETVs are available to youths meeting the following requirements:

- Be an individual in foster care who has not yet reached 21 years of age, and
- Be an individual no longer in foster care who reached 18 years of age while in foster care, or
- Be an individual adopted or obtained legal guardianship from foster care after reaching 16 years of age.

In addition, youths must meet the following requirements:

- Have an individual education and employment plan completed by DCFS or their designee.
- Have submitted a completed application for the ETV Program.
- Applied to a qualified college, university, or vocational program. (Under the 2021 COVID Appropriations Bill, this requirement was waived.)
- Have applied for and accepted available financial aid from other sources before obtaining funding from the ETV Program.
- Have enrolled as a full-time or part-time student in a college, university, or vocational program. (Under the 2021 COVID Appropriations Bill, this requirement was waived.)

- Have maintained a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution. (Under the 2021 COVID Appropriations Bill, this requirement was waived.)

Method the State Uses to Operate the ETV Program Efficiently

DCFS continues to contract with DWS to manage the ETV program. Youths apply through DWS and complete the screening process. Following the screening process, applicants receive written notice of approval or denial of their application. If denied, a written form is provided stating the reason for denial. This form also includes instructions for how to appeal the decision.

Once ETV approves an applicant as eligible to receive support through the ETV program, DWS completes an individual education and employment plan for each eligible applicant. DWS also makes it possible for enrolled youths to participate in paid internships or obtain financial support as they search for a job or take steps to build a career. DWS also helps youths between the ages of 14 and 16 who are more than one grade level behind receive academic support, which can help youth improve their performance in school, as well as help them graduate from high school at the same time as their peers.

To ensure the current budget and future allocations are reviewed on a regular basis, DWS sends a monthly budget report, quarterly program review, and annual report to DCFS.

DWS/WIOA is utilized to provide ETV services, and they adhere to a screening process that ensures funds are used appropriately. DCFS audits the DWS screening process.

The table below lists the total number of youths who received ETV awards for 2017-2018 through 2022-2023 school years and for the partial 2023-2024 school year (July 1, 2023 – April 1, 2024). It also lists the number of youths who received new ETV awards for the same time periods.

| Annual Reporting of Number of Youth Receiving Education and Training Vouchers | | | | |
|--|----------|----------------------|------------------------|--------------------|
| Utah School Year | New ETVs | Open ETV Enrollments | Closed ETV Enrollments | TOTAL ETVs Awarded |
| 2017-2018 (July 1, 2017, to June 30, 2018) | 53 | 143 | 68 | 264 |
| 2018-2019 (July 1, 2018, to June 30, 2019) | 44 | 117 | 52 | 213 |
| 2019-2020 (July 1, 2019, to June 30, 2020) | 36 | 102 | 46 | 184 |
| 2020-2021 (July 1, 2020, to June 30, 2021) | 38 | 93 | 31 | 162 |
| 2021-2022 School Year (July 1, 2021, to June 30, 2022) | 13 | 75 | 38 | 126 |
| 2022-2023 School Year (July 1, 2022, to June 30, 2023) | 14 | 16 | 26 | 56 |
| 2023-2024 School Year ¹ (July 1, 2023, to April 1, 2024) | 21 | 16 | 12 | 56 |
| <i>NOTE: ¹ 2023-2024 complete school year numbers will be reported in next year's APSR.</i> | | | | |

Steps to Expand and Strengthen the ETV Program

During FFY 2023, DCFS worked with DWS to update the ETV contract to ensure youths up to the age of 26 can obtain ETV funds and educational and employment guidance from DWS case managers. DCFS TAL Coordinators and DWS case managers received training on the new requirements.

Other Appropriate Education and Training Programs

In 2018, DCFS was selected to participate in a college savings program through the Utah Educational Savings Plan (UESP), My529. To participate in this program, a TAL Services youth attends a college-prep class and earns a financial incentive. The incentive is deposited into a My529 college savings account. TAL youth can earn further financial incentives by completing milestones focused on their higher education goals.

The UESP continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youths transitioning out of foster care complete

post-secondary certificate or degree programs at one of the Utah System of Higher Education institutions or Applied Technical Centers. Application for the scholarships can be completed online.

As presented above, in FFY 2019, the Adolescent Services Program Administrator and administrators at the University of Utah implemented the First Star Academy, an intensive, four-week, on-campus experience for youths in foster care.

Consultation with Tribes

In FFY 2020, discussions occurred between Eastern Region and the Ute Tribe near Fort Duchesne Reservation. Youth living on the Fort Duchesne Reservation have been invited to participate in all Chafee classes and activities offered by the Eastern Region transitional team.

Consultation efforts with tribes have resulted in the following Chafee-funded services.

- In FFY 2020, one youth from the Ute Tribe participated in the TAL program and received TAL benefits that year.
- In FFY 2021, two youths from the Ute Tribe participated in the TAL program and received TAL services, including assistance with a tuxedo and a formal dress for attendance at a school dance.
- In FFY 2022, two youths from the Navajo Tribe participated in the TAL program and were also attempting participation in online school. These youths received financial assistance for the provision of Internet services.
- In FFY 2022, two youths from the Navajo Tribe participated in the TAL program through attending classes, receiving incentive payments, and participation in the Eastern Region YAC. The youths also received financial assistance to purchase high school yearbooks.
- In FFY 2022, one youth from the Navajo Tribe participated in the TAL program and received financial assistance to purchase high school yearbooks.

- In FFY 2022, one youth from the Navajo Tribe participated in the TAL program and received financial assistance to purchase clothing for scholarship and job interviews.
- In FFY 2023, two youths from the Navajo Tribe participated in TAL services through attending classes and receiving incentive payments. These two youths also received financial assistance to purchase computers for school.
- In FFY 2024, three youths from the Navajo Tribe participated in TAL services through attending classes, receiving incentive payments.

In April 2021, The ICWA Program Administrator and the Adolescent Services Program Administrator attended a virtual Utah Tribal Leaders Meeting and met with Utah tribal leaders in attendance from the eight federally recognized tribes. In this meeting, the Program Administrators presented the benefits of the TAL program and additional CARES Act funding for TAL use that was available to qualifying tribal youths. Program Administrator attendance at this meeting has not occurred since 2021.

During FFY 2021, the Adolescent Services Program Administrator and the DV Program Administrator attended a quarterly Tribal and Indian Issues Committee Meeting, at which they provided information regarding TAL services and DV services, including TA available to tribes. The two Program Manager Administrators also attended a monthly ICWA Specialist Meetings and worked with the ICWA specialists and tribal social service departments to enhance services for Tribal Youth. However, due to the COVID-19 pandemic, these meetings were not held, and Program Administrators' attendance has not resumed.

During the pandemic, Utah reservations were closed. In FFY 2022, Utah reservations opened, post pandemic, and remain fully open.

In September 2022, DHHS created the Office of American Indian Alaska Native Health and Family Services (Office). The Office Director, Ozzy Escarate, is a member of the DHHS Executive Leadership Team. The Office also includes the positions of ICWA Liaison (formerly the DCFS ICWA Administrator position) and Health Liaison. The DHHS ICWA Liaison is a member of the Navajo Nation. The Office provides a

unified collaborative approach to American Indian and Alaska Native (AI/AN) child welfare services.

Please see *APSR Section VI. Consultation and Coordination between Tribes* for a detailed overview of the Office responsibilities, including those pertaining to child welfare.

The Adolescent Services Program Administrator has begun coordination with the Office, but progress has been slow due to competing priorities.

During FFYs 2022-2024, the Office Director, the DHHS ICWA Liaison, and the TAL Program Administrator are working together to identify ways to engage Native American youth who are in Tribal custody or DCFS custody. The initial goal of the group is to reconnect the youth with their culture and language. However, the group recognizes the importance of gaining an accurate understanding of the need from the perspectives of Utah Tribes and are considering the best ways to gather this information, which will inform their future work.

For example, one method is the creation of a survey for Tribal leaders to complete. The current plan is for the DHHS ICWA Liaison to present the survey to tribal leaders during upcoming and virtual meetings this year. The goal is to have survey participation from all eight federally recognized Utah tribes.

Once the group has a clear understanding of the need, a plan for how to respond will be made.

There has been a recent turnover with the TAL Program Administrator position. The new Program Administrator is hopeful that, once fully oriented to the role, coordination with the ICWA Liaison on this effort will continue.

Please see below tables for FFY 2019-2023 TAL program data.

| Race and Ethnicity of Youth who Received TAL Services ¹ | | | | | | | | | | |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|
| Race | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| | Count | % | Count | % | Count | % | Count | % | Count | % |
| American Indian or Alaska Native | 62 | 5.2% | 51 | 4.6% | 48 | 4.8% | 48 | 5.0% | 54 | 5.9% |
| Asian | 11 | 0.9% | 14 | 1.3% | 12 | 1.2% | 14 | 1.5% | 8 | 0.9% |
| Black or African American | 76 | 6.3% | 75 | 6.8% | 70 | 6.9% | 69 | 7.2% | 73 | 8.0% |
| Multiracial Other Race Not Known | 11 | 0.9% | 11 | 1.0% | 10 | 1.0% | 14 | 1.5% | 10 | 1.1% |
| Native Hawaiian/ Other PI | 26 | 2.2% | 21 | 1.9% | 16 | 1.6% | 23 | 2.4% | 27 | 3.0% |
| Unable to Determine | 15 | 1.3% | 15 | 1.4% | 14 | 1.4% | 7 | 0.7% | 2 | 0.2% |
| White | 1,065 | 88.8% | 981 | 88.7% | 893 | 88.5% | 836 | 86.9% | 784 | 86.2% |
| TOTAL Receiving TAL Services ² | 1,200 | | 1,106 | | 1,009 | | 962 | | 910 | |
| Hispanic Origin or Latino | 275 | 22.9% | 251 | 22.7% | 249 | 24.7% | 229 | 23.8% | 230 | 25.3% |

NOTES: ¹ All child counts are distinct and unduplicated. The percentage of children in each race group is calculated on the distinct count of children served each FFY. ² One child may identify as more than one race; therefore, the sum of percentages will not equal 100%.

| Number of Emancipated Youth | |
|-----------------------------|-------|
| FFY | Count |
| 2019 | 120 |
| 2020 | 137 |
| 2021 | 115 |
| 2022 | 99 |
| 2023 | 97 |

| Number of Youth Receiving TAL Aftercare Services | |
|--|-------|
| FFY | Count |
| 2019 | 641 |
| 2020 | 580 |
| 2021 | 684 |
| 2022 | 1,171 |
| 2023 | 543 |

| Number of Youth 14 and Older Exiting Custody to a Permanent Placement in FFY | | | | | |
|--|-------|-------|-------|-------|-------|
| Permanent Placement | 2019 | 2020 | 2021 | 2022 | 2023 |
| | Count | Count | Count | Count | Count |
| Reunification with Parent(s)/Primary Caretaker(s) | 141 | 142 | 101 | 106 | 132 |
| Custody and Guardianship to Relative | 73 | 54 | 77 | 63 | 66 |
| Adoption Final | 57 | 43 | 43 | 42 | 52 |
| Custody/Guardian to Foster Parent/Other Nonrelated | 21 | 18 | 24 | 16 | 19 |

VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

APSR Update:

Impact of the COVID-19 Pandemic on Indian Country

All Utah reservations remain fully open. During this past year, the state's plan for coordination and collaboration with tribes has included some virtual meetings with an increasing number of in-person meetings.

DHHS Office of American Indian Alaska Native Health and Family Services

The Office of American Indian Alaska Native Health and Family Services (Office) was created in September 2022. The Office Director, Ozzy Escarate, is a member of the DHHS Executive Leadership Team. The Office also includes the positions of ICWA Liaison (formerly the DCFS ICWA Administrator position) and Health Liaison. The DHHS ICWA Liaison is a member of the Navajo Nation. The Office provides a unified collaborative approach to American Indian and Alaska Native (AI/AN) child welfare services.

Overview of the DHHS Office Director Responsibilities

The Office Director is responsible for overseeing and coordinating DHHS services for Utah's AI/AN populations and works across all DHHS programs to create reciprocal and collaborative relationships with tribes and tribal organizations.

Overview of the DHHS ICWA Liaison Responsibilities

The DHHS ICWA Liaison is responsible for:

- Acting as a liaison between DHHS and Utah's AI/AN populations regarding child and family services.
- Providing training to DHHS employees regarding the requirements and implementation of ICWA.
- Developing and facilitating education and TA programs for Utah's AI/AN populations regarding available child and family services.
- Promoting and coordinating collaborative efforts between DHHS and Utah's AI/AN population to improve the availability and accessibility of quality child and family services for Utah's AI/AN populations.
- Interacting with state agencies and public and private providers of child and family services to improve delivery and accessibility of services for Utah's AI/AN populations.
- Facilitating monthly meetings with DCFS regional ICWA Specialists to review AI/AN child welfare cases, ensuring case practice adheres to ICWA.
- Representing the Office as a member of the Administrative Office of the Courts, Court Improvement Program, ICWA Compliance Assessment Working Group.
- Working with the Utah Division of Indian Affairs to address Utah Indian child welfare issues.
- Working with Utah Tribes in their requests for advocacy concerning Indian Child Welfare legislation and litigation.
- Working with the University of Utah College of Social Work SRI regarding DCFS research on equity and diversity in Utah's child welfare system.

The DHHS ICWA Liaison provides needed high-level services, such as attending DCFS CFTMs, court hearings and trials, as well as meeting directly with Utah Tribes on child welfare matters.

The DHHS ICWA Liaison, in collaboration with tribal leaders, reviews DCFS goals and objectives, identifies ICWA compliance-related issues, and discusses tribal concerns during quarterly Division of Indian Affairs Utah Tribal Leaders Meetings and during individual visits held one to four times per year with each tribe.

Additionally, the Office engages in informal communication with the tribes' social services departments on a regular basis through phone calls, emails, and ad hoc meetings. DCFS region leadership also directly interfaces with tribal leaders to address on-going case management and policy. Furthermore, the two largest Tribes in Utah, the Ute Tribe and the Navajo Nation, have continued quarterly briefings with DCFS on Utah ICWA cases, and the Paiute Tribe holds quarterly case staffing with the local Southwest Region (both headquartered in Cedar City, Utah). In addition, the DCFS Eastern Region holds quarterly case staffing with the Navajo Nation. The tribal elected officials and their social service departments have a strong relationship with the Office.

Governmental, tribal, and private partners with which DCFS and the Office collaborates to ensure that the state complies with ICWA regulations or to address issues faced by Native American children and families include:

- Casey Family Programs-Indian Child Welfare Program.
- Urban Indian Center of Salt Lake.
- Bureau of Indian Affairs.
- Utah Department of Heritage and Arts-Division of Indian Affairs.
- DHHS Tribal and Indian Issues Committee.
- Court Improvement Program.

Utah's Plan for Coordination and Collaboration with Tribes

During this past year, the state's plan for coordination and collaboration with tribes has included some virtual meetings with a continued prioritization of in-person meetings. In these meetings with Utah Tribes, the Director of the Office and the DHHS ICWA Liaison have focused on introducing themselves and the role of the Office, which has been an important focus due to all of Utah's tribes experiencing a change in leadership this past year.

Process Used to Gather Input from Tribes

The process used to gather input from Utah Tribes includes all forms of communication and happens regularly.

As of January 2024, in-person meetings have occurred with six of Utah's eight federally recognized Tribes. In-person meetings have included the Uintah Basin Ute Tribe and Ute Tribal Family Services, the Piute Indian Tribe of Utah and Four Points Health, the Confederated Tribes of the Goshute, the Navajo Nation and Navajo Nation Division of Social Services, the San Juan Southern Piute Tribe, and the White Mesa Ute Mountain Tribe. Additional details of these meetings are presented below. In person meeting have not been held with the Northwestern Band of the Shoshone Nation and the Skull Valley Indian Community (Goshute) Tribes. The Office hopes to meet in person with these tribes in the coming year.

In last year's APSR, meetings that the Office Director and DHHS ICWA Liaison held with Utah Tribes and tribal services were reported for the period between September 2022 and February 2023.

This year's report will address meetings held during FFY 2023 and the first quarter of FFY 2024. Therefore, some meetings in the list below were also presented in last year's APSR.

- October 2022 – Piute Tribe and Four Points Community Health Center

An in-person meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this in-person meeting, the Office Director provided a report on the newly formed Office and its structure. A tour of the 638-health facility operated by the Piute Tribe was provided. (The new facility opened in 2023.) The Office Director and DHHS ICWA Liaison delivered diapers and other infant care supplies that had been donated by UFC. The Office Director and ICWA Liaison led a discussion regarding the state's interest in updating the existing MOU.

The last MOU was signed in August 2010. The process of updating the agreement has begun.

- October 2022 – Confederated Tribes of the Goshute

An in-person meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this in-person meeting, the Office Director provided a report on the newly formed Office and its structure. The current ICWA statute effort was also discussed.

- November 2022 – Navajo Nation and Navajo Nation Division of Social Services

A virtual meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this virtual meeting, which was the first quarterly meeting held since the start of the pandemic, the Office Director provided a report on the newly formed Office and its structure. The recent merger of DOH and DHS was also discussed. A plan for future meetings regarding a review of the current IGA was formed. The next meeting regarding the IGA was scheduled for March 2023 but was rescheduled to May 2023.

- March 2023 – San Juan County Seven Chapters of the Navajo Utah Commission

A virtual meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this virtual meeting, the CAPTA ARPA Strengthening Families grant opportunity for Utah tribes was presented.

- April 2023 – San Juan Southern Paiute Tribal Council

An in-person meeting was held, and attendees included the DHHS ICWA Liaison and the DCFS Federal Operations Administrator

At this in-person meeting, the CAPTA ARPA Strengthening Families grant opportunity for Utah tribes was presented.

- May 2023 – Navajo Nation Division of Social Services

An in-person meeting was held, and attendees included the DHHS ICWA Liaison.

At this in-person meeting, the ICWA Liaison led a discussion regarding the need for a Navajo Nation CPS worker being available in Montezuma Creek, Utah.

- May 2023 – Utah Navajo Health Systems

An in-person meeting was held, and attendees included the DHHS ICWA Liaison.

At this in-person meeting, UNHS signed a contract with Navajo Nation for UNHS to take over operation of the Shiprock, NM DV shelter.

- May 2023 – Navajo Nation Indian Child Welfare Program and Navajo Nation Department of Justice

An in-person meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison, the DHHS Executive Director, the DCFS Director, the DJJYS Director, and two AAGs.

This in-person meeting was the first time this group gathered to discuss ICWA related matters.

- June 2023 – The Utah Governors Native American Summit

An in-person summit was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this in-person summit, the DHHS ICWA Liaison and two tribal attorneys provided a presentation on the United States Supreme Court decision *Haaland v. Brackeen*, a majority decision upholding and defending ICWA.

- July 2023 – Piute Tribe and Four Points Community Health Center

An in-person meeting was held, and attendees included the DHHS ICWA Liaison and an AAG.

At this in-person meeting, the MOU revision was finalized. The document is currently under review by the AAG.

- August 2023 – San Juan Southern Paiute Tribe

An in-person meeting was held, and attendees included the DHHS ICWA Liaison.

At this in-person meeting, the DHHS ICWA Liaison provided a report on the Office, its structure, and available services.

- September 2023 – Navajo Nation Tri-state Meeting (Arizona, New Mexico, and Utah)

An in-person meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this in-person meeting, the three states collaborated regarding child welfare programs and policies.

- September 2023 – Navajo Utah Commission

An in-person meeting was held, and attendees included the DHHS ICWA Liaison.

At this in-person meeting, the DHHS ICWA Liaison provided a report on the newly formed Office and its structure.

- October 2023 – Uintah Ute Tribal Council Business Committee

An in-person meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison, and the DCFS Eastern Region Director and two Eastern Region Supervisors.

At this in-person meeting, the Office requested that the Business Committee allow DCFS access to child abuse victims who are not tribal members but live on the reservation. The Business Committee directed its council to make amendments to the existing IGA, granting this request, and to finalize the amended IGA.

- November 2023 – Native American Legislative Committee

An in-person meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this in-person meeting, the Office provided a presentation of its Annual Report.

- November 2023 – Ute Family Services

An in-person meeting was held, and attendees included the Office Director and the DHHS ICWA Liaison.

At this in-person meeting, the two groups provided introductions and got to know each other.

- December 2023 – Navajo Nation Department of Justice Peacemaking Conference

An in-person meeting was held, and attendees included the DHHS ICWA Liaison and a DJJYS administrator.

At this in-person conference, the Navajo Nation provided an overview of the Peacemaking Program. Peacemakers from different regions provided cultural perspectives.

- FFY 2023 – DCFS Quarterly Region ICWA Specialists

In-person quarterly meetings were held, and attendees included the DHHS ICWA Liaison and DCFS Region ICWA Specialists.

ICWA best practices and other related topics were discussed.

- FFY 2023 – Utah Indian Health Advisory Board Monthly Meetings

In-person monthly meetings were held, and attendees included the Office Director and the DHHS ICWA Liaison.

These monthly meetings are attended by representatives from Utah's federally recognized Tribes. The ICWA Liaison presents ICWA updates during this meeting and receives feedback from tribal representatives.

Through in-person and virtual meetings, the Office Director and the DHHS ICWA Liaison have met with all of Utah's eight federally recognized Tribes this past year.

Responsibility for Provision of Child Welfare Services for Tribal Children

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

DHHS has a formal consultation policy in place that supports tribal self-governance through regular and meaningful consultation with Utah Tribes. DCFS and the Office recognize that each Utah Tribe is a distinct and sovereign government and works to ensure that jurisdictional and cultural barriers are respected. DCFS and the Office also recognize that all children and families in Utah are Utah residents and ensure that services and assistance are extended to tribal families living on or off the reservation.

Utah has current MOUs or IGAs five tribes: Navajo Nation (IGA), Ute Indian Tribe (IGA), Confederated Tribes of the Goshute Reservation (MOU), Northwestern Band of the Shoshone Nation (MOU), Paiute Indian Tribe (MOU).

A revised IGA draft with the Ute Tribe has been completed. The Ute Tribe has made important updates to the revised IGA. Among others, these updates include a DCFS request that, in the event of a needed DCFS emergency response on the Ute reservation, DCFS be permitted to enter the reservation when it cannot reach tribal leaders or Ute Family Services. This request was included by the Ute Tribe in the revised IGA. The revised IGA has been reviewed by DCFS, the Assistant Attorney General's Office, and the Ute Tribal attorney. The next step in the process is final negotiations.

In FFY 2021, the DCFS ICWA Program Administrator, DCFS Director, DCFS Federal Operations Administrator, Division of Indian Affairs Program Manager, and the DOH AI/AN Office of Health held a formal consultation with the Confederated

Tribes of the Goshute Reservation to discuss the Tribe's ability to qualify for Title IV-E funding, including FFPSA prevention services. DCFS and the Tribe are still exploring this possibility. During FFY 2023, there were no changes in the status of this IGA draft.

DCFS does not currently have IGAs with the Ute Mountain Ute Tribe or San Juan Southern Paiute Tribe, nor has it had IGAs with these Tribes in the past. The Office is collaborating with the Ute Mountain Ute Tribe's attorney to implement a new IGA.

The Navajo Nation provides all child welfare services for its members living on the Reservation. Using funding received through a grant with DCFS, the Navajo Nation reports delivery of an organized and structured CPS program for children from birth through age 17 living on the portion of the Navajo Nation located in Utah. While this grant supports CPS services delivered by the Navajo Nation, it does not authorize DCFS to provide any protective services for Navajo children living on the portion of the Navajo Reservation located in Utah. As noted above, DCFS and the Navajo Nation meet quarterly to address problems in communication between the state and the Tribe regarding CPS services on the Navajo Strip. Along with the DHHS ICWA Liaison, the CPS Program Administrator, and Intake Program Administrator, are a part of these discussions.

The Northwestern Band of the Shoshone Nation utilizes Utah's juvenile court system and its attorneys to adjudicate child welfare cases. The Skull Valley Band of Goshutes (SVG) and the Confederated Tribes of the Goshute Reservation use their own juvenile court process to adjudicate child welfare cases or coordinate directly with the Bureau of Indian Affairs in Owahee, Nevada and Fort Duchesne, Utah. In addition, Confederated Tribes of the Goshute Reservation owns and operates five health clinics, four in the Salt Lake valley and one on the reservation in Ibapah, Utah. The Skull Valley Band of Goshutes owns and operates one health clinic off-reservation in the city of Tooele, Utah.

The Paiute Tribe relies on DCFS to conduct all CPS assessments but has its own ICWA staff that partner with DCFS caseworkers on CPS cases and on conducting assessments or completing home visits. The Paiute Tribe uses state courts to

adjudicate all child welfare cases and uses its own foster care and kinship licensing standards to determine the suitability of potential foster and kinship families and to approve foster and kinship homes. DCFS has provided TA to the Tribe and assisted them with the development of tribal licensing standards. In December 2024, the Tribe opened a new Four Points Health medical and dental clinic in Cedar City, Utah.

Please see the table below for information of the number of Native American children receiving DCFS services from FFY 2019-2023.

| Native American Children Receiving DCFS Services | | | | | | | | | | |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|
| Tribe Name | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| | Children | Cases | Children | Cases | Children | Cases | Children | Cases | Children | Cases |
| Confederated Tribes of the Goshute Reservation, Nevada, and Utah | 7 | 8 | 4 | 6 | 5 | 6 | 2 | 3 | 4 | 4 |
| Navajo Nation AZ, NM and UT | 419 | 473 | 350 | 414 | 366 | 428 | 342 | 400 | 311 | 356 |
| Northwestern Band of Shoshone Nation of Utah (Washakie) | 7 | 10 | 11 | 7 | 9 | 12 | 6 | 10 | 10 | 20 |
| Paiute Indian Tribe, UT (Cedar City, Kanosh, Koosharem, Indian Peaks and Shivwits Bands) | 60 | 68 | 55 | 64 | 53 | 67 | 42 | 44 | 44 | 43 |
| San Juan Southern Paiute Tribe, AZ | | | | | | | 1 | 3 | 1 | 1 |
| Skull Valley Band of Goshute Indians of Utah | 12 | 12 | 4 | 9 | 6 | 6 | 1 | 1 | 3 | 4 |
| Ute Indian Tribe of the Uintah and Ouray Reservation, UT | 67 | 90 | 71 | 90 | 75 | 79 | 53 | 63 | 53 | 60 |
| Ute Mountain Tribe of the Ute Mountain Reservation, Colorado, New Mexico and Utah | 9 | 8 | 7 | 12 | 6 | 7 | 8 | 8 | 10 | 16 |
| Other Tribe Not in Utah or Tribe Not Documented | 714 | 714 | 762 | 754 | 763 | 755 | 756 | 743 | 747 | 701 |
| TOTAL Native American Children and Distinct Cases Served | 1,295 | 1,335 | 1,264 | 1,304 | 1,283 | 1,295 | 1,211 | 1,239 | 1,183 | 1,162 |

Ongoing Coordination and Collaboration with Tribes and Steps to Improve or Maintain Compliance with ICWA

In collaboration with tribal leaders, the DHHS ICWA Liaison identifies ICWA compliance related issues and discusses tribal concerns during the quarterly Tribal Leaders Meeting or during individual in-person and virtual meetings with tribal leaders.

The DHHS ICWA Liaison has the primary responsibility to monitor DCFS compliance with ICWA, as well as create and act on ICWA-related goals and objectives. The DHHS ICWA Liaison gathers information and coordinates DCFS activities with Utah Tribes during the monthly ICWA Specialists Meeting. At this meeting, tribal representatives receive updates on the status of agreements, discuss tribal issues, connect with DCFS Region ICWA Specialists, discuss national policy and statutes, and collaborate to implement ICWA requirements.

The DHHS ICWA Liaison is a member of the Court Improvement Program ICWA Workgroup and the Court Improvement Program ICWA Committee. The Court Improvement ICWA initiatives bridge the gap between Utah Tribes and state courts by fostering relationships between tribal partners and the courts, as well as by educating members about the special protections and procedural safeguards guaranteed by ICWA and Bureau of Indian Affairs regulations and guidelines.

Monitoring of Compliance with ICWA

To better inform DCFS on its level of ICWA compliance, the DHHS ICWA Liaison continued work with a team of data analysts and programmers to develop a SAFE functionality that will allow ICWA workers to flag and retrieve reports on Native American children to whom ICWA applies. The plan for changes within the SAFE system has been defined. This SAFE update occurred this past year. The DCFS Data Team is in the process of creating an ICWA dashboard that will help DCFS staff identify and monitor the status of ICWA cases, including DCFS compliance with ICWA.

The CCWIS updated how some tribal information is entered, stored, and reported to be in conformity for AFCARS. CCWIS now allows for multiple tribal affiliations and distinguishes eligibility and enrollment for each tribe associated with the individual. ICWA applicability is still determined by the courts and is stored in the courts information system. For purposes of AFCARS reporting, ICWA information is shared with DCFS, but is not stored within the DCFS information system.

The DHHS ICWA Liaison is the DHHS staff member who is responsible for monitoring DCFS compliance with ICWA. To meet this responsibility, the DHHS ICWA Liaison reviews cases in each region and assesses responses to the questions reviewers ask during CFSR+ to determine compliance with ICWA requirements. The DHHS ICWA Liaison plans to become CFSR+ certified in FFY 2024. In addition, the DHHS ICWA Liaison regularly consults with Utah Tribes to identify any areas of ICWA compliance that may need to be addressed.

Steps to Secure ICWA Provision of Utah's Native American Children

HB 40 - Utah ICWA

For decades, ICWA has been recognized by child welfare experts as the practice standard in child welfare. In recent years, anti-tribal interests have launched a series of legal challenges against ICWA to undermine its credibility and constitutionality. *Haaland vs Brackeen* is the most recent.

Legal challenges to *Haaland vs Brackeen* were brought by the states of Texas, Louisiana, and Indiana, as well as individual plaintiffs. On November 9, 2022, complaints were heard by the US Supreme Court which put into question the unique political status of American Indian tribal nations, their sovereignty, and their self-determination.

In response, during the 2023 fiscal year, the Office Director created and facilitated a workgroup to draft legislation to turn the federal ICWA into state law. This bill was titled House Bill 40 and was overwhelmingly supported by the Governor's Office, Lt.

Governor, Attorney General, all eight federally recognized Tribes of Utah, Utah DHHS, Navajo Utah Commission, Utah Foster Care, National Indian Child Welfare Association, Utah Primary Children's Hospital, and the Utah DV Coalition. It was an outstanding show of collaboration and support for Native American children and families as well as an opportunity for the State of Utah to coordinate with Utah's eight tribal governments and take the lead on preserving ICWA protections.

Through H.B. 40, the State of Utah supported the eight sovereign tribal nations' inherent right to exert their powers in matters dealing with their tribal members and is committed to protecting tribal families. However, H.B. 40 was not passed and was put on hold by the Utah legislature until the federal case was resolved, which occurred during the summer of 2023.

On June 15, 2023, the US Supreme Court issued a decision in *Haaland v. Brackeen*, delivering a landmark victory for tribal sovereignty, Native children, Native families, and the future of Native people. In a 7-2 decision, the Court rejected all the constitutional challenges to ICWA, and the law will remain intact. As a result of the federal decision by the US Supreme Court, Utah's tribal governments have clearly expressed a desire to make ICWA a state law during the 2025 legislative session. The ICWA workgroup will reconvene during the summer of 2024 and begin the process during the interim session with all stakeholders included.

Family First Prevention and Services Act

During FFY 2023, DCFS did not meet with Utah tribes regarding FFPSA Title IV-E Prevention Plan. DCFS is still awaiting a decision on Oregon's request to the Children's Bureau to allow states to enter into Title IV-E agreements with tribes solely for the purpose of prevention services. DCFS has consulted with Tribes for other purposes in the past year.

Due to limited staff capacity, DCFS decided to not add any new services to its Title IV-E Prevention Plan initial submission for the FFY 2025-2029 period, which will occur later this year. If Utah Tribes express interest in a full IV-E agreement that includes foster care, this decision could be reconsidered. Also, if Oregon receives a

favorable response that allows states to enter into a Title IV-E tribal agreement for prevention services only, DCFS will explore feasibility to add services that are specifically favorable to tribes and to extend the plan to target tribal populations through a community pathways model.

ICWA Training

In response to DCFS caseworker turnover and the need to ensure a properly trained workforce, the DCFS ICWA Program Administrator collaborated with tribal staff to create a mandatory ICWA training for caseworkers. During FFYs 2019-2021, the DCFS ICWA Program Administrator presented the training throughout the state, holding individual sessions in each of the Division's five regions. The four-hour ICWA training covered the history of ICWA, procedural and substantive safeguards of ICWA, Native American social justice issues, and ICWA's placement preferences. Tribal partners have participated in the sessions and informed caseworkers on best practices for working with tribal governments.

DCFS utilized the content from this training to develop an online training that is required as part of the new employee caseworker training that is completed within the first 90 days of employment. During FFY 2023, the DHHS ICWA Liaison began coordination with the DCFS State Office Training Team to strengthen the online training by making it a more interactive training experience.

DCFS also provides an ICWA resource website and a toolkit on ICWA cases for caseworkers. The toolkit is designed to support frontline staff in complying with the statutory requirements of ICWA. At the end of FFY 2023, the DHHS ICWA Liaison began coordination with the DCFS State Office Training Team to strengthen the tool kit. This is primarily being accomplished by the DHHS ICWA Liaison sharing the toolkit with Utah tribes and obtaining their feedback, which will be applied to upcoming toolkit revisions.

The First Impression/FAM program, described above in Objective #1.1 APSR Update, has created training videos to support child welfare workforce understanding of a family's experience with Utah's child welfare system and

provide ways to interact with families to improve family voice and leadership. When video topics were considered, one need identified by the First Impression/FAM program was the importance of demonstrating to the child welfare workforce what bringing a family's unique culture into a FAM process could look like. In the "Family Culture and Traditions" video, the ICWA Liaison arranged for parts of a Native American ceremony to be shown. The ICWA Liaison also participated in an interview where the importance of including family culture and family voice were discussed, as well as the benefits of doing so for the families DCFS serves and for its workforce, by providing alternative ways to engage with families. Additionally, the ICWA Liaison also facilitated an interview with a Navajo Nation Peacemaker from the Aneth, Utah Judicial District. In this interview, the Navajo Nation Peacemaker provided context regarding the benefits of including the whole family and Native languages into the FAM process.

In early FFY 2024, the ICWA Liaison met with the Navajo Nation Peacemaking Program Director and program staff for the first time. During the meeting, the ICWA Liaison showed the *Family Culture and Traditions* video and discussed the value of providing this type of service to interested Native American families who have DCFS involvement. The following month, the ICWA Liaison attended an exploratory meeting with the same group and representatives from the CIP to discuss the specific types of peacemaking services that are most applicable to working with families who have DCFS involvement. There are four peacemaking services, and it was determined that two of the four will work best for families that have DCFS involvement. The Navajo Nation and DCFS agree that participation in peacemaking services should be voluntary and not court ordered.

Next steps include two action items. One involves DCFS conducting an internal discussion about where peacemaking services fit in the permanency timeline of a case. The other involves the Navajo Nation providing DCFS with a copy of their current peacemaking services agreement with the San Juan School District. Since the Navajo Nation is providing voluntary peacemaking services to students attending district high schools located on the reservation, it is believed that the Navajo Nation/San Juan School District agreement may be a useful guide for the development of a DCFS/Navajo Nation Agreement. A tentative follow-up meeting is

scheduled for May 2024. The Navajo Nation Peacemaking Program is planning to host this meeting.

Annual Utah Indian Child Welfare Conference

The Annual Utah Indian Child Welfare Conference was held on December 1, 2023, at the University of Utah, SJ Quinney College of Law. The conference was sponsored by the University of Utah, the Utah State Bar, Indian Law section, and the Utah Judiciary. Topics included the history of ICWA, qualified expert witnesses, and *Brackeen v. Haaland*. The conference was attended by a combined in-person and virtual attendance of 153 participants (85 in person and 50 virtually).

Native American Summit

The 2023 conference was held on June 23, 2023, at Utah Valley University. The UFC Native American Specialist provided a presentation focused on recruitment and retention of Native American foster homes. The DHHS ICWA Liaison and a Native American attorney provided a presentation reviewing the U.S. Supreme Court's decision on *Haaland vs Brackeen*.

Utah Foster Care Foundation

The UFC Native American Specialist annually addresses and updates the UFC Native American Recruitment and Retention Plan.

During SFY 2023, the Native American Specialist attended 28 UFC-sponsored Native American foster parent recruitment events. At these events, the Native American Specialist provided community presentations and training on ICWA to potential foster parents, caseworkers, and other interested parties. These recruitment events also included the provision of educational resource tables. Additionally, the Native American Specialist attended meetings with tribal leaders and tribal social services staff. Most of these events and meetings were held in person.

The UFC Native American Specialist, in conjunction with Utah Tribes, provides press releases and conducts interviews with numerous media sources that run several newspaper, television, and radio promotions highlighting the importance of ICWA and the benefits of tribal families becoming foster parents. During SFY 2023, the UFC Native American Specialist contributed to three newspaper articles, one with the New York Times, one with the Navajo Times, and one with Utah Business Magazine. The Native American Specialist also participated in four television and four radio interviews.

The DCFS ICWA Program Administrator and UFC Native American Specialist created an ICWA Alert to increase the number of Native American foster and adoptive homes by providing a targeted recruitment process. The ICWA Alert was released in SFY 2021 and is a resource for DCFS caseworkers to quickly identify ICWA-compliant placements within each region. The ICWA Alert is also used to make known to the community the unique needs of Native American foster children. As of July 2023, Utah had 16 licensed Native American foster families.

Please see the table below for SFYs 2021-2023 and SFY 2024 Q1-Q3 ICWA alert data.

| Number of ICWA Alerts Issued ¹ | | | | |
|---|----------|----------|-----------------------|-------|
| SFY 2021 | SFY 2022 | SFY 2023 | SFY 2024 ² | Total |
| 15 | 16 | 16 | 16 | 63 |
| <i>NOTE: ¹It was discovered that some alerts were being counted twice. The data has now been adjusted to reflect an accurate count of ICWA alerts. ²SFY 2024 data reflects Q1 – Q3; Q4 data will be provided in next year's report.</i> | | | | |

Discussions with Tribes on John H. Chafee Foster Care Program for Successful Transition to Adulthood

During FFYs 2022-2023, the Office Director, the DHHS ICWA Liaison, and the TAL Program Administrator are working together to identify ways to engage Native American youths who are in tribal custody or DCFS custody. The initial goal of the group is to reconnect the youths with their culture and language. However, the group recognizes the importance of gaining an accurate understanding of the need

from the perspectives of Utah Tribes and is considering the best ways to gather this information, which will inform its future work.

For example, one method is the creation of a survey for tribal leaders to complete. The current plan is for the DHHS ICWA Liaison to present the survey to tribal leaders during upcoming and virtual meetings this year. The goal is survey participation from all eight federally recognized Utah tribes.

Once the group has a clear understanding of the need, a response plan will be made.

There has been a recent turnover with the TAL Program Administrator position. The ICWA Liaison is hopeful that, once the TAL Program Coordinator becomes fully oriented to her new role, coordination on this effort will continue.

Exchange of Documents

The DHHS ICWA Liaison is the individual responsible for providing copies of the CFSP, APSR, and other required documents to Utah's Tribes. Tribes can also access plans and reports on the DCFS website at dcfs.utah.gov/reports.

VII. CAPTA STATE PLAN REQUIREMENTS AND UPDATES

Changes to State Law or Regulations

The State Attorney General's Office completed its review of changes in state law related to the prevention of child abuse and neglect and determined there were no changes that affect the state's eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) State Grant.

Please see Attachment J. *State Attorney General's Letter – CAPTA* and Attachment K. *2024 Utah Legislative Session Statutes Applicable to CPS*.

Changes from the State's Previously Approved CAPTA Plan and Planned Use of Funds to Support 14 Program Areas

Changes to CAPTA State Plan

Utah is making the following substantive changes in the previously approved plan to improve the child protective services system in designated program areas under CAPTA Section 106(a).

Program Area #1: Intake, assessment, screening, and investigation.

Maintain and update the following goal:

- 1.1. Design and implement a system that supports CPS workers in responding to a referral in a way that better ensures child safety commensurate with identified child vulnerabilities and allegations.

First Impression and Family Action Meetings

Please see *Goal #1, Objective 1.1* for a detailed update on the work of First Impression and Family Action Meetings.

The following goal has been completed:

- 1.2. The design and implementation of vulnerable population guides and training regarding how to assess and intervene with children who are in a vulnerable population has been completed, as well as the completion of a safety assessment staffing guide and training for all populations. The training courses help to ensure the proper assessment of and interventions for children from vulnerable populations and address questions regarding the proper use of the guides, thereby improving assessment of safety for vulnerable populations.

DCFS continues to offer and provide training courses statewide when requested by regional directors, administrators, or team supervisors.

Add the following goal:

- 1.3 During FFY 2024 and 2025, DCFS will conduct mandatory in-person Structured Decision Making (SDM) training for all frontline staff. The training will serve as a refresher to the SDM tool, including its purpose and use. The training will also address information learned through SDM data analysis including overrides and outcomes.

Program Area #2A: Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations.

Maintain and update the following goal:

- 2.A.1. Establish a protocol for CPS workers to consult directly with medical staff at Primary Children's Hospital Safe and Healthy Families Program.

Safe and Healthy Families Medical Consultations

In February 2021, DCFS contracted with Primary Children's Safe and Healthy Families (SHF) Program to enable CPS staff to access professional medical

consultation regarding child abuse and neglect investigations. DCFS will continue to monitor the contract and make adaptations as needed.

The SHF medical consultation process began with the first referral to the program on February 24, 2021. Since that time, all five DCFS Regions have accessed the service. SHF has provided DCFS staff with a formal process to consult with a Child Abuse Pediatrician on difficult cases with suspected child abuse and neglect. At the conclusion of the SHF consultation, the caseworker is provided with written recommendations. A CQI plan is in place to monitor utilization and effectiveness of the SHF consultation process.

Please see the table below for medical consultation data.

| Safe and Healthy Families Medical Consultations | | | | |
|--|-------------------|------|------|-------|
| | 2021 ¹ | 2022 | 2023 | Total |
| Number of Medical Consultations | 53 | 84 | 67 | 204 |
| <i>NOTE: 2021 calendar year data starts in February 2021, as this is when the program began. The first consultation for 2021 is a test case.</i> | | | | |

The CAPTA Program Administrator continues to receive regular feedback from the SHF physician about how the process is going and any challenges with service delivery. The CAPTA Program Administrator brings the feedback to the State CPS Committee and receives their input on how to address challenges and further refine the process. The SHF physician also staffs difficult cases with the CAPTA Program Administrator, as needed.

The benefits of SHF include DCFS receiving a medical opinion and advice on complex child abuse cases. It also helps DCFS staff address the hard-to-understand medical aspects of a case.

Care Conferences

With the assistance of SHF physicians, primary care providers, other medical specialists, and the AAG, DCFS holds Care Conferences on complex cases to address medical-neglect concerns. DCFS staff attendance at Care Conferences typically includes the CAPTA Program Administrator, DCFS caseworkers, supervisors, and administrators. In these meetings, complex medical-neglect cases are reviewed, and the child's medical issues are discussed in detail. The medical care the child is receiving, as well as additional recommended care, if applicable, are also discussed. A plan for how to provide for the child's needed medical care is created, including assistance that the family may need to ensure proper provision of care. While removal of a child is not the desired outcome, depending on the severity of the medical neglect and the child's health status, consideration of removal can be a part of the discussion during a Care Conference.

Maintain and update the following goal:

2.A.2.Continue to expand work done in conjunction with the Child Welfare Improvement Committee (CWIC) and the five region QICs.

DCFS continues its work with the CWIC and QIC committees to improve communication processes regarding CPS investigations and child welfare services at the state and community levels.

DCFS CAPTA Administrator and the Primary Intervention Administrator, along with invited CWIC and QIC members, attend national-level CWIC meetings to learn strategies and techniques on how to recruit CWIC and QIC members and increase meeting effectiveness. The CAPTA Program Administrator attended the National Citizen Panel Conference held May 23-25, 2022. There was not a conference held in 2023. In 2024, plans are to hold the conference in California; the Program Administrators plan to attend the conference with a group of CWIC and QIC representatives, if funding allows.

During FFY 2023, trainings that focused on Citizen Review Panel (CRP) criteria and purposes were provided by the CAPTA Program Administrator and the Primary Intervention Program Administrator to the CWIC and the Northern, Salt Lake Valley, and Southwestern Region QICs, which are the three DCFS regions with operational QICs. In recent years, the QICs in Western and Eastern Regions stopped meeting and, as of now, have not scheduled meetings for the coming year.

During FFY 2023, the CAPTA Program Administrator and the CBCAP Program Administrator met with Utah's CWIC to discuss the possibility of reorganizing to create at least three Citizen Review Panels (CRP) within the state that will focus on prevention of child abuse and neglect, CPS, and ongoing child welfare cases. Discussions are ongoing.

Please see Attachment I. *CPS Citizen Review Panel Annual Report - Calendar Year 2023*.

Maintain the following goal:

2.A.3. Inform Utah's Child Welfare System through interstate communication and collaboration.

The CAPTA Program Administrator routinely communicates with other states to ask questions about their practices and protocols regarding child welfare work in their state. Information gained helps to inform Utah's Child Welfare System.

Program Area #3: Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families

Add the following goal:

1.1. Participate in case management and monitoring through established processes.

The CAPTA Program Administrator is the chair of the CPS Committee. This committee meets monthly to discuss current trends in CPS practice and address issues and concerns. The committee also creates new and updates existing Practice Guidelines and child welfare policies.

The Program Administrator participates in CFSR+ activities with two of the five DCFS regions annually.

The Program Administrator meets with the Office of Service Review annually to review regional Case Process Review findings and consider recommendations for practice improvement.

The Program Administrator is a member of the DCFS/JJYS Fatality Review Committee and the DHHS Child Fatality Review Committee; each committee meets monthly. Please see APSR section, Efforts to Track and Prevent Child Maltreatment Deaths for a detailed description of the work of these committees.

Program Administrator staffs complex cases with DCFS regions, upon request.

3.2. Delivery of services and treatment programs for underserved populations.

Utah formalized a contract with the SRI to conduct a comprehensive Statewide Community Needs Assessment. This work is a joint effort between the CAPTA Program Administrator and the CBCAP Program Administrator, using, primarily, ARPA Supplemental CAPTA funds and some ARPA CBCAP funds. Please see Program Area #14 for a detailed description of the Statewide Community Needs Assessment.

Please see below table for SRI's needs assessment estimated timeline.

Program Area #4: Developing, improving, and implementing safety and risk assessment tools and protocols.

Complete the following goal:

4.1. The development of a plan for implementation and use of the revalidated Structured Decision Making (SDM) risk assessment and risk reassessment tools, which includes SAFE programming of the tools and making them available in the SAFE forms' module, was completed during FFY 2022.

Add the following goal:

4.2. Continue the provision of SDM safety assessment, risk assessment, and risk reassessment training to ensure proper assessment of safety and risk, as well as fidelity in use of the tool.

SDM safety assessment, risk assessment, and risk reassessment training are a part of all New Employee Practice Model Training. During FFY 2024, the CAPTA Program Administrator will provide in-person SDM training to all five DCFS regions.

DCFS will continue to provide subsequent SDM training courses when requested by region directors, administrators, and team supervisors. The subsequent training courses will address questions and help clarify proper use of the tools, improving the assessment of safety.

Program Area #5: Develop and update systems of technology supporting and tracking reports of child abuse and neglect from Intake through final disposition.

The following goal has been completed:

5.1. Continued monitoring and maintenance of CPS modules in CCWIS to determine if there are areas in need of improvement.

This goal is addressed by including a representative from the SAFE/CCWIS team in monthly CPS Committee meetings to review CPS modules and determine if there are areas in need of improvement.

Program Area #6: Developing, strengthening, and facilitating training.

Maintain the following goals:

- 6.1. Develop and provide training for CPS workers addressing identification, assessment, and provision of services to children who are sex trafficking victims.

Initially, a training curriculum was developed for CPS workers in collaboration with a community provider. DCFS collaborated with the Utah Trafficking in Persons task force to review and bolster the curriculum. Use of the curriculum has also expanded beyond CPS to all program areas. The training was released in spring 2023 and was provided to all current staff. The training is now provided online annually to all employees.

- 6.2. Provide updated training to staff and legal partners on SDM Safety Assessment, Risk Assessment and Risk Reassessment.

DCFS will provide information about the revised SDM tools to legal partners, as requested; partners may include judges, GALs, AAGs, and parental defense attorneys.

In January 2024, the CAPTA Program Administrator and DCFS Public Information Officer created a one-pager on the SDM tools. The DCFS Director presented the one-pager to the judges later that month.

Maintain and update the following goal:

- 6.4. Provide DCFS staff Family Action Meeting training.

In FFY 2023, DCFS began providing training to DCFS staff on what a Family Action Meeting (FAM) is, the benefits of FAMs, and proper facilitation of a FAM.

Training is being managed in a phased roll out. Training has been provided to select offices in all five DCFS regions. Progress is ongoing.

Please see Program Area #1, Goal 1.1 for a more detailed update.

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

Please see *Goal #3, Objective 3.1, Measure 3.1.a* for information regarding work completed in FFY 2023 related to Program Area #7.

Program Area #10: Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response.

Maintain the following goal:

10.1. Provide mandatory reporting of child abuse and neglect training that will help government, non-profit, and private entities identify what constitutes abuse and neglect, their responsibility to report abuse and neglect, and when and how to report abuse and neglect.

DCFS continually provides training to members of the community, its partners, and other government entities, as requested or needed. Trainings are provided by the CAPTA Program Administrator, the Intake Program Administrator, members of the DCFS Training Team, members of the DCFS Leadership Team, and others.

Program Area #11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Maintain the following goal:

11.1. Continue to develop and strengthen community-based programs through shared leadership strategies by supporting the involvement of parent leadership.

During FFY 2023, Utah's prevention grants funded by CBCAP and Children's Trust Account (CTA) include the requirement that grantees engage parents within their programs and communities, by implementing parent leadership activities. Grantees have engaged parents in a variety of ways including parent membership on advisory boards, facilitating parent cafes, utilizing parent volunteers to lead community activities, and supporting parent-only advisory boards.

The prevention grants also include the requirement that direct care staff complete the National Family Support Network (NFSN) Standards of Quality training and the FRIENDS' Creating Effective Parent/Practitioner Collaboration online training.

Grantees report the total number of parents engaged in leadership activities in their annual reports, with an expected outcome that the number will increase throughout each year of the contract. Some highlights during FFY 2023 include:

Help Me Grow

During FFY 2023, Help Me Grow recruited 10 parents for membership on its advisory council and 39 parent volunteers. With the help of the council, parent recruitment efforts continue. Quarterly advisory council meetings are held for English- and Spanish-speaking parents. Parent members help to plan and facilitate the meetings. The councils provide feedback on how Help Me Grow

develops family goals and provides resources to meet the needs of the families it serves. Help Me Grow reports that parents are more engaged and are participating in leadership opportunities.

Guadalupe School and Fathers and Families Coalition of Utah

During FFY 2023, Guadalupe School received feedback from its parent advisory council that the council believed more fathers should be involved in Guadalupe's education programs. In response, Guadalupe formed a partnership with the Fathers and Families Coalition of Utah to increase attendance of fathers in their education program visits and group connections. Both grantees plan to continue this partnership and increase the involvement of fathers in their parent advisory councils during the next FFY.

Asian Association of Utah

The Asian Association of Utah encourages parent voices in each session of their Systematic Training for Effective Parenting (STEP) program. They currently have 35 parents who assist in recruiting other parents to participate in the program and provide feedback about the needs they see within their families and communities.

Early Childhood Utah

The Child Abuse Prevention Program Administrator is a member of the Parent Engagement, Support, and Education subcommittee of Early Childhood Utah. During FFY 2023, the subcommittee made progress on parent engagement work in the early childhood community through hosting virtual parent meet-and-greets to identify possible parents to engage in this work.

Program Area #12: Supporting and enhancing interagency collaboration between child protection system and the juvenile justice system to improve delivery of services and treatment.

Maintain the following goal:

12.2. Continue to collaborate with the Children Justice Centers (CJC) on initiatives important to both agencies.

DCFS continues to utilize the CJs for forensic interviewing of children suspected to be victims of maltreatment, multi-disciplinary case staffing, and medical evaluations of children suspected to be victims of maltreatment.

Utah's child-welfare and legal communities work together to achieve a fully integrated child-welfare system that is focused on best practices; both are united in their commitment to protecting children and strengthening families.

Please see *Goal 4, Objective 4.2* for a detailed overview of Utah's Court Improvement Program.

Program Area #13: Supporting and enhancing interagency collaboration among agencies in public health, the child protective service system, and private community-based programs to provide prevention and treatment services.

Maintain the following goal:

13.1. Collaborate with the Office of Substance Use and Mental Health (OSUMH), DHHS public and private health care providers, and families to improve the community response and resources available to pregnant mothers using substances and to mothers and their infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.

Progress on this goal is reported in the Addressing Needs of Infants Affected by Illegal Substances or with Fetal Alcohol Spectrum Disorder section below.

Program Area #14: Develop and implement procedures for collaboration among child protective services, DV services, and other agencies.

Maintain the following goal as an ongoing process:

14.1. Collaborate with DCFS DV Program Administrators and other agencies on child welfare work in Utah.

The DV Program Administrator position has been vacant since June 2023. DCFS is hopeful it will onboard two new Program Administrators in FFY 2024. Once the new Program Administrators are oriented and trained, the CAPTA Program Administrator is hoping to collaborate with the new Program Administrators on child welfare work in Utah.

The CAPTA Program Administrator collaborates with a variety of community partners. A list highlighting some of the Program Administrator's collaboration partners is found below.

- The University of Utah Medical Center
- Intermountain Health
- Safe and Health Families
- Prevent Child Abuse Utah
- Utah Children's Justice Centers
- Court Improvement Program
- Utah Law Enforcement
- Utah Assistant Attorney General's Office
- Utah Guardian Ad Litem Office

How CAPTA Grant Funds Were Used to Support Program Purposes

In the past year, CAPTA grant funds were used to strengthen Utah's child protective services system and, specifically, to support several of the CAPTA program purposes. For example, funds from the CAPTA allocation were used to support activities of CPS and Intake Program Administrators and provide training to CPS and Intake Program staff, which created increased capacity to support and improve the Intake, assessment screening, and investigation processes. These processes are consistent with program purpose number one. This use of funding also supported

program area number ten, which is specific to improving public education related to the role and responsibilities of the child protection system and reporting incidents of abuse or neglect.

In April of FFY 2023, a new CAPTA funded position was created. This position is responsible for further implementation of Plan of Safe Care and working with Utah's Citizen Review Panels. The role of this position is consistent with Program Areas #1, #2, and #13. Unfortunately, effective January 2024, this position was vacated, and it is unknown at this time when DCFS will move to refill the position.

CAPTA funds were planned for use to support local CPS Citizen Review Panels (CWIC and QICs), which support multiple program purposes related to collaboration and improvement of the CPS system. This past year, some in-person meetings were held; however, many meetings have continued to be held virtually. Therefore, some CAPTA funds have been used to support these meetings.

As discussed in Program Areas #1 and #6, CAPTA funds are being used to contract with the Kempe Center to create a process similar to a Family Group Decision Model. In conjunction with the Kempe Center, DCFS created a process called FAM.

Funds were used to support the CAPTA Program Administrator's attendance at the Childrens Justice Act Grantees and the State Liaison Officers Annual Meeting held in Baltimore, Maryland, in May 2023. The meeting focused on family safety and risk in the presence of parental substance use disorder. State Liaison Officers engaged in small group discussions regarding challenges, successes, and strategies across the states. State Liaison Officers also discussed ensuring the wellbeing of LGBTQ+ youth in child welfare and the importance of addressing disproportionality, disparity, and equity throughout child welfare.

SBI is the software DCFS Intake uses to determine which law enforcement agency to send a child abuse and neglect report to. DCFS has a contract in place to provide for the maintenance of the software, should it be needed. CAPTA funds are utilized to support the maintenance and continued use of SBI Software, when needed.

Funds were also used to support contract services for improving child abuse and neglect determinations by funding child abuse and neglect medical examinations and medical consultation through the Primary Children's Hospital Safe and Healthy Families Program's child protection team and nurses at Utah's Children's Justice Centers. This service supports Program Areas #2A and #13.

Please see the table on the next page for the number of medical evaluations and consultations provided under the contract during state fiscal years 2017-2023 and through quarter three in 2024.

AG-DCFS Contract for CJC Medical Program

| County | SFY | | | | | | | | | | | | 2017 - 2024 County TOTALS ² |
|--------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|------------|------------|------------|----------------------------|--|
| | 2017 Total | 2018 Total | 2019 Total | 2020 Total | 2021 Total | 2022 Total | 2023 Total | 2024 Q1 | 2024 Q2 | 2024 Q3 | 2024 Q4 | 2024 Total ¹ | |
| Salt Lake | 243 | 177 | 148 | 139 | 293 | 80 | 147 | 34 | 24 | 40 | | | 1325 |
| Sevier and Sanpete | 13 | 17 | 12 | 37 | 28 | 21 | 18 | 6 | 6 | 7 | | | 165 |
| Utah | 33 | 28 | 32 | 45 | 46 | 70 | 62 | 79 | 0 | 0 | | | 395 |
| SFY TOTALS | 289 | 222 | 192 | 221 | 367 | 171 | 227 | 119 | 30 | 47 | | | 1885 |

NOTES: ¹2024 Total is excluding Q4, which has not yet concluded. ²2017-2024 Total is excluding 2024 Q4 data, which has not yet concluded.

Planned Use of CAPTA Funds

During FFY 2024, CAPTA grant funds will be used to improve and support Utah's CPS system in a variety of ways. Funds will continue to be used to support salaries for the Intake Program Administrator, the CAPTA/CPS Program Administrators, and Intake program staff; provide training to CPS and Intake program staff; support activities of the CPS Citizen Review Panels (CWIC and QICs); and provide for attendance at the National State Liaison Officers meeting and other child protection-related conferences.

Funds will also continue to be used to improve child abuse and neglect determinations by contracting for child abuse and neglect in-person medical examinations and medical consultations through the Primary Children's Hospital Safe and Healthy Families Program Child Protection Team and nurses at Utah's 26 Children's Justice Centers.

DCFS will continue to contract with Primary Children's Safe and Healthy Families Program to provide a non-in-person medical consultation option for DCFS. Under this option, via use of a link, workers submit a request for consultation with a child abuse pediatrician regarding concerns of children with sentinel injuries, special health care needs, and serious injuries. This service is under Program Area #2A.

CAPTA funds may be used for DCFS employee training costs pertaining to CPS investigations that are not allowable under Title IV-E.

As discussed in Program Areas #1 and #6, CAPTA funds will continue to be used for a contract with the Kempe Center to create a process similar to a Family Group Decision Model. In conjunction with the Kempe Center, DCFS created a process called FAM.

CAPTA funds may be used to purchase and provide pack 'n plays or other similar items that meet the Consumer Product Safety Commission safe sleep criteria for families identified in need by DCFS.

CAPTA funds may be used to purchase lock boxes for distribution to families identified in need by DCFS. The purpose of a lock box is to safely secure medications and firearms. Lock boxes are most often provided to families in response to Suicide Screener results.

SBI is the software DCFS Intake uses to determine which law enforcement agency to send a child abuse and neglect report to. DCFS has a contract in place to provide for the maintenance of the software, should it be needed. CAPTA funds will be utilized to support the maintenance and continued use of SBI Software.

CAPTA funding may be used to create additional capacity for programs and services and to increase caseworker knowledge and capacity.

As noted above, in April of FFY 2023, a new CAPTA funded position was created. This position is responsible for further implementation of Plan of Safe Care and working with Utah's Citizen Review Panels. The role of this position is consistent with Program Areas #1, #2, and #13. In January 2024, the CAPTA-funded position was vacated, and it is unknown when DCFS will move to refill this position. The CAPTA Administrator is hopeful that filling the position will be approved during FFY 2024.

The CAPTA Administrator and the Service Continuum Administrator will continue their work in Utah's development and implementation of Plan of Safe Care. Through efforts this past year to develop or improve programs and services in response to infants born with substance use disorders and infants showing withdrawal symptoms, and/or parents with a substance abuse disorder, it was learned that there are many efforts in Utah that provide the services of Plan of Safe Care, but do not operate under that name. These efforts have their own sources of funding. However, it is anticipated that, as this work continues throughout the state, funding needs for Plan of Safe Care will be identified, and CAPTA funds will be used to support those efforts.

Utah was awarded \$1,262,933 in supplemental CAPTA grant funds under the American Rescue Plan Act, with funds available for use from October 1, 2020, to September 30, 2025.

Please see subsection *American Rescue Plan Act* below for a description of planned use of these funds.

Utah may also use available CAPTA and CAPTA ARPA funding to support expanded capacity at Intake.

As noted above, in April of FFY 2023, a new CAPTA funded position was created. This position is responsible for further implementation of Plan of Safe Care and working with Utah's Citizen Review Panels. The role of this position is consistent with Program Areas #1, #2, and #13. Unfortunately, effective January 2024, this position was vacated, and it is unknown at this time when DCFS will move to refill the position. The CAPTA Program Administrator is hopeful that approval will be granted to fill this position during FFY 2024 or 2025.

CPS Citizen Review Panel Annual Report

Please see Attachment I. *CPS Citizen Review Panel Annual Report - Calendar Year 2023*.

Addressing Needs of Infants Affected by Illegal Substances or with Fetal Alcohol Spectrum Disorder

Utah is continuing efforts to address the needs of infants born and affected by substance abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.

Changes in Implementation or Lessons Learned

In 2020, the Utah legislature made changes to allow calls to the child welfare hotline that involved pregnant women with substance use disorder that did not

meet criteria for a DCFS investigation to be shared with the OSUMH. These agencies engage the family and connect them to treatment options in their area. It is anticipated that this approach to early treatment engagement will increase parent requests for help and will feel less punitive.

In May 2020, DCFS Intake began deferring calls concerning pregnant women to OSUMH. On May 6, 2020, Intake received its first call that resulted in a deferral of a pregnant mother. At the end SFY 2022, DCFS had deferred 188 families to OSUMH for supports and services related to prenatal substance use and parenting needs.

Please see the table below for SFY 2021-2023 data.

| SFY 2021 - 2023 Pregnant Mothers Initial Date of Deferral from DCFS to OSUMH | | | | | | | | |
|---|--------------------------------------|---------------------------------------|-------------------------|---------------------------------------|--------------------------------------|---------------------------------------|----------------------------|-----------------------------|
| DCFS Service Return within One Year of the Initial Date of Deferral | 2021 Number of Families ¹ | 2021 Percent of Families ² | 2022 Number of Families | 2022 Percent of Families ² | 2023 Number of Families ³ | 2023 Percent of Families ³ | To Date Number of Families | To Date Percent of Families |
| CPS Only | 20 | 18% | 20 | 27% | | | 40 | 21% |
| In-Home PSC - Voluntary | 7 | 6% | 4 | 5% | | | 11 | 6% |
| In-Home PSS - Court Ordered | 10 | 9% | 1 | 1% | | | 11 | 6% |
| Foster Care | 28 | 25% | 18 | 24% | | | 46 | 25% |
| No Further DCFS Involvement | 47 | 42% | 32 | 43% | | | 79 | 42% |
| Deceased | 1 | .01% | 0 | 0% | | | 1 | .005% |
| TOTAL Cases ¹ | 113 | 100% | 75 | 100% | | | 188 | 100.01% |
| <i>NOTES: ¹SFY 2021 Data includes May 6- June 30, 2021, as May 6 is the program's first date of deferral. ²Total Percent of Families may not total 100% due to rounding. ³SFY 2023 data is not yet available, as outcomes are measured one full year after date of deferral.</i> | | | | | | | | |

In June 2020, DCFS also began deferring calls related to newborns exposed only to THC, when there were no concerns related to the caregiver's ability to parent the child. On June 22, 2020, Intake received its first call related to newborns exposed only to THC, when there were no concerns related to the caregiver's ability to parent the child that resulted in a deferral of newborns exposed to THC. At the end of SFY 2022, DCFS had deferred 193 newborns and their families to OSUMH for supports and services related to substance use and parenting needs.

Please see the table below for SFY 2021-2023 data.

| SFY 2021-2023 THC-Only Mothers Initial Date of Deferral from DCFS to OSUMH | | | | | | | | |
|---|---|--|----------------------------------|--|---|--|-------------------------------------|---|
| DCFS Service Return within One Year of the Initial Date of Deferral | 2021 Number of Families ¹ | 2021 Percent of Families ² | 2022 Number of Families | 2022 Percent of Families ² | 2023 Number of Families ³ | 2023 Percent of Families ² | To Date Number of Families | To Date Percent of Families ² |
| CPS Only | 17 | 17% | 15 | 16% | | | 32 | 17% |
| In-Home PSC – Voluntary | 2 | 2% | 2 | 2% | | | 4 | 2% |
| In-Home PSS – Court Ordered | 2 | 2% | 3 | 3% | | | 5 | 3% |
| Foster Care | 5 | 5% | 2 | 2% | | | 7 | 4% |
| No Further DCFS Involvement | 72 | 73% | 72 | 77% | | | 144 | 75% |
| In-Home Assessment | 1 | 1% | 0 | 0% | | | 1 | .005% |
| TOTAL Cases ¹ | 99 | 100% | 94 | 100% | | | 193 | 101.01% |

NOTES: ¹SFY 2021 Data includes June 22, 2020 - June 30, 2020, as June 22, 2020, is the program's first date of deferral. ²Total Percent of Families may not total 100% due to rounding. ³SFY 2023 data is not yet available, as outcomes are measured one full year after date of deferral.

While the category “No further Involvement” with pregnant mothers (42%) is lower than with THC-only mothers (75%), this shows that DCFS is responding when a need for child welfare intervention is present at time of birth.

In 2020, changes were also made to the mandatory reporting law to focus on the functional impairment of the mother at the time of birth over simple exposure, especially for women who do not test positive at the time of birth. Reporting is still required if the child has withdrawal symptoms or is adversely affected due to substance use. Reporting is also required if medical personnel have concerns with the parent of the newborn child or a person responsible for the child's care demonstrating functional impairment or an inability to care for the child because of the parent's or person's substance abuse, this will be opened as Child Endangerment.

DCFS has made ongoing efforts to educate staff about children and caregivers who meet the criteria and should be receiving a Plan of Safe Care as outlined in CAPTA sections 106(b)(2)(B)(ii) and (iii), and to ensure that DCFS is appropriately targeting and serving this population.

Multi-disciplinary Outreach

DCFS, OSUMH, Family Health Services (FHS), and other groups from DHHS Continue to work together regarding programs and services available to children and their parents, particularly for substance use disorder prevention and treatment.

DCFS works with OSUMH, local mental-health authorities, substance-use authorities, health departments, and private providers to create and maintain a list of wraparound services that can be offered to pregnant women who have a substance use disorder, including the provision of a Plan of Safe Care.

DCFS collaborated with OSUMH and community substance use disorder local authorities to implement family-based residential substance use treatment programs for children in foster care and their parents under FFPSA.

In FFY 2021, DCFS worked with the Utah Women and Newborns Quality Collaborative to create 12 monthly “safety bundle training” for hospital staff and promote cross system collaboration of cases involving fetal exposure. The training aimed to increase the understanding of the roles each group plays in supporting newborns and families when there has been fetal exposure. Safety bundle monthly trainings were provided throughout 2022.

Plan of Safe Care

The DCFS CAPTA Program Administrator and the Service Continuum Administrator are actively engaged in collaborative meetings with the OSUMH and other DHHS partners to bolster the existence and use of the Plan of Safe Care in the state. With its partners, DCFS is working to ensure services are available and eliminate gaps. The efforts are ongoing and will continue to expand as funding, programs, and opportunities for service connections grow.

Please see below for information on these efforts.

Monitoring Plan of Safe Care

At present, most children receiving Plan of Safe Care continue to be monitored through traditional in-home or out-of-home foster care services, because this population is primarily served by DCFS. Each family served by DCFS through in-home or out-of-home services receives a needs assessment. Families are linked to services based on need. The effectiveness of services is monitored as a primary function of an ongoing case. Efforts are ongoing to bolster available services.

Plan of Safe Care may also be monitored through ongoing CFSR+ and CPR, the Division's annual qualitative and quantitative review processes. Needs assessment, case planning, and adequacy of services are among the components of these case review processes.

In 2019, the University of Utah College of Social Work SRI conducted a core blood study to provide an independent analysis of implementation of Plan of Safe Care requirements to ensure that implementation is consistent with the requirements outlined in sections 106(b)(2)(B)(ii) and (iii) of CAPTA. This study provided findings and recommendations, which DCFS considers as they plan for future implementation.

As DCFS expands utilization of Plan of Safe Care through outside organizations, the Division will work with partners to develop a mechanism for ongoing monitoring of Plan of Safe Care.

Expansion of Plan of Safe Care

DCFS remains focused on creating statewide use of Plan of Safe Care. A Plan of Safe Care lists services and resources parents and their families can use to support their infant's ongoing health, development, safety, and wellbeing. A plan also includes the family's physical, social, and emotional health; substance use disorder treatment; parenting skills; and readiness to care for their infant.

Collaboration with community partners to develop, implement, and strengthen activities related to the Plan of Safe Care is ongoing. The planning process will include necessary budgetary considerations to ensure that a substantial portion of FFYs 2022, 2023, 2024 CAPTA funds are used for this purpose.

Through its collaboration with outside partners, DCFS learned that there are many diverse approaches Utah hospitals are taking when creating a Plan of Safe Care. DCFS is focused on becoming an active partner with these hospital groups to help guide health professionals throughout the state to using a universal approach when creating a Plan of Safe Care.

DCFS continues its collaboration with the DHHS Maternal and Infant Health Program, including the Utah Women and Newborn Quality Collaborative, Utah Home Visiting Program, OSUMH; SUPeRAD (Substance Use in Pregnancy Recovery Addiction Dependence) Clinic at the University of Utah; 211 resource help line, and the newly forming Peripartum Addiction Treatment and Healing (PATH) clinic that will be piloted within Intermountain Healthcare, one of Utah's largest hospital systems.

Intermountain Healthcare hospitals began planning a PATH clinic modeled after the University of Utah's SUPeRAD clinic in late 2023. The pilot for the PATH clinic will be in Weber County. DCFS is part of the community level planning as well as the statewide expansion planning. The PATH clinic will offer parenting support to any pregnant women identified with substance use disorder during pregnancy or at the time of delivery.

The CAPTA Program Administrator is a member of the Recovery Doula Steering Committee. This committee focuses on serving women who are substance using and pregnant through a doula program that will utilize a Plan of Safe Care. The committee includes representatives from OSUMH, Utah State Correctional Facility, DHHS Health Program Specialists, University of Utah, USARA, and Tree of Life Doula Care.

Utah's vision is to provide an easy-to-use tool for the statewide creation of a Plan of Safe Care. The tool will assist healthcare providers in screening pregnant women

for substance use disorder and other risk factors. Successful models in Connecticut and other states have been reviewed. Measures will include the number of screenings and resulting Plan of Safe Care, the locations within the state that screenings and plan creation occurs, and the rate of referrals for prenatal exposure, which will hopefully decline.

In FFY 2020, the University of Utah Hospital Labor and Delivery Department began a Plan of Safe Care pilot. Within this pilot program, if the identified patient is a patient at the University's SUPeRAD clinic, the patient's Plan of Safe Care becomes a part of their recovery portfolio. Since the launch of SUPeRAD, 750 women have received care at the clinic and received a Plan of Safe Care.

Meetings with Utah Hospitals

As schedules allow, the CAPTA Program Administrator and the Strengthening Families Program Administrator hold virtual meetings to educate Utah hospital labor and delivery departments on Plan of Safe Care and encourage their participation and use of a Plan of Safe Care screener form. As of February 2023, the two program administrators have met with 35 labor and delivery managers throughout the state. The two program administrators planned to follow up twice per year, beginning March 2023, to collect the number of Plans of Safe Care completed with labor and delivery patients who have substance-exposed infants. Response rates were low, and it was decided to not conduct follow-up in October 2023. DCFS is hopeful that a planned expansion of Plan of Safe Care through Intermountain Healthcare's internal process will yield better results.

Plan of Safe Care Position

In April 2023, DCFS began using CAPTA funds to support a Plan of Safe Care Program Administrator. This position was intended to work closely with the CAPTA Program Administrator and serve as a liaison for pregnant women referred by DCFS Intake to OSUMH for assistance with connection to SUD treatment services and medical professionals. The position was also intended to provide outreach and education to medical professionals in the state regarding the benefits of screening pregnant women for SUD and use of Plan of Safe Care, where appropriate.

Additionally, this position was also intended to work with Utah's CRPs. Unfortunately, as noted above, in January 2024, this position was vacated, and it is unknown at this time when DCFS will move to refill the position. The CAPTA Program Administrator is hopeful that approval will be granted to fill this position during FFY 2024 or 2025.

Next Steps

Desired next steps still include holding Plan of Safe Care educational meetings with the state's 500+ registered OBGYN providers, which may take place through regional training courses. Utah is also planning to meet with Utah's Instacare/Urgent Care centers, as listening sessions have shown that many pregnant women who are using substances first learn of their pregnancy in these facilities. Unfortunately, many of these pregnant women avoid further prenatal care.

Due to limited capacity at this time, the CAPTA Program Administrator is uncertain as to when these steps will take place.

Technical Assistance Needs

DCFS believes it is effectively in compliance with Sections 106(b)(2)(B)(ii) and (iii) of CAPTA and does not expect to require any federal TA to improve current practice.

Governors Assurance Statement

The CAPTA Governor's Assurance Statement verifying compliance with the provisions of CAPTA section 106(b)(2)(B)(vii), as amended by the Victims of Child Abuse Act Reauthorization Act of 2018, was signed by Governor Gary Herbert, Utah's former governor, and submitted previously.

State Liaison Officer for CAPTA

The following individual is the State Liaison Officer for CAPTA and may be contacted regarding questions that relate CAPTA or child abuse and neglect:

Daniel Rich
Division of Child and Family Services
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Salt Lake City, UT 84116
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Statistical and Supporting Information

CAPTA Annual State Data Report

Information on Child Protective Services Workforce Education, Qualifications, and Training Requirements

Practice Model Training

Please see Attachment E. *Training Plan* for a complete presentation of the training provided this past year and the plan for training in the coming year.

Child Protective Services Personnel Demographic Information

The two tables below contain demographic information for the DCFS child protective services workforce, including Intake and CPS caseworkers and supervisors for FFYs 2019-2023.

| Child Protective Services Workforce Gender Demographics (Intake and CPS Caseworkers and Supervisors) | | | | | | | | | | |
|---|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|
| | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| Gender | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Female | 414 | 77.10% | 413 | 78.10% | 429 | 78.30% | 459 | 81.82% | 511 | 82.55% |
| Male | 123 | 22.90% | 116 | 21.90% | 119 | 21.70% | 102 | 18.18% | 108 | 17.45% |
| TOTAL | 537 | | 529 | | 548 | | 561 | | 619 | |

| Child Protective Services Workforce Race Demographics (Intake and CPS Caseworkers and Supervisors) | | | | | | | | | | | |
|---|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|--|
| | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | | |
| Race | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent | |
| American Indian or Alaska Native | 4 | 0.70% | 3 | 0.60% | 4 | 0.70% | 4 | 0.71% | 4 | 0.65% | |
| Asian | 6 | 1.10% | 6 | 1.10% | 6 | 1.10% | 5 | 0.89% | 8 | 1.29% | |
| Black or African American | 4 | 0.70% | 4 | 0.80% | 5 | 0.90% | 5 | 0.89% | 5 | 0.81% | |
| Hispanic or Latino Origin | 46 | 8.60% | 46 | 8.70% | 50 | 9.10% | 55 | 9.80% | 66 | 10.66% | |
| Multiracial | 8 | 1.50% | 9 | 1.70% | 8 | 1.50% | 10 | 1.78% | 14 | 2.26% | |
| Native Hawaiian or Other Pacific Islander | 5 | 0.90% | 8 | 1.50% | 7 | 1.30% | 6 | 1.07% | 5 | 0.81% | |
| Unknown, Declined to Disclose | 38 | 7.10% | 41 | 7.80% | 43 | 7.80% | 46 | 8.20% | 61 | 9.85% | |
| White | 426 | 79.30% | 412 | 77.90% | 425 | 77.60% | 430 | 76.65% | 456 | 73.67% | |
| TOTAL ¹ | 537 | | 529 | | 548 | | 561 | | 619 | | |
| Average Age: | 40 | | 39 | | 39 | | 40 | | 38 | | |

NOTE: Total Percent may not equal 100%, due to rounding.

CPS Caseload Data for CPS Workers and Supervisors

The table below reflects caseload information for CPS caseworkers who are considered full-time, having at least eight open cases on the first day of each month during FFY 2023.

| CPS Workers with Eight or More Open Cases on the First Day of Month in Each Month of FFY 2023 | | | | | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cases Open on the First Day of the Month | Oct 2022 | Nov 2022 | Dec 2022 | Jan 2023 | Feb 2023 | Mar 2023 | Apr 2023 | May 2023 | Jun 2023 | Jul 2023 | Aug 2023 | Sep 2023 |
| Total Number of Open Cases | 2,131 | 2,150 | 2,142 | 1,950 | 2,116 | 2,158 | 2,095 | 2,068 | 2,142 | 1,737 | 1,685 | 1,728 |
| Number of Cases Open to Caseworkers with 8 or More Open Cases | 1,915 | 1,830 | 1,849 | 1,558 | 1,790 | 1,845 | 1,746 | 1,756 | 1,846 | 1,387 | 1,274 | 1,334 |
| Caseworkers with 8 or More Open Cases | 132 | 121 | 125 | 102 | 113 | 116 | 114 | 117 | 119 | 102 | 95 | 101 |
| Supervisors of Caseworkers with 8 or More Open Cases | 54 | 49 | 48 | 48 | 49 | 50 | 46 | 48 | 42 | 40 | 38 | 40 |
| Average Open Cases per Worker | 14 | 15 | 14 | 15 | 15 | 15 | 15 | 15 | 15 | 13 | 13 | 13 |
| Average Open Cases per Supervisor | 35 | 37 | 38 | 32 | 36 | 36 | 37 | 36 | 43 | 34 | 33 | 33 |
| Maximum Open Cases to a Caseworker | 33 | 36 | 37 | 39 | 33 | 45 | 46 | 35 | 36 | 34 | 30 | 33 |
| Maximum Open Cases to a Supervisor | 99 | 110 | 99 | 94 | 106 | 144 | 161 | 123 | 110 | 94 | 90 | 101 |

Please see table below for allegation findings of closed CPS cases during FFYs 2019-2023.

| Allegation Findings of Closed CPS Cases | | | | | | | | | | |
|---|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|
| Case Finding at Closure | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent |
| Supported | 16,859 | 31.5% | 15,319 | 30.0% | 14,649 | 28.2% | 14,192 | 26.1% | 14,181 | 26.6% |
| Unsupported | 32,779 | 61.2% | 32,339 | 63.3% | 33,821 | 65.1% | 35,808 | 65.8% | 34,676 | 65.0% |
| Unable to Complete Investigation | 1,911 | 3.6% | 1,671 | 3.3% | 1,794 | 3.5% | 2,603 | 4.8% | 2,610 | 4.9% |
| Unable to Locate | 892 | 1.7% | 952 | 1.9% | 979 | 1.9% | 960 | 1.8% | 953 | 1.8% |
| Without Merit | 1,025 | 1.9% | 785 | 1.5% | 617 | 1.2% | 841 | 1.5% | 846 | 1.6% |
| False Report | 76 | 0.1% | 41 | 0.1% | 72 | 0.1% | 33 | 0.1% | 101 | 0.2% |
| TOTAL Allegations | 53,542 | | 51,107 | | 51,932 | | 54,437 | | 53,367 | |
| TOTAL Closed CPS Cases ¹ | 21,663 | | 20,712 | | 20,401 | | 22,578 | | 22,437 | |

NOTE ¹ Total Percent of Closed Cases may not equal 100%, due to rounding.

| Supported Victims in Closed CPS Cases | | | | | | | | | | |
|---------------------------------------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|
| | FFY 2019 | | FFY 2020 | | FFY 2021 | | FFY 2022 | | FFY 2023 | |
| Victim Age at Case Start | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent |
| 0 to 1 Year | 1,777 | 16.30% | 1,477 | 14.70% | 1,312 | 13.70% | 1,157 | 12.60% | 1,051 | 11.61% |
| 2 to 5 Years | 2,237 | 20.50% | 2,019 | 20.10% | 1,965 | 20.50% | 1,757 | 19.13% | 1,736 | 19.18% |
| 6 to 12 Years | 3,910 | 35.90% | 3,600 | 35.80% | 3,599 | 37.60% | 3,207 | 34.92% | 3,319 | 36.66% |
| 13 Years and Older | 3,012 | 27.60% | 2,986 | 29.70% | 2,741 | 28.60% | 3,090 | 33.65% | 2,979 | 32.91% |
| TOTAL Supported Victims | 10,895 | | 10,052 | | 9,582 | | 9,183 | | 9,053 | |

NOTE: ¹ Total Percent of Supported Victims in Closed CPS Cases may not equal 100%, due to rounding.

Juvenile Justice Transfers

Please see the table below for the number and percentage of children under the care of Utah’s child protection system who transferred to state juvenile justice system custody upon exit from DCFS custody during FFYs 2019-2023. The source of the data is SAFE, Utah’s CCWIS System.

| Number of Youth Transferred to Juvenile Justice | | |
|---|-----------------|-----------------------------|
| FFY | Number of Youth | Percent of Youth who Exited |
| 2019 | 22 | 1.0% |
| 2020 | 9 | 0.5% |
| 2021 | 6 | 0.3% |
| 2022 | 10 | 0.6% |
| 2023 | 12 | 0.8% |

American Rescue Plan Act

Utah was awarded \$1,262,933 in supplemental CAPTA grant funds under the American Rescue Plan Act, with funds available for use from October 1, 2020, to September 30, 2025. Utah is prioritizing use of these funds to increase support for black, brown, indigenous, LGBTQ, and impoverished families in underserved communities. This funding may also be used to enhance Utah’s child protective services system through increased training and personnel. Utah is primarily focusing on the following two program areas with this funding:

Program Area #11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Program Area #13: Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs to:

- Provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
- Address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

Statewide Needs Assessment

During FFY 2023, Utah continued its contract with the University of Utah Social Research Institute (SRI) to conduct a comprehensive statewide needs assessment. This work is a joint effort between the CAPTA Program Administrator and the CBCAP Program Administrator, using ARPA Supplemental CAPTA and CBCAP funds. This assessment started in October 2022 and is planned to be completed in March 2024. The primary objectives of the assessment are to:

- Analyze existing information and data related to Utah's child abuse and prevention needs.
- Partner with stakeholders, community members, providers, and impacted families to inform funding decision-making processes.
- Create a strategic plan for statewide prevention services that will inform future Request for Proposals (RFP) and funding decisions.

SRI will conduct this research through an equity, diversity, and inclusion lens to help DCFS program administrators identify populations most in need and to ensure that

services are distributed equitably. SRI is the same organization that began assisting DCFS with an evaluation of racial and ethnic disparity and disproportionality within Utah’s child welfare system in FFY 2020, using IV-E funding. SRI will leverage data gathered from that research to complement the new research specific to prevention services.

Please see below table for SRI’s needs assessment estimated timeline.

| Objectives and Tasks | | 2022 | 2023 | | | | 2024 |
|----------------------|--|---------|---------|---------|---------|---------|---------|
| | | Oct-Dec | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar |
| START | Obtain IRB and MOU as needed | | | | | | |
| | Coordinate with CTSI* and community partners | | | | | | |
| | Develop community engagement tools | | | | | | |
| COLLECT | Collect data, reports, other review materials | | | | | | |
| | Gather community perspectives | | | | | | |
| ANALYSIS | Data pre-processing, analyses | | | | | | |
| | Evaluation of community perspectives | | | | | | |
| SYNTHESIS | Synthesis of data, reports, community findings | | | | | | |
| | Preliminary findings and progress report | | | | | | |
| | Strategic planning regarding state programs | | | | | | |
| FINAL | Summarize and review initial strategy findings | | | | | | |
| | Reporting; Final strategic plan | | | | | | |

CTSI-Utah Clinical and Translational Science Institute; IRB-Institutional Review Board; MOU-Memorandum of Understanding

DCFS Grants Program Manager

At the end of FFY 2022, a DCFS Grants Program Manager was hired to manage several DCFS ARPA grants. CAPTA ARPA funds are contributing to the support of this position, and the DCFS Grants Program Manager is coordinating with the CAPTA Program Administrator on the implementation of the below CAPTA ARPA grant awards.

Non-competitive Grant Award to Utah's Federally Recognized Tribes

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

The CAPTA Program Administrator and the DCFS ARPA Grant Program Manager are coordinating with the DHHS Office of American Indian Alaska Native Health and Family Services (Office) Director and the ICWA Liaison to offer non-competitive grants to Utah's federally recognized tribes for program periods through September 30, 2025. This collaboration has resulted in three grants with tribes and a fourth is in process.

The purpose of the grants is to strengthen and support tribal families to prevent the likelihood of child abuse and neglect. This could be done through creating new programs, enhancing existing programs, or improving knowledge of and access to programs and services available through the tribe or in the broader community. Programs and services may be culturally tailored to meet tribal needs.

Programs and services may target families with children in the whole community, families with children where parents or children have risk factors, or families with children who have experienced child abuse and neglect.

Child Protection Services

Any remaining CAPTA ARPA funds may be used to enhance Utah's child protective services system through increased training and personnel.

VIII. FINANCIAL INFORMATION

Payment Limitation: Title IV-B, Subpart 1

DCFS does not use IV-B subpart 1 funding to pay for childcare, foster care maintenance, or adoption assistance payments and did not do so in FFY 2005. No Title IV-B subpart 1 funding was used for these purposes in FFY 2005 or in FFY 2023. Therefore, DCFS has complied with the requirement not to spend more title IV-B subpart 1 funds in FFY 2023 for these purposes than it did in FFY 2005.

Likewise, since in FFY 2023 DCFS did not use federal IV-B, subpart 1 funds for foster care maintenance payments, nor did it do so in FFY 2005, it did not allocate state funds as a match for federal funds. Therefore, DCFS has complied with the requirement that the FFY 2023 state match for foster care maintenance payments under Title IV-B subpart 1 did not exceed the amount of the FFY 2005 match.

The maximum amount of Title IV-B subpart 1 funds that will be claimed for administrative costs, as specified in section 422(c) of the Social Security Act, will be limited to 10%.

Payment Limitation: Title IV-B, Subpart 2

As noted under Expenditure of PSSF Funding, DCFS plans to expend at least 20% of total PSSF funds in each of the four service categories.

The maximum amount of Title IV-B Part 2 funds that will be claimed for administrative costs, including caseworker visitation funds, will be limited to 10% as specified in section 434(d) of the Social Security Act.

FFY 2022 IV-B Subpart 2 - Payment Limit Non-Supplantation Requirements [45 CFR Parts 1357.15(F)]

DCFS will not use federal funds awarded under Title IV-B Part 2 to supplant federal or state funds for existing family support, family preservation, family reunification and adoption support services based upon the SFY 1992 expenditures.

Please see the table below.

| IV-B Subpart 2 - Payment Limit Non-Supplantation Requirements | | | | | | | | | |
|---|----------------|----------------|------------------|----------------|------------------|------------------|-------------------|----------------|-----------------------------|
| | State | Federal | Total | 75% of SFY | State | Federal | Total | 25% of SFY | FFY 1992 |
| Homemaker Services | 25,600 | 28,900 | 54,500 | 19,200 | 25,600 | 32,900 | 58,500 | 6,400 | 25,600 |
| Family Preservation Services | 139,800 | 150,900 | 290,700 | 104,850 | 125,600 | 86,300 | 211,900 | 31,400 | 136,250 |
| In-home Services | 52,400 | 46,500 | 98,900 | 39,300 | 57,000 | 13,800 | 70,800 | 14,250 | 53,550 |
| Parenting Skill Services | 8,500 | 25,600 | 34,100 | 6,375 | 14,200 | 19,900 | 34,100 | 3,550 | 9,925 |
| Crisis Nursery Services | 0 | 134,229 | 134,229 | 0 | 139,500 | 428,118 | 567,618 | 34,875 | 34,875 |
| Subsidized Adoptions (non-IV-E) | 139,200 | 294,500 | 433,700 | 104,400 | 54,776 | 347,615 | 402,391 | 13,694 | 118,094 |
| Children's Trust Fund | 350,000 | | 350,000 | 0 | 350,000 | 0 | 350,000 | 0 | 350,000 |
| Total | 715,500 | 680,629 | 1,396,129 | 274,125 | 766,676 | 928,633 | 1,695,309 | 104,169 | 728,294 |
| | | | | | State | Federal | Total | | Total Expenditures FFY 2022 |
| Homemaker Services (HHMK) | | | | | 0 | 0 | 0 | | 0 |
| Family Preservation Services (PSSF)(HFFP) | | | | | 277,957 | 833,871 | 1,111,828 | | 1,111,828 |
| In-home Services (HIHS) | | | | | 132,138 | 396,415 | 528,553 | | 528,553 |
| Parenting Skill Services (FFS and PPC) | | | | | 362,674 | 1,088,022 | 1,450,696 | | 1,450,696 |
| Crisis Nursery Services (HCSN) | | | | | 4,561,089 | 1,140,272 | 5,701,361 | | 5,701,361 |
| Subsidized Adoptions (non-IV-E-HSAO) | | | | | 3,420,703 | 0 | 3,420,703 | | 3,420,703 |
| Adoption Assistance (HSAN) | | | | | -1600 | 0 | -1,600 | | -1,600 |
| Children's Trust Fund (HNTE) | | | | | 292,541 | 0 | 292,541 | | 292,541 |
| Total | | | | | 9,045,502 | 3,458,580 | 12,504,082 | | 12,504,082 |

Chafee Program

DHHS certifies that no more than 30% of the allotment of federal Chafee funds will be expended for room and board for youths who left foster care after the age of 18 and have not yet attained age 23. Utah operates an extended foster care program and has chosen to exercise the Chafee option to serve youths up to age 23.