
Child and Family Services Plan

FFY 2025-2029



Utah Department of
Health & Human Services
Child & Family Services

June 30, 2024

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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.

- 1.1 SFY 2025 DCFS Results Based Accountability Plan
- 1.2 RBA Plan Indicators and Measures

Attachment G. Incarcerated Parents Visitation One Pager

Attachment H. Guiding Questions on Permanency

Attachment I. Hearing Quality Bench Card Analysis

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

Attachment K. State Attorney General's Letter CAPTA Review

Attachment L. 2024 Utah Legislative Session Statutes Applicable to CPS

Attachment M. UT Governor's Certification Chafee Foster Care Program for Successful Transition to Adulthood

Attachment N. UT Governor's Certification Education and Training Voucher Program

Attachment O. UT Title IV-B-Subpart 1 Assurances for States

Attachment P. UT Title IV-B Subpart 2 Assurances for States

INTRODUCTION

The Utah Division of Child and Family Services (DCFS) is submitting this 2025-2029 Child and Family Services Plan (CFSP) in accordance with ACYF-CB-PI-24-02, issued by the Administration for Children and Families, Children's Bureau, on February 15, 2024.

The overall goal of DCFS is safe children through strengthened families in the context of a strong workforce and integrated child welfare system. Within the context of this goal, Utah's CFSP 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 addresses 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.
- Training activities that are designed to support the child welfare system.

The following programs are coordinated by the submission of the 2025-2029 CFSP:

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1);
- Services provided in the four areas of the MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2):
 - Family Preservation;

- Family Support;
- Family Reunification; and
- Adoption Promotion and Support Services;
- Monthly Caseworker Visit Funds;
- Chafee and ETV; and
- Training activities in support of the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

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

- Executive Director, Department of Health and Human Services (DHHS).
- Federal Regional Program Manager, Region VIII, Children’s Bureau.
- Federal Child and Family Program Specialist for Utah, Region VIII, Children’s Bureau.

This CFSP 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 CFSP. The Administrator’s office is in the state administrative headquarters in Salt Lake City, Utah.

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I. VISION AND COLLABORATION

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. DHHS has designated DCFS as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs, as well as child abuse prevention and domestic violence services delivered to Utah's children and families. As such, DCFS administers federal funds received through the Stephanie Tubbs Jones Child Welfare Services (IV-B Part 1), PSSF (IV-B Part 2) including Monthly Caseworker Visits; Adoption and Guardianship Incentive Payments Program; CAPTA; Chafee; and 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

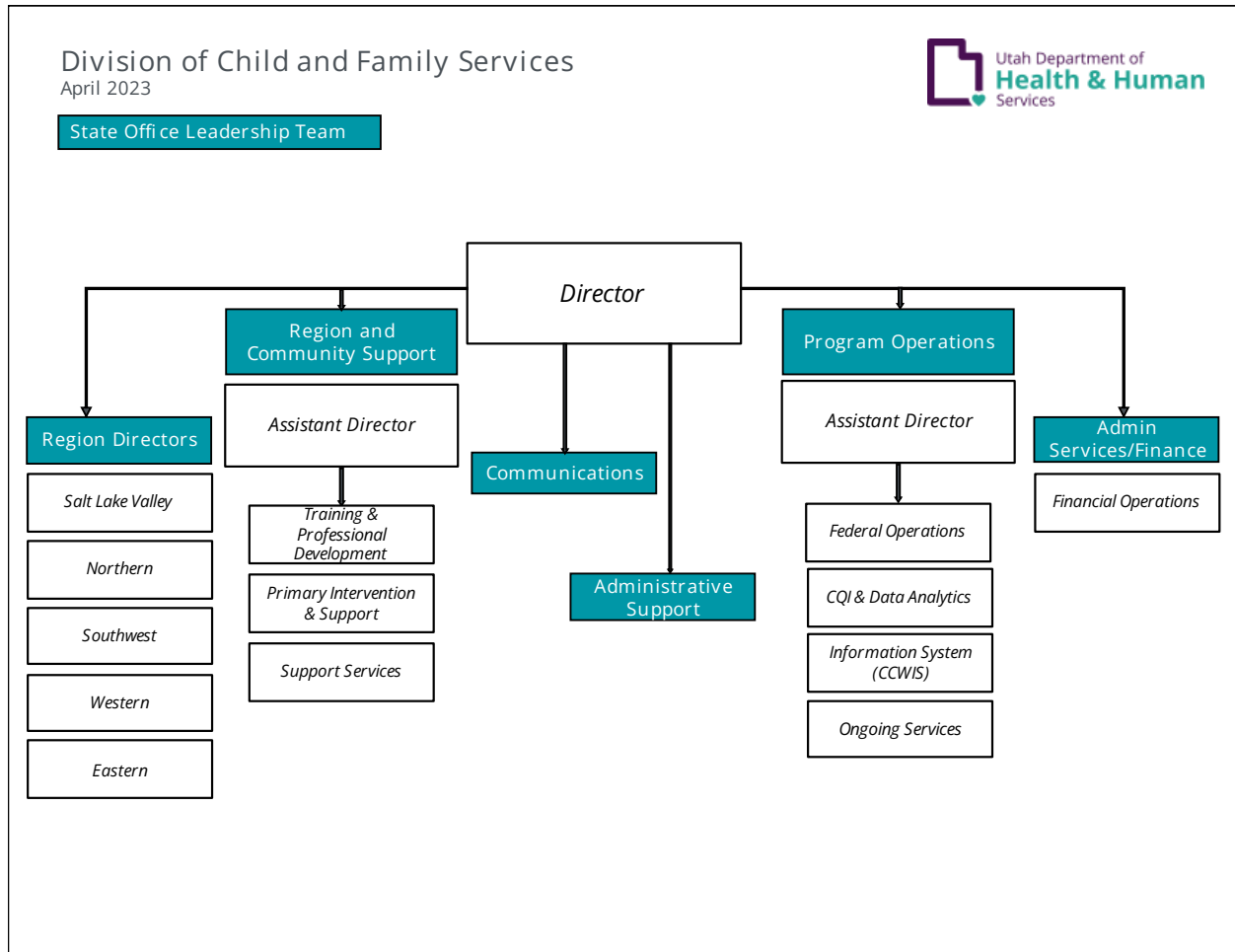
The Division Director is the administrative head of DCFS. The Director's office is in the state administrative headquarters in Salt Lake City, Utah.

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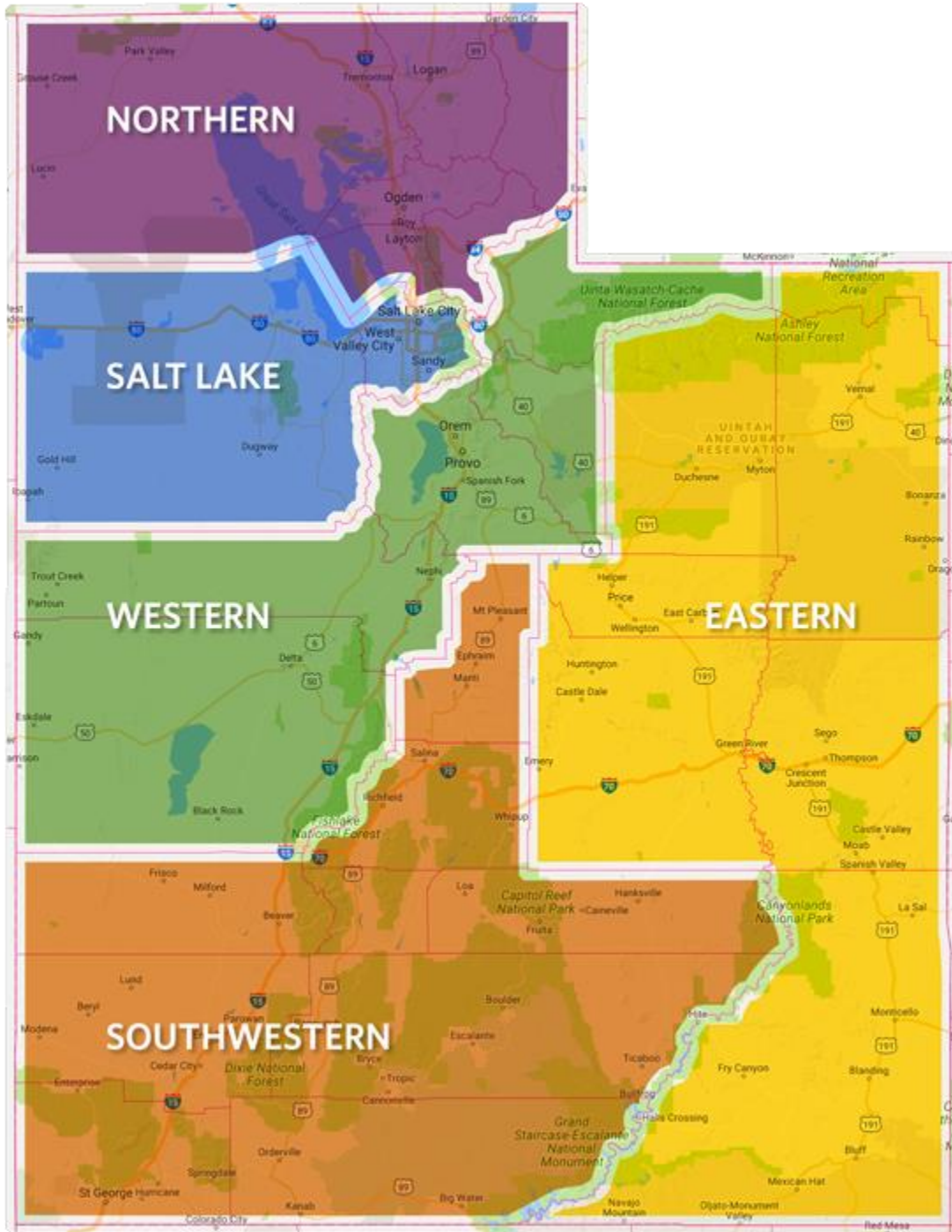
Three administrative teams coordinate activities and make policy decisions that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the director; two assistant directors; finance; administrators for programs, CQI data, professional development, 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



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 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

Practice Model Principles

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

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

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

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

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

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

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

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

Practice Skills

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

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

Teaming. The skill a worker uses to assemble, become a member of, or lead a group or groups that supply needed support, services, and resources to children or

families, and that help resolve critical child and family welfare-related issues. Child welfare is a community effort and requires a team.

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

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

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

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

Intervening. The skill used to intercede when a child or family's interactions, activities, or behaviors fail to decrease risk, provide safety, promote permanency, or ensure the wellbeing of a child. This skill is utilized when helping families find housing, when helping a parent change negative patterns of thinking about their children, or when helping members of a family change their relationship with one another.

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.

Collaboration

In response to federal regulations at 45 CFR 1357.15 and to create a shared vision across the broader child welfare system that supports child-abuse and neglect prevention and better outcomes for children and families, Utah regularly engages the agencies, organizations, community partners, 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 (CIP) and Children's Justice Act (CJA) grantee; Tribes; prevention partners; service providers; community organizations; frontline workers; families and individuals with lived experience; representatives of state and local agencies administering other federal or federally assisted programs.

In its collaborations, Utah strives 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, including linking the CFSP with the CFSR results. Utah uses a variety of approaches and activities in its collaboration and consultation with stakeholders. Approaches include surveys and meetings with and seeking feedback from groups, such as the Utah Youth Advisory Council (YAC).

Additionally, Utah reviews current performance data and assesses agency strengths and areas needing improvement. Through program implementation, monitoring,

and reporting, DCFS program administrators regularly review and analyze data. Program administrators also receive feedback from the families, children, and youths it serves, which includes persons from underserved communities and those adversely affected by poverty, as well as representatives from Tribes, courts, and other community partners.

Extensive collaboration has occurred related to gaps in services, particularly related to placements of children and youths in foster care. For behaviorally complex youths, ongoing, intensive collaboration has occurred with Medicaid, the Office of Substance use and Mental Health (OSUMH), Utah State Hospital, Utah Developmental Center, Integrated Services, and the Youth Providers Association. In addition, for children and youths with disabilities, ongoing collaborative work has occurred with Medicaid and the Division of Services for People with Disabilities.

DCFS also collaborated with Medicaid to modify policy to allow Medicaid to be offered to eligible young adults formerly in foster care who move to a new state. This policy became effective on January 1, 2016. DCFS continues to coordinate with Medicaid and the Department of Workforce Services (DWS) in ensuring youth leaving foster care in Utah can apply for continuing Medicaid coverage. DCFS provides verification of the youth's former foster care status. The policy also allows youths ages 18-26 who were in foster care in other states and now reside in Utah to apply for Medicaid under Utah's former foster youth program. The DCFS eligibility team reaches out to other states, when needed, to verify prior foster care status to support the Medicaid application. In addition, DCFS staff will provide verification to Medicaid programs in other states regarding former Utah foster youth who have relocated to other states.

Work has continued with Utah Foster Care and Raise the Future to address needs for services and permanency for teens and sibling groups. Significant efforts have been made toward strengthening kinship supports through the Kempe Center, Children's Service Society GrandFamilies Program, and Raise the Future. Additional collaborative efforts for older youths have focused on community partners supporting homelessness, transitional housing, and housing vouchers.

Utah’s collaboration activities contributed to the development of the goals and objectives of the 2025-2029 CFSP and will continue to inform program development and implementation. The Children’s Bureau has provided input and responded to questions regarding the development of this CFSP.

II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

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. DCFS, in consultation with the DHHS Office of Service Review (OSR), are looking at steps to maximize the effectiveness of the CFSR and Case Process Reviews (CPR) reviews. DCFS is also in the early stages of starting the Statewide Assessment checklist and taking steps to prepare for a state led CFSR.

The table below summarizes state fiscal years (SFY) 2021-2023 performance on the 10 CFSR Items that had a CFSR Round 3 PIP goal.

CFSR Results - 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 in which the PIP Goal was achieved.

Child and Family Outcomes

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

Safety Outcome 1 Current Performance Data

CFSR Results - 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%	88%	95%	41

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

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

Safety Outcome 1 Conformity

CFSR Item 1

Utah met CFSR Item 1 PIP goal in 2021 and has continued to exceed this goal every year. Utah has been within 1% of the CPR standard of 90% in the past five years.

DCFS tracks the timelines of initiating investigations of child maltreatment reports through state-developed CPR; federally developed CFSR reviews, and DCFS-developed report reviews at the team, region, and state levels.

Even with DCFS performance on this item generally meeting the standard, there are opportunities for improvement. Examples include:

- There are instances when caseworkers see one of the children but do not see all of them (new allegations).
- Caseload size: High caseloads contribute to caseworker's inability to meet priority timeframes.
- There are instances when minimal effort to locate the child occurs if the caseworker is not successful on the first attempt (i.e. child not in school, incorrect contact information, etc.).

Safety Outcome 1 Current and Planned Activities

CFSR Item 1

Utah is in the process of reviewing its CPS Supervisor QA Tool to ensure CPS workers are meeting expectations regarding timeliness of initiating investigations and to improved understanding reasons for noncompliance.

Utah is also in the process of training child welfare staff on Items 1, 2, and 3.

Utah is encouraging worker support through one-on-one meetings with supervisors to review cases and identify which cases can be closed, conduct Q/As of cases together to catch items needing attention before the case is ready to close.

Supervisors can use available reports to monitor case load sizes, requested extensions, etc. Supervisors can also use MAP data boards to track workloads, prioritize work activities, and monitor case progress. Supervisors can also use the data boards as a "reset" to review new allegations and priority timeframes.

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

Safety Outcome 2 Current Performance Data

CFSR Results - 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.

A DCFS strategy to support families in maintaining safety and reducing risk by accurately assessing safety concerns and risk for subsequent child abuse and neglect is the SDM Safety and Risk Assessment and reassessment are utilized for this purpose.

Internal Data - 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 CFSR Item 3		
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.

The February 2024 Data Profile 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. Utah’s performance is statistically no different from national performance.

Data Profile - Re-entry to Foster Care within 12 months <i>CFSR Item 2</i>						
National Performance	RSP 19B20A	RSP 20A20B	RSP 20B21A	RSP 21A21B	RSP 21B22A	RSP 22A22B
5.6%	6.1%	6.2%	4.9%	4.3%	5.6%	6.5%

Data Profile - Maltreatment in Care (victimizations/100,000 days in care) <i>CFSR Item 3</i>			
National Performance	RSP 19AB FFY 2019	RSP 20AB FFY 2020	RSP 21AB FFY 2021
9.07	13.79	16.87	18.01

Data Profile - Recurrence of Maltreatment <i>CFSR Item 3</i>			
National Performance	FFY 2019-2020	FFY 2020-2021	FFY 2021-2022
	Observed Performance		
9.7%	9.4%	9.3%	10.2%
	RSP		
	12.7%	12.6%	13.8%

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.

Internal Data - Supported Victims without a Recurrence of Maltreatment within 12 Months ¹										
CFSR Item 3										
Victim Age at First Case Start	FFY 2019		FFY 2020		FFY 2021		FFY 2022		FFY 2023 ²	
	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	278	90.8%	237	92.0%	256	90.7%	234	92.4%		
TOTAL w/o Recurrence w/in 12 Mo	1,115	89.8%	1,043	89.6%	1,072	88.8%	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.

Safety Outcome 2 Conformity

CFSR Items 2 and 3

Utah Item 2 improved during SFY 2023. Scores increased from 46% to 75%. Item 2 is an area in which DCFS is continuing to assess activities that promote ongoing systemic improvement.

Re-entry to Foster Care

The February 2024 Data Profile table shows Utah’s re-entry RSP rates to be statistically no different from national performance rates. Utah’s most recent two RSP intervals show a slight incline and are a metric DCFS will watch.

Utah Item 3 improved during SFYs 2022 (62%) and 2023 (63%). During SFY 2023, DCFS analyzed Item 3 and made efforts to improve practice, and it will continue to make this a priority in the future.

Maltreatment in Care

The February 2024 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 13.83, with a Risk Standardized Performance (RSP) adjustment at 18.01. This rate is higher than the National Performance Standard of 9.07 and has increased since last year.

This increase is discouraging, considering efforts to correct data entry errors. 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.

Recurrence of Maltreatment

The February 2024 Data Profile table shows Utah's performance rate for the recurrence of child maltreatment to be 10.2%, which is an increase from recent years and does not meet the national performance standard of 9.7%. However, with the RSP adjustment, the reported performance rate is 13.8%, which is above the desired national performance standard and does not meet the goal.

Recurrence of Maltreatment-Internal Data

Internal data shows relative consistency over the last five years regarding supported victims without a recurrence of maltreatment within 12 months. The rate of 10.2% of children who experienced repeat maltreatment is slightly above the federal standard of 9.5%, with 89.8% of children not experiencing repeat maltreatment in the last FFY.

Safety Outcome 2 Current and Planned Activities

CFSR Item 2 and 3

DCFS is considering multiple avenues to teach staff about Items 1-3 of the CFSR, including assisting with 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.

DCFS has conducted an initial analysis of maltreatment data to help guide next steps.

For additional information, please see *CFSP Section VII. Capta State Plan Requirement and Updates, Program Area #4: : Developing, improving, and implementing safety and risk assessment tools and protocols.*

Please see also Attachment F. *SFY 2025 DCFS Results Based Accountability Plan Strategy 1.*

Permanency Outcomes.

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

Permanency Outcome 1 Current Performance Data

CFSR Results - 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.

Data Profile - Placement Stability (moves/1,000 days in care) <i>CFSR Item 4</i>						
National Performance	RSP 20B21A	RSP 21A21B	RSP 21B22A	RSP 22A22B	RSP 22B23A	RSP 23A23B
4.48	4.84	5.05	5.34	5.55	5.61	6.79

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

Internal Data - Placement Setting Changes (changes/1,000 days in care) <i>CFSR Item 4</i>	
CY	Rate
2019	3.6
2020	3.2
2021	3.5
2022	3.5
2023	3.8

Data Profile - Permanency Data from 12, 12-23, and 24+ Months <i>CFSR Item 6</i>										
Number of Months	National Performance	RSP 19A19B	RSP 19B20A	RSP 20A20B	RSP 20B21A	RSP 21A21B	RSP 21B22A	RSP 22A22B	RSP 22B23A	RSP 23A23B
Permanency in 12 Months (Entries)	35.2%	44.1%	42.2%	44.0%	44.9%	45.0%	44.9%			
Permanency in 12 Months (12-23 Months)	43.8%				61.3%	65.3%	65.8%	66.1%	63.9%	64.4%
Permanency in 12 Months (24+ Months)	37.3%				42.9%	45.3%	40.9.8%	38.2%	32.1%	36.6%

Permanency Outcome 1 Conformity

CFSR Item 4

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 discuss primary and concurrent permanency goals more consistently.

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 6.79 in the February 2024 Utah Data Profile is above the desired national performance standard of 4.48 moves/1,000 days in care, and it is trending upward.

CFSR Items 5 and 6

CFSR Items 5 and 6 results have shown consistent improvements.

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

Utah continues to meet the three national measures for permanency, as seen in the table above, which displays the February 2024 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; however, the data for permanency in 12 months (24-months) declined to 32.1% and did not meet the national standard. Achieving permanency for children within 12 months reached 44.9% (NP is 35.2%). Achieving permanency for children within 12-23 months reached 64.4% (NP is 43.8%). Achieving permanency for children within 24+ months

declined to 36.6%, which is statistically the same as the national performance standard (NP is 37.3%).

Permanency Outcome 1 Current and Planned Activities

CFSR Item 4

Current and ongoing efforts to stabilize placements include:

- An added focus on kinship placements, where possible.
- A modification to the roles of resource family consultants and kinship family consultants that bolsters their ability to address placement needs.
- Increased provision of placement stabilization assistance by clinical consultants, resource family consultants, and kinship family consultants.
- Involvement of the child's therapist for guidance and clinical support.

DCFS regional committees regularly conduct adoption permanency case reviews of children who have been in out-of-home care for a specified number of months to explore ways to speed up permanency and address barriers that prevent it. Courts also conduct reviews every three to six months.

For additional information on DCFS efforts, please see *RBA Strategy 2, Objective 2.1. and 2.2.*

CFSR Items 5 and 6

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.

For additional information, please see *CFSP Section IV. Services and Section V. John H. Chafee Foster Care Program for Successful Transition to Adulthood.*

Please also see Attachment B. *Foster and Adoptive Diligent Recruitment Plan and Attachment I. Hearing Quality Bench Card Initial Analysis.*

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

Permanency Outcome 2 Current Performance Data

CFSR Results - 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

Internal Data - 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 <i>CFSR Item 7</i>			
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%

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 Results - Visitation with Mothers, Fathers, and Siblings <i>CFSR Item 8</i>						
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%

Permanency Outcome 2 Conformity

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.

CFSR Item 7

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

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, Utah has experienced a decline in the number of available foster and proctor care homes, which has also impacted placement with siblings.

CFSR 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. 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.

CFSR 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 Assistant Attorney General's (AAG) office, the Guardian ad Litem (GAL) office, and other community partners.

CFSR Item 10

Utah's SFY 2023 performance regarding relative placements was 79%.

CFSR Item 11

Efforts are monitored in the CFSR. SFY 2023 result of 58% for CFSR Item 11 is a slight but steady improvement from previous years.

Permanency Outcome 2 Current and Planned Activities

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. Utah's implementation of its Leadership Empowerment and Development (LEAD) training provides training in 10 key areas focused on essential skills and practice for effective supervision in child welfare.

CFSR Item 7

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.

CFSR Item 8

The creation of a visitation module in the Utah Family and Children Engagement Tool (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 G. *Incarcerated Parents Visitation One Pager*.

CFSR Item 9

DCFS values social connections, including connections with kin, and efforts are under way to improve and maintain social connections for the children and families DCFS serves.

CFSR Item 10

During FFYs 2019-2023, Utah focused on increasing the use of kinship care. DCFS has been proactive in working with its kinship teams to improve efforts to locate kin and assist frontline caseworkers with engaging kin.

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 has positions dedicated to assisting with the kinship process.

CFSR 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).

For additional information, please see *CFSP Section III. Plan for Enacting the State's Vision, Goal #2; Section IV. Services; and Section VI. Consultation and Coordination between States and Tribes.*

Please also see Attachment B. *Foster and Adoptive Diligent Recruitment Plan* and Attachment F. *SFY 2025 DCFS Results Based Accountability Plan, Strategy 1.*

Wellbeing Outcomes

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

Utah utilizes its Practice Model as a foundation for caseworker skill development. The Practice Model focuses on five key areas of practice. These areas are engaging, teaming, assessing, planning, and intervening. The Practice Model key areas align with the CFSR and CFSR+. Engaging aligns with CFSR Items 14 and 15; teaming aligns with the CFSR+; assessing aligns with CFSR Items 12, 16, 17, and 18; planning aligns with Item 13; and service delivery aligns with CFSR Items 12, 16, 17, and 18.

Wellbeing Outcome 1 Current Performance Data

CFSR Results - 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
Item 12 A	<i>Needs assessment and services to children</i>	82%	39%	71%	80%	85%	89
Item 12 B	<i>Needs assessment and services to parents</i>	56%	39%	48%	46%	47%	48
Item 12 C	<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 Results - Plan Involvement of the Family—In-Home Services CFSR Item 13							
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)							
State Standard	Team Member	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023 ³	SFY 2023 Sample
85%	Mother	92%	90%	92%	95%	83%	94
	Father	78%	76%	80%	76%	62%	83
	Alternate Caregiver ¹	87%	88%	90%	89%	54%	19
	Child/Youth ²	71%	70%	65%	88%	66%	69
	Combined	82%	81%	82%	87%	85%	265
NOTES: ¹ Alternate Caregiver: guardian, stepparents, and kin. ² Child/Youth: generally, ages 5 and over. ³ SFY 2023 serves as baseline data for CFSP 2025-2029.							

CPR Results - Plan Involvement of the Family—Foster Care Cases CFSR Item 13							
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)							
State Standard	Team Member	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023 ³	SFY 2023 Sample
85%	Mother	86%	85%	80%	82%	80%	89
	Father	70%	74%	69%	59%	63%	80
	Alternate Caregiver ¹	93%	89%	94%	90%	89%	114
	Child/Youth ²	85%	85%	83%	78%	74%	68
	Combined	86%	84%	83%	79%	78%	351
NOTES: ¹ Alternate Caregiver: guardian, stepparents, and kin. ² Child/Youth: generally, ages 5 and over. ³ SFY 2023 serves as baseline data for CFSP 2025-2029.							

CPR Results - Performance on Monthly Caseworker Contact with the Child—In-Home Services CFSR Item 14						
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 Results Performance on Monthly Caseworker Contact with the Child—Foster Care Services CFSR Item 14						
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%

CPR Results - Monthly Caseworker Contact with the Mother/Father—In-Home Services <i>CFSR Item 15</i>							
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 Results - Monthly Caseworker Contact with the Mother/Father—Foster Care Services <i>CFSR Item 15</i>							
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%

Wellbeing Outcome 1 Conformity

Efforts with Parents

In analyzing DCFS efforts and progress on engaging, assessing, planning, and delivering services for parents, the following observations were made.

CFSR Items 12b, 13, and 15

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 tend 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, domestic violence, and/or substance misuse of fathers.

CFSR Item 12C

Engaging with alternate 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 alternate caregivers.

Efforts with Children

In analyzing DCFS progress and efforts with engaging, assessing, planning, and delivering services for children, the following observations were made.

CFSR Item 12A

The agency has made marked improvements for the last two years (80% and 85%) in assessing and delivering services for children.

CFSR Item 13

Unfortunately, involving children in case planning shows a decline, which DCFS is currently assessing. DCFS encourages caseworkers to have private conversations

with the children on their caseloads to assess safety. DCFS is looking at ways to help face-to-face contacts with all children to be more purposeful.

CFSR Item 14

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

Wellbeing Outcome 1 Current and Planned Activities

CFSR Item 12B

The DCFS SFY 2025 RBA Plan will focus on tactics to strengthen the capacity of caregivers to care for their children at home whenever safely possible and provide skills to parents to assist them in this effort.

There is also an emphasis on increasing kin engagement and social connections for teaming and for providing ongoing support to parents and caregivers.

CFSR Item 13

DCFS recently developed a new child and family plan template in CCWIS, and the DCFS Training Team is in the process of training staff on use of the new template.

CFSR Items 14 and 15

DCFS recently updated its visitation guide to provide clarity to caseworkers about expectations of caseworker contact with parents and children.

DCFS is in the early stages of developing a new QA tool for supervisors to track and monitor caseworker efforts, especially in Wellbeing Outcome 1 items.

For additional information, please see CFSP *Section III. Plan for Enacting the State's Vision, Goal #1.*

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

Wellbeing Outcome 2 Current Performance Data

CFSR Results - 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

Wellbeing Outcome 2 Conformity

CFSR 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.

Wellbeing Outcome 2 Current and Planned Activities

CFSR Item 16

DCFS is making efforts to improve how educational services are being provided to youths in foster care. One intent of these efforts is to clarify roles and responsibilities for identifying students in need of an IEP and ensure timely completion of the IEP process. Another intent is to improve collaboration between schools, providers, and DCFS, ensuring timely school enrollment and support for students in care.

These efforts include the creation of a process that facilitates placement providers informing DCFS when it has been more than 30 days since a referral for an Individualized Educational Plan (IEP) meeting was made.

DCFS is in the early stages of training representatives from the Utah State Board of Education and Utah school districts' Youth In Care Coordinators on the steps needed for students who are DCFS-involved and need to be evaluated for an IEP meeting.

DCFS is also planning to train caseworkers on their role in the IEP process.

DCFS is also in the process of assessing available data we have available to understand children in care absenteeism trends.

For additional information, please see CFSP Section V. *John H. Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Vouchers Program.*

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

Wellbeing Outcome 3 Current Performance Data

CFSR Results - 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

Wellbeing Outcome 3 Conformity

CFSR Items 17 and 18

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. FHC 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.

CFSR 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 is at 92% for SFY 2023.

CFSR 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.

Wellbeing Outcome 3 Current and Planned Activities

CFSR Item 17

FHC nurses work with physical and mental healthcare providers to ensure that all foster children's health needs are met, including undocumented children. 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.

CFSR Item 18

This past year, DCFS focused on mental health services for youths with behavioral complex needs and will continue to in the coming years. DCFS prioritizes family-based services and encourages stepping down options for those who are in residential settings, when appropriate to do so. DCFS is in the process of meeting with its contracted placing agencies to encourage assistance with additional family-based placement options and other wrap around services that will effectively support youths with behavioral complex needs.

DCFS clinical consultants are exploring ways to address these challenges. DCFS has been and will continue to consult with its mental health partners to consider ways to improve mental health access for the children and families it serves.

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.

Internal Data - UPOP Case Reviews and Consultations <i>CFSR Item 18</i>				
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

Systemic Factor 1 Current Performance Data

CFSR Results - 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

Systemic Factor 1 Conformity

CFSR Item 19

Item 19 was rated as a strength in CFSR Round 3.

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 the CCWIS system.

DCFS statewide information system team validates federally required information as evidenced by error reports from 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 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.

Systemic Factor 1 Current and Planned Activities

CFSR Item 19

The functions of CPS and most of the foster care and in-home services have been moved to CCWIS. DCFS has also started using QuickSight, an Amazon cloud-based business intelligence service, to create dashboards and analyze DCFS data.

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.

Sources include stakeholder interviews, and SAFE team consultations.

Systemic Factor 2: Case Review System

Systemic Factor 2 Current Performance Data

CFSR Results - 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
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 caseworkers 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

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.

Juvenile Court Data - 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 2 Conformity

CFSR Item 20

Item 20 was rated as a strength in CFSR Round 3.

Completion of the UFACET needs assessment is a process that engages the family, helps to determine the family's needs, and identifies the services that can best address those needs.

Another parent-engagement tool Utah utilizes is CFTMs, which are attended by the parents and other members of the child and family team. CFTMs are required before a case plan can be finalized, and involving CFTM participants, including parents and children, is an important form of parent engagement. Each child in care has a written case plan developed at the CFTM.

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.

CFSR Item 21

Item 21 was rated as a strength in CFSR Round 3.

In Utah, child welfare court reviews are held quarterly and some cases are monitored more frequently.

CFSR Item 22

Item 22 was rated as a strength in CFSR Round 3.

Permanency hearings are held every six months and include an in-depth review of progress toward permanency goals.

CFSR Item 23

Item 23 was rated as a strength in CFSR Round 3.

During SFY 2023, there were 287 cases in which the final plan was to proceed toward termination of parental rights. 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 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 unresolved paternity questions.

CFSR Item 24

Item 24 was rated as an area needing improvement in CFSR Round 3.

Regarding caregiver notice of hearings and reviews, 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.

Systemic Factor 2 Current and Planned Activities

CFSR Item 20

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.

CFSR Items 21, 22, 23, and 24

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 hearing quality bench card implementation, and initial findings show that the bench card has been impactful. Members of the SRI research team, DCFS administration, and the CIP team have trained juvenile court judges, DCFS staff, and other community partners on the study's initial findings.

DCFS will continue to encourage use of the bench card to ensure quality hearings.

Sources include CFSR+ data, court data, bench card evaluation results, CIP discussions, and stakeholder interviews.

For additional information please see Attachment H. *Guiding Questions on Permanency* and Attachment I. *Hearing Quality Bench Card Analysis*.

Systemic Factor 3: Quality Assurance System

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.

Systemic Factor 3 Current Performance Data

CFSR Results - Quality Assurance System			
Item		Summary of Findings	Result
Item 25	Quality Assurance System	Utah’s quality assurance 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

Systemic Factor 3 Conformity

CFSR Item 25

Item 25 was rated as a strength in CFSR Round 3.

Enhancements in CQI/QA Capacity and Onsite Review Instrument

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 QCR process. The two QCR elements that constitute the “+” of CFSR+ are Teaming and Satisfaction. DCFS and the DHHS 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.

In recent years, DHHS Executive Leadership incorporated Results-Based Accountability 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 DCFS 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.

Utah is updating its child welfare data information system from SACWIS to CCWIS. This effort has created opportunities to repurpose the data reporting system. Old data reporting tools were limited to paginated data reports containing aggregated or detailed tables of cases. Utah is updating the user experience to cloud-based business intelligence solutions. The new user experience includes dashboards with user interactions, dynamic visualization, assorted graphic visualizations, hierarchies, pivot tables, and basic tables. The changes are driving a need for new data reports showing status data, performance data, and outcome data. Utah is

also updating the data quality tools in the new data solution. The new data quality tools are built on the AFCARS 2020 requirements. The data quality reports for the National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) are also being updated in the new data platform.

Current Case Review Instruments

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:

- CPR, which measures compliance with State policy and 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 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.

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.

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.

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.

The findings of two key QA processes, the CFSR and CPR, are reported annually to key oversight stakeholders, including the Child Welfare Legislative Oversight Panel (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.

State-led CFSR Process Efforts

DCFS is in the early stages of starting the Statewide Assessment checklist and is taking steps to prepare for a state-led CFSR.

Utah is tentatively scheduled to conduct Round 4 CFSR in April 2026. Utah is preparing to lead a state-run review in CFSR-Round 4. Utah maintains a base-pool of trained and certified CFSR reviewers and continually adds to the base-pool of reviewers. Utah is taking steps to prepare and train new and ongoing reviewers.

Utah is dividing periods between PIP and non-PIP intervals. The PIP interval is defined as the period in which Utah is under the Federally approved PIP period until Utah successfully completes the PIP and associated CFSR performance monitoring. The non-PIP interval is the period during which the State has successfully completed a PIP but continues to conduct CFSRs. Utah will use the performance data from the PIP interval to establish new CFSR performance targets during the non-PIP interval. The targets will be set using the same performance

improvement targets applied in CFSR Round 4 targets/goals, which is outlined in technical bulletin 13.A.

Utah is monitoring the SWDI performance measures during PIP and non-PIP intervals, and Utah has prioritized the SWDI measures as focus areas. Utah has replicated the SWDI data set as state-observed performance, and it is in the process of creating SWDI dashboards.

Systemic Factor 3 Current and Planned Activities

CFSR Item 25

Current and planned activities include:

- Continuation of Utah’s QA system components.
- Continuation of stakeholder interviews.
- Continuation of QA processes at the regional level.
 - 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.
- Continuation of state led CFSR Round 4 preparation.

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

Systemic Factor 4: Staff and Provider Training

Systemic Factor 4 Current Performance Data

CFSR Results - 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 CFSP. 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 the completion of 40 hours of required ongoing training on a statewide basis other than supervisors monitoring workers' completion. 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

Systemic Factor 4 Conformity

CFSR Items 26, 27, and 28

Items 26 and 28 were rated as strengths, and item 27 was rated as needing improvement in CFSR Round 3.

Systemic Factor 4 Current and Planned Activities

CFSR Items 26, 27, and 28

DCFS implemented a Learning Management System in fall 2020. This system does not provide a way to track the completion of the required 20 hours of ongoing training statewide; however, employees and supervisors can run a report at any given time to obtain the total number of training hours an employee has completed toward the required 20 hours of ongoing training in each performance plan year, which is April 1-March 30.

Supervisors are encouraged to run this report quarterly and review results with their employees at quarterly performance reviews.

DCFS also launched LEAD in August 2023. LEAD provides training in 10 key areas focused on essential skills and practice for effective supervision in child welfare. LEAD is consistent with DHHS goals of strong leadership, supporting employee well-being, performance, growth, and development.

Sources include stakeholder interviews.

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

Systemic Factor 5: Service Array and Resource Development

Systemic Factor 5 Current Performance Data

CFSR Results - 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, domestic violence 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

Systemic Factor 5 Conformity

CFSR Items 29 and 30

Items 29 and 30 were rated as areas needing improvement in CFSR Round 3.

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 and programs for children, youths and families involved with DCFS, including kinship caregivers, as components of the 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.

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 domestic violence service provider. Contracts do not allow both parents to attend the same domestic violence 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’s 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.

Systemic Factor 5 Current and Planned Activities

Items 29 and 30

Issues of accessibility and availability of services, particularly in rural areas, are a DCFS priority.

Efforts to address this priority include:

Intensive Care Coordination Program

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.

Primary Prevention Services through Utah State University

Another effort involves the use of a portion of CBCAP ARPA funds. These funds are being used to provide primary prevention services through Utah State University (USU) Extension Services, which emphasizes serving rural and underserved communities. USU Extension Services is also providing free in-person and online parenting and relationship education classes and modules that can be accessed by individuals from any location at any time.

Title IV-E Prevention Program Plan

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 been implemented. Currently, DCFS is not expecting immediate increases in capacity to allow for further service expansion and growth.

Stabilization Mobile Response Program

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.

Internal Data - Utah Stabilization Mobile Response Program County Representation by DCFS Region <i>CFSR Item 29</i>					
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.

Sources include CFSR+ data, satisfaction surveys, stakeholder interviews, and FFY 2025 CBCAP Annual Application.

For additional information, please see Attachment F. *SFY 2025 DSFS Results Based Accountability Plan, Strategy 2.*

Systemic Factor 6: Agency Responsiveness to the Community

Systemic Factor 6 Current Performance Data

CFSR Results - 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 TANF, Early Intervention Programs, Head Start Programs, Medicaid, the Division of Services for Persons with Disabilities, Women, Infants and Children, the State Offices of Education, Housing Services, and the Office of Substance Use and Mental Health.	Strength

Systemic Factor 6 Conformity

Items 31 and 32

Item 31 and 32 were rated as strengths in CFSR Round 3.

Utah was in substantial conformity with the systemic factor of Agency Responsiveness to the Community.

Utah values collaboration with its partners, including all Utah Tribes, and continues to seek partnerships that will benefit Utah children and families.

Utah also values its collaboration with other states and federal programs.

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.

Systemic Factor 6 Current and Planned Activities

Items 31 and 32

Through its collaboration with partners, DCFS will continue to respond to concerns and recommendations. When problems are identified, DCFS will seek solutions within the communities it serves. This approach has resulted in long-lasting and trusting relationships.

During FFY 2023, the DCFS ARPA Grant Program Manager coordinated with the Child Abuse Prevention Program Administrator and the CAPTA Program Administrator on the implementation of the CAPTA and CBCAP ARPA grant awards. This CBCAP/CAPTA program collaboration has resulted in joint efforts to build relationships with Utah's federally recognized Tribes. Through this process, the DCFS ARPA Grant Program Manager worked with the DHHS Office of American Indian Alaska Native Health and Family Services Director and the ICWA Liaison to offer non-competitive grants to Utah's eight federally recognized Tribes. Through this grant opportunity participating Tribes may use CAPTA ARPA funding to strengthen families by 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. This effort resulted in grants with four Tribes; the grants are managed by the Child Abuse Prevention Program Manager. The Program Manager has gained trust and developed a positive working relationship with Tribal representatives. The Program Manager will continue to provide support for these grants through 2025. DCFS is hopeful that this effort will lead to an interest from Tribes to work with DCFS as future grant opportunities occur.

DCFS will also continue to collaborate with other state and federal programs to achieve better outcomes for the families with whom it works.

DCFS will continue to hold stakeholder interviews and analyze and respond to feedback.

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.

For additional information, please see CFSP *Section VI. Consultation and Coordination between States and Tribes*.

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

Systemic Factor 7 Current Performance Data

CFSR Results - 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

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

Internal Data - Timeliness of Incoming ICPC Home Studies CFSR Item 36										
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	

NOTE: ¹Total percent may not equal 100%, due to rounding.

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

Internal Data - Incoming and Outgoing ICPC Placement Requests CFSR Item 36											
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		

Systemic Factor 7 Conformity

Items 33, 34, and 35 were rated as strengths in CFSR Round 3.

Items 33, 34, and 35

Utah was in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.

DHHS Division of Licensing and Background Checks 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.

Item 36

Item 36 was rated as an area needing improvement in CFSR Round 3.

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.

Systemic Factor 7 Current and Planned Activities

Items 33, 34, and 35

OL will continue to audit programs, oversee the criminal background screening and child abuse registry screening processes, work with the Department of Public Safety, and ensure that criminal background checks are completed.

Item 36

The ICPC team will continue to process ICPC requests in a timely manner and assist caseworkers with the ICPC process.

For additional information, please see Attachment B. *Foster and Adoptive Diligent Recruitment Plan*.

III. 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." Planning for the 2025-2029 CFSP occurred simultaneously with planning for Utah's CFSR Round 4, continued implementation of the Title IV-E Prevention Plan, and the DCFS RBA Plan, as part of a state government-wide initiative.

Goals, Objectives, and Measures

Utah's 2025-2029 CFSP goals were formed to address identified needs. Through a collaborative process, potential solutions were assessed. The process included an analysis of national partner-recommended child welfare priorities; partners included the Administration for Children and Families, the Children's Bureau, Casey Family Programs, Child Welfare Information Gateway, the American Bar Association, and GrandFamilies. Along with information and direction from these federal partners, an analysis of Utah's CFSR+ findings was also conducted. Input from the YAC and the Child Welfare Improvement Council (CWIC) provided additional recommendations for consideration as Utah sought to identify priorities for the next five years and selection of strategies to respond to those priorities. These collective efforts led to the selection of three primary 2025-2029 CFSP goals for improving Utah's child welfare system and outcomes for children and families, which can be summarized as having "safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community."

These three broad goals reflect DCFS priority concerns and guide the selection of significant areas of improvement Utah will focus on through the FFY 2025-2029 CFSP period. Elements of each initiative are integrated into the CFSP goals and objectives and constitute the highest priorities for system improvement in Utah's child welfare agency during the period of the plan.

GOAL #1: Parent Engagement – DCFS will increase and improve the quality of parent and alternate caregiver engagement in all areas of child welfare involvement, including prevention.

Rationale for Selecting Goal for the Plan:

The first DCFS practice skill is engaging and is defined as:

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

This is case practice.

CFSR+ data indicates that parent and alternate caregiver engagement is an important area of child welfare practice Utah can improve upon.

Most families, when adequately supported and engaged, can work in full partnership with child welfare system professionals to achieve better outcomes for children.

Listening to the voices of mothers, fathers, and alternate primary caregivers is an important part of parent engagement. Children live in families, and it is the family members who know if a service or support is effective and whether it will work in their home. Parental involvement improves the timeliness of child welfare permanency decisions and can lead to quicker reunification.

Engaging parents and alternate caregivers from the start of the child welfare process through the end of case closure, regardless of a decision to or to not seek custody of a family's children, promotes safety, permanency, and well-being of children and families and is central to successful child welfare practice.

Citation: Child Welfare Information Gateway. (2021). Family engagement: Partnering with families to improve child welfare outcomes. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Objective 1.1. DCFS will increase and improve the quality of its prevention-focused parent engagement efforts by Utah's Community Based Child Abuse Prevention-funded (CBCAP) and Children's Trust Account (CTA)-funded community prevention programs with mothers, fathers, and alternate primary caregivers.

Rationale for Selecting Objective for Goal:

The Child Abuse Prevention Administrator oversees Utah's CBCAP- and CTA-funded community prevention programs. In addition to serving children and families who are not involved with the child welfare system, these partners, through other funding, also serve children and families who are involved.

Community prevention program efforts serve to strengthen Utah families and reduce the likelihood of child abuse and neglect, which is accomplished, in part, through parent engagement that occurs in two primary ways.

1. Parent engagement occurs through parent participation in and receipt of prevention services. *(1.1.a)*

Parent engagement in prevention services increase protective factors, which strengthens families and promotes the safety, permanency, and wellbeing of children and families.

2. Parent engagement occurs when former recipients of prevention services become involved in parent leadership and represent parent voice in their community's prevention efforts. *(1.1.b)*

Parent leadership is a strength-based approach to family support that is founded on the belief that parents are knowledgeable about their families and communities and, having been recipients of prevention services themselves, can provide valuable insight into prevention program structure and function. This insight benefits children, families, and their communities, as well as programs and agencies throughout the state.

The Child Abuse Prevention Program Administrator is a member of the DHHS Parent Engagement, Support, and Education Subcommittee of the Early Childhood Utah Advisory Council (Council), which meets monthly, and the Program Administrator will attend the monthly meetings. 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 parents to engage in the Council's work. *(1.1.c)*

The Child Abuse Prevention Program Administrator and Program Manager make up the Child Abuse Prevention Program Team (Team). The Team is developing a parent engagement plan with Utah's CBCAP FRIENDS TA. *(1.1.d.)*

In early 2024, the Team evaluated the current level of child abuse prevention grantee parent engagement and found varying levels. Current engagement activities include:

- Reviewing existing and developing new program materials.
- Providing program feedback.
- Assisting with program evaluation.
- Serving as members on boards and committees.

What is learned through this evaluation will inform the development of the Prevention Parent Engagement Plan with FRIENDS. *(1.1.d.)* Plan development is underway and includes the following:

- In June 2024, FRIENDS began providing parent engagement foundational webinars to prepare for training and support grantees as they develop their parent engagement plan. *(1.1.d.)*
- Methods to compensate parents for parent engagement activities will be identified. *(1.1.a. and 1.1.b.)*
- During FFY 2026, Parent engagement will be detailed in the Child Abuse Prevention Request for Grant Application and added as a requirement on the scope of work. *(1.1.e.)*

- Prevention grantees will identify parent representatives to participate in engagement planning and training. (1.1.b)
- Prevention grantees, parent representatives and the Team will attend and complete the FRIENDS “Building Effective Parent Practitioner Collaboration” training. (1.1.f.)
- Parent engagement will remain an ongoing agenda item during bi-monthly meetings with prevention grantees. (1.1.a.and 1.1.b.)
- Key parent representatives from each grantee will participate in a state level CBCAP Parent Engagement Committee. This group will provide feedback and recommendations about current child abuse prevention resources, needs and participate in request for grant application development and scoring. (1.1.g.)

Objective 1.1. Measures and Benchmarks/Timetables:

1.1.a. # of parents who engage in the receipt of Utah’s CBCAP- and CTA-funded community prevention program services during each SFY.

FFY 2023 1.1.a. baseline data is presented in the table below.

FFY 2023 Individuals Served Through the Child Abuse Prevention Program CFSP Measure 1.1a.							
	Children	Children with Disability	Adults	Adults with Disability	Families Served	Total Clients	Total Clients with Disability
CBCAP – Participants receiving direct services	642	80	577	143	479	1,219	223
CTA – Participants receiving direct services	4,040	81	3,782	61	3,719	7,822	142
TOTAL	4,682	161	4,359	204	4,198	9,041	365

Due to programming differences, Help Me Grow data is reported separately from the CBCAP total and is presented in the table below.

FFY 2023 Help Me Grow CFSP Measure 1.1a.	
Service Categories	Clients Served
Average Number of Families Served per Quarter	2,518
New families served	1,680
Edinburgh screening completed	104
ASQ-3 screenings completed	2,441
ASQ-SE screenings completed	969
M-Chat screenings completed	119
Community resources given	1,045
Informational resources given	5,594
Community outreach presentations	360
TOTAL Impressions	14,830

1.1.b. # of parent leaders who participate in parent engagement activities with Utah's CBCAP- and CTA-funded community prevention agencies during each SFY. (Available June 2026, after the SFY 2026-2030 Scope of Work and Request for Grant Applications are completed).

1.1.c. # of DHHS Parent Engagement, Support, and Education Subcommittee meetings held and the # attended by the Program Administrator during each SFY.

FFY 2023 1.1.c. baseline data: The Program Administrator attended 8/12 subcommittee meetings. Meetings not attended were due to staff turnover.

1.1.d. The Prevention Parent Engagement Plan will be completed during SFY 2025.

1.1.e. Parent engagement will be included in the SFY 2026-2030 Prevention Scope of Work and Request for Grant Applications.

1.1.f. The Prevention grantees, parent representatives and the Child Abuse Prevention Program Administrator and Program Manager will attend and complete the FRIENDS "Building Effective Parent Practitioner Collaboration" training during SFY 2026.

1.1.g. The state level CBCAP Parent Engagement Committee will be established during SFY 2027.

Objective 1.2. DCFS will increase and improve the quality of early parent engagement through the continued implementation and refinement of Family Action Meetings (FAM) on CPS cases.

Rationale for Selecting Objective for Goal:

FAM is focused on early parent engagement during a CPS case, at the onset of a DCFS involvement and identification of a safety concern.

Please see CFSP Goal #2 for a detailed presentation of FAM.

Objective 1.2. Measures and Benchmarks/Timetables:

1.2.a. For each annual reporting period, report the cumulative total # of FAM meetings and the cumulative total # of mothers and fathers who participated in the FAM meetings, since the launch of FAM on August 1, 2021.

Baseline data: As of June 1, 2024, there have been 347 FAM meetings held, with 312 mothers and 234 fathers participating in the FAM meetings.

Objective 1.3. During CFSP years one and two, DCFS will analyze its state level infrastructure associated with caseworker engagement of mothers, fathers, and alternate primary caregivers to identify and address opportunities for system-level improvement or barriers to (1) frequent, quality face-to-face interactions that support the safety, permanency, and well-being of the child(ren) and promote the achievement of case goals, (2) completion of their UFACET and other supplemental needs assessments, and (3) development of their Child and Family Plan. During CFSP years two through five, DCFS will incorporate parent engagement objectives into state and regional level Results Based Accountability plans with specific tactics addressing targeted regional and caseworker level activities to increase and improve parent engagement in (1) frequent, quality face-to-face

interactions that support the safety, permanency, and well-being of the child(ren) and promote the achievement of case goals, (2) completion of their UFACET and other supplemental needs assessments, and (3) development of their Child and Family Plan.

Examples of components of parent and alternate primary caregiver engagement infrastructure to be analyzed include:

- Existing statute, rules, policies and practice guidelines.
- New employee training content and methods.
- Caseworker competency criteria.
- Coaching guidelines used by trainers and supervisors.
- Training provided at events such as CWI and the Leadership Conference.
- SAFE tools/supports, including Child and Family Plan (CFP) template.
- Parent and alternate caregiver engagement resources.
- CQI tools and processes.
- Financial resources.

Rationale for Selecting Objective for Goal:

When caseworkers engage mothers, fathers, and alternate caregivers, regardless of a decision on whether to seek custody of a family's children, relationships critical for case success can be built and these relationships promote safety, permanency, and well-being of children and families.

The needs assessment process is intended to be collaborative. Completion of the UFACET and other supplemental assessments engages mothers, fathers, and alternate primary caregivers to help determine the family's needs and identify accessible services that can best address those needs. This information informs the Child and Family Plan that is developed at a Child and Family Team Meeting.

Another way Utah engages with parents is through CFTMs, which are attended by mothers, fathers, or other primary caregivers, as well as other members of the child and family team. CFTM participants include mothers, fathers, or other primary

caregivers who contribute to the development of their Child and Family Plan. Each child in care has a written case plan developed at the CFTM. CFTMs are required before a Child and Family Plan can be finalized.

Objective 1.3. Process Measures and Benchmarks/Timetables:

1.3.a. State level infrastructure assessment associated with caseworker engagement of mothers, fathers, and alternate primary caregivers is complete by July 1, 2026, including identification of system-level improvement or barriers that must be addressed.

1.3.b. Strategies to address infrastructure improvements or barriers for caseworker engagement are included in state and region level Results Based Accountability plans by July 1, 2027.

Objective 1.3. CFSR, CPR, and SAFE Data Measures and Benchmarks/Timetables:

1.3.c. (CFSR Item 15 – Questions A2 Mother and B2 Father) For each SFY, report the # of cases reviewed, and, of those reviewed, report the # and % that were determined to be sufficient frequency to (1) address issues pertaining to the safety, permanency, and well-being of the child and (2) promote achievement of case goals.

1.3.d. (CFSR Item 15 – Questions C and D) For each SFY, of the # of cases reviewed, report the # and % of cases in which the visits between the caseworker and the mother and father were determined to be of sufficient quality to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals.

SFY 2023 1.3.c. and 1.3.d. baseline data is presented in the table below.

SFY 2023 Frequency and Quality of Caseworker Visits with Mothers and Fathers CFSR Item 15 and CFSP Measure 1.3.c and 1.3.d.			
CFSR Item and CFSP Measure Description	Total Applicable Cases ²	Number of STR ¹ Cases	Percentage of STR Cases
<i>CFSP Measure 1.3.c. and 1.3.d. Successful Frequency and Quality of Visits with Parents</i>			
Item 15: Overall Combined	77	39	51%
<i>CFSP Measure 1.3.c. Successful Frequency of Visits with Parents</i>			
Item 15: Question A2 – Mother	73	53	73%
Item 15: Question B2 – Father	60	35	58%
<i>CFSP Measure 1.3.d. Successful Quality of Visits with Parents</i>			
Item 15: Question C – Mother	67	51	76%
Item 15: Question D – Father	48	33	69%
<i>NOTE: ¹STR represents the number of cases that were rated as a strength. ²Total applicable cases vary because some cases may not be applicable for each item.</i>			

1.3.e. (SAFE) For each FFY, report the % of months in which caseworkers had visits with mothers and the % of months in which caseworkers had visits with fathers.

FFY 2023 1.3.e. baseline data is presented in the table below.

Caseworker Visits with Mothers and Fathers CFSP Measure 1.3.e.						
Case Type	Fathers			Mothers		
	Number of Months in Which Contact was Required ¹	Number of Months in Which Contact Occurred	Percentage of Months in Which Contact Occurred	Number of Months in Which Contact was Required ¹	Number of Months in Which Contact Occurred	Percentage of Months in Which Contact Occurred
Foster Care - SCF	12,970	3,626	28%	14,870	5,806	39%
In-home - PSC	1,372	641	47%	1,595	1,025	64%
In-home - PSS	5,423	2,440	45%	6,025	3,629	60%
Total In-home - PSC and PSS	6,795	3,081	45%	7,620	4,654	61%
<i>NOTE: ¹ Number of months required excludes cases in which parental rights are terminated, parents are deceased, and parent's whereabouts are unknown.</i>						

1.3.f. (CFSR Items 12B – Questions B1 and B2) For each SFY, of the # of cases reviewed, report the # and % of cases in which formal or informal initial and/or ongoing comprehensive assessments conducted by the agency were determined to have accurately assessed the mother’s and the father’s needs.

SFY 2023 1.3.f. baseline data is presented in the table below.

SFY 2023 Completion of Needs Assessment for Mothers and Fathers CFSR Item 12 and CFSP Measure 1.3.f.			
CFSR Item and CFSP Measure Description	Total Applicable Cases ²	Number of STR ¹ Cases	Percentage of STR Cases
<i>CFSP Measure 1.3.f. Successful Completion of Needs Assessment and Provision of Services for Parents</i>			
Item 12B: Overall Combined	77	36	47%
<i>CFSP Measure 1.3.f. Successful Completion of Needs Assessment for Fathers</i>			
Item 12B: Question B1 – Mother	73	58	79%
<i>CFSP Measure 1.3.f. Successful Completion of Needs Assessment for Fathers</i>			
Item 12B: Question B2 – Father	67	37	58%
NOTE: ¹ STR represents the number of cases that were rated as a strength. ² Total applicable cases vary because some cases may not be applicable for each item.			

1.3.g. (SAFE) For each FFY, report the # and % of initial UFACETs finalized within the required timeframe of 45 days since case opening.

FFY 2023 1.3.g. baseline data is presented in the table below.

Initial UFACETs Finalized within the Required Timeframe of 45 Days Since Case Opening CFSP Measure 1.3.g.			
Case Type	Number of Cases ¹	Number of UFACETs Finalized within 45 Days of Case Opening	Percentage of UFACETs Finalized within 45 Days of Case Opening
Foster Care - SCF	1,139	653	57%
In-home - PSC	318	223	70%
In-home - PSS	784	458	58%
Total In-home-PSC and PSS	1,102	681	62%
NOTE: ¹ Number of cases excludes cases that were closed in fewer than 45 days.			

1.3.h. (SAFE) - For each FFY, report the # of open cases on the last day of the FFY and the # and % of UFACETs finalized within the previous six months.

FFY 2023 1.3.h. baseline data is presented in the table below.

Open Cases on the Last Day of the FFY in which a UFACET was Finalized within the Previous 6 Months CFSP Measure 1.3.h.			
Case Type	Number of Cases ¹	Number of UFACETs Finalized within Previous 6 Months	Percentage of UFACETs Finalized within 7 Days of CFP Renewal
Foster Care - SCF	1,685	1,573	93%
In-home - PSC	138	136	99%
In-home - PSS	461	395	86%
Total In-home - PSC and PSS	599	531	89%

NOTE: ¹ Number of cases excludes cases opened within 45 days of the last day of the FFY.

1.3.i. (CFSR Items 13 - B and C) For each SFY, report if the agency made concerted efforts to actively involve the mother and father in the case planning process.

SFY 2023 1.3.i. baseline data is presented in the table below.

SFY 2023 Involvement of Mothers and Fathers in Case Planning CFSR Item 13 and CFSP Measure 1.3.i.			
CFSR Item and CFSP Measure Description	Total Applicable Cases ²	Number of STR ¹ Cases	Percentage of STR Cases
<i>CFSP Measure 1.3.i. Successful Involvement of Parents in Case Planning</i>			
Item 13: Overall Combined	85	60	71%
<i>CFSP Measure 1.3.i. Successful Involvement of Mothers in Case Planning</i>			
Item 13: Question B – Mother	72	61	85%
<i>CFSP Measure 1.3.i. Successful Involvement of Fathers in Case Planning</i>			
Item 13: Question C – Father	59	40	68%

NOTES: ¹STR represents the number of cases that were rated as a strength. ²Total applicable cases vary because some cases may not be applicable for each item.

1.3.j. (CPR IH.3) For each SFY, report the # of in-home cases reviewed, report the # and % of cases reviewed in which the mother, father, and alternate primary caregiver were involved in the development of the current child and family plan.

SFY 2023 1.3.j. baseline data is presented in the table below.

CPR Results - Plan Involvement of the Family—In-Home Services CFSR Item 13 and CFSP 1.3.j.			
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)			
State Standard	Team Member	SFY 2023	SFY 2023 Sample
85%	Mother	83%	94
	Father	62%	83
	Alternate Caregiver ¹	54%	19
NOTE: ¹ Alternate Caregiver: guardian, stepparents, and kin.			

1.3.k. (CPR IV.3) For each SFY, report the # of foster care cases reviewed, report the # and % of cases reviewed in which the mother, father, and alternate primary caregiver were involved in the development of the current child and family plan.

SFY 2023 1.3.k. baseline data is presented in the table below.

CPR Results - Plan Involvement of the Family—Foster Care Cases CFSR Item 13 and CFSP 1.3.k.			
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)			
State Standard	Team Member	SFY 2023	SFY 2023 Sample
85%	Mother	80%	89
	Father	63%	80
	Alternate Caregiver ¹	89%	114
NOTE: ¹ Alternate Caregiver: guardian, stepparents, and kin.			

1.3.l. (SAFE) For each FFY, report open cases on the last day of the FFY and the # and % of CFPs finalized within the previous six months.

SFY 2023 1.3.l. baseline data is presented in the table below.

Open Cases on the Last Day of the FFY in which a CFP was Finalized within the Previous 6 Months CFSP Measure 1.3.l.			
Case Type	Number of Cases ¹	Number of CFPs Finalized within Previous 6 Months	Percentage of CFPs Finalized within Previous 6 months
Foster Care - SCF	1,685	1,553	92%
In-home - PSC	138	123	89%
In-home - PSS	461	412	89%
Total In-home - PSC and PSS	599	535	89%

NOTE: ¹ Number of cases excludes cases opened within 45 days of the last day of the FFY.

1.3.m. (SAFE) For each FFY, report the # and % of CFTMs held within the last 6 months for cases open on the last day of the FFY.

SFY 2023 1.3.m. baseline data is presented in the table below.

Number and Percentage of CFTMs held for Open Cases on the Last Day of the FFY CFSP Measure 1.3.m.			
Case Type	Number of Cases ¹	Number of CFTMs Held within the FFY Previous 6 Months	Percentage of CFPs Finalized within Previous 6 months
Foster Care - SCF	1685	1644	98%
In-home - PSC	138	133	96%
In-home - PSS	461	445	97%
Total In-home - PSC and PSS	599	578	96%

NOTE: ¹ Number of cases excludes cases opened within 45 days of the last day of the FFY.

Goal #2: Kin-first Culture - DCFS will formalize a kin-first culture in all areas of child welfare involvement.

Rationale for Selecting Goal for the Plan:

In addition to effective parent and alternate caregiver engagement, locating and engaging the family network early is central to promoting the long-term safety, permanency, and wellbeing of children and families.

The family network includes the child's mother, father, and alternate caregivers, as well as maternal and paternal relatives, fictive kin, and additional natural supports, such as neighbors, educators, and religious leaders, etc. These individuals should be viewed as experts on their respective situations.

The family network should be included throughout the family's involvement in the child welfare system, regardless of a decision to or to not seek custody of a family's child, since these individuals will remain involved with the child and family long after the family's exit from the system.

Citation: Child Welfare Information Gateway. (2021). Family engagement: Partnering with families to improve child welfare outcomes. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Objective 2.1. During CFSP years one and two, DCFS will (1) define what a kin-first culture means, (2) identify desired components of Utah's kin-first culture, (3) analyze the state level infrastructure needed for existing kin-first culture components, and (4) assess readiness for new kin-first culture components. During CFSP years two through five, DCFS will incorporate kin-first culture objectives into state- and regional-level Results Based Accountability plans with specific tactics addressing targeted regional and caseworker level activities to increase and improve a DCFS kin-first culture.

Examples of components of kin-first culture infrastructure and readiness to be analyzed may include:

- Existing rules, policies and practice guidelines.
- Kin search and kin support processes.
- Kin licensing and background check processes.
- New employee training content and methods.
- Caseworker competency criteria.
- Coaching guidelines used by trainers and supervisors.
- Training provided at events such as CWI and the Leadership Conference.
- SAFE tools/supports, including CFP template.
- Kin-first culture agency and community resources.
- CQI tools and processes.
- Financial resources.

Rationale for Selecting Objective for Goal:

DCFS has determined that the first step to achieving this goal is to better define what Utah means by a kin-first culture. Once defined, Utah will assess what kin-first culture components are in place and what components are needed to achieve this goal. Specific objectives to address needed components will be created following completion of this objective.

Objective 2.1. Measures and Benchmarks/Timetables:

2.1.a. Kin-first culture is defined by January 1, 2026.

2.1.b. Existing and needed kin-first culture components are identified by January 1, 2026.

2.1.c. State level infrastructure analysis is completed for existing components by July 1, 2026.

2.1.d. Readiness for new kin-first culture components is assessed by July 1, 2027.

2.1.e. Kin-first culture strategies are included in state and region level Results Based Accountability plans by July 1, 2027.

Objective 2.2. DCFS will continue implementing Family Action Meetings (FAM) throughout the state.

Rationale for Selecting Objective for Goal:

Utah's FAM process is an existing kin-first culture component that is already in place in parts of Utah, and implementation is in process.

FAM focuses on ensuring safety, starting with initial DCFS initial involvement during a CPS case, when safety issues have been identified. To address safety concerns, FAM coordinators intensely search for and engage with members of the family network.

A primary goal of FAM is for families to experience less trauma; this is accomplished with fewer unnecessary removals and increased support from the family network, which occurs by bringing family network members into the process early and robustly.

In the FAM meeting, the family network is referred to as the family group. The family group and DCFS work together to develop a plan to address safety concerns. The relationship between the family and caseworker is improved because the FAM process requires DCFS to be transparent about the safety concerns impacting the child and provides opportunities for the family group to be involved in making safety decisions and case planning, instead of being told by DCFS what is going to happen.

The FAM process creates stronger family bonds and has been reparative to some previously strained family relationships. This increases the likelihood of long-term safety. 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.

In FFY 2023, the average FAM composition was made up of 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.

Objective 2.2. Measures and Benchmarks/Timetables:

2.2.a. For each annual reporting period, report the cumulative # of DCFS office locations that have implemented the FAM process, since the launch of FAM on August 1, 2021.

Baseline date: As of June 1, 2024, there are 14 FAM DCFS office locations.

DCFS has 28 office locations; 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	Launch FFY
Salt Lake Valley	Oquirrh ¹	Urban	August 1, 2021	2022
Southwest	Richfield ¹	Rural	August 1, 2021	2022
Southwest	Manti ¹	Rural	August 1, 2021	2022
Salt Lake Valley	Metro	Urban	November 1, 2022	2023
Northern	Ogden ²	Urban	November 7, 2022	2023
Salt Lake Valley	Midtown	Urban	May 3, 2023	2023
Southwest	Cedar City	Rural	July 17, 2023	2023
Eastern	Vernal ²	Rural	August 7, 2023	2023
Salt Lake Valley	Southtowne	Urban	August 10, 2023	2023
Salt Lake Valley	Tooele	Rural	August 11, 2023	2023
Southwest	St George	Rural	November 10, 2023	2024
Western	Salem ²	Urban	February 1, 2024	2024
Northern	Brigham City	Rural	February 1, 2024	2024
Northern	Logan	Urban	February 1, 2024	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.

2.2.b. For each annual reporting period, report the cumulative # of designated FAM staff statewide since FAM launch on August 1, 2021.

Baseline data: As of June 1, 2024, there are 8 designated FAM staff: one program administrator, two supervisors, and five coordinators.

2.2.c. For each annual reporting period, report the cumulative number of FAM meetings held since FAM launch on August 1, 2021.

Baseline data: As of June 1, 2024, there have been 347 FAM meetings held.

2.2.d. For each annual reporting period, report the cumulative # of FAM participants by relationship to the child.

Baseline data: As of June 1, 2024, is presented in the table below.

Cumulative Number of FAM Participants since FAM Launch on August 1, 2021	
FAM Family Group Participants Relationship to Child	Number of Participants
Child/Youth	323
Mother	312
Father	234
Stepparent	35
Adult Sibling	66
Grandparents	620
Aunt, Uncle, or Cousin	746
TOTAL Family Participants	2,336

2.2.d. For each annual reporting period, report the cumulative percentage of FAM family participants that responded with strongly agree or agree to the statement: “It was helpful to bring the family together to discuss the situation.”

Baseline data: As of June 1, 2024, 82% responded with agree or strongly agree.

Objective 2.3. DCFS will continue to contract for kinship navigator services statewide through the Children’s Service Society of Utah, GrandFamilies Program.

Rationale for Selecting Objective for Goal:

Kinship Navigator services are an existing kin-first culture component that is already in place and will continue through the five-year plan period. DCFS helps support this program through Title IV-E, Title IV-B subpart 2, and state funding. The Children’s Service Society GrandFamilies Program is providing kinship navigator services utilizing the evidence-based Foster Kinship Navigator Program through in-person services to relative caregivers in seven counties: Box Elder, Cache, Salt Lake, Tooele, Uintah, Washington, and Weber. Starting July 1, 2024, the Foster Kinship Navigator Program will also be provided through in-person services to relative caregivers in Utah County. Davis County has elected not to implement the Foster Kinship Navigator Program, as the existing GrandFamilies program continues to be evaluated. Kinship navigator services are also available through the Foster Kinship Navigator Program to relative caregivers in the 20 remaining counties in Utah through telecommunications or virtual platforms. Families may also receive in-person services at adjacent county locations, if desired.

The target population served through Utah’s Kinship Navigator Program is children in kinship care arrangements and their families. This may include children being cared for by kin while in foster care or legal guardianship arrangements, children being cared for by kin and at risk of entering foster care, and children being cared for by kin outside of the child welfare system. Kin caregivers may include relatives of the child or fictive kin, such as families headed by grandparents or other relatives, tribal kin, or extended family and friends.

Measure 2.3.a. For each SFY, report the # of new clients (adults, children, and families) served by Utah’s GrandFamilies Kinship Navigator Program.

SFY 2023 2.3.a. baseline data: 304 adults and 345 children in 184 new families.

Measure 2.3.b. For each SFY, report the % of clients reporting satisfaction with services received.

SFY 2023 2.3.b.baseline data: 88 % report satisfaction with the services received.

Goal #3: DCFS will successfully address the strategies and objectives of its annual Results Based Accountability Plan.

Rationale for Selecting Goal for the Plan:

DHHS Executive Leadership incorporated Results-Based Accountability 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.

Please see Attachment F. 1.1 *SFY 2025 DCFS Results Based Accountability Plan.*

Objective 3.1. DCFS will successfully address the strategies of its annual RBA Plan. The three strategies of the SFY 2025 DCFS RBA Plan are:

1. Bolster safety and well-being through safety assessment, planning, and interventions across all program areas.
2. Increase the use of kinship care and family-based care for children in custody while reducing use of congregate care settings.
3. Maintain a skilled and stable workforce.

Please see Attachment F. 1.1 *SFY 2025 DCFS Results Based Accountability Plan.*

Rationale for Selecting Objective for Goal:

As stated above, 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 DCFS mission.

Objective 3.1. Measures and Benchmarks/Timetables:

3.1. Please see Attachment F. 1.2 RBA Indicators and Measures.

Staff Training, Technical Assistance, and Evaluation

State Training Plan

The Staff Development and Training Plan contained in the 2025-2029 CFSP supports overall agency operations, particularly frontline caseworker knowledge and skill development. Planned training activities encompass training needs to support the goals and objectives during the five-year plan period. The need for additional staff development and training will be assessed in more detail as work progresses. For additional information, please see Attachment E. *Training Plan*.

Technical Assistance

As part of implementation planning for each goal and objective, specific needs for technical assistance (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 may be utilized to support the regional implementation of goals and objectives, when needed.

As needs are identified, DCFS will identify sources for TA to support its efforts to achieve the goals and objectives of the CFSP. For example, TA may be accessed

from the Children's Bureau and from partner organizations, such as the Kempe Center and Casey Family Programs, or from other states.

Evaluation and Research Activities

DCFS has continued its partnership with local universities on several research projects that relate to the CFSP.

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. 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 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 early 2024, SRI concluded a qualitative needs assessment for child abuse and/or neglect services at the community level throughout the state. This study was jointly funded by ARPA funds under CAPTA and CBACP. DSFS is reviewing initial findings, which will inform future prevention program contracts.

In 2023, the CIP team 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.

DCFS is working with SRI in implementing an evaluation of Safe Care as a part of Utah's Title IV-E Prevention Plan. This evaluation will begin in SFY 2024.

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 other agencies and organizations.

IV. SERVICES

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 CBCAP funds, CTA 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, family preservation, 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 youths in foster care as well as former foster youths and include Chafee Services and Education and Training Vouchers.
- Domestic Violence Services are also under DCFS responsibility and are closely related to child welfare services. These services include domestic violence 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.

The DCFS Service Continuum Administrator and Ongoing Services Administrators coordinate with Division of Juvenile Justice and Youth Services (JJYS), Office of Home Visiting, Division of Services for Persons with Disabilities (DSPD), Medicaid, Utah State Hospital, Utah State Developmental Center, Office of Substance Use and Mental Health, and Intensive Care Coordination to make sure that youths in DCFS care are connected to services they qualify for. DCFS works extensively with Medicaid, private providers, and local substance-use and mental health authorities to ensure that needed services are available for children in care and for families in the community.

Within DHHS, DCFS partners with JJYS and with DSPD for services for youths. DCFS also partners and coordinates services with OSUMH 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, another state-level public agency partner is DWS. DCFS has established a pathway with DWS for kin families to be able to access Medicaid and specified relative grants under TANF. DCFS also coordinates with DWS to access services for former foster youths, such as the Education and Training Vouchers program and education and career supports through the Workforce Innovation and Opportunities Act (WIOA).

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. DCFS is also working with HUD and local housing programs to address homelessness and housing needs for former foster youths, including obtaining housing vouchers.

Expanded efforts are also occurring to support prevention services and in-home services. For example, DCFS staff sit on the advisory board for home visiting, which is promoting opportunities to explore the possibility of a community pathway under Utah's Title IV-E prevention program through services such as Parents as Teachers.

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 Domestic Violence Coalition.

This coalition supports domestic violence shelters and domestic violence support services providers as they serve victims of domestic violence and their children. It also operates the LinkLine, a 24-hour domestic violence 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.

Please see CFSP section II. Assessment of Current Performance in Improving Outcomes, Safety Outcomes 1 and 2 for an assessment of the strengths and gaps in services and analysis of available data, including the CFSR+ results, and consultation with other partners.

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 Functional Family Therapy, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, 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 alternate 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, domestic violence services, or assistance with other needs to help them prepare to have children safely return home.

The service continuum for children and youths in foster care is an area in which gaps have been identified. Extensive collaboration has occurred related to gaps in services, particularly related to placements of children and youths in foster care. For behaviorally complex youths, ongoing, intensive collaboration has occurred with Medicaid, the Office of Substance Use and Mental Health, Utah State Hospital, Utah Developmental Center, Integrated Services, and the Youth Providers Association. In addition, for children and youths with disabilities, additional ongoing collaborative work has occurred with Medicaid and with the Division of Services for People with Disabilities. Work has also continued with Utah Foster Care and Raise the Future to address needs for services and permanency for teens and sibling groups. Significant efforts are also being made towards strengthening kinship supports through the Kempe Center, Children's Service Society GrandFamilies Program, and Raise the Future. Additional collaborative efforts for older youths have focused on community partners supporting homelessness, transitional housing, and housing vouchers.

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 actively seeks 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 CFSP 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.

Domestic Violence Services

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

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

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

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 does not have plans for changes in its service delivery to 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.

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

Utah does not have plans for changes in its service delivery to children under five. However, during the next five years, DHHS is planning to expand Parents as Teachers through the Office of Home Visiting, and this expansion of services will benefit DCFS clients, including children under the age of five.

FFY 2019-2023 in-home and foster care 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, 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 (SCF)					
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

Gender of Children Under Five Served in In-Home (PSS and PSC)					
Gender	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Male	925	826	796	688	560
Female	780	753	731	649	555
TOTAL Children Under Five	1,705	1,579	1,527	1,337	1,115

Race and Ethnicity of Children Under Five Served in Foster Care (SCF)										
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%

Race and Ethnicity of Children Under Five Served in In-Home (PSS and PSC)										
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	80	4.7%	72	4.6%	83	5.4%	65	4.9%	46	4.1%
Asian	20	1.2%	19	1.2%	23	1.5%	23	1.7%	17	1.5%
Black or African American	106	6.2%	90	5.7%	76	5.0%	68	5.1%	70	6.3%
Multiracial, Other Race Not Known	24	1.4%	36	2.3%	27	1.8%	37	2.8%	35	3.1%
Native Hawaiian/ Pacific Islander	43	2.5%	41	2.6%	40	2.6%	45	3.4%	36	3.2%
Unable to Determine	10	0.6%	16	1.0%	8	0.5%	7	0.5%	9	0.8%
White	1543	90.5%	1429	90.5%	1375	90.0%	1205	90.1%	983	88.2%
TOTAL Children Under Five	1,705		1,579		1,527		1,337		1,115	
Hispanic Origin or Latino	374	21.9%	416	26.3%	355	23.2%	327	24.5%	277	24.8%

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

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 (OSR) Continuous Quality Improvement 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 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)
- Utah Office of the Guardian ad Litem
- Utah Office of the Assistant 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.

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 technical assistance 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 SFY. 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 CY 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.

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

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.

FFYs 2019-2023 data on number of individuals served utilizing PSSF Family Preservation Funding and number of payments is presented in 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.

FFYs 2019-2023 data on number of individuals served utilizing PSSF Family Support Funding and number of payments is presented in 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 the 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 domestic violence 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.

FFYs 2019-2023 data on number of individuals served utilizing PSSF Family Reunification Funding and number of payments is presented in 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.

FFYs 2019-2023 data on the number of individuals receiving PSSF Adoption Promotion and Support Funding and number of payments is presented in the table below.

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

SFY 2023 data on Adoption Respite Services provided is presented in the 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 Youths 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

During the coming five-year plan period, Utah will utilize Family Support Services for in-home parenting skills services. These services supplement Utah’s Title IV-E Prevention Plan, helping to strengthen families and prevent children from entry into foster care. Services also support a child’s return home from foster care.

Two services have been selected. These services include Families First-Utah Youth Village and In-Home Adaptive Parenting Services.

The evidenced-based program, 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.

Another critically needed in-home parenting skills training service, In-Home Adaptive Parenting Services, is also provided under Family Support Services. This program offers a parenting skills training that is adapted to the individual needs of low-functioning parents.

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

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:

- *Child and Family Services Reviews Plus*
In SFY2023 Utah defined a qualitative review tool known as the CFSR+ which is a combination of the federal 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 OSR, which is independent of the child welfare agency which promotes independence in the review process and safeguards against bias.
- *Case Process Reviews*
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*

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 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.
- 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.

Historic research has shown 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 domestic violence.
- 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, domestic violence, 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 Final Report 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 tables 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 ¹				
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: ¹One 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 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, CY 2022.

DCFS Foster Care and Kids Count Child Population by Race				
Race	DCFS FFY 2023		Kids Count Data CY 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 Evaluation and Research Activities APSR Update.

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 Equity, Diversity, Inclusion, and Accessibility and the Sexual Orientation, Gender Identity, and Expression 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.

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	

NOTE: Kids Count Data depends on census data, and 2023 data is not available yet.

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.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Utah Standards for the Content and Frequency of Caseworker Visits

Section 302.2 of DCFS Practice Guidelines addresses purposeful visitation with children in foster care. Guidelines require caseworkers 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.

Utah's Plans for Use of Monthly Caseworker Visit Grant

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 about the requirement of 50%.

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.

In the coming years, 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.

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

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.

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 youths 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 youths—are committed to providing youths 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 youths 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 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 youths' efforts to achieve self-sufficiency and to ensure youths 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 youths 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 youths 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 youths. This includes plans for foster youths 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, youths 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 youths in care.

Youths participate in panel discussions during Utah Foster Care Foundation's (UFC) foster and adoptive parent in-service training, with a goal of also participating in pre-service training courses. During the panel discussions, youths 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 youths report a preference for in-person panel participation, as they find the virtual format to be disconnecting and disinteresting.

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 and advocate for youth-driven policy change. During FFY 2023, steps were taken to facilitate youths receiving training from the governor's office to help youths 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 youths and young adults who experience foster care, a group of six TAL youths 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 youths 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 youths when they first enter foster care. Foster youths 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.

Positive Youth Development

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 youths 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 CIP 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 youths 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 youths 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 youths 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:

- DWS, 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. DCFS also coordinates with DWS to transition former foster youth to continued Medicaid services.
- 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 youths. 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	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 youths 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.

Education and Training Vouchers Program

Program Description

Education and Training Vouchers (ETV) 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.

Total Assistance Amount Does not Exceed Cost and Benefits are not Duplicated

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.

Education and Training Vouchers Awarded

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 Youths 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.

Coordination with 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 youths 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.

Chafee Training

DHHS addresses the needs of youths who are receiving services through one or more DHHS divisions. Training provides 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 is addressed at a regional level and coordinated by regional training teams. This gives 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 are actively 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 focuses on youth services provided through the TAL Program, as well as on community resources available to youths.

UFC refers foster or foster-to-adopt parents to DHHS Social-Emotional Learning training, especially those who will be fostering or adopting youths over the age of 14. The goal of this training is 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 assists foster parents in meeting mandatory annual training requirements.

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

Prospective foster and adoptive parents first learn about the needs of youths during an individual orientation and pre-screening interview, prior to beginning training. 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.

UFC also provides 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 youth.

A discussion of youths safety is held during the UFC DCFS Practice Guidelines webinar, a course that prospective foster parents are required to complete before becoming licensed. UFC has also implemented a cluster group for parents who are

fostering youths. A culture of acceptance is a primary component of any placement and, as such, UFC addresses issues relating to inclusiveness, safety, stability, and support for youths in this webinar.

UFC has 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.

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 Domestic Violence Program Administrator attended a quarterly Tribal and Indian Issues Committee Meeting, at which they provided information regarding TAL services and domestic violence services, including technical assistance 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 Youths. 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 Final Report 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 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 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 Youths 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 Youths	
FFY	Count
2019	120
2020	137
2021	115
2022	99
2023	97

Number of Youths Receiving TAL Aftercare Services	
FFY	Count
2019	641
2020	580
2021	684
2022	1,171
2023	543

Number of Youths 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

The DHHS Office of American Indian Alaska Native Health and Family Services (Office) was consulted multiple times on the development of the 2025-2029 CFSP. The Office is the DHHS primary point of contact with Utah Tribes.

DHHS Office of American Indian Alaska Native Health and Family Services

The 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 technical assistance 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, CIP, 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 Child and Family Team Meetings, 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.
- CIP.

Utah's Plan for Coordination and Collaboration with Tribes

During the coming five years, the state's plan for coordination and collaboration with Tribes will include 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 will focus on building relationships and the role of the Office, which continues to be 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 meetings 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.

As detailed in the 2020-2024 Final Report, there were numerous in-person and virtual meetings with Utah Tribes and Tribal representatives during FFY 2023 and the first quarter of FFY 2024. The Office plans to continue having regular meetings with Utah Tribes during the coming five-year CFSP period.

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.

Please see the 2019-2014 Final Report for a detailed listing of FFY 2023 and the first quarter of FFY 2024 meetings with Tribes.

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 with 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 AAGs, 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 technical assistance 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 CIP ICWA Workgroup and the CIP 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 Comprehensive Child Welfare Information System (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 Domestic Violence 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.

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 toolkit. 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	47
<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 2022-2024, the Office Director, the DHHS ICWA Liaison, and the TAL Program Administrator worked together to identify ways to engage Native American youths who are in Tribal custody or DCFS custody. This work will continue during FFYs 2025-2029. 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

The Utah CAPTA State Plan is as presented in the 2019-2014 Final Report.

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 K *State Attorney General's Letter – CAPTA* and Attachment L. *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 CFSP Goal 2 for an overview 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: CY 2021 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 J. *CPS Citizen Review Panel Annual Report - CY 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 OSR annually to review regional CPR 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 Final Report 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 ASPR 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 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 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 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 APSR Final Report Objective 4.2 for a detailed overview of Utah's CIP.

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 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, domestic violence services, and other agencies.

Maintain the following goal as an ongoing process:

14.1. Collaborate with DCFS Domestic Violence Program Administrators and other agencies on child welfare work in Utah.

The Domestic Violence 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
- CIP
- 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 Children's 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+ youths 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 SFYs 2017-2023 and through quarter three in 2024.

AG-DCFS Contract for CJC Medical Program

County	SFY												
	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	2017 - 2024 County TOTALS ²
Salt Lake	243	177	148	139	293	80	147	34	24	40			1,325
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			1,885

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 ARPA, with funds available for use from October 1, 2020, to September 30, 2025. Please see subsection ARPA 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 J. *CPS Citizen Review Panel Annual Report - CY 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, 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 the 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 CPRs, the DCFS 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 technical assistance 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:

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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		
<i>NOTE: Total Percent may not equal 100%, due to rounding.</i>											

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 tables below for allegation findings of closed CPS cases and supported victims 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 Youths Transferred to Juvenile Justice		
FFY	Number of Youths	Percent of Youths 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 ARPA, with funds available for use from October 1, 2020, to September 30, 2025. Utah is prioritizing use of these funds to increase support for 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.