
State of Utah
Department of Human Services
Division of Child and Family Services



Annual Progress and Service Report

Submitted: June 30, 2022

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ATTACHMENTS

Attachment A.

- 1.1 CFS-101 Part 1 Signed
- 1.2 CFS-101 Part 2, and Part 3 Signed
- 1.3 CFS-101 Excel Version of Parts 1, 2, and 3

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. CPS Citizen Review Panel Annual Report - Calendar Year 2021

Attachment G. Safe and Healthy Families CQI Report

Attachment H. Parent Child SUD Residential CQI Report

Attachment I. Chafee Supporting Foster Youth and Families through the Pandemic Act Flyer

Attachment J. Staffing Safety Guide for all Children and Families

Attachment K. Vulnerable Population Resource Guides

Attachment L. Understanding EDIA Efforts at DCFS

Attachment M. Guiding Questions on Permanency – Quality Hearing Bench Card Checklist and Guide

Attachment N. Utah Alternate Methodology for Annual Adoption Savings Calculations

Attachment O. State Attorney General’s Letter – CAPTA

Attachment P. 2020 Utah Legislative Session Statute Applicable to CPS

INTRODUCTION

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

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

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

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

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1).
- Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2):
 - Family Preservation.
 - Family Support.
 - Family Reunification.
 - Adoption Promotion and Support Services.
- Kinship Navigator Funding (under title IV-B, subpart 2).
- Monthly Caseworker Visit Funds.
- Adoption and Legal Guardianship Incentive Payment Funds.
- Adoption Savings.
- Chafee and ETV.
- Training activities in support of the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

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

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

- Title IV-B, subpart 1, Child Welfare Services supplemental grant authorized under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).
- Title IV-B, subpart 2, Promoting Safe and Stable Families supplemental grant authorized under the Consolidated Appropriations Act, 2021.
- John H. Chafee Transition to Successful Adulthood supplemental grant authorized under the Consolidated Appropriations Act, 2021.
- Education and Training Voucher supplemental grant authorized under the Consolidated Appropriations Act, 2021.
- Family First Prevention Services Act Transition Grant.
- Family First Transition Act Funding Certainty Grant.
- Child Abuse Prevention and Treatment Act (CAPTA) supplemental grant authorized under the American Rescue Plan Act of 2021.
- Community-based Child Abuse Prevention (CBCAP) supplemental grant authorized under the American Rescue Plan Act of 2021.

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

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

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

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

The Utah DCFS Federal Operations Administrator is the individual to contact regarding Utah's APSR. The Administrator's office is located in the state administrative headquarters in Salt Lake City, Utah.

Cosette Mills, Federal Operations Administrator
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State Agency Administering the Programs

The Department of Human Services (DHS) is responsible for the administration of programs and services provided using funding authorized by Titles IV-B, IV-E, and XX of the Social Security Act. The department has designated DCFS as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs, as well as child abuse prevention and domestic violence services delivered to Utah's children and families. As such, DCFS administers federal funds received through the Stephanie Tubbs Jones Child Welfare Services (IV-B Part 1), PSSF (IV-B Part 2) including Monthly Caseworker Visits; Adoption 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, DHS Office of Quality and Design (OQD) 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, youth, families and adults. OQD was previously also responsible for service array and contract development, but this responsibility shifted back to the divisions in 2021. In response, DCFS created a new team to address this work.

Management

The Division Director is the administrative head of the division. The Director's office is located 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 composed of the Director, two Deputy Directors, Finance, Practice Development and Implementation, Data and Quality Assurance, Professional Development, Federal Operations, Communications, and Administrative Support. This body has primary responsibility for

overseeing state office operations, including planning, budgeting, and communications. Second, a Region Director (RD) meeting is held twice monthly and includes the Director, two Deputy Directors, the five Region 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 (SLT) 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 region 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. Private or nonprofit contract providers deliver additional services. Administrative teams from the state office and all of the regions meet a few times each year also to coordinate activities, share information, problem solve, and build relationships across the state.

State Agency Realignment

On March 23, 2021, Governor Cox signed H.B. 365, "State Agency Realignment," which consolidates the Utah Department of Health and Utah Department of Human Services into a single state agency, effective July 1, 2022.

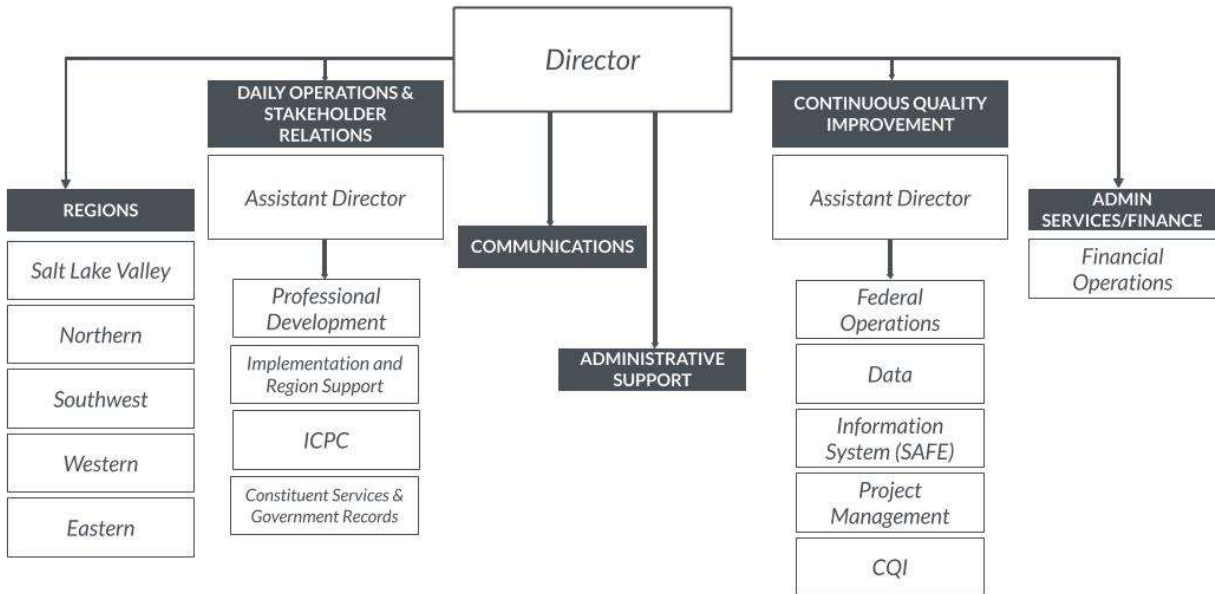
Thirty consolidation workgroups, comprised of dozens of employees, were created to inform transition planning. These workgroups met at least weekly throughout much of 2021 to identify opportunities for optimal realignment in order to serve Utahans more effectively, discuss risks and benefits of merging specific services, set priorities for the first nine months of the realignment process, and make realignment recommendations to the steering committee.

Under the newly formed Department of Health and Human Services, the Division of Child and Family Services will be located within the Community Health and Wellbeing organizational unit. The organizational chart for DHHS can be found [here](#).

More information about the Utah DHHS consolidation, the new organizational structure, and the final transition plan, can be found [here](#).

Division of Child and Family Services Organizational Chart

Division of Child and Family Services Organizational Chart



I. COLLABORATION AND VISION

APSR Update

Meaningful collaborations have continued in the three years since submission of the 2020-2024 CFSP. However, due to COVID-19, many collaborations have shifted from in-person meetings to virtual meetings to ensure safety. Fortunately, meaningful collaborations with stakeholders and community partners, as well as collaborations involving youth and family voice, have occurred and are highlighted in the report below.

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

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

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

Vision, Mission, and Practice Model

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

Vision

The designated vision for DCFS is Safe Children, Strengthened Families. For the purpose of the CFSP, this vision has been enhanced to focus system improvement goals, and it can be

summarized as “safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community.”

Mission Statement

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 children and families identify issues that affect the safety, permanency, or wellbeing of the child, helps children and families discover and promote strengths that they can use to resolve issues, determines the child'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 his or her 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 his or her family, the family's informal helping systems, out-of-home caregivers, and formal supports.

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

C. Standards Relating to Assessments.

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

D. Standards Relating to Planning.

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

II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

APSR Update

Utah successfully concluded the implementation of its two-year PIP, as confirmed by the Children’s Bureau in March 2022. Utah still needs to meet the PIP measurement goals, as measured through internal CFSR reviews. Eight of ten CFSR items met their goal; Safety items 2 and 3 are still being addressed. The data below shows which CFSR items met their goals (green highlights) and which one have not yet reached their goals (red highlights).

Child and Family Outcomes

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

CFSR Results ¹		2018 Onsite Review	N	2019	N	2020	N	2021 ²	N
Item 1	Timeliness of Initiating Investigations of Child Maltreatment Reports	80%	41	60%	35	59%	27	90%	29
<p><i>NOTES: ¹ Utah is using calendar year data, as used for the PIP baseline year, not the usual fiscal year. ² The 2021 green highlighted performance indicator met the PIP goal of 65%.</i></p>									

Utah met CFSR item 1 PIP goal of 65% in the first reporting period and has continued to exceed the goal. Cases reviewed during calendar year 2021 achieved 90% performance.

At the time of the CFSR onsite review, Utah’s policy did not require the priority time frame be met for *all* reported child victims, as is required in the CFSR. In response, DCFS changed its policy to require all child victims be seen within the priority time frame. Another change in policy prompted by the CFSR results was to apply priority time frames to all “additional information referrals” received during an open CPS investigation. This was one of the PIP strategies. This strategy led to a significant improvement in CFSR Safety Outcome 1 performance.

DCFS has a number of measures in place to track policy compliance of seeing child victims within priority time frames and addressing lack of compliance. These measures include reviewing compliance as part of the Case Process Review (CPR); pulling reports at the worker, supervisor, team, region, and state levels; addressing reasons for declines in performance; and using prompts and notices in the CCWIS system to alert administrators when compliance is not met. Utah has remained near 90% compliance with this policy for many years and has successfully addressed declines when they occurred. The CPR measure was adapted in 2020 to reflect the above-mentioned policy change and now measures priority time being met when all alleged child victims are seen within the priority time frame.

CPR Results								
Question: Did the investigating worker see the children within the priority time frame?								
Type and Tool #	Sample Size	Standard	SFY Performance Rate					
CPSG.1	137	90%	2016	2017	2018	2019	2020	2021
			91%	89%	87%	91%	86%	89%

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

CFSR Results ¹		2018 Onsite Review	N	2019	N	2020	N	2021 ²	N
Item 2	Services to protect child(ren) in the home and prevent removal or re-entry into foster care	55%	20	61%	33	60%	20	48%	23
Item 3	Risk and Safety Assessment and Management	62%	65	54%	63	55%	65	54%	81

NOTES: ¹ Utah is using calendar year data, as used for the PIP baseline year, not the usual fiscal year. ² The highlighted performance indicators have not met their PIP goal.

To address issues found during the onsite review, PIP strategies aimed at improving the skills of caseworkers to conduct comprehensive safety assessments of children living in their homes or scheduled to return to their homes with focus on assessing safety at critical junctures. The following adaptive PIP strategy was identified:

PIP Strategy: Develop and implement practice guidelines, standard operating procedures, and/or tools for quality visits and safety assessments of homes where the children are living or returning to (Adaptive Strategy).

Utah successfully completed its PIP at the beginning of 2022. This was included in an introduction to a safety staffing guide intended for use by supervisors, a training for staff on assessing the safety of vulnerable child populations, and a training with practice examples for supervisors to help increase their comfort level when using the safety staffing guide. As can be seen in the table above, the performance on item 3 has remained stagnant and performance on item 2 has recently declined. This is concerning and, as a result, Utah is implementing additional measures to better target safety assessment areas of concern.

Re-entry Data for Utah

The table below shows the percent of children who entered foster care; were subsequently discharged from care within 12 months to reunification, living with a relative, or guardianship (including guardianship or custody to a foster parent or other non-relative); and re-entered foster care within 12 months. The below February 2022 Data Profile table shows Utah’s re-entry rate at 5.1%, which is well below the performance standard of 8.1%, which is good.

Re-entry to Foster Care within 12 months (February 2022)								
	National Performance		16B17A	17A17B	17B18A	18A18B	18B19A	19A19B
Re-entry to Foster Care	8.1%▼	RSP	6.9%	8.7%	9.5%	7.2%	4.7%	5.1%

Maltreatment in Foster Care Data

The February 2022 Data Profile table shows Utah’s most recent performance rate for children in foster care who were found to be victims of maltreatment while in foster care at 10.52, with an Risk Standardized Performance (RSP) adjustment at 13.96. This rate is higher than the National Performance Standard of 9.67, but it has decreased since last year, which is encouraging. There were 91 child victims of maltreatment while in foster care that year. 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 2019 data. More corrections were done recently. 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 entry errors, DCFS is confident that the performance is much better than shown in the below table.

Maltreatment in Care						
	National Performance		16AB, FFY16	17AB, FFY17	18AB, FFY18	19AB, FFY19
Maltreatment in Care (victimizations/100,000 days in care)	9.67▼	RSP	16.58	15.15	15.88	13.96

Recurrence of Maltreatment

The February 2022 Data Profile table shows Utah’s performance rate for the recurrence of child maltreatment to be 9.4%, which is better than each of the last three years and meets the national standard of 9.5%. However, with the RSP adjustment, the reported performance rate is 12.5%, which is above the desired national standard and does not meet the goal.

Recurrence of Maltreatment with Risk Standardized Performance (RSP) Adjustment						
			FFY 2016-2017	FFY 2017-2018	FFY 2018-2019	FFY 2019-2020
Recurrence of Maltreatment	9.5%▼	Observed Performance	10.3%	10.4%	10.4%	9.4%
		RSP	13.5%	13.7%	13.7%	12.5%

The internal data chart below shows FFYs 2016 – 2020 number and percent of children who did not experience another supported maltreatment occurrence within 12 months of their initial CPS case. The rate of 89.6% of children who did not experience repeat maltreatment in the last fiscal year – or the rate of 10.4% who did – is near the federal standard of 9.5%.

Supported Victims without a Recurrence of Maltreatment within 12 Months ¹												
	FFY 2016		FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021 ²	
Victim Age at First Case Start	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	212	86.70%	198	88.30%	214	87.40%	179	89.90%	163	89.00%		
2 to 5 Years	292	86.50%	242	88.70%	245	88.70%	247	89.00%	251	87.50%		
6 to 12 Years	368	89.50%	422	88.40%	440	88.60%	418	89.30%	398	88.90%		
13+ Years	219	91.20%	261	90.50%	263	90.50%	278	90.80%	237	92.00%		
TOTAL												
Without Recurrence within 12 Months	1,082	88.80%	1,117	89.00%	1,156	88.90%	1,115	89.80%	1,043	89.60%		

NOTES: ¹ Recidivism data is reported for the FFY in which the first supported case was closed. ² FFY 2021 data is NOT included for Measure 1.1.b, as a full 12 months have NOT passed since the last day of FFY 2021. Data for CPS cases closed during FFY 2021 will be available after September 30, 2022.

Permanency Outcomes

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

	CFSR Results ¹	2018 Onsite Review	N	SFY 2019	N	2020	N	2021 ²	N
Item 4	Stability of Foster Care Placement	48%	40	58%	33	58%	40	68%	41
Item 5	Permanency Goal for Child	77%	39	67%	33	62%	37	72%	47
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	58%	40	45%	33	55%	40	62%	47

NOTES: ¹ Utah is using calendar year data, as used for the PIP baseline year, not the usual fiscal year. ² The green highlighted performance indicators met their PIP goals.

Historically, DCFS has focused on children having permanency and stability in their living situations. The CFSR result was the catalyst to renew efforts to analyze root causes of the lack of permanency and stability. Issues of permanency were thought to be offset by the frequency of court hearings 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 (see below), 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.

Strategies

Placement Stability (Item 4): A primary root cause identified when reviewing the CFSR results and additional data included in PIP problem exploration was that out-of-home caregivers lack the necessary support to maintain placements. This concern was reiterated in stakeholder interviews with current and former foster and kin parents. Another finding showed that DCFS needed to increase inclusion of children and their families in ongoing assessment of placements and make sure they have a voice in placement decisions, with priority on kinship placements. After extensive exploration of root causes, the following adaptive strategy was developed.

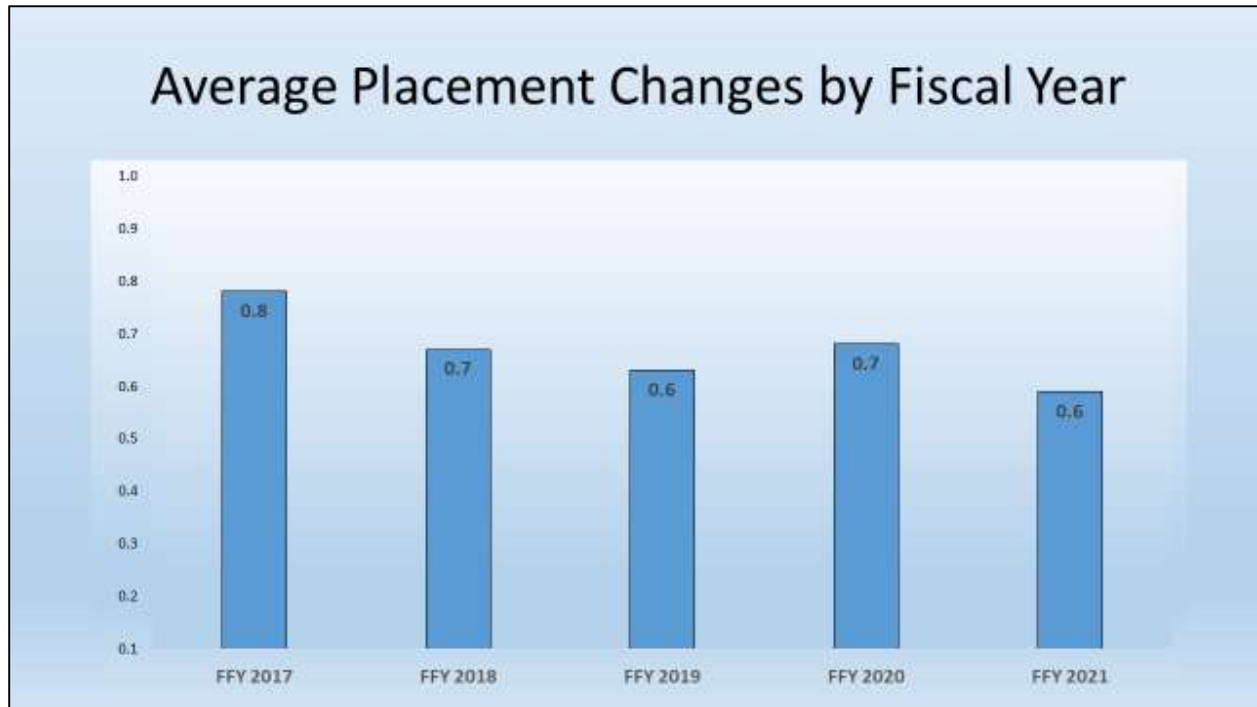
PIP Strategy: The agency develops a structure for caseworkers to assess and meet the needs of out of home caregivers and children in their homes on an ongoing basis and for supervisors to monitor and support caseworkers in these efforts.

In the first reporting period, Utah met its PIP goal of 62% on item 4, Stability of Foster Care Placement and reached 68% in calendar year 2021. It is possible that the COVID-19 pandemic contributed to a lower number of moves. The Children’s Bureau approved the completion of the PIP plan and confirmed that Utah met the PIP goal.

On the Statewide Data Indicator for Placement Stability, Utah is not within the national standard. In the February 2022 Utah Data Profile, the most recent performance of 5.2 (National Standard is 4.44 moves/1,000 days in care), was better than in the past and one of the lowest numbers since reporting this specific measure, but it is still above the desired national standard. The Observed Performance was at 4.99.

Placement Stability (February 2022)								
	National Performance		18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Placement Stability (moves/1,000 days in care)	4.44 ▼	RSP	5.76	5.61	5.43	5.50	5.10	5.2

The 2021 DCFS internal data for average number of placements shows a trend for improvement.



Appropriateness and Efforts to Achieve Permanency Goal (Items 5 and 6): When analyzing the CFSR items 5 and 6 results and additional data collected to further explore the causes of poor results, the following problems were identified:

- Statewide, permanency goals are not reviewed at every court hearing.
- A meaningful conversation about the reasons for the concurrent permanency goal does not happen at every court hearing.

The Court Improvement Project (CIP) was tasked with identifying strategies to improve Utah’s permanency outcomes. Following an extensive problem exploration process, the following PIP strategy was developed:

PIP Strategy: Develop and Implement Quality Hearing Bench Card (for judges) and Guide for Utah's juvenile courts (for all parties attending court hearings and their attorneys) (Adaptive Strategy).

In 2020, a CIP workgroup created a bench card and accompanying guide and selected two pilot sites. That summer, judges, legal partners, and DCFS staff for the two pilot sites were trained, and the pilot study began in September 2020. Evaluation of the bench card implementation took place through surveys, focus groups, and reviews of court hearing pre- and post-implementation. A subsequent statewide rollout of the Quality Hearing Bench Card was implemented in the summer of 2021. The bench card has been used statewide since September 2021. The CIP engaged the University of Utah College of Social Work Social Research Institute to conduct

qualitative court hearing reviews to assess the use of the bench card and potential benefits. Evaluation work is ongoing.

Utah met the PIP goal for item 5, which was set at 67%, in the third reporting period and is now at 72%. The Children’s Bureau approved the completion of the PIP for item 5 and confirmed that Utah met the PIP goal.

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

Utah continues to meet the three national measures for permanency, as seen in the table below, which displays the February 2022 Data Profile. Timeliness of achieving permanency for children within 12 months, 12-23 months, and 24+ months is above the standard in all three measures. The first measure – achievement of permanency in 12 months – declined some in the last measurement period, most likely due to delays caused by the COVID pandemic. However, it is still meeting the national standard. Utah is at 64% on the second measure – achieving permanency in 12-23 months – far above the national standard of 46%. Utah also reached 42% on the third measure – permanency for child 24+ months in care – the highest performance yet on this indicator. Please see February 2022 Data Profile table below.

February 2022 Permanency Data Profile												
National Performance			16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Permanency in 12 Months (Entries)	42.7%▲	RSP	45.3%	45.6%	46.2%	47.7%	48.6%	43.9%				
Permanency in 12 Months (12-23 Months)	45.9%▲	RSP					64.8%	69.3%	67.0%	64.1%	60.7%	64.4%
Permanency in 12 Months (24+ Months)	31.8%▲	RSP					40.5%	35.2%	38.2%	37.8%	39.9%	42.1%

Adoption Data

Utah continues to excel in time to adoption. In FFY 2021, the average months to adoption was 21.1 months by foster care kin, and 23.8 months by foster care non-kin. There were 531 adoptions from foster care, 255 (48%) involving adoptions to kin and 276 (52%) involving adoptions to non-kin. Additionally, there were 39 relative adoptions by kin through in-home cases, bringing the total number of adoptions to 570.

Number of Children Adopted from Foster Care Placements			
FFY	Children in the Custody of DCFS Receiving Foster Care Services		TOTAL Adoptions from Foster Care
	Adoption by Foster Care Kin	Adoption by Foster Care Non-Kin	
2017	307	317	624
2018	362	414	776
2019	293	318	611
2020	206	283	489
2021	255	276	531

Case Duration from Foster Care to Adoption		
FFY	Children in the Custody of DCFS Receiving Foster Care Services	
	Average Months to Adoption by Foster Care Kin	Average Months to Adoption by Foster Care Non-Kin
2017	16.2	18.8
2018	17.1	20.5
2019	18.1	21.1
2020	18.8	25.1
2021	21.1	23.8

DCFS will continue efforts to achieve permanency and reduce the time children are in out-of-home care. Some of these efforts include the following:

- Wendy's Wonderful Kids (WWK): The Dave Thomas Foundation for Adoption (DTFA) developed this evidenced-based program to recruit permanent families for children in foster care who need additional efforts to find a permanent family. Funding for WWK recruiters is shared by DTFA, Raise the Future, and DCFS. WWK recruiters work closely with DCFS staff throughout the state to provide intensive, child-specific recruitment for children who linger in foster care. The below table lists the number of children WWK served during SFY 2017-2021 and since inception.

Wendy's Wonderful Kids						
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	Since Inception
Children Served	85	88	190	196	209	622
Children Matched	36	47	53	31	58	464
Children Adopted	13	11	15	24	31	190

- Trust Based Relational Interventions (TBRI): This eight-hour parent training is required for all persons who want to adopt a child from foster care. The training is required prior to adoption, and attendance is recommended when the child is first placed in a home. The intent of the training is to better prepare families to parent children who have experienced trauma and/or fetal drug or alcohol exposure. TBRI certified practitioners teach the classes. Experienced DCFS staff provide support to potential adoptive families and are a resource for adoptive families after the adoption is finalized. Parent-to-parent support between families attending the training is fostered. In addition, there can be in-home services via TBRI home based model. If a family is unable to attend TBRI training in person, Pathways to Adoption training is available by video.
- Case Reviews: DCFS regional committees regularly review cases of children who have been in out-of-home care for a specified number of months to explore ways to speed up the achievement of permanency and address barriers that may prevent finding permanent homes for children who are legally free. Additionally, the courts conduct reviews every three to six months.

For additional information, please see Attachment B. Foster and Adoptive Parent Diligent Recruitment Plan and APSR Section VI. I. John H. Chafee Foster Care Program for Successful Transition to Adulthood.

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

CFSR Results ¹		2018 Onsite Review	N	2019	N	2020	N	2021	N
Item 7	Placement with Siblings	100%	26	94%	18	92%	25	89%	28
Item 8	Visiting with Parents and Siblings in Foster Care	80%	30	69%	29	76%	25	76%	33
Item 9	Preserving Connections	82%	39	81%	31	78%	40	51%	47
Item 10	Relative Placement	72%	39	68%	28	78%	37	90%	42
Item 11	Relationship of Child in Care with Parents	76%	29	66%	29	43%	23	48%	27

NOTE: ¹ Utah is using calendar year data, as used for the PIP baseline year, not the usual fiscal year. These items do not have PIP goals.

Current and Planned Activities

During the onsite CFSR review, Permanency Outcome 2 was substantially achieved in 80% of reviewed cases. These indicators have continued to perform well, but some have experienced declines. Utah closely monitors and analyzes the outcomes for these indicators. In studying the reasons for low scores on 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 worker did not seem to go beyond doing basic casework. Utah asserts that the right policies and practice model guidelines are in place. However, the guidance and confidence for creative solutions may be lacking with some caseworkers. To better mentor, coach, and support caseworkers, Utah recognized that supervisors need to be given the tools to attend to critical practices and be trained on using them. Measures were implemented and, as recommended, all PIP strategies have been successfully implemented.

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

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

The CFSR onsite results on placement with siblings and the performance since (89% in 2021) indicates that the Division's efforts are working and no additional strategies are necessary. DCFS will continue to monitor placements with siblings.

The following table presents the percent of children in foster care who are placed with one or more siblings, if they have siblings in care.

Number and Percent of Children in Foster Care with a Sibling in Foster Care who were Placed with One or More Sibling on the last day of the Federal Fiscal Year			
FFY	Children with Siblings(s) in Foster Care	Children Placed with Sibling(s)	Percent of Children Placed with Sibling(s)
2016 ¹	1,006	800	79.5%
2017 ¹	1,728	1,427	82.6%
2018	1,532	1,233	80.5%
2019	1,502	1,244	82.8%
2020	1,458	1,191	81.7%
2021	1,287	1,035	80.4%

NOTE: ¹Documentation on the placement record regarding whether a child had a sibling in foster care was not recorded in SAFE until June 2016 and was only documented on placements starting after implementation. Therefore, the number of children with one or more sibling in custody may be underreported for 2016 and 2017, if placements starting prior to June 2016 were still open on the last day of the Federal Fiscal Year.

Visiting with Parents and Siblings in Foster Care (Item 8): DCFS Practice Guidelines state that unless contact is documented to be clinically contraindicated, purposeful and frequent visitation with parents and siblings is a child’s right, not a privilege. Visitation with parents and siblings is not something to be earned or denied based on the behavior of the child or parent. The Division has several different measures in place to monitor the processes associated with visitation through the performance of both the Visitation Plan (in the Case Process Review) and Family Connection (in the Qualitative Case Review). With the addition of the CFSR, DCFS can track performance on the frequency and quality of visits and more directly target the areas needing improvement. The creation of a visitation module in the UFACET now allows DCFS to more closely track the quality of parent-child interactions during visits, the parents’ demonstration of parenting skills, and their attendance at visits.

Qualitative Case Review (QCR) Family Connections Results

The QCR Family Connections indicator measures if the child’s family relationships and connections are being maintained through appropriate visits and other connecting strategies while the child is in foster care. The indicator is broken down into connection with mother, father, siblings and other. The Overall Family Connection score has remained between 82% and 92% over the last six years, with mothers usually scoring better than fathers.

QCR Family Connections Results						
	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Overall Connections	91%	82%	82%	92%	87%	88%
Siblings	91%	73%	68%	83%	86%	92%
Mother	92%	76%	88%	90%	83%	86%
Father	80%	60%	70%	70%	83%	90%
Other	73%	75%	83%	60%	50%	60%

The CPR measures whether the opportunity for visits between the child and his or her mother, father, and siblings was provided through the evidence of a visitation plan.

CPR Performance for Visitation with Mother, Father, and Sibling							
Type and Tool #	Standard	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
IV.5. Was the child provided the opportunity to visit with his/her mother, father, sibling, weekly, OR is there an alternative visitation plan?							
Mother	85%	98%	93%	84%	95%	92%	90%
Father		92%	69%	80%	83%	84%	76%
Siblings		72%	88%	87%	91%	87%	87%

Preserving Connections (Item 9): Utah has several policies and provisions in place to help preserve connections for children placed in foster care, when possible and desirable, including connections to extended family, community, school, medical provider, religious organization, tribe, 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. The performance on this CFSR item 9 has significantly dropped last year (to 51%), most likely as a result of the restrictions of the pandemic. While visits were not restricted by the agency, opportunities for maintaining connections with external families, friends, community, faith, neighbors, etc. was severely limited.

Utah is seeking to establish Intergovernmental Agreements with all of the federally recognized tribes with reservations in Utah. The DCFS Indian Child Welfare Act (ICWA) Program Administrator supports the connection of children in foster care to their tribe through ongoing and active efforts to support and train DCFS staff, instruct Attorney General’s office staff on notification requirements, and establish strong relationships with all Utah tribes. For additional information, please see: APSR Section VII. Consultation and Coordination between States and Tribes.

Relative Placement (Item 10): Identifying and locating kin families with whom children may be placed is a high priority in Utah. DCFS has a number of provisions that support children who cannot remain in their home of origin being placed with kin or with family friends that the child knows and with whom the child is comfortable. A search for relatives is required within 30 days of the date a child enters custody and periodically throughout the life of the case. Each of Utah’s five regions has a designated kin locator, a Resource Family Consultant, and a Kinship Team that provides formal and informal supports to kinship caregivers. DCFS has trained and licensed 25 employees who are using an internet-based search engine to locate relatives, enabling caseworkers to determine the relative’s interest in caring for the child while in foster care. At the state level, a Kinship Program Administrator coordinates these services.

For more information on DCFS efforts to strengthen kinship location, notification, involvement, and placement, please see APSR section Service Descriptions, subsections Kinship Care, Kinship Navigator Funding, and Grandfamilies Program discussion.

The following graph displays the improved performance of DCFS efforts to place children with a kinship caregiver during FFYs 2017 – 2021.

Children in Foster Care with at Least One Kinship Caregiver Placement at any Time During the FFY			
FFY	TOTAL Children Served in Foster Care	Number of Children Placed with a Kinship Caregiver	Percent of Children Placed with a Kinship Caregiver
2017	4,802	2,170	45.2%
2018	4,720	2,076	44.0%
2019	4,542	1,999	44.0%
2020	4,074	1,831	44.9%
2021	3,878	1,820	46.9%

Relationship of Child in Care with Parents (Item 11): Utah’s DCFS Practice Guidelines instruct staff to notify parents of medical appointments, school meetings, and other activities in the child’s life and to encourage parents to attend activities in which the child participates. In addition, DCFS is expected to assist parents with transportation to support their attendance at these events. Planning related to these events often takes place during Child and Family Team Meetings. These efforts are monitored in the QCR, through the Family Connection indicator, and in the CFSR. The current result of 48% for this CFSR Item 11 is a slight improvement from the year before but is still very low. Pandemic restrictions have significantly impacted this item, as often only one caregiver (usually the foster parent) was allowed to attend medical visits and there were no school activities occurring. Nevertheless, more attention needs to be paid to better involve parents in the lives of their children in care.

Wellbeing Outcomes

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

CFSR Results ¹		2018 Onsite Review	N	2019	N	2020	N	2021	N
Item 12	Needs and Services of Children, Parents, and Foster Parents	46%	65	27%	63	35%	65	40%	81
Item 12 A	<i>Needs assessment and services to children</i>	82%	65	87%	63	72%	65	78%	81
Item 12 B	<i>Needs assessment and services to parents</i>	56%	57	38%	61	44%	57	48%	73
Item 12 C	<i>Needs assessment and services foster parents</i>	62%	39	59%	32	80%	35	73%	44
Item 13	Child and Family Involvement in Case Planning	81%	62	61%	62	62%	61	67%	79
Item 14	Caseworker Visits with Child	80%	65	78%	63	63%	65	68%	81
Item 15	Caseworker Visits with Parents	66%	56	46%	61	47%	57	64%	72

NOTE: ¹ Utah is using calendar year data, as used for the PIP baseline year, not fiscal year. Green highlighted performance scores had a PIP goal and met that goal.

Current and Planned Activities

During the PIP problems exploration process, Utah reviewed the potential causes for insufficient parent engagement, assessment of parent needs, and provision of services. Utah identified the main barrier as a lack of time frontline staff spent with parents assessing their needs and monitoring services provided to them. Staff identified a need for more clinical and non-clinical support to better understand family's needs and address the barriers to effective service provision. Requirements for parent engagement and involvement was already included within DCFS policies and practice through individual visits and the family teaming process. Caseworkers receive training on this topic at the beginning of their employment with DCFS. Staff understand the importance of engagement and assessing families; however, the capacity for staff to perform this practice well has been identified as a problem. DCFS recognized that finding solutions to create capacity, improve productivity, and add supports for caseworkers to better engage parents as to what is needed to overcome the barrier.

Utah addressed the assessment and provision of services, Item 12, as well as other Wellbeing 1 items, in PIP Goal 1 with the following PIP strategies:

PIP Strategies:

- *Standardize daily operations and improve workflow throughout the system, with a focus on critical decisions and activities.*
- *Implement changes to streamline the system, improving the experience of families engaged in services and increasing responsiveness to families through ease of access to the right services at the right time.*
- *Implement system changes to improve efficiencies and support for families and caseworkers.*

All PIP strategies were implemented successfully and the Children's Bureau approved the completion of the plan. All CPS and permanency teams throughout the state hold operations meetings each morning to plan for that day's work tasks, with critical tasks being tracked and recorded. CQI activities monitor the effectiveness of this strategy and perceived impact on frontline staff. Performance on items 12 and 15 met the PIP goals and others are close.

Needs and Services of Child, Parents, and Foster Parents (Item 12): In conjunction with the HomeWorks Title IV-E child welfare demonstration project, the Utah Family and Children Engagement Tool (UFACET), a modified Child and Adolescent Needs (CANS) assessment, was developed and implemented to assess the strengths and needs of all families with an open in-home case. The UFACET was subsequently modified for use in assessing the strengths and needs of children, families, and caregivers involved in foster care cases. It was also modified to include updated sections on visitation between parents and children and on a children's progress in residential treatment and placement levels. The UFACET is an assessment that is pertinent to both in-home and foster care cases and is applicable during the entire service episode for a family involved with the child welfare system.

QCR Performance on Assessment and Intervention Adequacy

The QCR indicators for Assessment and Intervention Adequacy indicated in the tables below provide SFYs 2017 – 2021 performance measures comparable to Item 12 by child, mother, father, and other. The Overall Assessment performance has remained near 80% in recent years and reached 88% last year. The Intervention Adequacy score is the result of reviewers assessing the degree to which the planned interventions, services, and supports being provided to the child and family are of sufficient power and have the necessary effect to achieve safety and permanency. An unacceptable score in Intervention Adequacy is typically the result of a lack of, delay of, or insufficient intensity of a service and/or support. It can also be the result of not producing the desired change.

QCR Assessment Results					
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Overall Assessments	81%	79%	82%	80%	88%
Child	86%	89%	86%	87%	91%
Mother	68%	68%	76%	78%	86%
Father	52%	61%	68%	70%	78%
Caregiver	92%	96%	90%	92%	95%

QCR Intervention Adequacy Results					
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Overall Intervention Adequacy	75%	84%	82%	89%	89%
Child	80%	89%	83%	90%	88%
Mother	74%	73%	74%	86%	87%
Father	76%	65%	64%	81%	92%
Caregiver	88%	97%	92%	98%	94%

Child and Family Involvement in Case Planning: Child and family involvement is primarily measured in the CPR. Below are the results for in-home services and foster care cases for SFYs 2017 – 2021.

CPR Performance on Plan Involvement of the Family—In-Home Services							
Question:							
IH.3 Were the following team members involved in the development of the current child and family plan?							
Sample	Standard	Team Member	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
109	85%	Mother	95%	92%	92%	90%	92%
87		Father	80%	79%	78%	76%	80%
20		Other Caregiver ¹	86%	81%	87%	88%	90%
69		Child/Youth ²	72%	75%	71%	70%	65%
285		Combined	84%	83%	82%	81%	82%
NOTES: ¹ Other Caregiver: guardian, stepparents, and kin. ² Child/Youth: generally ages 5 and over							

Over the last five years, the overall performance on plan involvement has been between 80% and 84% for in-home cases and 83% and 91% for foster care cases. DCFS attributes this result to strong family teaming practices. DCFS continues to monitor trends and address low scores. Involving fathers, in particular in foster care cases, is an ongoing effort. It is believed that the declines in the last year are in part due to the COVID pandemic. Efforts to emphasize the importance of quality contacts with parents and children are underway.

Caseworker Visits with Child (Item 14): The evidence of monthly home visits with children in foster care and in-home cases has been measured in the CPR for over 20 years. During SFYs 2017 – 2021, the score for monthly caseworker visits with children in foster care has ranged from 89% to 94%. For in-home cases, the score has ranged from 85% to 92%. SFY 2021 results remain high for both in-home cases and foster care cases.

CPR Performance on Monthly Caseworker Contact with the Child—In-Home Services					
Question: Did the worker have a face-to-face contact with the child at least once during each month of this review period?					
Six Month Performance Rate					
Type and Tool #	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
IH.4	88%	92%	92%	88%	87%

CPR Performance on Monthly Caseworker Contact with the Child—Foster Care Services					
Question: Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once?					
Six Month Performance Rate					
Type and Tool # Standard	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
IB.2	91%	90%	93%	91%	92%

DCFS performance on frequency of face-to-face contact with the child is a high priority. Prompts in SAFE remind caseworkers of this requirement. If a visit is missed, the caseworker’s supervisor receives a notice. Accommodations to do virtual visits when necessary during the pandemic were made to keep families and staff safe. While the CPR results continue to meet the Utah CPR standard of 85%, Utah will continue to emphasize the importance of caseworkers seeing each child at least monthly and conducting quality private conversations with that child. Efforts are currently underway to strengthen the quality of home visits, including creating home visit guides that remind staff of key questions to ask during home visits.

Caseworker Visits with Parents (Item 15): As shown in the table above, item 15 met the PIP goal of 51% and has continued to improve. The CPR measures evidence of monthly face-to-face caseworker visits with mothers and fathers in in-home and foster care cases (by phone or correspondence when a parent lives out of the county) during a six-month period. The measure is based on documentation in SAFE and does not measure the quality of the contact. The tables below display in-home services and foster care services SFYs 2017 – 2021 data.

CPR Performance on Monthly Caseworker Contact with the Mother/Father—In-Home Services

Question:

Did the worker make a face-to-face contact with the mother/father of the child at least once during each month?

Performance Rate for six months

Type and Tool #	Standard	Relationship to Child	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
IH.8	85%	Mother	91%	97%	93%	93%	86%
IH.9		Father	78%	84%	81%	80%	68%

CPR Performance on Monthly Caseworker Contact with the Mother/Father—Foster Care Services

Question:

Did the worker make a face-to-face contact with the mother/father of the child at least once during each month?

Performance Rate for six months

Type and Tool #	Standard	Relationship to Child	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
IB.4	85%	Mother	73%	75%	81%	79%	61%
IB.5		Father	63%	66%	64%	62%	50%

While the performance for monthly caseworker contacts with mothers and fathers has improved over the years, it took a significant dip last year, possibly due to pandemic-related restrictions to having face-to-face contacts with parents. In foster care cases, it dropped to 61% for mothers and 50% for fathers last year. While the CPR adjusted and counted virtual contacts, these were either not happening or not clearly documented. In addition, the performance continues to be higher for mothers than for fathers.

QCR Performance on Engaging Children, Mothers, Fathers, and Others

The quality of engaging mothers, fathers, and children is measured in the QCR. SFYs 2017 – 2021 results are presented in the table below. Overall, engagement has remained high, from mid 80s to low 90s and reached 93% last year. Scores for engaging youth are higher than scores for engaging parents, and scores for engaging mothers are higher than scores for engaging fathers. Scores include ongoing efforts to locate parents whose whereabouts are unknown.

QCR Engagement Results					
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Overall	84%	92%	92%	91%	93%
Child	95%	96%	94%	88%	91%
Mother	71%	76%	85%	84%	89%
Father	63%	70%	69%	77%	83%
Other	52%	90%	44%	82%	81%

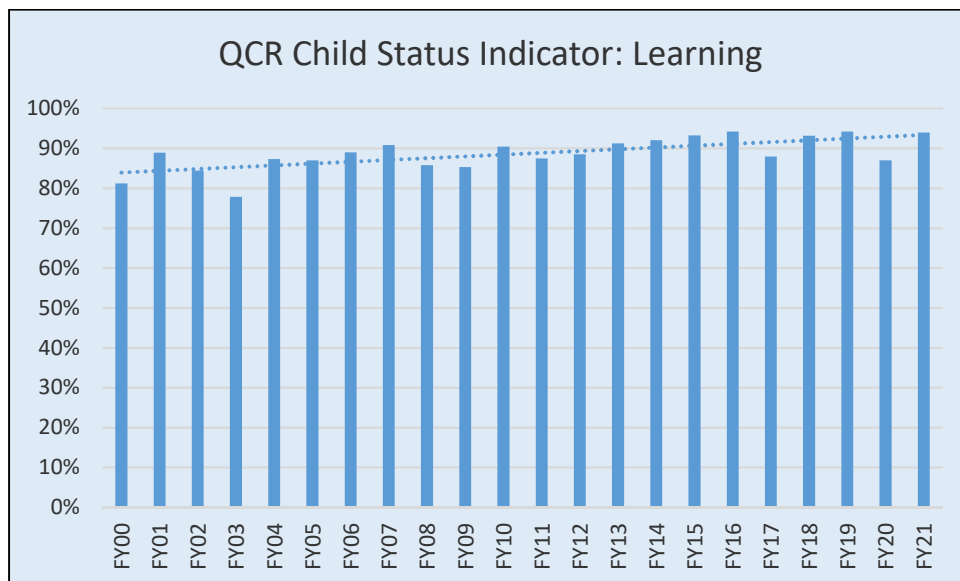
Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs

CFSR Results ¹		2018 Onsite Review Results	N	SFY 2019 Results	N	2020 Results	N	2021 Results	N
Item 16	Educational Needs of the Child	82%	34	82%	38	61%	38	68%	47
NOTE: ¹ Utah is using calendar year data for the CFSR, as used for the PIP baseline year, not the usual fiscal year. There was no PIP goal for this item.									

Current and Planned Activities

Item 16 - *Educational Needs of the Child* evaluates whether the agency made concerted efforts to assess children’s educational needs and whether identified needs were appropriately addressed in case planning and management activities. In the onsite review, this item was an area needing improvement, with 82% of the cases being rated as a strength. As in Permanency Outcome 2, Utah is addressing this outcome through the Operational Excellence crosscutting strategy to mentor/coach/ support caseworkers with better practice-oriented supervision.

The QCR measures child education outcomes. Status Indicator 6a Learning asks, “*Is the child learning, progressing, and gaining essential functional capabilities commensurate with his/her age and ability?*” The score is based on an assessment of the developmental progress of children five years of age or younger, and an assessment of educational progress of children who are five years of age or older (i.e. acceptable progress in key academic and functional areas, performance at or close to grade level, progress towards graduation or an alternate curriculum if disabled). QCR scores for the past 15 years have remained relatively constant.



In recent years, a number of system improvements have been implemented to strengthen the educational outcomes of children in foster care. These include statewide mandatory online education trainings for frontline staff, designations of regional education specialists to create relationships with the school districts in their region, an MOU that allows DCFS and the Utah State Office of Education to collect and share relevant student information, and the requirement of a *Juvenile Court Education Court Report* to be submitted at every court hearing to inform judges about the child’s educational status. The education court report was revised as a part of a CIP initiative and was deployed in 2020, with a training and renewed emphasis on the importance of keeping educational information updated in the case file.

In collaboration with the DHS Education Liaison, a training was developed for foster parents and caregivers addressing educational needs faced by children in foster care. The training material underwent final revisions, and was implemented in SFY 2021. It was initially completed in PowerPoint, and there was difficulty finding a platform that would allow non-state employees to take the quizzes and log results. The CIP has been approached to explore the possibility of using COVID-related grant funds to hire a professional to make the changes required to make the curriculum available and measurable.

For additional information, please, see APSR Section VI. John H. Chafee Foster Care Program for Successful Transition to Adulthood, including the Education and Training Vouchers (ETV) Program section.

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

CFSR Results ¹		2018 Onsite Review Results	N	2019 Results	N	2020 Results	N	2021 Results	N
Item 17	Physical Health of Child	73%	45	50%	40	71%	41	78%	58
Item 18	Mental/Behavioral Health of Child	60%	43	63%	49	55%	42	65%	57

NOTE: ¹ Utah is using calendar year data for the CFSR, not fiscal year. There were no PIP goals for these items.

Current and Planned Activities:

DCFS has a contract with the Department of Health to provide co-located nurses in every DCFS office through the Fostering Healthy Children program (FHC). Some smaller offices in the same region share an FHC nurse. An FHC nurse is assigned to every foster child. The nurses work with healthcare providers to ensure that all foster children’s health needs are met. In addition, the nurses contact each foster parent regularly to review the child’s treatments, including prescribed medication. FHC nurses assess the child’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, QCR and CPR reviews.

In the 2018 CFSR, the main reason cases scored low on Item 17 - *Physical Health of the Child* was due to the children lacking a 6-month dental exam. Since Utah requires annual dental exams for children in foster care, many children only had one exam in a 12-month period, instead of two. On Item 18 - *Mental Health of the Child*, the analysis showed a concern regarding tracking of recommended mental health treatment and determining if treatment was producing the desired outcomes.

To align with pediatric dental recommendations, DCFS advised FHC nurses that 6-month dental exams are strongly recommended for all children in foster care. The mental health issues will be addressed through the Operational Excellence crosscutting strategy to mentor/coach/support caseworkers with better practice-oriented supervision.

In 2016, the Utah Legislature passed a statute that allowed DCFS to establish a psychotropic medication oversight panel for children in foster care. In January 2017, DCFS officially launched the Utah Psychotropic Oversight Panel (UPOP), in collaboration with DOH and the University of Utah Safe and Healthy Families Program. Since then, thousands of cases have been reviewed. The panel has implemented a helpline where medical providers treating children in foster care can consult with the UPOP team and receive advice about appropriate medications to prescribe. The helpline is also available for foster parents and DCFS staff to consult with UPOP on specific cases. The team provides guidance on appropriate medication to medical providers that are treating children in foster care. The UPOP team has also provided training to DCFS staff, mental health clinicians, community medical providers, and mental health professionals on issues surrounding psychotropic medication use for children in foster care. The training also includes a statewide conference for FHC nurses, DCFS caseworkers and community prescribers. There are regular meetings with DCFS and DOH leadership to discuss progress, system-related issues, and quarterly calls with FHC nurses. UPOP is also engaged in Medicaid and DCFS policy discussions.

UPOP Case Reviews and Consultations				
FFY	TOTAL Reviews	Complex Reviews	Children Under Age 7 Reviews	Consultations
2018 ¹	2,106	360	95	355
2019 ¹	2,085	322	205	266
2020 ²	2,014	387	187	80
2021	2,229	323	253	237
TOTALS ³	8,434	1,392	740	938

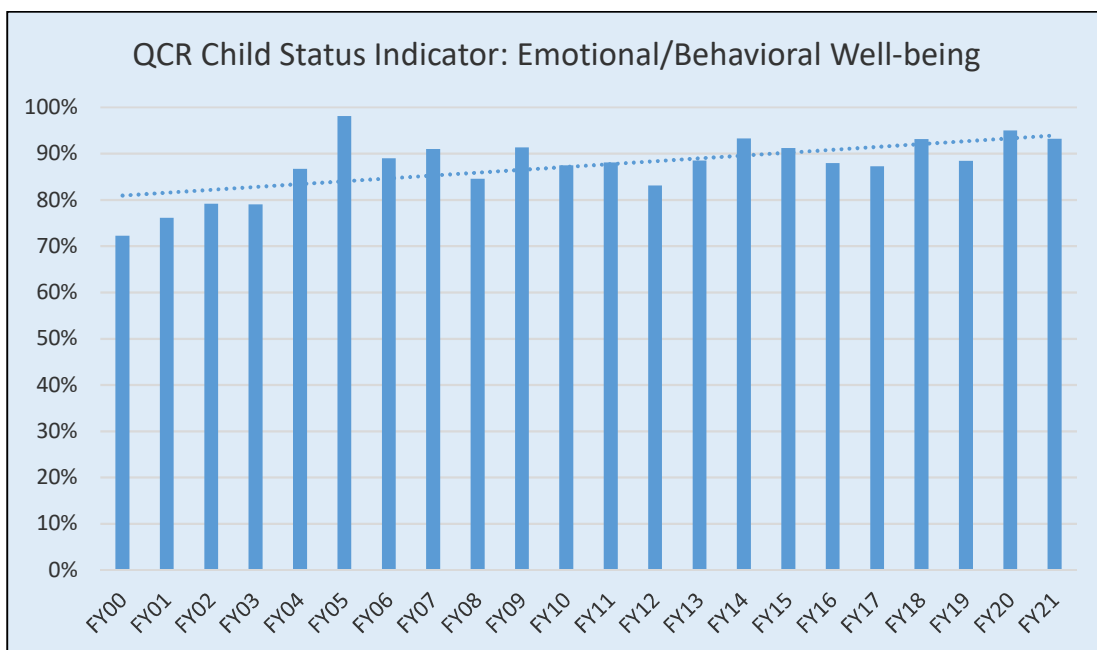
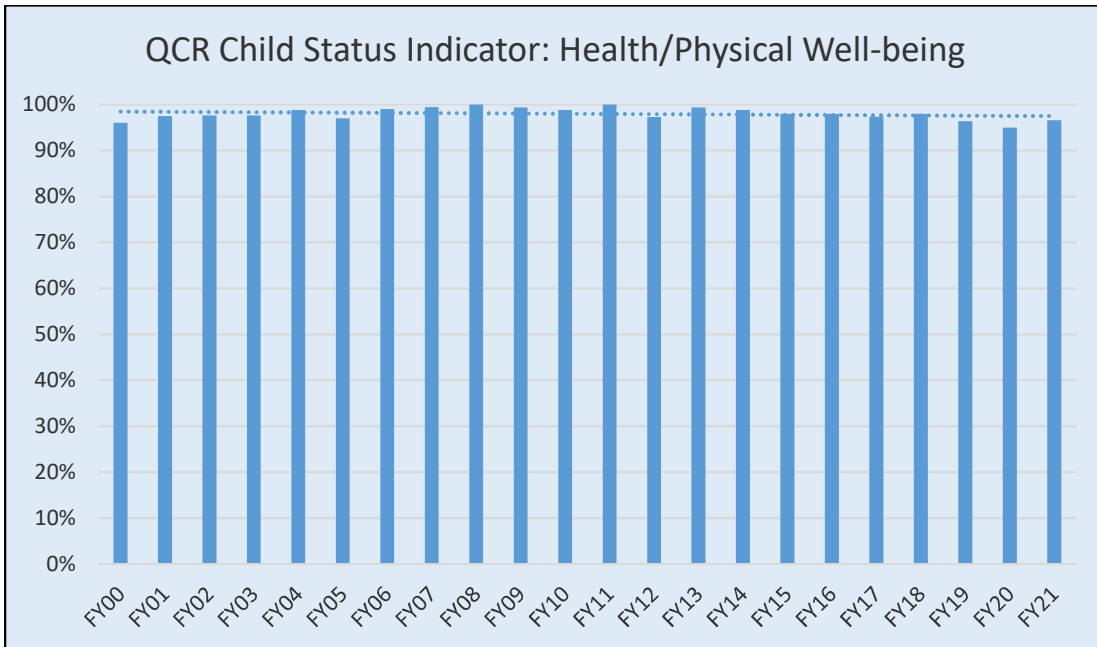
NOTES: ¹ Data for 2018 and 2019 was provided by UPOP. ² DCFS began recording UPOP data in SAFE in 2020. ³ One case may have multiple reviews and/or consultations within one year.

QCR Child Status Indicator: Health/Physical Wellbeing and Emotional/Behavioral Wellbeing

The QCR measures the physical and mental health status of the child. The physical wellbeing indicator is a composite measure of both physical and dental needs. The indicators measure

whether routine and follow-up physical, dental, and mental health services were provided at the expected level and whether all acute and chronic healthcare needs are identified and met on a timely and adequate basis. These QCR indicators combine results for both foster care and in-home services cases (all in-home cases are applicable).

Please see the below charts for Health/Physical Wellbeing and Emotional/Behavioral Wellbeing SFY performance from the last 21 years. Physical Wellbeing has remained in the 90% range and Emotional/Behavioral Wellbeing in the upper 80% to low 90% range.



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

Systemic Factors

Statewide Information System

18 CFSR Results		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 timely.	Strength

Current and Planned Activities

Utah has a well-functioning process in place to ensure that information in SAFE (CCWIS), the DCFS Statewide Information System, is accurate and up to date. Since this item was determined to be a strength, Utah will continue developing and strengthening its current information system.

Case Review System

18 CFSR Results		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 Child and Family Team Meetings as the primary tool to engage parents. Child and Family Team meetings are required before a case plan can be finalized. Stakeholders confirmed that parents are engaged in case planning.	Strength
Item 21	Periodic Reviews	Initial periodic reviews occur timely for the majority of children in foster care. Stakeholders said that subsequent periodic reviews occur for most children in foster care every 3 months and that 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 if not more often thereafter until the child/youth achieves permanency.	Strength
Item 23	Termination of Parental Rights	Utah has processes in place to ensure that petitions to terminate parental rights (TPR) are filed in accordance with required federal provisions. Stakeholders confirmed that the process is in place and functioning to ensure that a TPR petition is filed at month 15 of 22, unless a compelling reason not to file exists.	Strength
Item 24	Notice of Hearings and Reviews to Caregivers	Utah does not have a specific 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

Current and Planned Activities

Utah was in substantial conformity with the Systemic Factor of *Case Review System*. Four of the five items in this systemic factor were rated as strengths. Since this Systemic Factor was determined to be in substantial conformity, Utah plans to continue its partnership with the CIP to continuously work at improving the court review process for families involved in the Utah's child welfare system. In addition, the CIP has chosen to address permanency issues identified in the CFSR through a Quality Hearing initiative with a strategy to *Develop and Implement a Quality Hearing Bench Card (for judges) and Guide for Utah's juvenile courts (for all parties attending court hearings and their attorneys)*. See Permanency Outcome 1.

Stakeholder interviews during the state fiscal year 2021 confirmed that the initial phase of the COVID pandemic resulted in delays of court hearings. These resumed relatively quickly to virtual hearings and have remained virtual, while some hearings have returned to in-person. Overall, stakeholders reported that virtual hearings had several benefits, such as being more convenient, allowing more flexibility and increasing attendance. In rural areas, in particular, virtual hearings aren't limited to certain days anymore. Requests for in-person hearings for trials have resulted in delays in achieving permanency. In addition, due to the informal nature of virtual hearings, the participants sometimes lacked decorum.

Juvenile Court Review Data:

The annual *Child Welfare Statutory Time Requirements Report*, published by the Administrative Office of the Courts, provides valuable data on various court requirements. The table below presents SFYs 2020 and 2021 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.

State Fiscal Years 2020 and 2021 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	
		2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Shelter	3 days	1,248	1,084	1,245	1,061	3	23	99.8%	98%	100%	100%	100%	100%
Child Welfare Proceeding Pretrial	15 days	1,455	1,176	1,410	1,129	45	47	97%	96%	99%	99%	100%	100%
Child Welfare Proceeding Adjudication	60 days	1,399	1,060	1,340	946	58	114	96%	89%	98%	94%	99%	96%
Child Welfare Proceedings Disposition	30 days	1,408	1,088	1,351	1,007	57	81	96%	93%	99%	99%	99%	100%
No Reunification to Permanency Hearing	30 days	245	298	239	279	6	19	98%	94%	98%	97%	98%	97%
Permanency Hearing	12 mos.	1,068	1,085	966	955	102	130	90%	88%	95%	92%	96%	93%
Termination Pretrial	45 days	347	473	272	302	75	171	78%	64%	83%	75%	88%	83%
Removal to Decision on Petition to Terminate	18 mos.	134	126	114	89	20	37	85%	71%	86%	71%	89%	75%
PSS Pretrial	15 days	1,331	1,482	1,304	1,453	27	29	98%	98%	100%	100%	100%	100%
PSS Adjudication	60 days	1,180	1,196	1,064	1,064	116	132	90%	89%	95%	95%	98%	96%

Quality Assurance System

2018 CFSR Results		Summary of Findings	Result
Item 25	Quality Assurance System	Utah's QA system is operating in all jurisdictions. It has standards for quality, identifies strengths and areas needing improvement, provides reports to stakeholders, and evaluates improvement measures.	Strength

Current and Planned Activities:

Utah has a model Quality Assurance (QA) system that measures outcomes for children and families, as well as the agency's ability to integrate the Utah Practice Model throughout the child welfare system.

The QA process includes several components:

- The Case Process Review (CPR) measures compliance with policy, state statute, and federal law.
- The Qualitative Case Review (QCR) is an interview-based, outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services.
- The State Child and Family Services Review (CFSR), as approved on December 19, 2019, is required to measure progress on Utah's CFSR Program Improvement Plan (PIP). This review measures Utah's performance on CFSR outcomes and systemic factors and is conducted as part of the QCR.
- Quality Improvement Committees (QICs) 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. QIC's provide regular, ongoing feedback to region and state office administrators about quality assurance issues that affect the child welfare system. The QICs also make recommendations.
- In addition, Utah has adopted a continuous quality improvement (CQI) model to evaluate the implementation and effectiveness of all new agency projects. As a result, each project includes tracking and data reporting mechanisms to measure progress. Data reports have been created to track fidelity, effectiveness, and outcomes of a project or initiative.

Utah is in substantial conformity with the systemic factor of Quality Assurance System. The CPR allows decision makers and stakeholders to monitor how well key policies are followed and documented in the DCFS electronic file system. The QCR has been a driving force for the past 20 years in implementing and reinforcing its Practice Model. Over the last few years, Utah has conducted the CFSR review in conjunction with the QCR. CFSR trained reviewers score a sample of randomly selected cases using both the CFSR and the QCR instrument. This labor-intensive process has allowed Utah to maintain its core review while complying with the federal requirement to conduct internal CFSR reviews. The PIP Measurement Plan with a proposed combined QCR/CFSR was approved by the Children's Bureau in December 2019. The PIP baseline

data was collected during calendar year 2020. Utah is now in its second PIP measurement year. While the QCR has been the main driving force in maintaining high levels of performance, DHS recently decided to switch to the CFSR as the main review for SFY 2023 and keep a few elements of the QCR. The main reason was that it was too difficult for staff to focus on the results of two reviews. This change required a statute change which occurred during the 2022 legislative session. Starting in fiscal year 2023, Utah will no longer conduct the QCR and instead focus on the CFSR as its primary review.

In addition to conducting these reviews, DCFS also obtains feedback from community partners and stakeholders through stakeholder interviews conducted during the QCR at the region level. The CFSR Stakeholder interview guide is used to interview community stakeholders, community agencies, and representatives from all levels of DCFS region staff. Findings and conclusions from the stakeholder interviews look for trends or themes at the local or state level that can then be used to help shape current initiatives or future project planning. They are also used to monitor the performance on the seven Systemic Factors. The stakeholder interviews will continue as part of the CFSR.

Stakeholder interviews indicate that staff are kept for the most part informed of review outcomes. While some report that they receive performance data, sometimes there is a disconnect between initiatives and the knowledge of it among front line staff. In addition, there seems to be a proliferation of internal QA tools used by supervisors to review casework. The morning scrum meetings (MAP/data board meetings) process, however, has been perceived as a helpful way for supervisors to stay connected to their team during the pandemic.

For more information, please see APSR Section I. Quality Assurance System.

Staff and Provider Training

2018 CFSR Results		Summary of Findings	Result
Item 26	Initial Staff Training	Utah’s training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan. All direct service staff must complete 120-hour Practice Model Training plus an additional field experience packet. Cases are gradually assigned to workers after completion of initial training and mentoring. Completion of training is monitored and effectiveness of training is evaluated.	Strength
Item 27	Ongoing Staff Training	Utah does not have a way to track completion of the 40 hours of required ongoing training on a statewide basis other than supervisors monitoring workers’ completion of training. All regions have access to the same array of training and training staff is able to provide training to meet 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.	ANI
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 trainings 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

Current and Planned Activities:

All new employees complete Practice Model Training. Practice Model Training is offered several times a year at the state office to meet the demands of a rapidly changing workforce. Surveys are conducted at various intervals post-training to determine the effectiveness of the training. In addition, trainings on a wide range of child welfare topics are provided to enable staff to develop and maintain skills and knowledge needed to carry out their duties. Below is a list that highlights training activities:

- Since 2017, a mandatory two-day New Supervisor Onboarding training is conducted, usually quarterly, and continues to be required for all new supervisors. Training includes topics such as BCI/E-warrant, Human Resources, Ethics, Finance, Risk Management, Coaching, and Transition from Peer to Supervisor.
- In 2019, DCFS implemented Leadership Academy, which was conducted with all region administrators statewide (not including supervisors). The training consisted of four two-day modules. The original curriculum came from the Indiana University School of Social Work and was based on training material from the National Child Welfare Workforce Institute (NCWWI). It was revised internally by Utah's training team to meet the needs of Utah's child welfare leadership and workforce. The feedback was predominantly positive. Conducting the Leadership Academy with all supervisory staff was included in the PIP as one of the strategies to address the needs identified in the CFSR for supervisors to become more practice-oriented. The primary purpose of the Leadership Academy is to reinforce the supervisory skills needed to ensure that the delivery of child welfare practice produces the desired outcomes of safety, permanency, and wellbeing for children and families consistently and across all cases.
 - Due to the pandemic, DCFS put the Leadership Academy on hold until it has been deemed safe for staff to participate in in-person trainings. As the pandemic continued through the PIP implementation period, DCFS decided to put in its place a live online training for supervisors to strengthen their supervisory skills. Among other things, it focused on supervisors' ability to support staff in doing accurate safety assessments, with a safety staffing guide. While the training was not a replacement for the Leadership Academy, it focused on addressing issues identified in the CFSR that were of concern.
- Since 2018, DCFS has used a Simulation Training core course that offers new caseworkers the opportunity to practice their skills and utilize new tools in a safe environment. In response to COVID-19, the simulation training was modified to allow social distancing during training and virtual participation.
- In March 2020, DCFS made two major investments in professional development: Learning Management System (LMS) and Articulate 360, content development software. These investments were used to transition to online and desktop learning, which supported telework and training during the pandemic. The LMS allows DCFS to assign training to individuals based on their titles within the agency; this also allows the agency to improve the tracking of required training hours.

- In August 2020, as the COVID-19 pandemic surged, it was necessary to stop all in-person training. The New Employee Practice Model training became fully remote with employees working from home and participating in training via video conferencing. DCFS adjusted its simulation model to support online learning. DCFS is pleased that there was no delay in the hiring or training of staff due to the pandemic.
- 2022-2023 DCFS Training Plan will focus on practice model training for new employees, new leader on-boarding, SSW II criteria-related trainings including advanced engagement, advanced substance use disorder, TBRI overview, Bridges out of Poverty, secondary traumatic stress, leadership academy, first impression family action meetings, assessing safety through the SDM safety and risk assessment, and participating in the CIP webinars

Focus group interviews with case-carrying caseworkers are conducted as part of each QCR/CFPSR review, as well as separate group interviews with supervisors and administrators. Feedback on new employee training includes staff reporting that the agency does a good job of preparing new staff and that the quality of the training is good. Most DCFS offices have a system in place to mentor and coach staff. This aspect of training consists of classroom and fieldwork. Caseloads are scaled as staff receive training during their first few months of employment. With the high turnover experienced by DCFS, this scaling of caseloads sometimes happens too quickly. There has been some frustration expressed by rural staff over being out of their area for long periods for training. However, this is not an issue anymore, due to training being provided primarily online because of the pandemic. Caseworkers have also expressed frustration because some local trainings are no longer approved by the state office.

Please see the table below for a listing of SFY 2021 training provided.

State Fiscal Year 2021 Training Provided	
Training	Participants
Practice Model	146
Policy Updates	1205
Collaborative Safety	715
Supervisor On-boarding	14
Legislative Update Training	928
January Court Improvement Project Webinar: Early and Intense Family Teaming	432
February Court Improvement Project Webinar: Honoring Family Connections	564
March Court Improvement Project Webinar: Ambiguous Loss and Harm Removal	559
June Court Improvement Project Webinar: Race and Equality in the Child Welfare System	406
Quality Hearing Bench Card	556
UFACET Recertification	394
Assessing Safety in Vulnerable Populations	663
Safe Signal	71
Indian Child Welfare Act	726
SAFE CPS Training	132
Infant Safe Sleep	443
DCFS Ethics	794
DCFS GRAMA for Non-GRAMA Specialist	36
DCFS Juvenile Court Education Report	35
DCFS SB 5012	201
First Impressions Pilot: Family Action Meetings	89

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

DCFS contracts with the Utah Foster Care Foundation (UFC), a private non-profit agency, to recruit, train, and retain foster families. Initial foster parent training is conducted by UFC, and training records are sent to Office of Licensing as part of the information needed to complete the foster parent licensing. In-services training is tracked and monitored by DCFS training. Providing statewide service, UFC has nine locations, each with recruitment staff who network within their local communities, seeking opportunities to partner with various businesses, religious, and civic organizations, as well as local governments. UFC provides presentations, displays information and participates in local events. The training for prospective and adoptive parents now also includes a module focused on understanding and honoring the primary families that children in foster care come from and includes a focus on racial, cultural, and socioeconomic differences. UFC employs a full-time Native American Specialist to coordinate participation in local community events and network within Utah’s Native American community. Supervisors. The UFC full-time Spanish-speaking Recruitment Specialist and Diversity Specialist conducts outreach to the Hispanic and other communities along the Wasatch Front.

SFY 2021 stakeholder interview feedback regarding UFC-provided training was mostly positive. One concern expressed in the past was regarding the travel required of foster parents in rural areas, in order to attend certain trainings. This concern has resolved, due to the switching to online trainings, in response to the pandemic. In addition to pre-service training, there are many opportunities to do in-service training after resource families become licensed. Many foster parents rely more on social media groups, cluster groups, or other foster parents for support. Please see table below for UFC SFYs 2019 - 2021 data.

Utah Foster Care			
	SFY 2019	SFY 2020 ¹	SFY 2021 ¹
Number of Consultations with Prospective Foster Parents	1,104	1,205	1,194
Number of New Foster Families Trained and Graduated	700 (533 Foster/Adoptive; 167 Kinship)	746 (543 Foster/Adoptive; 203 Kinship)	687 (465 Foster/Adoptive; 222 Kinship)
Hours of Training for Current and Prospective Foster Parents	2,841 (1,984 pre-service training hours and 857 in-service training hours)	3,838 (2,060 pre-service training hours and 1,778 in-service training hours)	8,401 (5,766 pre-service training hours –1,644 live and 4,122 recorded– and 2,615 in-service training hours–615 live and 2,000 recorded–)
Number of Foster Parent Support Meetings, which include cluster group meetings and retention activities	267	242	399
<i>NOTE: ¹ In SFY 2020 and 2021, due the COVID-19 pandemic, there was a switch in online versus live class availability and participation.</i>			

Service Array and Resource Development

2018 CFSR Results		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 have to 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 the Child and Family Team meetings, 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

Utah was not in substantial conformity with the systemic factor of Service Array and Resource Development in the 2018 onsite review.

Current and Planned Activities:

Issues of accessibility and availability of services, particularly in rural areas, were at the forefront of DHS and DCFS priorities prior to the CFSR. The adoption of department-wide System of Care program was the department’s response to improve service delivery for families with children with high-level needs who require cross-department services. Because of the System of Care approach, a need to streamline services across divisions and eliminate barriers was identified, which resulted in an Integrated Service Delivery initiative aimed at addressing missing services and strengthening existing services, which ultimately resulted in the creation of the Office of Quality and Design (OQD).

The belief that the department needed to better engage families and stakeholders in designing and evaluating services was a key principle underlying the formation of OQD. OQD was tasked with writing and managing contracts, procureing services, developing and manageing provider networks, evaluating and refining services, and measuring outcomes. In addition, OQD is responsible to seek and organize stakeholder inputs on service gaps and needs, facilitatate the design of new services and the refinement of existing services, and ensure a broad, flexible array of effective services.

Due to the merger of DHS and DOH to one department, DHHS, OQD is undergoing a restructure. DHHS commitment to strengthening service availability and access for families served by the department will continue to be an important focus.

PIP Strategies:

- Expand the array of evidence-based services or programs for children, youth and families involved with DCFS, including kinship caregivers, as components of Family First Prevention Services Act implementation for prevention services and kinship navigator services.
- Enhance access to clinical and non-clinical wraparound services for children, youth, 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 (started in July 2018); and implement strategies to expand availability, especially in rural areas, such as:
 - Incentives for rural areas
 - Enhanced rates for evidence-based interventions provided in the family's home
 - Telehealth platform that all providers can use
 - 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.

These strategies are significantly contributing to the development and strengthening of the array of services available for children and families. It is anticipated that it may take several years for the benefits of service array expansion to be fully realized throughout the state. The addition of evidence-based 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.

Providers have been encouraged to apply for contracts under the Integrated Clinical Wrap Services contract. This will help families whose children are at home or with foster parents, in particular kinship caregivers. This effort is expected to continue improving Utah's performance on CFSR Item 4 - Stability of Foster Care Placement and Item 12 - Needs and Services of Children, Parents, and Foster Parent, as well as improve the overall service array. As described above, these items have met their PIP goals.

Ongoing Initiatives:

Utah continues to develop, support training efforts and expand use of Evidence Based Practice (EBPs) services, investing Family First Transition Act funds to support these efforts. These efforts include:

- Expansion of use of the telehealth platform for DCFS providers facilitated the broad use of the service, which is now included in providers' contracts.
- Clinical and wrap services available for youth in foster care were made available to youth living at home.
- Clinical and non-clinical supports and services were made available to youth and families who are on probation but are not in JJS or DCFS custody.
- Stabilization and mobile response (SMR) 24-hour crisis intervention services are available in some areas and are accessible by members of the community, including foster parents and kinship caregivers. Expansion of SMR services in another region is planned.

Please see Measure 2.1.b. for an overview of these efforts.

Stakeholder interviews conducted during the SFY 2021 provided the following insights in stakeholder priorities and concerns:

- Expanding the service array, particularly in the rural areas, will continue to be a priority.
- Access to affordable housing and public transportation continues to be a priority.
- Clients with criminal histories struggle finding housing, even with vouchers in hand.
- For clients in rural areas, accessing residential treatment often requires travel to urban areas.
- Changes in service delivery brought about by the pandemic made telehealth services more available and provided access to services for families in rural areas. However, in-person services are often preferred and is seen as more effective, especially for children.
- In some rural areas, there is only one Domestic Violence (DV) service provider.
- Contracts do not allow both parents to attend the same DV treatment provider, which means that one parent needs to travel to access this service.
- The service array in Salt Lake City and the Wasatch Front is generally good. There are more services for specific language groups/refugee populations.
- Utah Youth's Village and its Families First in-home service is a desired service that stakeholders speak highly of, but demand sometimes results in long wait times for access.

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 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.

For additional information on Service Array and Resource Development, please see APSR Section III. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes: Objective #2.1.

Agency Responsiveness to the Community

2018 CFSR Results		Summary of Findings	Result
Item 31	State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR	The agency 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	The agency coordinates with a variety of other agencies that provide services and benefits of other federal or federally assisted programs serving the same populations including but not limited to Temporary Assistance to Needy Families (TANF), the Department of Health and Early Intervention Programs, Head Start Programs, Medicaid, Division of Services for People with Disabilities, Women, Infants and Children (WIC) programs, the State Offices of Education and Housing Services, and Substance Abuse and Mental Health Services Administration (SAMHSA).	Strength

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

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

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, local Children Justice Centers (CJC), and Utah Tribes. DCFS representatives also sit on committees with community partners.

Stakeholder Feedback: DCFS continues to be responsive to the community. Both, local offices and region administrations are responsive to emerging issues. There is not a lot of diversity in the agency or in its services. Reports about agency responsiveness to the tribes is good, except in the basin. Tribal representatives report that when working with the various offices, there is a better understanding of ICWA in local offices than there is in urban offices.

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

Foster and Adoptive Parent Licensing, Recruitment, and Retention

2018 CFSR Results		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. An additional barrier identified by stakeholders is 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

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

Current and Planned Activities

DHS Office of Licensing (OL) works closely with but is independent from DCFS. OL is responsible for ensuring that approved foster family homes or childcare institutions receiving Title IV-E funds comply with state standards, and OL frequently audits each program. All OL criteria and specifications that guide services delivered by community providers conform to federal law and recommended national standards. OL also oversees the criminal background screening and child abuse registry screening process for foster and adoptive parents and works with the Department of Public Safety to ensure that criminal background checks are completed. Background screenings are recorded in the SAFE data management system, which OL uses to track compliance.

Through a contract with DCFS, UFC is responsible for the diligent recruitment and training of potential foster and adoptive families and works with each region to determine yearly

recruitment target numbers. The recruitment process functions to enroll potential foster and adoptive families in all parts of the state, as shown in the CFSR. Numbers of new foster parents recruited and trained last year are reported above, under Staff and Provider Training, item 27. Regional recruitment plans are developed annually, based on each region’s needs assessment.

Utah also has a contract with the Adoption Exchange, now known as Raise the Future, and uses many of this agency’s resources to locate adoptive families for children. They have an initiative called the Heart Gallery which annually helps place children who are available for adoption into families located outside of the county or region in which the child is located. In some cases, this has resulted in children being placed with adoptive families outside of Utah. DCFS contracted with the Dave Thomas Foundation to facilitate the operation of the Wendy’s Wonderful Kids (WWK) evidence-based program through the Adoption Exchange. Through WWK, professional family recruiters help find homes, match children with potential adoptive and guardianship families, secure placements, and work toward the finalization of adoptions for children who need additionally focused efforts to obtain a permanent family.

In May 2022, DCFS completed the process of centralizing the background screening process, which will ensure a speedier completion of background checks and remove potential biases from the screening process. There were some reports of backlogs and bottlenecks in the regional BCI process. This centralization will ensure that staff who are entirely dedicated to this task, are available to quickly process background screenings around the clock and address barriers. This should enable kin considered as a placement option to be approved more quickly.

Stakeholder interviews show that, during the pandemic, foster parent recruitment was hampered due to no local, in-person recruitment. Recruitment had primarily shifted to digital means and word-of-mouth. There continues to be a shortage of foster homes, resulting in some children having to be placed out of their communities. This is particularly evident when placing special needs children. There seems to be a bottleneck in the renewal of licenses in some regions. This seems to have improved to some degree, recently.

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

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 the agency’s control, such as delays in processes or in receiving required information from families, other agencies, and other states.

The table below displays SFYs 2017 – 2021 ICPC timeliness of home studies data.

Timeliness of Incoming ICPC Home Studies										
Completion Time	SFY 2017		SFY 2018		SFY 2019		SFY 2020		SFY 2021	
	Count	Percent	Count	%	Count	%	Count	%	Count	%
60 Days or Less	124	52%	109	46%	124	52%	109	46%	108	48%
61 to 75 Days	26	11%	29	12%	26	11%	29	12%	19	8%
76 Days or Greater	89	37%	98	42%	89	37%	98	42%	100	44%
TOTAL ¹	239	100%	236	100%	239	100%	236	100%	227	100%

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

The table below displays FFYs 2019 – 2021 ICPC placement requests.

ICPC Placement Requests						
ICPC Type	FFY 2019		FFY 2020		FFY 2021	
	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing
All Adoptions	101	144	109	146	70	71
Foster Care	162	96	92	40	103	61
Parent	53	75	64	45	58	71
Kinship	100	160	119	132	88	138
Residential Treatment	2,530	17	1,302	12	412	6
Total Incoming/Outgoing	2,946	492	1,686	375	731	347
TOTAL Placement Requests	3438		2061		1,078	

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

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

Goals, Objectives, and Measures

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

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

APSR Update

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

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

Initial Rationale for Selecting Goal for the Plan:

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

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

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

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

APSR Update

First Impression

This objective, known as Safety at Critical Junctures, was modified to include two phases. The first phase is referred to as the First Impression Project. First Impression intensively focuses on the first 21 days of a CPS case. While progress on this phase slowed due to COVID-19, progress was still made and is presented below.

The second phase, which will occur after completion of First Impression, will address safety across the system after the first 21 days of a case.

The First Impression Project intensively focuses on the onset of a CPS assessment. Since families are the best experts on their experiences, needs, and strengths, family voice needs to 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 increased social connections.

In response, DCFS leadership tasked the First Impression Project workgroup with developing a workflow that provides the best experience for families. The First Impression workgroup has developed a workflow designed to address system barriers in order to support an improved system response to children who are unsafe or safe with a plan, support upfront teaming with families, and prioritize search, engagement and placement with kin.

The First Impression Project focuses on improving the flow of a family's case at the onset of DCFS involvement when safety issues have been identified, in order to set families up for a greater chance of success. This includes facilitating upfront family-driven teaming, intense search for and engagement of kin and initial kin placements, and reducing systemic barriers to accessing evidence-based and appropriate services in a timely manner.

In FFY 2020, two pilot sites were established for the First Impression project. Both a rural and an urban site were selected to facilitate a broad spectrum of information that will be helpful in informing the process, as well as in eventually scale the project statewide.

Within the two pilot sites, capacity was created to support the existence of a coordinator role. This position works with the family to help them build their support system. The family support system is invited to the Family Action Meeting (FAM) held at the onset of a CPS assessment to address safety concerns.

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

In FFY 2021, a teaming model was selected, Family Group Decision Making (FGDM). DCFS has been working with the Kempe Center to modify and implement this model. Modifications to FGDM are focused on how to use this framework for creating an expedited response at the CPS level to support children and families quickly and at the point they initially become involved with DCFS. Modifications have been further tailored to specifically address Utah's child welfare system. The name given to this new teaming model is FAM. Initial data suggests an uptick in family member attendance, as well as family members holding each other accountable to decisions made during their FAM.

In response to lessons learned throughout this process, DCFS and the Kemp Center are continually working to improve and refine processes. For example, the two groups are revising the First Impression training based on lessons learned during pilot project implementation. Surveys to measure qualitative experiences and inform future work are completed by family members who participate in the process. Initial reports are generally favorable. The First Impression workgroup is also receiving valuable feedback about the parts of the process the families find helpful and the areas to improve.

While it is admittedly early in the implementation process, the First Impression workgroup is encouraged by how the process of First Impression and FAM is being received by some. For example, one AAG addressed the courtroom and expressed his appreciation for the number of family members and friends who attended the court proceedings to offer their support and assistance.

In planning for next steps, DCFS determined that, in order to prepare for a successful expansion of First Impression beyond the two pilot sites, a centralized supervisor and team of specialized coordinators will be critical. Approval has been obtained to hire the supervisor and a team of 10 coordinators. It is anticipated the supervisor will be in position by the end of FFY 2022.

Culture of Safety

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

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

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

Culture of Safety's first phase is completed. Phase One focused on vulnerable children. Through the problem exploration process, the project's workgroup identified the populations of children

at greatest risk of serious injury or fatality. A comprehensive staffing guide was created to assist workers in gathering the most relevant, factual, and timely information possible to make informed safety determinations. The guide is designed to facilitate critical thought and reduce potential biases. Along with the guide, the workgroup created Resource Guides on each of the identified vulnerable populations. The resource guides were provided to workers for use as a supplement to the Staffing Guide. The identified vulnerable populations addressed include:

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

The Resource Guides enhance the Staffing Guide by focusing on what makes the child vulnerable. Special considerations are applied for working with each population and specific resources designed to address the needs of each population are suggested. This phase was rolled out as a live two-hour training through virtual means to all DCFS staff in March 2021. The training introduced the comprehensive Staffing Guide and Resource Guides. To receive training credit hours, each participant was required to complete a post-test after completion of the training. In addition to the post test, the CQI process has included feedback on the staffing guide from users, such as supervisors and caseworkers, which has led to changes and refinements during FFYs 2021 and 2022. Through this process, it was determined that the CFSR/QCR process will serve as the CQI for the staffing guide moving forward. Please see Attachments J. and K. to view the latest iterations of the Vulnerable Population Resource Guide and Staffing Guide, respectively.

Because a high number of children enter DCFS custody due to caregiver substance use disorder, Culture of Safety Phase Two focuses on safety and substance use disorder. House Bill 73, which became a law on May 5, 2021, prohibited the court, DCFS, and Guardians Ad Litem from referring any party for hair or fingernail testing to determine substance use. A more comprehensive way to address safety, other than drug testing, was necessary. Clear communication addressing the legislative update was provided to frontline supervisors. Supervisor orientations were completed in May 2021. Additionally, program administrators provided virtual staffing times and a centralized technical support email for staff to refer to when addressing issues.

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

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

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

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

This concluded the work of the Culture of Safety project.

Strengthening CPS

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

Objective 1.1 data for FFYs 2017 – 2021 is presented in the three tables below.

Measure 1.1.a.

Supported Victims without a Recurrence of Maltreatment within 90 Days¹										
	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021 ²	
Victim Age at First Case Start	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	80	95.3%	68	96.0%	80	95.3%	68	96.0%	49	96.3%
2 to 5 Years	114	94.7%	65	97.0%	114	94.7%	65	97.0%	82	95.8%
6 to 12 Years	177	95.1%	156	95.9%	177	95.1%	156	95.9%	173	95.2%
13 Years and Older	108	96.1%	109	96.1%	108	96.1%	109	96.1%	98	96.4%
TOTAL without Recurrence within 90 Days	476	95.3%	396	96.2%	476	95.3%	396	96.2%	402	95.8%

NOTES: ¹ Recidivism data are reported for the FFY in which the first supported case was closed. ² FFY 2021 data are included for Measure 1.1.a, as 90 days have passed since the last day of FFY 2021.

Measure 1.1.b.

Supported Victims without a Recurrence of Maltreatment within 12 Months ¹										
Victim Age at First Case Start	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021 ²	
	Percent	Count	Percent	Count	Percent	Count	Count	Percent	Count	Percent
0 to 1 Year	88.3%	214	87.4%	179	88.3%	214	163	89.0%		
2 to 5 Years	88.7%	245	88.7%	247	88.7%	245	251	87.5%		
6 to 12 Years	88.4%	440	88.6%	418	88.4%	440	398	88.9%		
13 Years and Older	90.5%	263	90.5%	278	90.5%	263	237	92.0%		
TOTAL Without Recurrence within 12 Months	89.0%	1,156	88.90%	1,115	89.0%	1,156	1,043	89.6%		

NOTE: ¹ Recidivism data are reported for the FFY in which the first supported case was closed. ² FFY 2021 data are not included, as a full 12 months have not passed since the last day of FFY 2021. Data for CPS cases closed during FFY 2021 will be available after September 30, 2022.

Measure 1.1.c.

Number and Percent of Closed CPS Cases where the Child was Seen within the Priority Time Frame		
FFY	Number of Closed Cases with Priority Met	Percent of Closed Cases with Priority Met
2017	17,289	87.2%
2018	17,697	89.0%
2019	17,748	89.4%
2020 ¹	16,785	88.0%
2021 ²	16,323	87.1%

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

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

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

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

APSR Update

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

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

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

Measure 1.2.a.

DCFS SAFE Developers are working to add the number of required visits and the number of completed visits each month on each in-home case based on the SDM Risk.

Measure 1.2.b.

Timeliness of Safety Assessment¹ Finalized Safety Assessment by Fifth Business Day Following the Child First Seen Date or from the Interview of the Child Date ² (Measure 1.2.B)		
FFY	Number	Percent
2017	12,797	65.7%
2018	13,979	70.4%
2019	14,660	74.0%
2020	14,861	78.5%
2021	13,833	73.9%

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

Measure 1.2.c.

Caseworker Visits ¹			
FFY	Children in Custody Age 17 and Younger Requiring One Visit Per Month	Percent of Months a Visit was Required and Completed	Percent of Completed Visits at the Child's Residence
2017	4,390	96.60%	99.80%
2018	4,227	96.30%	99.90%
2019	3916	85.80%	99.90%
2020 ²	3509	96.80%	99.90%
2021	3318	96.80%	99.90%

NOTES: ¹ Data includes visits by DJJS with children in the custody of DJJS; this agency may not conduct all visits at the child's residence. ² During FFY 2020, one child had custody episodes with both DJJS and DCFS. The aggregate number of children is an unduplicated count.

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

Initial Rationale for Selecting Goal for the Plan:

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

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

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

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

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

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

APSR Update

Data for FFYs 2016 – 2020 is presented in the table below. FFY 2021 data will not be available until October 1, 2022.

Measure 2.1.a.

Number and Percent of Child Clients on Closed In-home Cases with a Subsequent Foster Care Case Opened between 30 and 365 Days After the In-Home Case End Date		
FFY	Child Clients with a Closed In-Home Case During FFY	Percent of Child Clients with a Subsequent Foster Care Case
2016	3,444	3.7%
2017	332	3.9%
2018	3,248	4.2%
2019	3,392	3.6%
2020	3,089	4.2%
2021 ¹		
<i>NOTE: ¹ Data for Cases Closed During FFY 2021 is not available until October 1, 2022</i>		

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

Measure 2.1.b.

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

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

In January 2022, Utah received approval for the second amendment to its Title IV-E Prevention Program Plan, adding one additional evidence-based service to the plan. The service is Families First, developed and provided through Utah Youth Village. The service is a parent skills training service, and it was rated as well-supported through the independent systematic review process. This service has not yet been rated by the Title IV-E Prevention Services Clearinghouse.

Parent Child Interaction Therapy

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

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

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

The PCIT developer modified the service to allow for virtual delivery. DCFS received permission through the Stafford Act to allow for flexibility for provision of the service virtually. PCIT providers are now available in all five DCFS regions, though in Eastern and Southwest regions, clinicians are very limited. At least two providers have been offering virtually PCIT to rural areas of Utah, which is a significant benefit, as few trained providers reside in rural areas.

Functional Family Therapy

FFT is a site-based intervention that requires organizations to be accepted by the developer and to offer the service through trained clinicians who provide FFT exclusively. In FFY 2020, FFT training was scheduled at three sites in Utah but was delayed due to the COVID 19 public health emergency. These training sessions were subsequently rescheduled and held for each of the provider organizations, with two located in the Northern Region and one located in Salt Lake Valley Region. All sites are now providing services under the Title IV-E Prevention Program Plan as well as to clients outside of that plan. Use of FFT has increased and recruitment for additional FFT providers in Utah's rural areas continues. Utah continues to fund ongoing training, supervision, and certification of three FFT sites. Clinicians from these three sites provide FFT services in seven different counties within four of five DCFS regions. FFT utilization has been highest in the Northern region.

Parents as Teachers

Utah has not yet implemented PAT as part of our Title IV-E Prevention Plan. PAT programs exist in the state; however, we have not initiated conversations with these programs this year as start-up of other services was identified as a higher priority. Key barriers have been the case length of child welfare cases compared to duration of PAT cases, voluntary nature of PAT when DCFS cases are court ordered, and provision of services when multiple federal funding sources are available.

DCFS is considering a start-up with a pilot site that also has private funding options in place that could consider the service beyond DCFS involvement, but is also considering expanding the Title IV-E Prevention Plan outside of typical child welfare cases. The time frame for considering these options has not yet been identified.

Trauma-Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was established as a contract service for DHS prior to its inclusion in Utah's Title IV-E Prevention Plan. This service is available in three regions of the state, with more than one dozen provider agencies having clinicians who are trained to provide TF-CBT. TF-CBT training was held for DJJS staff in December 2021, with 23 clinicians were trained. DHS anticipates sponsoring another TF-CBT training before the end of 2022, with another 24 clinicians potentially being trained. TF-CBT is available in three DCFS regions, but it is not yet being widely used. An enhanced rate is being considered for TF-CBT to better support providers in meeting fidelity requirements.

Motivational Interviewing

Training was completed for two cohorts, both in the fall of 2019. Utah now has 50 clinicians eligible to deliver Motivational Interviewing (MI). Claiming under the Title IV-E Prevention Plan has not yet begun for this service, as the logistics of having this be an add-on service to another mental health or substance use disorder service has not yet been worked out, though planning has begun. An enhanced rate is also being proposed for MI to support providers in meeting fidelity requirements. A new MI training contract was initiated in December 2021 and clinical training is expected in 2022. A contract has also been established for LYSSN, an artificial intelligence fidelity resource that can be used by providers to verify fidelity to the MI model. We expect to begin utilizing MI as part of our Title IV-E Prevention Plan during FY 2023.

SafeCare

DHS has been actively working with the National SafeCare Training and Research Center (NSTRC) at the University of Georgia to plan for bringing SafeCare into Utah as an evidence-based service. The contract with NSTRC is nearly ready for signature. In addition, the state procurement process to select the providers for SafeCare has been implemented. Those contracts are also nearing the signature stage. Once both sets of contracts are signed, training for individual SafeCare in-home providers will be scheduled. NSTRC will provide the initial training and coaching, but over time will help Utah become sustainable in being able to provide coaching and training for the SafeCare program. Accreditation of community programs will be completed by NSTRC on an ongoing basis when the program is provided with sufficient fidelity. We anticipate that SafeCare will be fully implemented in Utah during State Fiscal Year 2023.

Families First

DCFS has contracted with Utah Youth Village for the Families First parent skills training for several years. Having this added to our Title IV-E Prevention Program Plan is significant. The service is available in all of the DCFS regions and in most communities with DCFS offices. DCFS is putting in place the logistics needed to be able to utilize this service under the IV-E Prevention Program and to be able to submit claims under Title IV-E. All required tasks should be completed in the next few weeks.

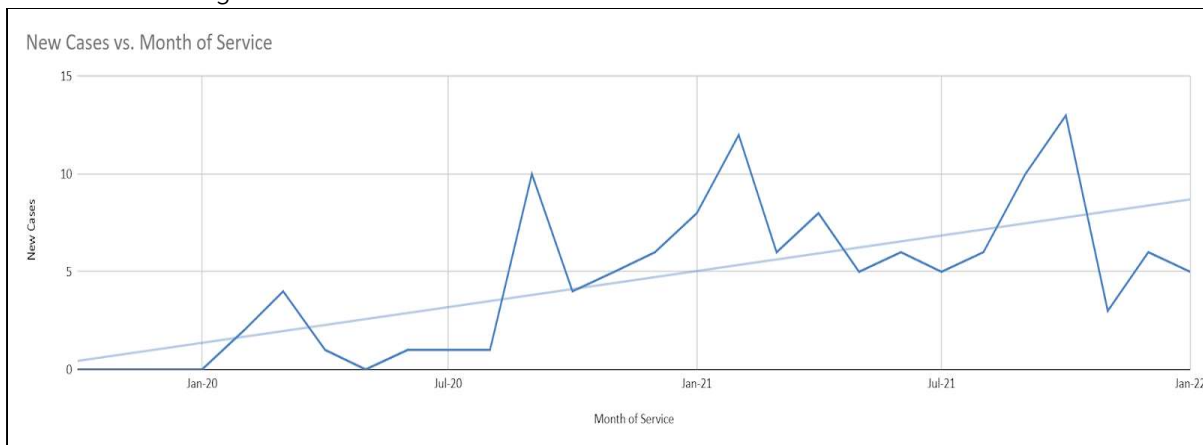
Addressing Challenges

In addition to the complexity of starting up new evidence-based programs under the Title IV-E Prevention Program Plan, challenges have continued around access and utilization of services once they are available. To some extent, caseworkers in regional offices have not been quick to adopt the use of the new EBP services. During the past year, several activities have been underway to support caseworkers in referring to the new services.

For example, state office staff have continued to reach out to both region teams and to individual caseworkers to provide information about use of EBP services. Data reports have been utilized to identify new clients whose UFACET assessment indicated that an EBP might be appropriate, and program staff have reached out to the specific caseworkers to talk about service selection.

In addition, a pilot project was implemented to simplify the process for referring clients for EBP services, bypassing the more cumbersome region service review and authorization process. A CQI data report has been developed to monitor use of EBPs by region, office, and supervisor. The report also tracks use of services based on the case type and the source of funding. This data has demonstrated an increase in use of EBPs over time. To date, 102 children and 10 adults have received evidence-based services.

New Cases Utilizing EBP Services over Time



New 211 help line resources are also available to frontline staff, which will help caseworkers identify and select appropriate evidence-based programs and services for children and families they serve. DHS has also established a service navigation team. The role of that team has not been fully developed, but potentially can support our efforts to expand use of EBPs for clients.

Another challenge for implementation is availability of services, with most of the new EBPs being available in more urban areas of the state. Targeted recruitment of providers in rural areas will continue to be a focus as new training is held or new services are developed. We anticipate also

exploring the ability to continue to provide services remotely after the Stafford Act flexibility is rescinded with the end of the public health emergency declaration.

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

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

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

APSR Update

The kinship workgroup has made numerous efforts to increase identification of kinship supports and placements. Their efforts are detailed below.

The kinship workgroup mapped the current kinship process, identified gaps, and prepared recommendations for improvement. Their report was presented to DCFS administration in May 2022 and is currently under review.

In response to earlier recommendations made by the kinship workgroup, in May 2022, DCFS created a BCI Support Team. It is expected that centralization of the BCI process will improve kinship efforts. The anticipated outcomes include ensuring consistency and accuracy, and reducing biases when completing the BCI background checks for kin. A BCI tech follows the application throughout the entire BCI process, including application approval or denial. If the kinship placement becomes the permanent placement, the BCI team will collect clearances for licensing and/or adoption.

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

The DCFS Kinship Program Administrator meets monthly with the region's Kinship Resource Family Consultants (RFC) and Interstate Compact on the Placement of Children (ICPC) Supervisors to share information and resources. This group collaborates with Utah Foster Care, Children’s Service Society of Utah Grandfamilies, Department of Workforce Services, the Office of Recovery Services, kinship families and youth, 211 service, and the DCFS Indian Child Welfare Act (ICWA) Administrator in an effort to improve services to kinship families.

When DCFS Regional Placement Committees do not reach a consensus on a placement determination, the case moves to the newly formed State Office Difficult Placement Decision Committee (Committee) for further consideration. This new process is intended to provide added support to the regions and educate the child welfare community on the value of kinship care. The Committee is also striving to provide evidence-based research and legal precedence when there is a difference of opinion on placement decisions.

The kinship workgroup works with the DCFS Regions Kin Locators to ensure they are fully trained and that have access to all necessary databases that can be used for locating kin.

Finally, the Court Improvement Program Webinar Series, detailed in Objective 4.2, has also helped to educate the child welfare system members on the value of kinship care.

Objective 2.2 data for FFYs 2017 – 2021 is presented in the tables below.

Measure 2.2.a.

Children in Foster Care with at Least One Kinship Caregiver Placement at any Time During the FFY (Served) (Measure 2.2.a)			
FFY	TOTAL Children Served in Foster Care During FFY	Number of Children Placed with a Kinship Caregiver During FFY	Percent of Children Placed with a Kinship Caregiver During FFY
2017	4,802	2,170	45.2%
2018	4,720	2,076	44.0%
2019	4,542	1,999	44.0%
2020	4,074	1,831	44.9%
2021	3,878	1,820	46.9%

Measure 2.2.b

DCFS anticipated that this data would be available this year. Due to competing priorities, this data is not yet available.

Measure 2.2.c.

Percent of Children in Foster Care Placed with a Relative on the Last Day of the FFY (Foster Care Only) (Measure 2.2.c)			
FFY	Children in Foster Care	Children Placed with a Relative	Percent of Children Placed with a Relative
2017	2902	923	31.8%
2018	2576	836	32.5%
2019	2479	810	32.7%
2020	2374	845	35.6%
2021	2132	758	35.6%

Measure 2.2.d

DCFS anticipated that this data would be available this year. Due to competing priorities, this data is not yet available.

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

Initial Rationale for Selecting Goal for the Plan:

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

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

and initiatives that take away from critical activities and aligning our system and resources to ensure children are safe through strengthened families.

This Theory of Constraints model has been incorporated into CPS work in Northern, Salt Lake Valley, and Western Regions, with promising results. For example, in Western Region, over a period of four quarters there was a reduction by 10 days in the average number of days a CPS case is open, from 35.4 to 25.3. DCFS has also seen a 10% increase in frequency of priority time frame being met from 80.7% to 90.3%. Average client contacts per case have also increased from 11.9 to 14.2. It is anticipated that applying this model to ongoing cases (in-home and out-of-home) will create additional capacity for caseworkers to address safety of children and engage with families for transformational change.

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

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

Objective #3.1:

- Design an improved organizational structure to support frontline workers in completing case critical activities that improve safety, permanency and wellbeing of children.
- Structure caseworker expectations around the frequency, intensity, time, and type of activity to improve family outcomes.
- Identify and eliminate or reassign non-critical casework activities to increase caseworker capacity allowing them to spend more time with families.

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

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

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

APSR Update

Two primary projects address this objective.

Managing Active Progress

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

The evaluation period for MAP Prototype I ended in November 2020. It was determined that the regular use of MAP helped teams to collaborate and stay connected, particularly during emergency telework resulting from the pandemic. Supervisors report MAP has been a good way for them to mentor employees on work-life balance, work prioritization, and learning to focus on tasks to achieve the best results for families. Workers report a slightly increased ability to identify and prioritize critical activities, as well as a sense that they have the time they need to focus on the most critical needs of families they serve.

The MAP board currently requires manual entry for many fields, which has been a barrier for teams to use it to fidelity. As a result, visual tracking of case progression and ability to identify time-sensitive tasks at a glance has not been fully realized. The second prototype will address these issues by integrating the MAP boards into Utah's DCFS CCWIS system. The timeline for this prototype has been pushed back due to competing priorities in the transition from SACWIS to CCWIS. It is estimated this will be completed in FFY 2023.

Culture of Safety

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

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

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

Measure 3.1.a.

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

The table below presents 2017 – 2021 DCFS caseworker turnover. External turnover represents individuals leaving DCFS; internal turnover refers to vacancies within DCFS that occur when employees move to a different position within the agency. Total turnover demonstrates the challenge of achieving and maintaining a fully staffed caseworker team.

Percent of DCFS Caseworker Turnover			
Calendar Year	Internal Turnover	External Turnover	TOTAL Turnover
2017	14.1%	23.7%	37.80%
2018	17.7%	30.3%	48.00%
2019	17.3%	32.2%	49.50%
2020	14.9%	28.2%	43.10%
2021	10.3%	38.3%	48.6%

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

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

DCFS is continuing its efforts with plans to utilize legislative funds to invest in staff professional development and retention, with a three-year career pathway and training plan for frontline caseworkers. The plan is intended to support stability, efficacy, and opportunity for DCFS workforce.

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

DCFS is also exploring ways to improve employee recognition and support opportunities at the division, department and state levels.

It will take time to impact staffing shortages and improve morale, as Utah continues to see the effects of the pandemic and the economy, particularly inflation rates, on DCFS workforce and the children and families it serves.

Measure 3.1.b.

The data in the below charts is from an employee satisfaction survey conducted by the Utah Department of Human Resource Management and depict information specific to DCFS. The charts show a trend over time, but it is important to note that quarterly respondents are not the same each quarter, as employees complete the survey during the quarter in which they were hired. The data for the same four measures presented in last year’s APSR was similar with positive employee experience at 83.1%, job satisfaction at 94.6%, positive work environment at 92.0%, and professional growth at 75.6%.



Measure 3.1.c.

Please refer to the APSR section: Assessment of Current Performance in Improving Outcomes. for data on this measure. (3.1.c. Qualitative case review system scores.)

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

Initial Rationale for Selecting Goal for the Plan:

For the past year, the Children’s Bureau has highlighted the importance of the child welfare system being more interconnected with child protective services activities in states and

communities as a means of focusing on and increasing capacity to prevent maltreatment of children. While DCFS serves as the child welfare agency and also has as a key role for child abuse prevention in Utah, these roles have functioned somewhat independently and can benefit from better integration into the full child welfare system that serves our shared families.

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

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

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

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

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

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

APSR Update

Measure 4.1.a. and 4.1.b.

Current primary prevention contracts are in place from January 2021 through June 2023. The current set of contracts were awarded for 2.5 years in duration, instead of the customary five years, to allow sufficient time for the Child Abuse Prevention Program Administrator to conduct a formal needs assessment. This assessment, being completed by the University of Utah Social Research Institute from April 2022 to June 2023, will examine various sources of quantitative and qualitative data, including participatory research with community stakeholders. The assessment will identify populations and areas of the state in greatest need of prevention services and will inform a strategic plan to guide service delivery for future years.

The Child Abuse Prevention Program Administrator continues to identify new ways to better integrate primary prevention services with the child welfare system. Efforts include:

- Utah was one of a few states chosen to participate in the Transformative Leaders for Thriving Families: Building a Public Health Approach to Child and Family Wellbeing Learning Community. Two administrators from DHS and two from DOH participated in the learning community from August 2021 until March 2022.
- In 2021, the Child Abuse Prevention Program Administrator began attending virtual child welfare staff meetings throughout the state to educate staff on community-based prevention services, including home visiting, crisis and respite care, and parent resource and referral lines. Many child welfare workers have been unaware of these services and were grateful to expand their knowledge of available resources.
- The Child Abuse Prevention Program Administrator partnered with the CAPTA Program Administrator to examine and improve processes for developmental screening and referring families to Part C Early Intervention Services among CPS investigators. Please see CAPTA Program Area #6, Goal 6.4 for additional information.
- The most recent RGA for primary prevention services resulted in several new contracts for Parents as Teachers home visiting services. Parents as Teachers is also included in Utah's FFPSA plan. The Child Abuse Prevention Program Administrator continues to invest in an expansion of this service in order to align services between the community and the child welfare population. As part of Utah's FFPSA Plan, the state recently awarded two new contracts for SafeCare services. The Prevention Program Administrator is considering expanding SafeCare as a primary prevention service in future years.
- The Child Abuse Prevention Program Administrator continues to support the state's 11 Family Support Centers in helping families from primary prevention through reunification and post-adoption. The Centers provide an uncommon blend of services for families, including crisis and respite care, parenting educational services, emergency shelter for

youth in DCFS custody, and in-home respite for post-adopt families. This broad array of services brings unique challenges to the centers.

- In 2021, the Child Abuse Prevention Program Administrator was invited to participate on the Court Improvement Program Committee. This has been a good opportunity to build relationships with legal partners and begin educating them about primary prevention efforts happening in Utah. The Program Administrator and CIP Coordinator are collaborating to identify ways to continue shifting the courts toward a more prevention-focused system. The Program Administrator will be providing a formal presentation on prevention services to the CIP Committee in June 2022 and will be assisting the CIP Coordinator in identifying prevention-related topics for the August 2022 CIP Summit.

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

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

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

APSR Update

Measure 4.2.a. and 4.2.b.

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

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

Child Welfare and Legal Communities Core Principles

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

1. Our interventions preserve and create safe family and community connections in ways that minimize loss, harm, and disruption.
2. Children and families receive early, intensive family engagement, advocacy, and access to services and supports.
3. All participants are empowered and valued within a trauma-informed environment that amplifies family voice.

4. Children and families are served by highly skilled professionals, including the judiciary, attorneys, child-welfare staff, foster parents, and other community partners.
5. All participants experience hearings and judicial orders that are consistent, of high quality, embody best practices, and afford all participants due process of law.
6. All participants are committed to providing families with an experience that is safety-driven, compassionate, transparent, and forward moving.
7. Our interventions in the lives of children and families will be effective and individualized regardless of race, ethnicity, religion, cultural heritage, country of origin, gender, sexual orientation, or socioeconomic status.

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

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

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

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

Court Improvement Project Webinar Series			
Date of Webinar	Webinar Topic	Number of Individuals in Attendance	Organizations in Attendance
Jan 22, 2021	Early and Intense Family Teaming - Kempe Center	617	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
Feb 26, 2021	Early Identification of Kinship - Generations United	633	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
Mar 26, 2021	Ambiguous Loss & the Harm of Removal -Dr. Monique Mitchell	764	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
Jun 25, 2021	Equity, Diversity and Inclusion	492	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
Aug 20, 2021	How to Communicate with Parents Safety Issues and Steps to Address	537	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
Oct 22, 2021	How to Assess Safety in Substance Use Disorder Cases	554	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
Dec 3, 2021	Panel Discussion: Individuals with Lived Experience, highlighting webinar topics	589	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers

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

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

Measures: 4.3.a. Develop system improvement efforts for which parental input can be received; 4.3.b. QCR system measures for engagement with parents and parent satisfaction.

APSR Update

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

Measure 4.3.a.

DCFS has several current state-level projects that have incorporated people with lived experience. These include First Impression, and the Equity, Diversity, and Inclusion project with Casey Family Programs, and the State Youth Advisory Council (YAC), among others. Additional work is needed to make this type of involvement more consistent at the administrative level. DCFS created parent voice recruitment cards that were provided to regional directors for distribution to their region’s contracted parental defense offices. The parental defense offices were asked to give the cards to their DCFS parent clients at the time of case closure, regardless of the closure type (i.e. reunification, termination of parental rights, etc.). The cards ask that

parents interested in helping DCFS improve child welfare services in Utah contact a designated DCFS representative and request to be added to the DCFS family voice list. DCFS has attempted to create a running list of parents willing to provide parents voice to a number of DCFS initiatives. The intention has been for representatives from the list to share with DCFS, from their experiences, what has worked well and what has not worked well. The intention has also been for families to be included in projects as needed. One success is parents from the list helping to inform the creation of a CPS to In-Home brochure and a Removal brochure. Unfortunately, despite DCFS efforts, there has not been a response to parent recruitment cards from families.

A DCFS workgroup has explored what is the best way to access and compensate for this expertise. Exploration includes coordination at the DHS level, as the department is doing similar work that will impact how DCFS moves forward. At present, the DHS initial scope of work for lived experience is being created, and the workgroup is awaiting the rate setting for hourly compensation. The workgroup is hoping to post by end of May 2022.

The First Impression Project workgroup has focused on increasing family voice and engagement within the first 21 days of a case. To enhance understanding of the issues regarding robust teaming and engagement with families, several Peer Support-certified families (biological parents who were reunified with their children and have been peer-support trained) were invited to share their experiences and perspectives. This process has provided valuable information, as it has helped to determine what is most meaningful to families involved in child welfare systems. Please see APSR Update for Objective 1.1 to learn more about the work of First Impression and its implementation of model FAM Meetings, a new teaming model.

In FFY 2020, DCFS created an internal Equity, Diversity, and Inclusion (EDI) Committee to review its policies, institutional structures, and internal and external barriers to communities of color and vulnerable and/or underserved populations. The EDI group consists of an internal workgroup with representatives from each of the five regions and the state office. EDI is in the process of expanding to include an LGBTQ+ sub-group. The focus of these groups is to assess current policy and practice guidelines, provide resources and be contacts for regions as they conduct their work, provide support and direction for agency staff, and maintain current knowledge related to these areas. As areas of need/improvement are identified, DCFS EDI workgroups will include community partners and families from the larger community and from those who previously received or are currently receiving services through DCFS.

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

In FFY 2021, DHS changed the name of the Equity, Diversity, and Inclusion (EDI) Committee to the Equity, Diversity, Inclusion and Accessibility (EDIA) Committee. Please see Attachment L. Understanding EDIA Efforts at DCFS for additional information.

DCFS continues to support the YAC, which adds a much-needed youth voice to the child welfare system. The Adolescent Services Program Administrator regularly meets with the State YAC. Through the YAC, youth discuss issues that impact their lives and set goals and objectives that are designed to resolve problems they face. Additionally, with assistance from DCFS administrators, the YAC develops policies and procedures involving youth support.

To bolster representation of youth voices, in August 2021, DCFS added the position of Lived Experience Youth Voice - TAL Assistant Coordinator. This position works directly with the Adolescent Services Program Administrator and the Region Youth Councils to assist youth in using their voices to improve services for themselves and other youth in care. The TAL Assistant Coordinator provides the expertise that can only be delivered by an individual with first-hand lived experience in the child welfare system. The position of TAL Assistant Coordinator continues to evolve as needs are identified.

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

Supported by DCFS policy, the DCFS Adolescent Services Program Administrator encourages caseworkers to empower youth to bring their concerns to their Child and Family Team Meetings (CFTM). Youth are reminded that they may call a CFTM at any time at which they perceive a need and that their voice is important. Youth do not need to wait for DCFS to request a meeting. DCFS provides support to youth to make sure that their voices are heard.

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

Measure 4.3.b.

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

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

Satisfaction ¹				
Standard	FFY			
	2018	2019	2020	2021
70%	88%	88%	85%	90%
NOTE: ¹ The 2022 review cycle ended in May 2022; the 2022 report will be available in August 2022 and will be included in next year's APSR.				

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

Engagement ¹				
Standard	FFY			
	2018	2019	2020	2021
70%	93%	92%	91%	93%
NOTE: ¹ The 2022 review cycle ended in May 2022; the 2022 report will be available in August 2022 and will be included in next year's APSR.				

Staff Training, Technical Assistance, and Evaluation

State Training Plan

The Staff Development and Training Plan contained in the CFSP supports overall agency operations, and particularly supports frontline caseworker knowledge and skill development. Planned training activities encompass expected 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. As part of Operational Excellence, DCFS will critically assess in every scenario whether training is the best mechanism to help staff implement new activities, or if other tools and resources will better support that need without taking staff away from critical case activities.

APSR Update

The first area of focus for training was new employee training. During FFYs 2020, 2021, and 2022 in response to the DCFS elevated turnover rate, the need to focus on rapid comprehensive professional development has become acute. To accommodate the need for having a skilled workforce that is able to make critical decisions regarding child safety, permanency and wellbeing issues, new employee training is incorporating more skills-based simulation experiences. This incorporation allows for professional development staff to coach new

employees in a safe environment, prior to the new employees performing primary casework responsibilities. The coaching assists new employees in developing the skills necessary to engage with families, leverage child and family teams, assess a family's strengths and needs, and develop holistic plans that reflect the families' voice and choice.

At the end of FFY 2021, DCFS added a Social Service Worker II job title. For direct service staff to attain this job title they must hold a current Utah Social Service Worker License, be employed with DCFS for at least three years and complete the specific training criteria for years one, two, and three. For additional information on specific training criteria, please see Attachment E. Training Plan.

Also, at the end of FFY 2021, Quality Bench Card Training launched. The Utah CIP and DCFS, in participation with judges and attorneys, seek to improve permanency outcomes for children and families by supporting high quality hearings. The Quality Hearing Bench Card provides Guiding Questions on Permanency, including a judicial checklist for hearings. Three different Quality Bench Card trainings were held, all with different methods of delivery. First, an online training was held for DCFS staff; this training provided an introduction to and overview of the bench card. Next, a live, virtual training was held that built on the first training and further introduced the value and proper implementation of the bench card. Last, multiple optional question and answer sessions were held; in these sessions, staff questions regarding implementation were addressed. The trainings helped to build staff confidence in using bench cards in their work. For additional information, please see Attachment M. Guiding Questions on Permanency – Quality Hearing Bench Card Checklist and Guide.

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

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

The Resource Guides enhance the Staffing Guide by focusing on what makes the child vulnerable. Special considerations are applied for working with each population and specific resources designed to address the needs of each population are suggested.

The Staffing Guide and Resource Guides were introduced in a live two-hour training through a virtual format to all DCFS staff in March 2021. The content of the training focused on assessing the safety of vulnerable child populations thorough use of the Staffing Guide and Resource Guides. Information presented in the training also included use of a desktop application process for accessing medical consultations and an iPhone Child Protector App, which provides general recommendations for addressing the case while waiting for medical consultation. Please see Attachments J. and K. to view the latest iterations of the Vulnerable Population Resource Guide and Staffing Guide, respectively.

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 will be utilized to support implementation of goals and objectives, when needed. For example, FFPSA workgroup support, which includes individuals outside of DCFS, will be utilized to provide TA to regional staff as components of that legislation are implemented. Similarly, DCFS will access TA to support its efforts to achieve the goals and objectives of the CFSP, as needed. Support was provided by the Capacity Building Center for States (CBCS) as Utah finalized its PIP, which is also closely associated with CFSP goals. Support by the CBCS will continue, as the group assists DCFS investigate its placement stability data and how it varies from the federal data.

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

APSR Update

Casey Family Programs and Children’s Bureau webinars have been primary sources of TA . Additionally, the Children’s Bureau Regional Office provided significant technical assistance through the implementation of congregate care and prevention program provisions of the Family First Prevention Services Act, and have continued to provide TA with Title IV-E Prevention Plan Amendments and other Title IV-E and federal program activities. The state office has continued to provide ongoing support to regions for the Strengthening CPS, MAP, and FAM initiatives. This support will continue for the foreseeable future. Please refer to the above CFSP Goals section for technical assistance specifically associated with CFSP goals.

Evaluation and Research Activities

DCFS has continued its partnership with local universities on a number of research projects that relate to the CFSP. For example, studies were completed for an in-home parent skills-based training program and a kinship navigator program. Another study is helping DCFS analyze child fatalities and near fatalities, which supports the plan requirements under FFPSA. An additional

study was completed analyzing the CARA components of the Child Abuse Prevention and Treatment Act, to inform how to strengthen supports to children born to mothers using substances. Additional evaluation activities are helping with in-depth analysis of foster care, such as conditions leading to foster care that will inform our efforts to keep children safely at home and reduce the time children are in foster care.

APSR Update

Several research and evaluation activities related to implementation of the Family First Prevention Services Act are underway or have recently been completed. First, an evaluation was completed of an in-home parent skills-based training program that was utilized as part of Utah's Title IV-E waiver. The purpose of this evaluation was to determine if the program could meet evidence-based criteria required under the FFPSA Prevention Program. The study primarily utilized SAFE (CCWIS) administrative data to measure outcomes for the treatment and comparison groups. The study results were favorable, and Utah submitted an amendment to its Title IV-E prevention program plan that resulted in approval for the addition of this service under the independent, systematic review criteria. This service is currently under review by the Title IV-E Prevention Services Clearinghouse.

Second, an additional kinship navigator program study of Grandfamilies is in development, with a goal of meeting a level of evidence through the Prevention Services Clearinghouse. The purpose of this evaluation is to determine if the program can meet evidence-based criteria required under FFPSA kinship navigator provisions. (See Kinship Navigator Funding section.)

In addition, the University of Utah SRI is developing evaluation strategies and will conduct required evaluations for Title IV-E Prevention Program evidence-based services. SRI has also conducted independent systematic reviews of research for potential evidence-based programs for inclusion in Utah's Title IV-E Prevention Program plan.

In FFY 2021, DCFS contracted with the University of Utah College of Social Work Social Research Institute (SRI) to conduct research on equity, diversity, and inclusion within Utah's child welfare system. The *Evaluating Racial and Ethnic Disparity and Disproportionality Project* will also consider the impact of poverty. DCFS is working closely with EDI and SRI to investigate and evaluate the degree of racial and ethnic disproportionality and disparity for families receiving DCFS services. A variety of racial, ethnic, and socioeconomic indicators will be used to describe the flow of services throughout the child welfare system as well as outcomes related to child welfare. By taking the initiative to look into systemic racism within child welfare, DCFS will learn from and respond to disproportionality and disparities to ensure that all children and families are receiving supportive and fair services that are racially inclusive, just, and equitable. The research and work being done through SRI will include ongoing workgroups and interviews with agency staff, community partners, and families. All will lend their voices to help guide SRI's process and how DCFS incorporates this work and lessons learned into its practice.

Implementation Supports

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

IV. QUALITY ASSURANCE SYSTEM

APSR Update

Overview

DCFS is a continuous quality improvement (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 Quality Assurance (QA) review process to help evaluate, monitor, and adjust its system in a way that helps children and families be successful. CQI is a foundational part of the Division's work in implementing new programs and practices to help keep children safe and strengthen families.

Enhancements in CQI/QA Capacity

Division Administration continues to maintain and support a CQI team as part of the state office administrative team. In March 2021, DCFS merged the Project Development Team with the CQI Team. The CQI and Project Development Teams has now been operating for over one year. This has significantly enhanced the connection and collaboration between the design and development of projects and the assessing, monitoring, and adjusting of those projects.

In January 2021, newly formed Department of Health and Human Services (begins July 1, 2022) Executive Leadership incorporated Results-Based Accountability (RBA) into Department management of practice and operations. The RBA approach and framework guides the thinking, measurement, and improvement of population wellbeing as demonstrated in agency performance in producing clientele and population results/outcomes in fulfillment of our mission. During the past year, Division administration created the DCFS RBA Strategic Plan, which includes key strategies, tactics, and indicators related to key areas of practice such as safety, permanency, and wellbeing. The CQI and Project Development Team leads the Division's RBA plan oversight and maintenance.

The CQI team continues to serve as Division 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 best thinking regarding continuous quality improvement processes in child welfare, including sharing emerging ideas and established processes between states and jurisdictions. CQI team members represent DCFS as a member 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) Continuous Quality Improvement Subgroup and the Casey Family Programs CWDL CQI Federal Subgroup. Recent projects from the Casey groups include information sharing between states and jurisdictions regarding various CQI/QA tools and processes. For example, some states use the Onsite

Review Instrument (OSRI) instrument, a state developed instrument, or a hybrid of both instruments.

Another significant enhancement to Utah's CQI/QA efforts and capacity is expected to begin in August 2022, as the start of FFY 2023. DCFS and OQD are working together to bring significant change to Utah's qualitative case review process. The two groups are creating a hybrid tool that uses CFSR as the foundational qualitative review instrument with the addition of three current, QCR indicators that are highly valued key practice elements. These QCR indicators are: Engaging, Teaming, and Satisfaction. DCFS and OQD expect that moving to the hybrid tool (CFSR+), process will significantly bolster frontline staff understanding of the CFSR indicators and scoring, and maintaining the three key QCR indicators will help to sustain highly valued key practice elements.

Using CQI/QA to Revise Goals and Interventions

DCFS has a well-established rigorous CQI/QA review process for evaluating the quality of services provided to children and families. These CQI/QA processes identify areas in which the state is performing well and areas of need 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. DHS OQD conducts each of the formal CQI/QA reviews, in collaboration with DCFS.

Utah's three primary CQI/QA reviews include:

- The Case Process Review (CPR), which measures compliance with policy, state statute, and federal law. The CPR results in quantitative data indicating how often documentation provides evidence of tasks completed.
- The Qualitative Case Review (QCR), which is an interview-based, outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services. QCR assesses both internal DCFS practice as well as system functioning, which can include schools, courts, and other external agencies.
- The State Child and Family Services Review (CFSR) is part of Utah's CFSR Program Improvement Plan (PIP). These reviews measure Utah's performance on the CFSR outcomes and systemic factors. Utah's PIP directly targets outcomes and system factors that the final report from the July 2018 CFSR on-site review identified as not having achieved substantial conformity.

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 and the effectiveness of processes and practice.

Utah's QCR, CPR, and CFSR provide systematic monitoring and evaluation in a way that generates outcome measures that track progress and performance over time. This helps to

identify areas of the system performing well. It also helps to identify areas needing practice improvement. Each of these measures include standards of quality that help gauge system performance.

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

Utah's CFSR process and Program Improvement Plan (PIP) have been instrumental in evaluating and tracking the Division's progress on practice improvement. In March 2022, the Children's Bureau verified the state's completion of all required PIP strategies and associated goals during the PIP Implementation period. DCFS will continue to use the CFSR process as the Division enters the PIP non-overlapping evaluation period and continues to work to ensure the remaining outcome measures identified in the PIP meet or exceed the PIP measurement goals for each item.

The CQI team continues to maintain responsibility for developing individualized CQI plans for Division projects and initiatives, as part of the Division Project Management Team. This is done in collaboration with the Program Implementation and Region Support Teams through utilization of 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 reports that are actionable. 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 QCR reports regarding project data analysis, performance, and outcomes. CQI reports are developed and reported to the Division Project Management Team and State Leadership Team. CQI reports are also 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. For example, recent CQI reports have been created and shared regarding the Medical Consult with the Safe and Healthy Families process. Report results help to demonstrate the benefit to frontline caseworkers on very difficult cases. CQI reports are also periodically completed on well-established projects to continue to monitor the success of the project. For example, another recent CQI report was completed on the Parent Child SUD Residential project. Results indicate the program continues to do well and is worthy of further expansion, when possible. To view the Medical Consult Safe and Healthy Families CQI Report and the Parent Child SUD Residential CQI Report, please see Attachments G. and H., respectively.

Feedback Loops

Providing and obtaining feedback are essential elements of Utah's CQI/QA processes. Feedback loops help promote circular feedback and 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 DCFS receives feedback from community partners and stakeholders is through QCR Stakeholder interviews. As part of the QCR process, OQD interviews community stakeholders, community agencies, and representatives from all levels of DCFS Region staff. OQD uses the CFSR Stakeholder interview guide to facilitate the QCR Stakeholder interviews. Findings and conclusions from the stakeholder interviews look for trends or themes at the local or state level that can then be used to help shape current initiatives or future project planning.

Another effort to obtain direct feedback from families who received agency services is through QCR satisfaction surveys. As part of each case review, QCR 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, "Based on your experience with the Division, what things the Division should stop, start or continue?" During the most recent of QCR reviews (August 2021 through May 2022), reviewers entered 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 in their work and relies on them for feedback. To bolster the CQI process, frontline caseworkers and supervisors actively engaged in assessing the outcomes of practices, programs, and policies, and in making adjustments. Many 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 from frontline staff. For example, staff using the Medical Consultation program with Safe and Healthy Families were surveyed regarding their experience with the process and how it may have affected their decision-making process on their case. Staff feedback was also solicited regarding their suggestions for how the process could be improved. CQI staff met with the Safe and Healthy Families program manager to review survey results together and discuss potential process improvements.

As part of the CQI process for individual projects, surveys have been expanded to include children and families. Individual surveys are sent to all family members and other family supports that participate in Family Action Meetings (FAM). Survey results are shared with region staff at

First Impression pilot sites and with state administration. Survey results help to assess the families' experience and improve the effectiveness of the FAM process.

The findings of two key QA processes, the QCR 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 Quality Improvement Committees (QIC). This is an important source of data and information for the committees 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 QCR 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 2022, Utah's CFSR review process was connected to Utah's long-standing QCR review process, in which cases are formally reviewed in each of the five DCFS regions throughout the year. A sample of QCR cases was selected to be reviewed as CFSR cases to assess statewide practice performance. Utah's CFSR review process is not only key in addressing the Division's current PIP and bolstering frontline practice, but the process also helps the agency in its preparation for round 4 of CFSR review. Utah's efforts to continue to improve on the CFSR outcome measures will be enhanced as Utah moves to the new CFSR+ review process.

DCFS and OQD continue to work together to maintain a sufficient pool of trained or certified CFSR reviewers, which contributes to the sustainability of the internal review process. DCFS and OQD have worked to expand the pool of effective 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. Initial case QA is conducted by OQD and the DCFS CQI Team. Utah's CFSR QA at the initial and secondary levels has 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. The QA staff have completed the 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. Additionally, a QA event is scheduled within three weeks of the review week to resolve all outstanding QA case notes by the entire QA group. The group will review the questions and comments from the initial QA. The CFSR reviewer(s) assigned to the case typically participate in the QA event. These individual and group QAs assist with interrater reliability and accuracy in rating.

V. SERVICE DESCRIPTIONS

APSR Update

Child and Family Services Continuum

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

- Child Abuse Prevention Services, including but not limited to local family support centers/crisis nurseries, are provided through community-based organizations and funded with CBCAP funds, Children’s Account (Children’s Trust) funds, and state general funds.
- Child Protective Services Intake and Assessments are provided in response to reports of abuse or neglect.
- In-Home Services are provided to families in response to the occurrence of child abuse and neglect includes case management, family preservation, family support activities, and in-home parent skills-based training services. In-Home services allow for access to mental health and other wrap services.
- Foster Care Services are provided to families in response to the occurrence of child abuse and neglect. These services include case management; foster family homes; and contracted services such as child placing foster care and residential treatment. Services may also include mental health services for children in care and other wrap services.
- 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.
- Reunification Services are considered part of foster care and include case management. Reunification may include access to in-home parent skills-based training services as well as access to mental health and other wrap services for parents.
- Adoption and Guardianship Services provide subsidies and supports to adoptive parents and guardians of children who have been in foster care.
- Transition to Adult Living Services are provided to youth in foster care as well as former foster youth and include Chafee Services and 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 and regional staff have strong state and local level partnerships and coordinate services both within and outside of the Department of Human Services (DHS). Within DHS, DCFS partners with the Division of Juvenile

Justice Services and with the Division of Services for People with Disabilities for services for youth. DCFS also partners and coordinates services with the Division of Substance and Mental Health for services for children and adults and will continue this partnership in development and implementation of services under FFPSA. Additional state level public and private agency partners include Department of Workforce Services, with whom DCFS coordinate access to Medicaid eligibility and specified relative grants, and Department of Health in coordinating services for children and adults for behavioral health and medical services for children in foster care and for families served in the home. Other partners include United Way for development of a DHS specific information and referral portal under the 211 system and for Help Me Grow, Prevent Child Abuse Utah and other prevention services providers in the community for supportive services for families, the Association of Families Support Centers to coordinate crisis nursery and family support services, Youth Provider's Association for placement and mental health services for children in custody as in-home services, Domestic Violence Coalition for shelter and support services to victims of domestic violence and their children, and the State Office of Education for coordination of educational services for children in foster care. DCFS actively partners with the CJA grantee and serves as a member of the CIP committee and works closely and frequently with CIP staff. DCFS also coordinates with a variety of educational, medical, and community service partners as vital members of Child and Family Teams for individual families.

Service Descriptions

A Fully Integrated Child Welfare System

Prevention Services

Prevention of child abuse and neglect is a focus of DCFS through the support of community programs. Significant efforts are being made to align operation of community-based child abuse and neglect prevention programs across the state. Overall, the focus is on utilizing prevention best practices through integrating protective factors into programs and communities, sufficient infrastructure, connection to the prevention network, including and empowering parents and hearing parent voice, professional development and technical support, evaluation and data, and policy. Particular effort is being made to focus on special populations, including but not limited to youth at risk of homelessness 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, and police reports, etc.
- At the completion of the CPS assessment, a finding for each allegation on the case will be made and a determination made about the need for continuing services to maintain child safety.

In-Home Services

A primary value for Child and Family Services is that children should remain in the 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 linking the family to 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.

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 assessment tool to determine the recommended level of care for children in foster care, referred to as the Utah Family and Children Engagement Tool (UFACET). The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child and identifies needs for services for the child and parents or other caregivers. Foster care placement may include foster family homes licensed

by the DHS Office of Licensing (OL), which are most often used; 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 that 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.

Kinship Care

The first priority for DCFS is to maintain a child safely at home. If a child cannot safely remain at home, kinship care has the potential for providing the elements of permanency by virtue of 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 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. The Division makes active efforts to locate and engage potential kinship caregivers for placement and to build and sustain family connections for the child.

In cases where reasonable efforts to reunify the child and parent are not successful, custody or adoption by a kinship caregiver is pursued. Kinship placements can include relatives and non-relatives, if the non-relative is a friend of the family. A relative is an adult who is a grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, stepparent, first cousin, stepsibling, or sibling of the child, 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 youth who have experienced foster care at age 14 or older, and are described in detail in the Chafee section of the plan. 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 youth 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 or guardianship assistance.

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

- 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)

APSR Update

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

Services to be Funded under IV-B Part 1

Title IV-B Part 1 funds will be utilized for services described under Services Descriptions, particularly to support a range of casework activities the support at-risk families through services which 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 promoting child safely, strengthening of protective factors within families, and preventing neglect, abuse, and exploitation of children.

Services for Children Adopted from Other Countries

Utah passed new legislation 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. DCFS coordinates with private adoption agencies to help them identify parent training and community treatment options.

As special needs arise, DCFS provides 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 will provide in-home services. Services include a clinical assessment and any of the family preservation services included as part of In-home Services. DCFS can also help the parent assess mental health support or residential treatment options that meet the parents' income needs or are available through private insurance.

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 a number of beneficial resources, including parent support groups and cultural awareness activities. The website also includes a lending library, which has a variety of books and tapes that address special issues related to intercountry adoptions. Parents of children adopted from other countries are also

invited to attend annual adoption conferences. Numerous workshops focus on cultural sensitivity and all are relevant to families adopting children from other countries.

APSR Update

FFY 2017 - 2021 data is presented in the table below.

Children Adopted from Other Countries Who Entered Foster Care¹				
FFY	Placement Agency	Country of Origin	Reason for Disruption/Dissolution	Status/Plan for the Child
2017	None Involved	Nicaragua	Mental Illness/Treatment	Individualized Permanency
2017	Unknown	Samoa	Delinquent Behavior	Reunification
2017	Unknown	Russia	Mental Illness/Treatment	Individualized Permanency
2017	Wasatch Int. Adoptions	Haiti	Mental Health/Behavioral Issues	Adoption
2017	Int. Adoption Net	Ethiopia	Mental Health/Behavioral Issues	Reunification
2017	Private Adoption	Ukraine	Mental Health/Behavioral Issues	Reunification
2018	Unknown	Samoa	Physical Abuse	Reunification
2018	Unknown	Samoa	Physical Abuse	Individualized Permanency
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	No Foreign Adoptions			

NOTE: ¹ Each row represents one child.

Services for Children under the Age of Five

APSR Services for Children under the Age of Five Update

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report. FFY 2017-2021 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 further 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's 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 Headstart, Division of Services for People with Disabilities (DSPD) or other community-based early intervention programs. If the assessed need negatively impacts the child's school performance, the caseworker will engage the child's education team for creation of an Individualized Education Program (IEP) or Behavior Education Program (BEP) to meet the child's needs.

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

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

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

For children who enter foster care, additional screening tools, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) are used to follow the developmental progress for children under age five. Primary care physicians follow developmental progress for infants. Foster parents of children four months to five 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, 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/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. At the same time that workers provide reunification services, they also identify a concurrent permanency goal, which includes active efforts to identify a permanent family for the child in the event that reunification is not successful.

In order to gain 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 his or her 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 2017-2021 demographic, permanency goal, and permanency outcome data for children under age five served through foster care or in-home services.

Gender of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)					
Gender	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Male	828	828	812	737	745
Female	813	801	743	632	594
TOTAL Children Under Five	1,641	1,629	1,555	1,369	1,339

Race and Ethnicity of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)										
Race	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021	
	Count	Percent	Count	Percent	Count	Count	Count	Percent	Count	Percent
American Indian or Alaska Native	75	4.6%	92	5.6%	76	4.9%	76	5.6%	79	5.9%
Asian	13	0.8%	18	1.1%	18	1.2%	14	1.0%	16	1.2%
Black or African American	105	6.4%	92	5.6%	102	6.6%	110	8.0%	98	7.3%
Multiracial, Other Race Not Known	34	2.1%	29	1.8%	34	2.2%	29	2.1%	35	2.6%
Native Hawaiian/Pacific Islander	19	1.2%	23	1.4%	33	2.1%	24	1.8%	24	1.8%
Unable to Determine	3	0.2%	2	0.1%	6	0.4%	1	0.1%	5	0.4%
White	1,494	91.0%	1,474	90.5%	1,406	90.4%	1,228	89.7%	1,191	88.9%
TOTAL Children Under Five	1,641		1,629		1,555		1,369		1,339	
Hispanic Origin or Latino	339	20.7%	329	20.2%	371	23.9%	353	25.8%	361	27.0%

Permanency Goal for Children Under Five in Foster Care on the Last Day of the Federal Fiscal Year										
Permanency Goal	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Reunification	300	55.0%	311	63.2%	259	55.1%	253	56.1%	312	56.8%
Adoption	244	44.8%	180	36.6%	207	44.0%	197	43.7%	236	43.0%
Guardianship with Relative	2	0.4%	1	0.2%	4	0.9%	1	0.2%	1	0.2%
Guardianship (non-relative) ¹	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL Children Under Five	547		492		470		451		549	
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	Average Months	Percent	Average Months	Percent	Average Months
2017	33.3%	6	39.6%	7	16.7%	2	2.1%	7	8.3%	0
2018	36.0%	10	51.5%	11	7.7%	4	0.3%	16	4.4%	3
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
5-Year Average		10.6		16.6		6.9		6.7		2

During 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 16.6 months. If reunification is the appropriate permanency goal, the average time it takes a child to be reunified with his or her parents is 10.6 months. If custody guardianship to a relative is the child's permanency goal, the average length of time is 6.9 months and to a non-relative is 6.7 months.

Efforts to Track and Prevent Child Maltreatment Deaths

APSR Update

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

DCFS obtains information on child maltreatment deaths through a variety of sources. DHS OQD conducts fatality reviews on clients served by DCFS. A DHS Fatality Review Coordinator gathers information on child deaths through the Department of Health Certificates of Death for all children between the ages of birth and 21 years who die in the State of Utah. The Fatality Review Coordinator determines if the deceased child or their families have received services through DHS within 12 months of the child's death. All deaths that meet these criteria are reviewed, regardless of whether they were due to maltreatment or a natural or accidental death. The Fatality Review Coordinator also gathers additional information on fatalities from the Department of Health 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 DHS 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 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 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 worker and/or supervisor to determine if the entry is accurate.

Historically, DCFS has not had a process for capturing and reporting child maltreatment fatalities, if there were no surviving siblings and/or no history with the agency. The DCFS Safety Administrator ensures this information is added to the agency file so that it can be appropriately reported to the National Child Abuse and Neglect Data System (NCANDS).

A DHS Fatality Review Coordinator regularly follows up with the Medical Examiner's Office and/or 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 Fatality Review Coordinator will notify the DCFS Safety Administrator if the coordinator obtains confirmation that a prior death was due to maltreatment. This information will be 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 DHS Fatality Review Process

The DHS 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 DHS Fatality Review Coordinator.

A Fatality Review Coordinator examines a number of documents when reviewing each death. These documents include:

- Autopsy reports provided by the medical examiner
- Deceased client reports provided by divisions within DHS
- 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 Fatality Review Coordinator prepares a summary of the case, which is provided along with the information listed above, to members of the CFRC. The CFRC is a multidisciplinary review team that has representatives from the following entities:

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

The DCFS Safety Administrator attends each review and ensures the child's date of death, demographic information, risk factors, perpetrator relationship, and other relevant data has 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 DHS agencies for review and response to recommendations made by CFRC.

The CFRC, in partnership with Collaborative Safety experts, provided a formal training to all new and current fatality review members. This training is required prior to participation on the committee. Completion of the training better ensures members understand the objectives of the review and help support an analysis of the complete child welfare system components that may have interacted with the child and family. The training also helps committee members understand that the review process includes a focus on identifying areas for systemic improvement. Training for review committee members was completed in December 2020.

The CFRC also recently expanded its purview to include a review of 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.

OQD 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. At each meeting, DCFS provides an update on actions taken and follows through on CFRC's recommendations to strengthen the feedback loop. OQD maintains a database that includes all recommendations made to DHS agencies and tracks implementation.

OQD and DCFS consulted with a leading expert in safety science to explore other ways to improve and enhance the effectiveness of Utah's Child Fatality Review process. DHS has also contracted with the Social Research Institute through the University of Utah to conduct a retrospective review of all fatalities that occurred in a 5 years period (2014 - 2019). This review was completed at the end of summer 2019. Information from the review was shared as part of the quarterly CFRC Systemic Review. The retrospective review results were provided to DCFS administration in October 2019. The review results were shared with additional DCFS leadership and continue to be a resource for DCFS, as further discussions are held regarding child fatalities.

OQD and DCFS completed training all DCFS staff on the Collaborative Safety Model in December 2020. Implementation of the new fatality review process was completed in October 2020. The Collaborative Safety team will continue to provide technical assistance to ODQ and DCFS through the remainder of their contract with DHS in summer 2024.

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

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

Additional Committees that Review Fatalities and Recommend Systemic Improvements

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

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

At the end of FFY 2019, in an effort 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 2021, DCFS continued to use the new toolbox statewide. 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 youth who die by suicide, DCFS expanded requirements for use of the suicide screener. By the end of calendar year 2019, caseworkers were equipped to conduct a

suicide screener on all children age 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 screener is required to be completed during the ongoing caseworker's first home visit. The screener must also be completed in conjunction with the UFACET, which is required to be updated at least every six months. Finally, the suicide screener is also completed whenever there is a concern that a child is experiencing suicidal ideations.

A Continuous Quality Improvement plan was developed to ensure the suicide screener is being used to fidelity. Monthly data reports are provided to DCFS front line supervisors throughout the state indicating which cases did and did not have a suicide screener completed. These supervisors are expected to review the information with their staff to ensure compliance with the practice. In addition, the CQI Administrator and other selected DCFS administrators conduct monthly quality assurance checks on randomly selected cases.

The DCFS Plan to Prevent Child Abuse and Neglect Fatalities, Near Fatalities, and Death by Suicide was updated in March 2022.

CARES Act Supplemental Title IV-B Subpart 1 Funds

Utah received \$631,809 as granted under P.L. 116-136, Title VIII of Division B of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which provided supplemental title IV-B, subpart 1 funds to prevent, prepare for, or respond to, coronavirus in a manner consistent with the purposes of title IV-B, subpart 1, found in section 421 of the Act. Funding was available for the period of January 10, 2020 through September 30, 2021. Utah used funding to respond to the pandemic, with an overall vision of ensuring the safety, permanency and wellbeing of children in families involved in the child welfare system during the COVID-19 pandemic.

Funds were used primarily in two categories, direct client support and workforce support.

Direct Client Support

The majority of funds were used to provide direct client support, with an emphasis on kin caregivers. The COVID-19 Title IV-B Part 1 funds supported 443 children and their kin caregivers. Funding for direct client support was available to:

- Provide concrete assistance to families for a variety of temporary needs that may be faced in the pandemic environment, with an emphasis on providing support to enable children to remain safely at home and not enter foster care. Concrete supports have been provided to clients in all regions. Examples of types of support provided include:
 - Rent or mortgage payments
 - Utilities, including internet service
 - Groceries, including food delivery, when needed
 - Items for individual basic needs, such as clothing or diapers
 - Household supplies

- Personal protective equipment (PPE)
- Technology equipment for the participation in remote case activities
- Provide supplemental payments to foster and proctor parents and for emergency shelter providers for taking new placements of children known to have exposure, symptoms, or a positive test for COVID-19 or for children exposed to and having a positive test for COVID-19 due to in-person parent child time.

Workforce Support

Funds were also used to support DCFS workforce. Funding for workforce support was available to:

- Provide differential shift pay and health benefits to staff in critical roles where exposure or quarantine of clients is required, such as Christmas Box House children’s shelter. To date, differential pay has been provided to seven staff who work in three different regions. Health insurance benefits have been provided to five part-time staff at the Christmas Box House.
- Purchase PPE and cleaning supplies for staff. PPE has been provided for staff in all offices statewide.
- Provide necessary equipment to support staff who have moved to teleworking, such as laptop computers, tablets, headsets, cameras, etc. Specific staff needs are currently being assessed and items are being purchased.

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

APSR Update

Changes to the 2020-2024 CFSP and prior APSRs are contained in the narrative text below and FFY 2017-2021 data is presented in the associated tables.

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. The majority of 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:

- 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 for basic living needs, such as housing deposits, rent payments, utilities, groceries, or basic household essentials.
- In-home parenting services.

Family Preservation Services funding is also used to support an In-Home Program Administrator who is responsible to oversee in-home 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. During the next year, oversight of the funding will transition to a statewide rather than regional model.

Individuals Served Utilizing PSSF Family Preservation Funding		
FFY	Individuals	# Payments
2017	560	1,096
2018	589	1,145
2019	559	1,034
2020	805	1,798
2021	992	2,480

Family Support Services

Family Support Services funding is used exclusively to pay for Families First, 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 capacities. 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 independent systematic review under the Transitional Payments for the Title IV-E Prevention and Family Services and Programs process, per ACYF-CB-19-06. During the next year, Utah will reassess need for continuation of funding this service through PSSF Family Support Services.

Individuals Served Utilizing PSSF Family Support Funding		
FFY	Individuals	Number of Payments
2017	221	545
2018	284	742
2019	368	1,046
2020	381	1,205
2021	278	791

Family Reunification Services

Since October 2018, the time 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 Family First Prevention Services Act. The formula for allocation of funds to regions is based on the proportion of children in foster care in each region that have 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 used to approve use of Family Preservation Services flexible funds.

For FFYs 2017 – 2021 data on number of individuals served utilizing PSSF Family Reunification Funding and number of payments, please see the table below.

Individuals Served Utilizing PSSF Family Reunification Funding		
FFY	Individuals	Number of Payments
2017	500	892
2018	537	1,117
2019	547	1,501
2020	404	1,248
2021	378	1,194

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 and others supports to help adoptive families deal with the high cost of services for a child with special needs.
- Pay for travel and education expenses for adoptive parents 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.
- Help with care and supervision costs when adopted children need out-of-home treatment.
- Pay for hourly, weekly, or monthly respite care for adoptive families.

For FFYs 2017 – 2020 data on the number of individuals receiving concrete support and other services utilizing PSSF Adoption Promotion and Support Funding and on the number of payments, please see the table below.

Individuals Served Utilizing PSSF Adoption Promotion and Support Funding		
FFY	Number of Individuals	Number of Payments
2017	248	563
2018	274	516
2019	259	505
2020	236	451
2021	208	300

For SFY 2021 data on Adoption Respite Services provided, please see table below.

SFY 2021 Adoption Respite Services	
Number of Individuals Served	
Unduplicated Number of Adopted Children Served <i>Ages 0-11</i>	429
Unduplicated Number of Adopted Youth Served <i>Ages 12-18</i>	148
Unduplicated Number of Adoptive Families Served	240
Number of Services Provided	
Number of Adoption Respite Services Provided in the Home	677
Number of Adoption Respite Services Provided at a Family Support Center	897
TOTAL Number of Adoption Respite Services Provided	1,574
Number of Service Hours	
Number of Hours of Adoption Respite Services Provided in the Home	3,156
Number of Hours of Adoption Respite Services Provided at a Family Support Center	2,909
TOTAL Number of Hours of Adoption Respite Services Provided	6,065

Service Decision-Making Process for Family Support Services

APSR Update

Since the submission of the 2020-2024 CFSP, there has been no change in how funding under the family support services category is being used; however, during the next year, analysis will be conducted on the need to continue the existing service exclusively, or the need to add other community-based services.

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

During the past year, Utah Youth Village’s Families First service was approved for addition to Utah’s Title IV-E Prevention Program Plan. Utah is now working on putting into place the necessary steps to transition to claiming Title IV-E funding for families with children who have been determined to be candidates for foster care (prevention candidates). During the next year, we will be analyzing the extent to which funding under PSSF Family Support is still needed on behalf of families that do not meet the prevention candidate criteria, but for whom the Families First service is still appropriate. Any changes to be made in allocation of family support funds for community-based services will be reported in the next APSR.

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%

Supplemental PSSF Funding Authorized by the “Supporting Foster Youth and Families through the Pandemic Act”

In accordance with Program Instruction 21-04, following is a description of the planned use of additional PSSF funding granted under the Consolidated Appropriations Act, 2021, P.L. 116-260, enacted into law on December 27, 2020, Division X, The Supporting Foster Youth and Families through the Pandemic Act.

Supplemental PSSF funding under the public health emergency will be used for the same purposes as the annual PSSF grant to strengthen and preserve families. The four purposes and the percentage of funds that will be allocated for each category is listed below.

- Community-based family support services – 20%
- Family preservation services – 40%
- Family reunification services – 20%
- Adoption promotion and support services – 20%

All of the supplemental funding will be utilized to support service efforts to families. None of the supplemental funding will be utilized for administration or for other service related activities, such as planning.

Populations at Greatest Risk of Maltreatment

APSR Update

DCFS uses qualitative and quantitative data to track needs and adapt its services provided to children and families. This includes qualitative and quantitative data indicators that assist in identifying at-risk populations within the system. Administrators and region supervisors analyze local team, office, and regional data to best identify areas of concern or areas in need of improvement. At least quarterly, DCFS State Office data and practice improvement staff meet with region 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 Social Research Institute (SRI), and community committee input all contribute to identification and ongoing assessment of the most vulnerable of populations. Sources and assessments include:

- *Qualitative Case Review (QCR)*
The DHS Office of Quality and Design (OQD) conduct qualitative Case Review (QCR) annually. QCR provides an in-depth examination and analysis of qualitative casework and practice. QCR assesses both internal DCFS practice and system functioning, which can

include schools, courts, and other external agencies. Please see Section IV for information on FFY 2023 changes to Utah's QCR process.

- *Case Process Review (CPR)*
Conducted annually by OQD, this review is heavily quantitative, helping identify basic and necessary areas of practice that need to be monitored.
- *Child and Family Services Review (CFSR)*
Conducted periodically by the Children's Bureau, the goals are to ensure conformity with federal child welfare requirements, determine what is happening to children and families as they are engaged in child welfare services, and assist states in helping children and families achieve positive outcomes.
- *Adoption and Foster Care Analysis and Reporting System (AFCARS)*
Collecting information from state and tribal Title IV-E agencies, this system provides information on all children in foster care and those who have been adopted with the Title IV-E agency involvement. DCFS is required to submit AFCARS data twice a year, based on two 6-month reporting periods. The AFCARS review process assists in identifying problems, investigating the causes, and suggesting solutions.
- *National Child Abuse and Neglect Data Systems (NCANDS)*
NCANDS is a voluntary data collection system that gathers information from all states about child abuse and neglect. The Utah DCFS state contact works closely with the Children's Bureau and the NCANDS technical team to uphold high-quality standards associated with NCANDS data. NCANDS data are a critical source of information for many publications, reports, child welfare personnel, researchers, and others. Data is also used to measure performance and is an integral part of the CFSR and the Child Welfare Outcomes: Report to Congress.
- *Utah Children.org - Kids Count Data Center*
Kids Count is a national and state-by-state effort to track the status of children in the United States funded by Annie E. Casey Foundation and Voices for Utah Children, which provides statistical data on the education, health, and economic wellbeing of children and their families. Utah's use of this data informs data-driven decisions to provide a better future for Utah children and families.
- *University of Utah Social Research Institute (SRI)*
SRI is a local partner contracted with DCFS to gather and analyze a variety of system information. Details regarding its analysis of a 2018 study are outlined in the next section.
- *Internal Data Sources*
These include an extensive reporting database in SAFE. Data, including demographic information, is gathered on a regular basis and used at the state, region, and office levels to help inform ongoing practice.

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

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

Caregiver Substance Abuse

- Households with caregivers experiencing substance abuse constitute a threat to safety and are associated with a host of other risk factors. These include a history of prior investigations and/or receipt of services, mental or behavioral health issues, immediate needs not being met, inability to protect, lack of caregiver attention, unsafe living conditions, homelessness, drug-exposed infants, emotional/physical harm, and a history of 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 commonly 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 of the 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 the age of five.
- Children who have a disability or special healthcare needs.
- Children who have a developmental delay.
- Children who are nonverbal.
- Children who have a sentinel injury.
- Children who are isolated from their local community.
- Children who have a high risk of death by suicide.
- Children who have a caregiver who is using substances or abusing alcohol.
- Children who have a caregiver who displays an inability to protect.
- Children who have a caregiver who inconsistently responds to their child's needs.
- Children who live in a household with a history of CPS investigations.

Response

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

Gender, Race, and Ethnicity

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

- Females are 1.1 times more likely to be supported victims of maltreatment, despite making up 49% of the overall child population in Utah.
(SFY 2021 supported victims 53.6%)
- American Indian/Alaskan Native children are 3.7 times more likely to be supported victims of maltreatment, despite making up only 1% of the child population in Utah.
(SFY 2021 3.7% supported victims)
- Black/African American children are over 5.7 times more likely to be supported victims of maltreatment. This population makes up 1.2% of the child population in Utah.
(SFY 2021 5.4% supported victims)

The below table presents the FFY 2021 data for race and ethnicity of children served in foster care and the total population data for the state as presented by Kids Count Data Center.

Race and Ethnicity of Children Served in Foster Care				
Race	DCFS FFY 2021		Kids Count Data Center 2021 – UT	
	Foster Care Child Count ¹	Percent ²	Utah TOTAL Population Count	Percent ⁴
American Indian or Alaska Native	236	6.1%	33,721	1.2%
Asian	55	1.4%	71,977	2.3%
Black or African American	285	7.3%	36,849	1.2%
Multiracial, Other Race Not Known	65	1.7%	250,265	8.1%
Native Hawaiian or Other Pacific Islander	65	1.7%	27,557	1.0%
Unable to Determine ³	22	0.6%	-	-
White	3,441	88.7%	2,676,482	86.4%
TOTAL Children Served/Total Utah Population	3,878	107.5% ⁴	3,096,851	100.2%
Hispanic Origin or Latino	1,007	26.0%	438,832	14.2%

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%.

In summary, in FFY 2021, at 88.7%, the majority of children in foster care were white, which is slightly over represented from the Utah total white population at 86.4%. At 1.4%, Asian children in foster care were underrepresented from the Utah total Asian population at 2.3%. At 7.3%, Black or African American children in foster care were over represented from the Utah total Black or African American population at 1.2%. At 6.1%, American Indian/Alaska Native children in foster care were over represented from the Utah total American Indian/Alaska Native population at 1.2%. At 1.7%, Native Hawaiian/Other Pacific Islander children in foster care are over represented from the Utah total Native Hawaiian/Other Pacific Islander population at 1.0%. At 26%, children of Hispanic/or Latino ethnicity (of any race) are over represented in foster care from the Utah total Hispanic/or Latino ethnicity population at 14.2%

Response

In FFY 2020, DCFS created an internal Equity, Diversity, and Inclusion (EDI) Committee to review its policies, institutional structures, and internal and external barriers to communities of color and vulnerable and/or underserved populations. The EDI group consists of an internal workgroup with representatives from each of the five regions and the state office. EDI is in the process of expanding to include an LGBTQ+ sub-group. The focus of these groups is to assess current policy and practice guidelines, provide resources and be contacts for regions as they conduct their work, provide support and direction for agency staff, and maintain current knowledge related to these areas. As areas of need/improvement are identified, DCFS EDI workgroups will include community partners and families from the larger community and from those who previously received or are currently receiving services through DCFS. The DCFS EDI Committee will also work closely with and receive support from the newly formed DHHS Employee EDI Council.

In FFY 2021, DCFS contracted with the University of Utah College of Social Work Social Research Institute (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.

High Population and Low Population Counties in Utah

As presented in *Utah Children.org - Kids Count Data Center 2021*, Salt Lake, Utah, Weber, and Davis counties have the state’s highest populations.

In FFYs 2017 – 2021, the number of CPS supported cases for child maltreatment in these counties is as follows:

Supported Victims in Utah Highest Child Population Counties					
County Name	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Salt Lake	3,651	3,679	3,928	3,795	3,440
Utah	1,333	1,421	1,572	1,258	1,347
Davis	832	890	885	918	876
Weber	1,077	1,156	1,146	1,146	994

FFYs 2017 – 2021, Maltreatment/1,000 children data for these same counties is as follows:

Utah Highest Population Counties Maltreatment/1,000 Children					
County	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Salt Lake	11.8	11.8	12.7	12.2	11.0
Utah	6.7	7.1	7.9	6.3	6.6
Davis	7.5	8	8.0	8.3	7.8
Weber	15.2	16.3	16.2	16.2	13.9

As presented in *Utah Children.org - Kids Count Data Center 2021*, Uintah, Carbon, and Grand counties have some of the state’s lowest populations.

In FFYs 2017 – 2021, the number of CPS supported cases for child maltreatment in these counties is as follows:

Supported Victims in Utah Lower Child Population Counties					
County	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Uintah	255	330	283	226	244
Carbon	149	84	127	106	85
Grand	49	54	46	40	43

FFYs 2017 – 2021, Maltreatment/1,000 children data for these same counties is as follows:

Utah Lowest Population Counties Maltreatment/1,000 Children					
County	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Uintah	20.8	26.9	23	18.4	20.3
Carbon	27.3	15.4	23.3	19.4	16.0
Grand	23.1	25.5	21.7	18.9	21.2

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 things as distance between worker and child and/or increased reporting of abuse in smaller counties. DCFS anticipates that the *Evaluating Racial and Ethnic Disparity and Disproportionality Project* may further inform this issue.

Kinship Navigator Funding

APSR Update

Kinship Navigator funding for FFY 2018-2021 has been used primarily for two key purposes. First, the funding has been used to strengthen and support two existing kinship navigator programs in the state that operate using the Grandfamilies curriculum. Second, Utah has had a contract with the University of Utah Social Research Institute (SRI) to evaluate the kinship navigator program provided by the Children’s Service Society of Utah (CSS), which is the developer of Grandfamilies.

Strengthening Existing Kinship Navigator Programs:

Utah continued to utilize FFY 2021 kinship navigator funding under Title IV-B part 2 to help strengthen existing kinship navigator programs in Utah. The largest kinship navigator program, Grandfamilies, developed and operated by CSS, received funding from FFY 2018 to FFY 2021 to strengthen their program in multiple locations in the state. Grandfamilies has office locations in northern Utah, including Salt Lake, Weber, Cache, and Davis counties. These physical offices provide services to surrounding communities. Grandfamilies also utilizes telephone and internet technologies to provide remote services statewide. The CSS Grandfamilies program was also the provider of kinship navigator services under Title IV-E, authorized through the Consolidated Appropriations Act, 2021, in response to the COVID-19 pandemic.

In its annual 2021 report, CSS reported serving 285 adults and 267 children in 191 new families, assisting 152 persons in obtaining guardianship, providing 17 support groups to 112 persons, hosting 48 friend-to-friend events for 973 people, and providing outreach, advocacy, and clinical services to kin families. Ninety percent of clients served by CSS report satisfaction with the services received.

Additionally, in FFY 2019-FY 2021, Utah provided kinship navigator funding to a smaller kinship navigator program in Utah County, which also uses the Grandfamilies curriculum. Wasatch Mental Health (WMH), a local mental health authority, operates this program. Funding provided to this program further strengthens its capacity to serve kin families in Utah County. Wasatch Mental Health reported for FY 2021 that they served 22 adults and 26 children in 14 families. Their friend-to-friend program served 241 people. One WMH client commented, “I have appreciated having the support of the group to help normalize my experiences. The staff was supportive and well informed. I felt that I could turn to them for information and help navigate the system in which we find ourselves involved in.”

PSSF Kinship Navigator funding was allocated to each of these programs to strengthen their capacity to provide the full range of kinship navigator services as specified in the Family First Prevention Services Act, and to prepare them for potential expansion under Title IV-E using an approved evidence-based model.

Evaluation of Existing Kinship Navigator Programs:

The Division contracted with the University of Utah SRI to conduct a Kinship Navigator Program evaluation of Grandfamilies, a long-standing kinship support program in Utah operated by the Children’s Service Society of Utah (CSS), which meets the criteria in section 427(a)(1) of the Social Security Act, as authorized under the Family First Prevention Services Act.

The purpose of the evaluation was to determine if the Grandfamilies program could be rated as meeting a promising, supported, or well-supported evidence-level according to provisions of the Family First Prevention Services Act. Kin families served by CSS Grandfamilies was the sample group and kin families within the child welfare system were the comparison group.

The study includes two primary research questions:

1. Do kinship caregivers participating in the Grandfamilies Kinship Navigator Program experience increased access and referrals to needed services and programs compared to kinship caregivers within the child welfare system?
2. Do kinship caregivers participating in the Grandfamilies Kinship Navigator Program experience increased satisfaction with services compared to kinship caregivers within the child welfare system?

This quasi-experimental study utilized prospective data collected from either 2019-2021 for families receiving kinship navigator services with the Grandfamilies Kinship Navigator program or with DCFS. Data was collected using an electronic Qualtrics pre- and post-survey administered at a client’s first intake (baseline) and again 4 months later with a grace period for follow-up with clients still receiving services.

SRI completed collection of pre-survey data in late summer 2020 and completed collection of post-survey data in early 2021. For the final sample, 113 participants completed pre- and post-

survey responses. Data analysis was completed in February 2021 and a preliminary report was completed in March 2021.

While the study showed positive effects for families, the study did not meet the Title IV-E Prevention Services Clearinghouse criteria for baseline equivalency. The age differences between the kin caregivers and between the children in the two sample groups were not close enough to be considered equivalent. As such, we were not able to review the study through the independent systematic review as anticipated, as part of the transitional payment process specified in the Program Instruction, ACYF-CB-PI-19-07.

Though disappointed in the study results, DCFS has continued to work with SRI in an effort to develop another study that will meet the rigor required by the Clearinghouse. The biggest challenge has been identification of an appropriate control group to compare to the families receiving Grandfamilies services. SRI developed a study proposal that would utilize the TANF Specified Relative Grant population as a comparison, which would include an analysis of administrative data in both DWS and DCFS. Unfortunately, in March 2022, the Department of Workforce Services indicated that the specified relative data could not be shared because it would require personal identifying information, in order to ensure that the treatment and control groups do not overlap.

As such, DCFS, SRI, and CSS have begun exploration of other study design options for identifying an appropriate control group and appropriate research questions. It is anticipated that in the next few months, SRI will be able to initiate a new study with CSS to assess outcomes for kinship navigator services using a study design that will meet the rigor of the Clearinghouse. We are confident that the study outcomes will be positive, enabling Utah to implement an ongoing Title IV-E Kinship Navigator Program in the state.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

APSR Update

Section 302.2 of DCFS Practice Guidelines addresses purposeful visitation with children in foster care. Guidelines require caseworkers to visit foster children face-to-face no less frequently than once monthly, and at least once per month the visit will 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 youth 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 as well as decide who will make additional visits and contacts with the child.

For FFY 2021, Utah met performance standards to have caseworkers visit foster children monthly, as required for the Caseworker Visit Grant. The practice guidelines have remained consistent with the required standards for caseworker visits, with one exception. Due to the COVID-19 pandemic, temporary adjustments were made to policy, formalized in a COVID-19 reference guide, to allow visits to be conducted virtually, when safe and appropriate, to protect both caseworker and client health.

The Utah DCFS COVID-19 Reference Guide includes provisions for virtual caseworker visits. The reference guide followed guidance from the Children’s Bureau and the Centers for Disease Control. The policy adjustments for caseworker visits to children in foster care were as follows (*current as of 2/10/22*):

Home visits and private conversations with foster children and their providers are recommended to be held in person, if a child can safely be seen without compromising the health or wellbeing of the child or family. Virtual visits may be conducted when necessary, as long as the safety and wellbeing of the child can be effectively assessed. Virtual practices should reflect the following:

- That the child/youth has access to an electronic device that will allow them to visit with the caseworker in an area of the home where they can have a private conversation. Caseworkers should ensure that the private conversation is accommodated by the placement providers, which may include having the child go outside or into another room.
- That a relationship between the foster child/youth and the caseworker can be effectively developed or maintained through virtual communication.
- Consider more frequent virtual communication to assure placement and child needs are met.

In-person foster home visits should occur in the following circumstances:

- Any new placement, until the team is confident in the child’s adjustment and the safety of the placement.
- Any placement at risk of disruption and in need of greater support for the placement or the child.
- When the child/youth is not of an age and development level that can effectively communicate nuanced and accurate concepts and facts verbally. Young children and those with developmental disabilities should generally be assessed in person.
- Follow the “In Person Visits & Your Health” guidelines, including following the COVID-19 question flow chart, and use of face coverings (i.e. cloth or surgical) by the worker and family.
- When workers enter a foster family’s personal area, the worker will ask the family if they prefer the worker to wear a mask prior to conducting interviews and home visits.

The Divisions revisions to caseworker visitation requirements associated with the COVID-19 pandemic are anticipated to return to regular practice after the emergency declaration is lifted at the federal level.

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. The DCFS data system does not have the capability to distinguish between visits made in person and visits made remotely. Therefore, the division is unable to provide an accurate report of which monthly caseworker visits with foster children were conducted in-person in the child’s home versus which monthly caseworker visits were conducted virtually with the child in their home.

DJJS, which receives some IV-E funding, also reports on caseworker visits with their population. Due to differences in practice, DJJS workers may not always visit foster children in their placements. The table below displays FFYs 2017 – 2021 data on caseworker visits.

Caseworker Visits¹			
FFY	Children in Custody Age 17 and Younger Visited at Least One Month	Percentage of Months in which a Visit was Required and Completed	Percent of Visits Held at Youth’s Place of Residence
2017	4,390	96.6%	99.8%
2018	4,227	96.3%	99.9%
2019	3,916	85.8%	99.9%
2020 ²	3,509	96.8%	99.9%
2021	3,318	96.8%	99.9%

*NOTES: Includes visits by DJJS with children in the custody of DJJS, which may not conduct all visits at the child's residence.
² During FFY 2020, one child had custody episodes with both DJJS and DCFS. The aggregate number of children is an unduplicated count.*

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

- Increasing DCFS capacity statewide to train caseworkers remotely through purchase of training software, including Articulate, SABA, and Kahoots.
- Strengthening caseworker expertise through attending specialized training to increase worker knowledge and skills.
- Strengthening caseworker ability to assess needs using the Utah Family and Children Engagement Tool (UFACET), a CANs-based functional assessment through certification and recertification processes.

The COVID-19 pandemic impacted utilization of this funding due to cancellation of numerous training events.

During the coming year, Monthly Caseworker Visit grant funds are planned for several purposes, subject to the impact of COVID-19. These purposes include:

- Strengthening caseworker expertise through training activities, including enabling caseworkers to attend specialized training to increase worker knowledge and skills.
- Supporting retention and recruitment efforts and improvements.
- Strengthening caseworker ability to assess needs using the Utah Family and Children Engagement Tool (UFACET), a CANs-based functional assessment, through certification and recertification processes.
- Strengthening supervisor and manager support of caseworkers through leadership training, including in key decision-making for safety, permanency, and wellbeing.
- Providing additional support to caseworkers to help reduce turnover, such as peer-to-peer counseling or counseling for secondary trauma.

Historically, Utah has not experienced any barriers or challenges when allocating or spending these funds. However, due to COVID-19, the DCFS major conference for caseworkers has not been held, which is normally funded with this grant. In-person caseworker training sessions of many types have also been canceled or provided online without costs. We are exploring other uses of these funds to support caseworkers and strengthen their skills with visitation and for supporting worker hiring and retention. We have lapsed some funding in this grant in the last couple of years, and may have some funds unexpended this year.

Adoption and Legal Guardianship Incentive Payments

APSR Update

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

- Tools to enhance workers' ability to search for kin of children in care.
- Specially trained contracted staff who help locate potential adoptive families and help caseworkers match children with potential adoptive parents.
- Continuous quality improvement and grant administrative positions that support quality practice and child welfare system improvements.
- Staff training and special projects.
- Adoption assistance payments for non-IV-E eligible children.

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

In general, Utah has not experienced any barriers or challenges when allocating or spending these funds. However, due to COVID-19, some planned large group training sessions normally funded with this grant have been cancelled. Fortunately, with the multi-year availability of the funding, Utah expects to fully utilize these funds in the allowable spending period.

Another challenge with these funds is that we do not get the funding every year and the amounts vary significantly from year to year. This makes it difficult to plan for use the funds for ongoing services. In addition, Utah did not qualify for Adoption Incentive Funds for FFY 2020, which is limiting our ability to expand to new activities in the coming year.

Adoption Savings, Methodology, and Expenditures

APSR Update

Utah is submitting an amended Adoption Savings Methodology. This amended methodology makes minor adjustments to the previously approved Adoption Savings Methodology, which was an alternate approved method. Please see Attachment N. Utah Alternate Methodology for Calculation of Annual Adoption Savings.

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

The programs, services, and activities funded with adoption savings will continue to help with Utah's goal to "flip the system," bringing more emphasis to supporting families up front and reducing the need for foster care and other back-end services and to bridge the gap between primary prevention and prevention of foster care services. Examples of services to be funded with adoption savings in the upcoming year include evidence-based in-home parent skills training, mental health services for children and parents who are not Medicaid eligible, and temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children.

Utah has met the requirement that at least 20 percent of each year's calculated savings is spent on post-adoption and post-guardianship services, and that those expenditures plus amounts spent on services to support positive outcomes for children at risk of entering foster care must equal at least 30 percent of each year's calculated adoption savings. The majority of savings expenditures have fallen into these two categories since the program began. In FFY 2021, over \$690,000 in adoption savings (47%) was expended for post-adoption services and over \$783,000 in adoption savings (53%) was expended for parenting and children receiving in-home services to support children at risk of entering foster care.

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

- Evidence-based in-home parent skills training for parents and children receiving in-home services.
- Mental health services for children and parents receiving in-home services who are not Medicaid eligible.

- Temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children.

Generally, Utah has not experienced barriers or challenges when allocating or spending adoption savings. Each year an estimate of expected savings is prepared and planned expenditures are budgeted based on that estimate. To the extent feasible, the adoption savings are expended during the state fiscal year in which the savings occur. Any funds not spent during the current state fiscal year are rolled forward and budgeted in the subsequent fiscal year, with intent language authorization from the state legislature. Nearly always, the savings realized for a current year are spent by the end of the following year. The graph below reflects the estimated Title IV-E adoption savings based on the applicable child criteria.



Family First Transition Act Grant Funds (FFTA)

Family First Transition Act Grant funds continue to be budgeted across multiple federal fiscal years to support the transition to the Family First Prevention Services Act and to minimize impact from the ending of the Title IV-E waiver capped allocation. All funding will be spent by September 30, 2025. With unanticipated COVID-19 funding, less emphasis was placed on utilizing these funds this past year because so much time and energy had to be shifted for pandemic-related activities.

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

- The Department of Human Services continued the contract to have Parent Child Interaction Therapy provider training in the state, to support expansion of the provider network for PCIT under Utah’s Title IV-E Prevention Plan, with the overall goal of expanding availability of services, including in rural areas. FFTA funds were used to pay for training, along with coaching and certification, for two additional cohorts of providers. One cohort was trained in Salt Lake City and another cohort was trained in St. George, in southwestern Utah. The two cohorts consisted of 29 clinicians.
- In addition to funding transition activities towards implementation of the Title IV-E Prevention Program Plan, FFTA funds are being made available to offset the loss of Title IV-E funds for congregate care with the implementation of the Qualified Residential Treatment Program criteria and due to a reduction in the number of children in foster care. The need to utilize FFTA funds for foster care maintenance is assessed as the state fiscal year end nears.

Next year, DCFS plans to use the FFTA funds for the same general purposes as funds were budgeted this year. Pertaining to prevention, funds will be used to support training, coaching, and certification of SafeCare, which is being implemented as a new service under Utah’s Title IV-E Prevention Program Plan. SafeCare contracts are nearing completion. Funding may also be used to support implementation of Motivational Interviewing and Parents as Teachers, which have not yet been implemented under Utah’s IV-E prevention plan, though they are approved services under the plan. In addition, funds may be used for LYSSN, an artificial intelligence tool for assessing fidelity in implementation for Motivational Interviewing. FFTA funds may also be used to offset reductions in IV-E funding for foster care and congregate care and may be allocated for concrete needs for families or supports for kin families.

DCFS anticipates that with continued focus on upfront services and continued focus on successful implementation of QRTP provisions, the impact of the loss of Title IV-E for foster care funds will gradually diminish under the waiver transition. Also, related to provision of flexible funds for families for concrete supports, we are watching submissions of Title IV-E Prevention Program Plans from other states that have included supports for concrete needs as evidence-based services. In the events that any programs supporting concrete needs are approved, we will consider adding those services to Utah’s Title IV-E Prevention Program Plan through an amendment.

Family First Transition Act Funding Certainty Grant

The Family First Transition Act Funding Certainty Grant (FCG) that Utah received in April 2021 in the amount of \$4,888,124 has been allocated to the DHS entities that received funding under the Title IV-E capped allocation waiver. The initial distribution consisted of 85% being allocated to DCFS, 11% to DJJS, and 4% to the Executive Director’s Office. This distribution may be adjusted over time, based on needs. All funding will be spent by September 30, 2026.

The Funding Certainty Grant will be used for purposes allowable under the grant, with the first priority to support upfront services to prevent abuse and neglect and to prevent entry of

children into foster care, including supporting continuing efforts to further implement the Title IV-E Prevention Program Plan. Secondly, funds will be used to reduce the loss of Title IV-E funding for foster care maintenance and administration as a result of reverting back to traditional Title IV-E claiming and impact of QRTP implementation.

Within that funding framework, DCFS has been working with the Kempe Center this year to implement the Family Action Model (FAM), which is a modification of Family Group Decision Making. FAM is part of Utah's First Impression project, providing upfront supports to better engage families receiving child welfare services to help reduce entry into foster care. With the successful completion of the FAM pilot project, DCFS determined that the FCG would be utilized to expand capacity to implement this model to each of the five DCFS regions. FCG funding has been designated for hiring a FAM supervisor and a team of ten coordinators that will be trained in the FAM model and provide family engagement support to teams throughout the state. Those 11 positions will be funded with the FCG through September 2026.

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

APSR Update

The outlined services and program design in the plan have continued over the past year. Since submission of the 2022 APSR, there have been no substantive changes or additions in services or program design. General updates for work accomplished during FFY 2021 is summarized in the respective sections below.

Agency Administering Chafee

DCFS administers programs and services funded through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee). Within the division, the Adolescent Services Program Administrator is responsible for planning and execution of all Chafee activities as well as for supporting community providers delivering services to youth in foster care.

New Position

In August 2021, DCFS added the position of Lived Experience Youth Voice - TAL Assistant Coordinator. This position provides the expertise that can only be delivered by an individual with first-hand lived experience in the child welfare system. The position of TAL Assistant Coordinator continues to evolve as needs are identified. The TAL Assistant Coordinator is currently responsible to:

- Provide direct support to YAC members
- Provide assistance to DCFS regional TAL coordinators
- Maintain connection to national organizations
- Participate as a member of Utah Division of Substance Abuse and Mental Health Youth Empowered Solutions to Succeed
- Provide support to the Division of Juvenile Justice Services Youth Council
- Provide support to the Court Improvement Program monthly educational series
- Provide support to multiple local youth support programs around the state (i.e. PATH, CLASP, Peer Up, Salt Lake County Youth Advisory Board, etc.)
- Provide support to the Youth Experiencing Homelessness Task Group
- Ensure emphasis is placed on involvement with programs in the state that provide services to youth who may qualify for access to TAL services
- Increase NYTD 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

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

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

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

Transitional services provided to youth are numerous but generally fall within five major categories including the 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, and Family and Marriage

Former foster care recipients from age 18 through their 22nd year (have not reached the age of 23) 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. 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 Education and Training Vouchers (ETV) resources by contacting a TAL Coordinator in the state in which they are living or the services can be provided by Utah.

To complement youth's efforts to achieve self-sufficiency and to ensure youth recognize and accept personal responsibility to prepare for and make the transition from adolescence to adulthood, up to \$2,000 in annual assistance can be provided to eligible youth through aftercare services. These funds are designed to help youth pay for housing, counseling, employment, education, and other services.

During the COVID-19 pandemic, Chafee funds have been made more flexible. Recent legislation provided additional funding and deferred previous funding restrictions, which has helped youth receive needed services during the pandemic. The flexibility has allowed TAL coordinators to support youth in their current housing situations and avoid disruptions. The funding flexibility has also allowed supplementation of TAL youths' income, allowing them to pay their bills and provide for themselves.

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. The State Youth Advisory Council (YAC) is an integral member of the development team addressing the need to increase placement stability for youth. The pandemic slowed this process but plans are underway to resume, including plans for foster youth to participate in UFC in-service trainings.

The YAC contributed to developing the PIP response for placement stability and currently works with transitional coordinators to review and update the transition to adult living guidelines, ensuring the guidelines adhere to preservation of the family and that all youth have permanent adult connections as they transition out of foster care.

Involvement of Youth

DCFS continues to support the YAC, which adds a much-needed youth voice to the child welfare system. Through the YAC, youth discuss issues that impact their lives and set goals and objectives that are designed to resolve problems they face. Additionally, with assistance from DCFS administrators, the YAC develops policies and procedures involving youth support.

Youth participate in panel discussions during Utah Foster Care Foundation's (UFC) foster and adoptive parent pre-service training. Youth also participate in UFC region in-service trainings, during which they provide a realistic accounting of their experiences in foster care, summarize the unique needs they encountered while in foster care, and encourage parents to consider fostering or adopting older children in the child welfare system. Unfortunately, due to the virtual format relied on during the pandemic, YAC participation has been challenging. The youth report finding the virtual format disconnecting and disinteresting. Once the pandemic resolves and in-person panel presentations resume, a focus will be placed on reconnecting youth to panel participation.

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

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 State Youth Advisory Council that identifies best practice and conveys lessons learned. However, since the start of the pandemic, this meeting has been placed on hold. Once it resumes, the Program Administrator, Assistant TAL Coordinator, and YAC ambassadors will attend.

Two youth attended the Independent Living Coordinators Meeting in January 2021 and Utah's annual Fosterclub All Star Program in July 2021; both meetings were held virtually. One of the youths is the current Youth Council President and the other is the current Youth Council Vice President. They report being inspired by insights of other youth in attendance and were especially motivated to become advocates for Utah youth in foster care. Additionally, they also attended the 2021 Regional Youth Council meetings, at which they provided training and offered feedback from what they had learned through their experiences at the Independent Living Coordinators Meeting and the Fosterclub All Star Program.

The YAC is working on the development of a youth orientation packet that will be shared with youth when they first enter foster care. Foster youth will be given a flier with information about available services and support. The YAC is also creating YouTube informative videos that will be shared with youth. The videos will explain the roles and responsibilities of child and family team members, as well as the youth bill of rights. Unfortunately, due to the pandemic, this work has not been completed; however, there is an emphasis to re-engage youth in their participation on the youth council and increase youth voice across the state once the pandemic resolves.

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 youth. Youth are encouraged to lead their team meetings and contribute to their planning in a meaningful way. The youth's ability to run their meeting builds their confidence in advocating for their needs and their future.

The YAC worked with staff to create a Milestone Guideline that helps youth focus on building basic life skills and creates opportunities to build confidence and competence in connecting with their families and communities. Regional youth and TAL coordinators are working to improve the Milestone Guidelines. Goals for improvement include creating content with real world applications that fit the needs of youth 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 youth to complete high school and successfully attend higher education. This program is described in more detail under the education portion of the plan. Youth 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 youth attending from thirty to sixty youth. To support this effort, funding was increased in FFY 2021 and will be in effect for the remainder of the contract.

Use of NYTD Data

To provide Utah with a complete view of youth's experiences, DCFS regularly collects data on youth turning 17 while in foster care and surveys youth formerly in foster care at 17, 19, and 21 years of age. This data is entered into the NYTD database. Reports are generated as needed and are used to inform stakeholders about barriers youth face when they exit foster care. The report is shared annually with the YAC and CWIC, with new employees during onboarding training and other relevant statewide training, and with community partners and stakeholders.

The data from the first round of cohorts showed that Utah had a very high rate of youth entering foster care due to delinquency. This data was shared with the Court Improvement Program team and informed the discussion regarding how Utah can reduce the percentage of youth entering care due to delinquency, while still ensuring youth 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 now 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, the Chafee program will continue to share the NYTD data with the Court Improvement Program team during quarterly meetings. During FFY 2021, there has been no additional work with NYTD. During the coming year, the Adolescent Program Administrator will create a user-friendly informational one-page document about NYTD to share with community partners and the YAC. Additionally, the Assistant TAL Coordinator will focus on increasing NYTD outcomes in the coming year; this work will include access to the CLEAR Network, as well as the utilization of social media to improve outreach to youth.

Serving Youth across the State

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

The transitional coordinators meet monthly and are focused on how to provide more video and online options for youth to participate in the Milestone Guideline classes and activities. For example, Eastern Region is rural, and it is difficult to provide a central location that works for all of the region's youth 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 youth have the opportunity to participate in and benefit from the classes. Eastern Region has also increased its ability to provide teleconferencing options, which enable youth from different offices to interact with one another.

As noted above, in FYY 2021, DCFS hired a Youth Voice TAL Program Assistant Coordinator. This position works directly with the Adolescent Services Program Administrator and the Region Youth Councils to assist youth in using their voices to improve services for themselves and other youth 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 youth 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 youth needing to complete activities, skills, and education that will help the youth develop and maintain connections to their community. Encompassing more than thirty-five skills and activities under more than fifteen 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.

Utah has been piloting a TAL UFACET assessment. The UFACET is a CANS-based child and family assessment tool developed in conjunction with the HomeWorks IV-E child welfare waiver demonstration project. The TAL module has undergone a pilot test, in which 3-5 caseworkers in each region involved in the pilot were allowed to use the new module, instead of the Casey Life Skills Assessment, to assess transitional skills. The initial results indicate that the tool is better at prompting discussions with youth about their plans for the future and at assessing their transitional skills.

The pilot test ended during calendar year 2020. At this time, it was determined that the assessment successfully assesses a youth's skills. The TAL UFACET will be incorporated into the Division's SAFE (CCWIS) database, and the Adolescent Services Program Administrator will provide training to region staff. After completion of training, staff will be certified to conduct the assessment with youth. Unfortunately, the process of incorporating TAL UFACET into SAFE has not been addressed yet due to competing demands.

During FFY 2021, the Adolescent Services Program Administrator will work with the CCWIC team in implementing the UFACET TAL skills module, which will include NYTD language and the wellbeing outcomes outlined in the CSSP Youth Thrive Protective and Promotive Factors framework. This work is in process at this time and is anticipated to be completed by the end of FFY 2022.

The Adolescent Services Program Administrator continues to work with DHS OQD to revise the questions asked by QCR reviewers that assess TAL services provided to youth. The intent is to add NYTD terminology so that the questions are consistent with current federal guidelines. The Adolescent Services Program Administrator also intends to work with OQD to incorporate new review elements into the QCR process that will assess to what degree child and family teams are addressing the transitional needs of youth exiting foster care. Furthermore, the Adolescent Services Program Administrator and members of the Youth Advisory Council plan to meet with OQD to determine to what extent and at what age youth can participate in QCRs. Unfortunately, due to the DHS/DOH merger process and restructuring of OQD, this work has been delayed. The Adolescent Services Program Administrator is hopeful that the work will resume in FFY 2023, once the merger process is complete.

Chafee Services Expansion Option to Extend Services to Age 23

Utah elected to offer Chafee-funded services to former foster youth through age 23. Youth were notified of the change through multiple strategies. DCFS youth councils at state and regional levels were also informed of the age change. Youth 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 youth who have already exited care. TAL Coordinators were notified, 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 Utah 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 youth 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, DJJS, and other community partners. This group addresses issues related to human trafficking. While not specific to youth 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 also intends to

develop a broad range protocol that will identify 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). FSA focuses on academics, life skills, and caregiver engagement. The program brings high-school aged foster youth to campus for one Saturday each month during the academic school year and an intensive, four-week campus residential experience during which youth in foster care attend classes provided by volunteer professors who teach a variety of courses. In addition, university mentors provide academic and personal guidance and meet monthly with the youth to assist them with their educational goals. Once youth complete the academy, as well as graduate from high school, they will be eligible for targeted scholarships that will help them fund their secondary education. Furthermore, as long as youth 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.

A new program within FSA is its Impact Scholar Program. This program is designed to follow and provide support to First Star students who enroll in post-secondary education.

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. This expansion is now complete and the process of enrolling additional students is underway.

The below is a quote from the FSA Interim Program Manager on the impact of the program:

"Throughout the summer, I saw students make new friends, reconnect with other foster kids from previous placements, and develop positive relationships with mentors and staff that will last a lifetime should they want them. They have shown their capabilities in the classroom as well as their intelligence in navigating these new social situations – both online and in-person. Several students came up to me after our trip to Lagoon to tell me this was the best day they had in a while – that it was a highlight of their summer. I've seen our students open up and show their true and honest selves and commit to our program because they sense that we truly care about them and that this is safe space for them to exist. As a testament to this, several of our previous First Star alums came back to join the program as mentors-in-training, a new initiative to incorporate former foster youth in leadership, where they lead activities and taught workshops to the new students." – Nicolas Contreras, First Star Interim Program Manager.

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 2020-2021 school year.

First Star Academy (FSA)								
School Year:	2017-2018		2018-2019		2019-2020		2020-2021	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Students Returning from Previous Year	-	-	20	-	27	-	16	-
Total New Students	26	-	8	-	0	-	17	-
TOTAL Students Enrolled in FSA	26	-	28	-	27 ²	-	33	-
Total Students Enrolled Who Completed the Year	20	77%	25	89%	22	81%	21	64%
Total Students Enrolled Who Exited the Program for Reasons Other than Graduation ¹	6	23%	3	11%	5	11%	3	9%
Total Seniors Enrolled Who Graduated High School (HS)	-	-	-	-	3	100%	11	100%
Total HS Graduates Enrolled who went on to a Four-Year University that fall	-	-	-	-	2	66%	7	63%
Total HS Graduates Enrolled who went on to a Two-Year or Vocational College	-	-	-	-	0	0%	3	27%
TOTAL Students Enrolled in FS Summer Academy	22	84%	24	85%	15 (online)	56%	16 (hybrid)	48%
% Increase in Post-Test over Pre-Test Math Score	-	87%	-	236%	-	3	-	3
% Increase in Post-Test over Pre-Test Writing/Language Score	-	12%	-	56%	-	3	-	3
% Students Reporting Increased Desire to Attend Higher Ed.	-	Not collected	-	100%	-	100%	4	4
% Students Reporting Increased desire to work hard in HS	-	90%	-	73%	-	70%	-	91%
% Students Reporting Increased Feeling of Academic Capability	-	84%	-	73%	-	70%	-	83%
% Students Reporting Increased Confidence in Capability to Make Friends	-	58%	-	67%	-	62%	-	66%
<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. ³ Due to COVID-19 the pre and post academic survey was not completed. ⁴ During 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.</p>								

The TAL Program coordinates with a number of state agencies or partners that utilize federal funds. Those agencies include:

- Department of Workforce Services WIOA Youth, which manages services provided through the ETV program and coordinates food stamps and employment training.
- Department of Health, which coordinates Medicaid services and, through a contract with DCFS, provides access to a nurse case manager who tracks the medical needs of youth in foster care.
- Division of Substance Abuse and Mental Health, which refers youth to services that help youth resolve mental health and substance abuse issues.
- Department of Public Safety Driver License Division, which aids in obtaining a driver license.
- Division of Juvenile Justice Services, which works with DCFS to identify youth 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 that 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, in order to prevent further DCFS involvement and/or removal, DCFS began coordination with the Juvenile Justice Early Intervention Program to provide support and in-home services to families with ungovernable youth. A pilot program was completed in Utah’s Northern Region in fall 2019, and the Juvenile Justice Early Intervention Program was implemented statewide in February 2020. DCFS began referring to the program in July 2021, at the start of the new SFY. SFY 2021 and SFY 2022 (through Q3) program and DCFS referral data is presented in the table below.

Juvenile Justice Early Intervention Program														
	SFY 2020 ¹		SFY 2021 ²		SFY 2022									
	TOTAL		TOTAL		Q1		Q2		Q3		Q4 ³		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Program Referrals	393	100%	2,260	100%	563	100%	825	100%	804	100%	-	-	-	-
DCFS Referrals	0	0%	334	14.8%	65	11.5%	81	9.8%	95	11.8%	-	-	-	-

NOTES: ¹ The program form was implemented statewide on Feb 13, 2020. ² DCFS began its participation in SFY 2021. ³ SFY 2022 Q4 data is not included, as it is too soon for the data to be available.

Determining Eligibility for Benefits and Services

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

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

Cooperation in National Evaluations

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

Chafee Training

DHS coordinates a Transitions Academy that addresses the needs of youth who are receiving services through one or more DHS divisions. Training delivered through the Transitions Academy provides workers with information about how to involve youth 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 youth. The academy is now offered at a regional level and coordinated by the region's respective Systems of Care – High Fidelity Wrap Councils. This gives the regions an opportunity to address issues related to their community and to encourage local community providers in being a part of the training. Youth are actively involved in the planning process and coordinate some of the activities.

In addition, a one-hour segment of the New Employee Practice Model Training focuses on youth services provided through the TAL Program as well as on community resources available to youth. During FFY 2021, the Adolescent Program Administrator collaborated with the DCFS training team to develop a TAL module for use in future practice model training sessions.

DCFS anticipates that it will continue to provide online Foundations for Youth: Supporting Foster Parents web training to staff who request it. During this training, participants review the latest research relating to adolescent development and learn about the impact that abuse or neglect has on youth. Participants review adolescent behavior, both normal and trauma-related, as well as learn how to engage youth, develop plans, and provide appropriate interventions.

UFC refers foster or foster-to-adopt parents, especially those who will be fostering or adopting youth over the age of 14, to the Foundations for Youth: Supporting Foster Parents web training. Foster parents can use this training to meet mandatory annual training requirements.

DCFS implemented a two-hour Safety Guidelines for LGBTQ Clients training, which was delivered to all caseworkers and supervisors and was added as ongoing training for new employees. During this training, participants learn how to implement DCFS Practice Guideline 300.5, which specifically addresses the issue of safety for LGBTQ youth. Training introduces appropriate terminology, helps students understand LGBTQ issues, addresses services that help prevent removal, and identifies expectations for out-of-home placements. DCFS is also reviewing all aspects of equity, diversity and inclusion within its policies and guidelines and is making adjustments where needed, including policies and guidelines specific to the LGBTQ community.

Prospective foster and adoptive parents learn about the needs of LGBTQ youth in several sections of the 32-hour training provided by UFC. During the session in which UFC trainers discuss why children are in foster/adoptive care and in the session in which participants learn about adolescent development, trainers identify the safety needs of children who may be questioning their sexuality.

Also, when UFC trainers address the need to transcend differences in philosophy or beliefs with prospective foster or adoptive parents, they help parents to examine their personal, moral, and ethical perspectives and determine if they have the ability to work with children who live differently.

A discussion of LGBTQ youth safety is held during the UFCs DCFS Practice Guidelines webinar, a course that parents are required to complete before being licensed. UFC has also implemented a cluster group for parents who are fostering LGBTQ youth. 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 LGBTQ youth in this webinar.

Supporting Foster Youth and Families through the Pandemic Act

In accordance with Program Instruction 21-04, following is a description of the planned use of additional Chafee and ETV funding granted under the Consolidated Appropriations Act, 2021, P.L. 116-260, enacted into law on December 27, 2020, Division X, The Supporting Foster Youth and Families through the Pandemic Act.

The majority of supplemental Chafee funding has been distributed to DCFS regions to be used for direct supports to youth age 14 or older in foster care, or for youth who have exited foster care at age 14 or older for reunification, or age 16 and older to adoption or guardianship, or who were emancipated from foster care at age 18 and older. Funding was available until September 30, 2021 for youth who had not yet attained age 27; the age limit reverted to age 23 starting October 1, 2021. Supplemental funding is available through September 30, 2022. Types of expenses that funds may be used for direct supports for youth are described in the table below.

Direct Supports for Youth Through Chafee Funding (including Supplemental Funds)	
Purpose	Allowable Services
<p>Transitional Living Needs (TLN) The purpose of the TLN grant funds is to address unique short and long-term needs <u>of youth in DCFS custody</u> 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 region 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 youth age 18 to 23 to address unique short-term needs of youth to assist them in transitioning to adulthood. <i>The maximum age has been temporarily increased to age 27 through 9/30/2021.</i></p>	<p>TLP funds are available for former foster youth 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.) Up to \$4000/year may be spent for transportation expenses under pandemic provisions through 9/30/2021.</p>
<p>Transitional Living Payment for Living Costs (TLR) Grant funds may be used for qualifying youth age 18 to 23 to address unique short-term needs with maintenance expenses to assist youth in transitioning to adulthood. <i>The maximum age has been temporarily increased to age 27 through 9/30/2021.</i></p>	<p>TLR funds are available for former foster youth who are between the ages of 18-23. These funds may be used for room and board, including food, rent, or utilities. Normally, no more than 30% of grant funds statewide may be used for room and board costs. However, under pandemic provisions, this 30% requirement is waived through 9/30/2021.</p>

Supplemental Chafee funds are also being utilized to temporarily increase the First Star program, to allow additional youth to participate. Additional needs analysis and support opportunities are being assessed to guide additional resources to maximize supports to qualifying youth and young adults.

The DHS communication team has assisted in developing and distributing information to support outreach efforts to foster youth and former foster youth to know about increased supports available through the supplemental Chafee funds authorized under the Consolidated Appropriations Act, 2021, P.L. 116-260, Division X, The Supporting Foster Youth and Families through the Pandemic Act. In addition, the Adolescent Services Program Administrator has met with the Youth Council, regional transition to adult living coordinators, and numerous community partners to make them aware of this additional funding for foster youth and former foster youth. The newly hired TAL Assistant Coordinator provides a focus on enhancing outreach

and coordination with foster youth and former foster youth. See Attachment I. for the most recent iteration of a flyer shared with community partners regarding availability of this funding.

Use of supplemental ETV funds authorized under the Consolidated Appropriations Act, 2021, P.L. 116-260, Division X, The Supporting Foster Youth and Families through the Pandemic Act are described within the narrative of the ETV section below.

Education and Training Vouchers (ETV) Program

Program Description

Education and Training Vouchers (ETV) are available to youth 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, youth must meet the following requirements:

- Have an individual educational assessment and individual education 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 has been 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 has been 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 has been waived).

Method the State uses to Operate the ETV Program Efficiently

DCFS continues to contract with the DWS to manage the ETV program. Youth 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 Educational Assessment and an Individual Education Plan for each eligible applicant. DWS also makes it possible for enrolled youth to participate in paid internships or obtain financial support as they search for a job or take steps to build a career. DWS also helps youth 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.

DCFS and DWS hold a quarterly statewide meeting to staff complex cases, review guidelines and train staff. DWS case managers, in consultation with their supervisors, are allowed to authorize up to \$3,000, with an option of seeking approval from the Adolescent Program Administrator for an additional \$2,000. However, under the 2021 COVID Appropriations Bill, this amount DWS case managers, in consultation with their supervisors, are allowed to authorize has increased to \$10,000, with an option of seeking approval from the Adolescent Program Administrator for an additional \$2,000.

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

The table below lists the total number of youth who received ETV awards for 2017-2018 through 2021-2022 school years. It also lists the number of youth that received new ETV awards for the same time periods.

Annual Reporting of Number of Youth Receiving Education and Training Vouchers				
Utah School Year	New ETVs	Open ETV Enrollments	Closed ETV Enrollments	TOTAL ETVs Awarded
2017-2018 (July 1, 2017 to June 30, 2018)	53	143	68	264
2018-2019 (July 1, 2018 to June 30, 2019)	44	117	52	213
2019-2020 (July 1, 2019 to June 30, 2020)	36	102	46	184
2020-2021 (July 1, 2020 to June 30, 2021)	38	93	31	162
2021-2022 School Year ¹ (July 1, 2021 to April 1, 2022)	12	74	32	118
<i>NOTE: ¹ 2021-2022 final numbers will be reported in next year's APSR.</i>				

Steps to Expand and Strengthen the ETV Program

DCFS worked with DWS to update the ETV contract to ensure youth up to the age of 26 can now obtain ETV funds and educational/employment guidance from DWS case managers. DCFS transitional coordinators and DWS case managers received training on the new requirements.

Other Appropriate Education and Training Programs

In 2018, DCFS was selected to participate in a college savings program through the Utah Educational Savings Program, My529. To participate in this program, a TAL Services youth attends a college prep class and earns an incentive. The incentive is deposited into a My529 college savings account. TAL youth have the opportunity to earn further incentives by completing milestones focused on their higher education goals.

The Utah Educational Savings Plan (UESP) continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youth 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 youth in foster care.

Consultation with Tribes

In 2017, the Adolescent Services Program Administrator, Kinship Program Administrator, and the Domestic Violence Program Administrator accompanied the ICWA Program Administrator on individual visits with tribes, where the Program Administrators provided an orientation of DCFS programs to tribal leaders and offered technical assistance.

The Confederated Tribes of the Goshute Reservation have been contemplating the possibility of asking DCFS to provide all Chafee services to members of the tribe, but prior to COVID, no formal negotiations had taken place. Unfortunately, due staff turnover and the challenges brought on by the pandemic, additional progress has not been made.

In April 2021, The ICWA Program Administrator and the Adolescent Services Program Administrator met with all Utah tribal leaders and presented the benefits of the TAL program and additional CARES Act funding for TAL use that is available to qualifying tribal youth.

The Adolescent Services Program Administrator and the Domestic Violence Program Administrator attend a quarterly Tribal and Indian Issues Committee Meeting, at which they provide information regarding TAL services and domestic violence services, including technical

assistance available to tribes. The two Program Manager Administrators also attend monthly ICWA Specialist Meetings and are working with the ICWA specialists and tribal social service departments to enhance services for Tribal Youth.

In the past year, in the meetings noted above, discussions with the Tribes have begun regarding creating a more robust service array for Tribal youth. How DCFS can collaborate with the tribes to offer transitional services to tribal youth no matter where they are currently residing has been a focus of these discussions.

During FFY 2021, an outcome of the Adolescent Program Administrator attending the above meetings was the opportunity to use TAL funds to support three Tribal youth with assistance for school-related needs.

Discussions have continued 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. To date, the Ute Tribe has not asked DCFS to provide Chafee program services.

Please see below tables for FFY 2017 – 2021 TAL program data.

Percent of Youth 14 and Older Exiting Custody to a Permanent Placement					
Permanent Placement	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Reunified with Parent/Primary Caretaker	31.7%	31.5%	36.2%	34.0%	28.9%
Custody/Guardianship to Relative	13.8%	14.8%	15.5%	36.0%	20.4%
Adoption	9.8%	13.4%	13.2%	12.9%	13.8%
Custody/Guardian to Foster Parent/Other Not Related	4.2%	4.3%	3.8%	12.7%	5.3%

Number of Emancipated Youth	
FFY	Count
2017	166
2018	169
2019	120
2020	137
2021	115

Number of Youth Receiving TAL Aftercare Services	
FFY	Count
2017	757
2018	702
2019	641
2020	580
2021	684

Race and Ethnicity of Youth who Received TAL Services ¹										
Race	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%
American Indian or Alaska Native	53	3.9%	60	4.7%	62	5.2%	51	4.6%	48	4.8%
Asian	12	0.9%	11	0.9%	11	0.9%	14	1.3%	12	1.2%
Black or African American	117	8.5%	93	7.2%	76	6.3%	75	6.8%	70	6.9%
Multiracial Other Race Not Known	13	0.9%	12	0.9%	11	0.9%	11	1.0%	10	1.0%
Native Hawaiian/ Other PI	21	1.5%	30	2.3%	26	2.2%	21	1.9%	16	1.6%
Unable to Determine	28	2.0%	23	1.8%	15	1.3%	15	1.4%	14	1.4%
White	1,188	86.7%	1123	87.1%	1065	88.8%	981	88.7%	893	88.5%
TOTAL Receiving TAL Services ²	1,370	104.4%	1,290	104.9%	1,200	105.6%	1,106	105.7%	1,009	105.4%
Hispanic Origin or Latino	317	23.1%	297	23.0%	275	22.9%	251	22.7%	249	24.7%

NOTES: ¹ All child counts are distinct and unduplicated. The percent 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%.

VII. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

APSR Update:

During this past year, in response to the COVID-19 pandemic in Indian Country, the state's plan for coordination and collaboration with tribes continued in a virtual format, with limited in-person meetings.

Beyond the challenges of the pandemic, potential barriers to achieving the continued process of ICWA-related service delivery in the coming year are anticipated.

The DCFS ICWA Program Administrator vacated her position in March 2022, in order to accept a position with her Tribe. The DCFS ICWA Program Administrator position is also ending in its current capacity on July 1, 2022. This is due to changes related to the consolidation of DHS and DOH.

As stated above, in March 2021, the Utah State Legislature passed a bill directing the DHS and the DOH to consolidate into a single state agency, the Utah Department of Health and Human Services (DHHS), effective July 1, 2022. Thirty consolidation workgroups comprised of dozens of employees were created to inform transition planning. The DCFS ICWA Program Administrator participated in a consolidation steering committee focused on tribal representation. Committees and workgroups met at least weekly throughout much of 2021 to identify opportunities for optimal realignment in order to serve Utahans, including American Indians and Alaska Natives (AI/AN), more effectively.

Utah Tribes provided formal consultation on the consolidation process. One of the recommendations from the tribes was to create an Office of American Indian Alaska Native Health and Family Services (Office). The Office Director will be a member of the newly consolidated DHHS Executive Leadership Team. The Office will also include the positions of ICWA Liaison and Health Liaison. The newly formed Office will provide a unified collaborative approach to AI/AN child welfare services.

The ICWA Liaison position is responsible to:

- Act as a liaison between DHHS and Utah's (AI/AN) populations regarding child and family services
- Provide training to DHHS employees regarding the requirements and implementation of ICWA
- Develop and facilitate education and technical assistance programs for Utah's AI/AN populations regarding available child and family services
- Promote and coordinate 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

- Interact 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

Unfortunately, with the creation of the newly formed office, DCFS will no longer have the position of ICWA Program Administrator; it is anticipated that this may be a barrier to achieving the continued service delivery process in the coming year. The ICWA Liaison will provide needed high-level services. However, at this time, it is not certain if the ICWA Liaison will provide the same level of child welfare direct services the ICWA Program Administrator has historically provided, 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. In the coming year, as it works with the Office, DCFS will be mindful of its ability to adhere to ICWA requirements and will advocate for compliance to and full implementation of the statutory requirements of ICWA.

Impact of COVID-19 Pandemic on Indian Country

In the past year, the state's plan for ongoing coordination and collaboration with Utah Tribes has continued to be impacted by COVID-19. The DCFS ICWA Program Administrator had many challenges working with Utah Tribes, due to the ongoing disproportionate impact of COVID-19 in Indian Country. Many of Utah's eight Federally Recognized Tribes have continued to experience mandatory closures of tribal offices and restricted access to and from the Reservations. DCFS continued contact primarily through web conference calls with tribal offices regarding Indian child welfare issues.

In FFY 2021, in response to the Bureau of Indian Affairs request, DCFS continues its adaptation to practice, in order to ensure tribal participation in ICWA cases. For example, in termination of parental rights and adoption proceedings, cases were postponed until Utah Tribes return to full capacity.

In FFY 2021, to combat the pandemic, the DCFS ICWA Program Administrator and tribal leaders participated in weekly Department of Health (DOH) COVID-19 coordination calls. Tribal leaders report their needs and share COVID statistics with the group. Due to the remote locations of many Utah Reservations, the need within Tribal communities is more profound than in typical Utah communities along the Wasatch Front. In order to assist Utah Tribes in addressing needs resulting from the pandemic, in 2019, the Utah Tribal COVID Relief Effort was formed, and the ICWA Program Administrator has been heavily involved in relief efforts. By the end of 2020, the Utah Tribal Relief Effort became the Utah Tribal Relief Fund Foundation, a 501(c)(3) organization. During spring and fall deliveries, relief items including food, water, blankets, school supplies, PPE, etc. were provided directly to most Utah Reservations. Additionally, many other supplies continue to be provided through meet-ups with delivery personnel. Elder care boxes containing specific items needed by elderly tribal members were made and distributed regularly. Assistance was also provided to tribal youth and focused on meeting their educational needs.

ICWA Program Administrator Role Overview

The ICWA Program Administrator, 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 Tribal Leaders Meetings or during individual visits held one to four times per year with each tribe. Additionally, informal communication with the tribes' social services departments occurs on a continuous basis, oftentimes daily, 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 and Navajo Nation, have implemented 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 DCFS ICWA Program Administrator.

The Indian Law Division of the Utah State Bar has an ICWA Committee, on which the Utah ICWA Program Administrator participates. The Committee is a formal pathway for tribes to communicate with other attorneys in Utah practicing in the field of Indian child welfare.

Governmental, tribal, and private partners with which DCFS 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, Utah Department of Health, Bureau of Indian Affairs, Utah Department of Heritage and Arts-Division of Indian Affairs, Utah Department of Human Services-Tribal and Indian Issues Committee, and the Court Improvement Program.

Additionally, in FFY 2021, the ICWA Program Administrator collaborated with the Navajo Nation Division of Social Services, the Bureau of Indian Affairs Police Department, the Federal Bureau of Investigation, and the Utah Navajo Health Systems to begin conversations regarding jurisdiction of CPS issues on the Utah strip of the Navajo Nation. The group addressed the complex jurisdictional issues for children who were abused or neglected on the Navajo Nation. This past year, the group met monthly and, due to the group's progress, determined that moving to quarterly meetings will now be sufficient to maintain communication and ensure jurisdiction of these cases is appropriately assigned.

Also, in FFY 2021, the ICWA Program Administrator became a member of the Casey Family Programs-Child Welfare Data Leaders- AI/AN Data Leaders subgroup. This group meets bi-monthly to discuss the disproportionality of AI/AN children in public child welfare systems. Casey Family Programs hired researchers to investigate this issue; their research has now been published as the *Mechanisms AI/AN Inequality in Child Welfare Across US States*. The research study was accepted for the University of Utah Grand Challenge for Social Work Event ([Grand Challenge](#)) and will be presented in FFY 2022. The Grand Challenge is a national initiative to champion social progress powered by science. There are three challenge areas of concern: individual and family wellbeing, stronger social fabric, and just society.

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.

DHS has a formal consultation policy in place that supports tribal self-governance through regular and meaningful consultation with Utah tribes. DCFS recognizes that each tribe is a distinct and sovereign government and works to ensure that jurisdictional and cultural barriers are respected. DCFS also recognizes that all children and families in Utah are Utah residents and ensures that services and assistance is extended to tribal families living either on or off the reservation.

Utah has current Memorandums of Understanding (MOU) or Intergovernmental Agreements (IGA) with five tribes: The Confederated Tribes of the Goshute Reservation, Navajo Nation, and Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah, and the Skull Valley Indian Community (Goshute).

An IGA draft with the Ute Tribe has been completed. Presently, the IGA is being reviewed by DCFS and the Attorney General's Office and the Ute Tribal attorney. The draft remains in the final negotiation stages. In the event of a DCFS emergency placement of a Ute child on the Ute reservation, DCFS has requested that they be permitted to enter the reservation when they cannot reach Tribal leaders or Ute Family Services. The Ute Tribe has not granted this permission. This has stalled finalization of the IGA.

In FFY the 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. DCFS plans to address an IGA with the Confederated Tribes of the Goshute Reservation next.

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 ICWA Program Administrator plans to collaborate with the Ute Mountain Ute Tribe's attorney to implement a new IGA once the Confederated Tribes of the Goshute Reservation IGA is finalized.

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 bimonthly to address problems in communication between the state and the Tribe regarding CPS services on the Navajo Strip. Along with the DCFS ICWA Program Administrator, the CPS Program Administrator and Intake Program Administrator are a part of these discussions.

The Navajo Nation recently completed construction of Gentle Ironhawk Domestic Violence Shelter in Blanding, Utah. The DCFS Indian Child Welfare Administrator and the DCFS Domestic Violence Administrator is coordinating with the Navajo Nation to provide assistance as needed. Gentle Ironhawk contracts with the Utah Navajo Health System to administer shelter operations. In summer 2021, the Navajo Nation opened the shelter and applied for Family Violence and Prevention Services Administration and ARPA funds during FFY 2022.

The Northwestern Band of the Shoshone Nation use Utah's juvenile court and its attorneys to adjudicate child welfare cases, whereas the Skull Valley Goshutes and the Confederated Tribes of the Goshutes use their own juvenile court or coordinate with the Bureau of Indian Affairs to adjudicate child welfare cases. These two tribes also have their own health clinics located in multiple locations along the Wasatch Front and on their respective reservations. The Paiute Tribe relies on DCFS to conduct all CPS assessments but has their own ICWA staff that partner with DCFS caseworkers on CPS cases and in 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 families and to approve foster homes. DCFS has provided technical assistance to the Tribe and assisted them with the development of tribal licensing standards.

Please see the table below for information of the number of Native American children receiving DCFS services from FFY 2017 – 2021.

Native American Children Receiving Services										
Tribe Name	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021	
	Children	Cases	Children	Cases	Children	Cases	Children	Cases	Children	Cases
Confederated Tribes of the Goshute Reservation, NV and UT	4	9	4	6	7	8	4	6	5	6
Navajo Nation AZ, NM & UT	497	533	461	527	419	473	350	414	366	428
Northwestern Band of Shoshoni Nation of Utah (Washakie)	11	8	9	11	7	10	11	7	9	12
Paiute Indian Tribe, UT (Cedar City, Kanosh, Koosharem, Indian Peaks and Shivwits Bands)	66	77	72	82	60	68	55	64	53	67
Skull Valley Band of Goshute Indians of Utah	12	14	12	9	12	12	4	9	6	6
Ute Indian Tribe of the Uintah & Ouray Reservation, UT	76	78	63	76	67	90	71	90	75	79
Ute Mountain Tribe of the Ute Mountain Reservation, CO, NM, and UT	7	8	10	12	9	8	7	12	6	7
Other Tribe Not in Utah or Tribe Not Documented	438	446	508	543	714	714	762	754	763	755
TOTAL Native American Children Served	1,111	1,148	1,139	1,230	1,295	1,335	1,264	1,304	1,283	1,295

Process Used to Gather Input from Tribes

The DCFS ICWA Program Administrator has the primary responsibility to monitor the agency's compliance with ICWA, as well as create and act on ICWA-related goals and objectives. The ICWA Program Administrator gathers information and coordinates DCFS activities with tribes during the bi-monthly Tribal Leaders Meeting. At this meeting, tribal representatives receive updates on the status of agreements, discuss tribal issues, connect with state ICWA specialists, discuss national policy and statutes, and collaborate to implement ICWA requirements.

The ICWA Program Administrator also provides primary staff support to the DHS Tribal and Indian Issues Committee, which meets every other month. Due to COVID-19, in-person meetings were suspended. To ensure safety during the pandemic, meetings will be held on a virtual platform until it is determined safe to resume in-person meetings.

The ICWA Program Administrator is a member of the Court Improvement Program ICWA Workgroup and the Court Improvement Program ICWA Committee. The Court Improvement ICWA initiatives bridge the gap between 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.

Ongoing Coordination and Collaboration with Tribes and Steps to Improve or Maintain Compliance with ICWA

In collaboration with tribal leaders, the ICWA Program Administrator identifies ICWA compliance related issues and discusses tribal concerns during the quarterly Tribal Leaders Meeting or during individual meetings with tribal leaders.

In response to multiple tribal requests for training on FFPSA, DCFS instituted its formal tribal consultation process. During FFY 2019, at the DHS Tribal Indian Issues Meeting held at the Northwestern Band's Tribal Offices, DCFS partnered with Casey Family Programs and provided an expert on how FFPSA can benefit tribes. DCFS Federal Operations Administrator provided a presentation that included updates on the development of Utah's FFPSA plans. Subsequent collaborations with individual tribes included the Ute Tribe in Fort Duchesne, Utah and the Confederated Tribes of the Goshute Reservation in Iapah, Utah. DHS and DCFS representatives attended the meetings, which included in-depth conversations on FFPSA, IV-E agreements, and updated Tribal-State IGAs.

Unfortunately, FFPSA has not yet provided evidenced-based services that are normed on tribal populations. In response, the ICWA Program Administrator worked with OQD to create a Cultural Diversity Workgroup. The workgroup is determining which National Clearinghouse evidence-based programs can be adapted to native populations. The Children's Bureau has issued guidance on cultural adaptations, to which the workgroup is adhering. The workgroup is also

reviewing other programs, such as Family Spirit, that have been developed specifically for Native American communities. Family Spirit was recently rated as Promising by the Title IV-E Prevention Services Clearinghouse in May 2021.

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 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 covers 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 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.

The ICWA Program Administrator and the Native American recruiter with Utah Foster Care Foundation (UFC) addressed and updated the Native American Recruitment and Retention Plan, a process that occurs annually. The ICWA Program Administrator provides ongoing training on ICWA to potential foster parents, caseworkers, and other interested parties.

The ICWA Program Administrator and UFC created an ICWA Alert to increase the number of Native American foster and adoptive homes by providing a targeted recruitment process. The ICWA Alert is a resource for DCFS caseworkers to quickly identify ICWA-compliant placements within each region. This has been especially essential during the constraints of the pandemic. The ICWA Alert is also used to make known to the community unique needs of Native American foster children. For example, in FFY 2020, funds to purchase regalia for a Native American foster child to participate in the Lil' Feathers Pageant were donated. Funds are also being used to purchase books and other needed items for Native American foster children. The ICWA Program Administrator presented the ICWA Alert at the American Indian Caucus Day and on the Native American radio network.

The ICWA Program Administrator and UFC, in conjunction with Utah tribes, provide press releases and conduct interviews with numerous media sources that run a number of newspaper, television, and radio promotions highlighting the benefits of tribal families becoming foster parents.

As mentioned above, the Indian Law Division of the Utah State Bar has an ICWA Committee, on which the Utah ICWA Program Administrator participates. The Committee is a formal pathway for tribes to communicate with other attorneys in Utah practicing in the field of Indian child welfare.

DCFS and the Utah State Bar Indian Law Section, the University of Utah College of Social Work, and the Court Improvement Program are planning to co-host a 2022 ICWA Conference.

The ICWA Program Administrator also:

- Coordinates mini-training sessions on reservations during which Assistant Attorneys General and other partners are introduced to tribal social services and court systems and observe firsthand the capability that tribes have to serve cases that transition from the state's oversight to the tribes.
- Attends community tribal events.
- Works closely with the Utah Division of Indian Affairs to address state Indian child welfare issues.
- Works with the Tribes in their requests for advocacy concerning Indian Child Welfare legislation and litigation.

Unfortunately, due to the ongoing constraints of the pandemic, in-person meetings have been suspended since March 2020. Once it is deemed safe, these meetings will resume.

Monitoring of Compliance with ICWA

In order to better inform DCFS on its level of ICWA compliance, the DCFS ICWA Program Administrator continues to work with a team of data analysts and programmers to develop a SAFE module or functionality that will allow ICWA workers to flag and retrieve reports on Native American children to whom ICWA applies. This work is ongoing but has experienced delays due to competing priorities.

The ICWA Program Administrator is the DCFS staff member that has the responsibility to monitor the Division's compliance with ICWA. To meet this responsibility, the ICWA Program Administrator reviews cases in each region and assesses responses to the questions reviewers ask during QCRs to determine compliance with ICWA requirements. In addition, the ICWA Program Administrator regularly consults with tribes to identify any areas of ICWA compliance that may need to be addressed.

During FFY 2022, the DCFS ICWA Program Administrator met with DHS OQD to address ways in which to improve the quality of ICWA data collected during the Continuous Quality Improvement case review process. This work is ongoing with plans to make changes to the data collection process in FFY 2023.

Discussions with Tribes on John H. Chafee Foster Care Program for Successful Transition to Adulthood

During FFYs 2021 and 2022, the ICWA Program Administrator worked with the TAL Administrator and Utah's Tribal Social Service Departments to identify tribal children who are in Tribal custody

and are eligible for COVID-19 grant funding intended to assist youth 14 and older who are still in care, youth who emancipated from foster care at age 18 or older, and youth who exited foster care by adoption or permanent guardianship.

Exchange of Documents

The ICWA Program Administrator 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 located at dcfs.utah.gov/reports.

Utah Tribal Leaders Public Contact List

Please see the below tables for an updated Utah Tribal Public Contact List.

Utah Tribal Leaders Public Contact List

Confederated Tribes of Goshute

Tribal Chairman	Tribal Vice Chairperson	Council Member
<p>Rupert Steele</p> <p>Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Work: 435-234-1138</p> <p>Fax: 833-228-6507</p> <p>Rupert.steele@ctgr.us</p>	<p>Clell Pete</p> <p>Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Phone: 435-234-1138</p> <p>Fax: 833-228-6507</p> <p>Clell.pete@ctgr.us</p>	<p>Amos Murphy</p> <p>Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Work: 435-234-1138</p> <p>Fax: 833-228-6507</p> <p>Amos.murphy@ctgr.us</p>
Council Member	Council Member	Tribal Council Secretary
<p>Doyle Pete</p> <p>Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Phone: 435-234-1138 Fax: 833-228-6507</p> <p>Doyle.pete@ctgr.us</p>	<p>Mary Pete-Freeman</p> <p>Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Phone: 435-234-1138 Fax: 833-228-6507</p> <p>Mary.freeman@ctgr.us</p>	<p>Phyllis Naranjo</p> <p>Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Phone: 435-234-1138 Fax: 833-228-6507</p> <p>Phyllis.naranjo@ctgr.us</p>

Skull Valley Band of Goshute

Tribal Chairwoman	Tribal Vice Chairperson	Tribal Secretary
<p>Candace Bear</p> <p>Skull Valley Band of Goshute 407 Skull Valley Road Skull Valley, UT 84029</p> <p>Phone: 435-831-4079</p> <p>candaceb@svgoshutes.com</p>	<p>Dwayne Wash</p> <p>Skull Valley Band of Goshute 407 Skull Valley Road Skull Valley, UT 84029</p> <p>Phone: 435-268-9500</p> <p>dwaynew@svgoshutes.com</p>	<p>Vacant - TBD</p> <p>Skull Valley Band of Goshute 407 Skull Valley Road Skull Valley, UT 84029</p> <p>Phone: TBD</p>

Northwestern Band of Shoshone Nation

Tribal Chairman	Tribal Vice Chairman	Treasurer
<p>Dennis Alex</p> <p>Pocatello Tribal Office 505 Pershing Ave., Suite 200 Pocatello, ID 83201</p> <p>Phone: 208-478-5712 Fax: 208-478-5713</p> <p>Banner02@gmail.com</p>	<p>Bradley Parry</p> <p>Brigham City Tribal Office 707 N Main Street Brigham City, UT 84302</p> <p>Phone: 435-734-2286 Fax: 435-734-0424</p> <p>Michaelgross81@gmail.com</p>	<p>Shane Warner</p> <p>Pocatello Tribal Office 505 Pershing Ave., Suite 200 Pocatello, ID 83201</p> <p>Phone: 208-478-5712 Fax: 208-478-5713</p> <p>jwalker@nwbshoshone.com</p>
Tribal Council	Tribal Council	Tribal Council
<p>Jason Walker</p> <p>Brigham City Tribal Office 707 N. Main Street Brigham City, UT 84302</p> <p>Phone: 435-734-2286 Fax: 435-734-0424 bradleyparry@me.com</p>	<p>Darren Parry</p> <p>Brigham City Tribal Office 707 N Main Street Brigham City, UT 84302</p> <p>Phone: 435-734-2286 Fax: 435-734-0424 jparry@tope.us</p>	<p>Jeffery Parry</p> <p>Pocatello Tribal Office 505 Pershing Ave., Suite 200 Pocatello, ID 83201</p> <p>Phone: 208-478-5712 Fax: 208-478-5713</p> <p>S2eagles@yahoo.com</p>
Secretary	Executive Director	Pocatello Tribal Office
<p>Alicia Martinez</p> <p>Ogden Tribal Office 1575 Commerce Way Ogden, UT 84401</p> <p>Phone: 435-734-2286 Fax: 435-734-0424</p> <p>amartinez@nwbshoshone.com</p>	<p>George Gover</p> <p>Brigham City Tribal Office 707 N Main Street Brigham City, UT 84302</p> <p>Phone: 435-734-2286 Fax: 435-734-0424 ggover@nwbshoshone.com</p>	<p>505 Pershing Ave., Suite 200 Pocatello, ID 83201</p> <p>Phone: 208-478-5712 Fax: 208-478-5713</p>

Paiute Indian Tribe of Utah

Tribal Chairperson	Tribal Vice-Chairperson	Tribal Administrator
<p>Corrina Bow</p> <p>Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720</p> <p>Office: 435-586-1112 Fax: 435-867-2659/ 435-586-7388</p> <p>corrina_bow@yahoo.com</p>	<p>Tamra Borchardt-Slayton</p> <p>Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720</p> <p>Office: 435-586-1112 Fax: 435-867-2659 / 435-867-1514</p> <p>tslayton@utahpaiutes.org</p>	<p>Shane Parashonts</p> <p>Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720</p> <p>Office: 435-586-1112 ext. 101 Fax: 435-867-2659</p> <p>sparashonts@utahpaiutes.org</p>
Tribal Secretary	Shivwits Band	Indian Peaks
<p>Carol Garcia</p> <p>Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720</p> <p>Office: 435-586-1112 Fax: 435-867-2659</p> <p>cgarcia@utahpaiutes.org</p>	<p>Hope, Silvas Chairwoman</p> <p>Shivwits Band of Paiute Nation 6060 West 3650 North Ivins, UT 84738</p> <p>Office: 435-668-5169</p> <p>shivwits@utahpaiutes.org</p>	<p>Tamra Borchardt-Slayton Chairwoman</p> <p>Indian Peaks Band of Paiute Nation P.O. Box 2062 Cedar City, UT 84721</p> <p>Office: 435-586-1112</p> <p>tslayton@utahpaiutes.org</p>
Cedar Band	Kanosh Band	Koosharem Band
<p>Delice Tom</p> <p>Cedar Band of Paiute Nation 600 North 100 East P.O. Box 235 Cedar City, UT 84720</p> <p>Phone: 435-590-4760 Fax: 435-586-5915</p>	<p>Darlene Arrum Chairwoman</p> <p>Kanosh Band of Paiute Nation PO Box 116 Kanosh, UT 84637</p> <p>Phone: 435-590-9239 Fax: 435-586-0896</p>	<p>Chairwoman LaTosha Mayo</p> <p>Koosharem Band of Paiute Nation P.O. Box 205 Richfield, UT 84701</p> <p>Office: 435-319-5508</p> <p>lmayo@koosharempaiutes.org</p>

San Juan Southern Paiute Tribe

President	Vice President	At Large Tribal Council
<p>Vacant - TBD</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone: 928-522-3305 Fax: 928-233-8948</p>	<p>Candelora Lehi</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone (office): 928-212-9794 Fax: 928-233-8948</p> <p>c.lehi@sanjuanpaiute-nsn.gov</p>	<p>Mary Lou Boone</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone: 928-212-9794 Fax: 928-233-8948</p> <p>m.boone@sanjuanpaiute-nsn.gov</p>
Northern Tribal Council	Northern Tribal Council	Southern Tribal Council
<p>Richard Graymountain</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone: 928-212-9794 Fax: 928-233-8948</p> <p>r.graymountain@sanjuanpaiute-nsn.gov</p>	<p>Vacant - TBD</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone: 928-522-3510 Fax: 928-233-8948</p> <p>n.edgewater@sanjuanpaiute-nsn.gov</p>	<p>Carmelita Homer</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone: 928-212-9794 Fax: 928-233-8948</p> <p>c.homer@sanjuanpaiute-nsn</p>
Southern Tribal Council	Tribal Administration	
<p>Danlyn James</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone: 928-606-4735 Fax: 928-233-8948</p> <p>d.james@sanjuanpaiute-nsn.gov</p>	<p>Jack Conovaloff</p> <p>San Juan Southern Paiute Tribe P.O. Box 2950 Tuba City, AZ 86045</p> <p>Phone: 928-212-9794 Fax: 928-233-8948</p> <p>j.conovaloff@sanjuanpaiute-nsn.gov</p>	

Navajo Nation

President	Scheduler - President Begaye	Executive Staff Assistant
<p>Jonathan Nez</p> <p>Navajo Nation 100 Parkway P.O. Box 7440 Window Rock, AZ 86515</p> <p>Phone: 928-871-7000 Fax: 928-871-4025</p> <p>jonathannez@navajo-nsn.gov</p>	<p>Christopher T. Bahe</p> <p>Navajo Nation 100 Parkway P.O. Box 7440 Window Rock, AZ 86515</p> <p>Phone: 928-871-7915 Fax: 928-871-4025</p> <p>cbahe@navajo-nsn.gov</p>	<p>Davis Filfred</p> <p>Navajo Nation 100 Parkway P.O. Box 7440 Window Rock, AZ 86515</p> <p>Phone: 928-255-3568 Fax: 928-871-4025</p> <p>dfilfred@navajo-nsn.gov</p>
Vice President	Exec. Staff Assistant – Vice Pres. Lizer	OPVP Communications Director
<p>Myron Lizer</p> <p>Navajo Nation 100 Parkway P.O. Box 7440 Window Rock, AZ 86515</p> <p>Phone: 928-871-7001 Fax: 928-871-4025</p> <p>myronlizer@navajo-nsn.gov</p>	<p>Sharon Yazzie</p> <p>Navajo Nation 100 Parkway P.O. Box 7440 Window Rock, AZ 86515</p> <p>Phone: 928-871-7002 Fax: 928-871-4025</p> <p>shyazzie@navajo-nsn.gov</p>	<p>Jared Touchin</p> <p>Navajo Nation 100 Parkway P.O. Box 7440 Window Rock, AZ 86515</p> <p>Phone: 928-871-6497 Fax: 928-871-4025</p> <p>jtouchin@navajo-nsn.gov</p>

Navajo Nation Council Office of the Speaker		
<p>Honorable Seth Damon</p> <p>Speaker of the 23rd Navajo Nation Council</p> <p>Office of the Speaker P.O. Box 3390 Window Rock, AZ 86515</p> <p>Phone: 928-871-7160 Fax: 928-871-7255</p>	<p>Shaun Mychelle-Hairston</p> <p>Executive Assistant</p> <p>Office of the Speaker P.O. Box 3390 Window Rock, AZ 86515</p> <p>Phone: 928-871-7160 Fax: 928-871-7255</p> <p>smhairston@navajo-nsn.gov</p>	<p>Byron Shorty, Sr. Sr. Public Information Officer</p> <p>Phone: 928-871-7160 Fax: 928-871-7255</p> <p>Bcshorty@navajo-nsn.gov</p>

Navajo Chapters

* Located in AZ, but represents the Navajos of San Juan County within their jurisdiction.

Aneth Chapter	Dennehotso Chapter*	Mexican Water Chapter
<p>Wesley Jones, President</p> <p>P.O. Box 430 Montezuma Creek, UT 84534</p> <p>Phone: 435-651-3525 Fax: 435-651-3560 aneth@navajochapters.org</p>	<p>Larry Tuni, President</p> <p>P.O. Box 2301 Dennehotso, AZ 86535</p> <p>Phone: 928-658-3300/3301 Fax: 928-658-3304 larrytuni@yahoo.com</p>	<p>Curtis Yanito, President</p> <p>Mexican Water Chapter Red Mesa TP #1019 HC 61 Box 38 TeecNosPos, AZ 86514</p> <p>Phone: 928-429-0943/0986/1054 Fax: 928-656-3661 cyanito@navajochapters.org</p>

Navajo Mountain Chapter*	Oljato Chapter	Red Mesa Chapter
<p>Patricia Blackhorn, President</p> <p>P.O. Box 10070 Tonalea, AZ 86044</p> <p>Phone: 928-672-2915 Fax: 928-672-2917 patriciablackhorn.131@gmail.com</p>	<p>Willis Begay, President</p> <p>P.O. Box 360455 Monument Valley, UT 84536</p> <p>Phone: 435-727-5850 Fax: 435-727-5852 willisbegay1@gmail.com</p>	<p>Herman Farley, President</p> <p>P.O. Box 422 Montezuma Creek, UT 84534</p> <p>Phone: 928-656-3679/3656 Fax: 928-656-3680 hfarley84534@yahoo.com</p>
Teec Nos Pos Chapter*	Navajo Utah Commission	Navajo Utah Commission
<p>Kenny Victor, President</p> <p>P.O. Box 106 Teec Nos Pos, AZ 86514</p> <p>Phone: 928-656-3662 Fax: 928-656- kvictor@navajochapters.org</p>	<p>Clarence Rockwell, Exec. Dir.</p> <p>P.O. Box 570 Montezuma Creek, UT 84534</p> <p>Phone: 435-651-3508 Fax: 435-651-3511 crockwell@navajo-nsn.gov</p>	<p>Stephanie Holly, Admin. Asst.</p> <p>P.O. Box 570 Montezuma Creek, UT 84534</p> <p>Phone: 435-651-3508 Fax: 435-651-3511 sholly@navajo-nsn.gov</p>

Navajo Nation Council Delegates - Utah

Council Delegate Aneth, Mexican Water, Red Mesa, Tólikan, and Teec Nos Pos	Council Delegate Tсах Bii Kin, Navajo Mountain, Shonto, and Oljato	Council Delegate Chinchilbeto, Dennehotso, Kayenta, and Red Mesa
<p>Charlaine Tso</p> <p>Navajo Nation Council P.O. Box 3390 Window Rock, AZ 86515</p> <p>Phone: 928-292-9057</p> <p>charlainetso@navajo-nsn.gov</p>	<p>Herman Daniels, Jr.</p> <p>Navajo Nation Council P.O. Box 3390 Window Rock, AZ 86515</p> <p>Phone:</p> <p>hdaniels@navajo-nsn.gov</p>	<p>Nathaniel Brown</p> <p>Navajo Nation Council P.O. Box 3390 Window Rock, AZ 86515</p> <p>Phone: 928-871-6380</p> <p>nbrown@navajo-nsn.gov</p>

Ute Indian Tribe – Uintah and Ouray Reservation

Chairman	Vice Chairman	Executive Secretary
<p>Shaun Chapoose</p> <p>Ute Indian Tribe P.O. Box 190 Fort Duchesne, UT 84026</p> <p>Phone: 435-722-5141 Fax: 435-722-2374</p> <p>shaunc@utetribes.com</p>	<p>Ed Secakuku</p> <p>Ute Indian Tribe P.O. Box 190 Fort Duchesne, UT 84026</p> <p>Phone: 435-722-5141 Fax: 435-722-2374</p> <p>edreds@utetribes.com</p>	<p>Reannin Tapoof</p> <p>Ute Indian Tribe P.O. Box 190 Fort Duchesne, UT 84026</p> <p>Phone: 435-722-5141 Fax: 435-722-2374</p> <p>reannint@utetribes.com</p>

Ute Tribe Business Committee

Ute Tribe Business Committee		
<p>Luke Duncan</p> <p>Ute Indian Tribe P.O. Box 190 Fort Duchesne, UT 84026</p> <p>Phone: 435-722-5141 Fax: 435-722-2374</p> <p>liked@utetribe.com</p>	<p>Julius T. Murray</p> <p>Ute Indian Tribe P.O. Box 190 Fort Duchesne, UT 84026</p> <p>Phone: 435-722-5141 Fax: 435-722-2374</p> <p>juliusm@utetribe.com</p>	<p>Christopher Tabbee</p> <p>Ute Indian Tribe P.O. Box 190 Fort Duchesne, UT 84026</p> <p>Phone: 435-722-5141 Fax: 435-722-2374</p> <p>christ@utetribe.com</p>
<p>Ron Wopsock</p> <p>Ute Indian Tribe P.O. Box 190 Fort Duchesne, UT 84026</p> <p>Phone: 435-722-5141 Fax: 435-722-2374</p> <p>ronaldw@utetribe.com</p>		

Ute Mountain Ute Tribe

Tribal Chairman	Vice Chair	Executive Secretary
<p>Manuel Heart</p> <p>Ute Mountain Ute Tribe P.O. Box JJ Towaoc, CO 81334</p> <p>Phone: 970-564-5606 Fax: 970-564-5709</p> <p>mheart@utemountain.org</p>	<p>Selwyn Whiteskunk</p> <p>Ute Mountain Ute Tribe P.O. Box JJ Towaoc, CO 81334</p> <p>Phone: 970-564-5607 Fax: 970-564-5709</p> <p>swhiteskunk@utemountain.org</p>	<p>Vacant - TBD</p> <p>Ute Mountain Ute Tribe P.O. Box JJ Towaoc, CO 81334</p> <p>Phone: 970-564-5600 Fax: 970-564-5709</p> <p>Evelyn Lopez, Towaoc Tribal Secretary</p>
Tribal Council	Treasurer	Tribal Council Secretary / Custodian
<p>Darwin Whiteman, Jr.</p> <p>Ute Mountain Ute Tribe P.O. Box JJ Towaoc, CO 81334</p> <p>Office: 970-564-5603 Fax: 970-564-5709</p> <p>dwhiteman@utemountain.org</p>	<p>Alston Turtle</p> <p>Ute Mountain Ute Tribe P.O. Box JJ Towaoc, CO 81334</p> <p>Office: 970-564-5604 Fax: 970-564-5709</p> <p>aturtle@utemountain.org</p>	<p>Archie House, Jr.</p> <p>Ute Mountain Ute Tribe P.O. Box JJ Towaoc, CO 81334</p> <p>Office: 970-564-5605 Fax: 970-564-5709</p> <p>ahouse@utemountain.org</p>

Tribal Council	White Mesa Tribal Council Administration Division Director	White Mesa Tribal Council Rep.
<p>VACANT</p> <p>Ute Mountain Ute Tribe P.O. Box JJ Towaoc, CO 81334</p> <p>Office: 970-564-5600</p>	<p>Gwen Cantsee, Director Administration Division P.O. Box 7096 White Mesa, UT 84511</p> <p>Office: (435) 678-3397 or (435) 678-3685</p> <p>gcantsee@utemountain.org</p>	<p>Malcolm Lehi White Mesa Council Rep. Ute Mountain Ute Tribe P.O. Box 434 White Mesa, UT 84511</p> <p>Malcolm.lehi@utemountain.org</p> <p>Evelyn Lopez, Tribal Secretary</p> <p>Office: (435) 678-3397 or (435) 678-3685</p> <p>Towaoc: (970) 564-5602 Fax: (435) 678-3735</p>

VIII. CAPTA STATE PLAN REQUIREMENTS AND UPDATES

Changes to State Law or Regulations

The State Attorney General's Office completed its review of changes in state law related to the prevention of child abuse and neglect and determined there were no changes that affect the state's eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) State Grant. Please see Attachment O. State Attorney General's Letter – CAPTA. The 2022 Utah Legislative Session Statute Applicable to CPS can be found in Attachment P.

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. (See CFSP Goal #1, Objective 1.1)

In FFY 2020, two pilot sites were established for the First Impression project. Both a rural and an urban site were selected to facilitate a broad spectrum of information that will be helpful in informing the process and to eventually scale the project statewide.

Within the two pilot sites, capacity was created to support the existence of a coordinator role. This position works with the family to help them build their support system. The family support system is invited to the FAM held at the onset of a CPS assessment to address safety concerns.

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

A DCFS workgroup, identified as First Impression, is working to address this goal.

The First Impression workgroup is tasked with developing a workflow that provides the best experience for families and guides workers in their decisions involving safety. First Impression has developed a system and workflow that addresses system barriers in order to support an elevated system response to children who are unsafe or safe with a plan; support upfront teaming with families; and prioritize search, engagement, and placement with kin.

In order to set families up for a greater chance of success, First Impression focuses on improving the flow of a family's case in the first 21 days. This includes providing caseworker support in CPS safety decisions, upfront family-driven teaming, intense search and engagement of kinship and initial kin placements, and reducing systemic barriers to accessing evidence-based and appropriate services in a timely manner.

The Division began implementation of the First Impression process during FFY 2021. Both a rural and an urban site were selected as pilot sites to facilitate a broad spectrum of information that will be helpful in informing the process and to eventually scale the project statewide.

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

A teaming model was selected, Family Group Decision Making (FGDM). DCFS has been working with the Kempe Center to modify and implement this model. Modifications to FGDM are focused on how to use this framework for creating an expedited response at the CPS level to support children and families quickly and at the point they initially become involved with DCFS. This process is designed to engage families early to determine if a safety plan can be established and remain safely in their home. To facilitate the child returning home more quickly, the process is also beneficial in developing a safety plan on cases where a removal has occurred. Modifications have been further tailored to specifically address Utah's child welfare system. The name given to this new teaming model is Family Action Meeting (FAM). The family support system is invited to the FAM held at the onset of a CPS assessment to address safety concerns. Initial data suggests an uptick in family member attendance, as well as family members holding each other accountable to decisions made during their FAM.

In response to lessons learned throughout this process, DCFS and the Kemp Center are continually working to improve and refine processes. For example, the two groups are revising the First Impression training based on lessons learned during pilot project implementation.

Surveys to measure qualitative experiences and inform future work are completed by family members who participate in the process. Initial reports are generally favorable. The First Impression workgroup is also receiving valuable feedback about the parts of the process the families find helpful and the areas to improve.

While it is admittedly early in the implementation process, the First Impression workgroup is encouraged by how the process of First Impression and FAM is being received by some. For example, one AAG addressed the courtroom and expressed his appreciation for the number of family members and friends who attended the court proceedings to offer their support and assistance.

In planning for next steps, DCFS determined that, in order to prepare for a successful expansion of First Impression beyond the two pilot sites, a centralized supervisor and team of specialized

coordinators would be critical. Approval has been obtained to hire the supervisor and a team of 10 coordinators. The supervisor was hired in spring 2021 and work is underway to hire the coordinators.

Update the following goal:

- 1.2. Design and implement a training regarding how to assess and intervene with children who are considered to be in a vulnerable population.

In 2020, DCFS designed a training to educate workers on how to better identify children who are considered members of a vulnerable population. The training focused on children under the age of five, children who have developmental delays, children with a disability, children with a medical condition, children who have a sentinel injury(s), infants born to caregivers who have a substance use disorder, and children at high risk of death by suicide. The training also focused on how to create safety for these child populations and knowledge of available services that can be offered to these families. This training was offered to all DCFS staff in February and March 2021. DCFS also created Vulnerable Population Resource Guides for workers to refer to when working with these vulnerable child populations.

Additionally, a Staffing Guide was created to assist supervisors and caseworkers when staffing cases. While the staffing guide is applicable to cases involving the most vulnerable populations, it is also designed for use in child welfare cases across the spectrum. In November 2021, training was provided to all supervisors on how to use the Staffing Guide and how to train their teams in its use. In April 2021, in conjunction with training on Structured Decision Making (SDM) updates, all DCFS staff were oriented to the Staffing Guide and the benefits of its use.

Please see Attachments J. and K. to view the latest iterations of the Vulnerable Population Resource Guide and Staffing Guide, respectively.

[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.

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 Continuous Quality Improvement (CQI) plan is in place to monitor utilization and effectiveness of the SHF consultation process. During the first year of implementation (February 2021 – February 2022), there were 47 medical consults. The majority of the cases referred to SHF for consult were CPS cases (96%). These cases included allegations of physical abuse (87%). Many of the cases referred included children ages zero to six years old (71%), a population that is highly vulnerable. The CQI analysis includes a review of the potential for a correlation of the consultation results and the CPS case finding. The correlation match rate for this period was high (95%).

The ongoing CQI analysis also includes a survey of caseworkers and supervisors who have experienced the SHF medical consultation process. Survey results suggest staff find the medical consultation beneficial to their work in assessing safety. For example, when asked about their rating of agreement or disagreement with the following statements most reported that they “strongly agree” or “agree” as seen with the combined percentages below.

- The medical consult helped me with my assessment of safety issues (90%).
- The medical consult helped provide direction on my case (82%).

The surveys also seek input from staff about how the process was helpful or not helpful and how the process could be improved. These results, along with all the other SHF medical consultation CQI data, has been reviewed with project leads and the SHF physician. To review the full report, please see APSR Attachment G. Medical Consult Safe and Healthy Families CQI report.

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 Quality Improvement Committees (QIC).

DCFS continues its work with the CWIC and QIC committees to improve communication processing regarding CPS investigations and child welfare services at the state and community levels. DCFS Child Protective Services Program Administrator and the Child Abuse Prevention Program 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 DCFS Child Protective Services Program Administrator and the Child Abuse Prevention Program Administrator also meet monthly with Utah’s CWIC and QIC committees to work on reorganizing to create three Citizen Review Panels (CRP) within the state that will focus on prevention of child abuse and neglect, CPS, and ongoing child welfare cases. The Child Protective

Services Program Administrator attended the National Citizen Panel Conference held May 23-25, 2022.

Program Area #4: Developing, improving, and implementing safety and risk assessment tools and protocols

Maintain and update the following goal:

- 4.2. Develop a plan for the 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.

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

Program Area #5: Develop and update systems of technology supporting and tracking reports of child abuse and neglect from intake through final disposition.

Maintain and Update the following goal:

- 5.1. Develop new and revise existing CPS modules within SAFE to transition from Web SAFE to CCWIS.

The SAFE team scheduled the CPS module to be the first new module in the CCWIS system. Programming was completed in late 2020. The initial rollout of the CCWIS system occurred in November 2020, which included the Intake and CPS modules. SAFE is continuing to track the CCWIS rollout and adjust as needed. SAFE is also working on the development of ongoing modules. The first ongoing module released was the SDM risk assessment and risk reassessment module discussed in Program Area #5.

Program Area #6: Developing, strengthening, and facilitating training.

Retain 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 is collaborating with the Utah Trafficking in Persons task force to review and bolster the curriculum. The project management team is also expanding use of the curriculum in training beyond CPS to all program areas.

Statewide training provided to all DCFS staff is scheduled to occur by the end of 2022. After the training is provided to all current staff, it will become a part of DCFS new employee training curriculum as part of a desktop training series.

6.2. Provide updated training to staff and legal partners once the SDM Risk Assessment and Risk Reassessment are revalidated and revised.

SDM Risk Assessment and Risk Reassessment updates were completed in SAFE, and DCFS provided training to all staff on these tools in April 2022. Please see Program Area #4, Goal 4.2 for a more detailed update.

DCFS will also provide information about the revised SDM tools to legal partners including judges, GALs, AAGs, and parental defense attorneys and coordination is underway.

6.4. Partner with Baby Watch Early Intervention Program (BWEIP) to provide cross training for staff of both agencies on child welfare services and early intervention services and child development of children ages 0-3.

DCFS finalized an MOU with BWEIP in 2020. The creation of a BWEIP training for DCFS staff was planned; however, due to COVID, the training was not completed.

DCFS and BWEIP are currently in the planning stages for creation of cross training curriculum. During the cross training, DCFS will teach early intervention staff about DCFS guidelines and processes. BWEIP will train DCFS supervisors about the state's early intervention programs, services, and eligibility requirements. Following completion of this training, local DCFS and BWEIP offices will be encouraged to meet together with two goals in mind. These goals are:

1. Beginning new and building upon existing professional relationships
2. Finding new ways for future collaboration in the provision of BWEIP and DCFS services to Utah children and families.

Update the following goal:

6.5. Provide DCFS staff Family Action Meeting training.

In FFY 2023, DCFS will begin providing training to DCFS staff on what a Family Action Meeting (FAM) is, the benefits of a FAM, and proper facilitation of a FAM.

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 2022 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, responsibility to report abuse and neglect, and when and how to report abuse and neglect.

DCFS continually provides training to members of the community, partners, and other government entities, as requested or needed.

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.

Utah's community-based prevention services providers have engaged parents through a variety of ways this year. Several programs include parents on their advisory boards and run parent-only advisory councils. Many programs facilitate Parent Cafés, a nationally recognized peer-to-peer learning process designed to keep children safe and families strong. Many also utilize parent volunteers to lead community activities, and a few programs employ parents who have utilized their services in the past.

DCFS supported community-based providers' parent leadership efforts by providing access to the following trainings and conferences:

- National Family Support Network National Standards Certification training, which includes a module on Family Centeredness. DCFS provides funding to support the state

network that provides these trainings to anyone in the community. DCFS also subsidizes the cost of this training for CBCAP grantees.

- FRIENDS Creating Effective Parent/Practitioner Collaboration online training. This course is required for CBCAP grantees and offered to the larger community.
- Prevent Child Abuse Utah Joining Forces Conference. This was a new conference focused on parent leadership and protective factors. Over half the attendees were parents. DCFS sponsored this conference and provided scholarships for dozens of parents with lived experience to attend.

Utah is proud to be the home of one of the nation's most well-known parent leaders. Over the past few years, this parent leader has been developing a parenting engagement model that could be trainable and sustainable for parents and providers. This parent leader finalized the Parents Driving Change curriculum in FFY 2021 and piloted a small number of free trainings before offering the curriculum statewide. A DCFS administrator attended this training and extended a spot to a parent leader with lived experience in the child welfare system. DCFS will continue to collaborate with this primary parent leader to support her work in the state and the nation.

The DCFS CBCAP Program Administrator is a member of the Early Childhood Utah Parent Engagement, Support, and Education subcommittee. In FFY 2021, this group made significant progress on parent engagement work in the early childhood community. The group recruited and on boarded six engaged parent leaders who are now a part of the subcommittee and will be involved in helping community-based early childhood programs improve their parent engagement work.

DCFS also made internal strides in improving parent leadership efforts at the state level. DCFS created a new position and hired a Youth Voice TAL Program Assistant Coordinator. The new position was filled in August 2021 by a youth who spent six years in Utah's child welfare system and recently graduated with her Bachelor of Social Work degree. The TAL Program Assistant Coordinator works directly with the Adolescent Services Program Administrator and the Region Youth Councils to assist youth in using their voices to improve services for themselves and other youth in care. The TAL Program Assistant Coordinator is working with DCFS administrators to connect and elevate the voices of youth and parents with lived experience.

Additionally, DCFS administrators helped to create a DHS-wide workgroup centered on families and youth with lived experience. This workgroup includes representatives from several agencies within DHS. This group has learned more about work focused on families and youth with lived experience occurring within Utah agencies and identified places where the work overlaps and where it aligns.

DCFS also identified two parents with lived experience to serve in the Child Welfare Improvement Council (one of Utah's Citizen Review Panels.) This is the first time in many years that group membership has included parents with lived experience.

[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 CJs 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.

[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](#)

Please see APSR Introduction section, State Agency Realignment subsection for information concerning the pending consolidation of DHS and DOH to a newly formed Department of Health and Human Services, effective July 1, 2022.

Maintain the following goal:

13.1. Collaborate with the Division of Substance Abuse and Mental Health (DSAMH), the Department of Health (DOH), 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.](#)

Retain the following goal as an ongoing process:

14.1. Collaborate with DHS Office of Quality and Design (OQD) and other partners to review child fatalities.

The Division continues working on a collaborative safety model with OQD as a part of the fatality review process. Using Safety Science, the Collaborative Safety Model focuses on systemic issues that may have contributed to a fatality or near fatality, instead of placing the onus of the fatality or near fatality solely on the worker. Collaborative Safety includes an in-depth review of the systems involved with the victim through in-person interviews and document reviews. This

process helps to identify learning points at all system levels that may need to be explored. The Collaborative Safety Model team provided training to all DCFS staff in the fall of 2020.

Through coordination with OQD, DCFS has implemented the Collaborative Safety Model for use in its review of fatalities. OQD and DCFS continue to collaborate, refine, and improve the fatality review process. The group will address any needs for system change, if identified.

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. Funds supported the CPS Program Administrator's attendance at the International Child Abuse and Prevention Conference and the Annual Citizen Review Panel Conference.

Previously, CAPTA funds were set aside to purchase FinnBins as a safe sleep option for families, if there was an identified safe sleep concern. The Division received communication that the Consumer Product Safety Commission had updated their standards on several safe sleep products. One of their decisions was to ban any "flat sleeper" products, which are defined as any product that does not have legs or a stand. The division discontinued their use of FinnBins and sent out notification to the families that received a FinnBin to discontinue use of it. The Division decided to use other sleep options to provide to families, such as pack 'n plays or other similar items that meet the Consumer Product Safety Commission criteria. CAPTA funds may be used to purchase these safe sleep options.

CAPTA funds were used to purchase lock boxes for workers to distribute to families for the purpose of safely securing medications and firearms. Lock boxes are most often provided to families in response to Suicide Screener results.

CAPTA funds were planned for use to support local CPS citizen review committees, which supports multiple program purposes related to collaboration and improvement of the CPS system. Due to COVID-19, meetings have continued to be held virtually, therefore the funds were not used the same as in prior years.

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 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 Child Protection Team and nurses at the Children's Justice Centers. This service supports Program Areas #2A and #13.

Please see the table on the next page for the number of medical evaluations and consultations provided under the contract during state fiscal years 2017-2021 and through quarter three in 2022.

AG-DCFS Contract for CJC Medical Program											
County	SFY										2017 - 2022 County TOTALS ²
	2017 Total	2018 Total	2019 Total	2020 Total	2021 Total	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2022 Total ¹	
Salt Lake	243	177	148	139	293	9	36	35	-	80	1,080
Sevier and Sanpete	13	17	12	37	28	3	7	11	-	21	128
Utah	33	28	32	45	46	70	0	0	-	70	254
SFY TOTALS	289	222	192	221	367	82	43	46	-	171	1,462
<i>NOTES: ¹2022 Total is excluding Q4, which has not yet concluded. ²2017 – 2022 Total is excluding 2022 Q4 data, which has not yet concluded.</i>											

Planned Use of CAPTA Funds

During FFY 2023, CAPTA grant funds will be used to improve and support Utah's child protective services system in a variety of ways. Funds will continue to be used to support salaries for Intake and CPS Program Administrators, provide training to CPS and Intake program staff, support activities of the CPS Citizen Review Committees, and provide for attendance at the national State Liaison Officers meeting, if held in person.

Funds will also continue to be used to improve child abuse and neglect determinations by contracting for child abuse and neglect medical examinations and medical consultation through the Primary Children's Hospital Child Protection Team and nurses at the Children's Justice Centers.

The division will continue to contract with Primary Children's Safe and Healthy Families Program to provide a 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 Child Protective Services investigations, which 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 for families pack 'n plays or other similar items that meet the Consumer Product Safety Commission criteria. CAPTA funds may be used to purchase these safe sleep options.

CAPTA funds will continue to be used to purchase lock boxes for distribution to families where a need is evident. 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 continued use of SBI Software.

CAPTA funding may be used to create additional capacity for programs and services and/or to increase caseworker knowledge and capacity.

DCFS is forming specific plans to develop or improve programs and services that are in response to infants born with substance use disorders and/or infants showing withdrawal symptoms, and/or parents with a substance abuse disorder.

Supplemental funding will be directed to the program and service areas that need strengthening and/or to create enhanced training and capacity for caseworkers. Creating capacity will be beneficial in helping Utah prepare and bridge service resources pertaining to implementation of the Family First Prevention Services Act.

CPS Citizen Review Panel Annual Report

The annual CPS Citizen Review Panel report can be found in Attachment F.

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

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 DSAMH and DOH. These agencies will engage the family and connect them to treatment options in their area. Utah hopes this approach to early treatment engagement will increase parent requests for help and will feel less punitive.

In May of 2020, DCFS Intake began deferring calls concerning pregnant women to DSAMH. Since that time, DCFS has deferred 168 families to DSAMH for supports and services related to prenatal substance use.

Pregnant Mothers		
Initial Date of Deferral from DCFS to DASMH Occurred between June 22, 2020 - January 5, 2021		
DCFS Service Return within One Year of the Initial Date of Deferral	Number of Families	Percent of Families
CPS Only	13	16.0%
In-Home PSC – Voluntary	4	4.9%
In-Home PSS – Court Ordered	12	14.8%
Foster Care	17	21.0%
No Further DCFS Involvement	34	42.0%
Deceased	1	1.2%
TOTAL Cases¹	81	99.90%
<i>NOTE: ¹ Total Percent of Families may not total 100%, due to rounding.</i>		

In June of 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. Since that time, DCFS has deferred 169 families to DSAMH for supports and services related to substance use and parenting needs.

THC-Only Mothers		
Initial Date of Deferral from DCFS to DASMH Occurred between June 22, 2020 – January 5, 2021		
DCFS Service Return within One Year of the Initial Date of Deferral	Number of Families	Percent of Families
CPS Only	8	13.8%
In-Home PSC – Voluntary	2	3.4%
In-Home PSS – Court Ordered	0	0.0%
Foster Care	1	1.7%
No Further DCFS Involvement	47	81.0%
TOTAL Cases ¹	58	99.9%
<i>NOTE: ¹ Total Percent of Families may not total 100% due to rounding.</i>		

While recidivism with pregnant mothers is higher than with new mothers, this shows that DCFS is responding when a need for child welfare intervention is still present at time of birth.

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.

DCFS has not made any changes in practice guidelines for addressing needs of infants affected by illegal substances or with fetal alcohol spectrum disorder, as specified in detail in the CAPTA plan update submitted in June 2018. However, the agency 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 we are appropriately targeting and serving this population.

Multi-disciplinary Outreach

DCFS has been working closely with the DSAMH Health and the Department of Health regarding programs and services available to children and their parents, particularly for substance use disorder prevention and treatment.

DCFS continues to work with DSAMH, DOH, local mental health authorities, substance use authorities, health departments, and private providers to develop 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 worked with DSAMH 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 Family First Prevention Services Act. For more information, please see Attachment H. Parent Child SUD Residential CQI Report.

In FFY 2021, DCFS worked with the Utah Women and Newborns Quality Collaborative to create “safety bundle training” for hospital staff and promote cross system collaboration of cases involving fetal exposure. This training aims to increase the understanding the roles each group plays in supporting newborns and families when there has been fetal exposure. Trainings are ongoing.

The DCFS CAPTA Program Administrator and the Strengthening Families Program Administrator are actively engaged in collaborative meetings with DASMHA and DOH partners to bolster existence of use of Plan of Safe Care in the state. Please see below for information on these efforts.

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.

Monitoring Plan of Safe Care

At present, the majority of children receiving Plan of Safe Care are 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 Qualitative Case Reviews and Case Process Reviews, the Division’s annual qualitative and quantitative review processes. Needs assessment, case planning, and adequacy of services are among the components of these case review processes.

The University of Utah Social Research Institute conducted a study to provide an independent analysis of implementation of the 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 is considering for future implementation.

As DCFS expands utilization of Plan of SafeCare by outside organizations, the agency 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 Plan of Safe Care is ongoing. The planning process will include necessary budgetary considerations to ensure that a substantial portion of FFY 2022 and 2023 CAPTA funds are used for this purpose.

Planning is ongoing with the Utah Women and Newborn Quality Collaborative; DOH Maternal and Infant Health Program; DOH Bureau of Maternal and Child Health Office of Home Visiting; DSAMH; Women, Youth and Families; SUPeRAD (Substance Use in Pregnancy Recovery Addiction Dependence) Clinic at the University of Utah; and 211 resource help line, among others.

Utah's vision is to provide an easy-to-use tool for statewide creation of 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.

Plan of Safe Care Survey

During FFY 2022, DCFS collaborated with DOH to create a survey for use with Utah health systems' providers that serve pregnant mothers across the state. Currently, DCFS interns are working to contact clinic managers for survey completion, but progress has been slow. The survey is intended to provide insight on existing use of Plan of Safe Care within the state and related service and resource gaps. The survey is an early step in a broader goal of implementing Plan of Safe Care statewide.

Pilot Sites

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, their Plan of Safe Care becomes a part of their recovery portfolio.

During FFY 2022, DCFS has begun exploring the potential of additional Plan of Safe Care pilot sites strategically located in the state. Unfortunately, due to the demands of COVID-19 response, Utah health systems have not been able to respond to a new pilot program. DCFS is hopeful that, in FFY 2023, COVID-19 numbers will decrease and pilot sites will be identified.

Plan of Safe Care Positions

Also, during FFY 2022, DCFS began collaboration with DSAMH and DOH regarding the possibility of housing Plan of Safe Care positions at these partner agencies, supported with CAPTA funds. The idea is for these positions to serve as liaisons for pregnant women referred by DCFS Intake to DSAMH for assistance in being connected to SUD treatment services and medical professionals. The positions are also being considered for use in outreach to medical professionals in the state to educate them on the benefits of screening pregnant women for SUD and use of Plan of Safe Care, where appropriate.

Technical Assistance Needs

The Division 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 practice at this time.

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

Direct Service Staff

All DCFS direct service staff are required to complete 120 hours of in-class Practice Model Training and 40 hours of supervised field experience before they can work individually with children and families. During this training, staff learn about the foundations of child welfare, receive an orientation to DCFS, and are introduced to the Division's Mission, Practice Model, Practice Skills, and Practice Principles. Among other topics, training includes instruction on child abuse and neglect, worker safety, child interviewing, motivational interviewing, creating safety to prevent removal of children, the removal-of-children process (when necessary), developmental screening, Structured Decision-Making (SDM), legal aspects of child protection provided by the Office of the Attorney General, Trauma Informed Care, the effects of trauma on child development, cultural responsiveness, and use of the SAFE database. Additionally, participants are introduced to the Strengthening Families Protective Factors (SFPF) and the Utah Family and Children Engagement Tool (UFACET) that provide workers with tools and skills that can help them effectively serve children and families receiving in-home services.

Following Practice Model Training, new employees work side-by-side with experienced caseworkers and supervisors who provide one-on-one coaching as new caseworkers learn about the processes of Intake, CPS, In-Home, Foster Care, and other program services.

Within 90 days of hire, direct service staff are required to complete the following web-based trainings: 4th and 14th Amendments, Documenting in Child Welfare, Sentinels for Safety, Law Rules and Policy, History of Child Welfare. Within one year of being hired, direct service staff are required to complete the following web-based trainings: Introduction to the Indian Child Welfare Act, Domestic Violence, and Infant Safe Sleep. Additionally, within one year of being hired, direct service staff are required to complete the following virtual instructor lead courses: Trust Based Relational Intervention Overview (TBRI), Secondary Traumatic Stress, and Bridges out of Poverty.

Intake Workers

Since intake workers are not assigned a caseload, are not working in independent casework, and are not directly assessing and working with children and families, the specified 120 hours of in-class Practice Model Training is not required. Instead, new intake workers are required to complete 80 hours of training. Initially, they attend the first 40-hours of in-class Practice Model Training, omitting training specific to fieldwork.

Following the 40-hour in-class Practice Model Training, new intake workers complete 40 hours of side-by-side training with experienced intake workers who have been with the agency two years or more. This training provides one-on-one mentoring and shadowing experiences for new intake workers.

Should intake workers choose to transfer to fieldwork, they are required to first complete 120 hours of in-class Practice Model Training and 40 hours of supervised field experience before they can work individually with children and families.

Direct Services and Intake Staff

To keep their skills current, all direct services and intake staff are required to complete 20 hours of additional training each year. To meet this requirement, the training team schedules a number of courses in which instructors address specific child welfare issues or teach advanced casework skills. In addition, staff are encouraged to participate in outside training opportunities during which they learn about new service delivery models, skills, tools, or techniques as well as connect with direct service, clinical, and administrative staff employed by other agencies.

At the beginning of SFY 2022, DCFS added a Social Service Worker II job title. For direct service staff to attain this job title they must hold a current Utah Social Service Worker License, be employed with DCFS for at least 3 years, and complete the following training criteria:

First Year Training Requirements

Practice Model
<p>Trust-Based Relational Interventions Overview Format: Virtual Instructor Lead Duration: 6 hours</p>
<p>Bridges Out of Poverty Format: Virtual Instructor Lead Duration: 6 hours</p>
<p>Trauma Informed Care and Secondary Traumatic Stress (STS) Format: Virtual Instructor Lead Duration: Trauma Informed Care: 3 hours, STS: 3 hours</p>

Second Year Training Requirements

Protective Factors Framework Web based Training Format: Virtual
One of the following: 1. Advanced Engagement Skills a. Format: Virtual Instructor Lead b. Duration: 3 weekly sessions, 6 hours each 2. Advanced Substance Use Disorder Curriculum a. Format: Virtual Instructor Lead b. Duration: 3 weekly sessions, 6 hours each

Third Year Training Requirements

Advanced Teaming <i>NOTE: Not currently available; release date TBD.</i>
Equity, Diversity and Inclusion 1. Online Modules: Implicit Racial Bias 101: Exploring Implicit Bias in Child Protection a. Format: Virtual b. Duration: 4 hours 2. In-Person Workshop: a. Not currently available, release date TBD
One of the following (opposite from year 2): 1. Advanced Engagement Skills 2. Advanced Substance Use Disorder Curriculum (Please see Year Two above for more information)

To ensure that the Practice Model is universally understood and applied by all individuals employed by DCFS, support staff are also required to complete the four-hour on-line Practice Model Training for Support Staff and are required to take at least 20 hours of additional agency related training each year.

Regardless, all employees, whether direct services, intake, or support staff, must complete periodic department and state mandatory administrative courses including harassment training, ethics training, driver's safety training, and training relating to the use of state technology resources.

All training completed by staff is recorded and stored in SAFE, Utah's CCWIS database, and in the Division's new SABA Learning Management System (LMS). Both SAFE and LMS have training modules that allow access for administrators, supervisors, and employees. These systems also allow the training team to develop training-related demographic and statistical reports, which are used to identify training needs and develop or improve new or existing courses.

SFY 2021 Training Completed

During SFY 2021, 146 new employees completed Practice Model training. Training included one full day and two half days of simulation, which were held remotely due to the pandemic. Simulation training emphasized caseworker critical skills in CPS and Permanency settings. The table below presents the months during which Practice Model trainings were held and the number of new employees in attendance.

Please see the table below for the months held and number in attendance at SFY 2021 Practice Model Training.

SFY 2021 Practice Model Training	
Month Held	Number in Attendance
Aug-20	23
Oct-20	20
Dec-20	19
Feb-21	25
Apr-21	22
Jun-21	37
TOTAL	146

Practice Model training is offered six times per year, with 30 total trainings held over the last five years and 170 average participants per year.

During SFY 2021, the Training Team provided Supervisor On-boarding training quarterly. Training included BCI/E-warrant, Human Resources, Ethics, Finance, Risk Management, Coaching, and Transition from Peer to Supervisor.

Following the purchase of SABA, the professional development team began to update online learning training to fit the new technical requirements of the LMS. This necessitated revisiting all of the material, updating, and repackaging it so that, through the LMS, employees could utilize the material. Updating is an ongoing process, with new content being added regularly.

Due to the ongoing pandemic, adjustments continue to be made to support New Employee Training and not delay hiring and training of needed staff. DCFS has continued to experience high turnover and delaying new employee learning was not a viable option. In August 2020, as the pandemic surged, it was necessary to stop all in-person training. New Employee Practice Model became fully remote with employees working from home and participating in training via video conferencing. DCFS adjusted its simulation model to support online learning. DCFS is pleased that it experienced no delays in hiring and training staff. The Division looks forward to resuming safe in-person learning post-pandemic.

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 Federal Fiscal Years 2017 – 2021.

Child Protective Services Workforce Gender Demographics (Intake and CPS Caseworkers and Supervisors)										
	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021	
Gender	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Female	369	74.7%	376	74.8%	414	77.1%	413	78.10%	429	78.3%
Male	125	25.3%	127	25.2%	123	22.9%	116	21.90%	119	21.7%
TOTAL	494		503		537		529		548	

Child Protective Services Workforce Race Demographics (Intake and CPS Caseworkers and Supervisors)											
	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021		
Race	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
American Indian or Alaska Native	4	0.8%	4	0.8%	4	0.7%	3	0.6%	4	0.7%	
Asian	5	1.0%	4	0.8%	6	1.1%	6	1.1%	6	1.1%	
Black or African American	3	0.6%	6	1.2%	4	0.7%	4	0.8%	5	0.9%	
Hispanic or Latino Origin	39	7.9%	42	8.3%	46	8.6%	46	8.7%	50	9.1%	
Multiracial	8	1.6%	8	1.6%	8	1.5%	9	1.7%	8	1.5%	
Native Hawaiian or Other Pacific Islander	3	0.6%	6	1.2%	5	0.9%	8	1.5%	7	1.3%	
Unknown, Declined to Disclose	36	7.3%	39	7.8%	38	7.1%	41	7.8%	43	7.8%	
White	396	80.2%	394	78.3%	426	79.3%	412	77.9%	425	77.6%	
TOTAL ¹	494	100.0%	503	100.0%	537	99.9%	529	100.1%	548	100.0%	
Average Age:	41		41		40		39		39		

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

CPS Caseload Data for CPS Workers and Supervisors

The table below reflects caseload information for CPS caseworkers who are considered full-time, having at least eight open cases on the first day of each month during FFY 2021.

CPS Workers with Eight or More Open Cases on the First Day of Month in Each Month of FFY 2020												
Cases Open on the First Day of the Month	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Total Number of Cases	1,700	1,525	1,563	1,457	1,568	1,619	1,664	1,656	1,917	1,833	1,727	1,755
Number of Cases Open to Caseworkers with 8 or More Open Cases	1,394	1,132	1,263	1,122	1,184	1,316	1,411	1,355	1,593	1,548	1,335	1,481
Caseworkers with 8 or More Open Cases	112	94	107	88	98	104	99	96	111	110	93	107
Supervisors of Caseworkers with 8 or More Open Cases	48	47	53	42	48	46	48	44	52	49	42	43
Average Open Cases per Worker	12	12	11	12	12	12	14	14	14	14	14	13
Average Open Cases per Supervisor	29	24	23	26	24	28	29	30	30	31	31	34
Maximum Open Cases to a Caseworker	23	26	25	30	23	25	28	28	33	36	38	33
Maximum Open Cases to a Supervisor	81	71	70	71	69	85	105	90	105	121	129	112

Please see the two tables below for the number and percent of closed CPS cases and age of supported victims in closed CPS cases during FFYs 2017 – 2021.

Results of Closed CPS Cases										
Case Finding at Case Closure	FFY 2017		FFY 2018		FFYH 2019		FFY 2020		FFY 2021	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Supported	7,374	34.6%	7,546	35.4%	7,374	34.6%	7,546	35.4%	6,578	32.3%
Unsupported	12,460	58.5%	12,535	58.8%	12,460	58.5%	12,535	58.8%	12,342	60.6%
Unable to Complete Investigation	682	3.2%	765	3.6%	682	3.2%	765	3.6%	842	4.1%
Unable to Locate	461	2.2%	367	1.7%	461	2.2%	367	1.7%	368	1.8%
Without Merit	280	1.3%	102	0.5%	280	1.3%	102	0.5%	214	1.1%
False Report	30	0.1%	20	0.1%	30	0.1%	20	0.1%	26	0.1%
TOTAL Closed Cases¹	21,287	99.9%	21,335	100.1%	21,287	99.9%	21,335	100.1%	20,370	100.0%
<i>NOTE ¹ Total Percent of Closed Cases may not equal 100%, due to rounding.</i>										

Supported Victims in Closed CPS Cases										
	FFY 2017		FFY 2018		FFYH 2019		FFY 2020		FFY 2021	
Victim Age at Case Start	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	1,691	16.6%	1,705	16.3%	1,691	16.6%	1,705	16.3%	1,312	13.7%
2 to 5 Years	2,142	21.0%	2,160	20.7%	2,142	21.0%	2,160	20.7%	1,965	20.5%
6 to 12 Years	3,646	35.8%	3,847	36.8%	3,646	35.8%	3,847	36.8%	3,599	37.6%
13 Years and Older	2,739	26.9%	2,768	26.5%	2,739	26.9%	2,768	26.5%	2,741	28.6%
TOTAL Supported Victims	10,179	100.3%	10,441	100.3%	10,179	100.3%	10,441	100.3%	9,582	100.4%

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 2017 – 2021. The source of the data is SAFE, Utah’s CCWIS System.

Number of Youth Transferred to Juvenile Justice		
FFY	Number of Youth	Percent of Youth who Exited
2017	15	0.8%
2018	16	0.7%
2019	22	1.0%
2020	9	0.5%
2021	6	0.3%

American Rescue Plan Act

Utah was awarded \$1,262,933 in supplemental CAPTA grant funds under the American Rescue Plan Act, with funds available for use from October 1, 2020 to September 30, 2025. In order to thoughtfully and intentionally prioritize use of these funds to increase support for black, brown, indigenous, LGBTQ, and impoverished families in underserved communities, initial efforts will focus on community engagement and planning for effective utilization of the supplemental CAPTA funds. This CAPTA engagement and planning effort will be coordinated with the division’s equity, diversity, and inclusion initiative that is already under way.

The following CAPTA purposes to improve the child protective services system will be explored during the engagement and planning period to determine how to best increase support for black, brown, indigenous, LGBTQ, and impoverished families in underserved communities. A wide range of community partners and persons with lived experience will participate in this exploration process.

Purpose #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.

Purpose #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.

Utah is currently in the process of conducting a formal, comprehensive statewide needs assessment. This work is a joint effort between the Child Abuse Prevention Program Administrator and the CAPTA Program Administrator, using ARPA Supplemental CBCAP and CAPTA funds. In 2021, the two program administrators met several times with the University of Utah Social Research Institute (SRI) to begin the process. SRI estimates that the assessment will take 15-18 months to complete and will begin in 2022. 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 informs future RFPs and funding decisions.

SRI will conduct this research through an equity, diversity, and inclusion lens to help DCFS 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 the data gathered from that research to compliment the new research specific to prevention services. Please see below table for SRI’s estimated timeline of the prevention needs assessment process.

Comprehensive Statewide Needs Assessment Objectives and Tasks		Q3 SFY 2022	Q4 SFY 2022	Q1 SFY 2023	Q2 SFY 2023	Q3 SFY 2023
START	Obtain IRB, data sharing agreements as needed					
	Coordinate with CTSL, CFU					
	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					
	Strategic planning regarding state programs					
FINAL	Summarize and review initial strategy findings					
	Reporting: Final strategic plan					

IX. 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 2021. Therefore, DCFS has complied with the requirement not to spend more title IV-B subpart 1 funds in FFY 2021 than it did in FFY 2005.

Likewise, since in FFY 2021 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 2021 state match for foster care maintenance payments 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 2021 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 state's FY 1992 expenditures.

Please see table below.

	State	Federal	Total	75% of State FY	State	Federal	Total	25% of State FY	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
					FFY 2021 (Oct 2020– Sept 2021)				Total Expenditures FFY 2021
					State	Federal	Total		
Homemaker Services (HHMK)					0	0	0		0
Family Preservation Services (PSSF)(HFFP)					234,697	938,778	1,173,475		1,173,475
In-home Services (HIHS)					338,239	0	338,239		338,239
Parenting Skill Services (FFS and PPC)					702,325	748,759	1,451,084		1,451,084
Crisis Nursery Services (HCSN)					2,292,431	602,052	2,894,483		2,894,483
Subsidized Adoptions (non IV-E-HSAO)					4,254,048	0	4,254,048		4,254,048
Adoption Assistance (HSAN)					0	0	0		0
Children's Trust Fund (HNTE)					316,071	0	316,071		316,071
Total					8,137,811	2,289,589	10,427,400		10,427,400

Chafee Program

The Department of Human Services certifies that no more than 30 percent of the allotment of federal Chafee funds will be expended for room and board for youth who left foster care after the age of 18 years of age and have not yet attained age 23. Utah operates an extended foster care program and has chosen to exercise the Chafee option to serve youth up to age 23.

For the period of the public health emergency through September 30, 2021, the 30% allotment requirement was waived, and the maximum age was increased to “not yet attained age 27.”