

State of Utah

Child and Family Services Statewide Assessment 2010



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<http://www.utdcfsadopt.org>

Statewide Assessment Instrument

Section I – General Information

Name of State Agency	
Division of Child and Family Services Department of Human Services State of Utah	
Period Under Review	
<p>Onsite Review Sample Period: April 1, 2009 to September 30, 2009 for Out of Home care cases April 1, 2009 to November 30, 2009 for In Home services cases</p> <p>Period of AFCARS Data: 2008 A&B</p> <p>Period of NCANDS Data (or other approved source; please specify if alternative data source is used): 2008 A&B</p>	
State Agency Contact Person for the Statewide Assessment	
Name:	Linda S. Winger
Title:	Director of Program and Practice Improvement
Address:	Division of Child and Family Services
	195 North 1950 West
	Salt Lake City, Utah 84116
Phone:	801.540.5889
Fax:	801.538.3993
E-mail:	lswinger@utah.gov

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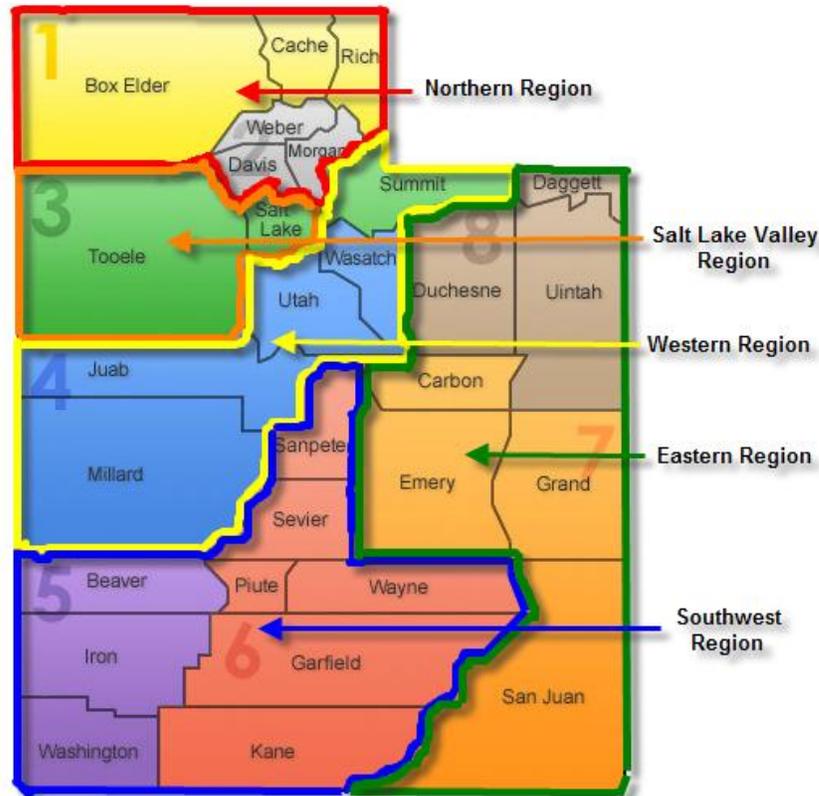
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Section I – General Information

Structure of the Agency

Utah Child and Family Services is a division of the Department of Human Services (DHS). It is a state administered child welfare agency. The state office is located in the capitol city of Salt Lake City.



Utah has 29 counties that are divided into five Child and Family Services regions. The state is also divided into eight court districts. Both the Child and Family Services regions and the court districts are represented on the map above.

Utah Child and Family Services has approximately 1000 employees. About 500 of these are front-line caseworkers. The other 500 workers include approximately 100 administrators at the state and the region level, 200 supervisors, and 200 support staff. There are 15 neighborhood offices across the state. The Utah Child and Family Services organizational chart is included at the end of this section. This chart shows the Child and Family Services state office personnel beginning with the Executive Director of the Department of Human Services and then the Director of Child and Family Services. The Director supervises each of the five Region Directors as well as two Deputy Directors, the Director of Finance, and the Director of Information, Evaluation, and Research.

In 1994 the State of Utah was sued by The National Center for Youth Law on behalf of all children in the custody of the state. This resulted in the David C. versus Leavitt lawsuit. The state decided to enter into a settlement agreement with the Performance Milestone Plan becoming the business plan to address the issues outlined in the agreement. One of the foundational pieces to the Performance Milestone Plan was the development and implementation of the Practice Model. The Practice Model is the way we do business. The tenets of the Practice Model are below.

Practice Model Principles

Practice Model Principles guide Child and Family Services as it strives to achieve its vision and meet its mission.

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 caseworker who can confront difficult issues and effectively assist them in their process toward positive change.

Practice Skills

A set of key Practice Skills has been formulated from the Practice Model Principles and are designed to "Put Our Values Into Action." These basic skills are:

Engaging. To effectively establish a relationship with children, parents, and individuals that work together to help meet a child or family's needs or resolve their child welfare related issues.

Teaming. To use a group of people chosen by the child and family as well as professionals in order to supply needed support, services, and resources that help resolve

critical child and family welfare related issues. Child welfare is a community effort and requires a team.

Assessing. The discovery process that helps children and families identify issues that affect the safety, permanency, or well-being of the child, helps children and families discover and promote strengths they can use to resolve issues, determines the child or family's capacity to complete tasks or achieve goals, and ascertains their willingness to seek resources that will support efforts they make to resolve their issues. Also includes discovering the resources available including formal and informal supports.

Planning. Identify and designing incremental steps that move children and families from where they are to a better level of functioning. The planning cycle is used by the team and includes assessing a child or family's child welfare related issues and resources, helping them make decisions about what programs, services, or resources they want to use to meet their needs, helping them evaluate the effectiveness of their decisions, helping a child or family rework or revise their service delivery plan, helping them face consequences when their plan fails to achieve the desired results, and helping them celebrate their successes. The outcome of the planning process is the development of a unique Child and Family Plan tailored to the needs of the individual child or family.

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

Relationship with the Tribes: Utah has six federally recognized Native American Tribes: Navajo Nation, Confederated Tribes of the Goshute Reservation, Skull Valley Indian Community (Goshute), Uintah and Ouray Tribe (Northern Ute), Paiute Indian Tribe of Utah, and Northwestern Band of the Shoshoni Nation. Since the last review, Utah has signed Memorandums of Understanding (MOUs) with each of the six federally recognized tribes. We continue to have an Indian Child Welfare Program Administrator at the state office who assists caseworkers and others working with families with Native American heritage. The MOUs are available on the internet at: <http://hsemployees.utah.gov/dcf/tribe-agreements.htm>. Each tribe has a slightly different agreement in regards to child welfare services. For example, the Ute Tribe does their own Child Protective Services (CPS) investigations and In-Home Services but has an agreement with Utah Child and Family Services to provide foster care services. The Ute Tribe has its own Tribal Court that hears child welfare cases. The Paiute Tribe relies completely on Utah Child and Family Services for child welfare services and also uses Utah Juvenile Court and its attorneys.

Changes in Structure since the Last Review: Since the last Child and Family Services Review in April 2003 there have been some changes to the structure of the Utah child welfare system. Utah continues to be a state administered system with five regions. The same functions are performed at the state office and in the regions.

In the 2009 legislative session House Bill 306 eliminated all DHS boards. This included the Division of Child and Family Services (DCFS) Advisory Board. The bill further transferred all powers and responsibilities to the associated division. In the past the DCFS Advisory Board worked with Child and Family Services to establish administrative rule and support the division. All of the functions of the board have now been taken on by the division.

Likewise, the Foster Care Citizen Review Board was eliminated. This was a budget decision that was in response to the economic downturn. We are working to use the citizen volunteers connected to this effort in other capacities.

On December 30, 2008, a Joint Notice of Dismissal was on the David C. versus Huntsman lawsuit. This was a class action lawsuit filed on behalf of the children in foster care in Utah calling for broad system reform. Part of the terms of agreement for exit set requirements for Child and Family Services through the end of calendar year 2010. We are excited to have met the requirements to exit our lawsuit. We are also proud of the child welfare system we have built in Utah.

In the last Statewide Assessment Utah reported that the Western Region was piloting a Child and Family Assessment Alternative Response. This project has since been discontinued. The region found that the parameters imposed on the project through legislation actually added workload rather than reducing it. The objective of the project had been to take those families where children were determined to be at lower risk and refer them to community-based interventions. The formalization of the pilot by the legislature resulted in additional cases and workload rather than a reduction and so the pilot ended and the practice was discontinued.

Involvement of Stakeholders: As a part of the Performance Milestone Plan, Quality Improvement (QI) Committees were organized. The purpose of the QI Committees is to study the data and outcomes children, families, and communities experience, and to suggest changes in resource deployment, policy, procedure, and practice that will improve or maintain favorable outcomes. There is at least one QI Committee in each of the five regions. In the two rural regions with larger geographical areas there are more than one each to fit their centers of population. For example, in the Eastern Region, which covers the entire Eastern half of the state, there are three distinct population areas. The Uintah basin with the towns of Vernal, Roosevelt, and Duschene is in the north eastern part of the region. The central part consisting of the towns of Price and Castledale; and in the most southern part are the towns of Moab and Blanding. The areas are quite isolated from each other by distance so do not lend themselves to one QI committee. The distance between Roosevelt in the north and Blanding in the south is approximately 275 miles and takes about 5 hours and 30 minutes to drive. Eastern Region currently has two QI committees.

There is also a State QI Committee. The committee membership includes other professionals working in the child welfare arena, health care providers, members of private non-profit organizations, and citizens interested in child welfare.

Each committee meets monthly. Once a year the committees have an annual QI Summit. The QI Committees have priority focus areas that coincide with the focus areas of Child and Family Services. More on the QI Committees is found under item 38.

The QI Committees have been involved with the CFSR process. They have reviewed the information in the Statewide Assessment and have suggested modifications. However, their greatest contribution to the CFSR process has been their ongoing participation in the quality improvement activities of the state that are ongoing. Quality improvement is not an event revolving around the CFSR in Utah. Quality improvement is a way of life here. Therefore, in this report as in the other portions of this review, you will find a report of what we normally do rather than a recitation of the special work done to fulfill the CFSR requirements.

The Court Improvement Project (CIP) is another example of the ongoing partnerships in Utah. We work closely with our colleagues at the courts to improve the experience of children in the system. The Utah Juvenile Court is a court of special jurisdiction. It includes 28 full-time judges and 1.5 commissioners. The Juvenile Court is of equal status with the District Court. The Juvenile Court has exclusive original jurisdiction over youths, less than 18 years of age, who violate any federal, state, or municipal law, and any child who is abused, neglected, or dependent. The court has the power to determine child custody, support, and visitation in some circumstances; and to permanently terminate parental rights. The court may also place children under the supervision of the court's probation department or place children in the custody of the state. The court works closely with the Office of Guardian ad Litem (GAL) on cases involving abuse, neglect, or dependency. The court may also require children to pay fines or make restitution for damage or loss resulting from their delinquent acts. It also has jurisdiction over habitual truants, runaways, and ungovernable youth if efforts by other social service agencies are not successful.

The Utah Judicial Council is the policy-making body for the judiciary. It has the constitutional authority to adopt uniform rules for the administration of all the courts in the state. The Council also sets standards for judicial performance, court facilities, support services, and judicial and non-judicial staff levels.

The Judicial Council consists of 14 members. The Chief Justice of the Supreme Court chairs the Judicial Council. The other members include: a Supreme Court Justice; a judge of the Court of Appeals; five District Court judges; two Juvenile Court judges; three Justice Court judges; a state bar representative; and the state court administrator, who serves as secretariat to the Judicial Council. The judges serve three-year terms, and the state bar representative also serves three years. The Judicial Council holds monthly meetings throughout the state. All the meetings are open and may be attended by interested parties.

By rule, the Judicial Council established a Board of Judges for each level of court. Boards of Judges adopt administrative rules in accordance with the guidelines of the

Judicial Council, advise the Judicial Council, supervise the implementation of Judicial Council policies, and serve as liaisons between judges and the Council. The Board of Juvenile Court Judges consists of seven judges who meet monthly.

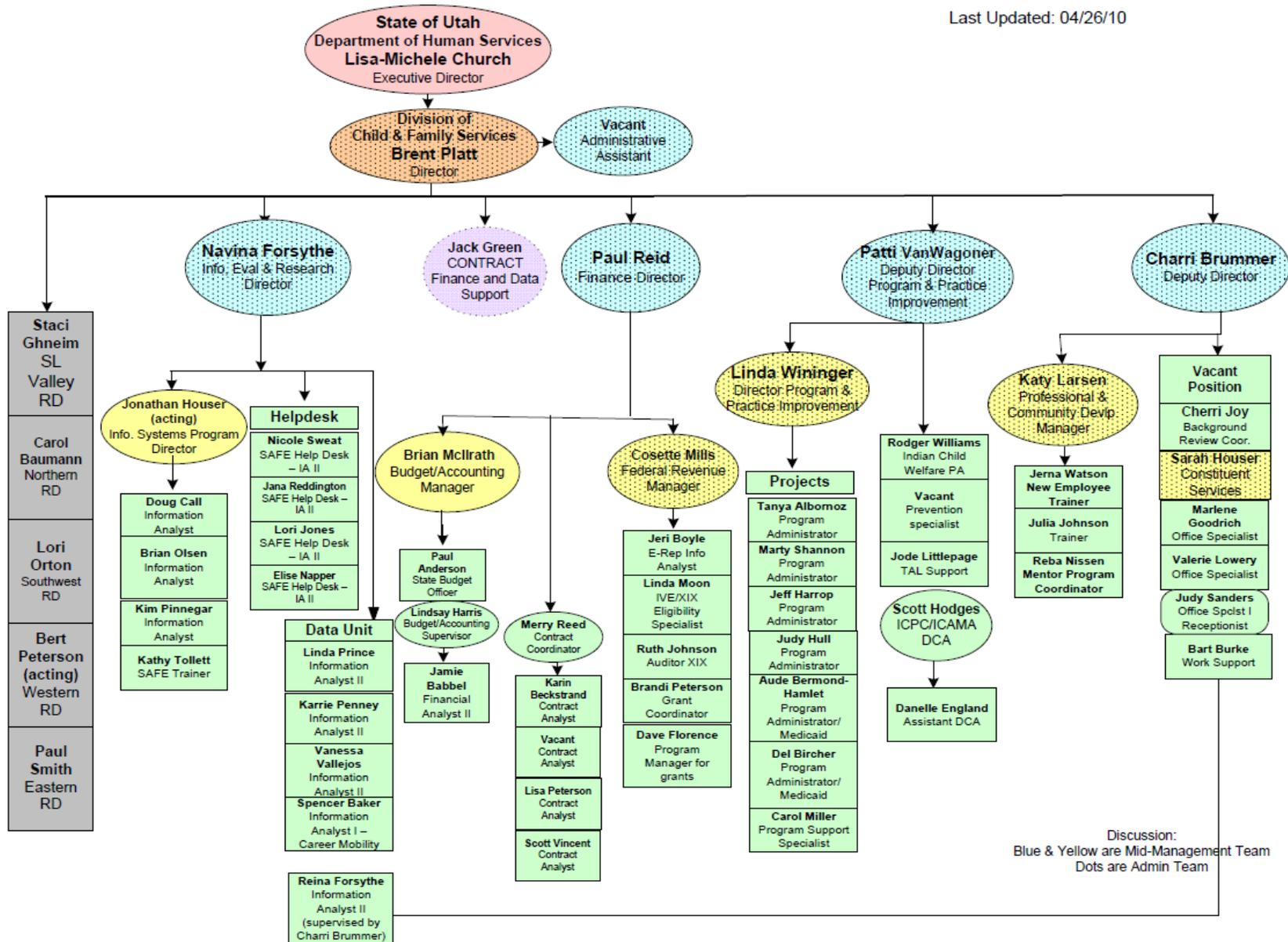
The CIP is an active partner with Child and Family Services. Each year the CIP hosts a summit and invites judges, attorneys, and Child and Family Services administrators at the state and region levels. The summit includes workshops on child welfare topics for the first day, and on the second day each of the districts meets together to discuss plans for improvement in their areas. This has been a very beneficial gathering. This year's CIP summit will be held in October. The focus for this year's summit will be on the results of the CFSR. We have decided that this will be our Program Improvement Plan (PIP) kick off. A larger number of participants than in the past will be included. QI Committees, our citizen stakeholder groups, will be invited. We are excited to have the support of the CIP in this way. It is an exceptional avenue for moving our improvement efforts forward.

Data Sources used in the Statewide Assessment: Throughout this report you will find information from the two major reviews conducted annually in Utah. These reviews look at child welfare practice from two different perspectives. The Case Process Review (CPR) is a review of caseworker documentation and is quantitative in nature. It measures compliance with state law and agency Practice Guidelines – were visits made monthly; health assessment conducted on time; parents, step-parents, and children involved in case planning; and others. It is conducted on a statistically significant number of cases throughout the state and is reported as statewide results. The Qualitative Case Review (QCR) is a measure of outcomes for children and families and quality of Child and Family Services practice. It is qualitative in nature and looks at both the child and family status and the system performance. It is based on the Alabama reform and is similar to the CFSR. The QCR is also conducted annually but is done by region and the results are reported by region. Twenty-four cases are reviewed in each region except Salt Lake Valley Region where 72 cases are reviewed.

In addition to data from the two annual reviews this assessment contains data from the SACWIS system in Utah known as "SAFE". Utah is fortunate to have a well developed SACWIS system that can provide rich data. We are also fortunate to have three talented groups to support the system. The SAFE Information Analysts who develop the specification of each new functionality down to the screens that caseworkers will use, the SAFE programmers who take those specifications and bring them to life, and the data unit who then writes reports and compiles the information into data reports that can be used for a host of activities.

Utah Child and Family Services Organizational Chart

Last Updated: 04/26/10



Discussion:
Blue & Yellow are Mid-Management Team
Dots are Admin Team

Section II – Safety and Permanency Data

Utah Child and Family Services Review Data Profile: March 8, 2010

CHILD SAFETY PROFILE	Fiscal Year 2007ab						Fiscal Year 2008ab						Fiscal Year 2009ab (In validation process)					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed¹	20,386		32,134		27,546		19,922		31,382		27,089							
II. Disposition of CA/N Reports³																		
Substantiated & Indicated	8,507	41.7	13,611	42.4	12,683	46.0	8,215	41.2	13,179	42.0	12,364	45.6						
Unsubstantiated	10,914	53.5	17,036	53.0	13,772	50	10,914	54.8	16,993	54.1	13,853	51.1						
Other	965	4.7	1,487	4.6	1,091	4.0	793	4	1,210	3.9	872	3.2						
III. Child Victim Cases Opened for Post-Investigation Services⁴			13,013	95.6	12,140	95.7			12,439	94.4	11,673	94.4						
IV. Child Victims Entering Foster Care Based on CA/N Report⁵			1,068	7.8	1,061	8.4			989	7.5	989	8.0						
V. Child Fatalities Resulting from Maltreatment⁶					11	0.1					15	0.1						
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence⁷ [Standard: 94.6% or more; national median = 93.3%, 25 th percentile = 91.50%]					6,028 of 6,488	92.9					6,016 of 6,405	93.9						
VII. Absence of Child Abuse and/or Neglect in Foster Care⁸ (12 months) [standard 99.68% or more; national median = 99.5, 25 th percentile = 99.30]					4,495 of 4,540	99.01					4,692 of 4,713	99.55						

The Permanency Data for all three years shown were based on the annual files created on 2-24-2010. The FY08 NCANDS Child File was submitted on 3-30-2009 and Agency File was submitted on 4-20-2009.

Additional Safety Measures For Information Only (no standards are associated with these):																			
	Fiscal Year 2007ab						Fiscal Year 2008ab						Fiscal Year 2009ab (In validation process)						
	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%	
VIII. Median Time to Investigation in Hours (Child File) ⁹	>72 but <96						>72 but <96												
IX. Mean Time to Investigation in Hours (Child File) ¹⁰	112						106												
X. Mean Time to Investigation in Hours (Agency File) ¹¹	100 ^A						89.9 ^A												
XI. Children Maltreated by Parents While in Foster Care. ¹²					62 of 4,540	1.37 ^B					74 of 4,713	1.57 ^B							
CFSR Round One Safety Measures to Determine Substantial Conformity (Provided for informational purposes only)																			
	Fiscal Year 2007ab						Fiscal Year 2008ab						Fiscal Year 2009ab (In validation process)						
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	
XII. Recurrence of Maltreatment ¹³ [Standard: 6.1% or less]					460 of 6,488	7.1					389 of 6,405	6.1							
XIII. Incidence of Child Abuse and/or Neglect in Foster Care ¹⁴ (9 months) [standard 0.57% or less]					36 4,089	0.88					17 of 4,242	0.40							

NCANDS data completeness information for the CFSR			
Description of Data Tests	Fiscal Year 2007ab	Fiscal Year 2008ab	Fiscal Year 2009ab (In validation process)
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	6.8	6.2	
Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]*	100	100	
Percent of perpetrators with relationship to victim reported [File must have at least 95%]*	97.5	97.6	
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	100	100	
Average time to investigation in the Agency file [PART measure]	Reported	Reported	
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]	88.3 ^B	85.1 ^B	

*States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

- A. Average response time in Utah is only face-to-face contact with the alleged victim. The investigation start date is defined as the date a child is first seen by child protective services (CPS). If this is not possible, the State records the date CPS initially contacted any party who could provide information essential to the investigation or assessment as the investigation start date. The data are captured in date, hours, and minutes.
- B. AFCARS IDs are included for every child that has ever been in the AFCARS population. As not all children subject of an investigation have been in the AFCARS population, not all children will have AFCARS IDs.

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year ¹	2,418		2,698		2,669	
Admissions during year	2,122		2,015		2,047	
Discharges during year	1,772		2,025		1,962	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)	147	8.3% of the discharges	105	5.2% of the discharges	114	5.8% of the discharges
Children in care on last day of year	2,768		2,688		2,754	
Net change during year	350		-10		85	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	116	4.2	196	7.3	154	5.6
Foster Family Homes (Relative)	324	11.7	380	14.1	431	15.6
Foster Family Homes (Non-Relative)	1,573	56.8	1,332	49.6	1,440	52.3
Group Homes	82	3.0	62	2.3	58	2.1
Institutions	406	14.7	457	17.0	404	14.7
Supervised Independent Living	75	2.7	65	2.4	64	2.3
Runaway	46	1.7	38	1.4	41	1.5
Trial Home Visit	146	5.3	157	5.8	160	5.8
Missing Placement Information	0	0.0	1	0.0	2	0.1
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	1,329	48.0	1,186	44.1	1,251	45.4
Live with Other Relatives	87	3.1	76	2.8	68	2.5
Adoption	495	17.9	456	17.0	485	17.6
Long Term Foster Care	729	26.3	527	19.6	546	19.8
Emancipation	6	0.2	149	5.5	142	5.2
Guardianship	50	1.8	60	2.2	50	1.8
Case Plan Goal Not Established	52	1.9	171	6.4	199	7.2
Missing Goal Information	20	0.7	63	2.3	13	0.5

POINT-IN-TIME PERMANENCY PROFILE						
	Federal FY 2007ab		Federal FY2008ab		Federal FY2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	513	18.5	640	23.8	713	25.9
Two	885	32.0	774	28.8	742	26.9
Three	464	16.8	428	15.9	416	15.1
Four	259	9.4	271	10.1	262	9.5
Five	178	6.4	127	4.7	141	5.1
Six or more	460	16.6	442	16.4	458	16.6
Missing placement settings	9	0.3	6	0.2	22	0.8
V. Number of Removal Episodes						
One	2,095	75.7	2,116	78.7	2,178	79.1
Two	491	17.7	427	15.9	430	15.6
Three	143	5.2	104	3.9	106	3.8
Four	27	1.0	33	1.2	30	1.1
Five	11	0.4	7	0.3	8	0.3
Six or more	1	0.0	1	0.0	0	0.0
Missing removal episodes	0	0.0	0	0.0	2	0.1
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)						
	614	29.8	560	31.6	560	30.9
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)						
	10.0		10.2		10.5	
VIII. Length of Time to Achieve Perm. Goal						
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	965	6.7	1,008	7.8	1,025	8.1
Adoption	347	14.7	496	14.7	474	16.3
Guardianship	134	7.9	175	11.0	173	9.0
Other	325	22.5	345	23.4	290	24.7
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	0	--
Total discharges (excluding those w/ problematic dates)	1,771	10.3	2,024	11.2	1,962	11.0
Dates are problematic (footnote 4, page 16)	1	N/A	1	N/A	0	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 125.3	State Score = 118.1	State Score = 118.5
National Ranking of State Composite Scores (see footnote A on page 12 for details)	10 of 47	18 of 47	18 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 th percentile = 75.2%]	77.6%	75.8%	76.4%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 th Percentile = 5.4 months (lower score is preferable in this measure ^B)]	Median = 6.9 months	Median = 7.7 months	Median = 7.6 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 th Percentile = 48.4%]	25.5%	35.8%	41.4%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 th Percentile = 9.9% (lower score is preferable in this measure)]	10.7%	14.3%	14.4%

	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 144.1	State Score = 159.0	State Score = 147.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	1 of 47	1 of 47	1 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 th Percentile = 36.6%]	85.5%	84.7%	80.5%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 th Percentile = 27.3 months(lower score is preferable in this measure)]	Median = 14.7 months	Median = 14.7 months	Median = 16.2 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 th Percentile = 22.7%]	12.7%	13.8%	15.0%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 th Percentile = 10.9%]	3.1%	5.5%	3.8%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 th Percentile = 53.7%]	72.3%	81.1%	80.7%

	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 120.5	State Score = 120.1	State Score = 115.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)	16 of 51	18 of 51	27 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75th Percentile = 29.1%]	11.0%	12.7%	13.7%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75th Percentile = 98.0%]	96.4%	96.9%	96.9%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]	24.0%	27.3%	34.4%

	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled score for this composite incorporates no components but three individual measures (below)	State Score = 70.0	State Score = 71.9	State Score = 74.2
National Ranking of State Composite Scores (see footnote A on page 12 for details)	47 of 51	46 of 51	45 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]	71.9%	73.4%	77.0%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75th Percentile = 65.4%]	41.7%	43.8%	41.8%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75th Percentile = 41.8%]	16.0%	15.9%	17.2%

Special Footnotes for Composite Measures:

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	PERMANENCY PROFILE	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab	Federal FY 2009ab	Federal FY 2009ab
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	867	81.8	780	84.9	838	81.7
II. Most Recent Placement Types						
Pre-Adoptive Homes	33	3.8	59	7.6	56	6.7
Foster Family Homes (Relative)	142	16.4	111	14.2	162	19.3
Foster Family Homes (Non-Relative)	429	49.5	349	44.7	353	42.1
Group Homes	33	3.8	18	2.3	17	2.0
Institutions	83	9.6	81	10.4	74	8.8
Supervised Independent Living	11	1.3	10	1.3	5	0.6
Runaway	13	1.5	5	0.6	14	1.7
Trial Home Visit	123	14.2	147	18.8	157	18.7
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	621	71.6	550	70.5	590	70.4
Live with Other Relatives	23	2.7	18	2.3	13	1.6
Adoption	120	13.8	108	13.8	90	10.7
Long-Term Foster Care	62	7.2	36	4.6	31	3.7
Emancipation	0	0.0	18	2.3	14	1.7
Guardianship	9	1.0	3	0.4	2	0.2
Case Plan Goal Not Established	32	3.7	26	3.3	90	10.7
Missing Goal Information	0	0.0	21	2.7	8	1.0
IV. Number of Placement Settings in Current Episode						
One	267	30.8	269	34.5	352	42.0
Two	315	36.3	258	33.1	286	34.1
Three	140	16.1	147	18.8	108	12.9
Four	72	8.3	53	6.8	45	5.4
Five	38	4.4	27	3.5	17	2.0
Six or more	34	3.9	23	2.9	22	2.6
Missing placement settings	1	0.1	3	0.4	8	1.0

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FIRST-TIME ENTRY COHORT GROUP (continued)	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	271	81.9	245	77.5	247	76.5
Adoption	14	4.2	19	6.0	22	6.8
Guardianship	30	9.1	28	8.9	32	9.9
Other	16	4.8	24	7.6	22	6.8
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	<i>Number of Months</i>		<i>Number of Months</i>		<i>Number of Months</i>	
VI. Median Length of Stay in Foster Care	11.5		11.0		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	1	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	1	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	10	0.6 %	2	0.1 %	3	0.2 %
Missing discharge reasons	0	0.0 %	0	0.0 %	0	0.0 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	1	0.3 %	2	0.4 %	3	0.6 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	103	22.9% fewer in the foster care file.	36	6.8% fewer in the foster care file.	20	4.0% fewer in the foster care file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	9	0.3 %	6	0.2 %	22	0.8 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files.

Note: These are CFSR Round One permanency measures. They are provided for informational purposes only.

	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more]	740	76.6	746	74.0	766	74.7
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	296	85.3	420	84.7	381	80.4
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	1,907	73.3	1,921	74.3	2,017	77.2
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	184	8.7 (82.0% new entry)	145	7.2 (85.5% new entry)	150	7.3 (83.1% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY 07, FY 08, and FY 09 counts of children in care at the start of the year exclude 39, 52, and 38 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 11.5 in FY 07. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁶This First-Time Entry Cohort median length of stay was 11.0 in FY 08. This includes 1 child who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 11.0.

⁷This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 09. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

Section III – Narrative Assessment of Child and Family Outcomes

A. Safety

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

Item 1: Timeliness of initiating investigations of reports of child maltreatment.

How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

This item was rated “area needing improvement” with 75% of the cases passing in the first CFSSR.

State Practice Guidelines Requirements: On a Priority 1 Intake referral, the Intake worker has no more than 30 minutes from the completion of the initial contact from the referent to gather additional information, staff the referral to determine the priority, notify law enforcement, and assign to the CPS caseworker. Intake also provides the CPS caseworker with information concerning prior investigations contained in SAFE. The CPS caseworker has a maximum of 60 minutes from the moment Intake notifies the caseworker to make the face-to-face contact with an alleged victim. Utah Practice Guidelines place referrals of abuse and neglect into three categories for response times according to the perceived danger to the child. Priority 1 requires a response time of one hour or less; or, in rural areas if the alleged child victim is more than 40 miles from the assigned caseworker, no more than three hours. A referral is given a Priority 1 only if there is an imminent threat to the safety and well-being of a child as determined by the Intake checklist. For example Priority 1 is not used when the police are present and able to provide protection to the alleged victim or if the child is in a facility (such as a hospital) where it is reasonable to assume there are responsible adults providing protection and there are no immediate threats to the child’s safety.

The Intake worker has no more than 60 minutes to complete their processes (as described above) and assign the referral to a CPS caseworker in a Priority 2 referral. The response time for a Priority 2 referral is 24 hours. A Priority 2 is assigned when physical evidence is at risk of being lost or the child is at risk of further abuse, neglect, or dependency, but the child does not have immediate protection and safety needs, as determined by the Intake checklist.

The Intake worker has no more than one working day to disposition a Priority 3 referral. The response time for a Priority 3 is three business days. The CPS caseworker has until midnight of the third business day to make a face-to-face contact with the child victim. A Priority 3 response is assigned when the potential for further harm to the child and the

loss of physical evidence is low. Utah state employees work a four-day work week; however, it was decided when the four-day work week was instituted that Friday would continue to be counted as a work day. So, for example, if a referral was assigned a Priority 3 on Friday at 9 a.m., the CPS caseworker would have until Wednesday at midnight to make the initial contact with the child victim. If the referral was taken at 6 p.m. on Tuesday, the CPS caseworker would have until midnight on Friday night to make the initial contact with the child.

Changes in Performance and Practice: Over the last several years the number of cases classified with a Priority 1 response time has decreased significantly as the CPS Practice Guidelines were revised to more precisely define when a Priority 1 designation is used. Imminent danger referrals are usually addressed by law enforcement or paramedics with the CPS caseworker being called in to assist these first responders. Because other professionals are on the scene the referral is classified with a lower priority though caseworkers often respond immediately. The chart below show the number and percentage for each priority type for CPS cases closed between January 1, 2009 and January 1, 2010. 1R is Priority 1 in a rural area giving the CPS caseworker up to three hours to make the initial contact with the alleged child victim.

Priority	Count of Cases	Percent of Total CPS Cases
1	5	0%
1R	1	0%
2	3257	16%
3	16840	84%
Total CPS Cases		20103

Pictured below is the Intake Checklist used in determining what priority to assign to a referral.

INTAKE CHECKLIST

Case Name:	Case Number:																																											
<p>If any of the following circumstances exist, immediately call law enforcement dispatch or 911:</p> <ul style="list-style-type: none"> ◆ Child abuse in progress ◆ Child is engaging in serious misconduct which immediately endangers self or others ◆ Domestic Violence in progress ◆ Other emergency situation exists which requires an immediate response from law enforcement or medical personnel ◆ Young or developmentally delayed child is inappropriately supervised which poses an immediate risk <p>These are situations in which DCFS cannot respond quickly enough to the emergency situation. The intake worker will follow-up with law enforcement and staff the situation with a supervisor to determine what DCFS response, if any, may be needed.</p>																																												
<p>The following checklist is a tool to determine appropriate priority of the referral. Any checked box indicates a need for further staffing. The level checked would generally correspond with the same number of priority for the referral. There are exceptions. All information used in the assessment of a specific priority for the referral shall be detailed on the Staffing tab.</p>																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Status</th> <th style="width: 10%;">Level</th> <th style="width: 80%;">Risk Factor</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td>Child is at imminent risk and there is no adult (including law enforcement, school, medical personnel, etc) available to provide protection.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Caretaker is reporting fear of causing serious harm to the child.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Child currently has visible or reported physical injury due to alleged abuse or neglect.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Child is admitted to the hospital as a result of alleged abuse or neglect.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Child is left with a substitute caretaker who states they can no longer care for the child.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Child needs emergency treatment (medical or psychological), and parents are unavailable, refusing treatment, or failing to get treatment.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Child reports abuse/neglect and refuses or is afraid to go home.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Law enforcement arrested the parent or the parent is hospitalized, and there is no other caretaker available.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Law enforcement or a physician has taken protective custody of a child.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Law enforcement requests assistance at the scene.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Other - Priority 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>There is a report of sexual abuse or serious physical abuse, and the alleged perpetrator has access to and poses a risk to a child.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>There is a suspicious or unexplained death of a child in the same home.</td> </tr> </tbody> </table>			Status	Level	Risk Factor	<input type="checkbox"/>	1	Child is at imminent risk and there is no adult (including law enforcement, school, medical personnel, etc) available to provide protection.	<input type="checkbox"/>	2	Caretaker is reporting fear of causing serious harm to the child.	<input type="checkbox"/>	2	Child currently has visible or reported physical injury due to alleged abuse or neglect.	<input type="checkbox"/>	2	Child is admitted to the hospital as a result of alleged abuse or neglect.	<input type="checkbox"/>	2	Child is left with a substitute caretaker who states they can no longer care for the child.	<input type="checkbox"/>	2	Child needs emergency treatment (medical or psychological), and parents are unavailable, refusing treatment, or failing to get treatment.	<input type="checkbox"/>	2	Child reports abuse/neglect and refuses or is afraid to go home.	<input type="checkbox"/>	2	Law enforcement arrested the parent or the parent is hospitalized, and there is no other caretaker available.	<input type="checkbox"/>	2	Law enforcement or a physician has taken protective custody of a child.	<input type="checkbox"/>	2	Law enforcement requests assistance at the scene.	<input type="checkbox"/>	2	Other - Priority 2	<input type="checkbox"/>	2	There is a report of sexual abuse or serious physical abuse, and the alleged perpetrator has access to and poses a risk to a child.	<input type="checkbox"/>	2	There is a suspicious or unexplained death of a child in the same home.
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The Utah Data Profile element IX shows Utah’s mean time to investigation in hours at 106 for the review period. In Utah a case is considered initiated when the child who is the subject of the allegations of abuse and/or neglect has been seen by a CPS worker. Because the majority of our cases have until midnight on the third business day after the referral was taken to meet this requirement our mean time to investigation is high.

Utah does not have a centralized Intake. Intake is specific to the region. Some regions have centralized Intake within their regions while others have Intake workers at each office. After-hours referrals are handled by on-call workers through an Intake cell phone in each region or office depending on the geographic distances. If the referral is determined to be a Priority 1 or 2 the on-call worker will make the first contact with the

child victim. Priority 3 referrals may be handled by the on-call worker or be assigned to a regular CPS caseworker the next business day.

Coordination with law enforcement agencies is mutual. If law enforcement receives a call that fits the criteria of child abuse or neglect a copy of the police report is faxed to the appropriate office for a child abuse and neglect investigation. If Child and Family Services receives a report that involves criminal activity the information on the investigation is faxed to law enforcement. Law enforcement and Child and Family Services work together on many investigations, especially sex abuse investigations. Utah has 15 Children's Justice Centers where child victims can be interviewed in a safe child-friendly environment. The centers help coordinate investigation and prosecution of child sex abuse cases. They also provide referral services to victims' families. Children are usually interviewed by law enforcement. The interviews are video and audio recorded enabling professionals from any agency involved to use the interview in their investigation.

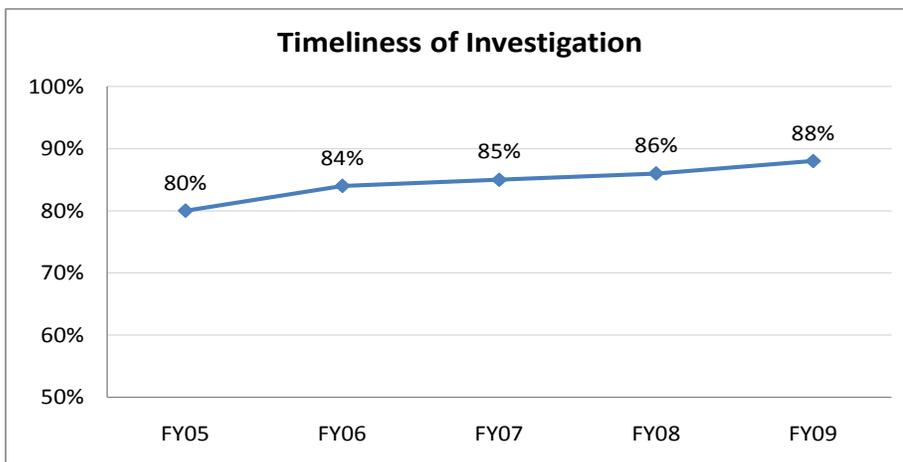
At the conclusion of a CPS investigation, a finding is made for each allegation identified at the time of Intake or identified during the investigation. Each alleged victim in the case is linked to a specific allegation or allegations and to an alleged perpetrator or alleged perpetrators. Case findings are determined as follows:

- A case finding of Supported is used when there is reasonable basis to conclude that abuse, neglect, or dependency occurred, even if the alleged perpetrator is unknown.
- A case finding of Unsupported is used when there is insufficient evidence to conclude that abuse, neglect, or dependency occurred.
- A case finding of Without Merit is used when there is evidence that abuse, neglect, or dependency did not occur or that the alleged perpetrator was not responsible.
- A case finding of Unable to Locate is used in the following two situations: a) The CPS caseworker was unable to complete the face-to-face contact with the alleged victim and b) The CPS caseworker made all reasonable efforts to locate the child and was unable to do so.
- A case finding of Unable to Complete Investigation is made when the child and/or family move outside the state and a request for courtesy work is requested and declined and there is insufficient information to make a finding, or when the child and/or family move outside the state after the face-to-face contact is made with the child and there is insufficient information to make a finding because the whereabouts of the child and/or family are unknown, or when the child and/or family move within the state, the face-to-face with the child was made but there is insufficient information to make a finding and the whereabouts of the child and/or family are unknown.
- A case finding of False Report is made when the CPS caseworker finds that the report of abuse, neglect, or dependency was made by a referent who "more likely than not knew that the report was false at the time the person submitted the report."

In Utah any party to an investigation can request a court hearing. When a filing is made with the court of a petition by Child and Family Services or any interested person they must inform the court, among other things, that the division has made a supported finding that a person committed a severe type of child abuse or neglect. The court then makes a finding of substantiated, unsubstantiated, or without merit. A court finding solidifies the findings of the case. If the alleged perpetrator protests innocence he or she can take the case to a court hearing. If the court upholds the Supported finding of Child and Family Services the finding is changed to substantiated to delineate that it was reviewed by the court and upheld. If the court changes the finding that change is reflected in the SAFE database.

Utah does not currently have a differential response. As stated in the introduction, a differential response (alternative response) was being piloted when the first round of the CFSR was conducted in 2003. It was discontinued because rather than allowing Child and Family Services to work with families that they were already working with in a different way, the law defining the pilot did not allow it to be used with the current population served, families with children who had been abused or neglected. Instead it added an additional population, children who appeared to be at risk for abuse and neglect or families who might benefit from services. The pilot was abandoned because the resources were just not there to serve a population outside of the one currently being served.

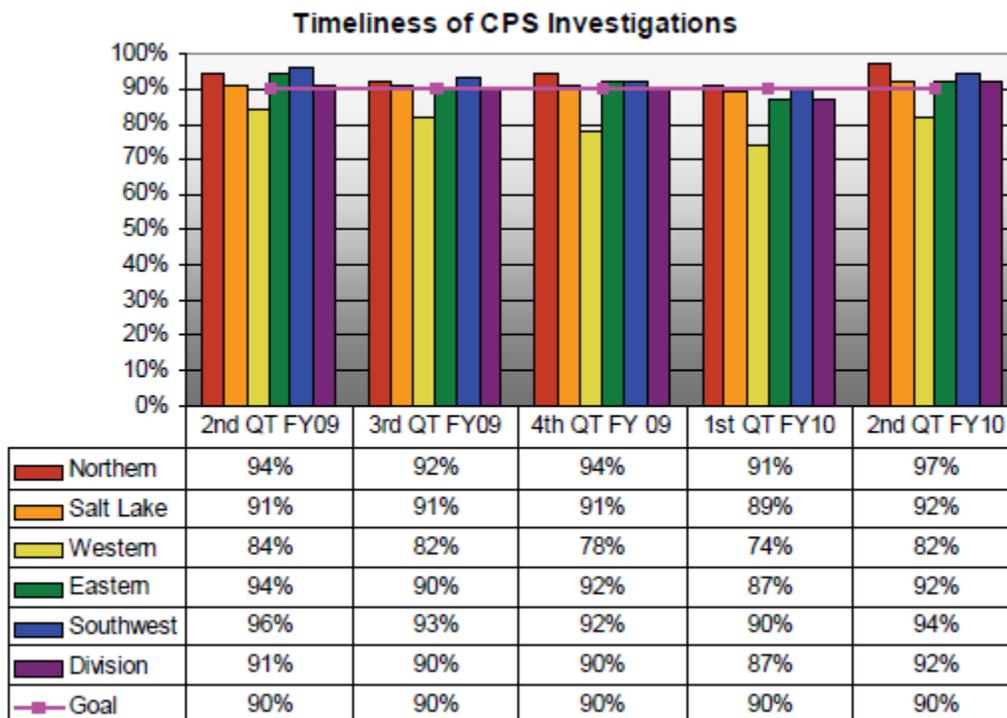
Measures of Effectiveness: Utah has improved in investigating CPS referrals. In FY05 only 80% of the investigations were initiated within the timeframes set by law. Over the past four years Utah has steadily improved and in FY09 the performance was 88%. The chart below shows the percent of CPS cases where the child who was the victim listed in the allegation was seen within the priority timeframe.



The following table shows the percent of investigations that meet the priority timeframe for face-to-face contact with the alleged victim by priority timeframe category.

Priority timeframe	Total	Total on time	Percent on time
1	6	6	100%
2	3,257	3,119	96%
3	16,840	14,578	87%
Total	20,103	17,703	88%

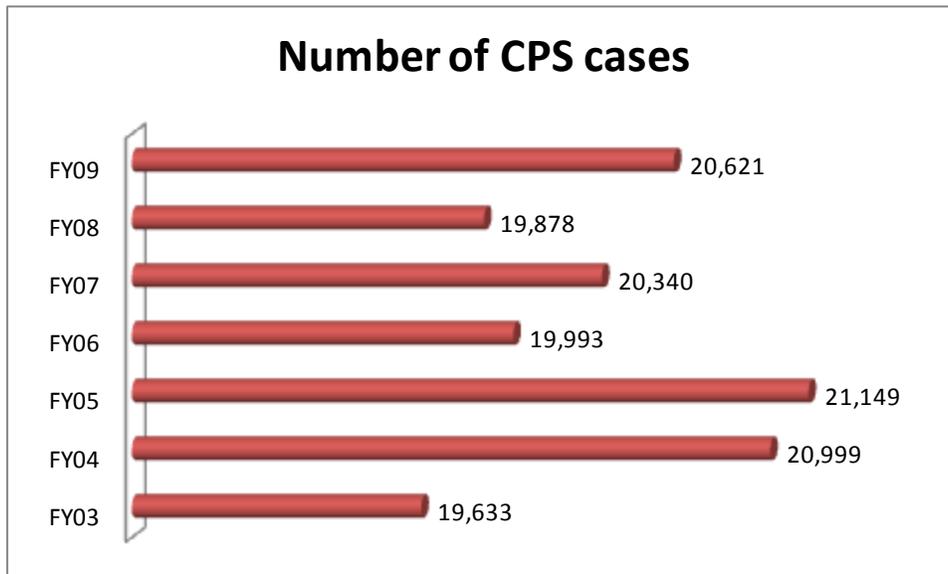
Promising Approaches: The Northern Region, which includes Weber County, has had an impressive score on timeliness of investigation. Over the past two quarters the Northern Region has been able to achieve a face-to-face contact with the child who is the subject of the allegations within the timeframe 96% of the time. In speaking with the Northern Region Administration they credit the excellent performance to workers coordinating as a team to make sure that priority timeframes are met. The workers in the office identify the children that need to be seen within the priority time frame according to the location and make sure that the face-to-face contact with the child is completed on time. By working together, pooling information and resources, time and energy are not wasted. Workers coordinate with each other so that if there are other visits that can be made they are all done with one trip by one worker. Workers have also maximized work hours by making stops on their way to and from work to see children. In other words they do whatever it takes to see the child within the priority timeframes. Below is a chart showing the timeliness of investigations. As you can see, Northern Region is the top performer.



Strengths and Barriers: Supervisors and other administrators throughout the state use data, which can be accessed in real time. Data can be extracted all the way down to the

worker level as well as team, office, region, and state. Data is used in staff meetings to talk about how effective the teams are performing and what went wrong when the priority is not met. Teams strive for perfection, especially in this measure that directly relates to a child’s safety.

The number of CPS cases investigated has not significantly changed over the last seven years. The timeliness of the investigation has steadily improved.



Item 2: Repeat Maltreatment.

How effective is the agency in reducing the recurrence of maltreatment of children?

This item was rated “area needing improvement” in the first round of the CFSR. 91% of the on-site review cases passed this item but the state did not meet the national standard for repeat maltreatment. At the time of the first review 7.7% of the children experienced a recurrence of maltreatment. The standard at the time was 6.1% or less. In the second round of the CFSR Utah is still not passing this data indicator with a score of 93.9%. The standard is 94.6%.

: When Child and Family Services receives information regarding a new incident of abuse, neglect, or dependency on a family or child receiving ongoing services, a new referral is generated and a CPS caseworker conducts the investigation. The CPS caseworker and ongoing caseworker collaborate to ensure that the investigation is conducted in the best interest of the child. The CPS caseworker may ask the ongoing caseworker to complete some of the requirements on of the CPS case.

Utah is one of only a few states that have defined domestic violence in the presence of a child (Domestic Violence Related Child Abuse) as child abuse. According to Utah State law, a person is criminally liable for committing domestic abuse in the presence of a child; therefore, such conduct may result in Juvenile Court intervention and an abuse record in the Child and Family Services database. Domestic Violence Related Child Abuse includes the potential for or actual injury to the child during a domestic violence episode and violent physical and/or verbal altercation between adults, witnessed by a child.

Domestic Violence Related Child Abuse and Neglect are the two allegations most often seen in the repeat maltreatment data. Our Practice Guidelines require that a new CPS investigation be initiated if there are allegations of abuse or neglect while an ongoing case is open. This practice gives rise to the question in a chronic neglect case of whether or not the neglect is a new incident or if it is a chronic, ongoing situation of neglect.

Changes in Performance and Practice: Utah is in the process of implementing a Safety Decision Making Model (Safety Model). The Safety Model itself was developed several years ago. We are now in the implementation phase. The Safety Model is a way of looking at the situation of the child and family and assessing the following:

- Threats of harm.
- Child vulnerabilities.
- Parents' protective capacities.

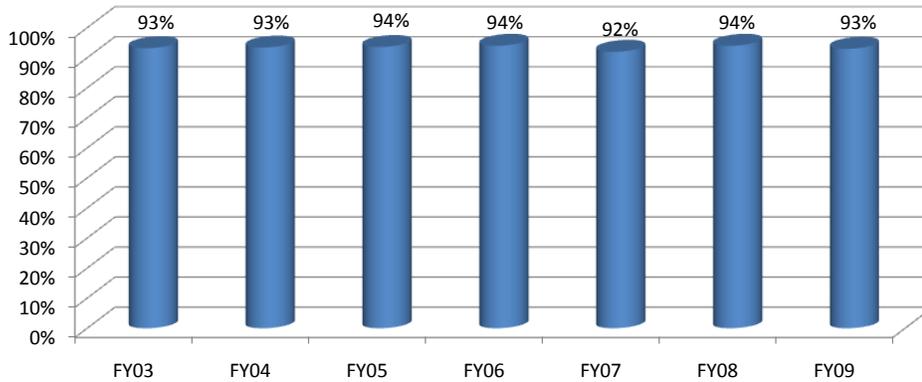
When these three areas are assessed, the caseworker can determine if there is an immediate safety risk to the child and what can be done to mitigate it. The Safety Model is intended to be used throughout the time we are working with the family and will guide the caseworker in determining what level of intervention is necessary at any given time.

Utah CPS caseworkers help families connect with community resources and supports. Among those supports is a network of 11 Family Support Center crisis nurseries that provide a home-like environment where parents can bring their children in times of crisis, stress, or emergency and can leave them for up to 72 hours at a time. This gives parents time to regroup and regain control. The nurseries are primarily intended to prevent abuse.

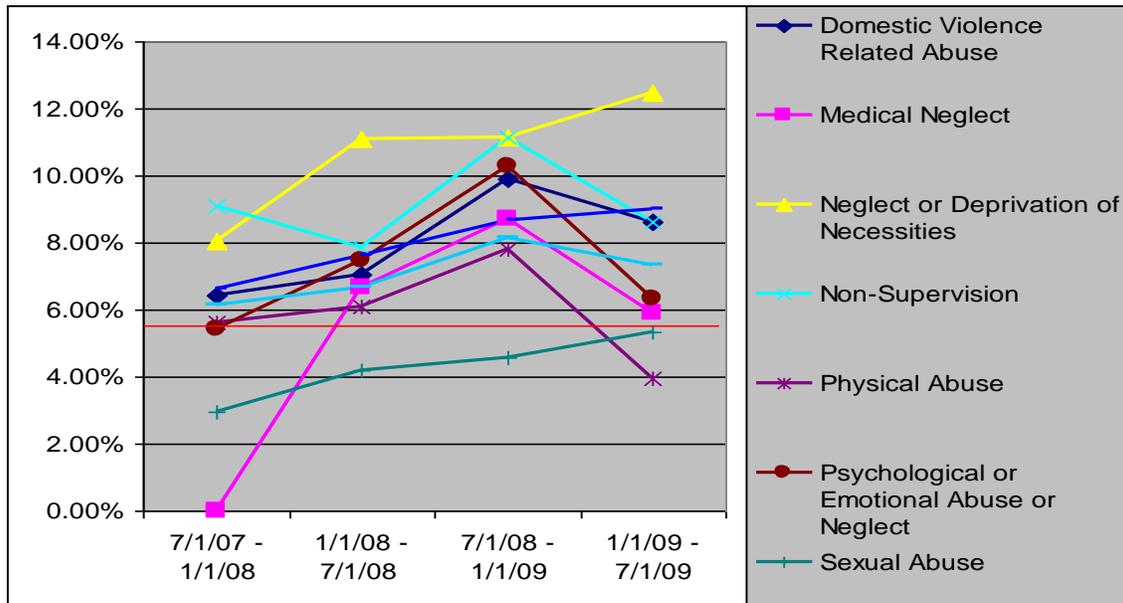
Allies for Families is another support available to families. This group works with families who have a family member with mental health issues. In 2009, Allies for Families was awarded a grant to work with families who are involved in the child welfare system.

There are several processes in place to ensure the safety of children in foster care. Foster parents are required to submit to annual background checks including fingerprinting and an abuse and neglect record search in any states where they have lived in the past five years. Utah also uses a dual home study, which combines the foster care and adoption home study into one at the adoption standard. If a family does not qualify to adopt a child they do not qualify to foster a child. The standards are the same.

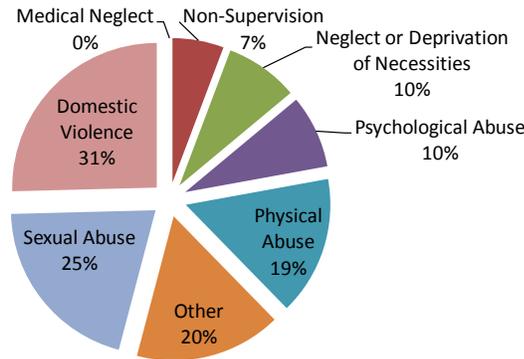
Measures of Effectiveness: The number of children who do not experience repeat maltreatment is shown in the graph below. This number has remained relatively stable over the past seven years since the first CFSR in Utah.



A study was recently done to determine if any category of abuse resulted in more repeat maltreatment than another. The chart below shows the percent of children with a subsequent supported CPS case within six months broken out by the allegation on the first case. The higher the line, the higher the percentage of children with a subsequent CPS case.

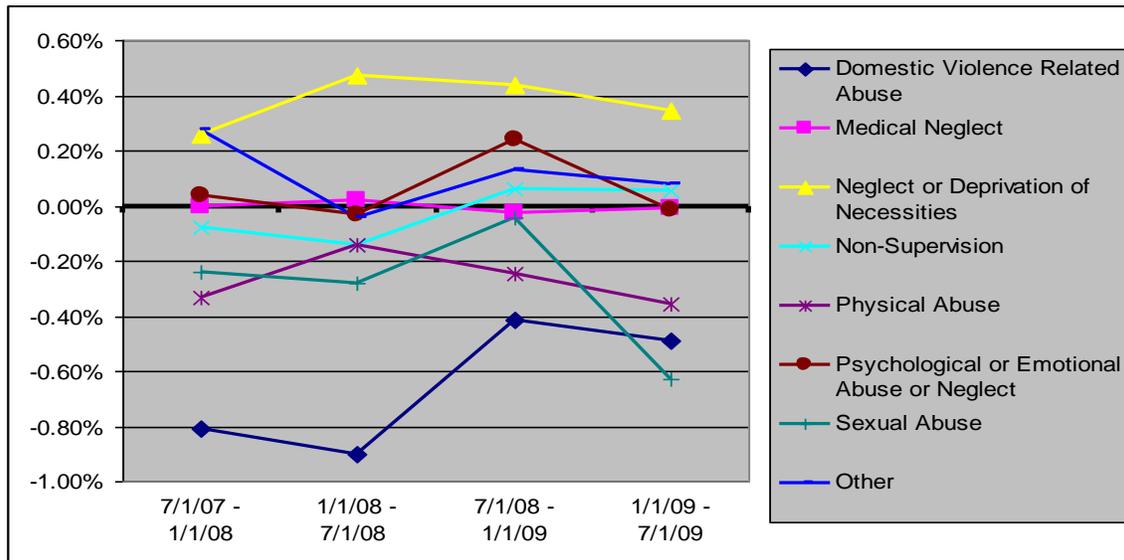


This chart shows the percent of each allegation type for FY09.



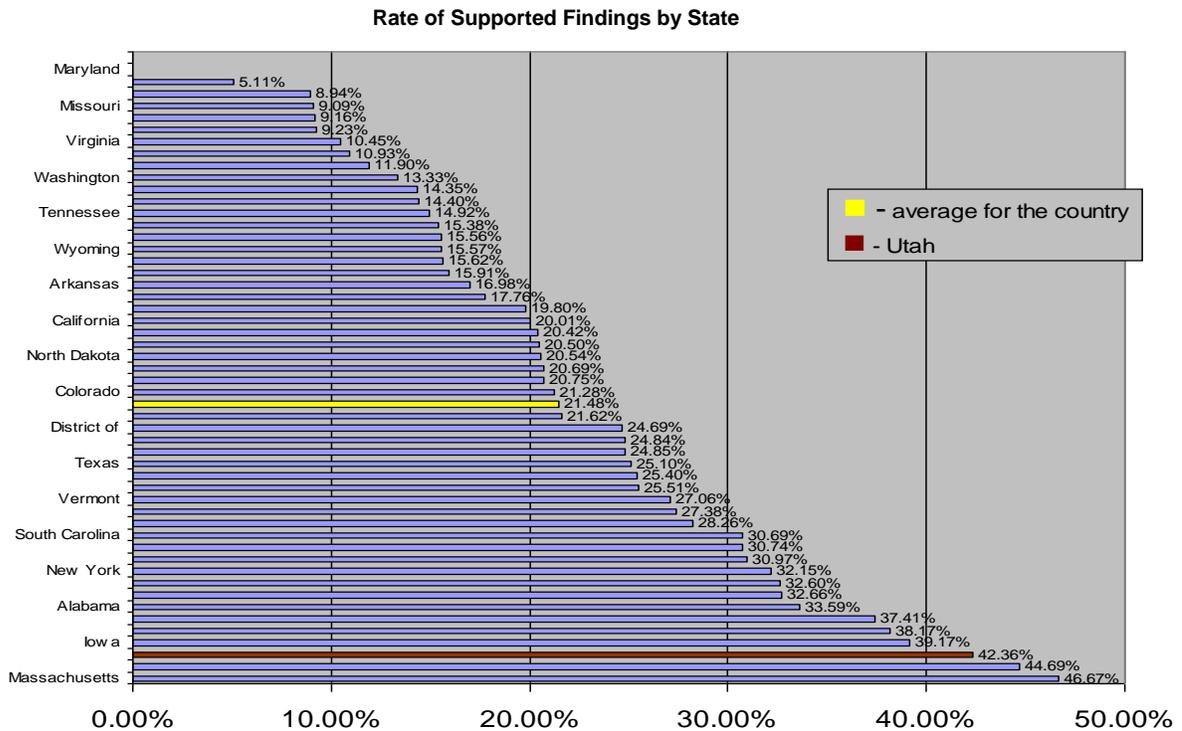
The following chart shows the percent that the rate of children without maltreatment would change if each category was removed. The further each line is from zero, the greater the influence on the overall rate. Positive change moves the rate closer to our goal. Eliminating cases of Neglect or Deprivation of Necessities would increase the number of children without maltreatment more than any other category. This analysis was done to see if there was any validity to the argument that Utah has a broader definition of abuse and neglect and therefore has a higher repeat maltreatment rate. This study showed that eliminating categories of abuse allegations would not significantly affect the repeat maltreatment rates.

The percent that the rate of children without maltreatment would change if each category was removed.



Strengths and Barriers: Utah has a high rate of supported findings as compared to other states (see chart below). In working to lower our repeat maltreatment percentage we will be looking at this to see if there are modifications we need to make. We know that one of the challenges for Utah is the lack of well defined standards for determining if

home environment concerns (dirty house) rise to the level of child abuse. Another concern is whether or not subsequent incidents are just a continuation of the original referral or a new incident of abuse.



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

Item 3: Services to families to protect children in the home to prevent removal or re-entry into foster care.

How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

In the first CFSR this item was scored a strength with 96% of the cases reviewed passing.

State Practice Guidelines Requirements: The Utah CPS caseworker will use assessment to assist them during an investigation to determine the immediate protection, safety needs, risks, and services needed by the child and family. The CPS caseworker considers the issues of enduring safety and permanency (long-term view) in making these decisions and providing all parties with due process of the law.

Changes in Performance and Practice: In 2003, the Utah State Legislature passed a law that required CPS caseworkers to obtain a warrant to remove a child from his/her home for neglect or abuse if the child was not at imminent risk. In 2006 this additional clarification to the law was made. This significantly changed the practice of CPS. The Utah child welfare system now has in place protocol for obtaining those warrants at any time. This change in law required Child and Family Services to put in place a safeguard for keeping children in their homes if at all possible. The implementation of the Safety Model will further enhance CPS caseworkers' capacity to determine the safety needs of the child and what resources of the family can be accessed to keep the child safely in the home. The Safety Model is intended to provide a guide whereby the caseworker can identify threats of harm, the child's vulnerabilities, and the caregivers' protective capacities and then link the family with the supports and services to increase safety.

There are a number of services available to families who have identified threats of harm such as substance abuse issues. Utah now has a number of dependency drug courts throughout the state. These drug courts are an avenue for substance abuse treatment and give parents with substance abuse treatment needs a priority in obtaining treatment services. Utah has several mothers and children's inpatient substance abuse treatment programs where children live with and participate in treatment with their mother. Utah also has one of the few fathers and children's residential treatment programs. This is located in Salt Lake City. These programs work closely with Child and Family Services to provide the treatment these families need.

There are a number of faith-based community services available to help families who are struggling with poverty to provide for their children. These include LDS Family Services, Catholic Community Services, Jewish Family Services, and the Lutheran Church. Different groups focus on different needs of the community.

The Church of Jesus Christ of Latter-Day Saints (LDS Church) has their own welfare system that is available to members. Approximately 60% of Utah's population are members of the LDS Church. The LDS Church also extends some of its assistance to non-members. The LDS Church welfare system has three components. The first is an employment center. Many Utah employers list job openings with LDS Employment. The service is free. The employment centers also offer assistance to job seekers on writing resumes and interviewing. The second component of the LDS Church welfare system is assistance with basic needs. The LDS Church maintains a number of church welfare farms that produce everything from peaches to beef. They also maintain a dairy farm. Commodities are distributed through Bishop's Storehouses, which in Utah are set up as small stores. The LDS Church also offers these commodities in areas outside of Utah. However, with the largest LDS Church population in Utah, it is more elaborate here. A family needing help requests it from their Bishop who is their local ecclesiastical leader. If the Bishop finds a need he then requests that a Bishop's Storehouse order form be completed. The Bishop's Storehouse can provide all of the food that a family needs to sustain themselves including beef, chicken, and pork, dairy products, bread, cereal, fresh fruits and vegetables, and many canned goods. What is not produced by the church members through the welfare program is purchased using fast offering funds collected once a month from members. The third component is LDS Family Services that provides

mental health services that can be paid for in whole or in part by the LDS Church. These services also include adoption services. Families receiving assistance from the LDS Church are expected to contribute their time and energy in return for the assistance. The LDS Church also operates Deseret Industries, which is a second-hand store. They use this as a vehicle to train individuals in a variety of jobs including furniture making, which is then sold at the store.

Catholic Community Services provides a different type of services including a shelter for women and children and support services for women and children in poverty. They also run soup kitchens to provide meals for the homeless. Jewish Community Services provide after school programs for youth and day care as well as other programs. Other churches are also involved in community support. Utah now has an “Alliance for Unity” group that brings together high level individuals from religious, governmental, services organizations, and business to work across cultural, religious, and community boundaries for the common good of the people of Utah. This group is an exciting addition to the services available to families in Utah and helps to coordinate the efforts of the various churches and many of the private non-profits agencies in Utah.

One of the Utah Child and Family Services initiatives is the improvement of In-Home Services across the state. We are partnering with Casey Family Programs in order to find an In-Home Services model that fits with our Practice Model and can guide caseworkers as they provide services to families to keep children safely in their homes. One model that has been successful in the Eastern Region of Utah is the Systems of Care, which is modeled after Wraparound Milwaukee.

Item 4: Risk Assessment and Safety Management.

How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

This item was scored a strength in the first CFSR with 90% of the cases reviewed passing.

State Practice Guidelines Requirements: Utah’s Child and Family Services has used a risk assessment in all CPS cases for many years. The risk assessment is found in our SACWIS system (SAFE) and has been required for case closure.

Changes in Performance and Practice: The risk assessment completed in the CPS case is available to any caseworker assigned to an ongoing case with the family. It has been helpful in some ways but has not been useful to the extent that we would now like it to be. In 2007, Child and Family Services worked on the development of a Safety Model. This model is briefly described above. The Safety Model was implemented through a single one-day training. There was little follow through and the Safety Model was deployed differently in different locations. Recently we determined that a better implementation plan was needed and a workgroup was formed. The workgroup found a

number of issues connected to the unsuccessful implementation. As they began to explore what was needed they looked at different systems that might bolster the Safety Model. Structured Decision Making was a model that looks very promising. The workgroup included community partners who could help to implement the Safety Model using Structured Decision Making tools into more areas of child welfare, most importantly, the Juvenile Courts. As this Statewide Assessment is being written we have approval to purchase the package and will be doing so soon. We are excited to include this in the tools and training caseworkers receive.

An additional element in this item is abuse in foster care. There has been an evolution in handling reports of abuse or neglect in foster care. Several years ago these investigations were conducted by an independent contractor separate from the DHS. For the last couple of years the investigations have been handled by the Office of Services Review (OSR) Related Parties Investigation unit. OSR is an office within the DHS. Recently, a bill in the 2010 Legislative session passed moving this function back out to a competitive bid and the selection of a contractor once again. There are some concerns with this. The law states that the contracted agency or individual fulfill all laws and policies required of Child and Family Services including timeframes for face-to-face contact with the alleged victim in all parts of the state. In the past, CPS workers have been the back-up for meeting this requirement. It also requires that the contracted agency investigate all allegations of abuse, neglect or dependency where a child in state custody is the alleged victim, whether or not the foster caregiver is the alleged perpetrator. This will significantly increase the workload of this contracted agency.

Measures of Effectiveness: Utah passed the data indicator related to abuse in foster care in the first round of CFSR being right on the standard. With the increase in performance and consequently the rise in the national standard Utah is not meeting the goal at this time. One of the difficulties Utah faces is the small number of children in foster care at any given time. In federal fiscal year 2009 Utah had 4532 children in foster care during the year. Thirty-one of those children suffered abuse or neglect while in the custody of the state. In order to meet the standard for this indicator Utah could have no more than 14 children abused or neglected in foster care in FY09. We missed that mark by 17 children. No abuse or neglect in foster care is acceptable and Utah is working hard to meet the needs of the children and the foster parents who care for them.

	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09
Number of Children Served in Foster Care	3643	3710	3898	4084	4224	4498	4487
Victims	15	19	18	12	48	28	31
Percent Not Abused	99.59%	99.49%	99.54%	99.71%	98.86%	99.38%	99.31%
Threshold to goal	11	12	12	12	13	14	14
Over/Difference	4	7	6	0	35	14	17

B. Permanency

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

Item 5: Foster care re-entries.

How effective is the agency in preventing multiple entries of children into foster care?

This item was an “area needing improvement” in round one of the CFSR with 71% of the cases passing. Two areas noted in the Final Report were the lack of Family Preservation services across the state and the lack of kinship placement supports.

State Practice Guidelines Requirements: Permanency planning begins during the CPS investigation and is managed by the Child and Family Team. Utah uses a number of supports to help families make a successful transition to reunification. Transition planning is stressed and at its basic level includes the use of trial home placements and an In-Home Services case following the foster care case. These two practices allow the caseworker to continue working with the family at gradually decreasing intensities. This strategy is routinely used across the state. The Child and Family Team guides this process, determining when to request that a trial home placement begin and when custody to the parent is returned. The Child and Family Team also guides the In-Home Services case and the intensity of the involvement with the family through this case. Utah works hard to keep the interaction with the family stable and for this reason caseworkers remain with the family from the foster care case through the In-Home Services case. A successful transition plan may include reunifying the children with their parents or legal guardian one or two at a time. It may include intense family therapy, the use of a peer-parent who provides in-home parenting coaching, and building informal support networks comprised of extended family members and others in order to maintain stability.

Changes in Performance and Practice: Utah has worked hard to reduce the number of children who re-enter foster care. Utah’s goal in the first round CFSR PIP was:

“re-entry into foster care will not occur for 73% or more of children reunified within the previous 12 months. The data indicator showing re-entry into foster care will be 9.75% or less. (Data indicator <8.6%)”

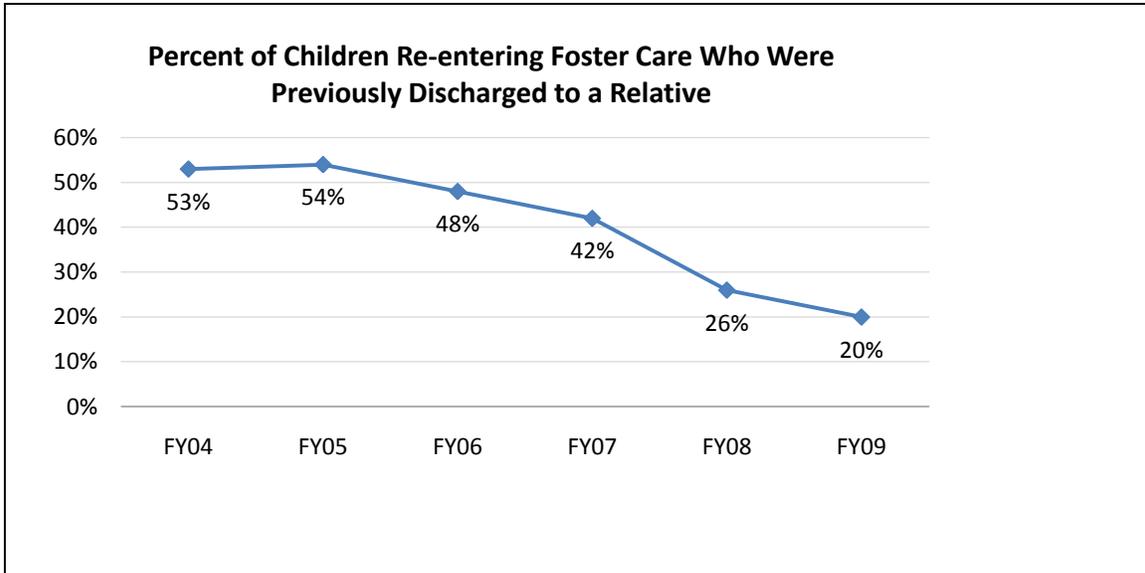
Utah was able to achieve this goal during the non-overlapping period. As data was gathered and analyzed after the first round of the CFSR, we learned that over 50% of our re-entries into foster care were coming from disrupted placement with kin. The practice at the time was to look for kin of the child after the removal from the home. Often at the shelter hearing kin would come forward willing to take custody of the child. Judges were placing the child in the temporary custody and guardianship of the kin and ordering that Child and Family Services provide services through an In-Home Services case to assist with reunification efforts. Kin providers were able to obtain some financial support through the Department of Workforce Services (DWS) program with a Specified Relative Grant. This grant provided a small amount of money on a monthly basis for the care of the child. The child was also eligible to receive a Medicaid card. Many caseworkers knew little about the Specified Relative Grant since it was identified through the DWS Family Employment Program. They were not able to be of much help or support to the kinship caregiver. There were little or no supports for these providers. Many of them felt overwhelmed and after only a short time they would contact Child and Family Services and ask that the child be taken back into state custody and a foster family found.

As we looked at this situation we determined that kinship caregivers needed the same level of supports and services that foster parents were receiving, if not more. They also needed more financial support than the Specified Relative Grant provided. Child and Family Services worked with the courts to implement another process for placing children with relatives while the state maintained custody. The strategy included working with the courts, the attorneys, the Utah Foster Care Foundation (UFCF), and with our own staff. Legislation was drafted to allow placement of children with their close relatives while keeping them in state custody. First, we determined the need for an “emergency” placement with kin. This would allow caseworkers to place with a relative quickly when a child was removed. Legislation was required to allow these emergency placements. The law defined the activities that needed to be completed before an emergency placement could be made. In 2008, Utah State law was amended to allow children to be placed in a Preliminary Placement, which is a foster care placement, with a non-custodial parent, relative, or licensed foster parent who is a friend or extended relative of the custodial parent or guardian. The requirements to make these types of placements include:

- Background screening on all persons 18 years of age and older living in the home.
- A limited home inspection.
- An assessment of safety which includes:
 - Specific and observable threats of harm.
 - Vulnerabilities of the child.
 - The protective capacities of the kinship caregiver and their support system.
- Reference check that asks:
 - How familiar the individual is with the kinship caregiver.
 - If the individual would recommend the placement of a child in the home of the kinship caregiver.
 - The kinship caregiver’s capacity to care for a child, and knowledge of the kinship caregiver’s interaction with the child.
 - If there are other relatives or friends to consider as placement.

- Other information that will assist the caseworker in assessing the appropriateness of the placement.
- Signing of the Kinship Caregiver Agreement form.
- Participation in Child and Family Team Meetings.

Kinship Practice Guidelines include application for the Specified Relative Grant (financial and medical benefits) to the DWS within 10 business days after the child’s placement. Our data shows that re-entry into care from a release to relatives has declined significantly over the last five years.



As we worked to reduce the number of children re-entering foster care from a kinship placement we also looked at the other circumstances where children were re-entering foster care. Each individual case was reviewed and we found that among them were those cases where parents who had been using drugs relapsed and the court determined that the relapse was cause for returning the child to foster care. We also determined that there were not always safety concerns in these cases but rather the re-entry was used as a punishment. In working with these cases we determined that we could influence the court’s actions by discussing with the parent and planning for relapse in a Child and Family Team Meeting. If the Child and Family Team had a plan for relapse that was presented to the court prior to its occurrence the court was much more likely to allow the Child and Family Team to work the plan through.

The Statewide Aggregate Data for period 2008ab Utah score is 14.4% for measure C1-4 – re-entry into care in less than 12 months. The 25% for this measure is 9.9%. Utah is below the median, which is 15%.

Strengths and Barriers: After identifying the problems associated with the rate of re-entry into foster care during the last round of the CFSR, Utah worked with the courts and with the UFCF to change the way that kinship care was done. Judges were asked to take time in placing children with relatives. The practice of licensing kinship providers was

defined and instigated. The UFCF was also enlisted to help train and support kinship placements. There has been a rise in the percentage of new licensed resource families that are child-specific or relative homes over the past five years of 28%. A child-specific home is one that is licensed for a specific child or sibling group. Generally they are a family friend or someone who has a relationship with the child. See the chart below:

Percent of New Licensed Resource Families that are Specific or Relative Homes

	FY05	FY06	FY07	FY08	FY09	FY10 (Jul-Dec)
Northern	14%	38%	41%	47%	39%	43%
Salt Lake	25%	39%	48%	46%	41%	42%
Western	32%	38%	49%	39%	39%	45%
Eastern	42%	41%	60%	54%	44%	48%
Southwest	15%	28%	31%	45%	32%	38%
State	25%	38%	45%	45%	39%	43%

Item 6: Stability of foster care placement.

How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care?)

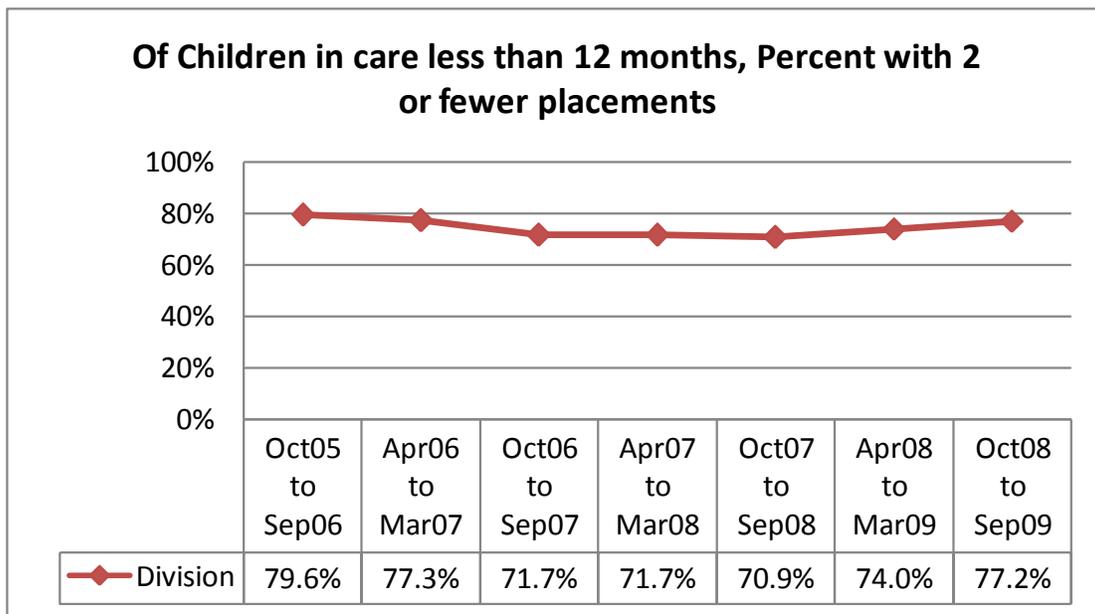
In the first round of the CFSR stability of foster care placement scored 69%. The Final Report identified the following issues: Inadequate assessment of foster parent’s ability to care for a large sibling group, inadequate assessment of a child’s treatment needs, and lack of services to support placements in foster homes when problems were encountered. The data indicator for stability of placement scored 80.1% with the standard of 86.7% or higher.

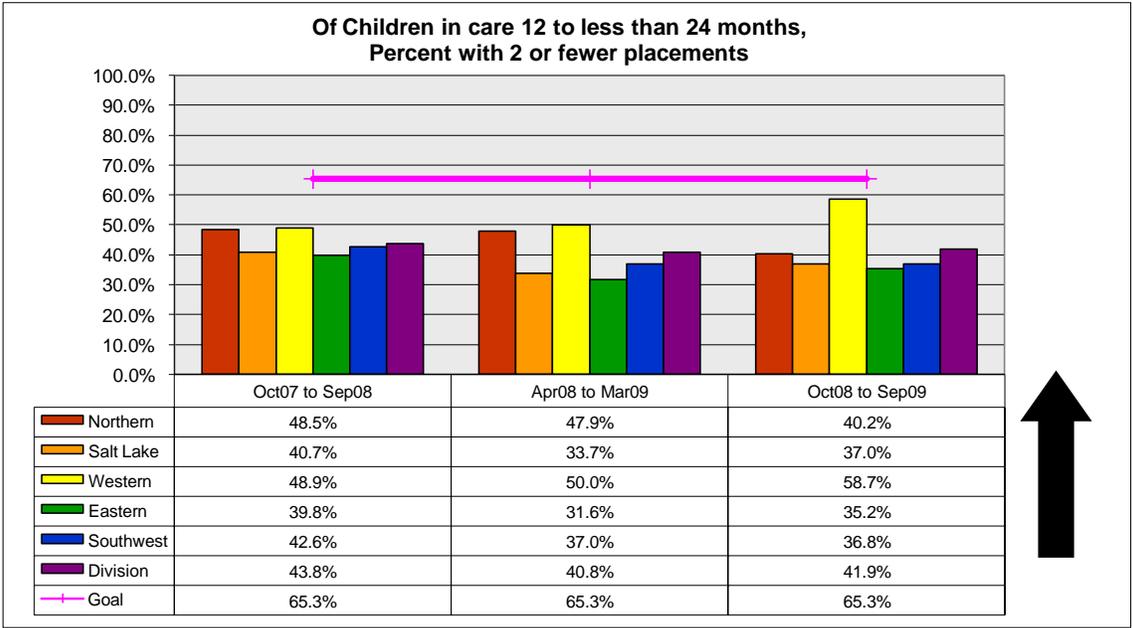
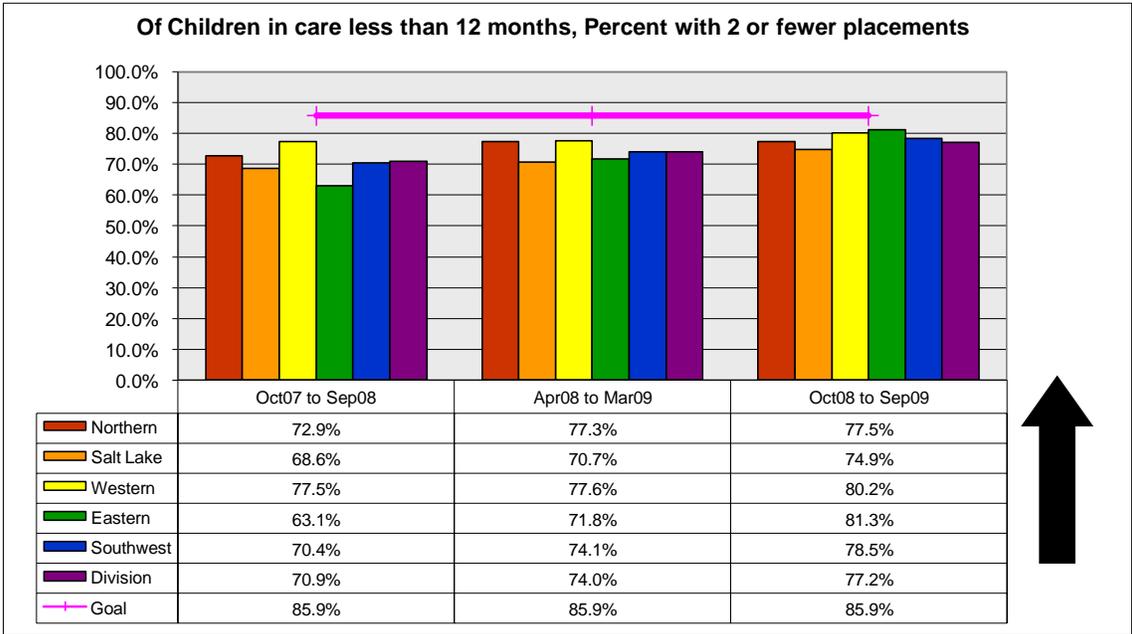
Utah is again not meeting the standard for placement stability, which now is three different measurements combined for permanency composite 4. The national standard for this composite is 101.5. Utah’s score is 71.9. We have a ways to go.

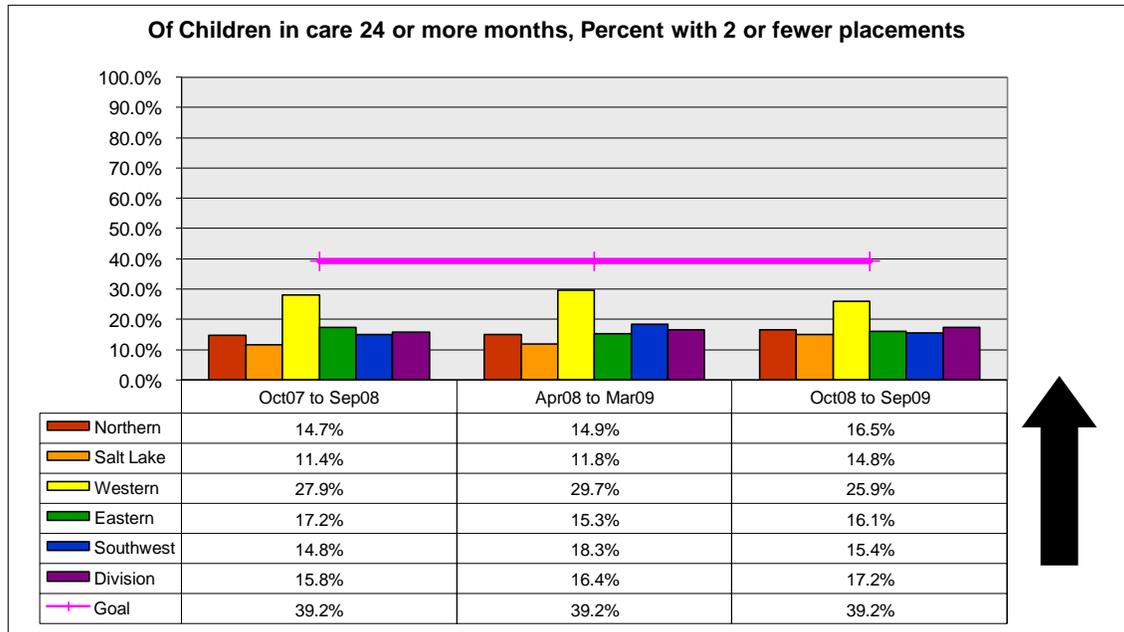
State Practice Guidelines Requirements: In Utah we look at stability in more than just the stability of placements. We also look at the stability of caseworkers throughout the life of the case and the continuity of school placement and community connections. In order to better support our foster care providers we have outlined in Practice Guidelines supports to foster care providers including respite care, mileage reimbursement, and at least monthly contact with the caseworker. Practice Guidelines were recently modified to allow foster care families to use non-paid respite care and babysitting if approved by Child and Family Services. This gives the foster parent more options than previously.

Changes in Performance and Practice: As previously stated, Utah has struggled with and continues to struggle with stability in foster care placements. Since the last CFSR we

have looked closely at our use of congregate care facilities. Utah has been fortunate to have the support of the Christmas Box International (CBI) organization. CBI built three shelter facilities that are “one-stop” assessment centers for children who are abused or neglected and who cannot safely remain in their homes. The Christmas Box Houses are located in Salt Lake City, Ogden, and Moab. While they have provided an excellent facility that allows most sibling groups to stay together and children to get the medical and dental health exams that are needed, they have added an additional placement change for any child who spends time at the facility. In 2008 Child and Family Services determined a need to change the culture surrounding the use of shelter placements. It had become common practice for CPS caseworkers to place a child removed from his or her home in a shelter and then turn the case over to a permanency caseworker to find a relative or foster care placement for the child. In analyzing the issues connected with placement stability it was determined that the use of “shelter placements” in Utah would be discontinued. Over the last year we have re-structured the use of the Christmas Box Houses and changed Practice Guidelines and procedures on the use of any shelter home or shelter facility. Practice Guidelines have been changed to reflect the philosophy that the first placement should not be a temporary placement but should be the best placement possible at the time. Crisis placement in temporary care facilities and homes is still available but is not to be viewed as routine. Our placement stability has increased since those changes have been made.







Strengths and Barriers: In looking at our own data we find that Western Region has greater placement stability than other regions and has maintained that lead over time. We believe that this may, in part, be due to the stability of their foster care providers. The Western Region is in an area of the state where family values are especially prized. There is also a support network for foster families that is evident. Utah Child and Family Services has Resource Family Consultants (RFCs) whose job it is to work with foster care providers to support them and make sure that they have what they need to care for the children in their homes. The RFCs in the Western Region are an especially helpful group. They work closely with their assigned families getting to know the families and their preferences and expertise with certain ages and types of children. The RFCs are available to help foster families sort through issues and find solutions and supports so that children do not have to be moved unnecessarily.

Item 7: Permanency goal for child.

How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

This item was an area needing improvement in round one of the CFSR with 66% of the cases reviewed scoring acceptable. The Final Report cited 1- confusion as to what the child’s goal was; 2- long-term foster care in place for several years without any effort to explore alternative goals; 3- the goal was not appropriate to the needs of the child nor realistic with respect to the potential for achievement; 4- reunification was maintained for too long, and; 5- TPR was not sought in accordance with ASFA timelines as reasons that cases failed on this item.

State Practice Guidelines Requirements: A permanency goal for a child must be selected within the first 45 days after the opening of the case. This is true in both foster care and In-Home Services cases. We also require concurrent planning in all child welfare cases. A primary permanency goal as well as a secondary permanency goal must be selected for each case within that first 45 days. Caseworkers are required to articulate in SAFE what those permanency goals are and, if the goal is not reunification, there must be a reason documented for the goal selected. Foster homes are licensed at the higher standard required for adoption so that, should the child not be able to return home, the foster family is able to adopt. This does not mean that the family is required to adopt but just that they are able to. . Progress toward achievement of the permanency goal is reviewed every six month in court. In addition, it is worth noting that Utah statute for achieving permanency has even tighter time frames than required by ASFA.

Changes in Performance and Practice: In Utah, concurrent planning is required in both foster care cases and In-Home Services cases. It is expected that the Child and Family Team will openly discuss the primary and secondary permanency goals in their meetings. It is common for In-Home Services cases to have a primary permanency goal of “Remain Home” and a secondary permanency goal of custody and guardianship with a relative or adoption.

The Practice Model Training introduced the term “Long-Term View” (LTV) as an important concept for successful child welfare practice. But it was only vaguely defined by the Court Monitor and lightly addressed in Practice Model Training The idea was that the caseworker and the family would identify a plan to move the family toward long-term independence from child welfare. There were many different ideas that had formed surrounding this concept. These were fostered by statements made to caseworkers and to regions by QCR reviewers. LTV is specifically measured by the QCR. Scores for this indicator were not progressing as many of the other indicators were. It was determined, approximately two years ago, that there was not a consistent understanding around this idea and that clarification was sorely needed. . We gathered information from the front-line through focus groups involving over 500 employees statewide. . Based on the input gathered in these focus groups and after working with the Office of Services Review who administer our annual reviews and Child and Family Services administrators we developed a concept of LTV that was easier and more helpful for workers to understand and apply. We defined LTV as “the path to enduring safety and permanency for children”. The Practice Improvement Team from the state office with the assistance of the Professional Development Team developed training on the LTV concept. This was then presented in strategic offices across the state. Most workers, supervisors and administrators participated in the training. The information was also added to the new employee training. In addition a new agenda for Child and Family Team meetings was developed which uses the Long Term View principles to guide the discussion in every Child and Family Team meeting. It ensures that teams discuss the primary and concurrent goals at every meeting (“destination”), how they plan to get there (“the path”) and the steps, transitions, and possible barriers that need to be addressed for success. When we have achieved enduring safety and permanency for the children we are ready to move out of the family’s life. These steps are what ultimately get us to the permanent living arrangement for the child whether that is to return or remain with their family,

adoption, guardianship to a relative or non-relative, or another permanent living arrangement specifically crafted for that individual child. We have had anecdotal reports that having a better understanding of the LTV and how to use it in case planning has helped caseworkers to focus better on what is needed in the case. It has also been reported that families better understand what they need to accomplish and as a result, cases remain open for a shorter period of time.

Measures of Effectiveness: The change in the scores for LTV on the QCR are shown below.

Long-term View	Baseline FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
Eastern Region	0%	50%	25%	50%	50%	63%	54%	65%	65%	88%
Northern Region	0%	29%	42%	25%	58%	71%	75%	92%	83%	83%
Salt Lake Valley Region	33%	37%	32%	41%	70%	54%	56%	73%	64%	78%
Southwest Region	26%	38%	38%	54%	88%	92%	83%	65%	75%	88%
Western Region	9%	26%	26%	50%	50%	68%	54%	71%	65%	54%
Overall Score	21%	36%	32%	43%	65%	65%	63%	73%	69%	78%

The table below shows the number and percent of children under each permanency goals and concurrent permanency goals on February 10, 2010. One hundred eighty-three children (6.7%) did not have a permanency goal recorded in the SAFE database. These cases are in the process of creating a Child and Family Plan and determining primary and concurrent permanency goals. Most of them are within the first 45 days of the case. In the table below the primary permanency goal is in grey while the concurrent goals associated with those primary permanency goal are in shades of yellow.

Goal	Concurrent Goal	Number of Children	Percent
No Goal		183	6.7%
Reunification		1224	45.0%
	Adoption	711	
	Guardianship (non-relative)	55	
	Guardianship with Relative(s)	239	
	Individualized Permanency	219	
Individualized Permanency		684	25.2%
	Adoption	72	
	Guardianship (non-relative)	315	
	Guardianship with Relative(s)	158	
	Reunification	138	
Adoption		508	18.7%
	Guardianship (non-relative)	234	
	Guardianship with Relative(s)	180	
	Individualized Permanency	92	
	Reunification	2	
Guardianship with relative(s)		68	2.5%

	Adoption	25	
	Individualized Permanency	40	
	Reunification	3	
	Guardianship (non-relative)	52	1.9%
	Adoption	9	
	Individualized Permanency	39	
	Reunification	4	
	Total Children	2718	

Strengths and Barriers: Two years ago, through the process of the QCR it was discovered that the goal of Individualized Planned Permanency, Utah’s version of another planned permanent living arrangement, was being used in a creative way as a work around for some of the strict timeframes that Utah has established to achieve permanency for children. In Utah, a permanency hearing must be held at eight months for children 36 months or younger and 12 months for children over age three years as is required in ASFA. In addition, Utah law does not allow reunification services to be provided to parents after 12 months unless there is substantial compliance with the service plan known as the Child and Family Plan. If there is substantial compliance then a 90-day extension can be made so that reunification services are extended to 15 months. Under no circumstances can reunification services be provided after 15 months. We found that in some cases, attorneys were counseling caseworkers to change the permanency goal to Individualized Permanency when the parents were close to reunification but had used up their time. The caseworker would then continue to work on reunification and the child would remain in the foster care placement or the trial home placement. This year in our Legislative Session we asked that a bill be introduced that would allow for an additional 90-day extension so that parents can complete treatment programs and be better able to safely care for their children in their home. HB238 was passed and will go into effect in May 2010.

Item 8: Reunification, guardianship, or permanent placement with relatives.

How effective is the agency in helping children in foster care return safely to their families when appropriate?

Utah scored 72% on this item in round one of the CFSR classifying it as an area needing improvement.

State Practice Guidelines Requirements: Reunification is the first primary permanency goal in all foster care cases unless there is a compelling reason for it not to be. On February 11, 2010 Utah had 1224 children, 45.03%, with the permanency goal of reunification. Reunification must occur within 15 months or reunification services must be ended in Utah. For children under age three years, reunification must occur within eight months. These deadlines are in place so that children can have permanency within a family and not languish in foster care. However, they put a great deal of pressure on

the team working with the family to get them where they need to be in order for successful reunification to occur.

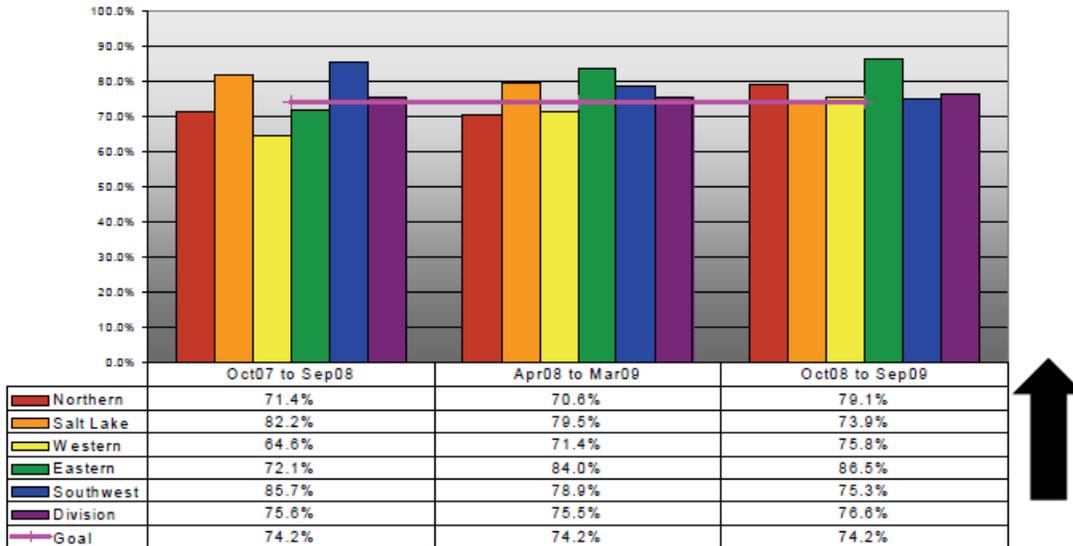
Changes in Performance and Practice: On February 23, 2010, in approximately 53% of the foster care cases the caseworker indicated that drugs or substance abuse was a contributing factor. In Utah, there are seven dependency drug courts. These courts are focused on getting the parent the substance abuse treatment they need to be able to safely care for their children. When a parent is in dependency drug court they have priority and funding for drug treatment programs. They are in court once a week to report on progress and receive support and praise for the positive work that they are doing or to be held accountable when they do not move forward in treatment. There are a number of drug treatment programs in the state where children can remain with their parent in the drug treatment facility. Utah has one of the only programs of this nature geared towards fathers. It is located in downtown Salt Lake City. The mothers and children or fathers and children programs are an important piece in the effort to keep parents and children together through the child welfare and drug treatment processes, which have quite different timelines. Inpatient drug treatment programs generally take about 18 months to successfully complete while reunification in Utah must be attained in eight to 12 months with the possibility of a 90-day extension if the parent is progressing well. The process of reunification in Utah starts with the Child and Family Plan, which is required within 45 days of the beginning of the case. When children are placed with their parent in a drug treatment facility it is usually done through a trial home placement. However, some judges will allow the parent to retain or regain custody of the child while in the treatment program.

During the case, monthly visits to the parent by the caseworker are required. Visits between the child and the parent are to occur at least weekly with more visits occurring if at all possible. Trial home placements are used to transition the child back to the parent and subsequent In-Home Services cases also help to support the family as they obtain enduring safety and permanency.

Kinship placements are emphasized in Utah. In 2000, legislation was passed that gave kin a 120-day preference for placement. In 2006, Utah law gave caseworkers the ability to place a child with kin quickly after it is determined that they cannot safely remain in their home. Initially this was termed “emergency kinship placement”. In 2007, this practice was renamed “emergency placement”. This modification set an order of placement preference and included a family friend designated by the parent if they were licensed foster care providers. This type of placement is now called “a Preliminary Placement” and is a precursor to the relative or family friend becoming a licensed foster parent. These placements will be described in more detail in item 15.

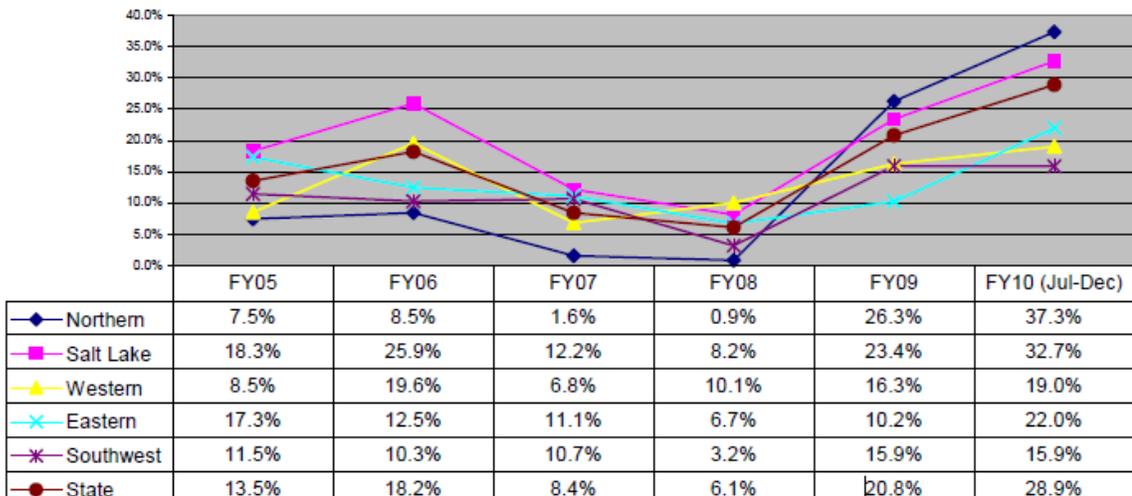
Measures of Effectiveness: Measure 1 of this composite is of all children discharged from foster care to reunification who had been in foster care for eight days or longer, and what percent were reunified in less than 12 months from the date of the latest removal from home. There is no national standard set for individual measures; however, the national 75th percentile on this measure is 74.2%.

Percent of Children Who Reunify in Less Than 12 Months



The data below show the percent of children removed from home and initially placed with unlicensed relative caregivers (Preliminary Placements). These data include all removals from CPS where a child was removed and released and all children who were placed in foster care. The percentages drop in 2007 when the Adam Walsh Law was passed and implemented. However, with the changes to the Utah State statute that coincided with that law in 2008 and the implementation in June 2008 of allowing placements with unlicensed relatives, we see that the percentages have increased.

Percent of Removals Where First Placement was with Unlicensed Relative



Item 9: Adoption.

How effective is the agency in achieving timely adoption when that is appropriate for a child?

This item scored 89% in the first round of the CFSR and was therefore considered a strength.

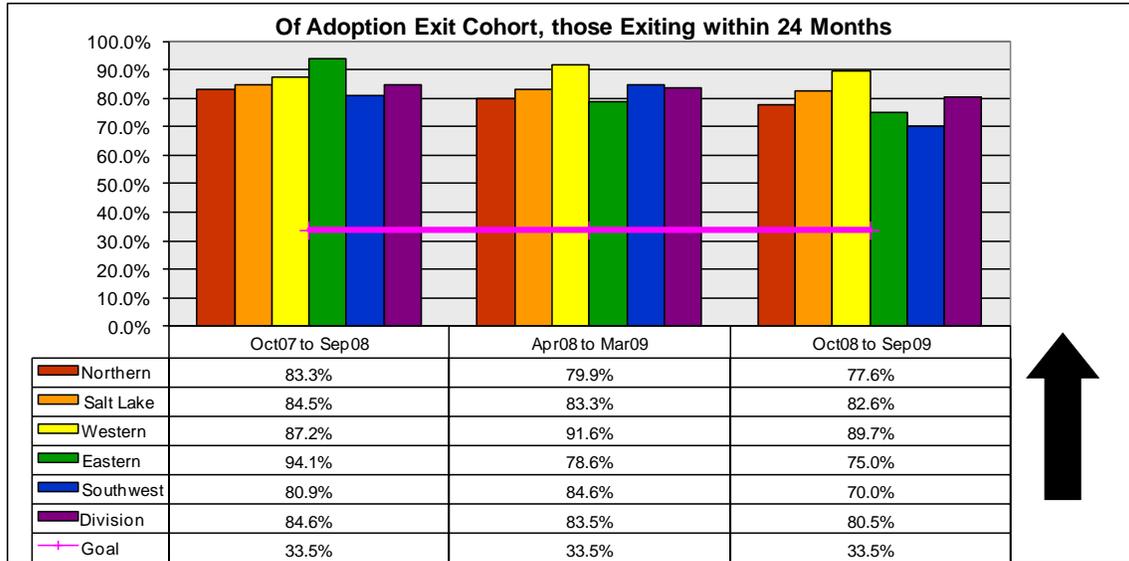
State Practice Guidelines Requirements: Utah has been a leader in timely adoption for a number of years. Utah law supports us in moving children quickly to adoption should the goal of reunification be unsuccessful. The permanency timeframes in Utah are 12 months for children age three years and older. For children to age three years the permanency time frame is eight months. When the child has been in the custody of the state for the designated amount of time reunification services must be discontinued. If the parent is doing well on the Child and Family Plan requirements, then a 90-day extension to the permanency timeframe can be given. Recently an additional 90-day extension was added to state law that can be granted if the parent is close to completing the requirements needed to reunify with the child.

Changes in Performance and Practice: Over the last five years the percentage of adoptions that occur within 24 months of the removal of the child has remained at 80% or more. There are several reasons that have made timely adoption possible.

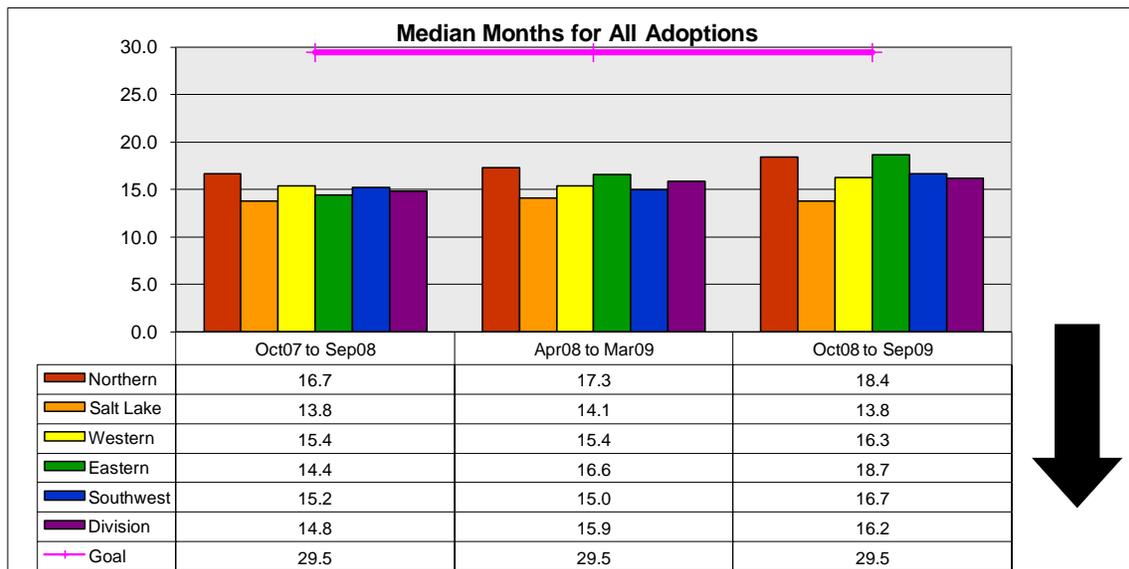
- The CIP in 1997 addressed the backlog of Juvenile Court cases. With the additions of Juvenile Court judges and attorneys, Utah has continued to process permanency hearing for children in state custody in a timely fashion.
- Permanency hearings are held at eight months for children three years old and younger and at 12 months for children older than three years of age. Reunification services can only be extended for 90 days if the court can be presented with substantial evidence that the child will be able to be reunited with their parent in the extended time period. With the passing of HB238 in the 2010 Legislative Session, an additional 90-day extension can be granted if there is “clear and convincing evidence” that the parent is substantially complying with the Child and Family Plan and if reunification is likely within the extension period.
- In Utah, court hearings to terminate parents’ rights are not as drawn out as in many states. Because the parent is working in the context of a Child and Family Team, parents are aware when they are not attaining their goals for reunification and many parents voluntarily relinquish their rights. In cases where Termination of Parental Rights (TPR) goes to trial, Utah laws have established legal parameters that help define grounds for termination. While a parent has the right to appeal a court decision to termination of their rights, few appeals are upheld.
- In Utah, a dual home study is used for foster care licensure and adoptive home approval. Foster families are licensed at the higher adoption criteria so that moving to adoption is virtually seamless. The family is licensed to provide foster care and to be an adoptive home.

- The law requires that children must live in the adoptive home for six months prior to the finalization of the adoption. If the child is adopted by his or her foster parents, this law allows the time a child lives with their foster parents to count as all or part of the six months in the adoptive home. Therefore, foster families are able to adopt very quickly once parental rights are terminated.

Measures of Effectiveness: The percentage of children who exited foster care to a finalized adoption within 24 months of the latest removal in FY08 was 84.6%. This number has been consistently high for a number of years. In FY01 it was 70.8%.



Likewise, the median length of stay in foster care for children exiting care to adoption in FY08 is 14.8 months.

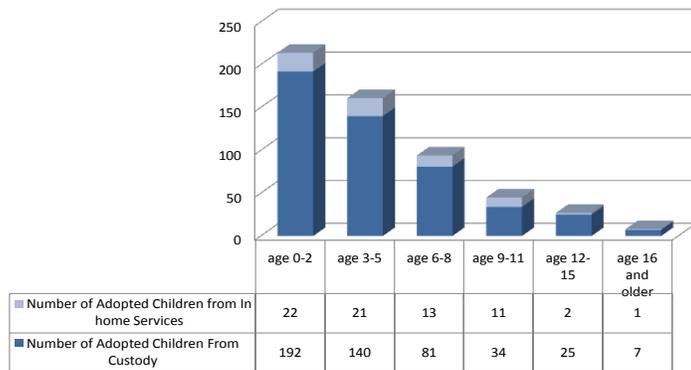


However, in looking at the additional measures in this data composite areas for improvement can be noted. Of the 2274 children in custody on February 1, 2010, 892 were in care for more than 17 months. Two hundred twenty-three of those children had a primary permanency goal of adoption. Eighty-one of the children were age eight years or younger and 57 of these had a primary permanency goal of adoption.

There are currently 238 children in Utah's foster care who are free for adoption. Utah Child and Family Services has been working to improve accuracy of data regarding which of those children are currently in a foster family who will adopt them. Prior to November 2009, there were conflicting procedures that made it difficult to accurately identify which children were in a family who would adopt them and which were in need of an adoptive family. There was a "Foster Care Agreement", a "Legal Risk Adoption Agreement", and an "Adoption Agreement". In November 2009, the procedure was clarified. The Foster Care Agreement is signed when a child is placed with a foster family. When a foster family decides to adopt a child they are fostering or when a child is placed into an adoptive family the "Intent to Adopt" agreement is signed. This new process is still in the implementation stages. In February 2010, there remained 173 children who are free for adoption for whom it is unclear if they currently live with the family who will adopt them or whether efforts should actively be made to recruit an adoptive family.

Of children who are free for adoption 136 have been in care 17 months or more. One hundred twenty-five of these children are eight years or older. Children who need an adoptive family are to be listed with The Adoption Exchange for family recruitment efforts. A caseworker may choose to list the child on a website that is only viewed by families in Utah, one that is viewed by families in Utah and eight surrounding states, or on the AdoptUSKids website which is viewed by families in all states in the USA. While the websites have shown the most activity by prospective adoptive families, other events have also been successful in recruiting potential adoptive families.

The chart below shows the number of adoptions from foster care and from In-Home Services. In-home adoptions occur when a relative is given custody and guardianship of a child and the court orders Child and Family Services to provide support to the child and family through an In-Home Services case. The relative may then decide to adopt the child.



Promising Approaches: One successful event in recruiting potential adoptive families in Utah is the Heart Gallery. The Heart Gallery matches professional portrait photographers with children who need an adoptive family. The photographer donates their talent, time, and materials to create a large portrait of each child that captures the child’s personality. A gallery of the professionally created portraits is displayed in public venues throughout the state to increase awareness that these children are in need of adoptive families. Sixty-nine percent of the children participating in the Heart Gallery over the past five years have been placed with adoptive families. Utah currently has 41 children participating in the Heart Gallery. The Adoption Exchange and Child and Family Services present a Heart Gallery unveiling each year at the State Capitol that is covered by news media. Utah Child and Family Services also uses the Heart Gallery portraits in publications such as their Annual Report.

Strengths and Barriers: Utah, like most other states, needs adoptive families for older children and sibling groups. Child and Family Services has developed permanency presentations that have been conducted in most regions of Utah. The permanency presentations include data about the poor outcomes for youth who exit foster care without a family and stories from caseworkers of successes they have had in recruiting adoptive families through the Adoption Exchange.

Utah caseworkers are often resistant to using The Adoption Exchange to recruit adoptive families for a child because they are uncomfortable with children on their caseload being viewed or displayed on a website or in a public setting. In addition, caseworkers who list children with The Adoption Exchange are often overwhelmed by the number of home studies they receive. Each home study must be read to determine if there is the potential for a match between the prospective adoptive family and the child.

Item 10: Other planned permanent living arrangement.

How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

Utah scored 75% on this item in round one of the CFSR and it was rated an area needing improvement. Two issues were noted. First, the goal was never appropriate. Second, independent living services for older youth in custody were limited.

State Practice Guidelines Requirements: The permanency goal “Other Planned Permanent Living Arrangement” is called Individualized Permanency Plan in Utah. It can be used only when other permanency goals have been eliminated. Permanency hearings in Utah are required at 12 months and then every 12 months thereafter while the child remains in the custody of the state. Review hearings are held at least every six months. Transition to Adult Living (TAL) services are provided to every youth age 14 years and older in state custody. They may also be provided for youth receiving In-Home Services.

Changes in Performance and Practice: For children age 14 years and older Utah requires independent living services regardless of the permanency goal. These services begin at age 14 with an addition to the Child and Family Plan called the TAL plan. The plan focuses on six areas – Supportive and Enduring Relationships; Positive Sense of Self; Educational Attainment and Stable Employment; Health Care Access; Safe, Stable, and Affordable Housing; and Child and Family Team/Worker Responsibilities. To prepare youth for their transition from foster care, all youth receive a continuum of training and services as identified through the Child and Family Team. These services include classroom work, work in the foster home, work in the school system, work with the therapist in the mental health area, building of supports, and connections to community-based resources and programs.

Practice Guidelines specifically outline the services to be provided at each age from 14 years to when the youth exits custody. In addition, the Child and Family Team identifies other additional services that would be helpful to the youth in achieving the results desired. Utah uses the Ansell-Casey Life Skills Assessment to help identify the youth’s strengths and needs.

Measures of Effectiveness: The permanency goal of “Other planned permanent living arrangement” is called “Individualized Permanency Plan” in Utah. As shown in the table of permanency goals in item 7, approximately 25% of children in foster care have a permanency goal of Individualized Permanency. On February 1, 2010, 55.8% of the children in foster care age 15 years and older had the goal of Individualized Permanency. This was 558 children. On that same date, 39 children age 12 years and under or 3.03% of the children that age had a goal of Individualized Permanency. Utah tends to use the

goal of Individualized Permanency for older children who will likely not return home. Of the 152 Native American children in foster care on February 1, 2010, 59 of them or 38.9% had a permanency goal of Individualized Permanency. Twenty-six percent had a goal of reunification. The Native American Tribes believe that each Native American child belongs to the Tribe as well as to the family. This belief, which is supported by the Indian Child Welfare Act (ICWA), causes them to support adoption only if the child will remain with the Tribe. Native American children are a precious resource of the Tribe. For this reason, Tribal courts seldom terminate parental rights or allow adoptions.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement.

How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

Utah scored 91% on this item in the first round of the CFSR and so it was rated a strength.

State Practice Guidelines Requirements: Utah Child and Family Services makes a concerted effort to place children in close proximity to their parents, extended family, and community if it is necessary to remove them from their home. In round one of the CFSR this item was rated a strength with 91% of the cases either being placed near their parents and siblings or, if they were placed out of the area, it was determined that the placement was necessary to meet the child’s needs.

Changes in Performance and Practice: Proximity to family continues to be one of the most important considerations for placement of a child. Reunification is difficult when there are great distances between family members. In addition, we work to keep children in their own communities and schools if it is in the best interest of the child.

Measurements of Effectiveness: The charts below show data from the SAFE system on proximity. The data is pulled from a checkbox that the caseworker enters.

Placement Close to Parents		Case Count	Percent	Avg Days In Placement	Median Days In Placement
Placement Close to Parents		26	0.96%	143	97
Placement Close to Parents	N	613	22.52%	241	141
Placement Close to Parents	Y	2083	76.52%	225	125
Unduplicated Count of Children	2722	Total SCF =	2722	Total Placements =	2722

Placement Close to School		Case Count	Percent	Avg Days In Placement	Median Days In Placement
Placement Close to School		29	1.07%	148	125
Placement Close to School	N	565	20.76%	181	105
Placement Close to School	Y	2128	78.18%	241	133
Unduplicated Count of Children	2722	Total SCF =	2722	Total Placements =	2722

Strengths and Barriers: Utah began a focus on proximity of placement when it was identified as one of the Priority Focus Areas in the Performance Milestone Plan. At the time, proximity was identified as being within the region or close to the borders of the region and within 50 miles of the office serving the client. This definition is not as well known as it was at the time and so caseworkers may be making the judgment of whether or not the child has been placed within proximity without a clear understanding of what that is.

Item 12: Placement with siblings.

How effective is the agency in keeping brothers and sisters together in foster care?

The score on this item in round one of the CFSR was 86% and so was rated a strength.

State Practice Guidelines Requirements: Placing siblings together is a top priority in Utah. Our Practice Guidelines give caseworkers the direction to place siblings together unless there is a safety concern.

Change in Performance and Practice: Utah continues to emphasize the importance of placing siblings together. Recent expansion of Practice Guidelines for kinship practice outlined that for the purpose of a Preliminary Placement, siblings who have only one parent in common may be placed together with a relative of one of the siblings who is not also related to the other siblings by meeting Preliminary Placement requirements for a relative (without requiring the relative to have completed the process to become a licensed foster parent prior to placement), if it is in the unrelated sibling’s best interests. This Practice Guideline also includes the adoptive family of an older sibling.

Measures of Effectiveness: Utah is able to track numbers on placement with siblings. The chart below tells us how many sibling groups each office has, how many are all placed in the same foster home, how many have some siblings placed in the same home, and how many have no siblings placed in the same home. These data do not tell the story behind the placement decisions and must be used carefully. These data were last pulled and discussed in the Trends Analysis Committee meeting. These data were given to each region to review. It was also used in aggregate to create an awareness of requirements. The report looks at siblings as identified by Child and Family Plans and whether or not they were placed together. This is a point in time report dated March 2, 2010.

	Number of sibling groups	Number where all children are placed together	Number where some children are placed together	Number where no children are placed together
Total	442	273	69	100

Strengths and Barriers: In cases where siblings cannot be placed together they are often placed in very close proximity. There is a great deal of effort made to place siblings together and if they cannot be placed together to maintain contact through informal and formal visits. Utah also stresses to foster families the importance of keeping siblings together.

Item 13: Visiting with parents and siblings in foster care.

How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Eighty-five percent of the cases in round one of the CFSR passed this item and therefore it was rated a strength. The five cases where visitation with parents and siblings in foster care was rated as needing improvement were for differing reasons including one where there was a lack of effort to provide visits between siblings, two where there was a lack of effort to involve the father in the visits, one without a visitation plan, and one where a child placed in a residential treatment facility was denied visits because of behavior, which is against agency policy.

State Practice Guidelines Requirements: Practice Guidelines state purposeful and frequent visitation with parents and siblings is a child’s right, not a privilege or something to be earned or denied based on behavior of the child or parent. Children have the right to communicate with family members except where documented to be clinically contraindicated. Visitation plans between the child, parent(s), and sibling(s) are individualized to meet the needs of the family. It is expected that visits will occur as often as possible with once per week as the minimum general guideline. If, after creative exploration of all options by the Child and Family Team, weekly visits are still not feasible longer visits will be scheduled as frequently as possible with other means of communication encouraged between visits.

Changes in Performance and Practice: A Family Visitation Plan is a part of the Child and Family Plan. A form for this plan is in the SAFE (SACWIS) database system and the Child and Family Plan cannot be finalized without a completed Family Visitation Plan. The current form is pictured below.

FAMILY VISITS

For: _____

Created on _____ to meet the child's needs related to maintaining connections with family members and to the child's past, present and future.

Persons who may visit:

Persons who may NOT contact or visit and reasons:

Special conditions affecting visits:

Regular visit schedule (date, time, transportation) for parents and siblings (For SCF cases document reasons why visitation is not occurring weekly AND document the alternative visitation plan):

_____	_____	_____	_____
Parent/Guardian	Date	Parent/Guardian	Date
_____	_____	_____	_____
Caregiver or Other	Date	Caregiver or Other	Date
_____	_____	_____	_____
DCFS Worker	Date	Child, if age appropriate	Date
_____	_____	_____	_____
DCFS Supervisor	Date	Child, if age appropriate	Date

Measures of Effectiveness: The opportunity for children in foster care to visit weekly with their parents and siblings not placed in the same home is measured annually in the CPR. The reviewers are looking for evidence that there is an expectation and plan for weekly visitation and that all parties are aware of the plan. They do not review whether or not these visits occur. If the visits are other than weekly then the plan for visitation must be clearly stated along with the reasons why weekly visits cannot occur. The score for providing opportunities for visitation with parents met and exceeded the goal of 85% in FY09. The score for providing opportunities for visitation between siblings not only did not meet the goal but decreased over the previous two years. The information from this review is somewhat limited because it measures only the opportunity for visitation. The review is not able to determine whether or not visits actually happen. There are so many different forms that visits take it would be difficult to accurately measure in every case. Some visits are facilitated by foster parents, some are supervised by support staff in the Child and Family Services office, and some are done with the help of mental health professionals working with the family. Visits with parents are also dependent on the

parent following through. Parents in a number of cases are offered visits but show up only occasionally. While caseworkers know the pattern of visits they do not always record this in their activity logs.

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	FY 2009	No more than 25% Partials?	2008	2007	2006	2005	Precision range
FC.IVA6	Was the child provided the opportunity to visit with his/her parent(s) weekly?	70	62	0	4	4		0	64	85%	89%		83%	85%	83%	66%	6.3%
FC.IVA7	Was the child provided the opportunity for visitation with his/her sibling(s) weekly?	39	28	0	3	8		0	95	85%	72%		79%	82%	72%	46%	11.9%

In the OSR annual report for FY09 the following analysis and recommendations were noted:

“FY2009 is the second review of the Visitation Plan in a form separate from the Child and Family Plan. Reviewers discovered caseworkers complete the form with inadequate information. Missing documentation included: 1) how frequently are visits offered; 2) specific individuals allowed to participate in visits; 3) if the plan is not weekly, an explanation- as agreed to by the team; and 4) visitation schedules for each parent and each sibling. In discussing FC.IVA6, FC.IVA7 (weekly visits between child and parent, and weekly visits between child and siblings), and the Visitation Plan Form with the Practice Improvement Team, the form is adequately designed to provide information required to meet policy and statute. DCFS may explore the possibility of revising the form, or exerting further efforts training workers to accurately complete the form as it now exists.”

Promising Approaches: The Northern Region, as a part of a CIP proposal for the Second District Juvenile Court determined to increase positive outcomes for children and families through visitation. The region has used a three-part approach.

- The first step was to establish a visitation committee to develop and implement a visitation tool for caseworkers to engage them in observing the visits and providing feedback to caregivers. This allowed caregivers to focus on their parenting skills and improve their ability to parent their children.
- The second approach was to install audio/visual/recording equipment in the visitation rooms in Weber and Davis Counties. This allowed a caseworker to observe the visit without being intrusive. It also allowed for the visits to be shared with members of the Child and Family Team, as well as legal partners facilitating timely resolutions of issues regarding visits and praise from the team for the family’s progression.
- The third step provided scanners set-up in the courthouses in Weber and Davis Counties. There are three in Ogden, three in Davis County, and one used for specialty Dependency, Neglect, and Abuse cases (dependency drug court). The scanners allow the courts to scan all motions, orders, and final orders into the Court and Agency Record Exchange (C.A.R.E.) system (Juvenile Court database).

This in turn allows all court partners with access to C.A.R.E. to review the documents in a timely and efficient manner. With the new interface between C.A.R.E. and SAFE, Child and Family Services caseworkers, Assistant Attorneys General (AAGs), GALs, Juvenile Courts, and Juvenile Justice System (JJS) now have immediate access to these scanned documents.

The visitation steps are outlined below. Visitation is monitored monthly to determine if a higher level is appropriate.

“LEVEL 1: INTENSIVE SUPERVISION (DCFS employee or therapist only)”

1. A DCFS employee will sit in the room or doorway. The parent is not allowed to be alone with the child(ren) at any point during the visit.
2. Visit will take place at an agency building.
3. A DCFS employee has to be in the room or doorway. The employee does not necessarily need to be a caseworker as long as they are appropriately aware of the needs of the case. The employee will watch for issues relative to this case.
4. The DCFS employee needs to be able to hear everything and see everything. Whispering is not allowed. Phone calls may be allowed with court ordered supervision.

“LEVEL 2: GENERAL SUPERVISION (on or off site)”

On site:

1. Constant observation (real time) on the screen
2. Possibly going back and forth between level 2 visits.
3. Family members could be involved in the supervision process.
4. As we expand visitation, we may include phone calls. Phone call must be continuously supervised by speaker phone or on another line.
5. The visit supervisor must be close by in the hallway, in “line of sight”.

Off site:

1. Constant observation within sight and hearing.
2. As we expand visitation, we may include phone calls. Phone call must be continuously supervised by speaker phone or on another line.
3. Health care visits or community related activities.

“LEVEL 3: MONITORED”

On site:

1. Check in with the family throughout the entire visit.
2. Monitoring several level 3 visits at once. (Could be by video or in person)
3. Phone calls may or may not be monitored.

Off site:

1. Check in with the family throughout the entire visit
2. Phone calls may or may not be monitored

“LEVEL 4: UNSUPERVISED/TRANSITION”

1. Family team meeting to set and agree upon transition plan. (GAL to attend or provide input).
2. Exchange may take place at a previously agreed upon location.

- Expanded times and number of visits.
3. Overnight visits.
 4. Trial home placement.”

The tool created for recording the visits was developed from one by Jorge Colapinto with his permission. It helps the caseworker supervising the visits to record relevant information regarding the visits and the interaction between the parent and the child.

Strengths and Barriers: Child and Family Services is aware that this is an area needing work. The plan is to improve the form so that caseworkers better understand what is required. The form is merely a tool to guide caseworkers as they make sure that visitation with family is carefully planned for and prioritized as of the utmost importance.

Item 14: Preserving connections.

How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

This item scored 80% on the first round of the CFSR and was rated as an area needing improvement. One of the areas noted was the need for Native American foster homes.

State Practice Guideline Requirements: In the Overarching Principles section of Utah Child and Family Services Practice Guidelines it states:

“Services provided to children and families will respect their cultural, ethnic, and religious heritage. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child or family’s needs. Services will be provided in the least restrictive, most normalized setting appropriate. Meaningful child and family participation in decision-making is vitally important, and all children and family members shall have a voice (as developmentally appropriate) in influencing decisions made about their lives, to the level of their abilities, even when specialized communication services are required. Children and families will be actively involved in identifying their strengths and needs, and in matching services to identified needs. 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 each other. When out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.”

Changes in Performance and Practice: Since our last CFSR, Utah has established MOUs with all six federally recognized Tribes. We also have an Indian Child Welfare Program Administrator who is Native American. One of the many important functions

of this individual is to connect with the UFCF to support and advise their efforts to recruit more Native American foster care resource families. The UFCF, the Adopt-A-Native Elder program, the Indian Walk-In Center, and Child and Family Services collaborate to bring the Native people together four times during the year. The primary purpose of these events is to seek and find more Native families who are willing to be licensed homes for our Indian children entering foster care. The events began in 2010 with Winter Story Night on the last Sunday of January. A description of the other upcoming events, one per season, follows:

Four Seasons

For gathering our people - Four events for 2010 year

Winter.....Winter Stories
January 31, 2010

328 West Gregson Avenue (about 3200 South)
Salt Lake City

The tribes of Utah will gather to share traditional stories of the people. Native people share stories and songs during the winter months, to teach each other and to entertain. There are also many games that they enjoy while they stayed indoors longer.

Spring.....Honoring our Elders and children
May 22, 2010

120 West 1300 South
Salt Lake City

We must always remember and acknowledge our elderly members of the tribe(s), and honor them for their wisdom and greatness. In the honoring of the ancient ones, we also remember the children; to show them the future.

Summer.....Celebrating Abundance
August 28, 2010

328 West Gregson Avenue
Salt Lake City

We want to share our blessings; our harvest. At this gathering we will ask everyone to bring fresh foods from their garden/farms (to give and to take). It will be a Give-away activity where we will share vegetables and fruits or to bring (fresh) canned goods. Include recipes when possible.

Autumn.....Preparing for life's little challenges
October 29, 2010

120 West 1300 South
Salt Lake City

In preserving our children/families, let us also remember to prepare ourselves for what is ahead. How do we prepare our people to be ready for impending winter and other challenges?

When a Child and Family Services caseworker informs the ICWA Program Administrator that an Indian child has been removed from their home, he responds with the following questions:

- Do you know how to get in touch with this child's particular Tribe?
- Has Office Notice been given to the child's Tribe and which Tribe is it?
- If contact has already been made, who is the Tribal worker and how does the Tribe want to be involved in this case?
- He will also request that the Tribal worker be a member of the Child and Family Team, which includes involvement in the development of the Child and Family Plan and attendance at Child and Family Team Meetings either in person or by phone.

The answers to these questions help him to assess where the caseworker is regarding compliance with the ICWA and what supports need to be given to make sure that all required activities are performed.

The UFCF has done some targeted recruiting for Latino/Hispanic foster care resource families. The following is taken from their FY10 semi-annual report:

“In an effort to increase the number of Latino/Hispanic foster/adoptive families, the Foundation placed newspaper ads and billboards along the Wasatch front along with paid radio ads. These ran in conjunction with earned media stories in newspapers and on TV and radio and culminated in a Spanish language pre-service training.”

Preserving connections also includes keeping the child within their community and attending their same school. While Utah has long espoused this practice we are now getting it into our Practice Guidelines and seeing it occur in everyday practice on a more regular basis.

Measures of Effectiveness: Utah is able to track the proximity to schools in the same way that proximity to parents is tracked. This report was explained in item 11 above. It reports whether or not the caseworker believes that the child was placed in close proximity to the school. While the definition of proximity to school is probably less ambiguous than proximity to parents we need to clarify this for caseworkers.

Placement Close to School		Case Count	Percent	Avg Days In Placement	Median Days In Placement
Placement Close to School		29	1.07%	148	125
Placement Close to School	N	565	20.76%	181	105
Placement Close to School	Y	2128	78.18%	241	133
Unduplicated Count of Childrer2722		Total SCF =	2722	Total Placements =	2722

The chart below shows the ethnicity of the primary licensed foster care provider. It does not show the ethnicity of the spouse. This information is for a point-in-time on March 15th of each year.

	3/15/2007	3/15/2008	3/15/2009	3/15/2010
American Indian/Alaska Native	25	29	23	19
Asian	15	12	11	10
Black	12	15	15	14
Pacific Islander	13	13	12	18
Unknown	16	17	32	45
White	1176	1277	1253	1268
Hispanic	69	80	91	91
Null	0		1	25
Total	1214	1322	1291	1341

Strengths and Barriers: Last year the Utah State Legislature passed HB63 that provided for the following:

“Notwithstanding any other provision of this part, a student shall be allowed to enroll in any charter school or other public school in any district, including a district where the student does not reside, if the enrollment is necessary, as determined by the Division of Child and Family Services, to comply with the provisions of 42 U.S.C. Section 675.”

Item 15: Relative placement.

How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

In round 1 of the CFSR this item scored 80%. However, because of Utah’s practice of giving custody and guardianship to a relative and supporting the family through an In-Home Services case no cases where the child was placed with kin were reviewed for this item.

State Practice Guidelines Requirements: Utah now has Practice Guidelines specific to kinship involvement, placements, and support that are nearly 70 pages long. These Practice Guidelines begin with this statement of philosophy:

“All children need permanency through enduring relationships that provide stability, familiarity, and support for the culture of the child; support the child’s sense of self based on existing attachments; provide for the child’s safety and physical care; and connect the child to their past, present, and future through continuing family relationships. First priority is to maintain a child safely at home. However, if a child cannot safely remain at home, kinship care has the potential for providing these elements of permanency by virtue of the kin’s knowledge of and relationship to the family and child.

“All kinship work is done in the context of a Child and Family Team. Kinship care includes elements of child protection, in-home services, family preservation, and foster care. When a child cannot safely remain home, kinship care is preferable to other out-of-home placements if the kinship caregiver can keep the child safe and appropriately meet the child’s needs.

“The caregiver’s willingness and ability to care for and keep the child safe are fundamental. The kinship caregiver must have or acquire knowledge of the child, be able to meet the child’s needs, support reunification efforts, and be able to provide the child access to parents, siblings, and other family members through visits or caring for the child and siblings as a group.

“Ongoing assessment of the child’s safety, permanence, and well-being is important to the stability and value of kinship care. Ongoing assessment of safety is based on the components of safety decision-making, which include threats of harm, vulnerabilities of the child, and protective capacities of the kinship caregiver and their support system.

“Providing for kinship care in the Child and Family Services spectrum of services requires active efforts to identify and locate kin families with whom children may form or continue relationships at home or in temporary or permanent placements. Support to kinship caregivers is essential to the success of the child’s placement with the family and to the family’s ability to respond to the needs of the child. As members of the Child and Family Team, kinship caregivers will seek support from other family members and from informal and formal supports to provide for the child.”

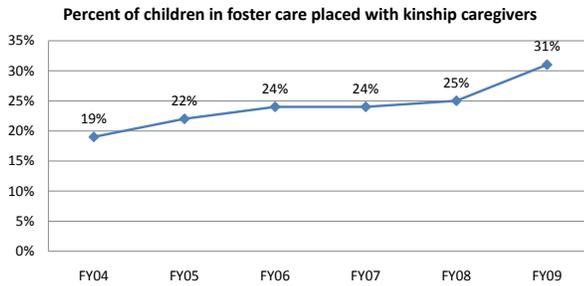
Changes in Performance and Practice: At the time of the last review, Utah’s practice was to give custody and guardianship to relatives and support them through an In-Home Services case. If there were relatives who were willing to care for the child, custody was often given to that relative at the shelter hearing. The judge would usually order that Child and Family Services provide support for the relative and reunification services to the parents through an In-Home Services case. This practice created an interesting dynamic for the first CFPSR. Cases where the relative had custody and guardianship were not scored on the permanency items such as item 15. For this reason, only those cases where the child was not placed with relatives were scored on this item. Through our own QCR, Utah discovered that relatives who were caring for children removed from their homes felt a real lack of support both emotionally and financially. Relatives reported that they felt very much alone and often did not understand what was expected of them as they tried to navigate the child welfare system. The data on re-entry into foster care showed an alarming number of those re-entries coming from cases where the closure reason was “custody to a relative”. In 2007, The Utah chapter of the American Academy of Certified Public Managers completed a statewide research project, “Kinship Stability Solutions.” The results were in agreement with the results from the QCR identifying a lack of support emotionally and financially and the sense that kin providers were very

much isolated and on their own. This survey also identified the kinship caregivers concerns that they had very few rights as family members or as the placement home.

One of the big initiatives from the first PIP in Utah was to change the way that Utah handled kinship placements. Utah worked to make fundamental changes that began with the push to license kinship providers as foster parents. This allowed kinship placements to have the same support that foster parents were receiving both emotionally and financially. In order to make this change Child and Family Services needed to educate judges and legal partners on the value of licensing kin providers and how it would improve outcomes for children. Support was also needed in the form of changes to Utah law. In 2000, Utah had made changes to the law that gave preferential consideration to relatives for 120 days after the child’s removal. In 2006 the new emergency kinship state statute caused a spike in unlicensed kinship placements. In 2007 federal and state laws required a child in state custody to be placed in a licensed placement and not remain in an emergency kinship placement. In 2007 changes were again made to statute. This time the law established an order of priority among potential placement for the child beginning with the non-custodial parent, a defined relative of the child, a friend designated by the custodial parent or guardian of the child if the friend is a licensed foster parent, and finally a shelter facility, former foster placement, or other foster placement. Consideration for the requirements of the ICWA was also included. This placement process has significantly slowed down the process to allow the relatives more time to consider the consequences of caring for their relative child and the resources required to do so. The law further allowed for the department to fully cooperate in expediting the licensing process for a friend or extended relative of the parent willing to care for the child. The DHS Office of Licensing has a Probationary/Child-Specific license that allows for the child to be placed with a friend or extended relative who has an established relationship with the child while that person completes the required foster care training and qualifies for the Initial License. The UFCF offers foster care training to kinship families. The following is from their FY10 semi-annual report:

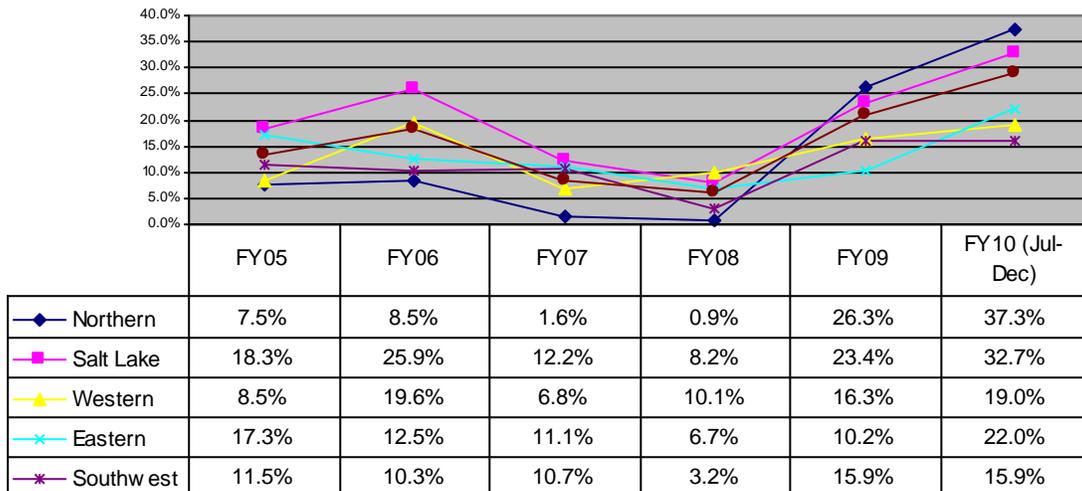
DCFS <i>KINSHIP/SPECIFIC</i> FAMILIES TRAINED & GRADUATED						
(NOT counted in Statewide Overall Goal)						
Regions →	Northern	Salt Lake	Eastern	Western	South-west	State-wide TOTAL
July-09	4	5	3	5	0	17
August-09	6	6	4	1	5	22
September-09	8	4	1	6	2	21
October-09	3	6	2	7	3	21
November-09	13	7	3	2	6	31
December-09	2	5	1	2	5	15
January-10						0
February-10						0
March-10						0
April-10						0
May-10						0
June-10						0
Total Kinship/Specific Families for FY09	36	33	14	23	21	127

Measures of Effectiveness: The chart below shows the increase of children placed with kinship caregivers who are licensed foster care providers.



The graph below shows the increase in placing with relative care providers who are becoming licensed foster care providers. The designation of “unlicensed relative” refers to the use of a Preliminary Placement with a relative while the relative is becoming licensed.

Percent of Removals Where First Placement was with Unlicensed Relative



Strengths and Barriers: Six years ago, Child and Family Services created the position of a Kinship Program Administrator to oversee the Kinship Program, statewide. A Statewide Kinship Forum was created that brings these kinship experts together monthly, for six hours, to discuss ways to improve the Kinship Program.

During this same time period Utah created the Initiative On Utah Children In Foster Care (IOU committee) which established a subcommittee on Community Support for Kinship

Caregivers. The IOU committee consists of ecclesiastic leaders from many faith-based organizations, the University of Utah's College of Social Work, Child and Family Services, DWS, The Children's Service Society (Grandfamilies), Allies with Families, Utah school districts, and ICWA. The committee meets every other month to discuss and plan resources to help support placements with kinship caregivers for both children placed in state custody and those who care for their relative children informally. Some of the outcomes of this committee has been financial assistance from the ecclesiastic organizations to the Utah Children's Service Society (Grandfamilies) to help create a website for kinship caregivers; Child and Family Services, DWS, Office of Licensing, and Office of Recovery Services (ORS) working together to assist relatives as they go through the process of applying for financial and medical services; and school districts agreeing to accept all children in state custody in any school whether or not they live within the geographical boundaries.

In reviewing data on re-entry by region, we discovered that the Northern Region had the highest rate of re-entry into foster care from relative placements. Northern Region started an aggressive improvement plan by designating a full-time employee as the region kinship specialist. Several years later they added two additional kinship specialist positions. Strategies were also explored to support kinship providers including kinship Clusters where kinship providers could meet together and discuss issues. Kinship providers did not participate in the cluster groups the way that the Northern Region had hoped. After assessing what the real needs of kinship providers were, the Northern Region decided to offer "Kinship Support Classes." Relatives can drop-in on Tuesdays at 4:00 P.M. and Thursdays at 8:00 A.M. and meet with the kinship specialists to get help with forms and processes and answers to any questions or concerns that the kin might have. Northern Region's re-entry into care from a placement with kin has dropped from 60% in FY05 to 30% in FY09. In the first six months of FY10 only 6% of the re-entry into care in the Northern Region was from a previous discharge to a relative. This is a decrease of 24 percentage points over FY09. A question to be answered is whether this great number was because of a decline in the number of kinship placements. On the contrary, during this same time period 37.3% of the children removed from their homes had an initial placement with a relative who was unlicensed (Preliminary Placement) where the relative intended to become a licensed foster care provider, up from 26.3% in FY09.

The development of the specialized kinship forms and the formalization of the processes are actually another support for kinship providers. In the past, there was not a uniform and concerted effort to help kinship providers obtain all of the supports available. Now, the different agencies are connected and the process is known and formalized rather than being haphazard as it was in the past. For example, when kinship caregivers are working on becoming licensed foster care providers they can qualify for a Child-Specific/Probationary license but they cannot receive foster care payments until they obtain licensure, so it is important that they know about the federally funded Specified Relative Grant offered through Utah's DWS, TANF program. Even if they do not qualify for the Specified Relative Grant they may apply for Medicaid coverage for the children. The administration of these two support mechanisms is not in the DHS and so the process is not seamless. The application for the Specified Relative Grant is the same used for all

welfare support including cash assistance, food stamps, child care, and medical assistance and there is no place on the application to indicate that it is for a Specified Relative Grant. It is easily misunderstood by kinship providers and then disqualified because it is either not filled out properly or not properly identified as a Specified Relative Grant application. The state kinship program administrator has worked hard to interface with the DWS to be sure that the application, available in both English and Spanish, is filled out correctly, is easily identified by DWS, is quickly processed, and the financial support is provided.

As kinship practice was developed and the implementation began, the Adam Walsh Act was passed. The requirements of Adam Walsh made it necessary to make quick changes to the practice of kinship placements in Utah. These changes were made but the changes in the middle of implementation made it appear that the practice was not fully defined. There were different interpretations of kinship practice across the state. It has taken several years to solidify kinship practice so that it is consistent statewide. Enhancements continue to be made and practice refined. Currently Utah is working on additions to the SACWIS system (SAFE) that will allow caseworkers to enter information on every contact made with a family friend or relative of a child placed either in In-Home or Out-of-Home Services. The information will be connected to the child and not to the case allowing that information to be available regardless of the case. Utah is also working on the requirement that adult relatives of a child removed from his/her home will be notified that the state has a child relative of theirs in custody.

Item 16: Relationship of child in care with parents.

How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

This item scored 87% in the first round of the CFSR and was rated a strength.

State Practice Guidelines Requirements: Utah Practice Guidelines regarding familial connection begins with this major objective statement:

“Purposeful and frequent visitation with parents and siblings is a child’s right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child’s safety or best interests.”

Changes in Performance and Practice: The use of Child and Family Teams has the potential of greatly enhancing the participation of parents in their children’s lives while

they are in foster care. Utah expects parents to be notified of doctor's appointments, school meetings, and other activities in the child's life so that the parent can attend and participate in these events. These events are often planned or announced at Child and Family Team Meetings. Support such as transportation and encouragement is also expected. The members of the Child and Family Team may discuss how they can support the parent in participating in the event. Clients are routinely given bus passes or tokens to help them get where they need to go whether that is therapy appointments, work, visits with their children, or even grocery shopping.

Measures of Effectiveness: Utah does not currently have a systematic way of measuring this item. In the future certain rating scales may help to address this.

C. Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, foster parents.

How effective is the agency in assessing the needs of children, parents, and foster parents, and providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

This item scored 66% in the first round of the CFSR and was rated as an area needing improvement.

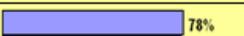
State Practice Guidelines Requirements: The essence of the Utah Practice Model is working with children and families to identify the needs that are compromising the safety of the children. Then, when the needs are identified, resources are uncovered (both formal and informal) and services provisioned to help the family improve their ability to provide safety, permanency, and well-being for their children. They do this by forming a Child and Family Team whose members are the people identified by the family as their support network and professionals working with the family. Team members pool their information to come up with the most complete picture possible of the family and their needs. Teams meet regularly to track progress, celebrate success, and continue to gather and analyze information adapting services and supports to optimize results. Over the last few years, we have emphasized that all family members as well as the foster resource family need to be included in the assessment. We have found that often the assessment and the provision of services focus on the most challenging members of the families overshadowing the needs of other, less vocal members.

Changes in Performance and Practice: The SAFE database contains a functionality that helps the caseworker to record information used in determining the course of action required to provide enduring safety and permanency for the child. This functionality is called the Child and Family Assessment (CFA). The CFA has areas where information gathered from mental health assessments, police reports, conversations, and other outside assessments can be recorded enabling them to be easily referenced in other parts of the CFA. The CFA also contains three tabs – Safety, Permanency, and Well Being - where information on these important factors can be recorded. As the case matures the caseworker regularly adds entries to each tab keeping the information in the CFA up-to-date. Information under the Safety tab includes current information on the child’s vulnerabilities, the parent’s protective capacities, and the threats of harm. In the Safety tab the caseworker records information about both threats of harm that may be present in the child’s current living arrangement (such as the foster home), and if the goal is reunification, the threats of harm that were present in the family home and the progress made to mitigate those threats. Likewise, the child’s vulnerabilities and the parents’ protective capacities will be recorded as well as any changes made in these areas. The Permanency tab will contain progress toward permanency, and the Well-Being tab will record educational, health, and mental health information for all family members. Information about the foster resource family as it pertains to their ability to care and provide for the child is important to include as well. The intention of the CFA is to help the caseworker, with help from the Child and Family Team, to sift through the information on the case and then to draw some conclusions regarding the family’s underlying needs and the services or resources needed to provide for those needs. The CFA also contains information from the Child and Family Team Meeting such as team members and meeting minutes. The information that the team gathers and discusses as well as the conclusions drawn and the activities planned are all recorded in the CFA.

Measures of Effectiveness: We measure assessment in the QCR. The Assessment score is one of the indicators in the System Performance area. The Child and Family Assessment score on the QCR is one of the lowest scoring indicators. In order to score at the minimum acceptable level the reviewer is looking to see that selected strengths and needs, including key underlying needs of the child and family are identified through formal and informal assessments and from progress notes of the Child and Family Team. A periodic "big picture" is compiled by the team for planning purposes. Most members of the team have a basic common understanding of the child and family necessary for collaborative planning. Assessment is at least partially integrated with the Practice Model sequence and addresses critical events and decisions.

Child & Family Assessment	Baseline FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
Eastern Region	11%	67%	54%	58%	38%	63%	50%	65%	57%	75%
Northern Region	11%	42%	54%	42%	54%	67%	67	79%	70%	79%
Salt Lake Valley Region	27%	37%	33%	54%	71%	52%	69%	79%	67%	78%
Southwest Region	37%	54%	42%	63%	83%	88%	71%	61%	75%	75%

Western Region	27%	30%	46%	42%	63%	68%	54%	75%	70%	75%
Overall Score	27%	44%	42%	52%	64%	63%	62%	74%	67%	77%

State System Performance	acceptable cases	improvement needed	Standard = 70% on Shaded indicators Standard = 85% on overall score					FY05	FY06	FY07	FY08	FY09
			Standard = 70% on Shaded indicators Standard = 85% on overall score									
Child & Family Team/Coordination	127	36						81%	77%	83%	76%	78%
Child and Family Assessment	125	38						63%	62%	74%	67%	77%
Long-term View	127	36						65%	63%	73%	69%	78%
Child & Family Planning Process	127	36						76%	75%	88%	78%	78%
Plan Implementation	157	6						89%	86%	91%	89%	96%
Tracking & Adaptation	145	18						84%	81%	84%	87%	89%
Child & Family Participation	150	13						85%	81%	93%	89%	92%
Formal/Informal Supports	155	8						93%	89%	94%	91%	95%
Successful Transitions	122	28						75%	78%	79%	78%	81%
Effective Results	144	19						88%	95%	90%	83%	88%
Caregiver Support	105	4						95%	82%	97%	98%	96%
Overall Score	152	11						86%	82%	90%	89%	93%

Item 18: Child and family involvement in case planning.

How effective is the agency in involving parents and children in the case planning process?

This item scored 73% in the first round of the CFSR and was an area needing improvement.

State Practice Guidelines Requirements: Utah Practice Guidelines state that all parents will have the opportunity to participate in the development of the Child and Family Plan. Child and Family Team Meetings and/or monthly interviews between the caseworker and parent may provide the parent with the opportunity to provide input into the development of the plan. Child and Family Team Meetings or private interviews between the child and the caseworker or other team members may provide opportunities for the child to contribute to planning. The caseworker is responsible for involving both parents and the child, if age and developmentally appropriate, in case planning. Exceptions to the requirement to involve both parents in case planning are if the parent is deceased, parental rights have been terminated, parent's whereabouts are unknown, persistent refusal to participate, or participation in case planning would be detrimental to the well-being of the child.

Changes in Performance and Practice: Involvement in the case planning of parents and children age 12 years and up has been an expectation of Utah Child and Family Services for many years. We recently changed the expectation for involvement of the child to those who have the capacity to participate with the general guideline that children age five years and older should be involved in case planning to coincide with the CFSR. We believe that most caseworkers talk with children of that age about the services they are receiving, including the foster home they are living in, school, and visits with their

parent(s) on a monthly basis during the home visit and private conversation with the child. We are encouraging caseworkers to document these conversations to reflect the information they learn from the child.

Children who are over age 12 years are expected to participate in at least part of every Child and Family Team Meeting. When children turn 14 years of age, a TAL plan is required as a part of the Child and Family Plan. The youth participates in the Ansell-Casey Assessment that helps to identify areas that need attention in building the youth's skills. The youth is actively involved in determining these objectives. For more information on the areas of focus for the TAL plan see item 10.

Measures of Effectiveness: Child and family participation in case planning is measured in both the CPR and the QCR. The CPR looks for any involvement of the mother, father, child over age 12 years, and the stepparent.

Type & Tool #	Question	Sample	Yes	Partial No Credit	No	NA	GOAL	FY 2009	2008	2007	2006	2005	Precision range
FC.IVA3	Were the following team members involved in creating the current child and family plan?												
	the natural parent(s)/guardian?	83	67	11	5	51	85%	81%	79%	91%	70%	66%	7.1%
	the stepparent (if appropriate)	7	4	0	3	127	85%	57%	70%	76%	55%	50%	30.8%
	the child? (age 12 and older)	53	47	0	6	81	85%	89%	92%	97%	83%	59%	7.2%
	Performance rate for all three sub-questions							83%					

Type & Tool #	Question	Sample	Yes	Partial No Credit	No	NA	GOAL	FY 2009	2008	2007	2006	2005	Precision range
HB.4	Were the following members involved in the development of the current child and family plan?												
	the natural parent(s)/guardian	94	76	14	4	22	85%	81%	75%	92%	80%	64%	6.7%
	the stepparent (if appropriate)	14	12	0	2	102	85%	86%	81%	93%	67%	50%	15.4%
	the target child(ren) (age 12 and older)	33	26	1	6	83	85%	79%	88%	100%	65%	53%	11.7%
	Performance rate for all three sub-questions							81%	79%				

The QCR looks even more broadly than just participation by parents and children in case planning. The QCR includes extended family members who are involved in the family's life and foster families. It requires that parents and caregivers be partners in planning, providing and monitoring supports and services for the child, and that the child actively participate in decisions made about his/her future. The chart below shows the scores for this item on the QCR.

Child & Family Participation	Baseline FY00	FY0 1	FY0 2	FY0 3	FY0 4	FY0 5	FY0 6	FY0 7	FY0 8	FY0 9

Child & Family Participation	Baseline FY00	FY0 1	FY0 2	FY0 3	FY0 4	FY0 5	FY0 6	FY0 7	FY0 8	FY0 9
Eastern Region	56%	75%	79%	83%	83%	79%	92%	83%	74%	96%
Northern Region	56%	42%	67%	50%	88%	96%	96%	92%	83%	96%
Salt Lake Valley Region	64%	50%	44%	62%	78%	80%	80%	97%	94%	91%
Southwest Region	53%	75%	75%	83%	96%	96%	82%	92%	92%	88%
Western Region	59%	67%	67%	67%	75.0%	82%	83.0%	96%	91%	92%
Overall Score	57%	56%	60%	67%	82%	85%	81%	93%	89%	92%

Item 19: Caseworker visits with child.

How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

This item scored 72% in round one of the CFSR and was rated as an area needing improvement.

State Practice Guidelines Requirements: Caseworkers are expected to visit with children in foster care at least once a month in the foster home. They are required to have a conversation with the child outside the presence of the caregiver. The conversation during these private visits includes asking the child if he or she feels safe in their foster home and in other settings like visits with parents and school. The caseworker also talks with the child about things that are going well and concerns that the child has. This conversation is a time when caseworkers can involve even young children in case planning.

Changes in Performance and Practice: The requirement for caseworker contact for children and families receiving In-Home Services has been structured differently than for children in foster care. The CPR measures whether or not a visit was made to the home. The caseworker must enter the home for the visit. There has been no requirement for the caseworker to have contact with all children in the home receiving services. This year we are making a transition in the requirements for In-Home Services visits. Caseworkers are now expected to visit with each child being served through In-Home Services. They must also have a conversation outside the presence of the caregiver just as is required in a foster care case.

Measures of Effectiveness: Caseworker contact is an activity that Utah has been tracking for a number of years. Our CPR tracks the progress that has been made in this area. The chart below shows the scores for the items pertaining to the caseworker contact for foster care cases.

Type & Tool #	Question	Sample	Yes	GOAL	FY 2009	>25% Partials?	2008	2007	2006	2005	Precision range
FC.IB2	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?										
	Month one	100	90	85%	90%		93%	91%	88%	91%	4.9%
	Month two	110	101	85%	92%		88%	88%	85%	89%	4.3%
	Month three	113	103	85%	91%		90%	91%	90%	90%	4.4%
	Month four	114	107	85%	94%		92%	93%	91%	91%	3.7%
	Month five	116	105	85%	91%		95%	92%	93%	91%	4.5%
	Month six	112	102	85%	91%		86%	90%	91%	91%	4.4%
	Performance rate for six months				91%		91%				
FC.IB3	Did the worker visit the child at least once during each month of this review period?										
	Month one	105	100	85%	95%		98%	95%	95%	95%	3.4%
	Month two	115	111	85%	97%		93%	97%	93%	92%	2.8%
	Month three	118	110	85%	93%		96%	95%	92%	94%	3.8%
	Month four	118	116	85%	98%		96%	96%	96%	95%	2.0%
	Month five	123	116	85%	94%		96%	96%	97%	97%	3.4%
	Month six	116	110	85%	95%		90%	91%	95%	95%	3.4%
	Performance rate for six months				95%		95%				
FC.IB4	Did the caseworker visit privately with the child?										
	Month one	81	66	85%	81%		92%	84%	89%	68%	7.1%
	Month two	90	82	85%	91%		90%	87%	89%	63%	4.9%
	Month three	87	77	85%	89%		89%	89%	96%	69%	5.6%
	Month four	89	83	85%	93%		95%	85%	93%	70%	4.4%
	Month five	87	77	85%	89%		95%	90%	95%	77%	5.6%
	Month six	84	76	85%	90%		89%	85%	93%	71%	5.3%
	Performance rate for six months				89%		91%				

The graph below shows the scores for the past five years measuring a visit to the home on In-Home Services cases. These scores are with the old requirements.

Type & Tool #	Question	GOAL	FY 2009	2008	2007	2006	2005	Precision range
HB.7	Did the worker make at least one home visit each month of this review period?							
	Month one	85%	91%	91%	90%	86%	88%	4.7%
	Month two	85%	88%	88%	87%	90%	86%	5.1%
	Month three	85%	92%	85%	90%	88%	89%	4.6%
	Performance rate for three months	85%	90%	88%				

Strengths and Barriers: The new requirement for In-Home Services cases will increase the workload of caseworkers who may now need to go back to the home more

than once to be able to speak with all of the children receiving services. However, it will increase the value of home visits in In-Home Services cases.

In the fall of 2009 a new tool to aid caseworkers in improving the value of their visits to children and families was introduced. It was named “Caseworker Contact Field Guide” and it has a selection of suggested questions or topics of conversation with foster parents, biological parents, and children as they visit with them monthly. This guide was developed by a workgroup that included Child and Family Services people from administration to frontline caseworkers and included foster parents as well. The guide started out as a several page document that was piloted with a team of frontline caseworkers who had both foster care and In-Home Services cases. After using the guide they asked that it be distilled down to a “one-pager”. The workgroup worked hard to make it fit what the caseworkers wanted. This guide has been made available to all Child and Family Services employees. It has been well received and will soon be available through the SAFE database.

Item 20: Worker visits with parents.

How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

This item scored 58% on the first round of the CFSR and was rated an area needing improvement.

State Practice Guidelines Requirements: Utah Practice Guidelines state that visiting with parents enables an out-of-home caseworker to assess how well they will be able to promote safety, permanency, and well-being for their children/youth. The out-of-home caseworker will visit with the child, foster caregivers, and parents no less than once every month. Contact is defined as a face-to-face meeting between the parent and the caseworker and must include the following elements:

- Frequency - visits must occur at least monthly.
- Location - the environment of the location of the visits must be conducive to open and honest conversation.
- Duration - the length of the visit must be of sufficient duration to address key issues.
- Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.

Changes in Performance and Practice: During the last PIP cycle, Utah established Practice Guideline requiring monthly caseworker contact with parents. At the time the goal was to educate caseworkers on the policy and then to begin reporting on compliance with the policy. A report was developed for that purpose. Utah’s David C. Settlement Agreement did not address caseworker contact with parents and that activity was not measured in the CPR. The QCR looked at how parents were involved in the teaming and

planning process and how capable they became at addressing their own needs through accessing community resources. The QCR also monitors effective results of the services offered. These indicators indirectly monitor how a caseworker engages the parents but none looked specifically at face-to-face contact between the caseworker and the parents. Over the last seven years we have begun to monitor the progress on this requirement. We have seen slow progress. When we exited the David C. lawsuit in December 2008 Utah was able to alter the focus of the reviews somewhat.

Measures of Effectiveness: In 2009 a special study was done by the OSR to assess caseworker contact with fathers and with mothers. Reviewers selected random cases from various offices within each of the five regions. A total of 101 In-Home Services cases and 130 foster care cases were examined. While the compliance had improved it was not where we wanted it to be. The review found that the requirements for face-to-face contact with mothers occurred only 34% of the time, while face-to-face contact with fathers occurred only 28% of the time.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child.

How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

Utah scored 100% on this item in the first round of the CFSR.

State Practice Guidelines Requirements: The expectation in Utah is that teachers and other school personnel such as counselors are members of the Child and Family Team for children in foster care and for those children served through an In-Home Services case if learning progress is an issue.

Changes in Performance and Practice: Utah has continued to make improvements in practice related to children's educational needs despite the fact that a perfect score was achieved in this item on the last review. Currently, Utah is working to preserve school connections for children in foster care. A process for paying mileage for transportation to and from the child's established school is nearly completed. Caseworkers already document that placement within proximity of parents, neighborhood, and schools was considered as first choice unless contraindicated. We are working to emphasize these priorities through Practice Guidelines and training.

Twenty-three of the 40 school districts in Utah receive Youth in Custody (YIC) funding and have YIC programs. These programs serve children and youth who are in state custody whether through JJS or through Child and Family Services. We have been

working with these programs to develop supports for children in custody so that their school experience is normalized and they are not singled out purely because they are in foster care. School districts receive funding based on the youth in custody in their district. School districts with JJS facilities in them will receive more funding because school programs running there are funded fully by YIC funds. Outside of JJS facilities, school districts may offer self-contained (smaller, more structured) classrooms or mentoring services to the youth.

The DHS is doing a number of things with the school districts that are very exciting. Through the collaborative efforts of the State Office of Education, Juvenile Courts, Child and Family Services, JJS, Special Education, and foster parents, a guidebook and website to help agencies understand each other's policies as they interact on behalf of the child called Educating Youth in State Care was created. The second collaboration is an inter-agency training to be delivered statewide to introduce key policy makers to each other and get people thinking about how what they do affects the education of the child. There is a DHS position that is a product of collaboration being funded by the State Office of Education, the Court Improvement Grant, and DHS. Child and Family Services and JJS have assigned educational specialists in their regions and areas to interface with school district personnel. Schools are understanding more about Child and Family Services operations and how to support children who are receiving child welfare services, and caseworkers are understanding the need to better interface with the schools in order to provide the support a child and family needs to obtain the educational services that each child requires.

Measures of Effectiveness: The educational progress is measured in the QCR and in the CPR. The CPR assesses compliance with Practice Guideline section 303.4, which requires that at any time during the child’s placement, if the Child and Family Team have reason to suspect that the child may have a disability requiring special education services, the child will be referred for assessments for specialized services. Special education services may include services such as resource classes, speech services, language services, and behavior management.

The QCR measures both learning progress for children who are school age and Learning/Development Progress for children ages five years and under for children in foster care or who are receiving In-Home Services. For these two indicators reviewers look at whether or not the child is developing, learning, progressing, and gaining skills or essential functional capabilities at a rate commensurate with his/her age and ability. The QCR includes regular school attendance; performance at or above grade level; and if the child is disabled, the presence of and progress on an Individualized Education Plan (IEP). For children younger than school age the QCR looks for evidence that the child is reaching developmental milestones or if the child has a documented developmental delay the presence of an Individual Family Support Plan (IFSP) or IEP. The scores for these two reviews for education related indicators or items are as follows:

Type & Tool #	Question	Sample	Yes	GOAL	FY 2009	No more than 25% Partial?	2008	2007	2006	2005	Precision range
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FC.III.2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	11	9	85%	82%		73%	94%	89%	79%	19.1%
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Learning Progress	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
Eastern Region	67%	83%	88%	83%	88%	83%	88%	91%	91%	92%
Northern Region	67%	92%	79%	79%	75%	83%	92%	92%	91%	83%
Salt Lake Valley Region	88%	88%	79%	75%	88%	90%	85%	91%	80%	82%
Southwest Region	84%	92%	92%	88%	100%	96%	100%	100%	96%	92%
Western Region	77%	91%	96%	71%	83%	77%	92%	79%	83%	83%
Overall Score	81%	89%	84%	78%	87%	87%	89%	91%	86%	85%

Strengths and Barriers: Some ambitious goals currently being worked on include gathering data on how kids in state care are faring educationally, researching what best practices are and what other states are doing, identifying what we're doing that works (and replicating it), and working with school districts on implementing admissions protocols with input from educators and caseworkers. Specific work with Child and Family Services include a pilot program where mentors will follow children when they move from one school district to another, training Child and Family Services caseworkers on education issues, and changes to SAFE that will capture more educational information.

Well-Being Outcome 3: Children receive services to meet their physical and mental health needs.

Item 22: Physical health of the child.

How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Utah scored 94% on this item in round one of the CFSR and therefore, it was rated a strength.

State Practice Guidelines Requirements: Children receiving services shall receive adequate, timely medical and mental health care that is responsive to their needs. All children/youth placed in foster care will receive health care services according to the requirements of Child and Family Services whether they are Medicaid eligible or not. The Child and Family Services caseworker will notify parents of any medical, dental, or

mental health needs or appointments for their child. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by a health care provider within 24 hours. Within 30 days of removal or court-ordered custody, whichever occurs first, the child will receive a well-child check. If the child is three years or older the child will receive a dental exam. And if the child is five years or older the child will receive a mental health assessment. Children age four months to five years will be screened using the Ages and Stages Questionnaire and the Ages and Stages Questionnaire Social-Emotional screening tool. Follow-up referrals requested by any of the medical, dental, or mental health providers must occur within 90 days of receipt of the health visit report unless the primary health provider specifies another timeframe.

Changes in Performance and Practice: Utah is known nationally for its “Fostering Healthy Children Program” (FHCP). Child and Family Services contracts with the Utah Department of Health (DOH) to provide public health nurses to track each child in foster care and their health care needs. This includes both medical and dental health. The requirements for health care for foster children in Utah include annual health, dental, and mental health assessments and the completion of any follow-up referrals within a specific time period, generally within 90 days depending on the follow-up needed. The FHCP nurses are usually co-located in the Child and Family Services offices. It is expected that they will be invited to the Child and Family Team Meetings and offer input if they are not able to attend. They follow every aspect of the child’s medical, dental, and mental health and record it in health screens in the SAFE database. A number of details about the child’s health are tracked and logged including immunizations, allergies, medical history prior to entering care and during the foster care episode, and family history. One of the biggest advantages to having the nurses involved is the knowledge that they have of medical systems. If the nurse receives information regarding health issues on a child entering care, they know how and where to go to request medical records and follow-up with required care for the child. Nurses also understand medications and their side effects and benefits. They are able to educate and advise caseworkers on any medical situation. One of the impressive abilities that Utah has, as a result of the FHCP, is the ability to group children by drug prescribed, provider, etc. The importance of this ability was illustrated several years ago when a drug was recalled due to some possible side effects that were dangerous for children. The FCHP was able to run reports through the SAFE system and produce a list of children currently prescribed the drug and send information to the parent and foster parent as well as the child’s health care provider asking that the prescription for that medication be evaluated.

Measures of Effectiveness: Both the CPR and the QCR assess our attention to the health care needs of the children we serve. The CPR score is limited to foster care cases and looks at compliance with the requirements that children coming into foster care have a physical, dental, and mental health assessment within the first 30 days of entering care and then annually while they remain in foster care. It also assesses the follow-up referral completion and whether or not it was done in a timely manner. The focus for the CPR is compliance within the timeframe required whether or not there was an immediate need.

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	GOAL	FY 2009	No more than 25% Partials?	2008	2007	2006	2005	Precision range
FC.II1	Was an initial or annual comprehensive health assessment conducted on time?	134	116	2	15	1	85%	88%		89%	94%	85%	86%	4.6%
FC.II2	If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment, was that evaluation or treatment initiated as recommended by the primary care providers?	27	17	0	5	5	85%	63%		66%	86%	67%	58%	15.3%
FC.II5	Was an initial or annual dental assessment conducted on time?	105	93	0	9	3	85%	89%		92%	93%	71%	80%	5.1%
FC.II6	If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?	36	31	0	1	4	85%	86%		92%	84%	80%	78%	9.5%

The QCR examines the status of the child looking at whether or not the child is in good health, and if physical needs are being met such as proper nutrition, clothing, shelter, and hygiene. For children with conditions requiring special care or treatment the expectation is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. Health risks, chronic health conditions, and acute illnesses must be adequately addressed in a timely manner. The scores for health/physical well-being from the QCR are in the table below.

Health/Physical Well-being	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
Eastern Region	100%	100%	96%	96%	100%	100%	100%	100%	100%	100%
Northern Region	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Salt Lake Valley Region	98%	99%	96%	99%	99%	93%	100%	99%	100%	100%
Southwest Region	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%
Western Region	86%	96%	100%	96%	96%	100%	100%	100%	100%	96%
Overall Score	96%	98%	98%	98%	99%	97%	99%	99%	100%	99%

The scores for health/physical well-being have been consistently high across all five regions for a number of years.

Strengths and Barriers: Our FHCP nurses are not available for our In-Home Services cases but since they are co-located in our offices and are such an integral part of the work that is done, the caseworkers often use them as a resource when they have questions about the health and dental care needs of children not in state custody.

Item 23: Mental/behavioral health of the child.

How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

This item scored 85% in the first round of the CFSR and was rated a strength.

State Practice Guidelines Requirements: The requirements for mental health services are defined under item 22.

Changes in Performance and Practices: Mental and behavioral health is tracked by the FHCP nurses for children in foster care just as the physical and dental health assessments and needs are. Mental and behavioral health is more complicated for a couple of reasons. First, the fact that a child is brought into state custody will have an effect on his/her mental health unless the child is a newborn. There are likely also incidents contributing to the need to place a child in foster care that will negatively impact the child’s mental health. And finally, when mental health recommendations are given they can sometimes end up looking like a laundry list of every service available. In addition, the report from a mental health assessment can sometimes take a considerable amount of time to be completed. In order to combat some of these problems, Child and Family Services has put the following into place.

Children under age five year do not have an initial or annual mental health assessment unless one is recommended by a health care provider. These children are assessed regarding their developmental level using the Ages and Stages Questionnaire for both physical and social development. If the child scores under the norm in an area on two consecutive assessments then a referral for early intervention or Headstart services can be made. Children who are older than five years will have a mental health assessment. When the report comes back it often has a variety of suggested therapies. The FHCP nurse will sort through these referrals for treatment and bring the information to the next Child and Family Team Meeting. The team, with the guidance of the child’s therapist or other clinician, will determine what should be provided to the child and when it would be of the best benefit. These discussions as a team will occur within 30 days of the receipt of the mental health assessment report. The therapy decided on by the team will begin as quickly as possible.

Measures of Effectiveness: The scores on the CPR for mental health assessments are shown in the chart below.

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	GOAL	FY 2009	No more than 25% Partials?	2008	2007	2006	2005	Precision range
FC.II3	Was an initial or annual mental health assessment conducted on time?	133	122	2	7	2	85%	93%		95%	91%	67%	66%	3.6%

FC.II4	If a need for mental health services was indicated in the most current initial or annual mental health assessment, were those services initiated within 30 days of receipt of the evaluator's consultation form, unless within 30 days of receipt of the evaluation recommendation the family team concluded that specified services were inappropriate for the child at that time?	69	64	1	3	1	85%	94%		90%	93%	81%	73%	4.6%
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The scores for the Emotional/Behavioral Well-Being from the QCR are shown below. This indicator on the QCR looks for whether the child has and is benefiting from stable and supportive social networks that promote emotional well-being. For a child who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning in his/her home, school, and community, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require improved communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions or mental health treatment.

Emotional/Behavioral Well-being	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
Eastern Region	78%	75%	79%	83%	92%	88%	100%	96%	87%	100%
Northern Region	78%	63%	88%	88%	79%	75%	92%	92%	91%	96%
Salt Lake Valley Region	76%	90%	75%	81%	87%	86%	83%	66%	81%	85%
Southwest Region	68%	67%	75%	92%	96%	92%	100%	87%	83%	96%
Western Region	64%	61%	88%	67%	88%	86%	92%	92%	87%	91%
Overall Score	72%	76%	79%	79%	87%	98%	89%	91%	85%	91%

Strengths and Barriers: When mental health assessments recommend a long list of mental health treatments such as individual therapy, play therapy, support groups, and family therapy and it appears that the child is going to be overwhelmed by the amount of therapy taking place, the caseworker can take that list of recommended mental health treatments to the Child and Family Team Meeting and discuss with the team what is the best plan for mental health treatment for the child. Ideally the Child and Family Team Meeting will be scheduled so that the mental health therapist working with the child or who will be working with the child can attend. In the last several years caseworkers and therapists have begun to hold these Child and Family Team Meetings at the therapist's office in the context of a treatment session so that the therapist can attend. If there is not a mental health therapist working with the child or family then a Child and Family Services therapist would be included. The inclusion of a mental health professional in the decisions regarding mental health treatment is important so that the team understands the needs of the child and the treatment goals.

Section IV – Systemic Factors

A. *Statewide Information System*

Item 24: Statewide Information System

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

This item was rated a strength in the first round of the CFSR.

Yes. Utah has a State Automated Child Welfare Information System (SACWIS) system called SAFE (not an acronym). The SAFE system is utilized by all employees and contains information related to:

- Intake calls.
- CPS cases.
- In-home supervision and family preservation cases.
- Domestic violence case management, tracking, and treatment.
- Home studies.
- Foster care cases.
- Provider recruitment, training, and licensing information.
- Payment and placement information.
- Title IV-E information.
- Interfaces with the IV-D agency, the court C.A.R.E. system, the eligibility system (eRep), and the payment system (USSDS).

System's tracking capacity

The State Automated Child Welfare Information System for Child and Family Services in Utah is known as SAFE. SAFE was considered fully operational in September 2001.

Data is collected and entered directly into SAFE by caseworkers, health care staff, support staff, supervisors, etc.; through interfaces with other state agency information systems such as the Customer Directory, the court C.A.R.E. system and the Office of Recovery Services Information System (ORSIS); and by nightly downloads such as the batch process which updates provider information nightly from the Unified Social Services Delivery System (USSDS). Once information is entered into SAFE, the system automatically displays the data in the SAFE windows and auto fills forms.

SAFE provides caseworkers with prompts for policy-based items that need to be completed within a specific timeframe [Action Items] on a case. Caseworkers and supervisors can view these policy items on the Notification or Action Items window. The Action Item window offers multiple views of the items. The Default view shows those

items that are overdue. A caseworker can view everything that is currently due, items due in the next 30 days, or those due the following month. They can also view the next due date for each action item up to one year in the future and a history of everything that has been done. The Notification window acts as a tickler file for the caseworker providing information about Action Items that are due and those that are overdue. It notifies the caseworker when transcribed activities have been received or if there has been no activity recorded on a case (new cases in the past 15 days; established cases in the past 30 days).

During case creation, if the new case is being created from an existing case, the person information and certain case information such as removal/custody information, placement information, etc. is pulled forward from the prior case to the new case where there are prior cases. This helps to minimize the possibility of selecting the wrong person for a case and/or missing a placement for a child.

Staff members are required to use SAFE for all case management functions. Documentation on cases is entered and stored in Activities. Service Plans, Progress Summaries, and other important documents can be found on the Documents tab in Case windows and Person windows. A history of all services provided to families by Child and Family Services can be viewed on the Services tab in Case windows, Person windows, the Ref/Case tab on the Person window, and on the SAFE Person/Client tab on the Directory window.

General tab, all Case windows

On the General tab in the Case windows, SAFE tracks all caseworkers currently or previously assigned to the case. The caseworker name, date assigned, date vacated, and role [worker type] appear in the Worker Listing area. More detailed caseworker information is displayed on the Worker tab in the Person window. The General tab also displays information on the origin of the case, the reason the case was created, if applicable, the prior case this case was created from, and the start date of the case.

Person tab, all Case windows

The Person tab in the Case window provides demographic information on all clients associated with the case. When you highlight a person and choose the Personal Information view the address, phone number, gender, age, ethnicity and race information, client ID number, and date of birth appears on the lower half of the screen. If the person highlighted is a foster child the address that appears is the placement address. This address automatically changes whenever a new placement for the child is entered in SAFE.

If you choose the Case Information view it will show specific case information for the person highlighted. If the person highlighted is a foster parent or provider no case information displays and the view automatically changes to Personal Information.

If you choose the Removal/Custody view you will be able to see all the information that is required when a child is removed from their home. This information can be entered on either a CPS case or on a foster care (SCF) case. This information is entered in a SCF

case when a child is ordered directly into Child and Family Services custody without prior CPS involvement. The primary person on the case is identified with a “*” in front of his or her name, and if a child client appears on a case but is also the primary client on an open foster care case a “>” will appear in front of their name. This allows a user to identify any child with an open SCF case in the system.

Documents tab, all Case windows

The Table view displays a list of all documents that have been created on a specific case. The Browse view displays all the forms available in SAFE and allows the user to create, edit, view, preview, and print these forms/documents. This tab also appears on the Person window and shows all the documents that are associated with the person.

Out-of-Home tab, SCF Case window

This displays a history of placements for the primary client on a SCF case. The current placement defaults to the top line and additional placements are displayed in reverse chronological order with the oldest placement appearing at the bottom of the screen. You can also obtain a history of placements on the Out-of-Home tab in the Person window. This is where the goals for the child are tracked.

Services tab, all Case windows

This tab displays all of the services provided to clients on this case. There are several views available: All Services is the default, and Open Services or Closed Services are other options. You can also view all the current Purchase Service Authorizations. The information displayed on this tab comes from an interface with USSDS, which provides real-time updating. This tab also appears on the Person window and displays services that have been provided to that specific person.

General tab, Person window

Demographic information is entered and can be changed on this tab. A history of addresses is kept and information about other names (aliases) used is entered and displayed on this tab.

Ref/Case tab, Person window

This tab displays information on all referrals or cases that a person is associated with, regardless of their role in the case.

Eligibility tab, Person window

Medicaid eligibility and IV-E eligibility are entered and displayed under this tab. This information is entered by support staff in each region who are trained on determining eligibility. We have a new eligibility module that pulls information from our TANF system and automates the calculations. There are some errors with the automatic calculation on the TANF MIS system side that we are working with them to correct.

Health tab, Person window

All information pertaining to mental health, medical care, or dental care is entered or displayed on this tab. This information is entered by Health Department staff who work specifically with Child and Family Services. Information entered on this tab is used to

complete the Healthcare Action Items associated with foster care cases and provides a way to track the Primary Care Providers (PCPs) for children in foster care.

Education tab, Person window

The current daycare/school is entered and stored on this tab. A history of schools that a child has attended can be displayed. Once information is entered on this tab the YIC Report form can be printed and provided to the YIC staff when registering a child in foster care for school.

Purch Srv tab, Person window

This window provides two views: the Default view displays the current open Purchase Service Authorizations for a person while the other view provides a Payment History for the person. This window provides an accounting of the amount of money paid and the service type, warrant number, date, and other data related to a payment to a specific provider.

State's reporting capacity – types of reports – who uses reports and for what purposes – accuracy and currency of reports. State approaches to using the data (planning and management). Mechanism for linking with QA including process for monitoring accuracy

Utah's child welfare documentation system is electronic with the exception of third party documents which will soon be scanned into our system. As an electronic information system we are able to report descriptive data in regards to clients and services, process related data regarding compliance of caseworkers with practice expectations and guidelines, and outcome related data. The reporting infrastructure within Child and Family Services is described here. In the state administrative office is a data unit that is within the SAFE team. This unit is responsible for the federal reporting requirements (AFCARS, NCANDS, NYTD), programming of libraries of reports, and data analysis. This team extracts data for Child and Family Services' annual report and completes a quarterly report that is available on the web. There are currently several hundred reports available with more being programmed upon request on a regular basis. This data unit responds to requests for reports or information from state administration, regional administration, community partners, state government, etc.

Each of the state's five regions has two data analysts that have access to the report libraries created by the state office data unit. They are responsible for responding to regional requests and developing region-based reports. Many of the regional reports mirror information the state office data unit produces but down to an office or supervisor level.

Within the SAFE system are several libraries of reports (subselections of the report libraries developed by the state office data unit) that are available to different groups within Child and Family Services. There are libraries for CPS administration and supervisors, In-Home Services administration and supervisors, and foster care administration and supervisors. The supervisor-based libraries contain performance and outcomes-based information to assist them in assessing the performance of their

caseworkers and the outcomes of their clients. Many of these reports were set up at the requests of the supervisors to assist them in managing their teams. Other groups that have report libraries are the training staff throughout the state, RFCs, eligibility workers, Intake supervisors, finance staff for budgeting and resource allocation, and TAL coordinators. In addition, allied agencies with rights to SAFE have report libraries. For example the court administrator can pull performance and outcomes-based reports by judge or district. The Office of Licensing and UFCF can pull reports on foster parent providers they support. Other agencies that have report libraries are the Division of Aging Services, ORS (IV-D agency), OSR, and the DOH.

Consequently, the use of data and reports are utilized throughout the agency from the state administration to the frontline caseworker who is responding to a supervisor's review of their cases. The agency culture is one of managing to data.

Areas of data use include:

- Mandates to pay attention to data measures.
- Demographic view of who we serve.
- Assessing performance and outcomes.
- Use with legislature to respond to proposed legislation.
- Predictive to ask for building blocks.
- Forecasting.
- Resource allocation.
- Use by partner agencies to assess needs and to apply for grant funding.
- Informing practice.
- Alleviating concerns or responding to complaints.

Use by supervisors includes:

- Review how their unit is performing against the state, the region, or some goal or standard that has been set.
- Review how individual caseworkers are performing.
- Work with struggling caseworkers to identify their barriers and set up mentoring.
- Praise caseworkers who are performing well or provide incentives.
- Share innovative practices that they have discovered with administration that are successful.
- Identify what system factors may be impacting success and work to solve with administration (e.g., lack of community services in a particular area).
- Identify if there are specific populations that seem more challenging in a specific measure so they can workshop with administration what can be done to work toward better outcomes for this population.

Within the state office is a Program and Practice Improvement Team (PPIT). Two members of this team focus on quality assurance. They work with the OSR that conducts the QCRs and the CPRs, regional Practice Improvement Coordinators (PICs), the State and Regional QI Committees, and the state office data unit. The PPIT works closely with the data unit to pull data related to areas of quality assurance that are the current focus. There is a Trends Analysis Committee consisting of the regional PICs, the PPIT, and the

data unit that meets quarterly to review data measures and to develop plans for improvement.

Because of the constant use of data by all of the different groups listed above, any data inaccuracies are identified and work with users are done to remedy entry errors through training, reviews, and corrections. Additionally, edits may be added to the system, or helps, tool tips, or data definitions may be added to clarify areas that are confusing to caseworkers. There are reports that are set up and run regularly to identify data concerns that cannot be prevented through edits. The data team, SAFE programmers, SAFE business analysts, and SAFE Helpdesk all regularly work to improve data accuracy.

Extent to which information is complete, accurate, and current and includes the locations of all children in care, including those in relative care, unlicensed placements, voluntary placements, and unpaid placements

As mentioned above, information is entered directly by caseworkers or their support staff. Because payments are connected to placements the placement information needs to be accurate for payments to be made. The information from placement is reflected in several reports and mailings are done to providers as reminders for health care appointments, etc. So even for non-pay placements the information is utilized so that inaccuracies are quickly detected. Additionally, every two weeks caseworkers must verify every placement for their foster children in the system, so if they happen to overlook an update they can fix it then. Reports are also set up to monitor back-entry of placements. Because placement information is utilized by the finance team for forecasting budgets the importance of timely entry is stressed. Currently the median days to update placement information is five days. That was previously the policy timeframe for data entry of this information. In January 2010 policy was altered to require entry of placement change information to within 24 hours.

Accessibility of the system to staff and private sector. Key collaborators with the agency

The SAFE system is available seven days a week 24 hours a day with the following exceptions, 11:45 - 11:50 P.M. Mon - Fri and 5:00 - 5:15 A.M. Monday. This is for all people with access to SAFE including Child and Family Services employees, Division of Aging Services staff, Office of Licensing staff, OSR staff, the GAL staff, AAG staff, court clerks, UFCF, auditors, DOH Staff, and ORS staff. Additionally, although SAFE is a client-server application it is available on the web via Citrix for any staff that have been approved for this method of access.

B. Case Review System

Item 25: Written Case Plan.

Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

This item was rated an area needing improvement in the first round of the CFSR. The Final Report indicated that there were inconsistencies in the degree to which Practice Model is implemented in casework.

State Practice Guidelines Requirements: Utah requires that a written case plan, known as the Child and Family Plan, be finalized in SAFE within 45 days of the child entering foster care or the start of an In-Home Services case. The finalization of the Child and Family Plan requires a Child and Family Team Meeting. The Child and Family Team includes members of the family; formal supports such as therapists, school teachers, and service providers; and informal supports such as extended family members, neighbors, and clergy who meet together to discuss the strengths of the family as well as the needs that must be addressed in order to ensure enduring safety and permanency for the children. Child and Family Plans must be revised at least every six months but may be revised at any time. Participation in the development of the case plan by the parents, foster parent (if applicable), and the child (if developmentally appropriate) are required. Participation in a Child and Family Team Meeting fills this requirement but participation may also come during visits or through other correspondence if a parent does not live nearby.

Changes in Practice and Performance: Our performance on this item in the last CFSR rated this as an area needing improvement. In assessing our strengths and needs on this item we determined that our requirements were sound, our Practice Model certainly supported the practice needed but that we still had a ways to go in consistently implemented Practice Model into every case in the way it was intended. In the last seven years we have become more and more consistent in our practice. Our partners have also become more immersed in the practice and now expect it as the way Utah Child and Family Services does business. In the time since the CFSR in 2003, Utah has improved the Child and Family Plan and the CFA portions of the SAFE system. The new plan guides the caseworker through the requirements. It also allows the caseworker to update the plan at any time in the case, whereas the old plan would allow for amendments but not updates. It required the caseworker to wait until a new plan was due. The new Child and Family Plan also includes the TAL plan. There are safeguards and prompts in SAFE to help the caseworker do their best work for the family. If the child is older than 14 years of age the Child and Family Plan cannot be finalized in SAFE without a TAL plan. If the child is in foster care a Visitation Plan must also be finalized. The caseworker receives prompts to remind them that a new Child and Family Plan is due and if that action item is not cleared a notice goes to the supervisor of the caseworker. Another support for the practice of having a written case plan for each case occurred when all Child and Family Services employees had been trained in the Practice Model. Even

finance and support personnel were required to take a modified Practice Model Training. This has helped everyone to understand what is expected.

Measures of Effectiveness: The CPR reviews the timeliness of finalizing the Child and Family Plan in SAFE as well as the involvement of the parents and children in case planning. Below are charts for In-Home and foster care cases on the timeliness of the initial plan for In-Home Services cases and for foster care cases and also for involvement of parents and children over age 12 in case planning.

In-Home Cases

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	GOAL	FY 20 09	> 25% Partial?	200 8	2007	2006	2005	Precision range	
HB.1	Is there a current child and family plan in the file?	116	92	10.5	8	2	85%	88%		86%	89%	89%	54%	4.9%	
HB.2	Was an initial child and family plan completed for the family within 45 days of case start date?	49	31	10.5	4	0	85%	85% ¹	>25%	78%	79%	82%	51%	8.5%	
HB.4	Were the following members involved in the development of the current child and family plan?														
	the natural parent(s)/guardian	94	76	0	14	4	85%	81%		75%	92%	80%	64%	6.7%	
	the stepparent (if appropriate)	14	12	0	0	2	85%	86%		81%	93%	67%	50%	15.4%	
	the target child(ren) (age 12 and older)	33	26	0	1	6	85%	79%		88%	100%	65%	53%	11.7%	
	Performance rate for all three sub-questions							81%		79%					

Foster Care Cases

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	GOAL	FY 2009	No more than 25% Partial?	2008	2007	2006	2005	Precision range
FC.IVA1	Is there a current child and family plan in the file?	134	113	12	7	2	85%	91%		87%	88%	86%	46%	3.6%
FC.IVA2	If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?	38	27	10	1	0	85%	91% ¹	>25%	83%	84%	76%	63%	4.3%
FC.IVA3	Were the following team members involved in creating the current child and family plan?													
	the natural parent(s)/guardian?	83	67	11	5	51	85%	81%	79%	91%	70%	66%	7.1%	
	the stepparent (if appropriate)	7	4	0	3	127	85%	57%	70%	76%	55%	50%	30.8%	
	the child? (age 12 and older)	53	47	0	6	81	85%	89%	92%	97%	83%	59%	7.2%	
	Performance rate for all three sub-questions													

In order for the case to score a “yes” the Child and Family Plan must be finalized within 45 days. Partial credit is given if the Child and Family Plan is not finalized within the 45-day requirement but is finalized within 22 days of the due date. For ongoing plans, partial credit is given if the plan is finalized within 15 days of the due date. The charts above show that in 92 of the 116 In-Home Services cases and 113 of the 134 foster care cases reviewed the current case plan was in the file and was finalized by the due date. An additional 14 In-Home Services cases and 12 foster care cases had Child and Family Plans finalized within 60 days of due date. Thirty-one of the 49 In-Home Services cases and 27 of the 38 foster care cases reviewed, where the current plan was the initial plan, were finalized within the 45 day timeframe. An additional 14 In-Home Services cases and 10 foster care cases had initial written plans finalized within 67 days of the case start date.

Strengths and Barriers: One of the greatest strengths supporting this practice was the incorporation of the Practice Model into everyday practice by community partners, especially legal partners. The expectations became that parents and children were a part of the Child and Family Team. This team was the vehicle for identifying and outlining the steps to take toward change for the family. The new template for the Child and Family Plan in SAFE was somewhat cumbersome and modifications were made. Judges asked that there be a summary sheet of the steps identified for each objective on the plan. This was done. Caseworkers asked that some of the items be removed or changed. Many of these changes have also taken place. We are continually looking for more ways to improve the template in SAFE and ways to achieve better outcomes for families. The Child and Family Plan is an integral part of the business we do.

Item 26: Periodic Reviews.

Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

This item was rated a strength in the first round of the CFSR.

State Laws, Rules, and Policy: Utah’s statewide Juvenile Court conducts periodic reviews on the status of each child in foster care. Since the fall of 2008, Utah has relied exclusively on court reviews to comply with its periodic review requirements. Prior to that time, reviews were conducted by both the court and by the Foster Care Citizen Review Board. The majority of Utah’s Juvenile Court judges review cases more frequently than every six months. The use of the Foster Care Citizen Review Boards often overlapped with court reviews, requiring caseworkers to prepare and appear at both types of reviews. Due to state budget reductions and the often duplicative nature of the reviews, the Foster Care Citizen Review Board was eliminated in the fall of 2008.

- Utah Code Annotated Section 78A-6-315 sets forth the six-month review requirements. Section 315 provides that reviews may be either conducted by the

- court or by an administrative body. Section 78A-6-315(2)(a) provides: “The review described in Subsection (1) shall be conducted in accordance with the requirements of the case review system described in 42 U.S.C. Section 675.”
- Section 78A-6-313 also applies in cases in which reunification services have been ordered and require that the court hold a review within six months after the initial removal of the minor from the minor’s home. At the review, the court must determine that: 1) the division “has provided and is providing ‘reasonable efforts’ to reunify the family” in accordance with the child and family plan; and 2) the parent has fulfilled or is fulfilling identified duties and responsibilities in order to comply with the requirements of the child and family plan.”
 - Section 78A-6-117(2)(w) provides that orders placing a minor with an agency must contain a date certain for review of the case by the court and the setting of a new date upon each subsequent review.
 - Court reviews are further governed by Rule 47 of the Utah Rules of Juvenile Procedure. Rule 47(b)(4) states, “All cases which require periodic review hearings under Title 78A, Chapter 6 shall be scheduled for court review not less than once every six months from the date of disposition. This includes all cases in which the minor is placed in the legal custody of an individual or agency, is placed on probation or under protective supervision. In addition 47(d) states, “Review of a case involving abuse, neglect, or dependency of a minor shall be conducted also in accordance with Section 78A-6-117, 78A-6-314 and 78A-6-315.” Rule 47 also sets forth requirements for independently requesting a review, and providing written plans and progress reports.

The court sets the date of the review hearing at the time of adjudication, which occurs within 60 days of the child’s removal. The next hearing date is provided to the parties before they leave the courtroom. Generally, the attorneys are responsible for providing notice of the review to their clients if they are not present in the courtroom. Child and Family Services is responsible for providing notice of the review hearing to foster parents.

Performance Measures: Utah’s Juvenile Courts track the timeliness of hearings and report this information to the legislature each year. The Child Welfare Time Lines program was incorporated into the court’s management information system known as C.A.R.E. on February 1, 2010. Previously, timeline data was maintained in a separate Access database. For CY2009, Utah’s Juvenile Courts held timely six-month review hearings in 95% of its cases. Ninety-seven percent of cases had a review hearing within an additional 30 days.

Collaboration: Utah’s CIP created a structure for local collaboration known as “Tables of Six” or “Local Tables.” In Weber County the collaborative effort is called an “Agency Meeting.” Tables in Weber and Salt Lake Counties meet every two to three months, and on a less frequent “as needed” basis in Washington County. Members of the team include juvenile judges, court administration, Child and Family Services, AAGs, GALs, parents’ defense attorneys, and various other stakeholders that may include representatives from probation, JJS, education, mental health, and other providers. These multidisciplinary teams resolve challenging issues and develop strategies for

implementing improvements in the courtroom including the handling of periodic review hearings.

The director of the Utah DHS discussed case review issues with the Board of Juvenile Court Judges during the fall of 2009. She stressed the crucial role of the courts in ensuring that reviews occur no less frequently than every six months. She also encouraged the juvenile judges to assist by asking foster parents and other parties in the courtroom if they have any relevant information to present to the court, and asking caseworkers to explain if relevant parties are not in attendance.

Promising Approaches: Utah’s Juvenile Courts follow the best practice recommendations of “one family-one judge.” This allows the same judge to follow the child throughout the case and provide consistent case reviews. Utah also utilizes courtroom teams in which attorneys for the state and the parents, as well as the GAL are assigned to a courtroom. This reduces scheduling conflicts and provides continuity for timely case management.

Since Utah’s first CFSR in 2003, the Juvenile Courts have developed and implemented a new management information system, the C.A.R.E. system. C.A.R.E. was brought on-line in November of 2005 and has improved all aspects of Juvenile Court scheduling and case management. In October 2008, C.A.R.E. was connected in a read-only interface with the Child and Family Services SAFE system. Enhancements of the interface are ongoing with the assistance of CIP funding and collaboration. On February 1, 2010, a new child welfare timeline was launched in C.A.R.E. to provide data on compliance with statutory child welfare timeline. The new timeline will replace an older stand-alone database in which this information was recorded. Although the new timeline is still being tested, it should provide a more accurate and complete picture of court performance in child welfare.

Item 27: Permanency Hearings

Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court of administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

This item was rated a strength in the first round of the CFSR.

State Laws, Rules and Policy: Utah Code Annotated Sections 78A-6-312(f) and (g) and 78A-6-314 provide that when reunification services are ordered, a permanency hearing is held within 12 months of the removal of the child or within eight months of the removal if the child is less than 36 months of age at the time of the removal and then at least every 12 months thereafter. Section 78A-6-314(1)(b) further provides that a permanency

hearing must be held within 30 days of the dispositional hearing if reunification services are not ordered at that time.

- Utah Rule of Juvenile Procedure 47(d) requires the court to conduct reviews (including permanency hearings) in accordance with 78A-6-314.

Utah calculates the date for the permanency hearing from the removal date.

Performance Measures: For calendar year 2009, Utah’s Juvenile Courts reached permanency hearings in 12 months for children over 36 months of age in 87% of its cases. Ninety-three percent of cases had a permanency hearing within an additional 15 days and 94% within 13 months of removal. This reflects significant improvement over the 2003 Statewide Assessment, in which Utah reported that 80% of cases reviewed at that time reported that a permanency hearing was held within the 12-month time frame.

For children under 36 months of age, calendar year 2009 data showed permanency hearings were held within eight months of removal in 77% of cases and 91% of cases within nine months of removal.

Collaboration: As described in Item 26, Utah’s CIP also utilizes the Local Table structure to collaborate on improvements related to timely permanency and more effective permanency hearing policies and procedures. The director of the Utah DHS discussed permanency goals with the Board of Juvenile Court Judges during the fall of 2009. She encouraged judges to explore the selection of permanency goals with the Child and Family Services caseworkers present in the courtroom. She explained that this was of particular importance when caseworkers recommend a goal of “Individualized Permanency,” which is Utah’s version of “Other Planned Permanent Living Arrangement.” She reviewed appropriate and inappropriate uses of the goal and urged judges to require caseworkers to articulate why each of the other permanency goals has been ruled out before adopting a goal of Individualized Permanency.

Utah’s CIP funds local collaborative projects designed to improve efficiencies for court partners. In the Second Judicial District, which includes Weber and Davis Counties, CIP purchased scanners and installed them in the Juvenile Courts. Court staff are able to scan all motions and final orders into the C.A.R.E. system. This in turn allows all court partners with access to C.A.R.E. to review the documents in a timely and efficient manner. C.A.R.E. and SAFE are interfaced, and Child and Family Services caseworkers, AAGs, GALs, Juvenile Court staff, and JJS staff can now access these scanned documents.

Utah’s Fifth and Sixth Districts used CIP funding in March of 2009 to hold a combined, two-day permanency symposium called the “Relationship Factor” in Cedar City, Utah. Over 300 child welfare professionals were in attendance from a broad range of disciplines including; Juvenile Court judges, AAGs, GALs, parent defense counsel, foster/adoptive parents, Child and Family Services staff, probation officers, JJS staff, and other community partners. Included in the symposium attendees were child welfare stakeholders from the St. George CFSR site.

Speakers at the Symposium were Bill Stanton from the Children’s Bureau and Eric Guy from the Center for Victory. Both speakers presented on the importance of maintaining permanent placements and gave constructive counsel on how to maintain them.

Item 28: Termination of Parental Rights

Does the State provide a process for Termination of Parent Rights (TPR) proceeding in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

This item was rated an area needing improvement in the first round of the CFSR. The Final Report indicated that there were barriers to pursuing TPR for some children and that reasons for not filing were not documented.

State Laws, Rules and Policy: Utah requires that a permanency hearing be held for children under 36 months of age, who have been in care for eight months and for children older than 36 months who have been in care for 12 months. At this time reunification services can no longer be offered unless the parents qualify for one of two 90-day extension of reunification services. If reunification services are ended the permanency goal is changed. If adoption is the new primary permanency goal, termination of parental rights procedures must be started. If another goal is chosen reasons for not terminating parental rights must be discussed with the court and entered into SAFE. TPR procedures are set forth in numerous places in the Utah Juvenile Court Act of 1996, Utah Code Annotated Section 78A-6-101, *et. seq.*

- Section 78A-6-314(5) states that “if the final plan for the minor is to proceed toward TPR, the petition for TPR shall be filed, and a pretrial held, within 45 calendar days after the permanency hearing.”
- If the petition for termination is filed prior to the date set for the permanency hearing, the court may consolidate the hearing on the petition to terminate parental rights with the permanency hearing (Section 78A-6-314(8)). Ultimately, the decision on a petition to terminate parental rights shall be made within 18 months of the child’s removal from home (Section 78A-6-314(8)(c)).
- Section 78A-6-512(1) states that at the conclusion of the hearing in which the parent-child relationship is terminated the court must order a review hearing to be held within 90 days after the date of the termination, if the child has not been permanently placed.

Utah requirements for TPR are more stringent than the Federal requirements. Utah uses the Federal reasons for not terminating parental rights. These are included in our SAFE database on the TPR screen for caseworkers to choose as they fill in this requirement. There is a notification in SAFE that appears for the caseworker at 12 of 22 months in order to give the caseworker the time to prepare and file the request for TPR.

Since the time of Utah’s last CFSR, Utah has adopted an expedited appeals process in cases involving abuse, neglect, or dependency.

- Utah Rule of Juvenile Procedure 52(b) requires that appeals from such cases must be filed within 15 days.
- Similarly, the Utah Rules of Appellate Procedure, Rules 52-29, require that all responses must be filed within 15 days of service of the petition on appeal and all extensions are limited to no more than 10 days. The expedited appeals procedures have improved permanency for children by reducing delay in the appellate process.

Performance Measures: For calendar year 2009, Utah’s Juvenile Courts achieved a decision on a petition to terminate parental rights within 18 months of removal in 91% of cases. Utah faces greater challenges in reaching a termination pretrial within 45 days of the permanency hearing, with 61% of the cases showing compliance within 45 days. Seventy-three percent of the cases were compliant within an additional 30 days, or 75 days from the permanency hearing. On May 1, 2010, Child and Family Services had 845 children in custody who had been in foster care for 15 of the previous 22 months. Of these children 264 (32%) had included the dates of the termination of parental rights in their case record while 582 children (68%) had documentation on why termination of parental rights was not in the child’s best interests.

Collaboration: Utah’s CIP demonstrated collaboration in the creation of a child welfare appeals subcommittee. The subcommittee was instrumental in creating and implementing the expedited appeal process in Utah. The CIP committee continues to receive periodic reports on appellate timeframes.

Item 29: Notice of Hearings and Reviews to Caregivers.

Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

This item was rated a strength in the first round of the CFSR.

State Practice Guidelines Requirements: Caseworkers are expected to notify caregivers, pre-adoptive parents, and relative caregivers of children in foster care of court hearings. Often this happens during Child and Family Team Meetings or during the regular monthly visits to the foster home. There is not an automated process in place to do this. The policy requirements for this item are explained in items 26 and 27.

Changes in Performance and Practice: Utah reported during the first round of the CFSR that foster parents, pre-adoptive parents, and relative caregivers were notified of hearings through the Foster Care Citizen Review Board process and that they were given an opportunity to be heard during those reviews. Utah no longer uses the Foster Care Citizen Review Board process due to budget cuts. Since all hearings are done through the court system now, a better notification process needs to be put into place. Recently, in a State QI Committee meeting where the president of the Utah Foster and Adoptive

Family Association was in attendance, this need was discussed. She indicated that foster parents have indicated that email is one of the best ways to communicate with them. A majority of foster parents would like for email to be used as a way to notify them of not only court hearings but of medical visits that are due. The director of the FHCP was also in attendance at that meeting and some brainstorming began about how to gather email addresses. The SAFE database system has a field for email address information and could then be used to generate hearing notices. We will be working on this innovation with a backup for mailing when no email address is entered.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services.

Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

This item was rated a strength in the first round of the CFSR.

State Requirements: As a result of the David C. lawsuit standards to protect the health and safety of children were put into place. These standards are in Practice Guidelines and are also reviewed in the QCR and CPR. Practice Guidelines are updated and improved on a quarterly basis. The CPR, which reviews compliance with Practice Guidelines, is also updated to reflect the improvements made. Practice Guidelines require annual health, mental health, and dental examinations for all children in foster care. They also require that follow-up care be completed within specific timeframes depending on what was required by the health provider. A child's safety while in foster care is paramount. Caseworkers are required to speak with the child outside of the presence of the caregiver each month during their monthly home visits. They are expected to ask the child about his or her safety if the child is developmentally able to reply. If the child is not able to reply, the caseworker must ascertain the child's safety and well-being in other ways. Caseworkers are also required to make a visit to the home that the child is placed in. It is important for the caseworker to see the physical environment of the home as well. The FHCP nurses assigned to each of the children in foster care keep careful track of the health care issues for each child. They are a valuable asset to the Child and Family Team.

Changes in Performance and Practice: As a part of the first round CFSR Statewide Assessment, it was noted that FHCP had moved to using only registered nurses to track, monitor, and record the health data information on each child. This has been a statewide practice for a number of years now and has continued to work well. The nurses partner with the caseworkers and are especially invaluable when a medically fragile child is taken into state custody. Recently Child and Family Services met with the director of the Women, Infants, and Children (WIC) program to discuss how we might monitor

participation of foster children in that program. It was decided that the FHCP nurses would gather the information from the WIC program and enter it into the health care screen for the child.

Measures of Effectiveness: The scores on the health, mental health, and dental items in the CPR were reported in items 22 and 23 above. Utah does amazingly well in making sure that children’s health, mental health, and dental needs are taken care of while the child is in care.

Item 31: Quality Assurance System

Is the State operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

This item was rated a strength in the first round of the CFSR.

State Requirements: The State of Utah has been conducting statewide quality assurance reviews since 1995 in connection with the David C. vs. Leavitt lawsuit, the settlement agreement, and the Performance Milestone Plan that resulted from that case. Since 2000, the reviews include both a CPR that is policy compliance oriented and a QCR that is outcomes-based. The reviews are conducted by the OSR, which is an office separate from Child and Family Services but a part of the DHS. These reviews are each completed on an annual basis across the state.

The CPR uses a statistically significant sample of cases in each of the program areas – CPS investigations, foster care, and In-Home Services. The CPR is a compliance-based document review looking for evidence in the record that the caseworker has performed the required activities within the review period.

The QCR is similar to the CFSR on-sight review in that it is outcomes-based and uses interviews with key people associated with the case, including the child, parents, and service providers, to gather information used to score the case. The interviews are held in the person’s office, home, or other location selected by them. The QCR is conducted in each of the five regions during the year. Approximately 24 cases are reviewed in each region, except for Salt Lake Valley Region in which there are 72 cases, for a total of about 168 cases statewide. Each case is reviewed by a team of two reviewers. One of the reviewers must be a certified reviewer, certified by OSR through an extensive process of training, observing, and hands-on mentoring, with the other reviewer acting as a “shadow.” Reviewers can be Child and Family Services employees and other DHS employees working with children and families, as well as concerned citizens and professionals working in related fields. A debriefing is held after the case has been scored, allowing the reviewers to share their findings and discuss the case with other

reviewers, supervisors, and region administration. Caseworkers receive immediate feedback and recommendations in an exit interview the same day. The lead reviewer then writes a case story explaining the scoring of the case and providing case-specific recommendations. The case story is then sent to the region administration and to the caseworker and their supervisor, and is sometimes used in trainings as case examples.

Both the CPR and QCR address ASFA requirements. In the QCR, cases are scored in two areas: Child and Family Status and System Performance. The outcomes measured under Child Status include safety, permanency, and well-being. Likewise, the CPR looks at compliance with policy addressing these outcomes. For example, the CPR measures whether child abuse and neglect investigations were initiated on time and whether foster home visits to monitor children's safety and well-being are completed every month.

System factors are specifically addressed in the QCR. These include how well the agency has addressed the needs of the family by using the principles of the Practice Model. Specifically, the QCR evaluates the child and family's active participation in the decision-making and planning process; the functioning of the Child and Family Team; and the ability of the team to assess the strengths and needs of the family, to formulate a LTV for the family to live safely without supervision from child welfare, and put services in place to achieve and maintain this. The QCR also reviews the Child and Family Plan and its implementation including tracking and adaptation. Service array is addressed in terms of both formal and informal supports for the family. Caregiver support and satisfaction is also addressed, as well as planning for successful transitions.

The QCR also uses stakeholder interviews to provide a broader view of systemic factors within a community and region. Stakeholders are interviewed and information is compiled to help region administration identify and address systems barriers. A broad cross-section of stakeholders is included, from legal partners to service providers, community partners, and agency employees. The selection of stakeholders is different for each review and is intended to match the needs of the region. As mentioned above, stakeholders and community partners are also involved in the QCR as reviewers.

After the on-sight review, the OSR analyzes the results from the scores, as well as the content of the case stories, and summarizes the information from interviews with local stakeholders, all of which is then assembled in a written report. The overall findings are presented to the region administration with attention to both the strengths and the areas for improvement found in the region. Ideas are solicited on improvements that can be made and also barriers within the system that need to be addressed by administration. Each regional report, as well as a statewide annual report, are made available to the public and can be viewed on the following website: <http://www.hsosr.utah.gov/>.

Implementation of Program Improvement Measures: Information from both the CPR and QCR is disseminated to a number of specific groups and individuals. Results in both the QCRs and CPRs have been used to target training needs and policy and practice revisions. Each region has one (or more) Practice Improvement Coordinator whose job it is to improve practice performance to the level needed to insure quality outcomes for the children and families served by the child welfare system. These coordinators work with

region administration, frontline caseworkers, and supervisors to address areas needing improvement through training, mentoring, or by other means to improve practice. The regional Practice Improvement Coordinators all meet together on a quarterly basis with the state PPIT to discuss issues around CPR, QCR, and CFSR. Innovative ways of fostering practice improvements are shared among the participants of these quarterly meetings.

In the last three to four years there has been a shift towards giving supervisors increased responsibility in monitoring the performance of their teams. Tools have been developed to allow supervisors, as well as administrators, to easily track their staff's performance. Sophisticated reports have been programmed and made available to supervisors that pull data from the SAFE information system and measure the agency's performance statewide, region-wide, by office, by team, all the way down to the individual caseworker and even case level. These reports, for example, allow a supervisor to see in a matter of minutes if the team is on track with meeting timeframes for initiating or closing CPS investigations and which cases or caseworkers missed it. Or supervisors can pull a report to see whether caseworkers have conducted Child and Family Team Meetings, home visits, and when. These reports can help supervisors decide which cases or caseworkers require their help.

In the same attempt to empower supervisors in taking charge of their team's performance, another tool, called the Supervisor Finishing Touches, was made available to supervisors to help them assess practice measured in the QCR. Supervisors select a number of cases each month (usually one case per caseworker per month). They first review the case file and then discuss with the caseworker their practice around family involvement, teaming, assessing, planning, and LTV. Based on documentation and report from the caseworker, the supervisor enters the results in the data system, which helps track which cases have been reviewed and what the recommendations are.

Incidentally, the state administration has noticed that supervisors who routinely use these tools perform better in reviews.

Additional Means of Tracking Outcomes and Systems Performance: In addition to the CPR and QCR, outcome and performance data is also analyzed by the Trends Analysis Committee. This committee meets on a quarterly basis and is made up of state and region administrators who work together reviewing and interpreting data. The Trends Analysis Committee then issues recommendations for improving the practice to the appropriate program administrators. Subsequent data is then examined to understand the effectiveness of the practice changes implemented.

The results of the CPR and QCR reviews, as well as outcomes and performance data, are also a part of the information presented to the State and Regional QI Committees. These committees are made up of community stakeholders and offer recommendations to Child and Family Services on a number of issues.

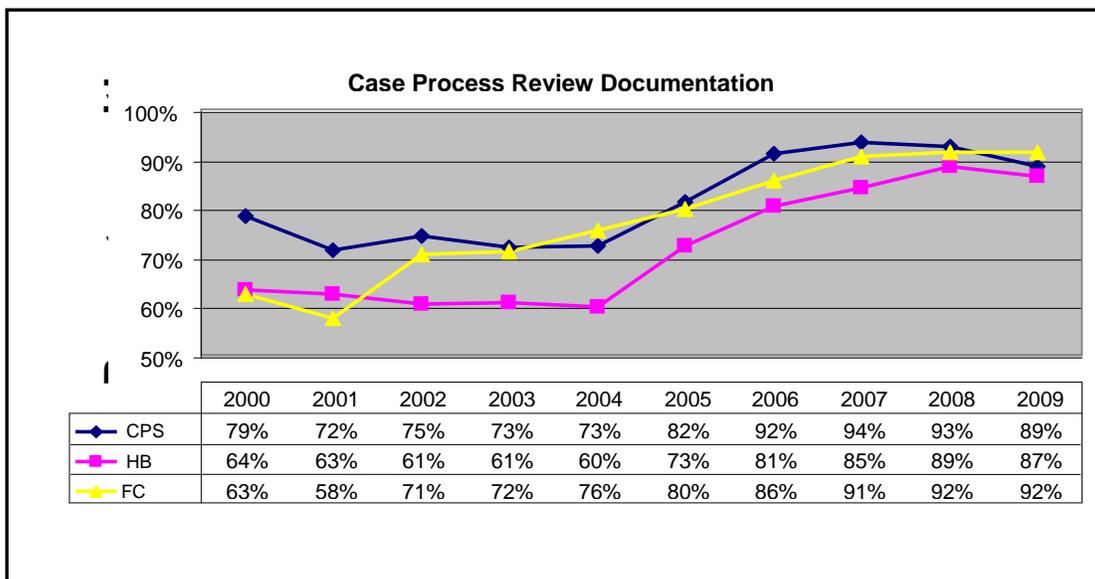
Measures of Effectiveness: Utah does well in this area and will continue to do so. The introduction of the QCR, along with the Practice Model that it aims to measure, has

represented a major shift in Utah’s child welfare system and has become a mainstay in Utah for all those working with our children, within and outside of the agency. Most of our partners, from those working in our legal, health, and mental health systems, to many teachers and legislators, have participated in the QCR as reviewers or have been interviewed and reviewed the results in one way or another. For a while, the local press was present at the exit conferences. The QCR is credited with having helped Utah exit its lawsuit and reform its child welfare system. Internally, it has become the standard by which practice is measured and the main annual event in each region. Instead of waiting for the next annual QCR, some regions have introduced mini-QCRs to help move practice forward between reviews.

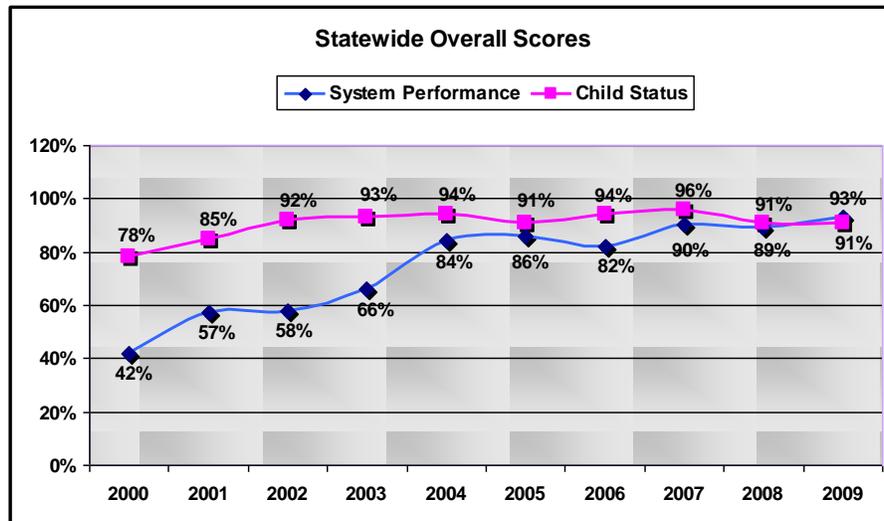
Another important innovation that has allowed the agency to move program improvement forward significantly are the data reports mentioned above, available to supervisors and administrators to track progress on a continuous basis, without having to wait for another review to produce results. These reports are used at all levels of administration including caseworker supervisors and are the result of our sophisticated SAQWIS information system and the skilled programmers who have developed these reports.

While Utah exited its child welfare lawsuit in 2008, the state is committed in continuing the two reviews that were implemented as a result of it. Not only were the many benefits of the QCR evident in moving child welfare practice forward, but it has also proven a good tool in preparing for the CFSR.

Utah has made steady and continued improvements in all areas of the state and in all areas of practice. In last year’s CPR, the results for the cases reviewed in CPS were at 89% “Yes” answers (meaning evidence was found in the documentation that the required action was completed 89% of the time), in In-Home Services cases the rate of “Yes” answers was at 87%, and in foster care cases it was 92%.



In the QCR, the results have also improved dramatically since the start of this review and remain high the last few years. The overall status of children and families has remained above 90% since 2002, and was at 93% last year. System Performance made a big jump from 66% to 84% in 2004 and scored a record 91% last year.



Strengths and Barriers: Utah has become quite focused on the reviews and the scores. The QCR has become an event in each region that is planned for nearly all year. Some regions have instituted “kick-off parties” with special attention to the caseworkers who have been “chosen”. We have also developed an appeals process that can be used when the region is not in agreement with the scores given on the case. All of these are focused on the scores and meeting the goal. In the past the drive to achieve the requirements outlined in the Performance Milestone Plan have helped drive practice improvement. We would like to now shift to a focus on practice improvement in a continuous quality improvement frame of mind. We would also like to focus more on themes rather than individual issues.

D. Staff and Provider Training

Item 32: Initial Staff Training.

Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

This item was rated a strength in the first round of the CFSR.

State Practice Guidelines Requirements: Utah law sets forth the training requirements for child welfare caseworkers. The law contains the following:

“Any child welfare caseworker who is employed by the division for the first time after July 1, 1999, shall, before assuming significant independent casework responsibilities, successfully complete: the core curriculum; and except as provided in Subsection (2)(c), on-the-job training that consists of observing and accompanying at least two capable and experienced child welfare caseworkers as they perform work-related functions: for three months if the caseworker has less than six months of on-the-job experience as a child welfare caseworker; or for two months if the caseworker has six months or more but less than 24 months of on-the-job experience as a child welfare caseworker. A child welfare caseworker with at least 24 months of on-the-job experience is not required to receive on-the-job training under Subsection (2)(b)(ii). Child welfare caseworkers shall complete training in the legal duties of a child welfare caseworker; the responsibility of a child welfare caseworker to protect the safety and legal rights of children, parents, and families at all stages of a case, including initial contact; investigation; and treatment; recognizing situations involving: substance abuse; domestic violence; abuse; and neglect; and the relationship of the Fourth and Fourteenth Amendments of the Constitution of the United States to the child welfare caseworker's job, including search and seizure of evidence; the warrant requirement; exceptions to the warrant requirement; and removing a child from the custody of the child's parent or guardian. The division shall train its child welfare caseworkers to apply the risk assessment tools and rules described in Subsection **62A-4a-1002(2)**. When a child welfare caseworker is hired, before assuming significant independent casework responsibilities, the child welfare caseworker shall complete the training described in Subsections (3) and (4).”

It is vital that new employees have a substantial amount of training before they assume a caseload and have responsibility for children and families. New employees hired to provide casework services complete the following:

- DHS New Employee training.
- One hundred twenty hours of Practice Model Training - The philosophy and foundation for our work with families. It is also intended to provide consistent service across the state.
- SAFE training - Our substantial computer system that documents all casework activities.
- Level A - The introduction to the DHS and Child and Family Services processes.
- Level B - The organization for practice and documentation training.
- CORE 100 - An overview of the laws and legal processes.
- CORE 103 - An overview of the effects of abuse and neglect on development.
- CORE 104 - Helps new caseworkers to understand the issues of separation and loss.

Along the Wasatch Front (Northern, Salt Lake Valley, and Western Regions) this training is nearly completed prior to the caseworker carrying any cases. Initial training for new

hires takes nine weeks to complete. New employee training is a combination of classroom training and on-the-job training that takes place in the office with caseworkers and supervisors. Utah also is required by state law to provide a mentoring experience for all new employees. Child and Family Services caseworkers must have a bachelor's degree in a social science field. Training is recorded in the SAFE database system. In addition, employees hired for positions other than case management are also required to complete Practice Model Training. We offer a modified Practice Model Training for staff that do not have direct services positions but any employee is welcome to take the full Practice Model Training.

Changes in Performance and Practice: Since the last CFSR, Utah has continued to require Practice Model Training for all new hires. Below is a chart of the new employees hired and trained.

Training Report for FY09

Region	Employees Hired	Caseworkers Completing PM Training	Total Employees Completing Practice Model Training
Northern	11	100%	100%
Salt Lake	15	100%	100%
Western	7	100%	100%
Eastern	9	100%	78%
Southwest	4	100%	100%
Total (includes state office)	50	100%	92%

Each region has a training team that delivers the training for the new hires for that region. The region training teams provide training in their regions, develop trainings requested by administrators and supervisors to meet needs in the region, and work with the Professional Development Team at the state office on curriculum. Currently there is a freeze on hiring due to budget cuts. The region trainers and the state office trainers have undertaken the process of updating the Practice Model Training. When Practice Model was first developed the audience was mostly caseworkers who were currently working in child welfare but who needed to shift the way they were doing business. It was delivered in a setting where caseworkers attended training a few days a month while they were working their jobs. Practice Model Training is now delivered to a very different group. The students are new caseworkers who have not worked in child welfare. Their job for the first couple of months after hire is to attend training. This is quite different. There is also a need to incorporate program-specific skills into the training so that new hires understand how Practice Model work looks in everyday casework. When the revisions are completed we will have curriculum that incorporates CORE training with Practice Model and there will be examples of what Practice Model work looks like in each of the program areas of CPS, In-Home Services, and foster care. The new written curriculum will also incorporate the mentoring requirements found in Utah law into the training. Regions have met this requirement in different ways with some incorporating the mentoring into training while others start the mentoring after the new caseworker has completed all of Practice Model Training. The revised Practice Model curriculum will bring the training and mentoring together into a complete package.

Item 33: Ongoing Staff Training

Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

This item was rated a strength in the first round of the CFSR.

State Practice Guidelines Requirements: Utah has, in the past, had a requirement for 40 hours per year of ongoing training for employees. This requirement was in state law. Recently we learned that the specific amount of hours required had somehow been taken out of state law. In fact, there was really no mention of ongoing training requirements in law at all. Practice Guidelines alluded to a requirement for ongoing training but it was not clear if it was just for employees who worked directly with clients or for all employees. This year Child and Family Services determined to clarify in Practice Guidelines what the expectations were and how they would be applied to each employee. Frontline caseworkers, supervisors, and other administrators are now required to complete 40 hours of ongoing training each year. All other employees, including financial staff, support staff, secretaries, and receptionists are required to complete 20 hours of ongoing training each year.

Changes in Practice and Performance: In the past, Child and Family Services has sponsored an annual Child Welfare Institute. This conference was an avenue for all employees to fulfill the requirements for ongoing training. Due to budget cuts and through specific directives to eliminate conferences the Child Welfare Institute has not been held for several years. The need to offer “refresher courses” and program-specific training on an individual basis was also identified. In order to provide an opportunity for all employees to complete the required ongoing training each year without incurring personal cost it was decided that Child and Family Services would offer enough training through available online training, web-based training that was produced by the Professional Development Team, and classroom training. We are now in the process of setting up a library of training that each employee can take advantage of. We will also have a calendar that has everything available and specifics on any classroom training being provided. The training for staff who do not work directly with clients will be suited to their particular positions. For example, secretaries may take Microsoft Office training. Employees may also earn training credit for reading books that pertain to their work with the prior approval of their supervisor. We are planning to offer as much of our training as possible via the web so that employees can access it at times convenient to them and will be able to use the training as an ongoing resource.

In the beginning of 2009, the Professional Development Team launched a Child and Family Services website. This website is the portal to all of the web-based training currently offered by the agency. Currently available are:

- Foundations for Youth: Supporting Foster Parents.

- Transition to Adult Living Training.
- Update: “Legislative Session 2009” Training.
- Divorce Conflict Training.
- Long-Term View Presentation Slideshow and Handouts.
- Child and Family Planning.
- Substance Abuse Training: Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Workers.
- Understanding the Background, Context, and Role of the 4th and 14th Amendments of the U.S. Constitution.

We are planning to greatly expand the offerings in the near future.

Measure of Effectiveness: Utah Child and Family Services has been able to record ongoing training for employees in the SAFE system. The SAFE system also notifies employees when they need more training hours. Employees can even enter their own trainings if they are not included in the agency trainings. For example, if an employee attends a seminar on a topic related to child welfare they can enter that as ongoing training in the SAFE system. Their supervisor then decides if the training is applicable and gives credit. Last year the following training sessions were offered across the state:

- Advanced Intensive Sex Abuse Interview Skills.
- Audio-Import.
- C.A.R.E.
- Car Seat.
- Child Interviewing.
- Clinical Forum.
- Domestic Violence.
- Home Builders Family Preservation.
- Kinship Practice Guidelines 2008.
- Legal – 4th and 14th Amendments.
- Legislative Update.
- Licensing Information System.
- Limelight Training.
- Motivational Interviewing.
- Safety Model Introduction.
- Secondary Traumatic Stress.
- Substance Abuse – Web.
- Transition to Adult Living – Ansell-Casey Life Skills Assessment.

Item 34: Foster and Adoptive Parent Training

Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

This item was rated a strength in the first round of the CFSR.

Pre-service Training

State Practice Guidelines Requirements: Prospective foster parents are required to attend 32 hours of training prior to licensure. Utah Child and Family Services contracts with the UFCF, a public non-profit organization, to provide recruitment, training, and support of individuals to become resource families and to provide support to assist in the retention of licensed resource families. The UFCF provides both pre-service training for resource families as a part of the requirements to become licensed foster care providers and also in-service training to retain licensure.

In order to attend pre-service training, a potential foster parent must be registered for classes by a representative of the UFCF after an In-Home Consultation has been completed. Interested individuals and couples can fill out an online contact form, and a representative in their area will contact them.

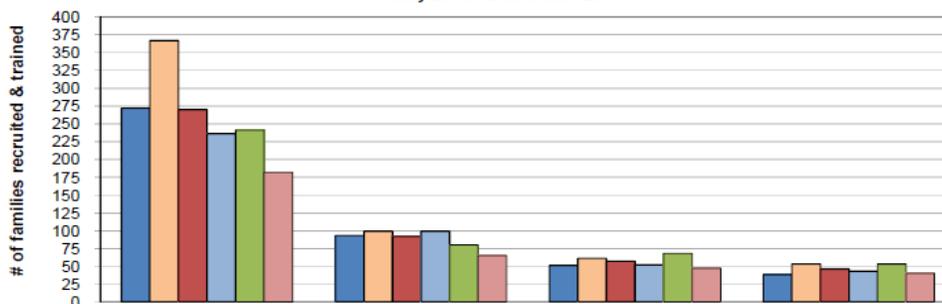
Changes in Performance and Practice: Trainings are offered by UFCF trainers across the state. They provide unique insights into the process of becoming a foster/adoptive family, the situations these families encounter, solutions to typical problems, the emotional aspects of being a foster/adoptive family, and many other topics important for those preparing to foster. The eight required classes are listed below, along with a brief description.

- **Class 1: Orientation:** This is an overview of foster care, kinship care, and adoption. Parts of the class are co-taught by a foster parent. A brief history of the child welfare system is given along with the Child and Family Services current practice principles. The concept of Child and Family Team Meetings is discussed as well as defining roles for foster parents.
- **Class 2: Licensing and Medical Policy:** This class explains the expectations for foster/adoptive parents in regards to medical, dental, and counseling appointments. The last half of the class is Child and Family Services Practice Guidelines and Office of Licensing rules. Class discussion focuses on levels of care, reimbursement rates, the licensing process, and general guidelines from Child and Family Services for foster care.
- **Class 3: Abuse and Neglect:** The first part of this class provides an overview of what constitutes child abuse and neglect, how to recognize indicators of maltreatment in children, and the dynamics in families in which maltreatment

- might occur. The second part discusses the definition and types of sexual abuse, the dynamics of that abuse, and characteristics of children who have been sexually abused. The last part of this class focuses on how parents and caregivers can best facilitate healing for these children.
- **Class 4: Impacts of Abuse on Development:** In this class caregivers become familiar with the primary stages and milestones of normal physical, cognitive, social, and emotional development in children. Class discussion revolves around potential negative effects of abuse, neglect, and sexual abuse on children's development. Caregivers are given tools and skills to help children as well as local resources to draw from.
 - **Class 5: Attachment, Grief, and Loss:** Class discussion revolves around the effects of separation for the child and birth family and how to help children handle feelings of sadness, loss, anxiety, and anger. The negative impact of multiple placements is explored and the benefits of birth family involvement discussed.
 - **Class 6: Discipline:** Class discussion revolves around appropriate and effective uses of discipline. Trainers present materials on why physical punishment is very harmful to children, especially those who have experienced abuse. Choices in discipline are presented to focus on positive and logical consequences. The last part of the class discusses the effect of caregiving on foster parents and how to recognize chronic stress and deal with its implications.
 - **Class 7: Adoption and Permanency:** This class focuses on issues that children who have been adopted may have and issues that adoptive parents may have. The adoptive parents will learn:
 - To recognize common post-adoption issues for both parent and child, including loss, identity, control, and divided loyalties.
 - How parental fantasies about a "dream child" and the child's fantasy of his or her birth parents can impact the long-range adjustment of the family.
 - How to identify events that trigger adoption issues; the positive impact of utilizing resources.
 - The importance of talking to the child about adoption, discussing adoption issues, and the birth history of the child in a positive manner.
 - **Class 8: Cultural Issues and Primary Families:** The importance of recognizing each child's cultural roots as well as the difference between race, ethnicity, and gender are discussed. Families have the opportunity to learn from birth parents, adoptive parents, and foster parents on how to integrate each child's cultural ties into their own families. Reuniting families is a major focus of all the classes, and this class exemplifies the benefits and realities of that plan. Speakers share their stories, caseworkers extol the benefits of cultural identity, and families have the opportunity to ask questions and vicariously experience a little bit of foster care and adoption.

Measures of Effectiveness:

FY 2009- Resource Family Recruitment & Training Monthly Report
July 2009 - December 2009



	Initial Inquiries ¹	Initial Consults Completed ²	Enrolled ³	Graduation ⁴
Jul-09	272	93	51	38
Aug-09	367	99	61	53
Sep-09	270	92	57	46
Oct-09	236	99	52	43
Nov-09	241	80	68	53
Dec-09	182	65	47	40
Total 7/01/2009-12/31/2009	1,568	528	336	273
Total 7/01/2008-12/31/2008	1,544	533	355	248
Grand Total 1/01/01-12/31/2008	26,163	8,702	8,433	6,743

- 1 Initial Inquiries - number of people who have inquired about the Utah Foster Care program, whether by phone, event, e-mail, etc.
- 2 Initial Consultations Completed - number of initial consultations (pre-screening of potential resource families) completed by recruiters
- 3 Enrolled - number of families that have been registered for pre-service training, and who have attended at least one class
- 4 Graduation - New, make-up, and total resource families who have completed pre-service classes

Note: This graph's numbers only reflect the families that could have children placed in their homes and do not include volunteers, peer parents, or private pay parents.

In-Service Training

Changes in Performance and Practice: After the resource family is licensed, the UFCF trainer continues in a supportive role providing the in-service training through the clusters. In-service training is provided in each region across the state. Twelve hours of in-service training is required annually for foster/adoptive parents to remain licensed. Foster families may attend training in any region. In-service training classes are developed, implemented, and designed to create a pathway for families to enhance their skills and knowledge.

Many foster, adoptive, and kinship families feel most comfortable with families who are similar to their own—families who can provide friendship, support, ideas, and information about caring for their children. Without help, finding other foster/adoptive families to turn to for help can be a daunting and sometimes impossible task. UFCF, Child and Family Services, Utah Foster/Adoptive Family Association, and the adoption community work together to provide Cluster support groups to help foster/adoptive families find other families like their own. A Cluster is a support group of approximately 15-50 foster, adoptive, or kinship families (couples or singles) who organize to support the caregiving experience. Each Cluster is facilitated by a foster/adoptive parent, who helps to organize the topic, location, and other details each month. Clusters are not only grouped by geographical area, but also by whether they provide foster, adoptive, kinship, or specialized care. Salt Lake Valley Region also sponsors a Cluster devoted to Spanish-speaking families. Clusters provide foster/adoptive families with an avenue for emotional and social support, opportunities to earn in-service training hours, receive

caregiving advice and assistance from other foster/adoptive families, and access additional resources and information. Foster families are typically able to earn the in-service hours required for re-licensure through their Cluster support groups.

Measures of Effectiveness: In the first half of FY2010 the UFCF provided or coordinated 132 in-service trainings statewide. A variety of training topics were offered through Clusters including the Foundation for Youth curriculum and the Child and Family Services Practice Model. During the first half of FY2010 there were 472 resource families who completed their required in-service training hours and renewed their licenses.

Families continue to participate in the Resource Family Cluster groups at a high rate. There are presently 41 Cluster groups statewide. In the first half of FY2010, 137 Cluster meetings were held, with 2468 in attendance. Training classes completed through the Clusters offered 186.5 hours of in-service training. Several region directors have also attended Cluster meetings to connect with resource families, listen to their concerns, and answer any questions. The families felt valued by the region directors’ attention and greatly appreciated their willingness to listen.

In the month of November, the UFCF and Child and Family Services worked together to create a new training, entitled Insight: The Whole Team. The goal of this training was to bring together foster parents and Child and Family Services staff to create an understanding of each other’s roles and open the doors to better communication. It was very successful in bringing about some positive changes.

CLUSTER PROGRAM OUTCOMES	
41 Cluster Groups Statewide	2,468 In attendance at Cluster Meetings
137 Cluster Meetings Held	186.5 In-service Training Hours-Cluster Meetings

E. Service Array and Resource Development

Item 35: Array of Services.

Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

This item was rated a strength in the first round of the CFSR.

State Practice Guidelines Requirements: Utah begins work with a family by getting to know the family. It is important to assess the strengths of the family as well as their needs. In learning a family’s strengths a caseworker can provide the support and

encouragement that help a family to identify their needs and have a desire to make changes. A CFA, which is tool in SAFE, is created in the CPS case and is available in SAFE throughout the time that the family is receiving child welfare services. The tool helps to guide the caseworker and the Child and Family Team through the process of gathering information about each member of the family to discover the underlying needs of the family and then to determine interventions that will be used to serve the family as they receive ongoing services through the agency and make the changes necessary to provide enduring safety and permanency for their children. The CFA can be connected to any child in the family so that if there are three children in foster care only one CFA needs to be maintained. However, if there is a child who is not receiving the same services as the rest of the family that child may have his or her own CFA if that is appropriate. The tool is flexible. If a new case is opened on a family a previous CFA can be accessed so that information contained in it can be included with the new case. The CFA is the repository of information from other formal and informal assessment. It is also the place where Child and Family Team Meeting attendance, agenda, and minutes are recorded.

Utah Child and Family Services caseworkers begin to build a team around the family during the CPS investigation. The CFA takes into account the information that the Child and Family Team has gathered from formal assessments such as a mental health assessment and school assessments, as well as informal information gathered by members of the Child and Family Team. This team, including the family, meets regularly to review information and draw conclusions regarding the services and resources that can be provided to help the family achieve the level of safety needed for their children.

Changes in Performance and Practice: Utah continues to provide an array of services across the state. Local communities have various resources available to assist families in meeting basic needs (food banks, housing assistance, homeless shelters, after school programs, free clinics, etc.), as well as services to improve functioning (parenting classes, education supports, employment assistance, vocational rehabilitation, mental health services, crisis nurseries, youth services, etc.). It is interesting to note that in the more rural parts of the state, which could be viewed as lacking a large array of services for families to choose from, there are often more informal supports. This was noted in round one of the CFSR when one of the sites selected was one of the most rural and remote areas of Utah. The service array provided was adequate and then the community filled in with informal supports. Over the last two years the region that this area is in has been implementing a “systems of care” approach to their work. They began this in one town of the region by using a method of involving community partners that was initiated by the executive director of the DHS called “Immersion”. The administrators in the area planned a “Night Out” for the community. Over 100 people were in attendance. The event was used to enhance community awareness and to continue with the emphasis on making child welfare a community issue. Approximately one year later the Child and Family Services region director implemented his Creative Interventions program in that area. This program is based on the Milwaukee Wraparound model. The Immersion event set the stage nicely for the community to understand the need to provide more informal supports for families who were receiving child welfare services in the area,

especially teens in foster care. The community has provided a number of services that previously had not been available.

In the first round of the CFSR we identified the lack of dentists willing to accept Medicaid payments as a problem. Some of the struggle with this was relieved when Medicaid discontinued dental coverage for adults. Utah dental clinics were then able to see more child Medicaid clients. Since the first round of the CFSR the director of the FHCP, whose nurses track the medical, dental, and mental health needs of children in foster care, talked her own dentist into providing dental care at the Christmas Box House in Salt Lake City on Thursday evenings and all day Fridays. He takes his office staff with him. This has been a tremendous gift to the children in foster care and we are very grateful for his support.

As Utah Child and Family Services looks to the future we are seeking to reduce the number of children in foster care. This will require more services for children to keep them safely in their homes. Currently, we are restructuring our foster care program as a result of a Medicaid changes. We are finding that providers who once offered only inpatient treatment are now becoming creative in the services they provide. We have heard plans to provide day treatment options with wraparound services that will be available to children and families who are receiving In-Home Services as well as foster care treatment. This will allow us to use family-based foster care or keep children and youth in their homes instead of maintaining them in group homes or residential treatment facilities. This is definitely a silver lining that is just now beginning to be developed.

Item 36: Service Accessibility.

Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

State Requirements and Practice: This factor was rated an area needing improvement in the first round of the CFSR. The Final Report stated that there were gaps in services in both urban and rural areas of Utah. There were more gaps in service array in the rural parts of the state but it was found that urban areas lacked specialized services such as housing and bilingual (Spanish/English) services. In rural areas it was found that there was a lack of basic counseling and parenting classes. The Final Report also stated that kinship care families did not have access to the services needed for either children or caregivers.

Because Utah is a state-administered system we have consistency in the services provided across the state. Substance abuse treatment and mental health services are county-based but are administered through the Division of Substance Abuse and Mental Health (DSAMH), which is a part of the DHS. Staff across the state are trained in the Practice Model skills of engaging, teaming, assessing, planning, and intervening. Community partners across the state also know and understand the Practice Model and expect it from all Child and Family Services employees. While services are not identical across the

state, there are services to meet the general needs of a child and family being served by Child and Family Services in all areas of the state. For example, Family Support Centers contract with Child and Family Services to provide crisis respite nurseries where children age 0 to 11 years can be cared for. The crisis nurseries are primarily a means to prevent abuse or neglect. Family Support Centers also offer parenting classes. Each Family Support Center offers further services that meet the needs of the particular community in which they are located. Additional services may include but are not limited to: therapeutic treatment services, counseling for children and adults, emergency food and housing services, and referral services. There are 11 Family Support Centers across the state. An example of a service adapting to fit the needs of the community is the Christmas Box House built in Moab. Three years ago it was determined that the Christmas Box House in Moab was not cost effective. As a result of a town meeting attended by over 100 citizens of the community, a task force of 10 citizens and agency representatives was formed. The end result was a partnership with Grand County, Child and Family Services, and the town of Moab for a new Family Support Center at Christmas Box House. The structure and mission of the center now includes a crisis respite nursery as well as other services. The building also houses the UFCF and the Children's Justice Center so that all of these services are available in this more remote part of Utah.

Utah has initiated Home Visiting programs as an intervention with high-risk first-time parents to reduce the potential of abuse and neglect. The CBCAP grant is contracted out through a bid for this purpose. Child and Family Services participates as one of many agencies involved with strengthening prevention efforts in the community. The Department of Health received grant funds to build an infrastructure for Home Visiting and evaluation.

There are 13 community mental health centers throughout the state that provide mental health treatment to children and families. Substance abuse treatment is provided at local county levels with funding from the state and federal government similar to how mental health services are funded.

A good example of the coordination of services throughout the system are services related to domestic violence, for which Child and Family Services has been given the responsibility of the provision of services across the continuum. Domestic violence services include both direct and indirect services. Both Child and Family Services and local community coalitions coordinate domestic violence programs. Child and Family Services monitors both state and federal funding for direct services for individuals and families faced with domestic violence issues. It provides regular reports to both community members and federal funders.

Child and Family Services provides direct and indirect case management, treatment, and education. It provides education and training to Child and Family Services caseworkers on a regular basis and community groups as requested. It also contracts with The Utah Domestic Violence Council (UDVC) to provide training to community members and provides funding to support the annual Utah Domestic Violence Conference. Child and Family Services provides financial support to shelters who provide case management and

advocacy to survivors of domestic violence. Caseworkers also provide advocacy to those referred to Child and Family Services for domestic violence related issues. As part of the contract shelters have with Child and Family Services, they are required to provide community education and support. Child and Family Services monitors compliance to the contract and reports back to federal funders.

Child and Family Service contracts with shelters and the UDVC to provide community outreach services. In addition, employees of Child and Family Services actively participate in UDVC subcommittees and workgroups to provide support to community members via direct educational interventions. A number of community partners work together to provide services to citizens of the state. Child and Family Services works with the Governor's Commission on Criminal and Juvenile Justice, The Office of the Council on Victims of Crime, the UDVC, and law enforcement. These groups all collaborate to serve those dealing with issues of domestic violence.

During the past seven years the following have been added to the service array in the Child and Family Services regions. Below is a sample of the changes in service array in the three Child and Family Services regions that include the more rural parts of Utah.

Northern Region: Mental Health Services have improved and there are now no waiting lists. Child and Family Services has a contract with a mental health provider to work with parents who do not have insurance or Medicaid to pay for court ordered psychological assessments. Child and Family Services also has clinical consultants who provide parenting assessments and other clinical services.

Ogden now has a Juvenile Court drug court that is an extremely valuable resource. It is a fabulous collaboration with Weber Human Services (the county mental health agency), DWS, Vocational Rehabilitation. It addresses many issues with clients and provides services for housing, employment, and treatment.

Also, available in Weber County is Weber Human Services' Tranquility House which is a residential substance abuse treatment program that helps clients with housing issues as well as treatment. There are several other substance abuse treatment options including the Salvation Army. The Northern Region has also been working with Weber Human Services and their Prevention team to implement the SECAP program (Supportive Education for Children of Addicted Parents).

In Cache County, the northern most county in Utah, there are Spanish Speaking therapists at the Community Mental Health Center. The local Domestic Violence shelter, CAPSA, also has caseworkers who are Spanish speaking. The Department of Workforce services has caseworkers who speak Spanish as well. Cache County has a Multi-Cultural Center which has provided Parenting classes in Spanish however, the Child and Family Support Center does not have parenting classes or outreach services in Spanish.

In Box Elder County the local community mental health center does have Spanish Speaking therapists. Parenting classes for Spanish speaking parents are accessible through Centro de la Familia.

The local domestic violence shelter, YCC, has transitional housing.

Both Cache and Box Elder Counties have implemented "Juvenile Mental Health Court," for youth whose mental health issues play a role in the crimes they commit. This has been very successful in diverting youth from JJS to Mental Health services.

All of the Northern Region domestic violence shelters have Spanish speaking workers who work their shifts at the shelters and also are on call. The Northern Region of Child and Family Services also has a domestic violence specialist who speaks Spanish and works closely with the shelters, advocates and caseworkers.

Each of the three domestic violence shelters in the Northern Region, CAPSA, Your Community Connection (YCC) and Safe Harbor, have transitional housing programs for domestic violence victims who are homeless. They also have programs for teaching clients how to budget their finances and other things necessary for maintaining a household.

There is domestic violence treatment available in all areas of the Northern Region. An offender program was added a few years ago in Brigham City, which is about an hour north of Ogden and an hour south of Logan where perpetrator treatment had been offered. The concern was that it was too difficult for people to travel to Logan or Ogden so the additional program was added. The Child and Family Services domestic violence team now has three people who are able to do treatment and have at times traveled to the homes of victims and their children who live in outlying areas.

Eastern Region: To address any service gaps the Eastern Region has developed System of Care Committees in each of the seven service areas. Several of the System of Care Committees have developed what can be termed as an Executive System of Care Committee to oversee and support the actual System of Care Committee. The smaller System of Care Committee works with the family to individualize the services needed. If the service is unavailable within that community, the issue is taken to the Executive Committee for their assistance in finding or developing the needed services. Both the System of Care Committee and the Executive Group have been very creative in meeting the needs of the family. Intensive case management services can be accessed by using a Creative Interventions worker within Child and Family Services (or outside in some cases). Some projects that have been developed by the System of Care include; specialized classes (Navajo Flute, Ballroom Dancing, Scouting for children with mental health issues), Peer Parenting expansion (in process), and Parent Empowerment (testing pilot) and a mentor program (discussing with community).

Recently, the Utah Navajo Health Services joined with Child and Family Services in an effort to extend the System of Care (may be referred to as Circle of Care) programs to the Aneth and Montezuma Creek areas of the Navajo Nation. The collaboration resulted in the development of a position to address methamphetamine abuse amongst tribal members both on the reservation and off. This position will also attempt to address the high suicide rate amongst members of the Navajo Nation who reside on the Utah strip of

the reservation and in Blanding. The position was filed when a long-time Child and Family Services clinician who is from Blanding was hired. She will begin on May 1st. This is a Child and Family Services position that is funded entirely by Utah Navajo Health Services (UNHS) and will serve as a member of the System of Care Committee in each of the aforementioned areas. UNHS has also agreed to support each System of Care Committee (2) with \$5,000.00 in flex funding. This flex funding will be used to further expand resources to the families in these areas. The System of Care model promotes the creativity within in the community and is especially effective in the rural areas of the state. We have found that each community has the ability to address their own issues.

Another possible inspiring development in the System of Care is an effort headed up by Utah State University in Vernal. Derrik Tollefson and his students have embarked upon a project to develop what they call a "Family Support Center". It is in quotes here because it differs somewhat from our concept of what a Family Support Center does for a community. At the heart of this project is the System of Care. The center may or may not provide shelter services. Its primary goal is to support the children in the home and will become a clearinghouse for families in need. Currently, the USU group is working on securing funding.

Southwest Region: A Crisis Nursery was recently opened in St. George (Washington County). Southwest Region also now has Peer Parents available to serve both Sanpete and Sevier County areas as well as Washington County. These counties are very rural and quite isolated so this is a great new resource. A new private therapist who is highly skilled in placement disruptions is now available in the Sanpete and Sevier County areas as well. In Iron County, Southwest Center Behavioral Health Services has, within the last two years, added an 18 bed residential substance abuse treatment facility for men in Cedar City. Prior to that, both men and women received residential treatment at the same facility which really limited the number of clients that could be served at any one time. Child and Family Services clients use to be on the waiting list for up to 4 months. With the addition of this new facility waiting times have been significantly reduced. There has also been additional private providers who are providing other options to our clients who are in need of Intensive Out Patient (IOP) substance abuse treatment such as Intermountain Specialized Abuse Treatment Center and Abbey Road Counseling Services. It should also be noted that Iron County has added a drug court option for those who are involved in criminal court cases. In Beaver County, Southwest Center Behavioral Health Services now offers IOP substance abuse treatment services to the clients of Beaver County on a continual basis. Southwest Center Behavioral Health Services in Kane County has also added an IOP treatment program negating the need for clients in this area to travel over 80 miles one way to the nearest treatment facility to receive these services.

The Southwest Region has placed more emphasis on placing with kinship families by developing Kin-4-Kids which offered support through the UFCF cluster groups and a Child and Family Services clinician to provide clinical support to families as needed.

Collaboration and communication with other agencies such as the Learning Center, Schools, Deseret Haven, SWC, Substance Abuse Providers, Drug Court, DJJS, Juvenile

and Adult Probation, Family Support Center, and Deseret Industries has resulted in wrap-around services for In-Home Services clients. The Sheriff's department is now providing tracking services for non-drug court clients. This has helped with tracking clients who are not being tracked by their chosen substance abuse treatment program for compliance with orders of the court regarding drug and alcohol use. Desert Haven is an eight bed facility developed to provide housing for single women and their children while the mothers get the residential treatment for substance abuse that they need. The Washington County Family Support Center provides crisis respite care to aid families dealing with temporary situations when child safety is an issue. The Washington County Child and Family Services office has a TAL team which has increased attention and focus on helping adolescents successfully transition from foster care into adult life. Dixie Regional Medical Center in a new level IV hospital and has increased our ability to deal with serious medical issues and assessment of abuse in children. Private Providers have increased their capacities and delivery systems to work with a increasingly challenging group of developmentally delayed and disabled youth in care.

St. George City Services offers Sun Tran, which has been able to provide assistance with client transportation needs. This has enabled a large portion of Child and Family Services clients the ability to get to visitations and treatment appointments. The LDS Church as well as other churches have provided vouchers for goods to help meeting basic needs of families. The LDS Church also provides private counseling and social work services at not cost to clients.

Mental health services have also improved. The rural MSW program offered through the University of Utah has substantially increased the number of mental health therapists in Southern Utah. This has helped to improve access to mental health services both privately and through our community mental health provider, Southwest Center Behavioral Health Services.

The Iron County Family Support Center receives grant funding each year to not only provide parent training in Iron County but the outer lying counties of the Southwest Region as well. These courses are offered routinely in Cedar City both in English and Spanish. New Frontiers for Families also provided parenting classes in Beaver, Kane and Garfield counties periodically.

Child and Family Services has become much more adept at utilizing Family Preservation funding FPF/FPR to help families eliminate financial barriers to receiving treatment and other services when needed.

The Erin Kimball Memorial Foundation is a non-profit corporation, founded to address the need for supportive housing for families fleeing Domestic Violence in the Five County (Washington, Iron, Kane, Beaver, Garfield) region of Southern Utah. The Foundation's primary business is its transitional housing program: H.O.M.E. (Housing, Options, Mentoring, Empowerment). In addition to the H.O.M.E. program, the Foundation provides temporary emergency assistance (e.g., deposit, rent) to a variety of people in need. H.O.M.E. has provided over 103,000 nights of shelter to 103 families,

including 286 children, for domestic violence victims in southern Utah, northern Arizona and southern Nevada since 2002.

The Southern Utah Mobile Crisis Team (SUMCT), established in 2007, assists victims of domestic violence and sexual assault in Iron County by providing advocacy services, such as: on scene assistance, obtaining protective orders, crime victim reparations assistance, legal system advocacy, referrals to community resources and counseling, sexual assault and rape response, and bilingual advocacy.

Children's Domestic Violence Services: Counseling services for children exposed to domestic violence has expanded in the Southwest Region. Child and Family Services domestic violence therapist(s) provide children's therapy in Washington and Iron Counties and are expanding to Garfield, Kane, and Beaver counties. Additionally, St. George Child and Family Services offers: Kid's Club - a 10 week intervention and support group for children who have witness violence in their families, and; Mothers Helping Children Heal - a 10 week Mother's Group.

Perpetrator Treatment: Domestic violence offender treatment is available throughout the Southwest Utah Region. Child and Family Services has expanded contracted treatment to presently include: (6) contracted providers (with the additions of Turning Leaf and A Southern Utah Counseling Experience as domestic violence providers). Child and Family Services in house treatment is also provided to court ordered female clients in several counties, with court ordered women's counseling services being provided by Child and Family Services in Sevier County starting in 2010.

Managing Anxiety: A weekly group offered in Washington County to provide education and support for managing acute or chronic anxiety, especially related to previous trauma.

In the Final Report of round one of the CFSR it stated that Utah did not provide the same support services to kinship care placements as it did to licensed foster families. This was one of the main reasons that we decided to move toward licensing our kinship caregiver homes. This has been very successful as shown in items 5 and 15.

Item 37: Individualizing Services.

Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

This factor was rated a strength in the first round of the CFSR.

Individualization of services is required by the Practice Model. In the Practice Model module "Interventions" the outcomes for training for this module include:

- Participants will be able to work with the child and family to individualize interventions that meet specific family needs.

- Participants will be able to maximize and enhance the Child and Family Team process and functioning.
- Participants will be able to lead the Child and Family Team in implementing the Child and Family Plan.
- Participants will view their role as part of the team, and the team's role as part of the intervention.
- Participants will work with families to create strategies to help create meaningful visits and purpose to their actions with children and families.
- Participants will identify and use intervention skills when working with families.

Caseworkers are taught that everything they do with a family is an intervention. The module stresses that every interaction with a member of the family should be purposeful. Strategies for working with families who have experienced trauma and stress, poverty, mental illness, substance abuse, sexual abuse, domestic violence, and physical abuse are discussed. The module includes how to find and access resources outside of Child and Family Services and how to develop “Creative Interventions” to assist the child and family. It also briefly discusses the System of Care model.

The QCR also emphasizes the individualization of services and their identification in the Child and Family Plan. Under “Child and Family Planning Process” it states:

“ Is the plan individualized and relevant to needs and goals? Are supports, services, and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child and family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?”

The array of services provided for each child and family is to be tailored to fit their specific needs. Agencies that provide services through contract with Child and Family Services have the expectation for participation in Child and Family Team Meetings and for services to be individualized according to the need of the family member(s). The Child and Family Team process is the forum that is used by caseworkers to track whether the services being provided are effective and to make adaptations as needed to attain the outcomes of safety, permanency, and well-being.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation with Stakeholders.

In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

This item was scored an area needing improvement in the first round of the CFSR. The Final Report indicated that there was a lack of representation of all the appropriate stakeholders.

Brief description of/update on the State's policy requirements and monitoring system regarding this item, and procedures for ongoing consultation with external partners linked to the State plan submissions and other agency planning.

Evidence of Child and Family Service's commitment to assure that it has ongoing consultation with internal and external partners is found in its Practice Principles. Principle Five--Partnership, states:

“The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.”

To put this principle into action, Child and Family Services developed formal practice guidelines relating to relationships with external agencies. Practice Guideline 010.4 Other Agency Relationships states:

“Major Objective: Cooperation between Child and Family Services, its community partners, and other state and local agencies is essential to the mission of Child and Family Services. To enhance the provision of services and to support Child and Family Services operations, the state office and regions will designate liaison staff to interface with specific state, local, and partner agencies.

A. Community relations--An administrative position has been established within the state office that is responsible for developing and maintaining relationships with state partners involved in the provision of services to children and families. This position will also work with QI Committees statewide to assure that the community has the ability to comment on and recommend changes that the community believes will enhance Child and Family Services policies, practices, and procedures.

B. Other state agencies--Child and Family Services may enter into contracts or inter-agency agreements with partners and state and local agencies when it is necessary or desirable to clarify division/agency or staff/agency relationships.”

How the policy requirements described above are reflected in practice: These Practice Principles and Practice Guidelines have been used to guide the development and implementation of programs and services delivered to children and families. For instance, the Child and Family Services director and program administrator for implementation of the ICWA participate with the DHS Indian Issues forum. This is a quarterly meeting where the Native American Indian Tribes join with DHS leaders to work on policy issues related to human services. In addition, the ICWA program administrator meets quarterly with the various Utah Tribe leaders to further implement a Memorandum of Understanding for working together with ICWA. This collaboration developed and continues to review current Practice Guidelines relating to requirements for the timely assessment of Indian heritage, which Tribes use to determine whether ICWA applies to specific cases and whether jurisdiction for a Native American child in Child and Family Services custody should be transferred to a Tribal agency.

In addition, Practice Guidelines specify that QI Committees, which act as Citizen Review Panels (CRPs) as required by the Child Abuse Prevention and Treatment Act, are able to review specific CPS cases to evaluate the extent to which the CPS system is successfully discharging protection responsibilities. Similarly, youth in state custody enrolled in TAL services delivered through the Chafee Foster Care Independence Program coordinate many of the activities in which youth in custody are involved.

Child and Family Teams involve engaging with the family and the informal and formal supports they may have or need. This includes many agency partners. Each Child and Family Team identifies needs and designs services provided to a child and family. Child and Family Teams are used to keep children safely with their family by providing In-Home Services as well as when working with youth in kinship care or in state custody. Likewise, the Eastern Region includes community representatives from courts, mental health, school districts, and “non-traditional” service providers such as faith-based organizations, foundations, and fraternal organizations on their System of Care Committees (SOCC), which the region uses to identify and offer needed In-Home Services to families where a child is at risk of placement in foster care.

Finally, the Child Abuse and Neglect (CAN) Council, established by statute in the late 1980’s, not only advises Child and Family Services on matters related to the prevention and treatment of child abuse and neglect, but provides oversight of the Utah Children’s Trust Account, one of four funding streams that support Utah’s continuum of coordinated child abuse prevention services. Utah also has a partnership with community members and agencies that are invested in ensuring primary prevention activities are coordinated and supported with Evidence Based Practices. The Child Abuse Prevention Advisory Council (CPAC) works closely with the prevention program administrator that oversees the four streams of prevention funding and has made recommendations for use of the Community Based Child Abuse Prevention grant to support Home Visiting programs.

A description of the stakeholders engaged in consultation with the State.

Tribal Representatives: Intergovernmental Agreements currently exist with the Navajo Nation and the Uinta/Ouray Ute tribe. Memoranda of Understanding are in place between Child and Family Services and the Ibapah Goshute Indian Tribe, Paiute Indian Tribe, Northwestern Band of Shoshone Tribe, and Skull Valley Goshute Tribe. Utah has made efforts to develop an agreement with the Ute Mountain Ute Tribe whose headquarters is in Colorado but whose reservation land extends into Utah. No agreement is currently in place. Representatives from the Ute Mountain Ute Tribe have participated in our Joint Planning meeting to develop the Child and Family Services Plan.

Native American Indian Tribes meet quarterly with the ICWA program administrator and as determined necessary by the tribe with the region or state administrative team. These forums offer opportunities to discuss Tribal issues, connect with other state ICWA specialists, discuss national statutes and policy, and collaborate to implement the ICWA. In addition, Tribal organizations have been a part of the TAL Action Council and the IOU subcommittee for Kinship Care.

In addition, Child and Family Services programs and services are coordinated with the following agencies that provide services to Native Americans and their families:

- The State of Utah Office of Indian Education ensures that the education system supports and empowers Indian/Alaska Native students, embraces positive native values, and honors and affirms students past, present, and future contributions.
- The Utah Indian Substance Abuse Coalition encourages professional interaction, supports problem-solving efforts, and provides a forum for discussion of substance abuse issues among American Indian/Alaska Native youth in Utah.
- The Indian Walk-In Center provides social services in a culturally appropriate manner to more than 50 separate Tribes and other clients from numerous ethnic backgrounds.
- The National Indian Child Welfare Association provides training and technical assistance related to Indian child welfare services, provides insight into problems and needs presented by Indian children, and helps improve community-based services that work to improve and promote public policies for Indian children.

Consumers: Consumers are included in the decision-making process, and influence policies and procedures in two ways. First, current or former clients, legislators, or the general public are invited to participate on all boards and committees or in ad hoc meetings. We currently have several past clients who are members of the Region QI Committees. One of the QI Committees in the Southwest Region has a former client now serving as the committee chair. Any community member can contact the Child and Family Services Constituent Services Office to voice a concern or complaint, or to offer a suggestion regarding policies, procedures, or division activities.

Foster Care Providers: Foster care providers are involved through programs, services, and activities offered by the UFCF, which, through a contract with Child and Family Services, recruits foster and adoptive families, assists in the recruitment of Native American foster care families, conducts preparation and ongoing training opportunities, and coordinates adoption and foster care Cluster support groups throughout the state.

Their staff and volunteers engage in policy development and advocacy on behalf of kinship, foster care, and adoptive families.

In addition, Child and Family Services hosts a semi-monthly Partner's Meeting during which state program administrators meet with agency partners to plan for and coordinate the recruitment, training, and retention of resource families, including kinship caregivers.

The Juvenile Court: Child and Family Services works collaboratively with the CIP to improve timeframes to permanency and improve the overall court process for children and families involved with child welfare. Child and Family Services and the CIP also collaborate to ensure that appropriate IV-E language is included in court orders.

Child and Family Services has a process to inform the court administrator of changes to state and federal regulations and describe the effect of those changes on child welfare practice and resources. Discussions with the AAG's Office, Office of the GAL, and Juvenile Court judges continue to center on the implementation and impact of new state legislation.

In the State of Utah, Chief Justice Christina Durham continues to oversee the Initiative for Utah's IOU committee. She formed the IOU committee, comprised of leaders in the public and private sectors, which address issues identified in a Pew Commission Report. Child and Family Services provides support to various IOU subcommittees including the subcommittee addressing community support needed by kin caregivers, a subcommittee addressing educational issues regarding children in foster care, and the subcommittee addressing issues relating to youth in foster care transitioning to adult living.

Public and Private that Support or Provide Child Welfare Services: Child and Family Services collaborates with a number of governmental, non-profit, faith-based, and other organizations to meet the needs of the children and families it serves. A sample of those agencies are listed below:

- The Adoption Exchange provides general and targeted recruitment of adoptive families, continuously updates and enhances their website that offers information and online resources to pre- and post-adoptive families, publishes a quarterly newsletter, and operates a lending library with more than 550 adoption related books, CDs, and audio and videotapes.
- Allies for Families provides support to children with mental illness or other special needs.
- The Children's Service Society in Salt Lake City provides parenting classes, child-care, and other resources to kinship families. It operates the "Grandfamilies" program that provides information and support to kinship caregivers, advocates for grandparents and other relatives-as-parents, offers a bi-monthly support group called Friend 2 Friend, conducts quarterly family building activities, and publishes a monthly newsletter.
- The Christmas Box House International provides Life Start kits for youth exiting foster care.
- Contracted residential placement agencies provide care and treatment to children in foster care who are in need of more intensive and individualized services.

- The Drug Endangered Children’s Medical Advisory Team works to improve education programs (provided to professionals and the general community) relating to safety guidelines, response to, and treatment of victims who have been in contact with a methamphetamine laboratory.
- Family Support Centers provide statewide community-based support services to prevent abuse and neglect. They also provide counseling, education, and respite care services for families receiving In-Home Services, as well as crisis respite care services for families involved in the adoption program.
- The National Alliance for the Mentally Ill (NAMI) Utah provides advocacy and education for youth and families impacted by mental health issues.
- Other child placement agencies recruit and conduct assessments of foster and/or adoptive families.
- The Parent Center for Educational Needs provides support to children with mental illness or other special needs.
- The Presbyterian and Lutheran Churches in Salt Lake City have developed a successful volunteer youth mentor program.
- Private foster care agencies provide longer respite care/residential services and parent support services.
- Public, private, and residential mental health agencies provide a continuum of mental health services to adoptive families and youth.
- The Utah Coalition for Caregiver Support addresses issues for caregivers age 60 years or older.
- The Utah Pride Center provides Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) training for caseworkers and foster parents.
- The Youth Service Center provides respite care services for families receiving In-Home Services as well as crisis respite care services for families receiving services from the adoption program.
- The Housing Authority of Salt Lake City offers housing vouchers to emancipating youth and is able to move youth to the top of their waiting list.
- The Utah Higher Education Assistance Authority Board of Directors offers “seed money” for scholarships, through the Utah Education Savings Plan, for youth who have been in foster care and receive TAL services to attend Weber State University, Utah Valley University, Southern Utah University, Salt Lake Community College, the College of Eastern Utah, and Weber and Davis Applied Technical Centers.
- The University of Utah has a private endowment to provide a scholarship for a youth from foster care to help them achieve a degree. The Kardsten scholarship is awarded to a youth and is available to that youth until completion of an undergraduate degree.
- The University of Utah and Utah State University, through a contract with Child and Family Services, provides advanced social work education for Child and Family Services employees and persons preparing for employment in child welfare. Child and Family Services also has contracts with these institutions to evaluate several child welfare outcome measures.
- UfosterSuccess, which provides advocacy and foster care support, aid in matching targeted youth with mentors, and provides support to foster care alumni.

National Organizations: The National Resource Center for Youth Development worked with Utah Child and Family Services and the Utah Pride Center to develop a training curriculum for caseworkers and foster parents. This curriculum is being developed in an effort to address issues faced by LGBTQ youth.

Child and Family Services also received technical assistance from the National Resource Center for Child Protection that helped with the development of our Safety Decision Making Model, which will be used across all programs and services to evaluate a child's safety.

In addition, Child and Family Services participated in the Breakthrough Series Collaborative for Safety and Risk Assessment sponsored by the American Humane.

National Resource Center for Family Centered Practice and Permanency Planning (NRCFCPPP) provided assistance with permanency training. The Child Welfare Policy and Practice Group (CWPPG) assisted with Visiting with Children in Care. Utah received materials from Health Bridge Alliance for Secondary Traumatic Stress. And the National Center on Substance Abuse and Child Welfare (NCSACW) helped with Substance Abuse Training.

Changes in performance and practice regarding this item since the previous Statewide Assessment-Changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State

Changes made while under, and subsequently through exiting, federal court supervision have aided Child and Family Services as it provides services in a manner that includes its many partners. By drawing on partners' expertise, Child and Family Services has been able to improve child welfare services delivered throughout the state and, by coordinating services in a more effective manner, has increased collaboration with creating service plans that are more streamlined for children and their families who are involved with multiple community agencies.

Strategies and activities have resulted in increased transparency of division programs and services. Child and Family Services now assures that information is available to interested parties on its Child and Family Services website and includes information about policy, reports, and program activities. In addition, the website includes links to performance related data generated from the CPRs and QCRs.

Lastly, Child and Family Services has continued to maintain and strengthen its external QI Committees, which provide an independent review of agency performance in each region. The transparency of data permits QI Committee members to assess Child and Family Services' performance, identify trends and challenges, and provide input that enables Child and Family Services to improve the quality of programs and services it offers.

Changes in performance and practice regarding this item since the previous Statewide Assessment-Patterns or trends in, or statewide or local factors affecting, those changes.

The most serious systemic factor affecting Child and Family Services' ability to engage partners has been the ongoing economic crisis. Since more than 58% of our funding is received through a state legislative appropriation, the worsening state economy has seriously hampered Child and Family Services' ability to implement key strategies designed to enhance both internal and external relationships.

Nevertheless, the number of avenues available to consult, collaborate, and coordinate with internal and external partners has increased, and in many cases has offset the negative impact of the economy. In cooperation with other agencies, Child and Family Services staff members continue to promote and coordinate Child and Family Services programs and services through their participation on the following boards, committees, or ad hoc meetings:

- The Utah Sexual Violence Council, which supports and coordinates legal, treatment, and financial support services to victims of sexual violence.
- The Community Partnership to End Homeless Committee, which is supported by the State of Utah, Department of Community and Culture, Division of Housing and Community Development and hosts the Improving Discharge Planning Committee, an interagency group that collaborates to prevent the discharge of clients to homelessness.
- The UDVC, which acts as the statewide domestic violence coalition and supports the Utah State Domestic Violence Cabinet Council.
- The Family Violence Advisory Council, which helps identify trends related to domestic violence fatalities.
- The Domestic Violence Fatality Review Committee (DVFRC).
- The Utah Attorney General's Safety Net Advisory Council that funds services delivered to polygamist victims/survivors of domestic violence.
- The Utah Commission on Criminal and Juvenile Justice (CCJJ) that reviews statewide domestic violence demographic and incidence related data.
- The CIP.
- The CAN Council.
- The CAPAC (the advisory committee that provides support for the CBCAP Grant).
- The Utah Adoption Counsel.
- The Utah Association of Family Support Centers (UAFSC), the professional association of directors of the 13 Family Support Centers that represent all counties in the State of Utah.
- Regional Youth Leadership Councils, which provide training and skills development for youth in care.
- The Health Care Consortium with membership from the Utah Health Department and other agencies that collaborate to provide better health care access for children in foster care.

Measures of Effectiveness: Measures of effectiveness that demonstrate the state's functioning for this item, including quality assurance results or other supporting information, if available, about how actively engaged external partners have been and how their input has been used

While no formal measure of effectiveness has been developed for this item, a contract monitor is assigned to each contract or agreement. The contract monitor conducts, at least annually, a formal on-site review of the contractor’s performance. In addition, the monitor not only ensures that all required stakeholder reports are completed and submitted to appropriate Child and Family Services staff, but monitors complaints or concerns expressed by agencies that relate to their performance or relationship with Child and Family Services.

The QCR requires that interviews with stakeholders be completed annually. Each region submits a list of stakeholders from which a sample is selected and interviewed. Information from stakeholder interviews is compiled and relayed to the regions and to the state administrative team.

Child and Family Services continues to recruit and train individuals from partner agencies who help conduct QCRs and CPRs that evaluate the quality of services provided by Child and Family Services. Without the participation of these traditional and non-traditional partners, the agency would not be able to collect the quality or depth of information it currently accumulates.

Agencies That Assist in Conducting QCRs and CPRs				
Adolescent Residential Treatment and Education Center	Adult Protective Services	Boy Scouts of America	Bureau of Internal Review and Audit	Carbon School District
Cedar City Police Department	Cedar City QI Committee	Center for Women and Children	Children's Justice Center	Community Action Program
Congressman Cannon's Office	Court Appointed Special Advocate	DCFS-Retired	DWS	Department of Youth Corrections
DHS Executive Director's Office	DHS Executive Directors Office-Office of Public Guardian	DHS-JJS	DHS Office of Fiscal Operations	DHS-Bureau of Contract Management
DHS Substance Abuse and Mental Health	JJS	Dove Center Domestic Violence Shelter	Eastern QI Committee	Foster Care Citizen Review Board
Southwest Behavioral Health	Juvenile Court Probation - Roosevelt Utah	GAL	New Horizon's Domestic Violence Shelter	Northern Region QI Committee
Office of the Attorney General	Southwest QI Committee	Resource Families	University of Utah Medical Center	Paiute Tribe
DOH Fostering Healthy Children	Salt Lake County Division of Youth Services	Richfield QI Committee	Utah Attorney General Children's Justice Center	Western Region QI Committee

Agencies That Assist in Conducting QCRs and CPRs				
UFCF	Utah Youth Village	Walstad, Quinton-Burr Attorneys	Washington County School District	Utah Juvenile Court

QI Committees communicate their findings to Child and Family Services administration as well as produce a quarterly summary that includes a description of data reviewed, public relation activities conducted by the committee, special studies conducted, CPS and domestic violence related concerns, and recommendations to be passed to the State QI Committee and/or Child and Family Services administration.

Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results or other supporting information, if available, about how quality assurance results or other supporting information have been shared with external partners, if applicable and available

QI Committees are the primary conduit Child and Family Services uses to disseminate quality assurance results to key stakeholders. Each QI Committee receives and reviews quarterly quality assurance data. In addition, each QI Committee receives annual reports from state agencies that publish data regarding child welfare trends or the status of child welfare services, including:

- The OSR that reports on QCR and CPR outcomes.
- The Office of Child Protection Ombudsman that reports on trends pertaining to client and consumer complaints about services delivered by Child and Family Services.
- The DHS Fatality Review Committee that presents results outlined in the Fatality Review Report.

In addition, Child and Family Services publishes an annual report, available to the community at large, which highlights the number of services provided and achievements made during the prior state fiscal year.

How key stakeholders have contributed to the planning efforts, or barriers to collaborating effectively with them, including youth, tribes, caregivers, birth parents, and courts, whose involvement is critical to effective planning

Partners were involved in one or more of three five-year joint planning meetings held May 13, 2009. Child and Family Services and DHS staff, representatives from the Children’s Bureau, and ACYF regional office in Denver were also in attendance. The first meeting focused on the implementation of the Safety Model and development of systems that will support caseworkers’ use of the Safety Model as they strive to help the clients they serve. The second meeting focused on participants’ desire to develop new or enhance existing In-Home Services that will help maintain at-risk children in their homes. At the third meeting, participants developed new TAL service delivery goals, as well as identified enhancements to existing services funded in part through Chafee Foster Care Independence program and Educational and Training Voucher (ETV) grants.

Influences or issues specific to a particular region or county

Eastern Region has made improvements to collaboration by creating SOCCs. The SOCCs are comprised of local agencies and community partners working together to provide services and support to children and families. They have demonstrated an ability to keep children within the community, and to provide alternatives to judges who in the past would have quickly ordered children into custody to obtain services and to safely reunify children who have been in foster care. While no specific issues related to a region or county were identified, region directors have the ability to identify issues related to their region in monthly region directors meetings.

Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency

Child and Family Services remains committed to its obligation to use community partners, consumers, and stakeholders to provide innovative, transparent, and quality services to the children and families it serves.

Promising approaches in this area

Child and Family Services has formed a number of partnerships with other departments or divisions within state government to assure quality services are available to those we serve. Cooperative services provided by other state entities include:

- The DWS manages the ETV program through an interagency contract with Child and Family Services.
- Child and Family Services has an agreement with the Division of Services for People with Disabilities (DSPD) relating to children that will “age out” of Child and Family Services’ custody but still require and qualify for DSPD services. The agreement specifies conditions that clients and their caseworkers. DSPD also coordinates services for eligible children with disabilities placed in foster care and coordinates services for eligible adopted children with disabilities.
- Child and Family Services and The DOH have an agreement that, through the DOH FHCP, provides nurses to each Child and Family Services region.
- In an effort to assure that children are meeting developmental milestones, a Memorandum of Understanding between Child and Family Services and the Utah DOH is also in force, which allows the DOH to provide initial assessments to children under three years of age and in Child and Family Services custody through their Baby Watch Early Intervention Program.
- Child and Family Services has an agreement with the Bureau of Criminal Identification (BCI) to provide background checks for prospective kinship, foster, and adoptive parents.
- The State of Utah DSAMH coordinates with community partners and agencies to establish an infrastructure for providing mental health and substance abuse services to children and adolescents and their families as well as provides treatment and counseling to children and youth in foster care.

- The State of Utah Office of Education coordinates special education services for children with special needs and helps school districts, administrators, and teachers provide culturally sensitive services to children who have been adopted.
- The State of Utah Office of Licensing provides family assessments and licenses foster care and foster to adopt resource families, child placing foster and adoption agencies, residential treatment programs, and group homes.
- Child and Family Services has a Title IV-E agreement, through a Memorandum of Agreement with the Division of Youth Corrections, for the provision of foster care maintenance payments services for eligible children.

In addition, Child and Family Services signed a Child Welfare Initiative Agreement with the Casey Family Programs Foundation in October of 2009. This agreement identifies joint strategies that advance goals designed to implement a Safety and Risk Assessment, identify, assess, and prioritize work efforts relating to the use of In-Home Services, address staff development issues that aid in accuracy and timeliness of decision making by frontline supervisors, educate stakeholders and the community to improve permanency through adoption, use new and existing measures to improve quality assurance efforts, and implement new and evaluate existing data and research efforts that aid in improving child welfare outcomes.

Item 39: Agency Annual Reports Pursuant to the CFSP

Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

This item was scored a strength in the first round of the CFSR.

Brief description of/update on the State's policy requirements and monitoring system regarding this item

While Child and Family Services has no policy or procedure that identifies how the Annual Progress and Services Report (APSR) is produced or which partners are responsible for providing input into its publication, Child and Family Services Administration has appointed the Federal Revenue Team as the team responsible for completing the APSR. That team collects relevant data submitted by a number of partner agencies (UFCF, Family Support Centers, Domestic Violence Shelters, DWS) and works closely with the Administration on Children and Families to assure that the plan is complete and submitted on time.

How the policy requirements described above are reflected in practice

While there are no formal requirements regarding the development and publication of the APSR, it remains the major tool used to summarize existing agency goals and objectives, communicate activities necessary to achieve those goals and objectives, and to identify needed changes to Practice Guidelines, Administrative Rules, or state statutes, all which

guide the way caseworkers provide services to the children and families they serve. For instance, the 2008 APSR identified the need for, and guided the development of, 13 new Practice Guidelines including those that addressed:

- Processes to be used to identify resources to help children stay with relatives when they cannot safely live with their parents.
- Ways to improve the adoptive family's ability to access adoption assistance.
- Means to provide Subsidy Training.
- The use of the home study when providing In-Home Services.
- The process to monitor the accuracy of kinship background screening.
- The need for the agency to increase the availability of respite care.
- Kidnapped or abducted youth in out-of-home care.
- Resources to be used when searching for an absent parent.
- The use of RFCs.

Brief description of the process used in consulting with representatives, and an assessment of its effectiveness

In 2008, the report was disseminated to QI Committees for review and comment. Likewise, in 2009, the 2004-2009 CFSP five-year plan final report was disseminated to QI Committees and their comments incorporated into that report. In addition, Child and Family Services convenes an annual stakeholders meeting in preparation for submission of the APSR. Each year areas of focus are defined and stakeholders and agency representatives review progress and assess areas for improvement.

Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes

As stated above, Child and Family Services administration assigned the responsibility of completing the APSR to the Federal Revenue Team. Delegation of that responsibility to this team has helped ensure that adequate coordination between internal and external partners as well as other Child and Family Services staff occurs, that appropriate data is gathered, and that the report is submitted on time. As this team assumed responsibility, regions, partners, and state office staff have shown the tendency to seek more guidance regarding collection and reporting of data, have offered more input into material included in the report, and have better communicated their need for support when conducting activities that relate to goals and objectives outlined in the report.

Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available

There are no specific measures to determine the effectiveness or to measure the quality of this process or the end product. ACF remains the sole agency capable of approving the APSR and distributes funding when all report requirements have been met.

The ongoing involvement of stakeholders in evaluating and reporting on progress toward agency goals, and how the agency uses the input of key stakeholders, including courts and tribes, in planning and setting agency goals

As mentioned previously, Native American Indian Tribes meet quarterly with the Child and Family Services ICWA program administrator to discuss Tribal issues, connect with other state ICWA specialists, discuss national statutes and policy, and collaborate to implement the ICWA. In addition, Tribal organizations have been a part of the TAL Action Council, and by cooperating with mental health and other community partners, develop plans for youth involvement in leadership opportunities. Goals emanating from that meeting are reviewed and included, when appropriate, in the APSR.

Child and Family Services has a process to inform the court administrator of changes to state and federal regulation and describe the effect of those changes on child welfare practice and resources. Discussions with the AAG's Office, Office of the GAL, and Juvenile Court judges continue and center on the implementation and impact of new state legislation. Likewise, goals resulting from those meetings are reviewed and included as appropriate in the APSR.

Influences or issues specific to a particular region or county

While no specific issues related to a region or county were identified, region directors have the ability to identify issues related to their region in quarterly region directors meetings.

Key collaborators with the agency on this item, where applicable

Many key collaborators have a contractual obligation to provide data relating to services they provide on behalf of Child and Family Services. Those agencies include:

- The UFCF, which provides Foster Care Provider Training and licensing data.
- The DWS that provides data related to the administration of the ETV Program.
- Providers of respite care, crisis nursery, or child abuse prevention programs that utilize funding provided through the Community Based Child Abuse Prevention, Promoting Safe and Stable Family, Children's Trust Fund grants who are responsible for providing service delivery and quality assurance related data.
- Shelters serving victims of domestic violence that are funded utilizing FVPSA funding who are responsible for providing composite and non-identified case related statistics.
- The UDVC who provides information regarding services delivered through their domestic violence hotline, as well as data related to Domestic Violence Training they conduct

Other agencies that contribute to the report but have no contractual relationship include:

- QI Committees that provide quarterly reports outlining their activities.
- Universities and other institutions of higher education, which report on research activities conducted on behalf of, or in cooperation with, Child and Family Services.

- The Fatality Review Committee that compiles and publishes the Fatality Review report, which is included in the APSR.
- The OSR, which carries out the QCR and CPR each year.

Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency

Child and Family Services has not only made greater efforts to include partners in the reporting process, but also made a diligent effort this year to develop and publish a relevant and succinct plan that focuses on achievable goals and objectives that will create the most positive effect on child welfare outcomes.

Promising approaches in this area

As stated above, Child and Family Services has recently begun disseminating the APSR to QI Committees for review and comment. This will hopefully have a two-fold effect in the future. First, it is hoped that QI Committees will actively suggest new goals and objectives, as well as aid in the evaluation of current and future goals and objectives. Second, Child and Family Services hopes that QI Committees will support priorities identified in the CFSP and subsequent reports by developing committee activities that support those priorities.

Item 40: Coordination of CFSP Services with other Federal Programs.

Are the State’s services under the CFSR coordinated with the services of benefits of other Federal or federally assisted programs serving the same population?

This item was scored a strength in the first round of the CFSR.

Brief description of/update on the State's policy requirements and monitoring system regarding this item

Utah Code Annotated Section 63M-9-102 states,

“The policy of the state is to unite the Department of Human Services, the State Office of Education, the Department of Health, the Office of the Court Administrator, and the Department of Workforce Services, community-based service organizations, and parents to develop and implement comprehensive systems of services and supports for children and youth at risk and their families”, and requires “collaboration between existing state and local agencies and between public, private, and voluntary agencies to enhance their capacity to meet community needs.”

How the policy requirements described above are reflected in practice

Child and Family Services is represented on in each area of the state on local interagency councils, which include representatives from agencies serving at-risk children and youth and their families or a multi-agency coordinating council that serves that purpose. At a minimum the council consists of local representative from the following:

- Child and Family Services.
- DSPD.
- Education.
- Health.
- JJS.
- Mental Health.
- Parents.
- Substance Abuse.
- Juvenile Court Intake and Probation.

Eastern Region has been able to become more inclusive in how they operate a SOCC that has filled in some of the gaps of interagency coordination by providing shared case management in which the SOCC members have shared ownership in developing the plan with the family and holding all parties accountable to the services provided.

Child and Family Services Medicaid eligibility structure also impacts practice by providing for efficient, accurate eligibility decisions for both Title IV-E and Medicaid. Full-time eligibility worker positions exist in each region of the state, enabling a small group of staff to develop high levels of expertise in eligibility determination. Child and Family Services maintains an agreement with the DOH, Bureau of Eligibility Services that enables Child and Family Services eligibility workers to determine Medicaid eligibility for children receiving foster care maintenance payments or adoption assistance in conjunction with Title IVE eligibility determination. Because factors required to determine eligibility for Medicaid are very similar to those needed for Title IV-E eligibility, the same worker can perform both functions using joint eligibility applications and determination forms that combine information required for both Title IV-E and Medicaid programs. This joint determination process enables the child welfare agency to be in control of essential eligibility functions to ensure that federal benefits are accessed for foster and adoptive children.

In addition, for children who enter foster care without Medicaid coverage, Child and Family Services, in conjunction with the DOH, has a process that allows for immediate access to health care services prior to a Medicaid eligibility determination being made. Under this process, an eligibility worker completes an MI706 form, files it with the DOH, and provides a copy to the caseworker and foster care provider who forwards it to the health care provider when services are provided. Health care providers then bill the DOH for services, payments are made, and when Medicaid eligibility is determined, costs are recouped.

Child and Family Services has also partnered with the DOH, Division of Health Care Financing to better ensure that the mental health needs of foster and adoptive children are met. A process of “Medicaid Enhancement” carves all foster children out of the state’s Medicaid capitated mental health program which enables Child and Family Services to

contract with a wider range of mental health care professionals and offer a broader range of services, covered by Medicaid, that address the unique mental health needs of foster children. In addition, an agreement was established to enable children with adoption assistance to “carve-out” of the capitated mental health system at the request of an adoptive parent to give the child access to the same mental health providers that were available while the child was in foster care.

Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes

Mental health services for children in the custody of Child and Family Services and JJS are currently provided on a fee-for-service basis through DHS contract providers or through community mental health centers. Many of these services are currently provided through residential programs including residential facilities, group homes, and proctor homes (foster family homes through a contracted provider for children with higher needs) provided through 22 different service types grouped into the following three levels:

- Level 1: Family Based Residential Services.
- Level 2: Residential Treatment Services.
- Level 3: Comprehensive Residential Treatment Services.

The Federal Centers for Medicare and Medicaid Services (CMS) reviewed these services in Utah in September 2008 and is requiring corrective action pertaining to provision of mental health services through residential programs.

The DHS will only receive Medicaid reimbursement for discrete mental health services provided to eligible children in state custody when provided in allowable service locations by a qualified individual. Therapeutic supervision/milieu therapy and psychosocial rehabilitation services (skills development) provided by proctor parents will no longer be eligible for Medicaid reimbursement.

Medicaid providers will be limited to individual clinicians recognized in State law, such as licensed psychologists and clinical social workers. While programs or agencies may be designated to bill on behalf of individual clinicians that they employ, Medicaid providers cannot be residential programs or agencies.

Corrective procedures will continue to allow DHS contractors to provide fee-for-service mental health services in mental health clinics or private practitioner’s offices. It will also continue to allow DHS contractors to provide fee-for-service mental health services in distinctly owned and operated residential or group home facilities that have 16 beds or less.

CMS is requiring Utah to evaluate residential facilities with 17 beds or more or campuses with a total of 17 beds or more to determine if specific programs must be classified as Institutions for Mental Disease (IMD). Utah has the option under federal Medicaid

regulations to add additional IMDs to the Medicaid State Plan. This includes a classification of IMD known as a Psychiatric Residential Treatment Facility (PRTF) for children under age 21 years. However, the costs to add these services are likely prohibitive.

As a result, all existing bundled residential services will have to be unbundled to separate care and supervision from mental health services. Mental health rates and new rate setting for care and supervision will take place, service codes will be required to be created or modified, and daily rates for care and supervision will be reviewed.

Within the confines of CMS requirements, the DHS will create a service delivery model for children in custody that distinguishes between residential components reimbursed at a daily rate for care and supervision and mental health treatment services reimbursed on a fee-for-service basis. Additionally, DHS will be required to address the following tasks or issues:

- Define the term “care and supervision.”
- Define fundable locations where mental health services can be provided.
- Identify the scope of services to be delivered to children with unique needs (e.g., children post-adoption who are carved out of the prepaid mental health plan, children with disabilities, sex offenders, etc.).
- Research best practices to identify the scope of mental health services to be provided.
- Develop procedures that will guide service authorization and utilization review.

Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other information about the coordination of the CFSP services

Child and Family Services procedures for coordinating Medicaid services and benefits is linked to continuous quality improvement efforts in two ways. First, the health care status of children is reviewed at several levels, including at the case level through Child and Family Team Meetings, QCRs, and CPRs. Second, the eligibility determination process is reviewed on a regular basis through self-review by eligibility workers, annual peer reviews, and state audits. Eligibility workers are encouraged to review eligibility decisions for each child at least annually as eligibility reviews are conducted for both Title IV-E and Medicaid. Also, at least once each year, each eligibility worker participates in peer reviews in which a team consisting of a representative of the state office revenue team, two eligibility workers from another office or region, and the eligibility worker review a sample of cases to ensure the accuracy of the eligibility decisions. Eligibility workers participate in the peer review through review of their own cases and as members of the team to review cases of one or two other eligibility workers in the state.

Each year representatives from the State Auditor’s Office complete a thorough audit of a random sample of Title IV-E foster care cases and Medicaid cases, and periodically audits Title IV-E adoption assistance cases. Also, in September 2008, a Title IV-E

Federal Foster Care Review was completed and Utah was found to be in substantial compliance.

Coordination with key Federal programs, such as the State's title IV-D (child support and Federal Parent Locator Service) and IV-B programs, Court Improvement Program, Medicaid, child abuse prevention and early intervention programs, mental health programs, substance abuse programs, tribal programs, or juvenile justice systems, and whether agreements are in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions, and whether services provided under the agreements or contracts are monitored for compliance with State plan requirements

Child and Family Services maintains a Title IV-E Memorandum of Agreement with the JJS for the provision of foster care maintenance payment services for eligible children. Both divisions have liaisons for Title IV-E who assure that clear communication of requirements between agencies takes place.

The DWS manages the ETV program through an interagency contract with Child and Family Services. ETV funds are allocated to youth through an application and screening process and vouchers issued in compliance with ETV program requirements. Individual Education Assessment and Individual Education Plans, coordinated by DWS, are produced for each eligible applicant.

Child and Family Services has an agreement with the DSPD relating to children that will “age out” of Child and Family Services’ custody but still require and qualify for DSPD services. The agreement outlines the process that caseworkers and their clients use to assure continued support through DSPD after the child is no longer in Child and Family Services custody. DSPD also coordinates services for eligible children with disabilities while they are placed in foster care and coordinates services for eligible adopted children with disabilities.

Child and Family Services works collaboratively with the CIP to improve timeframes to permanency and improve the overall court process for children and families involved with child welfare. Child and Family Services and the CIP also collaborate to ensure that appropriate IV-E language is included in court orders.

Child and Family Services has a process to inform the court administrator of changes to state and federal regulation and describe the effect of those changes on child welfare practice and resources. Discussions with the AAG’s Office, Office of the GAL, and Juvenile Court judges continue and center on the implementation and impact of new state legislation.

In the State of Utah, Chief Justice Christina Durham continues to oversee the IOU. She formed the IOU committee, comprised of leaders in the public and private sectors, which address issues identified in a Pew Commission Report. Child and Family Services provides support to various IOU subcommittees including the subcommittee addressing support needed by kinship caregivers as well as the subcommittee addressing educational

issues of children in foster care and issues relating to youth in foster care transitioning to adult living.

In order to assure safety of children in state custody, Child and Family Services has entered into an agreement with the BCI to provide background checks for prospective kinship, foster and adoptive parents.

In an effort to assure that children are meeting developmental milestones, a Memorandum of Understanding between Child and Family Services and the Utah DOH is in force, which allows the DOH to provide initial assessments to children under three years of age and in Child and Family Services custody through their Baby Watch Early Intervention Program. DOH also provides a FHCP nurse to every Child and Family Services office. These nurses monitor the health, dental, and mental health needs of children in foster care. DOH also manages the Mutual-Consent Voluntary Adoption Registry, and coordinates the Safe Relinquishment Statute and Adolescent Health committees. Through the Medicaid State Plan DOH also assists in the coordination of foster care Medicaid, coordinates Medicaid adoption assistance, facilitates Medicaid mental health and rehabilitation services exempt from the Public Mental Health Plan, and provides Medicaid coverage for youth after they age out of foster care.

The State of Utah DSAMH coordinates with community partners and agencies to establish an infrastructure for providing mental health and substance abuse services to children and adolescents and their families, as well as provides treatment and counseling to children and youth in foster care.

The State of Utah Office of Education coordinates special education services for children with special needs and helps school districts, administrators, and teachers provide culturally sensitive services to children who have been adopted.

The State of Utah Office of Licensing provides family assessments and licenses foster care and foster-to-adopt resource families, child placing foster and adoption agencies, residential treatment programs, and group homes.

Child and Family Services maintains a close relationship with the ORS, co-located within the DHS. ORS works with parents; employers; federal, state, and private agencies; professional associations; community advocates; the legal profession; and other stakeholders and customers to provide services on behalf of children and families that help in obtaining financial and medical support. They collect medical reimbursement from responsible third parties, help locate parents, establish paternity and support obligations, and enforce those obligations when necessary.

In addition, Child and Family Services has more than 300 contracts to provide the following services:

- Physical examinations of alleged victims of abuse or neglect.
- Adoption Exchange services.
- Community developer services designed to develop and coordinate child abuse prevention services.

- Family support services designed to provide parent support services in the community to at-risk families.
- Community-based child abuse/neglect prevention services funded through the Children’s Trust Fund program.
- Crisis respite nursery services.
- Day treatment services.
- Mental health treatment services to child victims of domestic violence.
- Domestic violence services information and referral hotline.
- Mental health treatment services to adult perpetrators and victims of domestic violence.
- Domestic violence shelter services.
- Family preservation services.
- Foster care.
- Homemaker services.
- Outpatient mental health services including individual, family and group therapy, and psychiatric services.
- Psychological evaluations, medication management, and skills development services.
- CPS investigations for conflict of interest cases.
- Foster parent recruitment and training.
- Health care coordinator services for children in Child and Family Services custody.
- Parent advocate services.
- Peer parent coordinator services.
- Adoption home studies.
- Family support services designed to provide services in the community to at-risk families.
- Residential treatment services.
- Mental health outpatient services for child victims of sexual abuse.
- Shelter care services.

Finally, to assure that caseworkers utilize and coordinate with the Parent Locator Service, Child and Family Services published Practice Guideline Section 307.1 Voluntary Relinquishment. Subsection 5 states:

“If the parent relinquishing her parental rights is an unmarried woman, the caseworker must contact the following agencies to attempt to locate the father of the child:

- a. Bureau of Health Statistics and Vital Records to find out if the father has registered and has claimed paternity rights;
- b. The Office of Recovery Services to find out if there is a record of a father paying child support and claiming paternity through the Office of Recovery Services;
- c. Federal Parent Locator Service to search for the absent parent;
- d. The Assistant Attorney General to consult on termination of parental rights of the missing parent.”

Likewise Practice Guideline Section 501.3(6) Diligent Search For Kin And Written Notice states:

“If unable to identify or locate a non-custodial parent, email the Office of Recovery Services (ORS) in GroupWise at ORSKINSHIPLOCATOR to request a search through the National Parent Locator Service. In the subject line, indicate DCFS Kinship Locate Request. If the time frame to locate the non-custodial parent is URGENT, this should be noted in the subject line. In the body of the e-mail, identify the child’s name, date of birth, Social Security Number, and name of caseworker making the request. ORS should respond to requests within one business day.”

Influences or issues specific to a particular region or county

While no specific issues related to a region or county were identified, region directors have the ability to present issues related to their region in monthly region director meetings.

Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency

Child and Family Services maintains strong relationships with all federal, state, and local agencies that utilize federal or state funds to provide services to children. Child and Family Services, the DHS, and the state through the State Auditor’s Office, carefully regulate contracts and maintain rigorous financial controls over those funds to assure they are used appropriately.

Promising approaches in this area

State statute regulates working relationships between state agencies. This has decreased “turf” issues and allows agencies to find creative solutions to child welfare issues within a supportive and cooperative structure.

Child and Family Services is now working with the DOH and the WIC program on a Memorandum of Understanding that would help us to identify children in state custody who are eligible for WIC who are not currently enrolled. We are using our current partnership with FHCP to notify foster parents and kinship placements that a specific child is eligible and how to apply. We will be able to share data and identify those children who have not been enrolled so that follow-up can be done. Notification will go out to providers in the “Ages and Stages” questionnaire along with a letter explaining eligibility of the child for the program that can be taken to the local clinic as well as clinic locations. The nurses tracking health data for the child will record when the child is enrolled in the program. We are especially excited about the support that this will give to kinship placements prior to full licensure who are not receiving foster care payments.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions

Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

This item was scored a strength in the first round of the CFSR.

The standards required for licensure of foster homes and institutions is defined in Utah law and also in Administrative Rule. Licenses are valid for 12 months from the day they are issued. The foster parent or institution may apply for a licensing renewal. The licensing process is set forth in DHS Administrative Rule, which defines all of the requirements in detail. Major areas for licensure of a foster family home include a Resource Family Evaluation (home study) which includes health and safety check of the home, verification of income, medicals for providers, three letters of reference, verification of training required by Child and Family Services, criminal background checks, and child abuse and neglect clearances. Additionally, signatures are required on confidentiality forms and on certification forms stating applicants have read, understand, and are willing to abide by foster care Administrative Rules and the Department Provider Code of Conduct.

Utah uses a dual home study approach to the licensing of foster and adoptive homes. This process involves using the same evaluation for the licensing of foster homes as used for adoptive homes. Contracted providers use a home study format approved by Child and Family Services. Most of them find this to be an excellent evaluation instrument as it is patterned after volume 4 of the Child Welfare League of America Field Guide to Child Welfare Services. It is excellent in conducting a comprehensive assessment of a family's readiness to foster or adopt a special needs child and determining the level of special needs the family can manage in a child.

Standards for foster family homes, adoptive homes, and child care institutions are reviewed every five years and any changes, additions, or deletions of standards are submitted to the Legislative Rules Committee. Additionally, they are published for public comment and response. Licensed facilities as well as individual homes are licensed yearly requiring annual criminal background and child abuse and neglect screenings and an update to their home study. Complaints of any violation of licensing standards received from the community or those being served in programs are investigated by the Office of Licensing and by Child and Family Services if they involve any allegation of abuse or neglect of a child. When necessary, the office may sanction a license. This procedure allows for due process and the opportunity for the program or individuals to plead their case before an Administrative Law judge.

Utah has three agencies involved in the licensing and training of foster homes. If a family decides they want to foster children they make their first connection with UFCF. The following are the steps in the process to become a licensed foster resource family:

- **Step 1:** Complete an **initial consultation** with a UFCF representative.
- **Step 2:** Complete a **licensing application** with reference and medical information and sign the criminal background check/child abuse registry release.
- **Step 3:** Complete **pre-service training**.
- **Step 4:** The Office of Licensing will complete a **family assessment** (home study). If approved, a license will be issued to the family. Assistance with the application and licensure process is provided during training.

Steps 1 through 3 are covered by the UFCF. During pre-service training or shortly thereafter, the Office of Licensing takes over. The Office of Licensing is a part of the DHS. They have licensors across the state who license both foster parents and facilities.

The UFCF has a packet for families interested in fostering children. One of the pages in the packet gives information about what each of the three agencies does in the foster licensing process.

UFCF Mission: We serve Utah's children by finding, educating, and nurturing families to meet the needs of children in foster care. The UFCF is a non-profit organization that is contracted by Child and Family Services to:

- Recruit and train families to care for children in foster care.
- Provide support services to help maintain quality families to care for children statewide.
- Educate the community and prospective families about the need for foster parents in Utah.
- Answer the questions of interested families and conduct initial consultations with every prospective family before inviting them to training.
- Conduct 32 hours of pre-service training in each Child and Family Services region and track the training records of all foster parents statewide. Trainers also provide in-service training to licensed families in each Child and Family Services region.
- Provide support to foster families in Utah through Cluster peer support groups, volunteers, a monthly newsletter, appreciation events, and donations to serve children in need.

Office of Licensing Mission: To issue licenses using rules established with community support to protect the dependent and vulnerable citizens of Utah. The Office of Licensing is a state agency under the DHS that licenses programs, agencies, facilities, and treatment centers for substance abuse, mental health, adoption, day care, domestic violence, youth, and services for people with disabilities. They also:

- License foster care homes for Child and Family Services.
- Determine health and safety factors for children in foster care and licenses homes to these standards.
- Regulate licensing requirements.
- License and re-license foster/adoptive families.

- Collect and maintain a file of training records, background checks, reference letters, and medical clearances for all foster/adoptive parents.
- Complete a physical inspection of the home to ensure it meets the state-mandated health and safety requirements.
- Complete a Resource Family Assessment (home study). This may be conducted by an Office of Licensing employee or private agency that contracts with the Office of Licensing to provide this service.
- Inform Child and Family Services when a family completes the licensing process.

Child and Family Services Mission: To protect children at risk of abuse, neglect, or dependency. Child and Family Services is a state agency under the DHS. Its goal is to have communities where children grow up safe from abuse, neglect, and dependency, where adults are protected from domestic violence, and where parents can be strengthened in their capacity to keep their family safe. Child and Family Services:

- Reviews the home study of each prospective family and determines the appropriate placement of children.
- Assigns caseworkers to each child in foster care. These caseworkers will provide background information regarding the children in care and will help meet their needs. Child and Family Services serves as the legal guardian for children while in foster care. Caseworkers and RFCs provide the primary support for resource families.
- Issues the monthly reimbursements to foster/adoptive families.
- Is the primary agency that foster/adoptive families will work with after licensure and placement approval.

Summary and Evaluation of Findings: The State of Utah has effectively established and maintained standards for foster family homes, adoptive homes, and child care institutions. The Office of Licensing, an office separate from Child and Family Services, was created to ensure proper regulation of the standards. A meeting known as the Partners Meeting is held every other month to address any concerns with the process and make sure it is a smooth one for foster and adoptive parents. Partners include representation from the Office of Licensing; Child and Family Services adoption, kinship, and foster care program administrators; UFCF; Utah Foster and Adoptive Family Association; LDS Family Services; Children’s Services Society Grandfamilies program; and Fostering Healthy Families.

Item 42: Standards Applied Equally

Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

This item was scored a strength in the first round of the CFSR.

State Administrative and Practice Guideline Requirements: Individuals as well as program facilities must make application annually. Criminal background and child abuse

and neglect screening must be cleared for everyone 18 years of age and older having access to children or vulnerable adults. In addition, adults who have lived out of the state in the previous five years must have an FBI fingerprint check. A health and safety walk-through is completed by the licenser using a checklist to determine compliance with standards. Annual resource family assessment updates are required for foster and adoptive homes to assist in determining the care provided for children in those homes as well as the effect that providing services may have had on the foster/adoptive family. The process for the licensing of foster and adoptive homes is the same for both relative and non-relative care providers.

Changes in Performance and Practice: Since the first round of the CFSR Utah has changed the practice of routinely placing children in the custody and guardianship of a relative to facilitate relative placement. As stated earlier in this document, Utah determined that kinship providers needed the same support that foster parents do, if not more. The practice now is to recommend that the child be placed in the custody of the state with a Preliminary Placement with a specific relative. This relative family then goes through the licensing process. Preliminary Placements are described in Item 15. The requirements for licensing kinship placements are not different; it is just not required that they be entirely completed prior to placing the child in the home.

Measures of Effectiveness: Utah currently has 1321 foster care homes licensed through the Office of Licensing. Two hundred seventy-six of these are kinship or child-specific licensed homes; 1045 were regular licensed foster homes. Utah passed the Title IV-E audit.

Item 43: Requirements for Criminal Background Checks

Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

This item was scored a strength in the first round of the CFSR

State Administrative and Practice Guideline Requirements: The Office of Licensing, which is a part of the DHS, conducts criminal background screenings for Child and Family Services. Criminal background checks are required in both state statute and licensing Administrative Rules for employees of child placing agencies and all foster and adoptive families. Licensing Administrative Rule R501-12-4 states:

“4) Background Screening:

(a) Pursuant to 62A-2-120 and R501-14, criminal background screening, referred to as CBS, requires that all child foster or proctor care applicants or persons 18 years of age or older living in the home must have the

criminal background screening successfully completed. This shall be completed on initial home approval and yearly thereafter.

(b) Pursuant to 62A-2-121 and R501-18, child abuse and neglect licensing data base shall also be screened for each applicant or persons 18 years of age or older living in the home to see if a report of a severe type of abuse and neglect has been substantiated by the Juvenile Court. This shall be done on initial home approval and yearly thereafter.”

According to state statute and Administrative Rule, convictions including felonies, misdemeanors, infractions involving crimes against a person (assault, battery, etc.), crimes against the family, and sexual crimes would be cause for denial of the licensing or employment. Nearly 80% of all approved background screening applications are completed within two weeks of submission. Also included in the background screening is a check of the state’s child abuse database. Incidents of severe physical abuse, severe neglect, and sexual abuse disqualify individuals for licensure or employment. Statute requires a national (FBI) fingerprint background check for an individual who has not lived in the state consistently for the past five consecutive years and a check of the Utah criminal history as well. Background checks are done bi-annually for all employees and foster parents. These checks are also required for all parents adopting through private agencies or attorneys. Background checks must be completed prior to placing the child in the home with a Preliminary Placement.

The process for approval or denial is defined in Administrative Rule R501-12-4:

“(8) Approval or Denial:

(a) Following pre-service training and submission of all required documentation, the home study and an assessment of an applicant shall be completed.

(b) A license shall be issued for applicants who meet Foster Care Licensing Rules.

(c) The decision to approve or deny the applicant shall be made on the basis of facts, health and safety factors, and the professional judgment of the Agency or the Office of Licensing.

(d) No person may be denied a foster or proctor care license on the basis of race, color, or national origin of the person, or a child, involved, pursuant to the Social Security Act, Section 471(a)(18)(A).

(e) The provider shall be evaluated annually for compliance with foster care rules when renewing a license.

(f) Kinship and Specific Home Approval: An applicant may be licensed for placement of one specific child or sibling group. The home study shall be completed and all licensing requirements met. This license is valid for the duration of the specific placement only and must be renewed annually.

(g) Licensure approval is not a guarantee that a child will be placed in the home. Additional requirements for adoptive parents and adoptive assessments for children in State custody are included in R512-41(3)(4).

(h) Providers shall not be licensed or certified to provide foster or proctor care for children in the same home in which they are providing child care,

as defined in UCA 26-39-102, or a licensed human service program, as defined in UCA 62A-2-101.

(i) The Office Director or designee may grant a time limited variance to a rule if it is in the best interest of the specific child and addresses how basic health and safety requirements shall be maintained in accordance with R501-1-8.”

Changes in Performance and Practice: The State of Utah consistently obtains criminal background checks on all adults residing in a potential foster home. Background checks for Preliminary Placements must be conducted in accordance with foster parent licensing requirements and are completed prior to the children being placed in the home. If relatives do not wish to be licensed and are seeking custody and guardianship of the child they must also obtain a criminal background check with the information then being reported to the court before custody and guardianship is granted. We believe that the process is effective in ensuring that those caring for Utah’s children have been cleared.

Measures of Effectiveness: Our last IV-E audit was September 2008. Utah had one error due to claiming a IV-E payment prior to the background screening clearance being completed. We had an error for one month of payment in the amount of \$236. The background screening was completed the following month.

Item 44: Diligent Recruitment of Foster and Adoptive Homes

Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

This item was scored an area needing improvement in the first round of the CFSR. The Final Report indicated that Utah had difficulty in recruiting potential foster and adoptive families that reflect the ethnicity and racial diversity of children in foster care. It further stated that Utah needed a process for ensuring diligent recruitment.

Changes in Performance and Practice: Child and Family Services’ contract with the UFCF, which is a public non-profit agency, recruits and trains foster and adoptive families. The training program for foster resource families was described in item 34 and includes four, eight-hour sessions of critical child welfare information. The training includes a foster parent version of Practice Model Training as well as other important information.

Over the last seven years the UFCF has conducted three intensive recruitments for foster parents. The first was an effort to recruit Native American homes; the second was for recruitment of Latino homes; and the third is just getting underway and is an effort to recruit homes for teens. Recently, Kelly Peterson, the CEO of UFCF and Jode Littlepage, a foster care alumni from California now working for Child and Family

Services, appeared on “Sunday Edition” (a Utah news show) to talk about the need for families to foster teens.

Measures of Effectiveness: The contract with the UFCF specifies a targeted number of resource families for each area of the state. The following is an excerpt taken from the FY2010 UFCF semi-annual report:

“Performance benchmarks are based on the Regional Needs Assessments and Regional Recruitment Plans and determined in annual meetings held between the Contractor and Child and Family Services Regional Directors. Outcomes for the first six months of FY 2010 are listed below:

Region	DCFS Goal	Foster/Adopt Graduates	Kinship Graduates	Total Graduates	% Monthly Average
Northern	125	77	36	113	123%
Salt Lake	140	68	33	101	97%
Western	105	69	23	92	131%
Eastern	40	22	14	36	110%
Southwest	60	37	21	58	123%
TOTALS	470	273	127	400	116%

“The Foundation also tracks initial inquiries, initial consultations, and enrollment information.

Region	Initial Inquiries	Initial Consultations	Enrolled
Northern	391	147	94
Salt Lake	574	165	85
Western	346	112	87
Eastern	91	32	26
Southwest	166	72	44
TOTALS	1568	528	336

“Recruitment includes all community outreach strategies that increase awareness of the need for families to care for children in foster care. To generate over 1500 initial inquiries during the first half of FY10, the recruitment team utilized a broad range of activities to reach prospective families in every community in Utah. Activities included regular community information nights featuring local Foster Parent Ambassadors who continue to play an important role in recruiting new families. Along with these “Ask a Foster Parent” events, Foundation staff and Foster Parent Ambassadors participated in a number of local organized community events throughout the state. Print advertising in local publications and earned-media stories also helped to increase awareness and generate inquiries. The Foundation’s website continues to be the most frequently cited referral source for families interested in foster care and adoption. It is also an important tool for current resource families to easily access information about services, training and other resources they may need.”

During the first half of FY2010, the UFCF increased its interactive recruitment approach by the continued use of social media strategies. Recruitment events, media stories, and current information are all posted on Facebook and YouTube. These mediums also increase support and interaction with current resource families and allow them to ask questions and comment on current events or media stories. Best practice insists that licensed resource families, panels of youth who have aged out of the foster care system, and adults who have been adopted out of the foster care system are essential components in a credible foster parent curriculum. The chart below shows the number of foster resource families who live in each region.

	12/31/08	3/31/09	6/30/09	9/30/09	12/31/09
Northern	352	351	356	321	337
Salt Lake	374	372	397	390	411
Western	297	305	330	304	315
Eastern	108	105	106	98	92
Southwest	157	157	163	152	177
Division	1288	1290	1352	1266	1333

In an effort to increase the number of Latino/Hispanic foster/adoptive families, the UFCF placed newspaper ads and billboards along the Wasatch Front, along with paid radio ads. These ran in conjunction with earned media stories in newspapers and on TV and radio and culminated in a Spanish language pre-service training. In the first half of FY2010 there were 30 pre-service trainings held, including one series in Spanish. There were 36 Latino/Hispanic families who graduated from pre-service training in the first half of FY2010. The following chart shows the number of foster care primary providers identifying themselves by each ethnicity at a point in time.

	3/15/2007	3/15/2008	3/15/2009	3/15/2010
American Indian/Alaska Native	25	29	23	19
Asian	15	12	11	10
Black	12	15	15	14
Pacific Islander	13	13	12	18
Unknown	16	17	32	45
White	1176	1277	1253	1268
Hispanic	69	80	91	91
Null	0	0	1	25
Total	1214	1322	1291	1341

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements

Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

This item was scored a strength in the first round of the CFSR.

State Practice Guidelines Requirements: Utah has Practice Guidelines as well as state law that incorporate Interstate Compact for the Placement of Children (ICPC) protocol. Caseworkers are required to adhere to the ICPC. Children in state custody who are placed out of state receive comparable quality of services from Child and Family Services as a child who is placed in state. Utah recently enhanced the Practice Guidelines about ICPC so that they are more informative to caseworkers. They specify the steps that a caseworker will take when placing a child outside of the state. Utah has an ICPC administrator at the state level who tracks all ICPC cases.

Practice Guidelines state that if the child's permanency goal is adoption and the child is not already in the adoptive home, Child and Family Services shall make intensive efforts to place the child with an adoptive family. Permanency decisions are to be made in a timely manner, recognizing the child's developmental needs and sense of time. If the child is not already in the adoptive home, Child and Family Services will make intensive efforts to place the child with an adoptive family within 30 days after the court has freed the child for adoption. If the child is being placed out of state, an ICPC agreement between the states must be in place. If an adoptive family is not found within 30 days of the child's permanency goal changing to adoption, Child and Family Services will contact The Adoption Exchange and/or a licensed child placing agency to help recruit an appropriate adoptive family for the child.

Changes in Performance and Practice: The State of Utah contracts with the Utah office of The Adoption Exchange, which is a non-profit 501(c)(3) child welfare organization founded in 1983 to work for safety and permanence in the lives of foster children. Initially, an exchange point for caseworkers to discuss placement of children with families seeking to adopt in the Rocky Mountain region, the organization has grown considerably over the years and now impacts national trends in child welfare, employs over 50 paid staff, and counts on scores of volunteers to carry out its mission. The Adoption Exchange office in Utah is an important partner in finding adoptive placements for children across the state and the nation. It also supports adoptive placements long after the adoption is final with a lending library and referrals to support services when needed as well as maintaining a website and booklet listing community resources for adoptive families throughout the state. Categories include special needs, cultural and racial support, mental health resources, respite care resources, and support groups.

Utah also actively participates in the ICPC process. A pamphlet for caseworkers was created to step them through the ICPC process and training was conducted statewide to explain the process and to introduce caseworkers to the state office ICPC administrator. Caseworkers know who to contact at the state office and also within their regions to get the assistance they need when placing a child in another state. Practice Guidelines were recently modified to include more detailed step-by-step instructions for caseworkers.

Placements across regions occur on a regular basis. There are no barriers to this practice. If a child is placed in a foster home or treatment facility that is outside of the region handling the case there are several options for case management. First, if the court is willing to move jurisdiction, the case may be moved to an office close to where the child lives. If the court determines to keep jurisdiction, the caseworker in the original region can retain the case and request a courtesy caseworker from the region where the child now resides. The courtesy caseworker becomes a part of the Child and Family Team and participates in the Child and Family Team Meetings. A high level of communication between the two caseworkers is very important to the success of the family and child.

Measures of Effectiveness: The table below shows the number of children involved in an ICPC placement. As you can see the largest numbers are children coming into Utah to be placed in a residential treatment facility.

ICPC Data - FFY - 2009 (10/01/08 -9/30/09)			
	Incoming	Outgoing	Total
All Adoptions	239	323	562
Foster Care	88	70	158
Parent	74	67	141
Kinship	116	154	270
All Residential	1,852	5	1857
Closures	1,246	323	1569

On March 30, 2010 we had 61 children in foster care placed out of state. Over the years the Adoption Exchange Heart Gallery has been an effective avenue for finding homes for children in foster care who are free for adoption.

2006/2007 – 80 children served
 31 % of children placed in an adoptive placement
 31 children participated in Heart Gallery

2007/2008 – 115 children served
 27% of children placed in an adoptive placement
 45 children participated in Heart Gallery

2008/2009 – 118 children served
 39 % of children placed in an adoptive placement
 35 children participated in Heart Gallery

Section V – State Assessment of Strengths and Needs

Utah Child and Family Services is an agency that is committed to continuous quality improvement. We have positions in the division dedicated to quality assurance and quality improvement. Our PICs at the state level are now integrated with our program administrators on the same team so that they can work more closely together. Most of the information in the Statewide Assessment was not new. We are aware of many of the issues and have been working on them. The outcomes and factors presented in this section are not in any specific order. Our priorities would begin first with safety, then permanency and well-being.

1. Strengths

Utah is often considered a model for child welfare systems. We host visitors from all over the nation and even the world. Recently we had a delegation from Vietnam meet with us to discuss our system. We are happy to share our experiences in the hopes that they may be beneficial in improving child welfare everywhere.

Permanency Outcome 2 – The continuity of family relationships and connections is preserved for children

Item 11 – Proximity of foster care placement

Item 12 – Placement with siblings

Item 13 – Visiting with parents and siblings in foster care

Item 14 – Preserving connections

Item 15 – Relative Placement

Item 16 – Relationship of child in care with parents

This outcome is a strength for Utah. This outcome was not passed in the first round of the CFSR.

Since the last CFSR we have made a number of changes to practice in support of preserving family relationships. Utah created a position at the state office level to build better support for kinship providers. We worked with legislators to make changes to state law supporting the use of kinship placements as quickly as possible after a child is removed from the home. Practice for using kinship placements was changed as well. In order to accomplish this we worked with legal partners and judges to change the practice of granting custody and guardianship to a relative at the shelter hearing or soon after. Children remain in the custody of the state and are placed with a non-custodial parent, if appropriate; a relative or a family friend; and, if none are available, a foster family. Children are also placed with siblings unless there is a safety concern. With the new process of placing with kin who will become licensed foster parents, the child is in the custody of the state so the same services and supports are available as when the child is placed with a foster family. The kinship provider is able to complete all licensing requirements including foster parent training while the child is living in their home. Then

foster care payments begin. In addition, Utah has targeted foster care recruitment efforts within both the Native American and Latino populations.

Well-Being 1 – Families have enhanced capacity to provide for their children’s needs

Item 17 – Needs and services of child, parents, and foster parents

Item 18 – Child and Family involvement in case planning

Item 19 – Caseworker visits with child

Item 20 – Worker visits with parents

Items in this outcome have been a focus in Utah for 11 years, except for caseworker visits with parents. While this outcome was not passed in the first round of the CF SR and it was the lowest scoring outcome, Utah did relatively well when compared with other states. We have continued to work on each of these items and have added a focus on caseworker contact with parents. There is still more progress to make but we are headed down the right road in the right direction. Therefore, we are going to think positively and identify this outcome as a strength for Utah.

Practice Model requires assessing throughout the life of the case beginning with the CPS investigation. When Practice Model was first implemented, assessing needs tended to focus on the parent or child with issues that were the most apparent. Since the last CF SR we have emphasized assessment of each child in the family, assessment of both parents, and assessment of the foster parent or kinship provider and the other members of the foster care family. Assessment then must result in the provision of services that will help the family to address the needs. Service decisions are made with the family within the context of the Child and Family Team, and the team is behind the family to support and celebrate successes as well as to hold them accountable.

We have struggled with how to integrate Practice Model into CPS investigations. We know that assessment needed to start during the CPS case. There was difficulty getting CPS caseworkers to engage and assess rather than question and investigate. Individuals were hired to administer the CPS program for the state who could articulate a vision for using the skills of the Practice Model in CPS investigations. The need for a well planned and executed transition to the ongoing caseworker was also identified. Processes were developed to facilitate this.

The use of the Child and Family Team is also required and has become an institution in Utah. Courts ask for recommendations from the Child and Family Team, partners use Child and Family Teams even when Child and Family Services is not involved, and working within the context of a Child and Family Team in order to address a crisis in a case is often the solution used. Participation in case planning occurs naturally through the teaming process. In addition, we have stressed the importance of the content of caseworker contact with children, parents, and foster parents. Case planning also occurs during monthly contact.

Well-Being 2 – Children receive appropriate services to meet their educational needs

Item 21 – Educational needs of the child

Utah scored 100% on this outcome in the first round of the CFSR. We believe that this will again be a strength.

Teachers, school counselors, and other school personnel are an important part of the Child and Family Team. Child and Family Team Meetings can be held at schools in order to accommodate schedules. Caseworkers are able to monitor children's grades through the internet in most school districts. They also use email to stay in touch with school teachers. The QCR monitors whether or not a child is on grade level, is making progress on an IEP, and if a youth is on track to graduate. Judges are also interested in the educational progress of the children in their courtrooms, asking for attendance records and grades at hearings. We continue to look for improvements in this area. We have an education specialist at the department level who is funded by the Office of Education and CIP and housed at the DHS. An education guide was developed to help educators and Child and Family Services employees to understand how to provide educational services to youth in state care and to explain the process when agencies intersect.

Well Being 3 – Children receive adequate services to meet their physical and mental health needs

Item 22 – Physical health

Item 23 – Mental/behavioral health of the child

Utah also finds Well-Being 3 a strength. In the first round of the CFSR this outcome was rated an area needing improvement with a score of 81.6%. The item we struggled with was mental health. Assessment was appropriate but services were not provided. At the time of the first CFSR we were struggling with participation on the Child and Family Team by mental health providers. The remedy for the lack of participation was to find ways to compensate mental health professionals for the time they spent attending the meetings and by helping them to understand the work that could be done with the child and family in the setting of a Child and Family Team Meeting. The solution came in talking with therapists who had found a way to bill for the time spent. Now Child and Family Teams are sometimes conducted as a part of the treatment hour in the therapist's office. If therapists are not able to attend meetings, other solutions that provide for close communication between caseworkers and therapists were used such as email and phone calls. The FHCP nurses have also helped to bridge the gap.

Child and Family Teams are now responsible for organizing treatment recommendations into a workable plan so that children are not receiving all of the types of therapy recommended such as play therapy, individual therapy, group sessions, and family therapy at the same time. Organizing mental health treatment through the Child and Family Team has made it more effective.

Systemic Factors

Statewide Information System

Item 24 – Statewide Information System

Utah is proud of its SACWIS system known as the SAFE database. This factor was rated a strength on the first round of the CFSR. We continue to view it as a great strength to the child welfare system in Utah. Since the first round of the CFSR the SACWIS system has become even more useful. Our data unit has developed reports that are accessible through SAFE by administrators and supervisors. The reports help us to manage to performance. It is an incredible resource that is used by the entire organization. If a supervisor wants a report that is not already available in the system the data unit is able to provide the report in most cases. The SAFE system now interfaces with the court C.A.R.E. system. This allows Child and Family Services caseworkers to access information about court hearings, court documents, and other information from the courts. We continue to make improvements to the system. Currently, we are in the process of adding screens that will allow the caseworker to record information about any contact with relatives such as address, phone, and email, and also what support they are able to provide the family and children. This information will be connected to the child and not to the case so it will be easily accessible even after the case is closed.

Case Review System

Item 25 – Written Case Plan

Item 26 - Periodic Reviews

Item 27 – Permanency Hearings

Item 28 – Termination of Parental Rights

Item 29 – Notice of Hearings and Reviews to Caregivers

The Case Review System is also a strength in Utah. This factor was the only systemic factor that was not passed in the first round of the CFSR. The items not passed were the written case plan and TPR. In 2003, which was the year of the first round of the CFSR, Utah had been implementing the Practice Model for only a few years. Not all employees had been completely trained and practice was not consistent. We now have the ability to prompt caseworkers when Child and Family Plans are due. We also take a proactive approach by using reports to identify cases that will need updated plans in a particular time period. We have notifications in SAFE that remind caseworkers when children have been in care for 15 of 22 months so that TPR can be planned for or information added to the case record as to why TPR is not appropriate. We run reports to identify cases that do not have TPR information, either date of filing or reasons not to file. This has helped us to significantly improve on this item. Periodic reviews by the court happen at least every six months and in many cases more often. Permanency timeframes in Utah are set at eight months for children under 36 months of age and 12 months for children older than 36 months. Judges know the importance of finding permanency for children and guide the child welfare system to provide this for children.

Quality Assurance System

Item 30 – Standards Ensuring Quality Services

Item 31 – Quality Assurance System

Utah has had a quality assurance system for more than a decade. This factor is a strength in Utah. Our QCRs and CPRs are conducted annually. The reviews have given the agency a basis for quality improvement initiatives. They also give us information about the effectiveness of the initiatives. Our standards and expectations are clearly defined in Practice Guidelines and reiterated in the reviews. There is a process in place to update Practice Guidelines on a quarterly basis and to communicate these changes three ways. This process was created as a result of a communication survey of all agency employees.

The ability for us to manage to performance through the reports available on SAFE to every administrator and supervisor is an addition to our quality assurance system since the first round of the CFSR. It keeps managing to data at the forefront of agency operations.

Utah has hosted a number of other states who ask to participate in our QCR to learn from our process. We have also presented on our use of data for quality improvement in national conferences. We are proud of our system and the progress it has enabled our system to make.

Staff and Provider Training

Item 32 – Initial Staff Training

Item 33 – Ongoing Staff Training

Item 34 – Foster and Adoptive Parent Training

Utah has a solid training system and model. This factor is a strength in Utah. Practice Model Training is required for all employees, direct service as well as support staff, and foster care providers. There are versions of the training that fit the needs of each group. Along the Wasatch Front (the major population area of the state) caseworkers are trained prior to carrying cases. In the two very rural areas of the state caseworkers may carry cases while they are in training but will not have a full caseload until training is completed. Foster and adoptive parent training is done by the UFCF and includes foster parent Practice Model. Forty hours of training is required to become licensed. To maintain their license foster parents must participate in 10 hours of training annually. Since the first round of the CFSR additional trainers were added and a formal connection between the Professional Development Team at the state office and the region trainers. The training teams meet monthly and are currently working on updating the Practice Model Training. The Practice Model was written for delivery to caseworkers who were experienced child welfare caseworkers. It was intended to be delivered over several months as the caseworkers continued to carry cases. The current need is a delivery format that is geared toward new employees with no child welfare experience that are attending training on a daily basis until training is completed. We also want to integrate mentoring into the training curriculum as well as the additional training requirements of CORE, sexual harassment, driving, and other state required trainings so that there is a smooth process for every region to follow. These trainings as well as the mentoring are

being done in each region but are not a part of the written curriculum. This process is currently underway and is expected to be implemented during 2011.

Utah Child and Family Services has had a requirement for 40 hours of ongoing training for caseworkers for over a decade. Caseworkers have been able to meet those requirements through conferences, web-based training, and other training opportunities through the agency and other community partners. We are in the process of improving the organization of our ongoing training. We are identifying those trainings that will be required on a regular basis and developing a system for providing those trainings on a rotating basis. All required training will be provided by Child and Family Services. Training for support positions such as computer applications (Word, Excel, and PowerPoint) and time management will be available as well. There will be a requirement for support staff to complete 20 hours of training annually. We will also be identifying existing web-based training that is available for training credit.

Service Array and Resource Development

Item 35 – Array of Services

Item 36 – Service Accessibility

Item 37 – Individualizing Services

Utah passed this factor in the first round of the CFSR. The only item which was an area needing improvement was item 36. The Practice Model helps caseworkers to focus on assessing and recommending services that are individualized to the needs of the family. There is a good variety of services available along the Wasatch Front, including both residential and outpatient substance abuse treatment. Utah has several substance abuse treatment facilities that provide options to involve children in treatment with their parents as they live together in the facility. We have one of the few fathers and children inpatient drug treatment facilities in the nation. We understand that there are plans to provide an inpatient drug treatment facility in Blanding, a small town in the southeast corner of the state. This will be a wonderful resource for this area. Utah has domestic violence shelters and treatment in all parts of the state. In the two areas where contracted providers were not available Child and Family Services provides domestic violence treatment through agency clinicians. Mental health treatment is provided in every area through county mental health services.

Information from stakeholders during the first round of the CFSR indicated that kinship care families did not have access to the same services provided to foster families. Our change in kinship practice and the accessibility of the kinship program administrator at the state office and kinship specialists at the region level have helped to eliminate this concern.

Agency Responsiveness to the Community

Item 38 – State Engagement in Consultation with Stakeholders

Item 39 – Agency annual reports pursuant to the CFSP

Item 40 – Coordination of CFSP Services with other federal programs

QI Committees were a part of the requirements in the Performance Milestone Plan. These committees were developed to provide both supports in the community for Child and Family Services and as an advisory group to help with improvement initiatives. The groups include a vast array of stakeholders and members of the community who are interested in child welfare. There is a state level QI Committee and then at least one QI Committee in each of the five regions. At present the State QI Committee is chaired by the director of the GAL office and includes the program manager for the FHCP, a representative from the Indian Walk-In Center, a representative from the Utah Pride Center (gay and lesbian issues), health care providers, a CIP coordinator, a representative from Christmas Box House, the president of Utah Foster and Adoptive Family Association, and others. The State QI Committee receives information from the agency on many issues. Each year they choose initiatives to focus on that align with those of Child and Family Services. They also participate in the CFSR process and the QCRs and they host an annual QI Committee summit. This year the CIP is hosting a summit and the QI Committees have been invited to attend. This will be a large gathering of the child welfare community where we will discuss the results of the CFSR and begin the PIP process.

Since the first round of the CFSR, Child and Family Services has created bridges between themselves and several other agencies who serve the same population. A good example of this is in kinship support. We now have active connections with the Office of Licensing to facilitate speedy licensing approval for kinship placements and with DWS to clarify the Specified Relative Grant process. Recently, we have begun work on a Memorandum of Understanding with the WIC program to provide notices regarding the WIC program to caregivers of all children under age five years and the ability to track enrollment in the program of all children in foster care who are eligible.

We also have Memoranda of Understanding or intergovernmental agreements with each of the six federally recognized Tribes in Utah. Our ICWA program administrator has a strong relationship with each of the Tribes and with the agencies that provide support to Native Americans in Utah. He has also provided very tangible support for recruitment of Native American foster resource families.

Foster and Adoptive Home Licensing, approval, and recruitment

Item 41 – Standards for foster homes and institutions

Item 42 – Standards applied equally

Item 43 – Requirements for criminal background checks

Item 44 – Diligent Recruitment of foster and adoptive homes

Item 45 – State use of cross-jurisdictional resources for permanent placements

This factor is a strength for Utah. It was rated a strength on the first round of the CFSR. The only item that was rated an area needing improvement was the diligent recruitment of foster and adoptive homes that reflect the ethnic and racial diversity of children in care. Utah has a unique structure for foster and adoptive licensing and recruitment. Eleven years ago the UFCF was created as a public non-profit agency to recruit, train, and retain foster parents for the state. Since the first round of the CFSR, the UFCF has targeted both the Native American population and the Latino population for foster

resource families. These recruitment activities included public service ads that ran on radio and television as well as billboards and other advertisements. The recruitment efforts have been moderately successful and are continuing. The UFCF includes a report of their efforts and data on success in their semi-annual reports to Child and Family Services.

We have also implemented the criminal background checks process required in the Adam Walsh Act. These requirements, along with the previously existing requirements are consistent across the state. We have equipment in place to facilitate fingerprinting in each area so that it is accessible to all potential kinship providers and foster and adoptive families, as well as any adult living in their home.

Utah has an ICPC coordinator at the state office that monitors placements going out of the state or coming into the state. There is a process in place for approval of foster and adoptive home placements across jurisdictions within the state. While we do see some guarding of region resources in these cross-region placements, this has improved and we will continue to work on it.

2. Needs

There are also areas where Utah struggles. We are making some big changes as we “unbundle” our Medicaid billing and change the way we use residential treatment facilities for children in foster care. We are working to improve our In-Home Services model and then apply it consistently across the state. Utah is also struggling with budget cuts and keeping the same level of service.

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

Item 1 – Timeliness of initiating investigations of reports of child maltreatment

Item 2 – Repeat Maltreatment

Utah views this outcome as a strength, but we know it will be scored as an area needing improvement because we are not passing the data indicator associated with the outcome. In round one of the CFSR this outcome was not passed. Item 1 scored only 75%. Item 2 scored 91% and was at passing level but we did not pass the data indicator. We are again not passing the data indicator. For the time period used for the CFSR (2008AB) we scored 93.9% with the standard at 94.6%. We were .7% below the standard.

Our requirements for initiating investigations are to see the alleged victim face-to-face. This sets a high standard for us. For FY2009 our performance on this item was 88%. In the second quarter of FY2010 we achieved 92%. Utah recently completed a study of the data on repeat maltreatment. Utah has a broad definition of child abuse and neglect, which contains some that are not included in the majority of other states such as DVRCA. We also have a high rate of supported findings. We are in the process of purchasing the Structured Decision Making model for use in Utah. As a part of our Safety Decision Making we will better define the standards for several of our abuse categories such as

environmental neglect. We will also be looking at our rate of supported findings to determine the significance and what, if anything, should be done about it. The committee currently working on this initiative has broad representation across the state and includes frontline caseworkers and administrators.

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

Item 3 – Services to families to protect children in the home and prevent removal or re-entry into foster care.

Item 4 – Risk assessment and safety management

Utah also views this outcome as a strength, but knows it will be scored as an area needing improvement because we are not passing the data indicator associated with the outcome. It was an outcome that was passed in the first round of the CFSR.

CPS caseworkers are expected to use the skills described in the Practice Model to work with families from the first interaction. Assessing is the second skill after engaging and is vital to good CPS work. Utah uses a Safety Model that identifies the risks of harm, the child vulnerabilities, and the parent's protective capacities to determine the level of intervention needed. We will be taking this model to a higher level with the implementation of the Structured Decision Making model. We expect to implement this during the PIP cycle.

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

Item 5 – Foster care re-entries

Item 6 – Stability of foster care placements

Item 7 – Permanency goal for child

Item 8 – Reunification, guardianship, or permanent placement with relatives

Item 9 – Adoption

Item 10 – Other planned permanent living arrangement

This outcome measure is one where improvement is needed. There are items within the outcome where Utah does well, but there are others where Utah clearly needs to focus. In the first round of the CFSR during the PIP cycle Utah did not meet the goals for re-entries into foster care or placement stability. We were able to meet the goals during the “non-overlapping” period. Placement stability is the area where we struggle the most. Our performance on the data composite for placement stability is 71.9 with the standard set at 101.5. We have already engaged the help of the NRC to investigate what other states are doing to improve the stability of their placements. We have looked at data in the past and made some progress through a congregate care initiative but we must find more ways to improve.

We also are not passing Permanency Composite 1: Timeliness and Permanency of Reunification. Utah's score is 118.5 and the national standard is 122.6. Of the measures

in that composite, we do well in exits to reunification in less than 12 months but continue to struggle with re-entry into foster care.

On the bright side, we are number one in the nation on Permanency Composite 2: Timeliness of Adoption. Utah’s score is 147.6 and the national standard is 106.4. While we do very well on this composite there are still improvements we are planning to work on including focusing on permanency for older children in care. We recently delivered training on how to work with older children on permanency. We have one region in particular that is really focused on this important issue. Their region motto is:

“A nurturing, safe, and permanent family for every child”

We are also planning to work in a broader context on permanency goals. Through the Statewide Assessment process we have learned more about our use of the “Other Planned Permanent Living Arrangement” goal, which Utah calls “Individualized Permanency”. Our data shows that approximately 25% of our children in foster care have this goal as their primary permanency goal. At a meeting of the Board of Juvenile Court Judges a request was made by the judges for more information on when it is appropriate to use each of the permanency goals. While we have vastly improved our services to youth in foster care to enable them to be successful adults, we would like to change the idea that it is okay for children to age out of the system without a permanent family.

3. Site Proposal for On-Site Review

The child welfare system in the State of Utah is a state-administered child welfare system. The state is divided into five geographic regions. Each region has several counties.

Northern Region	Salt Lake Valley Region	Southwest Region	Western Region	Eastern Region
Box Elder Cache Davis Morgan* Rich* Weber	Salt Lake Metro (2003) Tooele	Beaver* Garfield* Iron Kane* Piute* Sanpete* Sevier* Washington Wayne*	Juab* Millard* Utah (2003) Wasatch* Summit*	Carbon Daggett* Duchesne Emery* Grand (2003) San Juan(2003)* Uintah

* denotes counties excluded from consideration from the 2010 on-site review due to an inadequate universe of cases to produce a sample.

(2003) denotes counties reviewed in the 2003 CFSR.

Denotes county proposed for 2010 on-site review.

Child and Family Services has been providing services in accordance to the Practice Model since 1999. The state strives for consistent practice within all regions and

counties of the state. Child and Family Services monitors child welfare performance through intensive annual reviews, audits, and performance data generated through SAFE (the Utah SACWIS system). Through these means the state is able to gather both qualitative and quantitative data. These data keeps administration informed about status and trends and informs the improvement process.

Counties that fall short of the CFSR sampling requirements were eliminated from site selection consideration (as indicated by *).

In the 2003 CFSR, Salt Lake was the designated Metro site. The other counties selected as sites were Utah County and the combination of the adjacent counties of Grand and San Juan. Salt Lake County is the designated Metro site for 2010.

The Non-Metro counties considered for site selection were Box Elder, Cache, Davis, Weber, Tooele, Iron, Washington, Utah, Carbon, Duchesne, Grand, and Uintah Counties. However, since Utah and Grand/San Juan counties were reviewed in 2003, less preference was given to these counties. Additionally, counties representing the Eastern and Western Regions of the state (reviewed in 2003) were also given less preference over counties from regions not previously reviewed. However, prior to eliminating any county from consideration, the administrative team considered whether anything would be lost by not reviewing in these sites again. It was determined that the practice in these areas is comparable to those counties with preferential status in the site selection process.

The following data was considered for site selection:

- AFCARS 2008 AB Data submission.
- 2009 QCR (Office/Regional Results).
- 2009 CPR Performance Data (Regional Results).
- County demographics.
- Office demographics.

Salt Lake County will serve as the 2010 Metro site. Salt Lake County is one of the smallest counties geographically in the state but the most densely populated county. The most notable city in Salt Lake County is Salt Lake City. Salt Lake City is the capital city for Utah.

Salt Lake City is located in the Salt Lake Valley Region. There are six child welfare offices located in Salt Lake County. There is a vast array of resources and services within Salt Lake County. Salt Lake County has moderate to lower performing child welfare measures within the Permanency Composites. AFCARS submission for the past two years show in excess of 1600 individuals served each year.

Learn more about Salt Lake County at <http://www.slco.org/> and Salt Lake City at <http://www.utah.com/saltlake/> or <http://www.slcgov.com/>

We propose Weber County and Iron County as the two additional counties to fill the final two sites, with Washington County as an alternate site.

Weber County is located in the Northern Region. The most notable city in Weber County is Ogden. Ogden is located west of the Wasatch Mountain Range and boasts prime access to great outdoor and recreational activities including water sports, skiing, mountain biking, trail hiking, and rock climbing.

Weber is the top-performing county in Composite 2 and performs in the moderate to high ranges among all counties in the state in the other composites. Weber has the highest number of cases and caseworkers of any office in the state. Weber County offers a broad array of socio-economic stratification within the community. Weber County has the highest percentage of Hispanics and African Americans of all the counties proposed. It also has the lowest education level of the sites proposed. AFCARS submission for the past two years show in excess of 680 individuals served each year. Learn more about Ogden and Weber County at <http://www.ogdencity.com/en.aspx> and <http://www1.co.weber.ut.us/>

Iron County is located in the Southwest Region. The most notable city in Iron County is Cedar City. Cedar City is a festival town hosting several summer events and activities, which contributes to Cedar City's chief revenue source. The Southern Utah University is in Cedar City and plays a major role in the community.

Cedar City is a smaller rural community with a moderate array of services and resources within the community. Child welfare practice in Iron County performs in the middle range of all counties in the state. The five bands of the Paiute Tribe are located in four of the counties in the Southwest Region. One of those is Iron County. The Paiute Tribal headquarters are located in Iron County with some of the Tribal land in Cedar City. Formal federal recognition of the Paiute Tribe and its five bands occurred in April of 1980. The Paiute Tribe works closely with Child and Family Services to provide the support they need for their families.

AFCARS submission for the past two years for Iron County show in excess of 140 children served each year.

Learn more about Iron County at <http://www.ironcounty.net/> and learn more about Cedar City at <http://www.cedarcity.org/> or <http://ut-cedarcity.civicplus.com/index.aspx?NID=61>

Washington County located in the Southwest Region is our alternate site. The most notable city in Washington County is St. George. St. George is a beautiful community surrounded by red-rock canyons and has the reputation of being a retirement community. In 2005, St. George was declared the second fastest growing city in the United States.

St George is a larger rural community. Washington County is the top performing county in Composite 3 and in the middle of the range in all other permanency composites. AFCARS submission for the past two years show in excess of 220 children served each year.

Read more about Washington County <http://www.washco.utah.gov/> and St. George at <http://www.sgcity.org/> or <http://www.utah.com/stgeorge/>

Data from 2008 AB AFCARS Submission- Standards taken from 75th or 25th National percentiles taken from State of Utah FY09 4th Quarter Report- Performance and Outcomes

	Measure	State Indicator	Salt Lake	Weber	Iron	Washington
Permanency Composite 1	C1.1 % who reunify in < 12 months (75.2% or ↑)	75.6%	80.6%	71.5%	86.1%	86.8%
	C1.2 Median time to reunification of those who reunify (5.4 Months or ↓)	7.8 months	7.0 months	7.7 months	9.1 months	7.5 months
	C1.3 % of children in entry cohort reunified < than 12 months (48.4% or ↑)	34.8%	40.5%	28.7%	50.0%	39.1%
	C1.4 % of children re-entering care < 12 months (9.9% or ↓)	14.4%	14.9%	22.8%	5.6%	8.2%
Permanency Composite 2	C2.1 % of adoptions occurring < 24 months (36.6% or ↑)	84.6%	84.7%	78.9%	92.3%	68.0%
	C2.2 Median month of stay of adopted children (27.3 months or ↓)	14.8 months	13.8 months	17.8 months	15.6 months	20.7 months
	C2.3 % of children in foster care for 17+ months adopted by the end of the year (22.7% or ↑)	13.8%	12.5%	28.6%	50.0%	47.4%
	C2.4 % of children in foster care 17+ months who become legally free within 6 Months (10.9% or ↑)	5.2%	3.7%	13.4%	0.0%	0.0%
	C2.5 % of children adopted < 12 months of becoming legally free (53.7% or ↑)	80.3%	83.9%	86.8%	57.1%	76.7%
Permanency Composite 3	C3.1 % of children in foster for 24+ months who exit to permanency by 18 or the end of the fiscal year (29.1% or ↑)	12.7%	13.7%	13.4%	0.0%	33.3%
	C3.2 % of children who are legally free who exit to a permanent home (98.0% or ↑)	96.8%	96.4%	98.8%	100%	100%
	C3.3 % of children emancipated or reaching 18 who were in foster care 3 or more years. (37.5% or ↓)	27.6%	29.1%	19.4%	0.0%	20.0%
Perm	C4.1 % of children in care for < 12 months with 2 or fewer placements (86.0% or ↑)	70.8%	69.2%	72.3%	77.1%	69.4%

C4.2 % of children in care for 12 to 24 months with 2 or fewer placements (65.4% or ↑)	43.8%	40.3%	51.9%	50.0%	46.2%
C4.3 % of children in care for 24+ months with 2 or fewer placements. (41.8% or ↑)	15.8%	11.7%	15.0%	22.2%	14.8%

QCR Performance Data

QCRs are conducted annually by the DHS OSR. These reviews are conducted in a manner similar to the CFSR on-site review in that reviewer teams conduct interviews with members of the Child and Family Team including the caseworker, child, parents, caregivers, legal partners, therapists, school personnel, and various informal supports.

The QCR is divided into the two domains of Child and Family Status indicators and Child Welfare Systemic indicators. There are 11 to 12 indicators in each domain. Child and Family Status measures things like child safety, permanency, placement stability, education, and physical and emotional health. Child Welfare Systemic indicators measures assessment, service planning, planning for the child’s enduring safety and permanency, family involvement in the process, how services are monitored, effective results, and how services are adjusted to improve or sustain successes.

The QCRs are conducted in each of the five regions annually from August to May. Each year 168 cases are reviewed in the process. In the Salt Lake Valley Region 72 cases are reviewed while in all other regions 24 cases are reviewed. In the 2008-2009 review five cases were dropped from the review because of technicalities (reviewers were unable to make face-to-face contact with the child who was the subject of the review, which is a requirement of the review process). Final results of this review are for each of the five regions. The results can be found at <http://www.hsosr.utah.gov/>. Below is a breakdown of the 2008-2009 results for each of the proposed site counties.

2008- 2009 Qualitative Case Review Performance Scores						
	QCR indicator	State Rate N=163	Salt Lake N=65	Weber N=13	Iron N=6	Wash N=12
Child & Family Status Indicators	Safety	92%	95%	85%	100%	92%
	Stability	75%	73%	92%	67%	75%
	Permanency	75%	77%	85%	50%	83%
	Child Health and Physical Well-being	99%	100%	100%	100%	100%
	Child Emotional & Behavioral Well-being	91%	86%	92%	100%	100%

	Child Development & Education	85%	83%	77%	83%	100%
	Family Functioning & Resourcefulness	74%	81%	50%	33%	100%
	Overall Status Performance	91%	92%	85%	100%	92%
Systemic Indicators	Family Participation	92%	92%	92%	83%	83%
	Team Coordination	78%	72%	85%	83%	92%
	Assessment	77%	80%	77%	67%	83%
	Long-term View	78%	80%	69%	83%	92%
	Plan & Planning Process	78%	72%	92%	67%	92%
	Plan Implementation	96%	97%	92%	100%	100%
	Effective Results	88%	86%	77%	83%	100%
	Tracking and Adaptation	89%	94%	92%	100%	83%
	Overall System Performance	93%	94%	88%	100%	92%

CPR Performance Data

The CPRs are conducted annually by the DHS OSR. This is a review of the case record. The review focuses on case process functions such as the timeliness of activities within the case. The CPR reviews cases according to requirements within each program area of the child welfare system (CPS, In-Home Services, and foster care). The review period coincides with the state fiscal year of July 1st through June 30th. The data for this review is published as aggregated statewide data at <http://www.hsosr.utah.gov/>.

The total number of cases reviewed in 2008- 2009 was as follows:

CPS	134
In-Home Services cases	116
Foster care cases	134

2008-2009 Case Process Review Data							
	Item	State	Salt Lake	Northern	South West	Western	Eastern
CPS (Goal = 90% or ↑)	% of CPS Cases initiated on-time	87%	84%	90%	94%	75%	100%
	% of CPS Cases closed on-time	95%	95%	100%	99%	84%	97%
In-Home Ser	% of cases with an initial on-time plan	85%	84%	79%	100%	78%	100%

	% cases Parent Participation in the plan	81%	92%	83%	100%	69%	57%
	% of cases with child participation in the plan	79%	100%	64%	100%	67%	82%
	% of monthly CW home visit	90%	90%	89%	97%	73%	91%
SCF (Goal = 85% or ↑)	% of cases with an initial on-time plan	91%	93%	96%	94%	85%	83%
	% cases Parent Participation in the plan	81%	82%	79%	89%	80%	55%
	% of cases with child participation in the plan	89%	100%	89%	0%	70%	100%
	% of monthly CW contact w/child	95%	98%	97%	78%	97%	96%
	% of cases with on time heath assessments	88%	89%	97%	64%	85%	86%
	% of cases with on time health treatment	63%	27%	71%	100%	67%	60%
	% of cases with on-time MH assessments	93%	95%	94%	91%	88%	93%
	% of cases with on time MH treatment	94%	88%	100%	75%	85%	100%
	% of cases with on-time dental assessments	89%	94%	99%	89%	93%	91%
	% of cases with on-time dental treatment	86%	100%	75%	100%	80%	60%

2000 Census data http://www.governor.utah.gov/dea/2000census_demoprofiles.html						
	Category	State	Salt Lake	Weber	Iron	Washington
Population	Total Population	2,233,169	898,387	196,533	33,779	90,354
	Male	50.1%	50.4%	50.2%	49.6%	49.3%
	Female	49.9%	49.6%	49.8%	50.4%	50.7%
	Children (up to 18 Years)	32.1%	30.5%	31.0%	31.2%	31.2%
Race	White	89.2%	86.3%	87.7%	93.0%	93.6%
	American Indian or Native Alaskan	1.3%	0.9%	0.8%	2.2%	1.5%
	Black	0.8%	1.1%	1.4%	0.4%	0.2%

	Asian	1.7%	2.6%	1.3%	0.7%	0.4%
	Pacific Island	0.7%	1.2%	0.2%	0.3%	0.4%
	Other	4.2%	5.4%	6.6%	1.8%	2.2%
	Multiracial	2.1%	2.6%	2.1%	1.7%	1.6%
	--Hispanic	9.0%	11.9%	12.6%	4.1%	5.2%
	--Non-Hispanic	91.0%	88.1%	87.4%	95.9%	94.8%
Marital Status	Married	58.8%	55.9%	58.8%	59.2%	64.9%
	Never Married	27.9%	28.8%	25.0%	30.1%	21.1%
	Divorced	8.1%	9.6%	9.9%	5.9%	7.7%
Education & Income	H.S Diploma or beyond	87.7%	86.8%	85.0%	88.6%	87.6%
	Bachelors Degree or beyond	26.1%	27.4%	19.9%	23.8%	21.0%
	Median Household Income	\$45,726	\$48,373	\$44,014	\$33,114	\$37,212

2009 State and County Child Welfare Demographics					
Description	State	Salt Lake	Weber	Iron	Washington
Distance from Metro Site	NA	0	33 miles 35 mins North	255 miles 3.75 hours South	306 miles 4.5 hours South
# of Permanency workers	NA	123	41	7	15
# & % of In Home Cases served in CY2009	3185 100%	1112 35%	447 14%	46 1.4%	120 3.76%
# & % of SCF served cases in CY2009	4615 100%	1639 36%	680 15%	133 2.9%	214 4.6%
White	88%	89%	91%	79%	92%
Black	7%	9%	8%	5%	2%
Asian	1%	1%	1%	1%	0
Am Indian	6%	3%	1%	16%	8%
Pacific Islander	1%	1%	1%	0	0.5%
Other	0.5%	1%	0.15%	1%	0
Hispanic	24.19%	29.49%	37.56%	21.8%	16.75%
Yes	75.81%	81.73%	62.44%	78.2%	83.25%
No					
# % of CPS investigation	20,106	7599	2222	473	1042

	100%	38%	11%	2.4%	5.2%
# & Substantiation rate of CPS cases	8392 42%	2962 39%	975 44%	175 37%	553 53%

4. Comments on Statewide Assessment Instrument and Process

In Utah, our vision and goals for the Statewide Assessment process were to fit it into the processes and activities that we already had in place. We have limited resources and wanted the Statewide Assessment process to be a useful experience and not a burden for anyone. We already have some processes in place to include community partners and other stakeholders in our continuous quality improvement so we wanted to use what we had. We were able to do this for the most part.

The Statewide Assessment instrument was helpful in part, but there were a number of the bullet points that seemed to ask for the same information - many of them were repeated in each of the items. It would have been more helpful to understand what was different on each item – what was unique. It was also difficult to drop the data profile into the document. The formatting did not hold when inserted as a file or when copied and pasted.

The process does give the state an opportunity to identify and examine their strengths and areas for improvement, but because of the way that the Statewide Assessment is used it is not as helpful. If the Statewide Assessment were a stand-alone document and not one that is rolled into the Final Report and thus the PIP it could be a more comprehensive and useful document for the state. For example, when we as a state look at those activities that we are in the process of, or are planning to begin, or even those activities that we would like to do if only we had the resources, we must be careful what we include in our Statewide Assessment because that information is factored into the Final Report and we might find that an item that we would have passed had we not said that we wanted to work on some projects is now an area needing improvement and we are compelled to work on those projects or lose funding. Making the Statewide Assessment a stand-alone document would allow a state to comfortably record in it all of the issues along with ideas for improvement.

One of the most positive parts of the experience of the Statewide Assessment was working with our Region VIII ACF representatives. They were always willing to help and support as well as guide us to include what we needed to. Tim, Marilyn, Janet, and Leslie have each added to our information and have asked questions that helped us to think through each item and be thorough in our submission. We appreciate their help and support.

5. Names and Affiliations of Individuals participating in the Statewide Assessment Process

State Quality Improvement Committee

Carol Miller, Child and Family Services
Carolyn Jensen, Director, Children's Justice Center – Tooele
Chris Chytraus, Director, Department of Health, Fostering Healthy Children Program
Jennifer Eldredge, Centre de la Familia
Jenny Arm, Utah Pride Center
Julie Steele, FNP, Department of Pediatrics, University of Utah
Karen Buchi, M.D., Profession, Department of Pediatrics, University of Utah
Karla Pardini, Director, Child and Family Services, Jewish Community Center
Katie Gregory, Assistant Juvenile Court Administrator
Katy Larsen, Director of Training, Child and Family Services
Leticia Medina, Colors of Success
Lisa McDonald, Executive Director, Christmas Box House International
Rickhard Smith, Director, Office of the Guardian ad Litem
Stephan Clark, Jones, Waldo, Holbrook, and McDonough
Trish Beck, Representative, Utah House of Representatives

Eastern Region - Moab Quality Improvement Committee

Cheryl Brand, Former Client
Chris Blackmon, Juvenile Probation
Connie Haycock, Children's Justice Center
Gen Numaguchi, Four Corners Behavioral Health
Geri Winkler, Utah Foster Care Foundation
Kevin Webb, Domestic Violence treatment
Mike Gardener, Seekhaven
Mike Gardener, Seekhaven
Sean Sasser, Child and Family Services
Teresa Wyatt-Hines, Family Support Center
Teri Nixon, Domestic Violence treatment
Tom Nixon, Moab Police Department

Eastern Region - Price Quality Improvement Committee

Boni Seals, Child and Family Services Community Service Manager
Heather Ogden, Carbon School District
Jeff Olinger, Department of Workforce Services
John Behn, Boy Scouts of America
Keri Larsen, CASA Coordinator
Kobi Marchello, Foster Care Foundation
Kyle Elder, Four Corners Behavioral Health
Lisa Branch, Local Interagency Council
Lisa Shook, Child and Family Services
Missy Hamilton, Principal, Bruin Point Elementary
Misty Olsen, Consumer
Patsy Buchmiller, Department of Health, Fostering Healthy Children

Reverend Huseby, Ecclesiastic Leader
Rhonda Peterson, Carbon County Fairgrounds
Shelley Wright, Children's Justice Center Manager

Northern Region Quality Improvement Committee

Art Rice, Community Volunteer
Bob Burch, Foster Parent
Brenda Durtschi, Utah Foster Care Foundation
Carol Baumann, Northern Region Director, Child and Family Services
Craig Monson, Community Volunteer
Daryl Melton, Foster Parent
Debee Gold, Davis Behavioral Health
Eileen Nicholas, Ogden School District
Estelle Dahlkemper, Community Volunteer
Jean Marie Morris, Child and Family Services - Kinship Specialist
Jeff Tesch, Clinician –Headstart
Joyce Booth, Office of Attorney General
Justine Stephenson, Weber Human Services
Karen Kagie, Community Volunteer
Landon Halverson, Ogden City Corporation –Senior Project Coordinator
Linda Melton, Foster Parent
Marie Grogan, Community Volunteer
Mary Francisco, Foster and Healthy Children-Nursing Supervisor
Melonie Brown, Christmas Box House Director
Mindy Lundgreen, Utah Foster Care Foundation
Pam Clark, Family Support Center
Pam Hugie, Community Volunteer
Pam Nacario, Child and Family Services - Office Manager
Pat Milar, Weber Human Services
Pat Ropelato, Community Volunteer
Patty Conner-Rose, Community Volunteer
Rhett Fronk, Weber School District
Sandra Kimber, Community Volunteer
Sandy Rice, Community Volunteer
Sarah Pomeroy, Child and Family Services – TAL Supervisor
Sherri Engar, Christmas Box International
Stacey Snyder, Guardian ad Litem
Susan Andersen, Foster /Adoptive Parent
Sylvia Cobabe, Community Volunteer
Teresa Fowers, Office of Licensing
Timothy Ledna, Foster Parent / USU
Virginia Pendleton, Community Volunteer
Winnie Warren, Community Volunteer

Salt Lake Valley Region Quality Improvement Committee

Annette Jan, Attorney General
Arn Stolp, Community Member

Carolyn Jensen, Tooele County. Children's Justice Center
Cheryl Dubach, Utah Department of Health~ Fostering Healthy Children
Diane Moore, Child and Family Services
Felina Lazalde, Family Support Center
Karen Hansen, Safe and Healthy Families, Primary Children's Medical Center
Kristin Fadel, Guardian ad Litem
Marcela Rodriguez, The Road Home
Marilee Greenland, Child and Family Services
Marilyn Johnson, Community Member
Michele Jacobsen, Community Member
Mike Hamblin, Utah Foster Care Foundation
Mindy Simon, YWCA
Misty Butler, Administrative Office of Courts
Patricia Worthington, Community Member
Sharon Graser, Youth Services
Stephanie Steele, The Sharing Place
Teresa Jacobs, Family Support Center
Tonya Myrup, Child and Family Services

Southwest Region – Cedar City Quality Improvement Committee

Amber Perkins, Parent Representative
Amy Bates
Annie VanYperen, Paiute Indian Tribe of Utah
Bernice Rember, Foster Care Citizen Review Board
Denny Heaton, Southwest Education Academy
Destry Maycock, Child and Family Services
Douglas Spencer, Child and Family Services
Duane Jarvis, South West Center
Gwen Knight, CASA Coordinator
John Shrum, Department of Workforce Services
Mark Hollingshead, Child and Family Services
Mark Yahne, BACA
Shandra Powell, Family Support Center
Stephanie Furnival, Children's Justice Center

Southwest Region – Richfield Quality Improvement Committee

Angie Morrill, Child and Family Services
April Forte, Family Support Center
Arleen Cromwell
Armondo Parras, Community Member
Beverly Luttrell
Biff Lowry, Volunteer, Writer
Bruce Zylks, Child and Family Services
Carolyn Washburn, Utah State University Extension
Caron Withers, New Horizons, Domestic Violence Shelter
Chantel Markel, Foster Parent
Debbie Hofhines, Southwest Region Area Rep. Utah Foster Care Foundation

Diane Callister, Retention Specialist, Utah Foster Care
Don & Coylene Brinkerhoff
Gail Albrecht, School District
Greg Loebel, Pilot Community Coordinator
Jeff Wilcox, Esq. Attorney
Jennifer Nichols, In Court Specialist, Justice Court
Jenny Bonaudi
Josephine Griffith
Karen Anderson, Child and Family Services
Karen Payne
Leanne Geigle, CUCC
Lynda Whitlock
Madonna Melton
Marissa Douglas
MaryLee Harrison
Mike Godfrey, Child and Family Services
Mikelle Hafen, Counselor, Elementary Schools
Pam Allred, Child and Family Services
Patricia Sheffield, Director, Children's Justice Center, St. George
Sandy Cox, Casa Volunteer
Sara Boatright, Kinship/Foster Mother
Selena Terry, Phavant Elementary School
Shelley Haupt
Susan Munk
Tami Fullerton, WCYCC, Assistant Program Director, Division of Juvenile Justice
Services
Tammy Powell
Terry Ogborn, Principal, Millcreek High School
Trina McCoy, Victims Advocate, St. George Police Department
Valorie Johnson, Child and Family Services

Western Region Quality Improvement Committee

Barbara Blotter, Nebo School District
Barbara Mcclary, Assistant Attorney General
Bert Peterson, Child and Family Services
Betty Quinn, Christmas Box House
Beverly Hart, Child and Family Services
Branden Duncan, Centro Hispano
Brent Platt, Child and Family Services
Brian Robinson, Summit (Alpine School District)
Dan Grinder, Community Partner
David Bayles, Boys and Girls Club
Dee Knell, CASA Coordinator
Elisabeth Williams, Christmas Box House
Evelyn Cloward, Utah County Heath
Ha Khong, Provo School District
Jared Landvatter, Summit

Jennie Hall, The Summit (Alpine School District)
Jessi Duncan, Centro Hispano
John Bonnett, Child and Family Services, Drug Court
John Moody, Guardian ad Litem
John Thill, Foster Care Foundation
Judee A Gillies, Children's Justice Center
Judy Robertson, Child and Family Services
Laura Blanchard, Children's Justice Center, Utah County
LoAn Lee, Community Action
Marla Raff, Utah County Health
Martin Hurlburt, Wealth Management Systems
Matt Dinger, Boys and Girls Club of Utah County
Miriam Campbell, Provo School District
Monica Hullinger, Nebo School District
Rebekah Olsen, United Way
Renee Calkins, UFAPA
Rhonda Gates, Center for Women & Children
Richard Nance, Utah County Health
Sherri Engar, Christmas Box House
Stephanie Ellis, Utah Foster and Adoptive Family Association
Teresa Tavares, Centro Hispano
Trish Coburn, Child and Family Services
Vicky Proctor, Provo Police Department
Wendy Bunnell, Utah Foster Care Foundation

Child and Family Services employees not associated with Quality Improvement Committees

Aude Bermond-Hamlet, Practice Improvement Coordinator
Brent Platt, Western Region Director
Carol Baumann, Northern Region Director
Carol Miller, Program Support
Casey Christopherson, Western Region, Practice Improvement Coordinator
Charri Brummer, Deputy Director
Cosette Mills, Federal Revenue Manager
Darla Taylor, Eastern Region, Practice Improvement Coordinator
Dawn Hollingsworth, Northern Region Associate Region Director
Del Bircher, Domestic Violence Pprogram Aadministrator
Duane Betournay, Director
Jeff Harrop, Practice Improvement Coordinator
Judy Hull, Kinship Program Aadministrator
Katy Larsen, Training Coordinator
Lori Orton, Southwest Region, Region Director
Marty Shannon, Adoption Pprogram Administrator
Mike Pomeroy, Northern Region, Training Coordinator
Nancy Barowski, Northern Region, Practice Improvement Coordinator
Navina Forsythe, Director of Data, Research, and Reporting
Patti VanWagoneer, Deputy Director

Paul Reid, Director of Finance
 Paul Smith, Eastern Region, Region Director
 Sam Syphrett, Southwest Region, Practice Improvement Coordinator
 Sarah Houser, Constituent Services
 Staci Ghneim, Salt Lake Valley, Region Director
 Tanya Alborno, Foster Care Pprogram Aadministrator
 Tonya Myrup, Salt Lake Valley Region, Practice Improvement Coordinator

Acronyms Used in this Document

Acronym	Meaning
AAG	Assistant Attorney General
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
BCI	Bureau of Criminal Identification
C.A.R.E.	Court and Agency Record Exchange
CAN	Child Abuse and Neglect
CAPAC	Child Abuse Prevention Advisory Council
CBI	Christmas Box International
CCJJ	Utah Commission on Criminal and Juvenile Justice
CFA	Child and Family Assessment
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CMS	Centers for Medicare and Medicaid Services
CPI	Court Improvement Project
CPR	Case Process Review
CPS	Child Protective Services
CRP	Citizen Review Panel
CWPPG	Child Welfare Policy & Practice Group
DCFS	Division of Child and Family Services
DHS	Department of Human Services
DOH	Department of Health
DSAMH	Division of Substance Abuse and Mental Health
DSPD	Division of Services for People with Disabilities
DVFR	Domestic Violence Fatality Review Committee
DWS	Department of Workforce Services
ETV	Education and Training Voucher
FHCP	Fostering Healthy Children Program
GAL	Guardian ad Litem
H.O.M.E.	Housing, Options, Mentoring, Empowerment
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan
IFSP	Individual Family Support Plan
IMD	Institute for Mental Disability

Acronym	Meaning
IOP	Intensive Out Patient
IOU	Initiative on Utah Children in Foster Care
JJS	Juvenile Justice Systems
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Questioning
LTV	Long-Term View
MOUs	Memoranda of Understanding
NAMI	National Alliance for Mental Illness
NCSACW	National Center on Substance Abuse and Child Welfare
NRCFCPPP	National Resource Center for Family Centered Practice and Permanency Planning
ORS	Office of Recovery Services
ORSIS	Office of Recovery Services Information System
OSR	Office of Services Review
PCP	Primary Care Provider
PIC	Practice Improvement Coordinator
PIP	Program Improvement Plan
PPIT	Program and Practice Improvement Team
PRTF	Psychiatric Residential Treatment Facility
QCR	Qualitative Case Review
QI	Quality Improvement
RFC	Resource Family Consultant
SACWIS	State Automated Child Welfare Information System
SCF	Foster Care
SECAP	Supportive Education for Children of Addicted Parents
SOCC	System of Care Committee
SUMCT	Southern Utah Mobile Crisis Team
TAL	Transition to Adult Living
TPR	Termination of Parental Rights
UAFSC	Utah Association of Family Support Centers
UDVC	Utah Domestic Violence Council
UFCF	Utah Foster Care Foundation
UNHS	Utah Navajo Health Services
WIC	Women, Infant and Children
YCC	Your Community Connection
YIC	Youth in Custody