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



Child and Family Services Plan
FFY 2020 to FFY 2024

Submitted: June 28, 2019

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I. INTRODUCTION

The Utah Division of Child and Family Services (DCFS) developed this FFY 2020-2024 Child and Family Services Plan (CFSP) in accordance with ACYF-CB-PI-19-02, issued by the Administration for Children and Families, Children's Bureau, on February 26, 2019. This plan reflects the future vision for child welfare system improvements in the next five years, with the overall goals leading to safe children through strengthened families in the context of a strong workforce and integrated child welfare system. The plan also leads to desired outcomes of safety, permanency, and wellbeing for Utah's children and families through strengthened partnerships within the state's child welfare system.

In this document, DCFS also:

- Assesses its performance on the seven child and family outcomes and the seven systemic factors that are part of the Child and Family Services Review (CFSR).
- Identifies major program areas that coordinate the delivery of services to children and families.
- Focuses its goals on improving the safety of children through strengthening their families, in the context of a strong workforce and integrated child welfare system.
- Integrates Continuous Quality Improvement (CQI) principles and workflows into the planning process.
- Addresses substantial ongoing meaningful involvement of stakeholders, tribes, and courts, which have been instrumental in the development of this plan.
- Outlines training activities that are designed to support the child welfare system.

The following programs are coordinated by the submission of the 2020-2024 CFSP:

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

This plan was also informed by Utah's Title IV-E child welfare waiver demonstration project, which concludes on September 30, 2019, as well as by activities outlined in the Child Abuse Prevention and Treatment Act (CAPTA) Plan.

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

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

The plan will also be made available to Native American tribes located within the State of Utah, placed online at <http://dcfs.utah.gov/reports/>, and it will be available to other interested parties at their request.

The individual to contact regarding Utah's Child and Family Services Plan is:

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II. COLLABORATION AND VISION

State Agency Administering the Programs

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

The child welfare system in Utah is state-administered. DCFS is the lead child welfare agency and provides services throughout the state. The division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, as well as overall management of child and family welfare programs and services. The division is the agency responsible for establishing practice standards for all programs and services provided directly by DCFS staff or by contract providers.

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

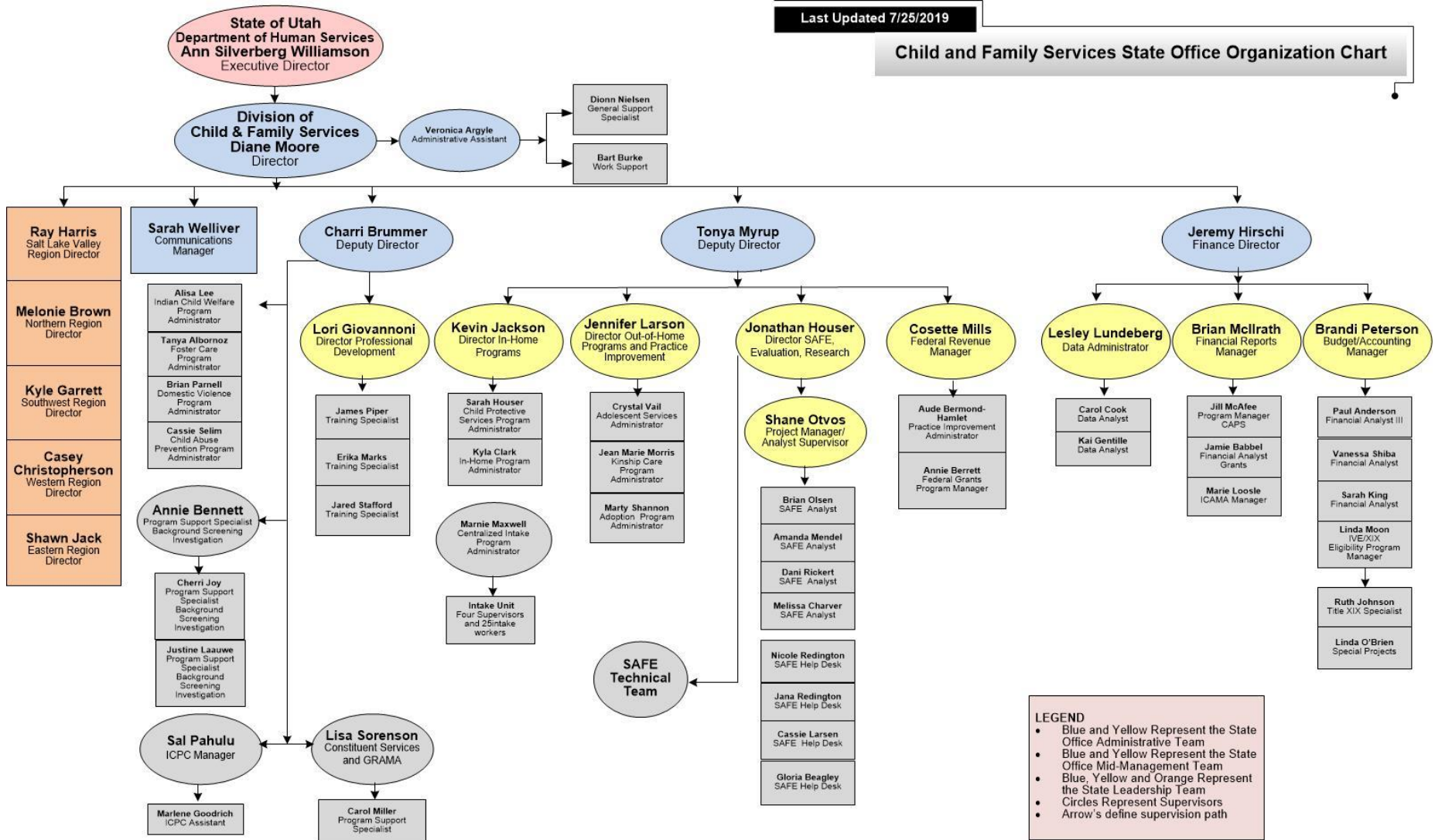
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Three administrative teams coordinate activities and make policy decisions that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the Director; two Deputy Directors; Finance; two Administrators for Practice Development & Implementation; Data & Quality Assurance; Professional Development; Federal Operations; Communications; and Administrative Support. This body has primary responsibility for overseeing state office operations, including planning, budgeting, and communications. Second, a Region Director (RD) meeting is held twice monthly and includes the Director, two Deputy Directors, the five Region Directors, and Administrative Support. This team is responsible for coordinating statewide operations and ensuring consistency of practice and access to services across the state. Third, the State Leadership Team (SLT) meets monthly and consists of the DCFS State Office Administrative Team and the five Region Directors. This team connects the work done by the DCFS State Office Administrative Team and the RD group to align State Office operations with region needs.

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

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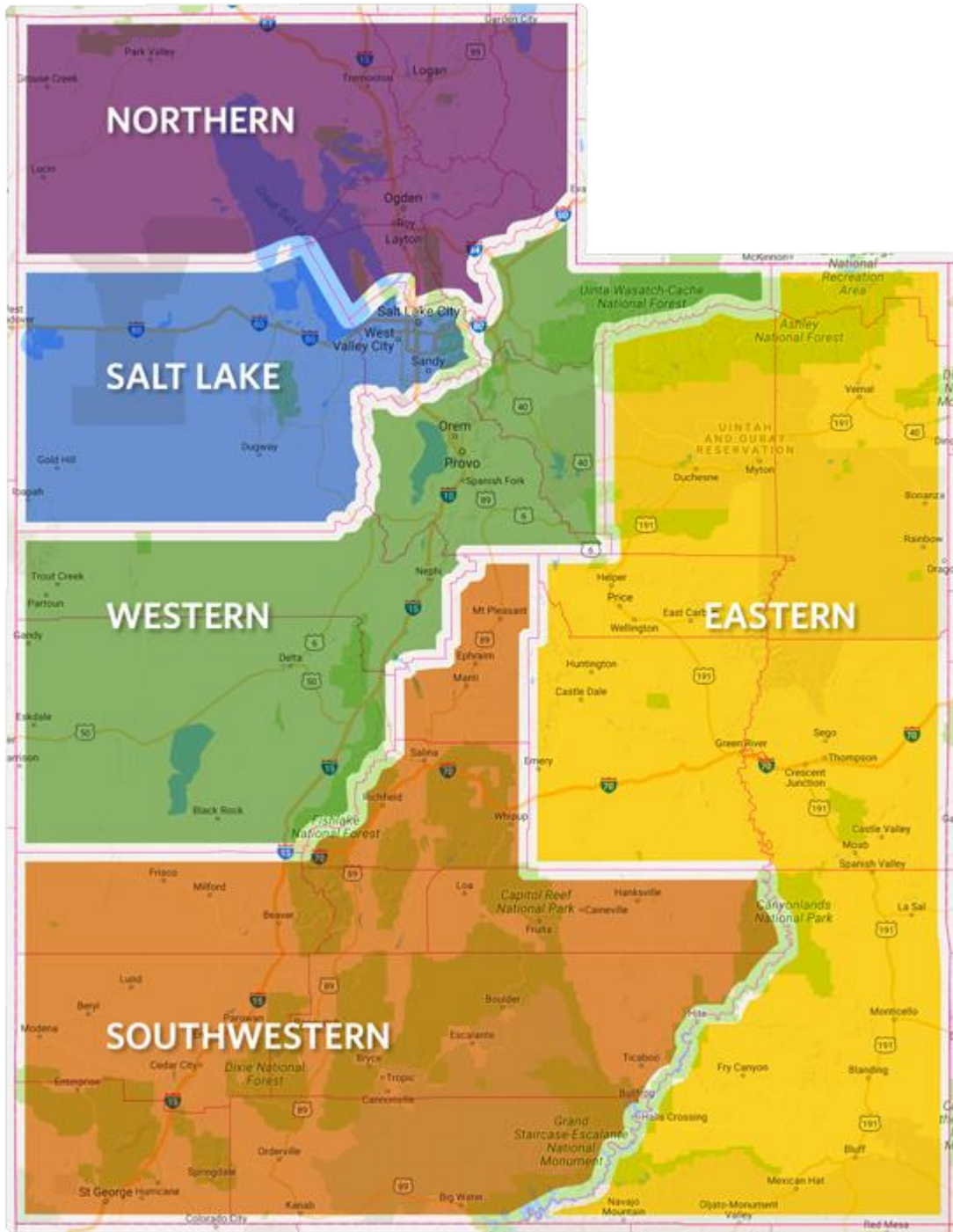
Child and Family Services State Office Organization Chart



LEGEND

- Blue and Yellow Represent the State Office Administrative Team
- Blue and Yellow Represent the State Office Mid-Management Team
- Blue, Yellow and Orange Represent the State Leadership Team
- Circles Represent Supervisors
- Arrow's define supervision path

STATE OF UTAH
DIVISION OF CHILD AND FAMILY SERVICES
MAP OF REGIONAL BOUNDARIES



Collaboration

In response to federal regulations at 45 CFR 1357.15, Utah regularly engages the agencies, organizations, and individuals who are part of the ongoing CFSP-related consultation and coordination process. Collaboration partners and stakeholders include the state’s legal and judicial community, including the Court Improvement Program and Children’s Justice Act grantee, tribes, prevention partners, service providers, faith-based and community organizations, frontline workers, and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, the Temporary Assistance for Needy Families (TANF) and state and local education agencies.

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

Utah’s collaboration activities have contributed to the development of the goals and objectives and 2020-2024 CFSP. For a listing and description of the ongoing collaboration in which Utah engages, please see Attachment 1 DCFS State Office Collaboration Table and Attachment 2 DCFS Regional Office Collaboration Table.

Vision, Mission, and Practice Model

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

Vision

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

Mission Statement

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

Practice Model

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

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

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

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

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

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

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

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

Practice Skills

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

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

Teaming. The skill a worker uses to assemble, become a member of, or lead a group (or groups) that supply needed support, services, and resources to children or families, and that help resolve critical child and family welfare related issues. Child welfare is a community effort and requires a team.

Assessing. The skill that workers use to obtain information about salient events and underlying causes that trigger a child or family's need for child-welfare-related services. This discovery process helps children and families identify issues that affect the safety, permanency, or wellbeing of the child, helps children and families discover and promote strengths that they can use to resolve issues, determines

the child's or family's capacity to complete tasks or achieve goals, and ascertains a family's willingness to seek and utilize resources that can support them as they try to resolve their issues.

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

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

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

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

Practice Standards

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

A. Service Delivery Standards.

1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.
 - (a) Prevention services help resolve family conflicts and behavioral or emotional concerns before there is a need for the family to become deeply involved in the child welfare system.
 - (b) In a family where abuse has already occurred, interventions will be developed with the goal of preventing any future incidence of abuse.
2. Services provided to children and families will respect their cultural, ethnic, and religious heritage.
3. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child's or family's needs.
 - (a) Services will be provided in the least restrictive, most normalized setting appropriate.
4. Meaningful child and family participation in decision-making is vitally important. To the level of their abilities, all children and family members shall have a voice in decisions made about their lives, even when specialized communication services are required.

(a) Children and families will be actively involved in identifying their strengths and needs and in matching services to identified needs.

5. In whatever placement is deemed appropriate, siblings should be placed together. When this is not possible or appropriate, siblings should have frequent opportunities to visit one another.

6. When an out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.

7. When children are placed in an environment outside of their parents' home, they must be provided with developmentally appropriate educational and vocational opportunities with the goal of becoming self-sufficient adults.

8. Children receiving services shall receive adequate, timely medical and mental healthcare that is responsive to their needs.

B. Standards Relating to Child and Family Teams.

1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.

2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency, will be made by a team to include the child and his or her family, the family's informal helping systems, out-of-home caregivers, and formal supports.

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

C. Standards Relating to Assessments.

1. Strengths-based assessments should be produced that:

(a) Address the family's underlying needs and conditions.

(b) Engage the family in the identification or development of interventions that address threats of harm, the protective capacities of the family, and the child's vulnerability.

D. Standards Relating to Planning.

1. Children and/or their family members shall be involved in the planning process. The plan will be adapted and changed as the case evolves. The Child and Family Plan:

(a) Incorporates input from the family as well as the family's formal and informal supports.

(b) Identifies family strengths.

(c) Utilizes available assessments.

(d) Identifies services that address the family's needs and includes specific steps and services that help the family maintain the child's safety, permanency, and wellbeing.

(e) Anticipates transitions.

(f) Addresses safety for both child and adult victims.

(g) Identifies permanency and concurrent permanency goals.

III. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Child and Family Outcomes

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

2018 CFSR Results		Result	N
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	Strength (80%)	41

At the time of the CFSR onsite review, Utah required a timely face-to-face contact within the allotted priority time frame with at least one child victim identified in the allegations of abuse or neglect. This did not match the way the CFSR rated cases, which required that all reported child victims be seen within the priority time frame. Half of the Area Needing Improvement cases (ANI's) were due to the difference in policy and without them, Utah would have met the target goal. Utah decided to change the state policy to require that all child victims be seen within the priority time frame. Another change in policy prompted by the CFSR results was to apply priority time frames to all "additional information referrals" received during an open CPS investigation.

Preliminary Utah CFSR/CQI Results for FY2019

Strength	Area Needing Improvement	Potential ANI after policy change	Not Applicable	Total	Performance
21	14	5	28	63	60% (86%)

* This table shows the preliminary CQI results as of May 29, 2019. They are based on 63 cases. Prior to this year, Utah did not conduct a CFSR/CQI review with Quality Assurance. Therefore, these are the only available results to report. Nine of the 14 ANI could potentially have been avoided with the new policy, which only went in effect recently, and would have increased the score to 86%.

Current and Planned Activities

DCFS has a number of measures in place to track compliance with the policy of seeing child victims within the priority time frames and address lack of compliance. They include reviewing compliance with this requirement as part of the Case Process Review (CPR), pulling reports at the worker, supervisor, team, region and state level and addressing reasons for declines in performance, and using prompts and notices in the CCWIS system to alert administrators when compliance is not met. Utah has remained near or at 90% compliance with its policy for many years and has successfully addressed declines when they occurred. See table below.

CPR Results FY2018

Type & Tool #	Question	Sample	Standard	Performance Rate (%) FY 2018	2017	2016	2015	2014
General CPS								
CPSG.1	Did the investigating worker see the child within the priority time frame?	5106	90%	90%	89%	91%	90%	91%

For this reason, Utah decided that technical changes are the only strategies necessary to remedy the CFSR result on this indicator.

Strategies

Based on the problem exploration conducted for the PIP development and existing processes in place to ensure that reports of abuse and neglect are initiated and face-to-face contact with the child(ren) made within required time frames, Utah decided that the following technical changes (policy change) are the only strategies necessary to address this indicator. Note that Utah’s PIP is still under development, so strategies identified in this document may be adjusted.

Strategies:

- *Strengthen safety for children by ensuring all alleged victims of maltreatment (not just one) are seen within the defined priority time frames.*
- *Strengthen safety for children by applying priority time frames to all “additional information referrals” received during an open CPS investigation.*

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

2018 CFSR Results		Result	N
Item 2	Services to protect child(ren) in the home and prevent removal or re-entry into foster care	55%	20
Item 3	Risk and Safety Assessment and Management	62%	65

The main issue identified when analyzing the CFSR results was insufficient quality visits to assess child safety in their home at critical junctures, in particular prior to and during Trial Home Placements (THP). Further data analysis showed that a higher frequency of visits prior to and during THP correlated with better outcomes. DCFS does not have policy that requires any particular visits or assessments prior to or during THP. Nor is guidance or tools available for staff to know the right frequency of visits and how to assess safety around this particular situation. The following adaptive PIP strategy was identified: Develop policy, guidance and/or tools for quality visits and safety assessments prior to and during THP.

Current and Planned Activities

In 2013 Utah began implementation of HomeWorks, the division's IV-E child welfare demonstration project or IV-E waiver. The project is designed to provide caseworkers with skills and tools they can utilize as they help children that have experienced abuse or neglect remain safely in their homes with their parents or guardians or more quickly return home from a foster care episode. The following are components of HomeWorks, which are used in all In Home Services cases.

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

As of January 2016, HomeWorks has been implemented statewide. The implementation of the HomeWorks project has strengthened caseworker ability to provide more intensive, directed services to the family in order to safely keep children in their homes. Even with implementation of HomeWorks, DCFS has identified the need to strengthen assessment of safety for both in-home and foster care, including at the time of reunification.

Strategies

During analysis of data for PIP development, particular need was identified for strengthening safety assessment when returning children home from foster care. Therefore the strategy identified for the PIP has been more narrowly focused, as listed below. A broader goal is included in the goals and objectives section of this plan.

Strategy: Develop policy, guidance and/or tools for quality visits and safety assessments prior to and during Trial Home Placements (Adaptive Strategy)

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

2018 CFSR Results		Result	N
Item 4	Stability of Foster Care Placement	48%	40
Item 5	Permanency Goal for Child	77%	39
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	58%	40

This outcome was the lowest scoring outcomes at only 28% of the cases passing overall. Placement stability has been an issue of importance for a long time, the CFSR result was the catalyst to renew efforts and analyze root causes for this problem. Issues around permanency (setting goals and efforts to achieve permanency in a timely manner), were thought to be offset by the high frequency of court hearings happening in Utah (usually every three months) and the quality performance in achieving adoptions in less than 24 months. The federal data measure for permanency further cemented the notion that Utah was doing well in this area: Utah was meeting the standard for each of the three data indicators on attaining permanency in the 12 month period. It was found that there were some inconsistent practices in Utah’s juvenile courtrooms during these hearings that contribute to delays, to inappropriate goals, and a lack of engaging parents and other parties.

Strategies

Placement Stability: One of the main root causes identified when reviewing the CFSR results and additional data pulled for the PIP problem exploration for Placement Instability is that out-of-home caregivers lack the necessary supports to maintain placements. This was also heard in stakeholder interviews with current and former foster and kin parents. Another finding of the analysis was that DCFS needed to better include children and their families in the ongoing assessment of the placement and make sure they have a voice in the placement decisions, with kinship placements being the priority. After extensive exploration of the root causes, the following strategies were developed:

Strategy:

- *The agency develops a structure for caseworkers to assess and meet the needs of OOH caregivers and children in their homes on an ongoing basis and for supervisors to monitor and support caseworkers in these efforts.*
- *The Child and Family Team plays an integral role in planning for stability and transitions, continuously assessing OOH caregiver, youth and family needs, and directing the supports to preserve placements. The youth and family will take an active role in the decision making process.*

Permanency Goal and Efforts to Achieve It: When analyzing the CFSR results on items 5 and 6 and additional data collected to further explore the causes for insufficient results, the following problems were found:

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

The data included surveys completed with legal parties, such as judges, GALs, AAG’s, and parental defense lawyers. The Court Improvement Project (CIP) was tasked with coming up with strategies to improve Utah’s permanency outcomes. Based on an extensive problem exploration process, the following goal was developed for the PIP: The quality of juvenile court hearings in foster care cases is such that participants feel engaged and respected, that appropriate permanency goals are established in a timely manner and reviewed regularly, and hearings contribute to the timely achievement of permanency for children in foster care across Utah. The following PIP strategy was developed:

Strategy:

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

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

2018 CFSR Results		Result	N
Item 7	Placement with Siblings	100%	26
Item 8	Visiting With Parents and Siblings in Foster Care	80%	30
Item 9	Preserving Connections	82%	39
Item 10	Relative Placement	72%	39
Item 11	Relationship of Child in Care With Parents	76%	29

Current and Planned Activities

Permanency Outcome 2 was substantially achieved in 80% of the 40 applicable cases reviewed. The items in Permanency Outcome 2 ranged from 72% on Relative Placement to 100% on Placement with Siblings. In analyzing the reasons for low scores in this outcome it appears that unusual or complex circumstances were the cause in most of the cases that didn’t receive a Strength rating and the worker didn’t seem to go beyond doing the regular work. Utah asserts that the right policies and practice model are there, though the guidance for creative solution finding and confidence may be lacking with some caseworkers. Utah will be addressing this outcome through the Operational Excellence cross-cutting strategy to better mentor/coach/support caseworkers with better practice oriented supervision (see Wellbeing 1 section).

Placement with Siblings: Keeping siblings together can be a challenge especially due to Utah’s typically large sibling groups, but it is one of the agency’s top priorities. Practice guidelines require caseworkers

to place siblings together unless there is a safety concern. In recent years the state legislature has passed bills to support placing sibling groups together in foster care. These include:

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

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

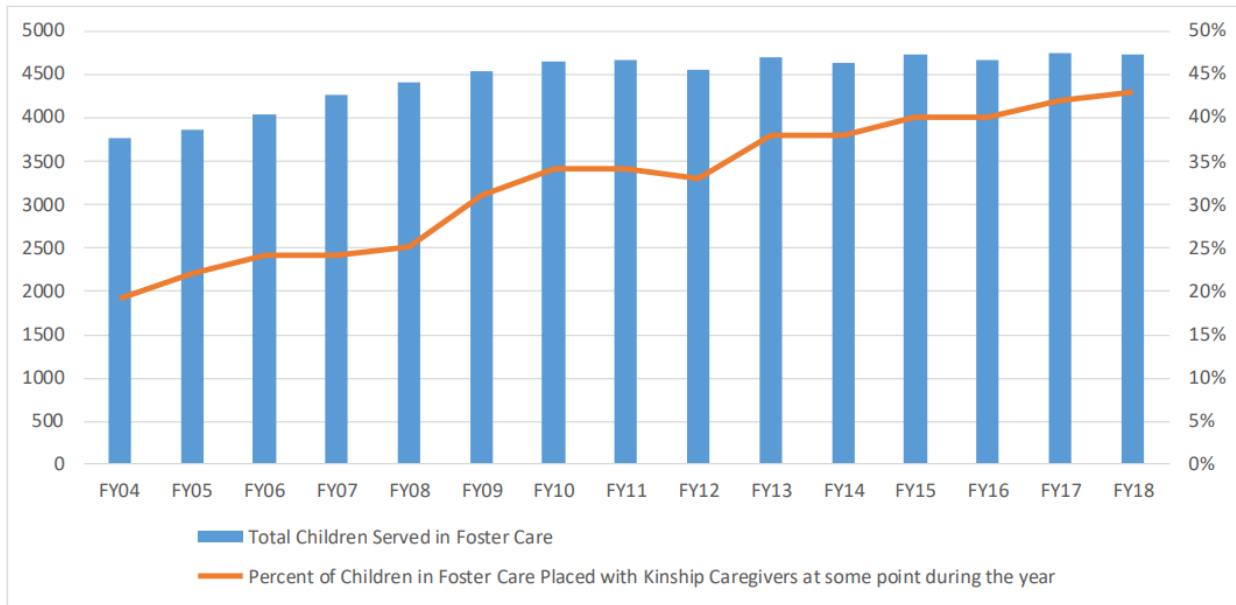
Visiting with Parents and Siblings in Foster Care: DCFS Practice Guidelines state that, unless contact is documented to be clinically contraindicated, purposeful and frequent visitation with parents and siblings is a child's right and not a privilege; not something to be earned or denied based on the behavior of the child or parent. The division has several different ways to measure the processes associated with visitation through the performance on both the Visitation Plan (in the Case Process Review/CPR) and Family Connection (in the Qualitative Case Review/QCR). With the addition of the OSRI scoring (in DCFS' internal CFSR) DCFS can track performance on the frequency and quality of visits and more directly target the areas needing improvement. The creation of a new visitation module in UFACET will allow DCFS to more closely track the quality of the parent-child parent interaction during visits, the parents' demonstration of parenting skills, and their attendance of visits.

Preserving Connections: Utah has several policies and provisions in place to help preserve connections for children placed in foster care, including connections to extended family, community, school, medical provider, religious organization, tribe, and friends whenever possible and desirable. One role of the Child and Family Team is to discuss the child's connections and how to best support that connection for the child's best interest. Utah maintains Intergovernmental Agreements with several federally recognized tribes with reservations in Utah and is pursuing agreements with other tribes. The DCFS ICWA Program Administrator's ongoing and active efforts to support and train DCFS staff, instruct Attorney General office staff on notification requirements, and establish strong relationships with every Utah tribe, support children in foster care in maintaining their connection to their tribe.

Relative Placement: Identifying and locating kin families with whom children may be placed is a high priority in Utah. DCFS has a number of provisions in place emphasizing the importance of placing children who cannot remain home in the homes of kin who know and love them. Completion of a search for relatives, extended relatives, non-relatives family friends is required within 30 days of the date a child enters custody and periodically throughout the life of the case. Utah also has provisions for placing children with friends who are known to them. This is an important way to help children feel comforted and cared for when a removal is necessary. Every region has designated kin locators, Resource Family Consultants, and a Kinship Team that provide formal and informal supports to kinship caregivers. Child and Family Services has trained and licensed twenty-five employees who are using the internet-based CLEAR search engine (from Thomson Reuters) to locate relatives to determine their interest in becoming a kinship placement for a child entering custody. At the state level, a Kinship

Program Administrator coordinates these services and responds to continuous information requests from the public as well as other states.

The following graph shows the improved performance of DCFS' efforts to place children with their relatives over the last 14 years.



Relationship of Child in Care with Parents: Utah's DCFS Practice Guidelines instruct staff to notify parents of medical appointments, school meetings, and other activities in the child's life and to encourage parents to attend activities in which their children participate. In addition, Child and Family Services may assist parents with transportation to support their attendance at these events. Planning related to these events often takes place during Child and Family Team Meetings. These efforts are monitored in the QCR, through the Family Connection indicator, as well as in the CFSR.

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

2018 CFSR Results		Result	N
Item 12	Needs and Services of Child, Parents, and Foster Parents	46%	65
Item 12 A	Needs assessment and services to children	82%	65
Item 12 B	Needs assessment and services to parents	56%	57
Item 12 C	Needs assessment and services to foster parents	62%	39
Item 13	Child and Family Involvement in Case Planning	81%	62
Item 14	Caseworker Visits With Child	80%	65
Item 15	Caseworker Visits With Parents	66%	56

Current and Planned Activities

Assessing the needs for children and foster parents (sub-items 12A and 12C) will be addressed through the strategies developed under placement stability, as the lack of assessment and services to support foster children and foster parents have been identified as a root cause for placement disruptions (see Permanency 1 strategies). Consequently, the agency focused their efforts in better understanding the root causes for sub-item 12B, Needs Assessment and Services to Parents.

After thoroughly reviewing the CFSR results on Wellbeing 1, in particular on Items 12 and 15 regarding the causes for insufficient engagement of parents, assessment of their strengths and needs and provision of services, as well as reviewing QCR findings on Assessment and Intervention Adequacy, Utah decided to conduct focus groups with stakeholders to get to the bottom of it. One of the main barriers identified by front-line staff was the lack of time available to spend quality time with parents and assess their needs and monitor their services, with inefficiencies in the workflow taking valuable time away. Staff identified a need for more support, clinical and non-clinical, to better understand the families' needs and address the barriers to effective service provision. DCFS policy and practice requires parent engagement and involvement through the Family Teaming process and in individual visits, as well as a minimum number of monthly visits. This is recognized as a strength and staff seem to understand the value of it, but the capacity for staff to do this well was clearly identified as a problem. Finding solutions to create capacity, improve productivity, and add supports for caseworkers to better engage parents was recognized as the main need.

Utah has chosen to address the assessment and provision of services, Item 12, as well as other Wellbeing 1 items, by using an Operational Excellence initiative.

Operational Excellence Initiative (OE)

Through OE, Utah DCFS will generate expertise and capacity to support workers and serve families. This will include eliminating tasks, responsibilities and initiatives that take away from critical activities and aligning our system and resources to ensure all children are safe from abuse and neglect.

Utah will improve how work flows through the child welfare system. Improving flow generates more system time and capacity to focus on and deliver content (such as evidence based practice). Focusing on flow ahead of content creates the needed capacity to improve the quality of content over time. Improving workflow will result in cases moving more efficiently and effectively through to case closure. As a general rule, the longer a case stays in the system, the opportunity for positive results typically decrease and/or the work it takes to achieve them grows.

This process will incorporate input from frontline staff, community partners, and support from Utah's Governor's Office of Management and Budget. Utah will also collaborate with sister agencies under the Department of Human Services and the Department of Health who are engaging in similar system improvements.

Strategy:

Standardize daily operations and improve the flow of work throughout the system (through Operational Excellence initiative)

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

2018 CFSR Results		Result	N
Item 16	Educational Needs of the Child	82%	34

Current and Planned Activities

Item 16 - Educational Needs of the Child evaluates whether the agency made concerted efforts to assess children’s educational needs and whether identified needs were appropriately addressed in case planning and management activities. This item was an Area Needing Improvement with 82% of the 34 applicable cases being rated as Strength, or six cases reviewed receiving an ANI. Two of the cases had problems with the children’s school attendance, two had issues with delayed testing for special education services, and two relied too heavily on the foster parent to manage educational issues and were not fully informed on educational services needed. All three of these areas could have been bolstered by better supervision of the caseworker through mentoring and coaching. As in Permanency Outcome 2, Utah will be addressing this outcome through the Operational Excellence cross-cutting strategy to better mentor/coach/ support caseworkers with better practice oriented supervision.

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

2018 CFSR Results		Result	N
Item 17	Physical Health of the Child	73%	45
Item 18	Mental/Behavioral Health of the Child	60%	43

Current and Planned Activities

Utah DCFS has a contract with the Department of Health to provide co-located nurses in every DCFS office (some smaller offices in the same region share a nurse) who are assigned to every foster care child. These nurses work with healthcare providers to ensure that all children’s health needs are met. In addition, the nurses contact each foster parent on a given frequency to go over the child’s treatments, including prescribed medication. Nurses assess the child’s health status using a tool that then determines the frequency of contact. This arrangement has contributed to high performance on health questions in past CFSR, QCR and CPR reviews.

In the 2018 CFSR, 12 cases scored Area Needing Improvement (ANI) on Item 17- Physical Health of the Child. Of those, 11 were lacking the 6-month dental exam because Utah requires annual dental exams for children in foster care. The one In-Home case that scored ANI was because the child was exposed to methamphetamine and was not taken for a medical examination. Two of the foster care cases also lacked additional physical health follow up. On Item 18 - Mental Health of the Child, the reviewers

noted that concern was less an issue of identifying and assessing the child’s mental health needs but more with tracking that the treatment was provided and producing the desired outcome.

Utah will be making a technical change to the requirements for dental examinations to align the requirements with the pediatric dental recommendations of a dental exam every 6 months.

The other issues will be addressed through the Operational Excellence cross-cutting strategy to better mentor/coach/ support caseworkers with better practice oriented supervision.

Systemic Factors

Statewide Information System

DCFS operates and maintains SAFE, the State’s management information system (CCWIS), which tracks client information and services delivered to children and families. DCFS uses SAFE data to identify client and agency needs, manage service delivery, review processes and outcomes, and provide state and federal legislators and administrators with information they need to formulate legislation that supports mandated services.

The DCFS data team routinely completes a thorough planning and quality review process. Annually, the DCFS data team completes an Annual Planning Document.

2018 CFSR Results		Summary of Findings	Result
Item 19	Statewide Information System	Utah is operating a statewide information system that readily identifies the status, demographic characteristics, location, and goals for placement of every child in foster care. Stakeholders reported that data are entered on a timely basis.	Strength

Current and Planned Activities

Utah has well-functioning processes in place to ensure that information in DCFS’ Statewide Information System is accurate and kept up to date. Since this item was determined to be a strength, Utah plans to continue strengthening and developing its current information system.

Case Review System

2018 CFSR Results		Summary of Findings	Result
Item 20	Written Case Plan	Each child has a written case plan that is developed jointly with the child's parents and includes the required provisions. The state uses Child and Family Team Meetings as the primary tool to engage parents. Child and Family Team meetings are required before a case plan can be finalized. Stakeholders confirmed that parents are engaged in case planning.	Strength
Item 21	Periodic Reviews	Initial periodic reviews occur timely for the majority of children in foster care. Stakeholders said that subsequent periodic reviews occur for most children in foster care every 3 months and that drug court cases are reviewed even more frequently.	Strength
Item 22	Permanency Hearings	An initial permanency hearing occurs in a qualified court no later than 12 months from the date the child entered foster care for a substantial majority of children in foster care. Permanency hearings occur at least annually if not more often thereafter until the child/youth achieves permanency.	Strength
Item 23	Termination of Parental Rights	Utah has processes in place to ensure that petitions to terminate parental rights (TPR) are filed in accordance with required federal provisions. Stakeholders confirmed that the process is in place and functioning to ensure that a TPR petition is filed at the 15 of 22-month mark unless a compelling reason not to file exists.	Strength
Item 24	Notice of Hearings and Reviews to Caregivers	Utah does not have a specific mechanism in place to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.	ANI

Current and Planned Activities

Utah is in substantial conformity with the Systemic Factor of Case Review System. Four of the 5 items in this systemic factor were rated as Strength. Since this Systemic Factor was determined to be in substantial conformity, Utah plans to continue the good partnership with the Court Improvement

Project to continuously work at improving the court review process for families involved with Utah’s child welfare.

In addition, the CIP has chosen to address issues captured in Permanency Outcome 1, Items 5 and 6, through a Quality Hearing initiative with a strategy to Develop and Implement Quality Hearing Benchcard (for judges) and Guide for Utah's juvenile courts (for all parties attending court hearings and their attorneys). See Permanency Outcome 1.

Quality Assurance System

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

Current and Planned Activities

Utah has a model QA system that measures outcomes for children and families as well as the agency’s ability to integrate the Utah Practice Model throughout the child welfare system.

The QA process includes three important components:

- The Case Process Review (CPR) measures compliance with policy, state statute, and federal law.
- The Qualitative Case Review (QCR) is an interview-based outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services.
- Quality Improvement Committees (QICs) in each region and at the state level, comprised of key stakeholders including legal partners, community members, service providers, foster parents, foster care alumni, provide regular, ongoing feedback to region and state office administrators about quality assurance issues that affect the child welfare system and make recommendations.

Utah is in substantial conformity with the systemic factor of Quality Assurance System.

DCFS feels strongly that the QCR encourages quality casework congruent with the Practice Model and has been the driving factor in maintaining a high level of performance. In addition, the CPR allows decision makers and stakeholders to monitor how well key policies are followed and documented in our electronic file system. Over the last several years Utah has worked at merging the CFSR measures with the QCR, which has been used for nearly 20 years. CFSR trained reviewers score a set of randomly selected cases using both the CFSR and the QCR scoring sheet. This process, though labor intensive, has allowed Utah to maintain its core review while complying with the federal requirement to conduct internal CFSR reviews. The next step was to develop two levels of QA and assure that that the process

is acceptable to the Children’s Bureau. This was implemented in FY2019. A PIP Measurement Plan with a proposed combined QCR/CFSR will submitted to the Children’s Bureau by July 2019.

During the next year, the DCFS State Office plans to conduct an internal review of Continuous Quality Improvement processes and CQI staff capacity overall, which will also include CQI efforts through OQD related to CPR and QCR. With recent staff changes, this has provided an opportunity to take a fresh look at CQI to ensure our processes are robust. We are looking at national resources, university resources, and examples of CQI team structures and responsibilities from other states. Along with our internal assessment, these resources will help us ensure that our CQI structure is sufficient to support ongoing improvement efforts, including supporting improvement efforts under the CFSP, PIP, and other agency initiatives.

Staff and Provider Training

2018 CFSR Results		Summary of Findings	Result
Item 26	Initial Staff Training	Utah’s training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan. All direct service staff must complete 120-hour Practice Model Training plus an additional field experience packet. Cases are gradually assigned to workers after completion of initial training and mentoring. Completion of training is monitored and effectiveness of training is evaluated.	Strength
Item 27	Ongoing Staff Training	Utah does not have a way to track completion of the 40 hours of required ongoing training on a statewide basis other than supervisors monitoring workers’ completion of training. All regions have access to the same array of training and training staff is able to provide training to meet specific needs. Although ongoing training for staff is sufficient, only administrative training for supervisors currently exists. The state is in the process of developing practice-oriented training for supervisors.	ANI
Item 28	Foster and Adoptive Parent Training	There are initial and ongoing training requirements for prospective foster parents, adoptive parents, and staff of state-licensed facilities. Myriad trainings are available to foster and adoptive parents that address the skills and knowledge base needed to carry out their duties. The state’s DCFS Audit Team monitors compliance with training requirements for foster parents certified by child-placing agencies and staff of licensed facilities.	Strength

Current and Planned Activities

Utah is in substantial conformity with the systemic factor of Staff and Provider Training. The state is in the process of developing practice-oriented training for supervisors which will address the need identified in the CFSR. It plans to continue dedicating substantial resources to the training of new and ongoing staff and to strengthen the strong partnership with the Utah Foster Care Foundation which is in charge of recruiting and training foster parents.

Service Array and Resource Development

2018 CFSR Results		Summary of Findings	Result
Item 29	Array of Services	Although there is an adequate array of services, access to services is limited in some jurisdictions of the state, especially in the rural areas. In these areas, there is a need for more foster homes, mental health services, substance abuse treatment services, domestic violence services, affordable housing, and public transportation. Additional barriers include waitlists and the distance families have to travel to access services. Stakeholders also said adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state.	ANI
Item 30	Individualizing Services	Utah's Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as Child and Family Team meetings, support caseworkers' efforts to tailor services. However, stakeholders reported that in some jurisdictions of the state, individualization of services is difficult due to barriers in accessing some of the services. Stakeholders also reported a lack of culturally competent services for Native Americans or for families who speak languages other than English.	ANI

Utah was not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor was rated as Strength.

Item 29. Array of Services

Utah received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected from stakeholders during interviews showed that although there is an adequate array of

services, access to services is limited in some jurisdictions of the state, especially in the rural areas. Stakeholders said that in these areas, there is need for more foster homes, mental health services, substance abuse treatment services, domestic violence services, affordable housing, and public transportation. Additional barriers include waitlists and the distances families have to travel to access services. Stakeholders also said adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state.

Item 30. Individualizing Services

Utah received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Utah described how the state's Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as Child and Family Team meetings, support caseworkers' efforts to tailor services. However, stakeholders reported that in some jurisdictions of the state, individualization of services is difficult due to barriers in accessing some of the services. Stakeholders also reported a lack of culturally competent services for Native Americans and for families who speak languages other than English.

Stakeholder interviews are conducted annually in every region by the Office of Quality and Design (OQD) as part of the QCR. The summary of these interviews is presented to each region administration after their review and included in its QCR report in order for the region administrations to address issues in their purview. It helps identify gaps in service availability and increase staff understanding about the array of services available to serve their clients. This system of gathering and sharing information about service array locally will continue, based on region feedback regarding its helpfulness.

Current and Planned Activities

Issues of accessibility and availability of services, particularly in rural parts of the state, have been at the forefront of the division's and the department's priorities, even prior to the CFSR. The adoption of a System of Care program at the department level was the department's response to improve service delivery for families with high-level-needs children who require cross-departmental services. Because of the System of Care approach, a need to streamline services across divisions and eliminate barriers was identified, which resulted in an Integrated Service Delivery initiative aimed at addressing missing services and strengthening existing services. This ultimately resulted in the creation of OQD.

The belief that the department needs to better engage families and stakeholders in designing services and evaluating these services is a key principle underlying the formation of this new DHS office. In addition to their ongoing tasks of writing and managing contracts, procurement of services, development and management of provider networks, evaluation and refinement of services, and measurement of outcomes, OQD has been tasked with the following responsibilities:

- Seek and organize inputs on gaps and needs
- Coordinate the prioritization of service needs
- Research solutions

- Facilitate the design of new services and the refinement of existing services (with program specialist and stakeholder engagement)
- Provide written guidelines for services and provide technical assistance
- Ensure a broad, flexible array of effective services

Efforts by OQD to gather information regarding gaps in services provided by the department thus far include the following:

- A gap analysis coordinated by the courts in conjunction with juvenile justice reform
- System of Care evaluation of gaps with Regional Advisory Councils and through attempts to access services in implementing the System of Care initiative

OQD is making further attempts to assess gaps. It has identified service gaps for the Juvenile Justice System (JJS) by reviewing at caseworkers' knowledge of existing services. OQD plans to learn more about the utilization and knowledge of services degree of individualization. It also uses national research from the national Substance Abuse and Mental Health Services Administration about the five core services that are essential to good systems (peer support, respite, intensive in-home services, high fidelity wrap-around services, and mobile crisis stabilization).

Next steps, based on identified service gaps and national research and guidance, are to identify focus areas and work with providers to improve the array of services provided in all jurisdictions. Then, OQD will work with the divisions to prioritize which service gaps to focus on and will also work with providers to increase access. Several initiatives to address the issues mentioned in CFSR stakeholder interviews have started or are in the planning stages.

OQD is currently working on several initiatives aimed at improving the availability and accessibility of services to families served by the department. Current initiatives include:

- Integrated Clinical Wrap Services Contract (ICWS)
 - The ICWS contract began in July 2018 and is a contract that combined multiple previous procurements for the department's clinical mental health and nonclinical support services. The contract integrated provider networks that were previously siloed within each DHS division. Accessibility depended on which division a child and family first encountered. These contracts are now integrated; all services are available to children and families involved with DHS, regardless of the division they are working with and their custody status. Requirements were streamlined and additional services were added, such as family and youth peer support service.
- Provider incentives for rural areas
- Enhanced rates for evidence-based interventions provided in the family's home
- A telehealth platform that all providers can use
- Making clinical and wrap services for youth in foster care available to youth living at home
- Making clinical and non-clinical supports and services available to youth and families who are on probation but are not in JJS or DCFS custody
- Stabilization and Mobile Response 24-hour crisis intervention services are available in some areas and are accessible by the community, including foster parents and kinship caregivers

OQD plans the following strategies to strengthen Utah's Service Array. These are tied to Utah's PIP proposal:

- **Strategy 1:** Expand the array of evidence-based services or programs for children, youth and families involved with DCFS, including kinship caregivers, as components of Family First Prevention Services Act implementation for prevention services and kinship navigator services.
- **Strategy 2:** Enhance access to clinical and non-clinical wraparound services for children, youth, and families, which may also include kinship caregivers; expand the number of providers contracting to provide these services under the Integrated Clinical Wrap Services contract (which began in July 2018); and implement strategies to expand availability, especially in rural areas, such as:
 - Incentives for rural areas
 - Enhanced rates for evidence-based interventions provided in the family's home
 - A telehealth platform that all providers can use
- **Strategy 3:** Explore methods to assess service gaps and needs, including problems with access, on an ongoing basis throughout the state. Identify and prioritize regional gaps with local stakeholders. Facilitate development of identified services.

DCFS believes that moving forward with these strategies will significantly contribute to the development and strengthening of the array of services to help families served by the agency, though it may take several years for some of the results to be fully experienced statewide. For example, encouraging service providers to elevate their services to an evidence-based level, as required by FFPSA, will take years and will be an ongoing effort, as research projects are developed and training and guidance is offered to interested providers. These services will become increasingly available over time and will assist with efforts to prevent children from entering foster care. This effort will also improve Utah's performance on CFSR items such as the Systemic Factors and Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Providers have been encouraged to apply for contracts under the Integrated Clinical Wrap Services contract. This will help families whose children are at home or with foster parents, in particular kinship caregivers. This effort is expected to improve Utah's performance on CFSR Item 4-Stability of Foster Care Placement and Item 12-Needs and Services of Children, Parents, and Foster Parents, as well as the overall Service Array.

Finally, developing a method to assess service gaps on an ongoing basis will be essential to track which services are needed and where they are needed, enabling community partners to be engaged in addressing identified service gaps and then access incentives created to encourage the strengthening of existing services or development of new ones.

Agency Responsiveness to the Community

2018 CFSR Results		Summary of Findings	Result
Item 31	State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR	The agency is responsive to the statewide community system and ensures that the state engages the community in implementing the provision of the CFSP and ongoing developments through the APSR. The state has forums in place to engage in ongoing consultation with Tribal representatives, children and families, service providers, foster care providers, juvenile courts, and other public and private child- and family-serving agencies.	Strength
Item 32	Coordination of CFSP Services With Other Federal Programs	The agency coordinates with a variety of other agencies that provide services and benefits of other federal or federally assisted programs serving the same populations including but not limited to Temporary Assistance to Needy Families (TANF), the Department of Health and Early Intervention Programs, Head Start Programs, Medicaid, Division of Services for People with Disabilities, Women, Infants and Children (WIC) programs, the State Offices of Education and Housing Services, and Substance Abuse and Mental Health Services Administration (SAMHSA).	Strength

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

Utah has a well-functioning process in place of collaborating with partners, including all Utah Tribes, and continues to seek out partnerships that will benefit children and families in the State of Utah. We will continue to use this pathway to identify problems, look for solutions within the communities we serve and respond to their concerns and recommendations. This has resulted in long-lasting and trusting relationships.

Utah is confident that the current state of this item will continue, and will not be allocating additional resources to it. As always, we will continue to collaborate with other state and federal programs in order to achieve better outcomes for the families we work with.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

2018 CFSR Results		Summary of Findings	Result
Item 33	Standards Applied Equally	In Utah, standards are applied equally to all licensed or approved foster family homes, child-placing agencies, and child care institutions.	Strength

Item 34	Requirements for Criminal Background Checks	Utah has a process in place to ensure that the state complies with federal requirements for criminal background clearances related to licensing foster care and adoptive placements. The state has a case planning process in place that includes provisions for addressing the safety of foster care and adoptive placements for children.	Strength
Item 35	Diligent Recruitment of Foster and Adoptive Homes	The state contracts with Utah Foster Care Foundation to provide diligent recruitment of foster and adoptive families. The recruitment process functions well to ensure that there is a statewide comprehensive process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. Regional recruitment plans are developed based on each region's needs assessment on an annual basis.	Strength
Item 36	State Use of Cross-Jurisdictional Resources for Permanency Placements	A large percentage of ICPC home studies are not completed on a timely basis. Barriers to timely completion of home studies include delays in receiving ICPC documents from the central office. An additional barrier identified by stakeholders is relatives not following up on requested activities. Utah does effectively use cross-jurisdictional resources, such as the Adoption Exchange, the Heart Gallery, and Wendy's Wonderful Kids, to identify permanent placements for foster children. Additionally, Utah uses the Round Table process to locate permanent placement options for children.	ANI

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

Current and Planned Activities

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

Through a contract with DCFS, Utah Foster Care (UFC) is responsible for the diligent recruitment and training of potential foster and adoptive families and works with each region to determine yearly recruitment target numbers. The recruitment process functions well to enroll potential foster and adoptive families in all parts of the state, as shown in the CFSR. Regional recruitment plans are developed based on each region's needs assessment on an annual basis.

Utah also has a contract with the Adoption Exchange and uses many of their resources to find adoptive families for children. The Adoption Exchange's Heart Gallery helps place children who are free for adoption into families located outside of the county or region in which the child is located and in many cases has found adoptive families outside of the state for children in Utah.

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

DCFS has an Interstate Compact on the Placement of Children (ICPC) team that is responsible for processing ICPC requests in a timely manner. In addition there are ICPC Coordinators in the regions that assist caseworkers with the ICPC process.

Since licensing standards and criminal background checks are in place and are working effectively, DCFS will not be allocating additional resources to these items. OL and DCFS will continue to periodically review licensing files to ensure that background checks are completed. Since the recruitment of prospective foster parents through UFC is working well and contracts with the Adoption Exchange and Wendy's Wonderful Kids is helping the state achieve one of the highest/fastest adoption rate in the nation, Utah will continue foster this beneficial partnership.

IV. PLAN FOR ENACTING THE STATE'S VISION

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

Goals, Objectives, and Measures

Goals crystalized as needs and possible solutions were analyzed and weighed in a variety of venues that were part of these collaborative processes. National-level strategic planning sessions with Court Improvement partners helped set the foundation for overall planning and conceptualizing goals. PIP workgroups analyzed CFSR findings, seeking to identify underlying needs and select strategies to resolve those needs. The Department of Human Services organized cross-agency teams, which

included state-level human services agencies, community service providers, child welfare regional staff, and consultation with tribes and clients, to analyze and address provisions of FFPSA, with particular focus on how the prevention services provisions could build upon the foundation of Utah's IV-E waiver child welfare demonstration project. Planning for completion of the IV-E waiver gave DCFS an opportunity to reflect upon processes for implementation and to utilize waiver funds as a bridge to increase prevention resources. Utah governor's Operational Excellence initiative provided for an intensive system self-assessment, with outside consultation from experts in the Theory of Constraints model. Input from the Child Welfare Improvement Council (CWIC), an independent advisory body, resulted in additional recommendations for refinements. Together, these efforts led to the selection of four primary CFSP goals for improving Utah's child welfare system and outcomes for children and families, which can be generalized as having "safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community."

These broad goals reflect priority concerns of the agency, and guide selection of significant areas of improvement that Utah will focus on through the FFY 2020-2024 Child and Family Services Plan period. Elements of each of the other initiatives are integrated into goals and objectives for the CFSP, and constitute the highest priorities for system improvement for Utah's child welfare agency over the next five years.

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

Rationale:

Child safety from maltreatment is the foremost responsibility of DCFS. Continuing efforts to improve caseworker ability to evaluate safety are always a necessity. In Utah's CFSR, needs for improvements were identified for both Safety Outcome 1 and Safety Outcome 2, as described in a prior section of this document and in Utah's PIP. Root cause analysis focused our attention particularly on the need to ensure caseworkers more systematically assess child safety at critical junctures across all types of child welfare cases. Also, analysis of child fatalities and near fatalities in the past year brought renewed attention to the most extreme consequence that can occur when child safety is not attained, with children under age one being most at risk. Data (listed in the "Populations at Greatest Risk of Maltreatment" section of the CFSP) prompted DCFS to challenge a "one size fits all" approach to child protective services assessments (aside from priority time frame) and develop differing requirements based on child vulnerability and types of allegations. For example, the data showed that children under age five are at high risk of maltreatment, including children age one year or younger who accounted for 69% of fatalities in SFY18. Utah's CPS Success Project has provided evidence that, with a supportive system, CPS worker capacity can be increased, which may allow for increased time with families during the investigative period, which may better help assure child safety.

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

Benchmarks / Time Period: System design is completed (including SAFE supports, practice guidelines, etc.) by March 2020; CPS workers and supervisors are trained by August 2020; System is successfully implemented by Feb 2021.

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

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

Benchmarks / Time Period: Design of policy, guidance, and/or tools is completed by July 2020; caseworkers and supervisors are trained by December 2020; implemented by July 2021.

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

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

Rationale:

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

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

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

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

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

Measures: % improvement of UFACET scores over time for in-home or kinship cases for specific items; % children with in-home cases that enter foster care; Data measures for FFPSA.

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

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

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

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

Rationale:

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

To break this cycle, DCFS is participating in a state government-wide system improvement initiative called Operational Excellence (OE), which for DCFS will expand application of a Theory of Constraints model from CPS, which is operational in 3 of 5 regions, to ongoing child welfare case practice. The initiative will focus on work processes and workflow and reallocate resources to key priorities, which will create capacity to significantly improve consistency of practice, in particular the ability of staff to focus on critical activities like addressing safety of children and engaging parents. This will include eliminating or reassigning tasks, responsibilities and initiatives that take away from critical activities and aligning our system and resources to ensure children are safe through strengthened families.

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

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

employees trained are at an all-time high, with 140 new caseworkers trained in 2017 and 180 trained in 2018.

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

Objective #3.1:

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

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

Measures: % caseworker turnover; workforce survey of perceptions of worker support; Qualitative case review system scores.

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

Rationale:

For the past year, the Children's Bureau has highlighted the importance of the child welfare system being more interconnected to child protective services activities in states and communities as a means of focusing on and increasing capacity to prevent maltreatment of children. While DCFS serves as the child welfare agency and also has as a key role for child abuse prevention in Utah, these roles have functioned somewhat independently, and can benefit from being better integrated into the full child welfare system that serves our shared families.

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

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

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

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

Measures: Review with prevention and child welfare system partners completed; RFP issued and new contracts established by January 2021; # adults and children served through contracted primary prevention services.

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

Benchmarks / Time Period: Identify goals, messaging, approach, and framework for local level integration activities by July 2022; identify target communities, venues, and participants for each site, including families by October 2022; conduct local level integration events ongoing through 2024.

Measures: # integration activities in local communities completed; # individuals and organizations participating; stakeholder interviews (QCR).

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

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

Measures: Formalized feedback loop established for parental input into the system; # system improvement efforts for which parental input was received; # integration activities in local

communities, including identification of # in which families participated; QCR system measures for engagement with parents and parent satisfaction.

Staff Training, Technical Assistance, and Evaluation

State Training Plan

The Staff Development and Training Plan contained in the CFSP supports overall agency operations, and particularly support frontline caseworker knowledge and skill develop. Planned training activities encompass expected training needs to support the goals and objectives during the five-year plan period. The need for additional staff development and training will be assessed in more detail as work on goals and objectives progresses. As part of Operational Excellence, DCFS will critically assess in every scenario whether training is really the best mechanism to help staff to implement new activities or if other tools and resources will better support that need without taking staff away from critical case activities so frequently for training.

Technical Assistance

As part of implementation planning for each goal and objective, specific needs for technical assistance (TA) for regional staff will be identified. TA will be provided through state office staff or through regional staff who have been trained to provide the needed TA support. Additional resources outside of DCFS will be utilized to support implementation of goals and objectives, when needed. For example, FFPSA workgroup support, which includes individuals outside of DCFS, will be utilized to provide TA to regional staff as components of that legislation are implemented.

Similarly, DCFS will access TA to support our efforts to achieve the goals and objectives of the CFSP, as needed. Support will continue from the Capacity Building Center for States as we proceed to finalize Utah's PIP, which is also closely associated with CFSP goals. In addition, TA will be accessed from the Children's Bureau and from partner organizations, such as Casey Family Programs, or from other states, particularly around goals and objectives related to FFPSA implementation. Department and Governor's Office TA will support Operational Excellence goals and objectives.

Evaluation and Research Activities

DCFS is currently partnering with local universities on a number of research projects that relate to the CFSP. For example, studies are underway of an in-home parent skills-based training program and a kinship navigator program, which DCFS hopes will meet a level of evidence through the Prevention Services Clearinghouse so they can be implemented as an enhancement to Utah's service array and supports to kinship caregivers. Another study is helping DCFS analyze child fatalities and near fatalities, which supports the plan requirements under FFPSA. An additional study is analyzing the CARA components of the Child Abuse Prevention and Treatment Act, so we can determine how to strengthen supports to children born to mothers using substances. Additional evaluation activities are helping with in-depth analysis of foster care, such as conditions leading to foster care that will inform our efforts to keep children safely at home and reduce the time children are in foster care.

Implementation Supports

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

V. SERVICES

Child and Family Services Continuum

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

- Child Abuse Prevention Services, including but not limited to local family support centers/crisis nurseries, are provided through community-based organizations and funded with CBCAP funds, Children's Account (Children's Trust) funds, and state general funds.
- Child Protective Services Intake and Assessments to respond to reports of abuse or neglect.
- In-Home Services, provided to families in response to the occurrence of child abuse and neglect, and includes case management, family preservation, family support activities, and in-home parent skills based training services. Also allow for access to mental health and other wrap services.
- Foster Care Services, which includes case management, foster family homes, and also includes contracted services such as child placing foster care, residential treatment, and may include mental health services for children in care and other wrap services.
- Kinship Care includes case management, and includes care of children in foster care as licensed or unlicensed foster parents or care of children who are under custody and guardianship of a kin caregiver, and may include mental health and other wrap services. Kinship care may be a component of in-home or foster care services.
- Reunification Services are considered part of foster care and include case management, and may also include access to in-home parent skills based training services as well as access to mental health and other wrap services for parents. Reunification services are considered to be a component of foster care services.
- Adoption and Guardianship Services provide subsidies and supports to adoptive parents and guardians of children who have been in foster care.
- Transition to Adult Living Services are provided to youth in foster care as well as former foster youth, and include both Chafee Services as well as Education and Training Vouchers.
- Domestic Violence Services are also under DCFS responsibility, and are closely related to child welfare services. These services include domestic violence shelters and other community-based supports.

Service Coordination

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

Service Descriptions

Prevention Services

Prevention of child abuse and neglect is a focus of DCFS through the support of community programs. Significant efforts are being made to align operation of community-based child abuse and neglect prevention programs across the state. Overall, the focus is on utilizing prevention best practices through integrating protective factors into programs and communities, sufficient infrastructure, connection to the prevention network, including and empowering parents and hearing parent voice, professional development and technical support, evaluation and data, and policy. Particular effort is being made to focus on special populations, including but not limited to youth at risk of homelessness and tribal communities. Prevention services funded through contracts include parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, support to grandparents raising grandchildren, and 14 crisis nurseries in local Family Support Centers across the state.

Child Protective Services

Child Protective Services is a short term intervention to assess children's safety in response to reports of abuse, neglect and/or dependency and to initiate interventions, when needed. Services are provided to keep children in the home and families intact whenever safely possible. The primary

purpose of Child Protective Services (CPS) is to assess the child's safety. CPS will also assess future risk of abuse and/or neglect for the child, and gather information about the strengths and needs of the family. This allows the caseworker, family, family supports and community professionals to determine what services, if any, will be the most effective in ensuring safety and reducing risk for the child. When a report alleging child abuse and neglect is made to the 24-hour intake hotline, intake caseworkers and supervisors determine if the report meets the statutory definition of child abuse, neglect or dependency that requires a formal CPS assessment. The CPS assessment will include the following:

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

In-Home Services

A primary value for Child and Family Services is that children should remain in the home whenever safely possible. In-Home Services keep children who have been assessed to be at risk of abuse and neglect safely with their families, when safety concerns can be addressed. In addition to case management, examples of services provided may include parent supports, child safety plan development, parenting skills training, conflict resolution and problem solving skills training, educating on protective factors, and linking the family to community resources such as mental health or substance use treatment services. Services may be provided voluntarily or through court order, and may vary in intensity based on family need.

Foster Care and Reunification Services

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

DCFS utilizes an evidence-based assessment tool to determine the recommended level of care for children in foster care, referred to as the Utah Family and Children Engagement Tool (UFACET). The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child and also identifies needs for services for the child and parents or other caregivers. Foster care placement may include foster family homes licensed by the DHS/ Office of Licensing (OL), which are most often used; child placing foster care or proctor care when foster family

homes are not available or when siblings of a child in proctor care are placed together. Children with severe emotional or behavioral difficulties that cannot be cared for in traditional family settings because of a need for more intensive supervision and treatment may be placed in residential treatment programs through contracts with licensed providers.

Reunification services for parents or other primary caregivers may include referral for community based services such as mental health or substance use disorder treatment, parenting skills training, and other skills development and supports.

Parents may also receive transportation supports or assistance to obtain public benefits, housing supports, educational services, domestic violence services, or assistance with other needs to help them prepare to have children safely return home.

Kinship Care

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

When selecting a placement for a child in the custody of Child and Family Services, preferential consideration is given to a noncustodial parent, kin, or friend of the parent or guardian, as established in law, subject to the child's best interests. The Division makes active efforts to locate potential kinship caregivers for placement to build and sustain family connections for the child. In cases where reasonable efforts to reunify the child and parent were not successful, custody or adoption by a relative is pursued. A relative is an adult who is a grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, stepparent, first cousin, stepsibling, or sibling of the child, or relative as defined by ICWA.

Transition to Adult Living (TAL)

Transition to Adult Living (TAL) services are delivered to youth who have experienced foster care at age 14 or older, and are described in detail in the Chafee section of the plan. TAL services focus on:

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

Former foster care recipients between 18 and 23 years old are eligible for Chafee aftercare services if they were adopted or obtained legal guardianship after their 16th birthday or aged out of foster care between the ages of 18 and 21.

TAL provides these youth with financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts.

Adoption and Guardianship Services

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

Domestic Violence Services

Domestic violence causes harm to both adults and the children who are exposed to it. Children and families experiencing domestic violence may receive services through both child welfare programs and domestic violence programs. The safety, permanency and stability of children will be enhanced through the provision of trauma informed, sensitive services to their parents. Domestic Violence Services funding is provided through DCFS to help support domestic violence shelters and outreach services, therapy for those who have been affected, education, and other resources including the state's domestic violence hotline: 1-800-897-5465.

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

Services to be funded under IV-B Part 1

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

Services for Children Adopted from Other Countries

Utah passed new legislation in 2017 to better address the needs of children adopted from other countries. Pre-placement training is now required for adoption parents and includes how trauma and fetal drug and alcohol affects a child's development and consequent behaviors. DCFS coordinates with private adoption agencies to help them identify parent training and community treatment options.

As special needs arise, DCFS provides adoptive families who have adopted children from other countries with referrals to appropriate community resources. If a family is struggling and the adopted child is at risk of coming into foster care, DCFS will provide in-home services. Services include a clinical assessment and any of the family preservation services included as part of In-home Services. DCFS can

also help the parent assess mental health support or residential treatment options that meet the parents' income needs or are available through private insurance.

Parents with children adopted from another country can access the www.utahadopt.org website 24-hours per day. The website is updated regularly and contains a number of beneficial resources, including parent support groups and cultural awareness activities. The website also includes a lending library, which has a variety of books and tapes that address special issues related to intercountry adoptions. Parents of children adopted from other countries are also invited to attend annual adoption conferences. Numerous workshops focus on cultural sensitivity and all are relevant to families adopting children from other countries.

Children Adopted from Other Countries Who Entered Foster Care FY 2018				
Child Number	Placement Agency	Country of Origin	Reason for Disruption/Dissolution	Status/Plan for the Child
1	Unknown	Samoa	Physical Abuse	Reunification
2	Unknown	Samoa	Physical Abuse	Individualized Permanency

Services for Children under the Age of Five

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

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

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

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

Practice guidelines address timeliness of the initial assessment of child’s developmental needs as well on ongoing assessment of the child’s progress through timeframes for completion which include:

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

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

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

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

In order to gain permanency for a child under five whose parents’ rights have been terminated and for whom a permanent family has not been identified, a permanency worker, with the assistance of the placement committee, will:

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

The tables below display demographic, permanency goal, and permanency outcome data for children under age 5 served through foster care or in-home services.

Gender of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)					
Gender	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Male	705	756	766	828	828
Female	627	701	758	813	801
Total Children Under Five	1,332	1,457	1,524	1,641	1,629

Race and Ethnicity of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)										
Race	FFY 2014		FFY 2015		FFY 2016		FFY 2017		FFY 2018	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
American Indian or Alaska Native	49	3.7%	50	3.4%	51	3.3%	75	4.6%	92	5.6%
Asian	10	0.8%	10	0.7%	10	0.7%	13	0.8%	18	1.1%
Black or African American	58	4.4%	73	5.0%	93	6.1%	105	6.4%	92	5.6%
Multiracial, Other Race Not Known	18	1.4%	22	1.5%	35	2.3%	34	2.1%	29	1.8%
Native Hawaiian/ Pacific Islander	11	0.8%	23	1.6%	21	1.4%	19	1.2%	23	1.4%
Unable to Determine	1	0.1%	2	0.1%	4	0.3%	3	0.2%	2	0.1%
White	1253	94.1%	1360	93.3%	1395	91.5%	1494	91.0%	1474	90.5%
Total Children Under Five	1,332		1,457		1,524		1,641		1,629	
Hispanic Origin or Latino	245	18.4%	278	19.1%	308	20.2%	339	20.7%	329	20.2%

Permanency Goal for Children Under Five in Foster Care on the Last Day of the Federal Fiscal Year										
	FFY 14		FFY 15		FFY 16		FFY 17		FFY 18	
Permanency Goal	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Reunification	437	74.2%	437	72.4%	486	73.4%	505	67.6%	471	71.4%
Adoption	151	25.6%	162	26.8%	175	26.4%	242	32.4%	187	28.3%
Guardianship (non-relative)	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%
Guardianship with Relative	2	0.3%	4	0.7%	4	0.6%	3	0.4%	4	0.6%
Total Children Under Five	589		604		662		747		660	

Permanency for Children Under Age Five Percent Exiting by Permanency Reason and Average Months in Custody								
	Reunification		Custody/ Guardianship to Relative		Adoption		Other	
FFY	Percent	Average Months	Percent	Average Months	Percent	Average Months	Percent	Average Months
2014	39.8%	10	17.1%	3	40.2%	13	2.9%	4
2015	39.1%	10	16.4%	4	42.2%	14	2.4%	3
2016	40.7%	10	14.8%	4	42.5%	13	2.1%	3
2017	40.3%	10	12.8%	5	45.0%	14	1.9%	3
2018	39.8%	10	7.6%	5	49.7%	14	2.9%	4

When parental rights are terminated and a child in custody under age 5 becomes eligible for adoption, the median length of time it takes for the child to be adopted is 14 months. If reunification is the appropriate permanency goal, the average time it takes a child to be reunified with his or her parents is 11 months. When a kinship placement becomes available, the median time for a child to be placed with relatives is 5 months.

Efforts to Track and Prevent Child Maltreatment Deaths

Steps to Compile Complete and Accurate Information on Child Maltreatment Deaths Reported to NCANDS

DCFS obtains information on child maltreatment death through a variety of sources. DHS Office of Quality Design conducts fatality reviews on clients served by the Division of Child and Family Services. The DHS Fatality Review Coordinator gathers information on child deaths through the Department of Health Certificates of Death for all children between the ages of birth and 21 years who die in the State

of Utah. The Fatality Review Coordinator determines if the deceased child or their families have received services through DHS within 12 months of the child's death and will conduct a review of cases meeting the criteria. All deaths that meet these criteria are reviewed, regardless of whether they were due to maltreatment or a natural or accidental death. The Fatality Review Coordinator also gathers additional information on fatalities from the Department of Health death reviews, the Office of the Medical Examiner, and the Office Vital Records and Statistics.

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

The CCWIS system includes a data field where information is entered indicating a child died by maltreatment. These entries are reviewed quarterly for accuracy and submitted to the Fatality Review Coordinator to ensure notification has been made. Any entries that appear questionable are reviewed by a program expert who may consult with the worker and/or supervisor to determine if the entry is accurate.

DCFS historically has not had a process for capturing and reporting child maltreatment fatalities if there were no surviving siblings and/or no history with the agency. The Fatality Review Coordinator will begin recording and sharing this data with DCFS, so this information can be added to the Agency File and appropriately reported in the NCANDS submission.

The Fatality Review Coordinator has also begun regularly following up with the Medical Examiner's Office and/or law enforcement on fatalities in which the manner of death was pending a final report from the Medical Examiner or there was an ongoing investigation by law enforcement. The Fatality Review Coordinator will notify the DCFS Constituent Services Manager if the coordinator obtains confirmation that a prior death was due to maltreatment. This information will be reported in the Agency File as part of the NCANDS submission.

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

DHS Fatality Prevention Workgroup

The Department of Human Services created a workgroup to review current practices and develop recommendations for a plan to prevent child fatalities, near-fatalities and death by suicide, Utah's Plan to Prevent Child Maltreatment Fatalities, Near-Fatalities & Death by Suicide. The workgroup recommended several improvements, which have been incorporated into an overarching plan to improve safety assessments and interventions and to engage the larger child welfare system to improve outcomes.

Improvements to the DHS Fatality Review Process

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

All child deaths in which DCFS services have been provided within the past 12 months are reviewed by CFRC, which is led by a Fatality Review Coordinator housed within DHS Office of Quality and Design.

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

- Autopsy reports
- Deceased client reports provided by divisions within DHS
- Office of the Medical Examiner infant/child death notices
- Child death decedent information reports provided by the University of Utah Medical Center
- Newspaper obituaries
- Police/Sheriff reports when applicable
- The decedent's case file

The Fatality Review Coordinator prepares a summary of the case, which is provided along with the information listed above to members of the CFRC. The CFRC is a multidisciplinary review team that has representatives from law enforcement, Safe and Healthy Families (child abuse and neglect pediatrician), Office of the Guardian ad Litem, Office of the Attorney General, Risk Management, program experts, region/state administration and the DCFS Constituent Services Manager (CSM). The DCFS CSM attends each review and ensures the child's date of death, demographic information, risk factors, perpetrator relationship and other relevant data has been correctly entered into the DCFS CCWIS system. Confidentiality forms are being updated and reviewed by legal counsel. New forms will be signed by all committee members prior to participation.

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

The CFRC plans to begin formally training all new and current fatality review members. This training will be required prior to participation on the committee. This will better assure members understand the objectives of the review and to help support an analysis of the full child welfare system that may have interacted with the child and family. The training will also help members understand the review should be focused on identifying areas for systemic improvement.

The CFRC also recently expanded its purview to include a review of near fatalities. Near fatalities are brought to the attention of the CFRC through notification from frontline workforce through a critical incident notification or through a report run from the SAFE information system upon case closure.

In SFY19, OQD began scheduling regular systemic reviews. The purpose is to provide an opportunity for members of the CFRC to dive deeper into systemic barriers or gaps emerging as concerns in fatality

reviews. This will provide an opportunity for further analysis and exploration of ways to positively influence prevention strategies. At each meeting, DCFS will provide an update on actions taken and follow through on CFRC's recommendations to strengthen the feedback loop. OQD maintains a database that includes all recommendations made to DHS agencies and tracks implementation.

OQD and DCFS are consulting with a leading expert in safety science to explore other ways to improve and enhance the effectiveness of Utah's Child Fatality Review process. DHS has also contracted with the Social Research Institute through the University of Utah to conduct a retrospective review of all fatalities for the past 5 years. This is to be completed by the end of the summer 2019. Information from this review will be shared as part of the quarterly CFRC Systemic Review.

OQD is reviewing the Memorandum of Understanding (MOU) with the Department of Health Death Review Committees to ensure appropriate agreements are in place to support a robust process for data sharing. The Fatality Review Coordinator and DCFS representatives participate on DHS Death Reviews where information from each agency will be shared.

A report is published yearly by OQD that provides data on CFRC. The report is posted on the DHS website for public review.

Additional Committees that Review Fatalities and Recommend Systemic Improvements

OQD produces an annual report that is shared both with the public and also presented to the Child Welfare Oversight Panel (CWLOP) at a special legislative hearing. Panel members receive copies of the fatality and near-fatality reviews for the past fiscal year. The hearing is closed to the public while time is spent discussing cases, answering questions and reviewing recommendations from the panel.

In response to recommendations from the CWLOP, the CFRC is expanding its view of accidental deaths to explore whether these are more appropriately viewed as neglect deaths. Additionally, DCFS is piloting the use of a new "toolbox" of resources for Child Protective Services workers to offer families in an effort to prevent accidental or unintentional fatalities. This includes providing families with lockboxes for ammunition or medication, gun locks, and baby boxes for parents of newborns that include safety supplies such as a bath thermometer and safe sleepwear.

DCFS has also responded to concerns regarding an increase in youth who die by suicide by expanding the use of the suicide screener. By the end of this calendar year, caseworkers will conduct a suicide screener on all children age 10 and older who are involved in a Child Protective Services assessment.

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

PSSF Service Descriptions

Family Preservation Services

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

Examples of services paid for using these flexible funds include:

- Mental health and substance abuse treatment and post-treatment supports.
- Wrap-around services that address mental health and educational needs.
- Funding for transportation of family members to school, work, or medical appointments.
- Short-term housing supports, including deposits, rent payments, or utilities.

Family Preservation Services funding is also used to support an In-home Program Administrator who is responsible to oversee In-home services activities in the state and to support child welfare system improvement efforts.

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

Individuals Served Utilizing PSSF Family Preservation Funding		
FFY	Individuals	# Payments
2014	947	2,218
2015	679	1,524
2016	566	1,105
2017	560	1,096
2018	589	1,145

Family Support Services

Family Support Services funding is used exclusively to pay for Families First intensive in-home intervention services available in each of the five DCFS regions, though not necessarily to all communities in each region. Provided by Utah Youth Village through a contract with DCFS, Families First services are designed to teach parenting skills in the home to parents of children who are at risk

of abuse or neglect or with behavioral concerns, based on a need to strengthen family functioning capacities.

The Families First program, as reported by the California Evidence-Based Clearinghouse, “utilizes the Risk, Need, and Responsivity Model for intervention with at-risk youth and families through 3-4 home visits per week totaling 6-10 hours per week, typically lasting 10-12 weeks. Individual responsivity factors are assessed to tailor the intervention to the youth and family.” The youth’s specific risk factors related to the home environment (e.g., parental relationships, supervision, structure, discipline, etc.) and the social environment (e.g., peer associations, community involvement, relationships, etc.) are targeted.

Individuals Served Utilizing PSSF Family Support Funding		
FFY	Individuals	# Payments
2016	88	194
2017	221	545
2018	284	742

Family Reunification Services

Since October 1, 2018, reunification services have been provided during a foster care placement or for up to 15 months after the child is returned home from foster care in accordance with changes in the Family First Prevention Services Act. The formula for allocation of funds to regions is based on the proportion of children in foster care in each region that have a goal of reunification.

Services provided using these funds primarily include:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including initial fees and costs associated with drug courts and drug testing.
- Services to provide temporary protective childcare or other therapeutic services.
- Assistance to address domestic violence treatment or other needs for services.
- Peer parenting services.
- Transportation to or from services and activities listed above.

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

Individuals Served Utilizing PSSF Family Reunification Funding		
FFY	Individuals	# Payments
2014	786	2,004
2015	673	1,650

Individuals Served Utilizing PSSF Family Reunification Funding		
FFY	Individuals	# Payments
2016	590	1,474
2017	500	892
2018	537	1,117

Adoption Promotion and Support Services

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

- Help pay for special services delivered to adoptive children and their families that are not available from other sources, specifically those that will help adoptive families deal with the high cost of services for a child with special needs.
- Pay for travel and education expenses for adoptive parents who attend seminars or conferences that educate parents about the specialized needs of adoptive children.
- Provide training to adoptive parents or regional adoption staff through state level or regional level adoption conferences.
- Help with care and supervision costs when adopted children need out-of-home treatment.
- Pay for hourly, weekly, or monthly respite care for adoptive families.

Individuals Served Utilizing PSSF Adoption Promotion and Support Funding		
FFY	Individuals	# Payments
2014	318	620
2015	256	627
2016	226	543
2017	248	563
2018	274	516

Service Decision-Making Process for Family Support Services

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

In considering how to utilize PSSF Family Support funds during the plan period for FFY 2020-2024, it was determined that these funds will continue to be used to enable this essential community-based service to continue in the face of the capped Title IV-E waiver funding ending on September 30, 2019

and to help serve as a bridge to implementation of the prevention services provisions under the Family First Prevention Services Act.

Expenditure of Promoting Safe and Stable Family Funding

DCFS plans to expend PSSF funding as follows:

PSSF Funding Distribution	
Service Category	Percentage
Family Support	20%
Family Preservation	38.5%
Adoption	20%
Reunification	20%
Other Service Related Activities (e.g., planning and training)	1.5%

Populations at Greatest Risk of Maltreatment

DCFS uses many tools, data sources, and external resources to best identify populations at greatest risk of maltreatment. Current existing state and federal statute, rules, guidelines, qualitative and quantitative review outcomes, ongoing internal data measures, contracted services (University of Utah Social Research Institute), and community committee input all contribute to identification and ongoing assessment of the most vulnerable of populations. Sources and assessments include:

- Qualitative Case Review (QCR), which is annually conducted by the DHS Office of Quality and Design. A deep dive into qualitative casework and practice is conducted. QCR assesses both internal DCFS practice as well as system functioning, which can include schools, courts, and other external agencies.
- Case Process Review (CPR), which is annually conducted by OQD. This review is heavily quantitative, helping identify basic and necessary areas of practice that need to be monitored.
- Child and Family Services Review (CFSR), which is conducted periodically by the Children’s Bureau. The goals are to ensure conformity with federal child welfare requirements, determine what is happening to children and families as they are engaged in child welfare services, and assist states in helping children and families achieve positive outcomes.
- The Adoption and Foster Care Analysis and Reporting System (AFCARS) collects information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. DCFS is required to submit AFCARS data twice a year, based on two 6-month reporting periods. The AFCARS review process assists in identifying problems, investigating the causes, and suggest solutions.
- The National Child Abuse and Neglect Data Systems (NCANDS), although voluntary, is a data collection system that gathers information from all states about child abuse and neglect. The DCFS state contact works closely with the Children’s Bureau and the NCANDS technical team to uphold high-quality standards associated with NCANDS data. NCANDS data are a critical source of information for many publications, reports, child welfare personnel, researchers, and others. Data is also used to measure performance and is an integral part of the CFSR and the Child Welfare Outcomes: Report to Congress.

- University of Utah Social Research Institute (SRI) is a local partner contracted with DCFS to gather and analyze a variety of system information. Details of their analyses are outlined later in this document.
- Internal data sources include an extensive reporting database in SAFE. Data, including demographic information, is gathered on a regular basis and used at the state, region, and office levels to help inform ongoing practice.

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

- Children under the age of five, including child age one year or younger who accounted for 69% of fatalities in SFY18.
- Children who are isolated from their local community.
- Children with special needs.
- Households where the caregiver has substance or alcohol abuse issues.
- Households with a history of CPS investigations.
- Caregiver inability to protect.
- Caregiver who inconsistently responds to the child's needs.

DCFS utilizes several internal efforts to strengthen families and keep children safe. These efforts inform our ability to serve and respond to those at greatest risk of maltreatment. These ongoing and targeted services, many which were described above, include:

Child Protective Services (CPS): Short term intervention to assess children regarding abuse, neglect, or dependency. These services are provided to keep children in the home and with their families when safely possible. CPS is the first contact DCFS has with a child and family, creating the most critical of relationships and engagement. Trained CPS caseworkers engage, assess, and investigate reports of abuse or neglect and make a well-informed decision as to next steps. Of all calls received and investigated in SFY18, 58.6% of them were unsupported and 34.8% were supported. In either case, if a CPS caseworker believes further services could assist a family and decrease future maltreatment risk, such services are provided through community means or through any of the services listed below. DCFS routinely reviews CPS data in order to identify trends or problem areas, and DCFS adjusts practices accordingly.

In-Home Services: After a CPS assessment, it may be determined that in-home services would be best for children who have been assessed for being at risk for abuse or neglect but could safely remain with their parent(s)/primary caregiver. These services may include parent supports, development of a comprehensive safety plan and/or linking the family to community resources. Working with a family in an in-home setting allows ongoing in-home DCFS workers to assess and engage in a way that meets the needs of the child and family. Ideally, providing in-home services helps strengthen the family unit and decrease future maltreatment risk. DCFS served 18,536 unique clients in SFY2018. Of those clients, 9,216 were children. Trends over the course of the past six fiscal years show a decrease in children who experience a foster care case within 12 months of an in-home case closing.

Foster Care: When it is determined that a child cannot safely be maintained in his or her home, a temporary intervention of foster care is used. Once a child is in care, the goal is to provide a safe, stable, and supportive environment until it is determined the child can safely be reunited with his or her family. DCFS strives to place children with non-custodial parents, relatives, family friends, or former foster parents when foster placement is necessary. During SFY2018, 1,957 children entered foster care and 2,155 exited care. Of those who exited care, 41.4% reunified with a parent or primary caregiver. Ninety-four percent of children who exited care during SFY2017 did not have a subsequent foster care episode within 12 months of exiting.

Kinship Care: If a removal is necessary, placing a child with kin or a family friend is ideal and preferred. This allows a child to maintain as much normalcy and familiarity as possible, while providing a strong and loving placement until such time as the child can return home. In the event the child cannot return home, it is hoped the kin placement can and will provide ongoing permanency. While the total number of children served in foster care has had an upward trend since SFY2004 (which also reflects overall Utah population growth), the total number of children who are placed with kin at some point during their time in care has also had an upward trend. In SFY2004, fewer than 20% of children had at least one placement with kin during their time in care. By FY2018, approximately 44% of children were placed with kin during their time in care, the greatest percentage being with a grandparent.

Prevention Services: Prevention of abuse and neglect is a strong focus of DCFS and utilizes community outreach services and programs. These services include parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, support to grandparents raising grandchildren, and 14 crisis nurseries in local Family Support Centers across the state.

Domestic Violence Services: DCFS provides funding to help support domestic violence shelters, outreach services, education and therapy for those who have been affected by domestic abuse. There has been a steep upward trend since SFY2009 of percentage of victims with a supported allegation of Domestic Violence Related Child Abuse (DVRCA) who received in-home services as a result of a CPS case. These ongoing services help provide necessary support and wraparound services for children and families.

Qualitative and Quantitative Data: DCFS uses qualitative and quantitative data to track the needs of and adapt services provided to children and families. This includes qualitative and quantitative data indicators that assist in identifying at-risk populations within the system. Administrators and region supervisors analyze local team, office, and regional data to best identify areas of concern or areas of improvement. Each quarter (more frequently, if needed) DCFS State Office data and practice improvement staff meet with region Practice Improvement Coordinators to ensure they are analyzing the most current data and taking steps to identify areas in need of attention.

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

- American Indian/Alaskan Native children are 2.3 times more likely to be victims of maltreatment. This population makes up only 1% of the child population in Utah.

- Black/African American children are over 2.1 times more likely to be victims of maltreatment. This population makes up 1.4% of the state child population and 2.96% of the DCFS service population.
- Salt Lake, Utah, Weber, and Davis counties have the state's highest populations. In SFY18, the CPS-supported case percentages for these counties were Salt Lake (38.0%), Utah (34.3%), Weber (33.9%), and Davis (32.3%). Maltreatment/ per 1,000 children in these same counties are Salt Lake (12.3), Utah (8.4), Weber (16.1), and Davis (6.8). Some of Utah's smallest counties have higher maltreatment rates/1,000 children. Daggett (58.5), Carbon (28.2), Grand (25.0), and Uintah (22.0). Timely practice review and data analysis are an ongoing occurrence in these smaller counties to determine the reason for increased substantiated/supported maltreatment. The answer, however, is complicated and can include such things as distance between worker and child and/or increased reporting of abuse in smaller counties.

The University of Utah Social Research Institute (UofU SRI), in partnership with DCFS, gathered and analyzed DCFS SDM assessments to understand what factors influenced whether a child enters foster care due to supported abuse or neglect. Data analysis yielded the following information regarding vulnerable populations:

Caregiver Substance Abuse

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

Neglect

- Households where children experience neglect have many other associated risk factors. These include caretaker drug and/or alcohol abuse, child abandonment, physical/sexual abuse, child behavioral issues, domestic violence, caretaker coping issues, child drug abuse, and inadequate housing.
- When children come into foster care due to allegations of neglect, they spend an average of 75 additional days in the system.
- Children who experience neglect are 10 times more likely to be removed from the home.
- When neglect is present in a home and the caregiver is inconsistent in meeting the needs of the child, the risk of removal greatly increases. Abuse in the home increases child removal odds when one or both of the primary caregivers are domineering.

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

Homes consistent with safety services (including services through DCFS) are associated with caregivers who acknowledge there is a problem and are willing to work with the agency to resolve the problem. Additionally, it has been found that they often have greater supportive relationships.

Upcoming Endeavors: DCFS is currently embarking on a Fatality Analysis with the University of Utah SRI. The study will examine the characteristics and predictors of child fatalities investigated by DCFS. The plan is for SRI to develop an assessment tool for reviewing case files and apply this tool to all fatality records in the past five years. SRI will analyze the case characteristics and a report of the findings will be completed in 2019. The analysis will enable DCFS to identify the main characteristics, demographics, and history of cases involving a child fatality, as well as the predictors of child fatality. The target population includes all cases where there was a child suicide, accidental death, or homicide investigated by DCFS during the past five years.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Section 302.2 of DCFS Practice Guidelines addresses purposeful visitation with children in foster care. Guidelines require caseworkers to visit foster children face-to-face no less frequently than once monthly, and at least once per month the visit will occur in the foster care placement. Guidelines also address private conversations with children, conversations including siblings, safety considerations, and quality. Specifically, the content of visits should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being, as well as promoting achievement of case goals. Guidelines also address observing a nonverbal child, and engaging older youth to help them address their own needs or desires. As needed, the caseworker and members of the Child and Family Team develop the specifics of the visitation plan as well as decide who will make additional visits and contacts with the child.

Caseworker visits with foster children are documented in SAFE (CCWIS). Workers enter an activity log and indicate completion of a policy requirement after they finish their visits. Utah practice guidelines require at least one visit per month be conducted in the home of the child. Therefore, data tabulating visits completed by DCFS caseworkers in the home of the child will generally total 100%.

DJJS, which receives some IV-E funding, also reports on caseworker visits with their population. Due to differences in practice, DJJS workers may not always visit foster children in their placements. Therefore, the total listed below may not equal 100%.

Caseworker Visits			
Federal Fiscal Year	Children in Custody Age 17 and Younger Visited at Least One Month	Percentage of Months in which a Visit was Required and Completed	Percent of Visits Held at Youth's Place of Residence
FFY 2014	4,229	96.4%	99.7%
FFY 2015	4,279	95.9%	99.7%
FFY 2016	4,270	96.0%	99.6%
FFY 2017	4,390	96.6%	99.8%
FFY 2018	4,227	96.3%	99.9%
NOTE: Includes DJJS visit with children in DJJS custody, who may not conduct all visits at the child's residence.			

Monthly Caseworker Visit grant funds will be used for several purposes during the plan period, including:

- Strengthening caseworker expertise through training activities, particularly in improving the flow and quality of casework in conjunction with the DCFS Operational Excellence Initiative, which should increase worker capacity for critical activities such as client visits.
- Enabling caseworkers to attend specialized training to increase worker knowledge and skills.
- Supporting retention and recruitment efforts and improvements.
- Strengthening supervisor and manager support of caseworkers through leadership training, including in key decision-making for safety, permanency, and well-being.
- Purchasing the Utah Children and Families Engagement Tool (UFACET) on-line certification and recertification program, which supports case decision-making and child and family planning through this CANS-based assessment.
- Providing additional support to caseworkers to help reduce turnover, such as peer-to-peer counseling or counseling for secondary trauma.

Additional Services Information

Child Welfare Waiver Demonstration Activities

DCFS entered into an agreement with the Children’s Bureau in October 2012 to develop and implement a Title IV-E child welfare demonstration project known as HomeWorks. This project ends on September 30, 2019.

Implementation and lessons learned through the IV-E child welfare demonstration project helped inform development of the FY 2020-2024 CFSP goals and objectives. The primary goal of HomeWorks is to enhance parents’ capacity to safely care for their children in their home and to safely reduce the need for foster care. CFSP goals and objectives for the next five years will sustain and further strengthen practice to achieve this primary HomeWorks goal for children and families.

The components of HomeWorks will continue to be utilized in case practice, despite the end of the waiver. HomeWorks includes an evidence-based child and family assessment (the Utah Families and Children Engagement Tool/UFACET, a CANS-based assessment); incorporation of the Center for the Study of Social Policy’s Strengthening Families Protective Factors framework into case practice;

improvements to the Structured Decision Making Safety Assessment, Risk Assessment, and corresponding safety planning; and increased awareness of the impact of trauma on children served by the child welfare system. It also provided for in-home parent skill-based training, which we intend to expand under prevention services provisions of the Family First Prevention Services Act, along with addition of a broader array of evidence-based mental health and substance abuse prevention and treatment services.

Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments received during the CFSP FY 2020-2024 period will be used to enhance child welfare activities in Utah, to the extent funds are available. With application of new funding formulas, Utah expects to receive significantly less funding than during the prior five-year period. Adoption and Legal Guardianship Incentive Payment funds may be used for:

- Interstate adoption activities and training provided to staff that process interstate adoption documents.
- Staff professional development, including support of statewide periodic child welfare conferences and foster parent conferences.
- Tools to enhance workers' ability to search for kin of children in care.
- Specially trained contracted staff who help locate potential adoptive families and help caseworkers match children with potential adoptive parents.
- An in-home services program administrator position that supports quality practice and child welfare system improvements.
- Staff who request, obtain, and process credit reports for youth in foster care.
- Staff training and special projects.
- Technology to support caseworker activities.

To date, Utah has not experienced any barriers or challenges when allocating or spending these funds.

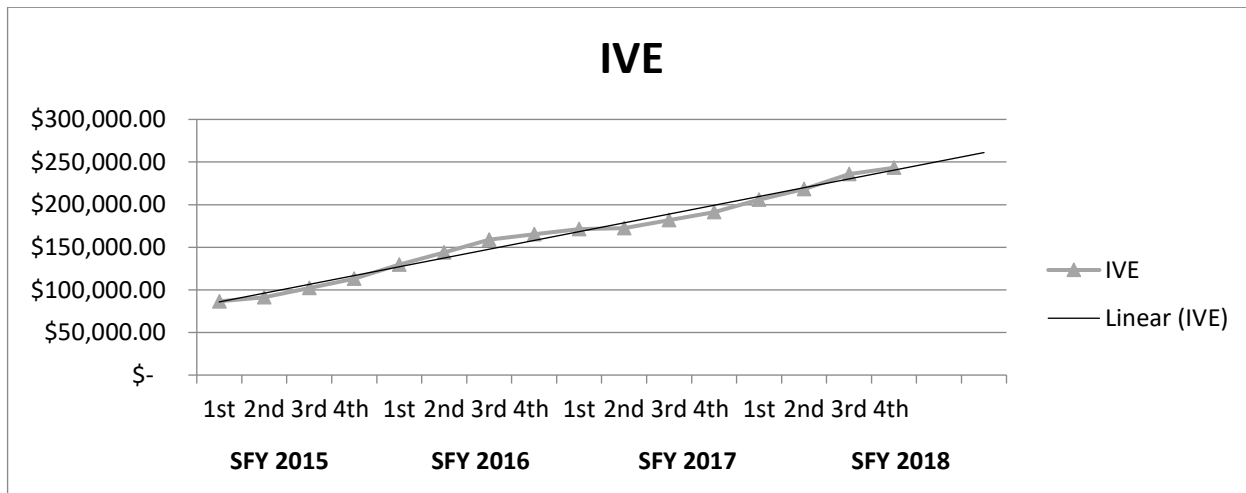
Adoption Savings, Methodology, and Expenditures

Utah will continue utilizing the previously approved Adoption Savings Methodology, which is an alternate approved method.

During the plan period, adoption savings will be utilized for costs allowable under Title IV-E or Title IV-B of the Social Security Act. These funds will particularly target services and activities to support children being able to reside safely in the home and to strengthen parents' capacity to care for their children, including post-adoption services. The programs, services, and activities funded with adoption savings will also help to bridge the gap between Utah's Title IV-E waiver and full implementation of the prevention services provisions of the Family First Prevention Services Act. Example of services to be funded with adoption savings include evidence-based in-home parent skills training, mental health services for children and parents who are not Medicaid eligible, and temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for

their children. Examples of activities may include case management activities to help children stay in their home or to find and maintain permanency.

Generally, Utah has not experienced barriers or challenges when allocating or spending adoption savings. At the end of September 2018, about 13% of adoption savings had not yet been expended. Each year an estimate of expected savings is prepared and planned expenditures are budgeted based on that estimate. To the extent feasible, the adoption savings are expended during the state fiscal year in which the savings occur. Any funds not spent during the current fiscal year are rolled forward and budgeted in the subsequent fiscal year. The graph below reflects the estimated Title IV-E adoption savings since states were required to report expenditure of adoption savings based on the applicable child criteria.



VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The ICWA Program Administrator, in collaboration with tribal leaders, reviews DCFS goals and objectives, identifies ICWA compliance related issues, and discusses tribal concerns during quarterly Tribal Leaders Meetings or during individual visits held one to two times per year with each tribe.

Governmental, tribal, and private partners with which DCFS collaborates to ensure that the state complies with ICWA regulations or to address issues faced by Native American children and families include Casey Family Programs-Indian Child Welfare Program, Urban Indian Center of Salt Lake, Utah Department of Health Bureau of American Indian/Alaska Native Affairs, Utah Department of Heritage and Arts-Division of Indian Affairs, and Utah Department of Human Services-Tribal and Indian Issues Committee. For a detailed list of DCFS consultation and coordination between the state and tribes, please see the Tribes section of Attachment 1 DCFS State Office Collaboration Table and Attachment 2 DCFS Regional Office Collaboration Table.

Responsibility for Provision of Child Welfare Services for Tribal Children

There are eight federally recognized Native American Tribes in Utah: the Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe

of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band), San Juan Southern Paiute Tribe, Skull Valley Indian Community (Goshute), Ute Tribe (Uintah Band, White River Band, Uncompahgre Band), and Ute Mountain Ute Tribe in White Mesa.

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

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

A revision of the IGA with the Navajo Nation has been completed and signed by Governor Herbert. A new MOU draft with the Ute Tribe has been completed and is has been submitted to the Tribe for legal review. DCFS continues to await comments on the MOU draft completed in 2018 with the Paiute tribe. Negotiations with the tribe are on hold due to staffing changes.

DCFS does not currently have MOUs with the Ute Mountain Ute Tribe or San Juan Southern Paiute Tribe nor has it had MOUs with these tribes in the past; however, DCFS hopes to address this in 2020.

The Navajo Nation provides all child welfare services for its members living on the reservation. Using funding received through a grant with DCFS, the Navajo Nation delivers an organized and structured CPS program for children from birth through age 17 living on the portion of the Navajo Nation located in Utah. While this grant supports CPS services delivered by the Navajo Nation, it does not authorize DCFS to provide any protective services for Navajo children living on the portion of the Navajo reservation located in Utah. The Navajo Nation has had difficulty filling the CPS position funded by the grant. However, in consultation with DCFS State Office and Eastern Region, DCFS has agreed to co-locate a Navajo Nation CPS worker in the Blanding, Utah DCFS office. This position is currently open and advertised. It is anticipated the position will be filled in 2019.

The Confederated Tribes of the Goshute Reservation, Northwestern Band of the Shoshone Nation, and Skull Valley Goshutes rely on DCFS for the provision of child welfare services to their tribal members living on or off of their reservations. While the Confederated Tribes of the Goshutes use their own court or coordinate with the Bureau of Indian Affairs to adjudicate child welfare cases, the Northwestern Band of the Shoshone Nation and the Skull Valley Goshutes use the state's juvenile court and its attorneys to adjudicate child welfare cases.

The Paiute Tribe relies on DCFS to conduct all CPS assessments but have ICWA staff that partner with DCFS caseworkers conducting assessments or completing home visits. The Paiute Tribe uses state courts to adjudicate all child welfare cases and uses its own foster care and kinship licensing standards to determine the suitability of potential foster families and to approve foster homes. DCFS has provided technical assistance to the tribe and assisted them with the development of tribal licensing standards.

Native American Children Receiving Services										
Tribe Name	FFY 2014		FFY 2015		FFY 2016		FFY 2017		FFY 2018	
	Children	Cases	Children	Cases	Children	Cases	Children	Cases	Children	Cases
Navajo Nation AZ, NM & UT	438	464	435	444	490	495	500	539	465	538
Confederated Tribes of the Goshute Reservation, NV and UT	6	9	6	8	8	9	4	9	4	6
Skull Valley Band of Goshute Indians of UT	6	4	8	10	9	14	12	14	12	9
Ute Indian Tribe of the Uintah & Ouray Reservation, UT	90	96	89	85	94	74	73	73	58	71
Ute Mountain Tribe of the Ute Mountain Reservation, CO, NM & UT	11	13	10	12	14	18	7	8	10	12
Paiute Indian Tribe, UT (Cedar City, Kanosh, Koosharem, Indian Peaks and Shivwits Bands)	74	70	77	82	66	83	63	74	70	80
Paiute Indian Tribe, UT	4	5	4	7	4	8	3	3	2	2
Northwestern Band of Shoshoni Nation of UT(Washakie)	10	10	8	8	10	9	11	8	9	11
Other Tribe Not in UT or Tribe Not Documented	374	414	411	442	381	411	394	397	471	500
Total Native American Children Served	1,013	1,070	1,048	1,073	1,076	1,091	1,067	1,103	1,101	1,195

Process Used to Gather Input from Tribes

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

The ICWA Program Administrator also provides primary staff support to the DHS Tribal and Indian Issues Committee, which meets every other month. Meetings rotate among the tribes so that committee members can observe each tribe's unique strengths and challenges.

Finally, the ICWA Program Administrator is a member of CIP ICWA Workgroup and the CIP ICWA Committee, both of which bridge the gap between tribes and state courts by fostering relationships between tribal partners as well as by educating members about the special protections and procedural safeguards guaranteed by ICWA and BIA regulations and guidelines.

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

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

In response to multiple tribal requests for training on Family First Prevention Services Act (FFPSA), DCFS instituted their formal tribal consultation process. At the DHC Tribal Indian Issues Meeting held at the Northwestern Band's Tribal Offices, DCFS partnered with Casey Family Programs and provided an expert on FFPS and tribes to provide training and address questions. DCFS Federal Operations Director provided a presentation and provided updates on the development of Utah's FFPSA plans. Subsequent collaborations with individual tribes included the Ute Tribe in Fort Duchesne, Utah and the Confederated Tribes of the Goshute Reservation in Ibapah, Utah. DHS and DCFS representatives attended the meetings, which included in-depth conversations on FFPSA, IV-E agreements, and updated Tribal-State MOUs.

In 2018, the ICWA Program Administrator and Utah Foster Care Foundation (UFC), addressed and updated Native American Recruitment and Retention Plan. The ICWA Program Administrator provides ongoing training on ICWA to potential foster parents and other interested parties.

The ICWA Program Administrator and the UFC, in conjunction with all tribes, provides press releases and conducts interviews with more than a dozen media sources that ran a number of

newspaper, television, and radio promotions that highlighted the benefit to a tribe's families and children of becoming a Native American foster parent.

In addition, DCFS, CIP, UFC, and the Casey Family Programs sponsored the sixth annual ICWA conference, Forty Years of ICWA in Utah: Past, Present, and Future held in Midway, Utah on August 20, 2018. Terry Cross, a member of the Seneca Nation and Founding Executive Director of the National Indian Child Welfare Association gave the keynote address.

The ICWA Program Administrator also:

- Conducts Qualified Expert Witness Training during which those attending received an in-depth orientation to ICWA, identified topics on which they might be asked to testify, and participated in a mock trial in which they were required to provide testimony.
- Coordinates mini-training sessions on reservations during which Assistant Attorneys General and other partners were introduced to tribe's social services and court systems and observed first-hand the capability that tribes have to serve cases that transition from the state's oversight to the tribe's.
- Attends powwows and other tribal events and encourages ICWA specialists and DCFS region staff to participate in local tribal ceremonies.

In order to better inform DCFS on its level of ICWA compliance, the DCFS ICWA Program Administrator will continue to work with a team of data analysts and programmers to develop a SAFE module or functionality that will allow ICWA workers to flag and retrieve reports on Native American children to whom ICWA applies. At present, DCFS is awaiting the final rule on AFCARS before modifications to SAFE will be made.

Monitoring of Compliance with ICWA

The ICWA Program Administrator is the DCFS staff member that has the responsibility to monitor the division's compliance with ICWA. To meet this responsibility, the Program Administrator reviews cases in each region and assesses responses to the question reviewers ask during QCRs (which evaluates "whether the caseworkers inquired about a child's possible tribal membership or eligibility for membership") to determine at what level caseworkers are meeting ICWA requirements. In addition, the ICWA Program Administrator regularly consults with tribes to identify any areas of ICWA compliance that may need to be addressed.

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

In 2018, the Adolescent Services (Chafee) Program Administrator, Kinship Program Administrator, and/or the Domestic Violence Program Administrator accompanied the ICWA Program Administrator on individual visits to reservations where the Program Administrators met with tribal leaders to orient leaders to the various DCFS programs.

In 2019, the Adolescent Services (Chafee) Program Administrator worked with the Eastern Region, which invited the Ute Tribe to collaborate on the development of TAL services. The Eastern Region invited the Ute Tribe foster youth to participate in all TAL activities.

Exchange of Documents

The ICWA Program Administrator is the individual responsible for providing copies of the CFSP, APSR, and other required documents to Utah's tribes. Tribes can also access plans and reports on the DCFS website located at <http://dcfs.utah.gov/reports/>. Attachment XX-Utah Tribes

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

Agency Administering Chafee

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

Description of Program Design and Delivery

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

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

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

Transitional services provided to youth are numerous but generally fall within five major categories including the NYTD areas:

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

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

TAL coordinators provide aftercare services within their regions. In providing these services, coordinators help youth develop a child and family plan that identifies what the youth's current needs are and what goals they have for the immediate future. The TAL Coordinator will also help the youth find and access community resources that fit their needs.

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

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

The services being provided through the Chafee program are in alignment with the CFRS PIP. The Chafee program keeps safety and placement stability in the forefront of all services development and implementation. The State Youth Council is an integral member of the development team addressing the need to increase placement stability for youth. The State Youth Advisory Council helped develop the PIP response for placement stability, and currently work with the transitional coordinators to review and update the transition to adult living guidelines to be more in line with preserving the family, and ensuring that all youth have permanent adult connections as they transition out of foster care.

Involvement of Youth

DCFS continues to support the State Youth Advisory Council, which adds a much needed "youth voice" to the child welfare system. Through this council, youth discuss issues that impact their lives, set goals and objectives that are designed to resolve the problems they face and, in concert

with DCFS administrators, develop policies and procedures that ultimately affect the support they receive.

Youth participate in panel discussions during UFC foster and adoptive parent pre-service training, as well as UFC region in-service trainings, during which they provided a realistic accounting of their experiences while in foster care, summarized the unique needs they faced while in foster care, and encouraged parents to consider fostering or adopting older children in the child welfare system.

Youth voice is an integral part of the Department of Human Services' FYI (Family, Youth and Individual voice) Task Force. The Task Force is identifying measures that programs can take to include "family and youth voices" in workers' practice. The Adolescent Services Program Administrator and a member of the youth council are participating in this effort as members of the planning committee.

Youth will meet annually with the DHS Executive Director to share their progress on youth driven projects.

Youth have and will continue to be encouraged to address the Child Welfare Legislative Oversight Panel and advocate for youth driven policy change.

Two youth ambassadors will accompany the Adolescent Program Administrator to the annual Independent Living Coordinators Meeting in Washington, D.C. The ambassador will provide a report to the State Youth Advisory Council that will identify interesting best practices and convey any lessons learned.

During FFY 2020, The State Youth Advisory Council will be developing a youth orientation packet that will be shared with youth when they first enter foster care. Foster youth will be given a flier with information about services and support. The council is also creating YouTube informative videos that will be shared with youth. The videos will explain the roles and responsibilities of child and family team members, as well as the youth bill of rights.

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

The State Youth Advisory Council worked with staff to create a Milestone Guideline that helps youth focus on building not just basic life skills, but to create opportunities to build confidence and competence in connecting with their families and communities.

The Chafee program supports local community programs that incorporate positive youth development principles. For example, DCFS partnered with the University of Utah to establish an academic and social mentoring program to encourage youth to complete high school and successfully attend higher education. This program is described in more detail under the education portion of the plan. Youth that attend the program have seen an increase in their academic skills and their ability to connect with peers and advocate for their future. The Chafee program will continue to support this program over the next five years, and there are plans to double the number of youth attending from thirty to sixty youth.

Use of NYTD Data

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

In August 2016, Utah participated in its first NYTD Assessment Review (NAR), which evaluated the accuracy and reliability of data collected on youth in transition. This review compared Utah's methodology for collecting and reporting NYTD data to the NYTD collection requirements. DCFS continues to make headway in accomplishing the action items listed in its Program Improvement Plan (PIP) that will ensure that DCFS is collecting all relevant data in a manner consistent with federal policies and regulations.

The data from the first round of cohorts showed that Utah had a very high rate of youth entering foster care due to delinquency. This data was shared with the Court Improvement committee and informed the discussion on how we could reduce the percentage of youth entering care due to delinquency, while still ensuring the youth received the support they needed from the courts and human services. In 2017, legislation was passed that no longer allowed the courts to order a child into DCFS custody due to delinquent behavior. Instead, the courts now request that DCFS complete an assessment to determine if the family needs support and who is the best agency to provide that support. The Chafee program will continue to share the NYTD data with the Court Improvement committee during the quarterly meetings to help inform future changes to court practice.

Serving Youth across the State

The Chafee funding is dispersed to each of the five regions and the amount is based on the percentage of potential eligible youth in each region. Each region has the flexibility to develop and provide services that are specific to the needs of its youth.

Utah's CFSR PIP highlighted the need to develop a more robust array of services in the state's rural areas. The Chafee program will be a part of the discussion on how we can accomplish this task. The transitional coordinators meet monthly and will be focusing on how we can provide more video and online options for youth to participate in classes and activities. For example, eastern region is very widespread and it is difficult to provide enough transportation and locations for all the youth to meet at the same time for activities and classes. The transitional coordinator has trained staff in each of the offices on the Chafee program, and they assist in providing multiple classes and activities to ensure that all youth have the opportunity to participate. They have also increased their ability to provide teleconferencing options so that youth in different offices can interact at the same time.

Serving Youth of Various Ages and Stages of Achieving Independence

The Adolescent Services Program Administrator implemented the state's Milestone Guidelines into practice and provided training to region TAL Coordinators on how to use the guidelines to help ensure that youth have the skills needed to transition successfully to adulthood, and how to offer the training at a level equivalent to the youth's age and ability. For example, transitional coordinators will provide the same skills classes (e.g. budget management) for different age levels. For example, a budgeting class for 14 year old youth will be taught at a different level and expectation than a class for youth ages 17-18 who will soon be transitioning into their own living arrangements. The Milestone Guideline assists caseworkers and transitional coordinators in being creative in the way skills are offered and taught to youth at various states of achieving independence.

The Milestone Guidelines provide incentives to youth needing to complete activities, skills, and education that will help the youth develop and maintain connections to the community. Encompassing more than thirty-five skills and activities under more than fifteen focus areas, the youth and caseworker pick the two skills or activities that are determined to be most critical to the youth's success and then obtain the mentoring, training, or services that will help the youth accomplish those tasks.

During FFY 2021, the Adolescent Services Program Administrator intends to continue implementing the UFACET TAL skills module, which will incorporate NYTD language and the wellbeing outcomes outlined in the CSSP Youth Thrive Protective and Promotive Factors framework.

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

The pilot test is scheduled to end during 2020 and once it is incorporated into the division's SAFE (CCWIS) database (assuming that it is proven to be able to successfully assess a youth's skills), the Adolescent Services Program Administrator will provide training to region staff who, after they complete training, will be certified to conduct the assessment with youth.

The Adolescent Program Administrator continues to work with OSR to revise the questions asked by QCR reviewers that assess TAL services provided to youth. The intent is to add NYTD terminology so that the questions are consistent with current federal guidelines. The Program Administrator also intends to work with OSR to incorporate new review elements into the QCR process that will assess to what degree child and family teams are addressing the transitional needs of youth exiting foster care. Furthermore, the Program Administrator and members of the Youth Advisory Council intend to meet with OSR to determine to what extent and at what age youth can participate in the QCR.

Chafee Services Expansion Option to Extend Services to Age 23

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

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

Collaboration with Other Private and Public Agencies

The Adolescent Program Administrator is a member of a multi-agency collaboration (including members from the Office of the Attorney General, the Salt Lake County Public Defender's Office, DJJS, and other community partners) that is addressing issues related to human trafficking. While not specific to youth involved with DCFS, the collaboration intends to develop community support for victims of human trafficking and identify or develop services that are designed to keep youth sex-trafficking victims out of jail. The collaborative also intends to develop a broad range protocol that will identify how and when to refer a child or youth sex-trafficking victim to DCFS for services.

In addition, as mentioned in Program Purpose Area 3, the Adolescent Services Program Administrator and administrators at the University of Utah worked together to implement the

First Star Academy an intensive, four week, on campus experience during which youth in foster care attend classes provided by volunteer professors who teach a variety of courses.

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

- DWS WIOA Youth, which manages services provided through the ETV program and coordinates food stamps and employment training.
- DOH, which coordinates Medicaid services and, through a contract with DCFS, provides access to a nurse case manager who tracks the medical needs of youth in foster care.
- DSAMH, which refers youth to services that help youth resolve mental health and substance abuse issues.
- The Department of Public Safety Driver License Division, which provides assistance in obtaining a driver license.
- DJJS, which works with DCFS to identify youth in custody who may qualify for Chafee-funded supports or may be eligible to receive services from other organizations.

Additionally, the CPS and Adolescent Services Program Administrators continue to work with a collaboration of individuals representing the Utah State Courts, law enforcement, the Utah Court Appointed Special Advocate program, Primary Children's Hospital, and others to identify measures that will help avoid re-victimizing victims of human trafficking. Likewise, DCFS continues to work with law enforcement to ensure that DCFS provides a more victim-friendly response to child victims of sex trafficking. Specifically, for a youth in custody that runs away from an out-of-home placement and may have become involved in human trafficking, DCFS protocols guide caseworkers as they try to determine if the youth has been involved in human trafficking.

Determining Eligibility for Benefits and Services

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

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

Cooperation in National Evaluations

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

Chafee Training

DHS coordinates a Transitions Academy (five program areas) that addresses the needs of youth who are receiving services through one or more divisions within the department. Training delivered through the Transitions Academy provides workers with information about how to involve youth in transition planning, how to integrate the requirements in the Normalcy Bill into transition planning, and how the Foster Youth Bill of Rights applies to transitioning youth. The academy is now offered at a regional level and coordinated by the region's respective Systems of Care councils. This gives the regions an opportunity to address issues related to their community and to encourage local community providers in being a part of the training. Youth are actively involved in the planning process and coordinate some of the activities.

In addition, a 3-hour segment of the New Employee Practice Model Training focuses on youth services provided through the TAL Program as well as on community resources available to youth.

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

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

DCFS implemented a two-hour Safety Guidelines for LGBTQ Clients training, which was delivered to all caseworkers and supervisors and was added as ongoing training for new employees. During this training participants learn how to implement DCFS Practice Guideline 300.5 that specifically addresses the issue of safety for LGBTQ youth. Training introduces appropriate terminology, helps students understand LGBTQ issues, addresses services that help prevent removal, and identifies expectations for out-of-home placements.

Prospective foster and adoptive parents also learn about the needs of LGBTQ youth in several sections of the 32-hour training provided by the UFC. During the session in which UFC trainers discuss why children are in foster/adoptive care and in the session in which participants learn

about adolescent development, trainers identify the safety needs of children who may be questioning their sexuality.

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

A discussion of LGBTQ youth safety is also held during the UFCs DCFS Practice Guidelines webinar, a course that parents are required to complete before being licensed. A culture of acceptance is a primary component of any placement and as such in this webinar UFC addresses issues relating to inclusiveness, safety, stability, and support for LGBTQ youth.

Education and Training Vouchers (ETV) Program

Program Description

Education and Training Vouchers (ETV) are available to youth meeting the following requirements:

- Be an individual in foster care who has not yet reached 21 years of age, and
- Be an individual no longer in foster care who reached 18 years of age while in foster care, or
- Be an individual adopted or obtained legal guardianship from foster care after reaching 16 years of age.

In addition, youth must meet the following requirements:

- Have an individual educational assessment and individual education plan completed by the division or their designee.
- Have submitted a completed application for the ETV Program.
- Applied to a qualified college, university, or vocational program.
- Have applied for and accepted available financial aid from other sources before obtaining funding from the ETV Program.
- Have enrolled as a full-time or part-time student in a college, university, or vocational program.
- Have maintained a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

Method the state uses to operate the ETV program efficiently

DCFS continues to contract with the Department of Workforce Services (DWS) to manage the ETV program. Youth submit an application through DWS and complete the screening process.

Once the screening process is finished, applicants receive written notice of approval or denial of their application. If denied, a written form is provided stating the reason for denial. That form also includes instructions about how to appeal the decision.

Once ETV approves an applicant as eligible to receive support through the ETV program, DWS completes an Individual Education Assessment and an Individual Education Plan for each eligible applicant. DWS also makes it possible for enrolled youth to participate in paid internships or obtain financial support as they search for a job or take steps to build a career. DWS also helps youth between the ages of 14 and 16 who are more than one grade level behind receive academic support, which can help youth improve their performance in school as well as help them graduate from high school at the same time as their peers.

DCFS and DWS hold a quarterly statewide meeting to staff complex case scenarios, review guidelines and train staff. DWS case managers are allowed to authorize up to \$3,000 in consultation with their supervisor. If the youth requests more than \$3,000, the DWS case managers must staff the case with the ETV Program Administrator to ensure the request is appropriate and within budget requirements.

DWS sends a monthly budget report, quarterly program review, and annual report to DCFS to ensure the current budget and future allocations are reviewed on a regular basis.

Steps to Expand and Strengthen the ETV Program

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

Other Appropriate Education and Training Programs

In 2018, DCFS was selected to participate in a college savings program through the Utah Educational Savings Program, called My529. A youth who qualifies for TAL services attends a college prep class and then earns an incentive, which goes into a college savings account. Youth have the opportunity to earn further incentives by completing milestones toward their higher education goals. Thirty-five youth are currently enrolled in the program, and DCFS was granted funds for the next fiscal year. The goal is to double My529 enrollment over the next two years.

The Utah Educational Savings Plan (UESP) continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youth transitioning out of foster care complete a post-secondary education program (degree or certificate) at one of the Utah System of Higher Education institutions or Applied Technical Centers. The application for those scholarships can now be made online, which UESP anticipates will increase the number of applicants for the scholarships.

The Adolescent Services Program Administrator and administrators at the University of Utah implemented the First Star Academy an intensive, four-week, on-campus experience during which youth in foster care attend classes provided by volunteer professors who teach a variety of courses. In addition, university mentors provide academic and personal guidance and meet monthly with the youth to assist them with their educational goals.

Once youth complete the academy, as well as graduate from high school, they will be eligible for targeted scholarships that will help them fund their secondary education. Furthermore, as long as youth are in foster care when they enter the academy, they will be able to remain in the program, regardless of permanency status upon leaving foster care.

Ninety-eight percent of youth in the program (30 youth) completed their first year. Youth were given pre- and post-program tests regarding their desire to attend higher education and to assess their math and reading skills. On the post-program test, all showed an increased desire to attend higher education and all received higher scores in math and reading skills.

Consultation with Tribes

In 2017, the Adolescent Services Program Administrator, Kinship Program Administrator, and/or the Domestic Violence Program Administrator accompanied the ICWA Program Administrator on individual visits with tribes, where the Program Administrators provided an orientation to DCFS programs to tribal leaders and offered any technical assistance needed. The Confederated Tribes of the Goshute Reservation continue to contemplate the possibility of asking DCFS to provide all Chafee services to members of the tribe, but, to date, no formal negotiations have taken place.

The Adolescent Services Program Administrator also attended a Tribal and Indian Issues Committee Meeting in which the administrator provided an overview of TAL services and described how the state's TAL program can provide technical assistance to the tribes. The Adolescent Services Program Administrator will attend future Tribal and Indian Issues Committee Meetings in order to continue discussions and to offer technical assistance, as needed.

Moving forward, discussions will be held with the tribes as part of our effort to develop a more robust service array (as mentioned in our CFSR PIP). There will be discussions on how we can collaborate more with the tribes to offer transitional services to tribal youth no matter where they are currently residing. Discussions will include brainstorming on how we can also develop preventive services that can provide support without the child needing to come into foster care. Discussions have already begun between our eastern region and the Ute Tribe near Fort Duchesne Reservation. Youth living on the Fort Duchesne Reservation have been invited to participate in all Chafee classes and activities offered by the eastern region transitional team. To date, no tribe has asked DCFS to provide Chafee program services, on behalf of the tribe.

Below you will find program data for the last five years.

Number of Emancipated Youth	
FFY	Count
2014	180
2015	172
2016	176
2017	166
2018	169

Number of Youth Receiving TAL Aftercare Services	
FFY	Count
2014	766
2015	773
2016	700
2017	757
2018	702

Race and Ethnicity of Youth who Received TAL Services										
Race	FFY 2014		FFY 2015		FFY 2016		FFY 2017		FFY 2018	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
American Indian or Alaska Native	81	5.1%	72	4.7%	65	4.5%	53	3.9%	60	4.7%
Asian	16	1.0%	20	1.3%	16	1.1%	12	0.9%	11	0.9%
Black or African American	118	7.4%	104	6.8%	112	7.7%	117	8.5%	93	7.2%
Multiracial Other Race Not Known	7	0.4%	13	0.8%	13	0.9%	13	0.9%	12	0.9%
Native Hawaiian/ Other Pac. Islander	18	1.1%	21	1.4%	21	1.4%	21	1.5%	30	2.3%
Unable to Determine	14	0.9%	14	0.9%	19	1.3%	28	2.0%	23	1.8%
White	1,394	87.3%	1,355	88.2%	1,260	87.0%	1,188	86.7%	1,123	87.1%
Total Receiving TAL Services	1,597		1,537		1,449		1,370		1,290	
Hispanic Origin or Latino	362	22.7%	356	23.2%	328	22.6%	317	23.1%	297	23.0%

Note: All child counts are distinct (unduplicated). The percent of children in each race group is calculated on the distinct count of children served each Federal Fiscal Year. One child may identify as more than one race; therefore, the sum of percentages will not equal 100%.

Percent of Youth 14 and Older Exiting Custody to a Permanent Placement					
Permanent Placement	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Reunified with Parent/Primary Caretaker	36.0%	34.7%	32.3%	31.7%	31.5%
Custody/Guardianship to Relative	15.7%	14.6%	13.7%	13.8%	14.8%
Adoption	8.2%	10.9%	10.5%	9.8%	13.4%
Custody/Guardian to Foster Parent/Other Not Related	2.4%	2.5%	2.5%	4.2%	4.3%

VIII. Financial Information

Payment Limitation: Title IV-B, Subpart 1

DCFS does not use IV-B subpart 1 funding to pay for child care, foster care maintenance, or adoption assistance payments and did not do so in FFY 2005. No Title IV-B subpart 1 funding was used for these purposes in FFY 2005 or in FFY 2017. Therefore, DCFS has complied with the requirement not to spend more title IV-B subpart 1 funds in FFY 2017 than it did in FFY 2005.

Likewise, since in FFY 2017 DCFS did not use federal IV-B, subpart 1 funds for foster care maintenance payments, nor did it do so in FFY 2005, it did not allocate state funds as a match for federal funds. Therefore, DCFS has complied with the requirement that the FFY 2017 state match for foster care maintenance payments did not exceed the amount of the FFY 2005 match.

The maximum amount of Title IV-B subpart 1 funds that will be claimed for administrative costs, as specified in section 422(c) of the Social Security Act, will be limited to 10%.

Payment Limitation: Title IV-B, Subpart 2

As noted under Expenditure of PSSF Funding, DCFS plans to expend at least 20% of total PSSF funds in each of the four service categories.

The maximum amount of Title IV-B Part 2 funds that will be claimed for administrative costs, including caseworker visitation funds, will be limited to 10% as specified in section 434(d) of the Social Security Act.

FFY 2017 IV-B Subpart 2 - Payment Limit Non Supplantation Requirements [45 CFR Parts 1357.15(F)]

DCFS will not use federal funds awarded under Title IV-B Part 2 to supplant federal or state funds for existing family support, family preservation, family reunification and adoption support services based upon the state's FY 1992 expenditures.

	State FY 1992				Oct 91-June 92	State FY 1993				July 92-Oct. 92	Total Expenditures from State Funds FFY 1992
	State	Federal	Misc.		75% of State	State	Federal	Misc.	Total	25% of State	
Homemaker Services	25,600	28,900		54,500	19,200	25,600	32,900		58,500	6,400	25,600
Family Preservation Services	139,800	150,900		290,700	104,850	125,600	86,300		211,900	31,400	136,250
In-home Services	52,400	46,500		98,900	39,300	57,000	13,800		70,800	14,250	53,550
Parenting Skill Services	8,500	25,600		34,100	6,375	14,200	19,900		34,100	3,550	9,925
Crisis Nursery Services	0	134,229		134,229	0	139,500	428,118		567,618	34,875	34,875
Subsidized Adoptions (non IV-E)	139,200	294,500		433,700	104,400	54,776	347,615		402,391	13,694	118,094
Children's Trust Fund			350,000	350,000	0	0	0	350,000	350,000	0	0
Total	365,500	680,629	350,000	1,396,129	274,125	416,676	928,633	350,000	1,695,309	104,169	378,294
						FFY 2017					Total Expenditures from State Funds FFY 2017
						State	Federal	Misc.	Total		
Homemaker Services (HHMK)						0	0	0	0		0
PSSF Family Preservation Services (HFFP)						194,698	584,094	0	778,792		194,698
PSSF Family Support (HFPG)						160,929	482,788	0	643,717		160,929
In-home Services (HIHS)						207,505	0	0	207,505		207,505
Parenting Skill Services						0	0	0	0		0
Crisis Nursery Services (HCSN)						1,700,887	0	0	1,700,887		1,700,887
Subsidized Adoptions (non IV-E-HSAO)						4,693,183		0	4,693,183		4,693,183
Adoption Assistance (HSAN)						0	0	0	0		0
Children's Trust Fund (HNTE)						420,568	0	0	420,568		420,568
Total						7,377,770	1,066,882	0	8,444,651		7,377,770