

Utah Division of Child and Family Services

Salt Lake Valley Region Report

Qualitative Case Review Findings

**Review Conducted
December 2005 and April 2006**

*A Joint Report by
The Child Welfare Policy and Practice Group
and
The Office of Services Review, Department of Human Services*

October 6, 2006

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I. Introduction

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999, entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999, Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (The Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provides for four monitoring processes. Those four processes are: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends, and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's Regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provides for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must achieve the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipates that reports on the Division's performance, where possible, will be issued jointly by The Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. Those principles and standards are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan, using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services, such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually

all of the measurements were quantitative and involved auditing processes: counting activities, checking records and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral, not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human System and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, The Child Welfare Group, based on The Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in evaluating and monitoring human services, such as child welfare. It is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given functional assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah, based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Functional Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2), <i>OR</i> ,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	Overall System Performance

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently, or have recently been at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress and as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. For children in out-of-home care, the sample was further stratified to assure that children in a variety of settings (family foster care, group care and therapeutic foster care) were selected. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. An additional number of cases were selected to serve as replacement cases, which are a pool of cases used to substitute for cases that could not be reviewed because of worker or family circumstances (illness, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.

A total of 72 cases were selected for the review and 71 cases were reviewed.

Reviewers

The Child Welfare Group qualitative reviewers included professionals with extensive experience in child welfare and child mental health. Most of the reviewers had experience in the Alabama child welfare reform, as well as other reform and practice improvement initiatives around the United States. The Child Welfare Group has employed the QCR process in 12 different states. Utah reviewers “shadow” The Child Welfare Group reviewers as a part of an organized reviewer training and certification process. These reviewers, once certified, become reviewers themselves and participate in subsequent reviews as part of the plan to develop and maintain internal capacity to sustain the review process. At this point, one half of the reviewer contingent ordinarily consists of Child Welfare Group reviewers and one half consists of certified Utah reviewers.

Stakeholder Interviewers

As a compliment to the individual case reviews, The Child Welfare Group staff and Utah staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets and barriers. These external perspectives provide a valuable source of perspective, insight and feedback about the performance of Utah's child welfare system. In some years, focus groups with Division staff, consumer families, youth, foster parents or other stakeholders are a part of this aspect of the review process. Their observations are briefly described in a separate section.

IV. System Strengths

In the course of the review, many system strengths or assets were observed in individual case practice. Although not every strength was noted in every case, these strengths contributed to improved and more consistent outcomes for children and families. Those identified below were summarized by the review team at the exit conference.

Strengths

Assessment:

- Good identification of child's needs
- Form and content of the assessment is much better
- Caseworker had good skills to assess the needs of the family in a complex situation
- Focus on the specific needs of the child
- Good identification of underlying needs
- Assessment that draws conclusions
- It was an ongoing process

Long-Term View:

- Long-term view form is helpful
- Good attention to planning for the future and for imminent transitions
- Intermediate steps were clearly identified
- Developed immediately by the team, included what the child needed to be able to do when she transitioned out of foster care
- Long-term view was shared by everyone and very inclusive
- Child and team all had a clear understanding of the goal, how it would work and what the concurrent plan was

Planning:

- Plan was inclusive of child's medical needs and everyone understood what they needed to do
- Need statements more reflective of underlying needs
- Adaptation of the plan to recognize the needs of the adolescent and listening to the input of the adolescent.

- Good follow through to details that might have been easy to lose track of
- Good prioritization of the sequencing of objectives in the plan

V. Characteristics of the Salt Lake Valley Region

Trend Indicators for the Salt Lake Valley Region

The Division provided current regional trend data and data comparative to the past fiscal year. The table for the Salt Lake Valley Region, along with that of the other regions, is included in the Appendix.

VI. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or Regional interaction with community partners. In some years, the monitor and staff supporting the qualitative reviews interview key community stakeholders. In other years, the interviews included line staff, supervisors, and administrative staff. This year, the Qualitative Case Reviews in the Salt Lake Valley Region were supported by a total of eight focus groups.

Legal Partners

Representatives of the Attorney General's Office and Guardian ad Litem's Office were interviewed. Among these partners there were several themes about which there was agreement. First, legal partners have observed an increasing use of voluntary services and PSS cases with at-risk families, a trend both agencies are concerned about. There was some feeling that this is reducing the caseloads and unanimity of opinion that efforts are made to keep families out of the court process. One said, "We just don't see dirty house cases anymore." These partners worry that children are at greater risk of abuse and neglect as a result of this practice; however, they do not seem to have access to any data that would support this perception. One believes that the diminished court oversight is contributing to re-entries and less frequent TPR. They believe that this pattern is a result of a difference in philosophy about how to protect children. Another side effect, as the Attorney General staff see it, is that Division workers turn to them for advice less frequently.

Staff of both offices have noticed the increase in use of kinship placements. They have concern that kinship families don't get the same pre-placement scrutiny and placement supports as licensed foster care providers.

Representatives reported some concern over the impact of publicity resulting from recent high profile cases. Attorney General staff are described as being more cautious in their filing because of concerns about personal liability (there has been at least one civil suit filed against an Attorney General regarding child protection issues). Regarding workplace stresses, both offices believe that high attorney caseloads are a problem. GALs are described as having caseloads

averaging 150 cases (which could include over 200 children) and AGs state that their caseloads average around 100 cases.

The greatest concern about Division performance is related to turnover. Both offices note the high number of new caseworkers, which they believe impairs optimum practice. Another concern noted was limited resources for some populations. These included:

- Housing.
- Residential drug treatment.
- Mental health supports for lower functioning parents.
- Youth ages seven to thirteen.
- Inpatient and behavior management programs.

Among the assets seen in the community, the court improvement project was noted. The region's efforts to improve supports for transitional age youth were also recognized.

Workforce Services Partner

The Department of Workforce Services (DWS) representative stated that DWS and the Division are working closely together. Part of their effort has been to connect the managers and supervisors within the respective agencies, to cross train on agency role and responsibility and in some cases to exchange site visits. They have highlighted good examples of interagency cooperation for their respective staffs.

They are now working on the use of joint family team meetings and dealing with the biggest system barrier – confidentiality. The DWS representative spoke of their shared attention to permanency as well as the traditional role of workforce services.

DWS itself is experiencing growing caseloads and a client population that doesn't always value work, according to the respondent. DWS is under pressure from the federal level to meet standards or face sanctions. He added that one recent challenge was the growth of the Somali Bantu refugee population in Salt Lake. Not having a written language, this population can be particularly hard to resettle and support.

Division Administrative Team

The region's administrative team discussed initiatives and trends in a number of areas, which are summarized below.

Regarding training and workforce issues, staff report that the region is making some appointments and proving training prior to a specific vacancy so there are not such long delays in replacing staff. They report that turnover has declined below the high of twenty-five percent, but no specific figure was cited. The Salt Lake Valley Region, along with the Western and Northern Regions are using an "Oral Board" to select new employees from the pool of applicants.

Primary Children's Hospital residents are making weekly visits to some of the neighborhood offices to help assess the medical needs of children. A number of domestic violence initiatives are underway to strengthen practice in this area. Salt Lake County is working on a program for

youth related to drug and alcohol prevention and efforts are underway to improve coordination with DSPD. Through the IOU Committee, the Chief Justice of the State Supreme Court and other community partners have been observing frontline practice to deepen their understanding of Division operations.

The region continues to work on the challenge of a high rate of entries from kinship families. Kinship families need to understand better what they are facing and the Division needs a deeper assessment of kinship families before placing with them.

The team was asked about the concerns expressed about child protection by some of their legal partners. They attributed the tension to “antiquated thinking” by some partners who didn’t understand that there were effective options for protecting children rather than removing them, according to the management team.

The team also stated that they were working on a sustainability plan.

Citizen’s Review Board

On the whole, the Board sees a steady improvement in child status and better communication among team members. Where there are Division concerns, they include the difficulty in teaming when “families are resistant” and where workers don’t share the Practice Model vision of the teaming approach. Concern was also expressed about the tendency of the court in some cases to give families “too many chances”.

Resource gaps were identified in the following areas:

- Mental health resources.
- Dental services.
- Specialized services for sexual abuse victims and reactive attachment disorder.
- Substance abuse services.

Regarding sustainability of the reform efforts, it was suggested that the Review Board could provide more self-correcting feedback if it were supported in doing so. The QI committees were thought to be an important mechanism for supporting sustainability.

Caseworker Focus Group

Generally, caseworkers were positive about their work environment. They felt supported by their supervisors and many of their community partners. They acknowledged that their relationship with legal partners was not as consistently constructive, but they state that they continue make efforts to work cooperatively. Resources were not cited as a constraint by caseworkers.

The greatest obstacle cited by staff is the process for recording the child and family assessment. They continue to cite difficulties with SAFE as the cause and believe that the State’s (central office) latest fix is still unresponsive to their needs. They noted that they believe that the activity logs provide more useful information than the written product. However, staff stated that they

believe that the actual working assessments are improving. Staff also cited caseload size and turnover as obstacles to desired practice.

One practice improvement consideration suggested was training providers on the QCR. They also believe that Division training would be strengthened if it focused more on the expectations of the QCR. There was other criticism of the State training efforts, centered on the caseworker's belief that the training office "doesn't listen" to feedback from the field.

Supervisory Focus Group

In discussing what's going well, supervisors mentioned the following:

- Greater clarity about organizational direction.
- More accountability.
- Greater support for guardianship and subsidies.
- Community partners becoming more informed about the practice model.
- Organizational support.
- New workers are better prepared.
- Some progress in reducing turnover rate.
- Compliments for the leadership of the region and the Division (LaRay and Richard).

Needs and Obstacles:

- Supervisory training needs strengthening.
- Method for recognizing good work.
- Lack of a salary scale related to responsibility.
- Lack of supports for families without legal status.
- More access to technology such as Palm Pilots, Zip drives.
- Need to strengthen working relationships with Attorneys General.
- Lack of consistent support for teaming from the courts.
- "Desperate" need for a safety model. Work is underway, but the product is overdue. Staff see this (such as including community protective factors) as a way of getting partners on board.
- Address court's tendency to order provision of in-home services.
- Need clarity about when to close a case.
- Lack of resources in Tooele.
- More diversity in foster homes needed.

Region Director

Prominent among the goals for the region set by the Director is improving the relationship with the court. The Director participates as a member of "The Table of Ten", which provides a forum for discussion of court issues. She hopes to make inroads on what is seen as some differences of opinion on safety and protection decision-making,

Each neighborhood now has a DV team, supported by additional training for staff on DV. There does seem to be some improvement in staff turnover, which has dropped to twenty percent, down from thirty percent in December 2005. Two full time workers have been assigned kinship duties,

which it is hoped will strengthen kinship supports. Efforts have been made to strengthen the partnership with DSPD. The region has a high number of children and youth receiving DSPD services and improved teaming between the two systems is occurring.

The Director was asked to rate the performance of the regions on a number of QCR domains and responded as follows:

Safety – 7

Permanency – 5

Ability to keep children with families, reunify and shorten lengths of stay – 5

Well-being – 6+

Asked what things are needed to improve QCR performance, the Director listed more experienced staff and more in-home and family preservation services.

Quality Improvement Committee

There are efforts to strengthen the contributions of the QI committee, which has struggled to find direction in the past. The Committee was limited by a lack of clarity about its purpose and uncertainty about how it could influence practice and outcomes. The committee spent a considerable amount of time in the focus group discussion engaging the reviewers about how they can be more useful and influential. They acknowledge that they need state office help with framing solutions to problems they identify. The Committee seems interested in making a more constructive contribution. The renewed Division effort to provide better support to QI committees has the potential to make this committee a valuable resource for improving outcomes for children and families

The current makeup of the region's QI Committee is listed below. While no standard has been established for the makeup of QI Committees, the region might consider the high percentage of state government employees on this Committee. It does not appear that there are consumers or foster parents as members either.

<i>Name</i>	<i>Agency</i>
Roland Oliver	Division
Chris Chytraus, R.N., BSN, CPM Program Mgr.	Fostering Healthy Children
Del Bircher Asst. Prog. Mgr.	Valley Mental Hlth
Brian Currie	DYS/CBH
JJ Glazier Milestone Coordinator	Division SLV Region
Peggy Jerome, APRN, CNS Clinical Director	Primary Care Family Therapy
Curt Hansen	Granite School District
Shannon Nelson	Family Support Center
Kristin Fadel	GAL

<i>Name</i>	<i>Agency</i>
Lisa Nagel	AG
Dawn Prince	Division
Mark Weisbender	Silverado Counseling
	West Jordan Police
Patricia Worthington	Foster Care Citizen Review Board

VII. Child and Family Status, System Performance Analysis, Trends, and Practice Improvement Needs

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status, as well as System Performance, is evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Beneath the graphs for overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section (Section VII, Summary of Case Specific Findings), brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

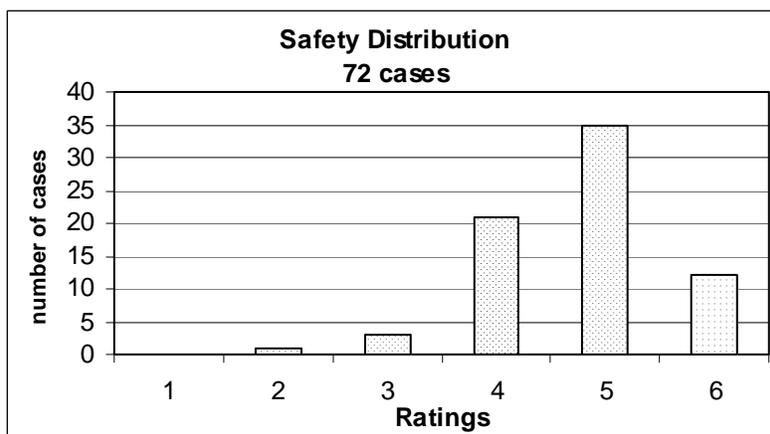
Overall Status

Salt Lake Region Child Status										
	# of cases (+)	# of cases (-)		FY02	FY03	FY04	FY05	FY06		
			Exit Criteria 85% on overall score						Current Scores	
Safety	68	4		94%	94%	97%	94%	89%	94%	
Stability	43	28		61%	72%	73%	83%	56%	61%	
Appropriateness of Placement	67	4		94%	90%	96%	99%	96%	94%	
Prospect for Permanence	42	29		59%	60%	61%	77%	52%	59%	
Health/Physical Well-being	71	0		100%	96%	99%	99%	93%	100%	
Emotional/Behavioral Well-being	59	12		83%	75%	81%	87%	86%	83%	
Learning Progress	60	11		85%	79%	77%	88%	90%	85%	
Caregiver Functioning	45	1		98%	96%	100%	100%	98%	98%	
Family Resourcefulness	21	17		55%	57%	51%	86%	58%	55%	
Satisfaction	63	8		89%	85%	81%	91%	80%	89%	
Overall Score	66	6		92%	88%	89%	90%	88%	92%	

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child’s daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

Findings: Ninety-four percent of cases reviewed were within the acceptable range (4-6). Safety scores improved from 89 percent last year to 94 percent this year.



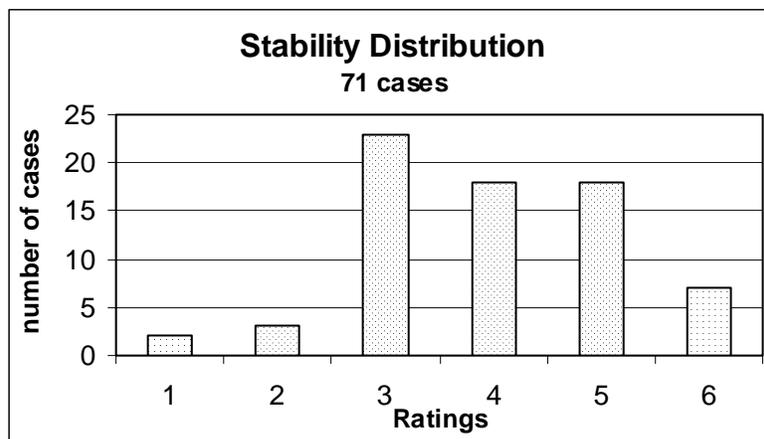
Stability

Summative Questions: Are the child’s daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

Findings: Sixty-one percent of cases reviewed were in the acceptable range (4-6). Based on the progression of QCR scores since FY 02, when the stability score was 72 percent and FY 04, when the stability score was 83 percent, the region is struggling to maintain children in stable placements. Twenty-eight of seventy-one children in this review had unacceptable stability. The region should closely examine its assessment and planning scores and performance in seeking to improve the stability of children served. Instability should be treated as an urgent risk and considered as preventable with good strengths and needs based individualized planning. Disruptions should not be accepted as unavoidable.

In one challenging case, the reviewer observed, “Because of the number of changes in this child’s placements within the past few weeks, the latest being 24 hours prior to the interview with him, and the uncertainty as to how long he will be in his current placement and what the purpose of the placement is, stability was seen as having serious problems. There is a great likelihood that there will be a number of other placement changes in the foreseeable future, with no clear plan in place at the present time.”

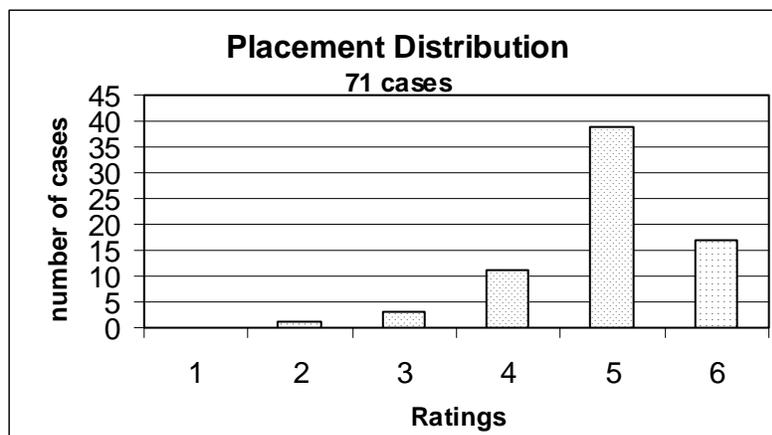
Another reviewer found, “The status indicators that were not in the acceptable range were stability and permanence. (The youth) has been in detention multiple times in the past six months. She has also experienced three changes in school. She attended West High from August until she was expelled in October, she attended Success School from October 27 until November 7 when she was placed in Artec Day Treatment. She only attended a couple of days there, and then spent time in detention. She officially began attending classes at Horizonte School on December 5 after a week’s orientation. We judged Stability to be partially unacceptable. Although (the youth) remains at home with her family, she remains at high risk of out-of-home placement”



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child’s needs, age ability and peer group and consistent with the child’s language and culture?

Findings: Ninety-four percent of cases reviewed were in the acceptable range (4-6). Placement appropriateness has been consistently high in this region, with scores above 90 percent each year since FY 02.



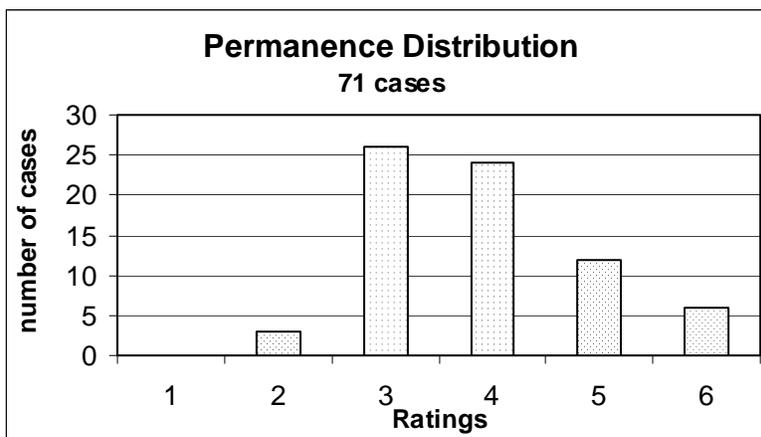
Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

Findings: Fifty-nine percent of cases reviewed were within the acceptable range (4-6). This year’s performance was slightly higher than last year’s, which was at 52 percent. Of the 71 cases reviewed, 29 children were not making acceptable progress toward permanence. As in prior years, the difficulty in fully understanding child and family functioning and achieving a long-term view were obstacles to acceptable progress toward permanency.

In that regard, a reviewer found, “The prospects for permanence rated as substantially unacceptable, as there are continuing problems of permanence for (the child) with no clear plan in place. It is agreed by most team members that his birth family is not in a position at this point to handle (the child’s) ongoing behavioral issues, but at the same time there is not a clear alternative living arrangement that is planned for (the child). Obviously, the recent changes in placement and current investigation for the abuse charges have created much of the current chaos in the case, and the child and family team will need to begin re-assessing and designing a plan with (the child) to plan for his transition into adulthood and his plans for permanence in family relationships.”

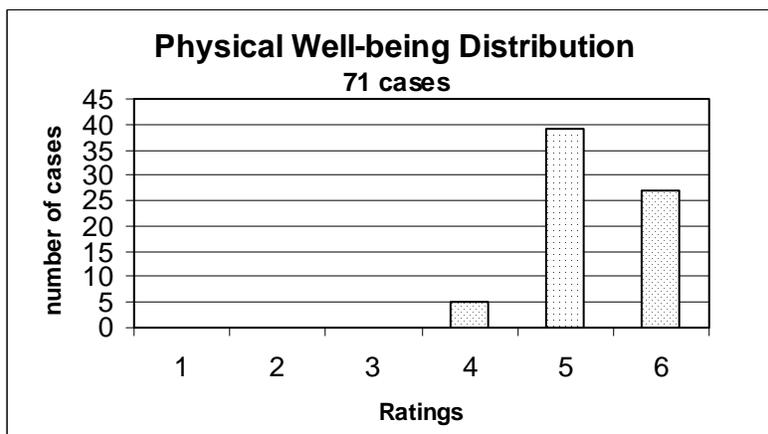
In a case with superior permanency, the reviewer stated, “(the child) has optimal permanence. He has achieved legal permanency and lives with a family where his relationships will endure not only with his adoptive family but also with his biological family. (Adoptive parents) are very open to having the child’s biological grandparents and extended family continue to be a part of his life. They are also open to his biological parents being a part of his life in the future if they are able to maintain sobriety for a significant period of time.”



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child’s basic physical needs being met? Does the child have health care services, as needed?

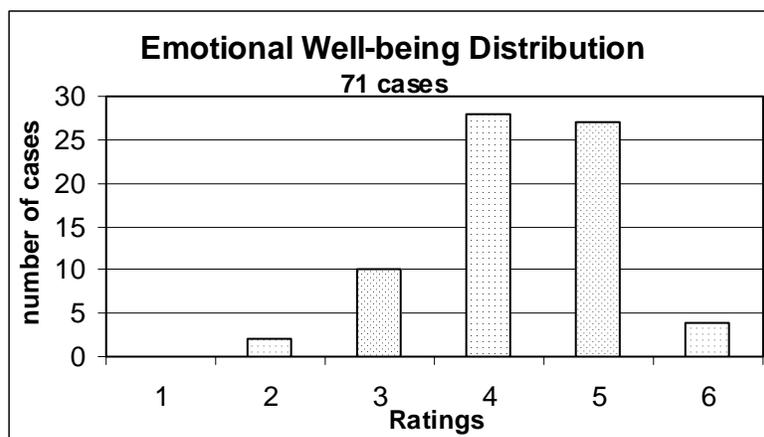
Findings: One hundred percent of cases reviewed were within the acceptable range (4-6). Health scores have been consistently above 90 percent in the region.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: Eighty-three percent of cases reviewed were within the acceptable range (4-6). Scores have been above 80 percent since FY 03. The review revealed several cases where children with a history of unmet emotional/behavioral needs were supported with good planning and implementation. For example in one case, the reviewer revealed, “Despite a very challenging life history, (the youth) is doing well and making progress in all aspects of her life. Her actions and progress over the past year demonstrate substantial emotional/behavioral well-being. She has positive working relationships with her foster parent, her therapist, her health care nurse, her brother, her worker, and is learning to improve her relationships with her friends. Team members see (the youth) as functioning adequately and responsible in daily settings with the help of the special supports and services that have been set up for her.”

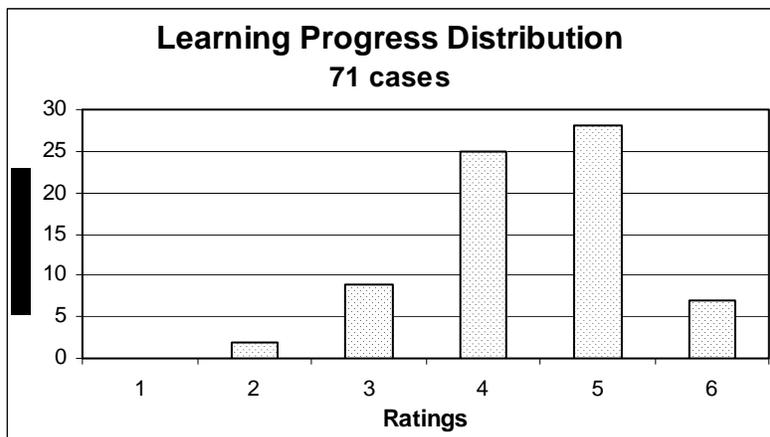


Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/ her age and ability?

Note: There is a supplementary scale used with children under five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

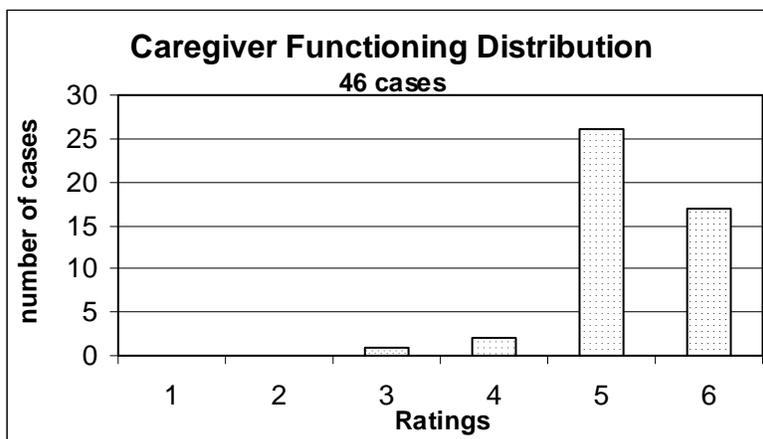
Findings: Eighty-five percent of cases reviewed were within the acceptable range (4-6).



Caregiver Functioning

Summative Questions: Are the substitute caregivers, with whom the child is currently residing, willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

Findings: Ninety-eight percent of cases reviewed were within the acceptable range (4-6). Caregiver functioning has been either 98 percent or 100 percent for the past three years.



Family Functioning and Resourcefulness

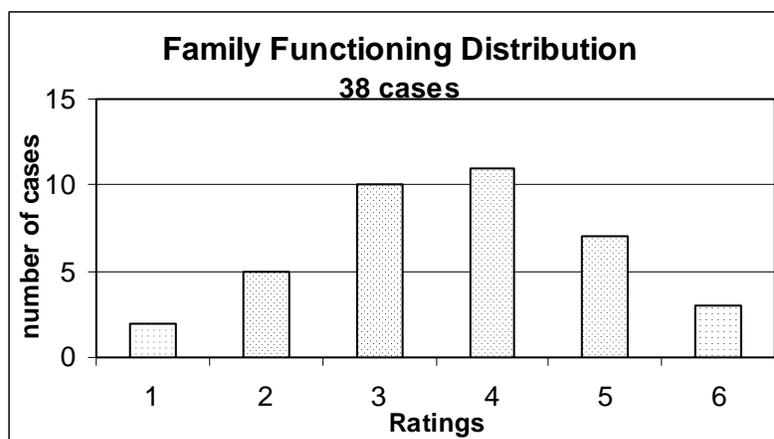
Summative Questions: Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family

functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

Findings: Fifty-five percent of cases reviewed were within the acceptable range (4-6). With the exception of one year, FY 04, when caregiver functioning was at 86 percent, scores in this category have not reached 60 percent. The number of cases where family functioning was not satisfactory is actually higher than 55 percent, for a number of cases were not rated on this category due to termination of parental rights or termination of reunification efforts. This key indicator of family progress toward independence is especially essential to the achievement of permanency, where progress has become stalled. Assessment, long-term view and child and family planning are foundational to improving this status area.

In an example of a family making little progress toward independence, a reviewer found, “Neither parent complied with the family plan requirements, nor did they attempt to take significant steps to obtain even minimal support from the many who offered it on a regular basis. The closest thing the reviewers could identify as a step forward was the actions of the biological father after being released from jail. He moved in with his sister and brother-in-law, started working with that brother-in-law, and has determined that he will not try to continue any relationship with the biological mother because he’s not strong enough to resist using drugs when she tempts him by continuing to use. Biological father also acknowledged that he is not stable enough to care for his child and is encouraging permanence with his brother.”

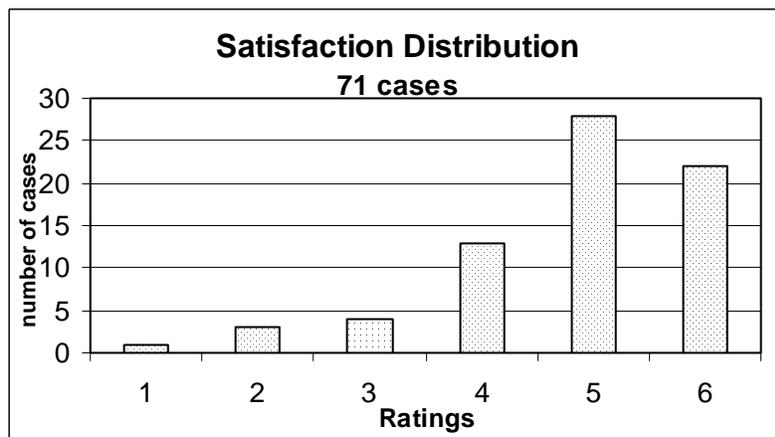
In another case where a mom was making little progress, the reviewer determined, “Our concerns about (the mom) are: 1] she relies to heavily on (the child) for emotional and physical support, leading to concerns of parentification by the therapist; 2] several team members indicated that she is too permissive; this often leads to the family confrontations; 3] it appears from talking to (the child’s) therapist that she is in denial about DV victimization. (The stepfather) is a repeat DV perpetrator and it seems that his perpetration may extend to the children, not just to (the mom). He has not been getting consistent treatment, and it doesn’t appear to be at the appropriate level of intensity. It appears that this family says what people want to hear in order to get the Division out of their lives.”



Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

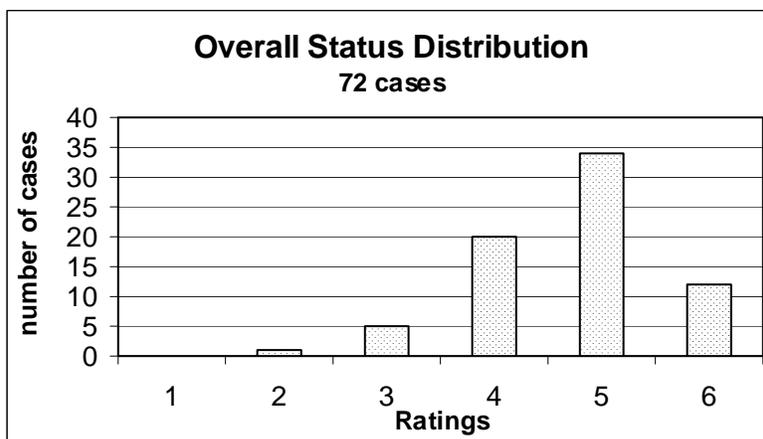
Findings: Eighty-nine percent of cases reviewed were within the acceptable range (4-6)



Overall Child and Family Status

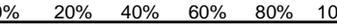
Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump”, so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: Ninety-two percent of cases reviewed were within the acceptable range (4-6).



System Performance Indicators

Overall System

Salt Lake Region System Performance - Combined				FY02	FY03	FY04	FY05	FY06
	# of cases (+)	# of cases (-)	Exit Criteria 70% on Shaded indicators Exit Criteria 85% on overall score					Current Scores
Child & Family Team/Coordination	53	18	 75%	35%	54%	78%	80%	75%
Functional Assessment	49	22	 69%	33%	54%	71%	52%	69%
Long-term View	40	31	 56%	32%	41%	70%	54%	56%
Child & Family Planning Process	48	23	 68%	49%	60%	75%	72%	68%
Plan Implementation	56	15	 79%	57%	71%	87%	86%	79%
Tracking & Adaptation	53	18	 75%	57%	57%	83%	77%	75%
Child & Family Participation	57	14	 80%	44%	62%	78%	80%	80%
Formal/Informal Supports	57	14	 80%	74%	83%	94%	94%	80%
Successful Transitions	47	20	 70%	49%	64%	81%	68%	70%
Effective Results	58	13	 82%	67%	73%	88%	82%	82%
Caregiver Support	44	3	 94%	91%	98%	98%	92%	94%
Overall Score	54	17	 76%	49%	59%	86%	83%	76%

Child/Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

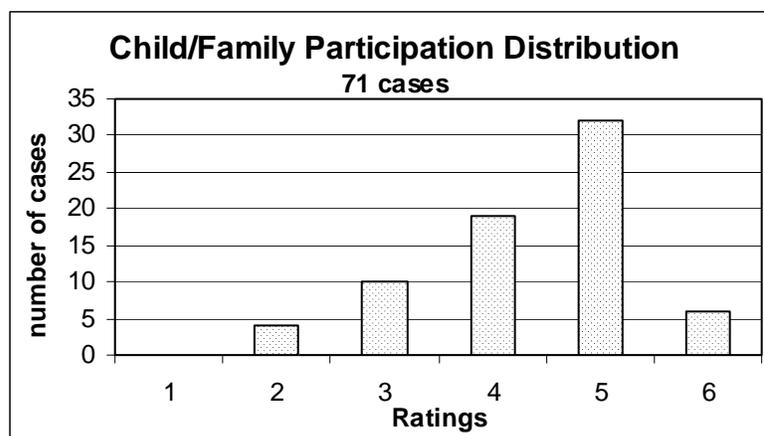
Findings: Eighty percent of cases reviewed were within the acceptable range (4-6), the same as in FY 05. There were frequent examples of good practice in this area.

One reviewer found, “The pre-adoptive family notes substantial child and family participation at this time. They feel they are in the driver’s seat. When there are issues or services that they do not agree with, they feel empowered to offer their opinion without fear of retaliation. The family has also developed a rapport with their service providers to the extent that the family feels empowered to tailor services to meet their own individual and collective family needs.”

Another wrote, “The family participation and child and family team coordination are also exceptional. The family was able to choose the provider of services including their own therapist and the residential treatment center though Primary’s Residential Treatment Center is no longer a contracted provider. When we interviewed (the youth) she said that she felt that the team was composed of the people she wanted there. The team is absent of other family members because there has been some animosity there and because the family chose not to include them.”

In a case where family participation had not yet reached the level needed to engage the family as a partner, the reviewer noted, “There is no record that the caseworker ever sat down with the parents in a formal interview to obtain their understanding of the situation and to ascertain their

wants and needs. In addition, both parents separately reported receiving the treatment plan, which they had never before seen, just before going into a court hearing. Scores in planning process and participation will reflect a lack of parental input and feeling of control in the planning process.”



Child/Family Team and Team Coordination

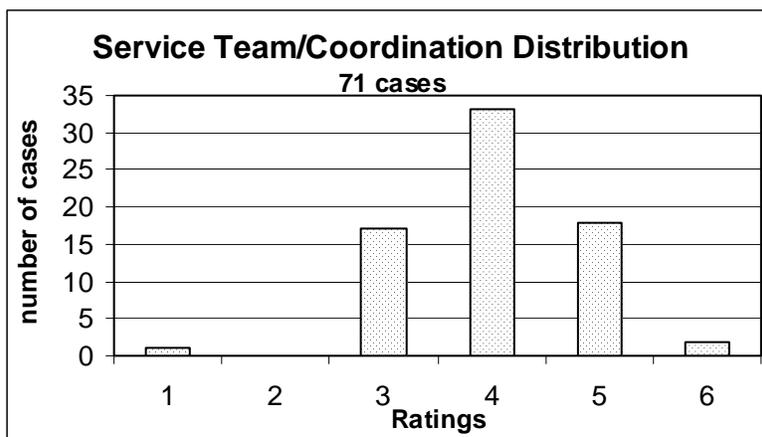
Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

Findings: Seventy-five percent of cases reviewed were within the acceptable range (4-6). The score in FY 05 was at 80 percent. Among the examples of good teaming and coordination was the case where, “(The youth’s) team is currently made up of her caseworker, therapist, teacher, proctor mother, tracker, FHC nurse, brother and sister-in-law, and the caseworker’s supervisor. Her team has met mostly monthly during the past year and this has allowed the team to keep focused on (the youth’s) goals and long-term view. The team is listening to (the youth) and making decisions based on her wants and needs.”

In another case, a reviewer found, “There was substantially acceptable child and family team participation, functioning, and coordination. The team contained most of the important decision makers in the child and family’s life. All of the team members who were interviewed reported that felt integral to the team. Key family members as well as the child’s caregivers participated in the majority of the team meetings. Child and family team meeting notes and documentation indicated that proper assessment, service and treatment planning, as well as planning for (the youth’s) long-term view were discussed every time. All of the team members interviewed appeared to share the same vision and direction of where the case was headed. Team meetings appeared to be held during critical decision points.”

Not all cases reflected acceptable teaming. Limitations found in such cases included teaming meetings that operated like professional staffings, missing team members and lack of parent and child influence. In one such example, the reviewer wrote, “There has only been one family team meeting since the beginning of the case and that was after the case was pulled for the QCR. This team meeting consisted of the caseworker, foster parent and the foster parent’s sister. It was reported, and it appeared, that this “team meeting” was held because the case was being reviewed.

When the reviewers asked about family team meetings and what the purpose of having team meetings was, no one could give us a clear answer. They felt it was just something that the worker needed to do.”



Child and Family Assessment (Functional Assessment)

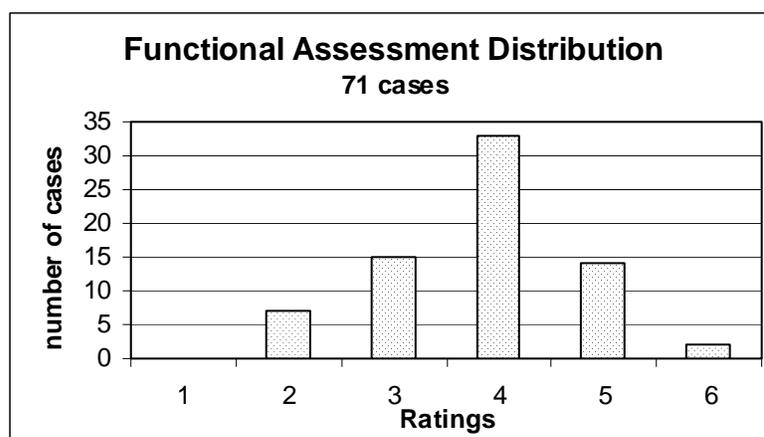
Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

Findings Sixty-nine percent of cases reviewed were within the acceptable range (4-6). Child and family assessment performance improved from 52 percent in FY 05, but remains below 70 percent. Despite the challenge presented by expectations for sound functional assessments, the region performed acceptably in most cases.

In a case where effective assessment work occurred, the reviewer found, “Child/family assessment was also rated as a 5. There have been many formal assessments that have addressed (the child’s) mental and physical needs that the team uses in varying degrees to guide them in team meetings and making discussions. Most impressive was the informal understanding each team member had of this child. Because of the longevity of the many team members, when

asked to describe the child each member mirrored the response of each other, much like getting insight on a child from the child’s parents.”

Where there were problems with assessment, often that related to the lack of attention to the functioning of key family members/caregivers other than the child. For example, a reviewer discovered that, “A barrier in the system side has been child and family assessment, planning process and development of long term view. The assessment does not reflect the “big picture.” It is incomplete and does not have all information shared by all team members. The underlying issues are not addressed; i.e. financial concerns, (the child’s) health, substance abuse history and current concerns, family future needs, or where (a disabled sibling) fits in the picture. The family has a diversified history, which could assist in future case management. At the time of the interview reviewers heard that (the child) was brought up in El Salvador, was very poor, his father was in prison, and his mother deceased. This was not in the child and family assessment. What is (the mother’s) history? The history mentions that she has used marijuana recreationally; however, this is not in the assessment. Some underlying issues still remain and are part of the original concerns.”



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels or service?

Findings: Fifty-six percent of the cases reviewed were within the acceptable range (4-6). This is slightly higher than the 54 percent score for FY 05. The long-term view is highly associated with the child and family assessment, given the foundational role that assessment plays in decision-making. System wide, because assessment performance has been lagging, it’s not surprising that the region continues to struggle with mastery of the long-term view.

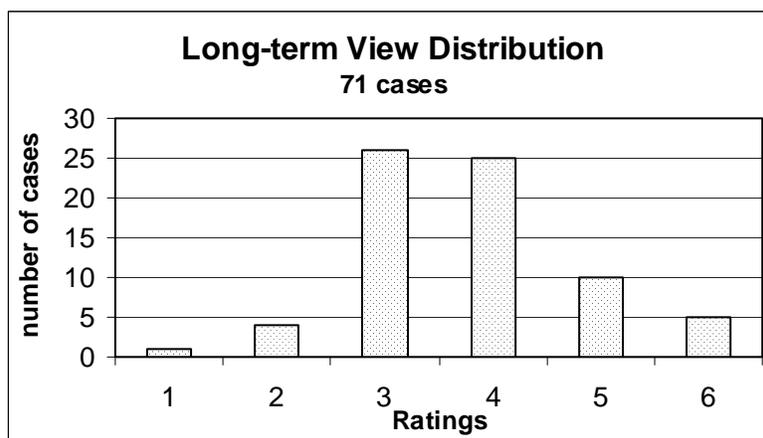
In a case where the deadlines keep moving, a reviewer found, “The team has not had a common, realistic, comprehensive Long Term View. Mother said that at the beginning of the case she was

told that (the child) could return home in three to six months. At the six-month mark she was told that it would be one year. In June 2005 she was told that it would be by December 2005. In October 2005 she was told it would be at the end of the school year. In November she was told that overnight visits were to start and after four visits she was told that on the January 4, 2006 court date the Division was going to ask the court to return the child home.

The team is now looking into several possibilities to create stability for (the child); however, not everyone in the team is in agreement about the direction that should be taken.”

In another case where there is disagreement about the long-term view, the reviewer found, “The long-term view is impacted as not all team members are on the same page. Although all of them agree with the permanency goal of guardianship with the aunt, the team does not agree on what is needed to attain the goal. The GAL believes very firmly that when (the youth) is found she should be placed in an out-of-county placement (even more out-of-county than Tooele) away from her family for a while. He believes that she should not have access to her mother. The caseworker very convincingly believes (the youth) should be placed with her aunt and in-home services provided. She believes that (youth) will contact her mother regardless of where she is placed (as she has demonstrated on past occasions).”

In a case with superior long-term view, the reviewer wrote, “The long-term view in this case is optimal. It is clearly understood by all of the team members and contains specific written actions, goals, and milestones. (The youth) has plans to complete high school and attend college at the University of Utah. She sees herself living in the dorm but was able to discuss the possibility that remaining with (the current caregiver) may be a more reasonable start. Funding sources are a shared knowledge of the team, and the worker and (the youth) have a plan whereby she can receive help in purchasing a car. Part of her long-term view is learning how to manage her time, think through her decisions, manage her money, use a checking account and cook and clean. All of the team members are helping her develop these skills.”



Child and Family Planning Process

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

Findings: Sixty-eight percent of cases reviewed were within the acceptable range (4-6). This score is slightly below the FY 05 score of 72 percent. In addition to the examples referenced below, there were frequent reviewer observations that plans were too generic, failing to reflect individualized needs. There is a significant need to match the formal written plan with the team's current working plan.

A reviewer found, "Looking at the service plan the reviewers were given for the review, it was not signed by the foster parents. The foster mother indicated she would like to have had input in the service plan as she was unaware that it was a legal document and she was responsible for some of the objectives in it. The objectives on the service plan are generic to any case and not individualized to the girls or the family. The basic needs of the girls are being met. However, the foster parent has some concerns for their future. These concerns are not reflected either in the Child and Family Assessment or in the Service Plan."

In another example of plan limitations, the reviewer stated, "The child and family planning process is again in disarray because of the recent disruptions in the placements. (The youth) has no idea what the plan is for him. His mother has not felt engaged or included until recently in the planning process. Many team members have differing views of what the plan is, and where the case is going.

Although the plan is for individualized permanency, the plan focused on the foster care services and although there was some reference to an Ansell/Casey Assessment, there was no reference to that assessment in planning or specific planning toward individualized permanency, what that is, or how it is to be achieved."

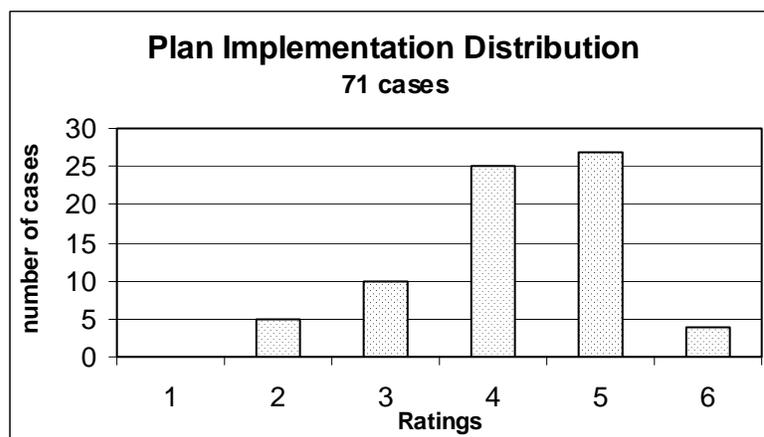
In a case with superior child and family planning, the reviewer wrote, "Child and family planning process is substantially acceptable. (The child's) needs are identified in a timely manner and plans are adapted to meet those needs. Two examples are the change in counselors and the transition to mainstream school. (The child) indicates that he believes that the worker, foster parents and team members listen to him in the child and family team meetings and that his wants are addressed as part of the child and family plan."



Plan Implementation

Summative Questions: Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the SP?

Findings: Seventy-nine percent of cases reviewed were within the acceptable range (4-6). The score was 86 percent in FY 05. Generally, plans are implemented appropriately and timely in this region.



Formal/Informal Supports

Summative Questions: Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

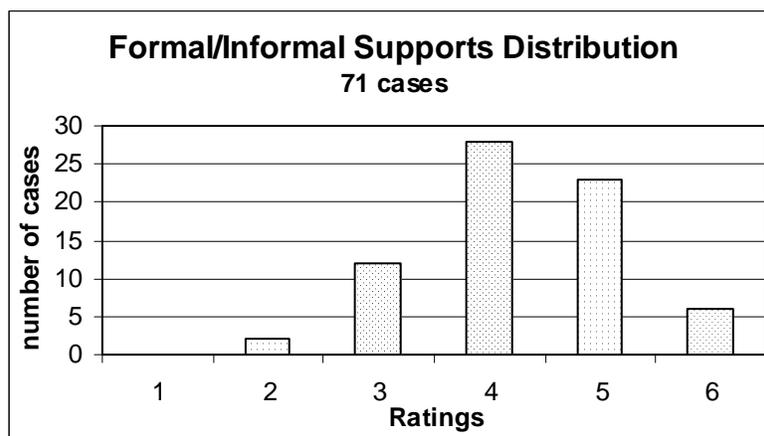
Findings: Eighty percent of cases reviewed were within the acceptable range (4-6). For the two years prior, the score was 94 percent.

The lack of formal supports was rarely a barrier to desired outcomes. For example in one case, the reviewer noted, “There are strong formal and informal supports in place for this family. The formal supports currently include the caseworker, supervisor, health care nurse and YIC mentor. The subsidy specialist has recently been added to the team; however, she has not participated in a CFTM. The informal supports include the extended family, teachers, neighbors and their church community.”

Where there are missing resource supports, they usually fall in the informal support category. In some cases they are overlooked and in others, such as the following example, the lack of recognition of their importance and difficulty in creative service crafting are the reason they are not developed by the team

Regarding informal supports, a reviewer found, “(The youth’s) lack of formal/informal supports and services are a concern and rated at a 3. Due to (the youth’s) lack of progress in school, no social group, and lack of activities and involvement, there are not sufficient services or supports in place for him to reach success with independent living. He was involved in football at one point, but due to failing grades his involvement was discontinued.

He has no family support system; his only support is from his caseworker and therapist that have worked with him for six or eight years. No social supports are in place even though the therapist reports to be helping (the youth) learn to develop relationships. It is questionable if he will be able to overcome this barrier by the time he turns 18. He is reported to be behind in his emotional development by three to four years. He has had little success with developing a peer group or bonding with adults (other than his caseworker and therapist). He has no social support network/family ties to help him be successful when he does turn 18 and lives independently in society.”



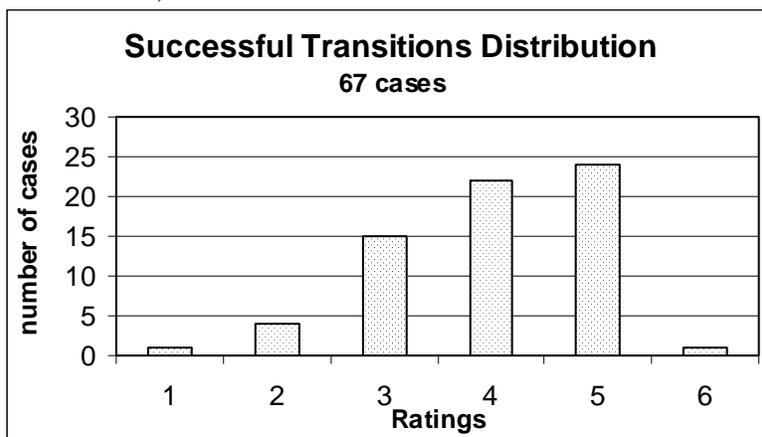
Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

Findings: Seventy percent of cases reviewed were within the acceptable range (4-6). This is slightly higher than the score of 68 percent in FY 05. Teams need to have transitional assessment and planning as part of every child and family team meeting.

In the case of a child born with special needs, good transitional planning by the team have been effective in supporting progress. The reviewer noted, “(The child’s) next age-appropriate transition has been identified and discussed by the child and family team and is determined to be substantially acceptable. Pre-school was identified as his next age-appropriate transition. An estimate of what (the child) should know, is able to do, and what supports he may need to be successful were addressed. What supports and services that (the adoptive parents) may need were also identified and addressed. All members of the child and family team were also aware of (the child’s) next age-appropriate transition as well as what supports and services were identified for him and his adoptive parents to be successful. Everyone on the team also reported that (the child’s) transition from the hospital to the adoptive home went very smoothly.”

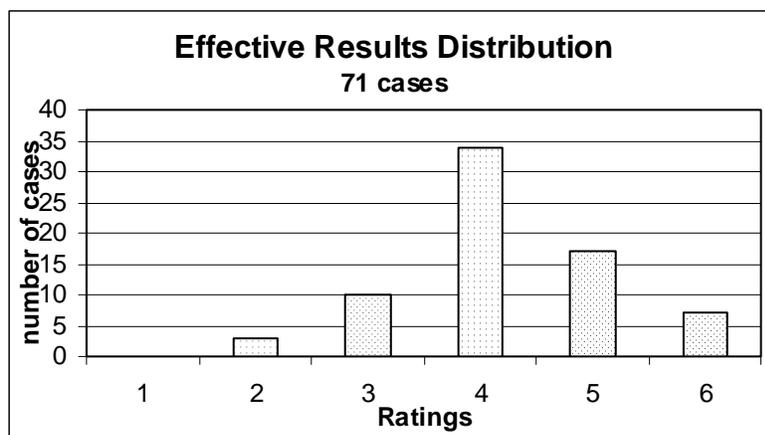
In a case where the transitional planning needed considerable strengthening, the reviewer found, “At the time of the review, the transitions were completely unacceptable. Not only has the next age appropriate transition not been managed, the actual transition to the ARTEC boys group home has moved (the youth) into the exact opposite direction away from individualized permanency. The transition from the foster home to the group home to the south residential care facility to the boys open residential home were all done within a few weeks. (The youth) didn’t understand why he had to be in all of those programs again as he thought he had successfully graduated from them years ago. This appeared to have left him with a profound feeling of failure and sense of futility. The staff at the boy’s residential facility the reviewers visited with had not even talked with (the youth) yet about his transfer to the unit, leaving the reviewers with the impression that no effective transition planning had occurred between the ARTEC South and West residential units to help (the youth) with the move. We do not know how effectively the other transitions were handled, but saw no documentation in the records that had been done.”



Effective Results

Summative Questions: Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

Findings: Eighty-two percent of cases reviewed were within the acceptable range (4-6).



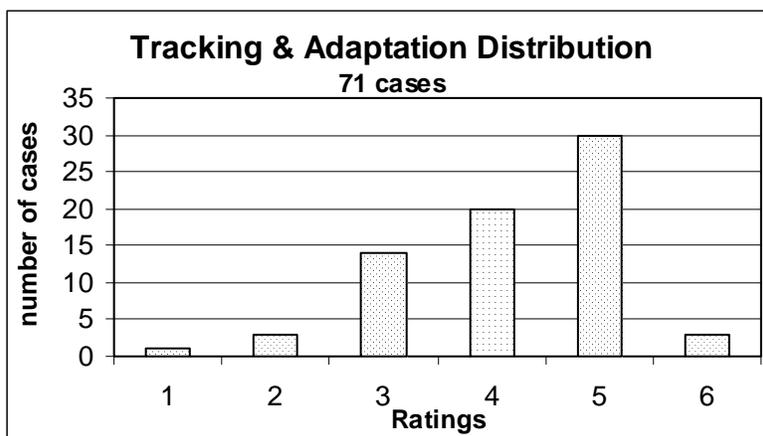
Tracking and Adaptation

Summative Questions: Are the child and caregiver’s status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

Findings: Seventy-five percent of cases reviewed were within the acceptable range (4-6). The score in FY 05 was 77 percent.

While a number of acceptable scores were at the 4 level, the following example scored highly. “The team is using information to track (the child’s) medical needs. In view of the significance of his injuries, the team makes adjustments in his care based upon the medical advice of the treating physicians. The foster mother tracks all his medical appointments and is knowledgeable of these needs as they arise and/or for potential needs as (the child) matures. The family is aware of the medical issues (the child) will face as he matures and they remain willing to adapt their needs as necessary to assure his stability and permanence in the home.”

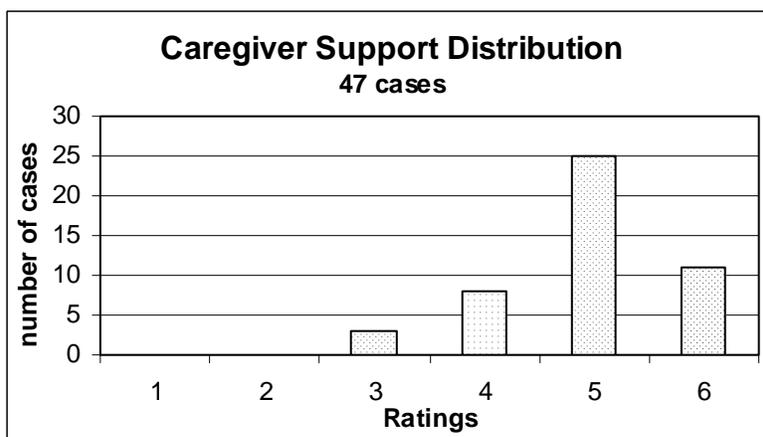
In contrast, the following example reflects a lack of attention to tracking, with unfortunate results for the child. “Tracking and adaptation also rated as substantially unacceptable as the team did not work effectively together to re-assess and change the plan as needed to help (the youth) with his individualized permanency goal. Given his current placement and mental state, (the youth) is certainly at risk of a moderate to high risk of a poor outcome in reaching this goal.”



Caregiver Support

Summative Questions: Are substitute caregivers in the child’s home receiving the training, assistance and supports necessary for them to perform essential parenting or caregiving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

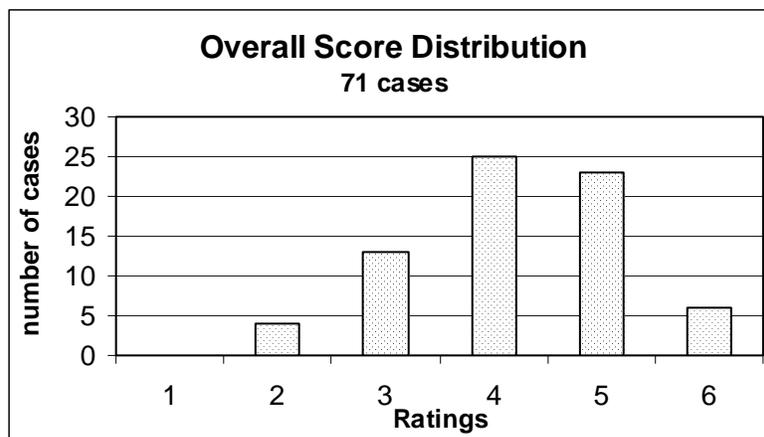
Findings: Ninety-four percent of cases reviewed were in the acceptable range (4-6). This is an exemplary score for the region.



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

Findings: Seventy-six percent of cases reviewed were within the acceptable range (4-6).



Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family’s likely status in six months, given the current level of system performance. Reviewers respond to this question, “Based on current Division involvement for this child, family, and caregiver, is the child's and family’s overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period.” Of the cases reviewed, 27 percent were anticipated to be unchanged, 9 percent were expected to decline or deteriorate, and 64 percent were expected to improve.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

Obviously, the desirable result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most

often, either unusually resilient and resourceful children and families, or children and families who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an exceptional level of positive outcomes. No child welfare system is capable of delivering perfect performance with perfect consistency, so the current results should not be construed as either achieving, or establishing an expectation of perfect performance. That is not a rational or realistic standard of performance. These results are, however, an admirable and remarkable achievement for any child welfare system.

	Favorable Status of Child	Unfavorable Status of Child	
Acceptable System Performance	Outcome 1 Good status for the child, agency services presently acceptable. n=54 76.1%	Outcome 2 Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n=0 0.0%	76.1%
	Outcome 3 Good status for the child, agency Mixed or presently unacceptable. n=12 16.9%	Outcome 4 Poor status for the child, agency presently unacceptable. n=5 7.0%	
Unacceptable System Performance	93.0%	7.0%	

VIII. Recommendations for Practice Improvement

At the conclusion of the week of Qualitative Case Reviews there is an opportunity for a conversation among the review team, Regional staff, and community stakeholders about the strengths observed during the review process (see Section IV) and the opportunities for continued practice refinement. Because of the advanced state of practice in the Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

Systemic Barriers Identified

As part of refining the list of practice development opportunities, review team members listed the systemic barriers revealed in individual cases. Some of the items listed are limited to a small portion of the caseload and others have more widespread implications. The more significant ones are listed below.

- Loss of Medicaid coverage when children are in custody but living at home
- Potential stigmatizing quality to being placed in YIC class settings
- Uneven cooperative reciprocity among regions

- Threat of limits on DSPD services if children with disabilities are adopted or placed in guardianship settings (recent progress in this regard has been reported)
- Health care nurses not optimized as team members
- Conflicts with GALs and AG staff
- Twelve-month timeframe to permanency can be applied too rigidly
- Bi-lingual workers needed
- High GAL caseloads
- ORS may be withholding so much income for reimbursement of past board payments that reunification may be compromised

Practice Improvement Opportunities

Reviewers identified the following opportunities to strengthen practice, focusing on child and family assessment, child and family planning and long-term view.

Child and Family Assessment:

- Need statements need attention.
- Assess educational needs as the child's life situation changes.
- Better use of information including formal assessments for case planning.
- Assess and plan for the future role of the biological grandparent after adoption is finalized.
- Complete formal assessments for youth.
- More thorough assessment of underlying needs.
- Better assessment of in-home needs.
- Better assessment of the current need to bridge the gap before the TAL services begin.
- The written document needs to capture all of the assessments that are available.

Planning:

- Plan needs to be more balanced between what the parent needs to do vs. what the agency needs to provide, rather than just a long list of what the parent needs to do.
- Make sure the proper sequence is followed. Connect Family Assessment, LTV, Case Plan.
- Enhance how the assessment, big picture and evaluation impact on planning and LTV.
- Key member of the planning was excluded, impacting the outcome of the case.

Long-Term View:

- Include all pertinent areas needing attention, i.e. substance abuse and employment.
- More specific steps for the biological parent (father).
- Enhance the LTV by assessing what could go wrong with LTV and develop strategic steps.
- Ask solution-focused questions when developing the LTV.
- Understand how to and be able to translate the LTV to written plan.

Recommendations

1. **Assessment** – The major assessment challenges identified by the review team were understanding underlying needs; translating those needs into clear needs statements; making full use of formal assessments already available when making assessment conclusions; and providing the same breadth of assessment focus to in-home cases as out-of-home cases.

Identifying underlying needs is a long-standing problem in most of the system. The tendency to substitute services for needs is readily apparent in written assessments and case plans and in interviews with team members. The unevenness in crafting effective needs statements impairs the quality of planning and the functionality of the long-term view. At times existing formal assessment information from sources like schools or mental health professionals does not appear to be utilized in completing the child and family assessment. And in some in-home cases, the focus of assessment is narrower than needed. For example, the role and functioning of important household members may not be understood and /or key life domains among family members may remain unexamined. While it may not be necessary to complete a comprehensive assessment of each member of the household in all cases, where the behavior of family members directly impacts the safety, permanency and well-being of the children assessed, greater attention is needed to the functioning and actions of relevant household members.

- It is recommended that the Division develop a written guide to assist workers address underlying conditions and needs statements for front-line staff and their supervisors and provide training to supervisory staff on use of the guide as a coaching tool. The guide should address the use of formal assessments in the child and family assessment process.
- Each region should review a sample of home-based cases, directing supervisory staff to focus their assessment on the depth and breadth of assessment.

2. **Planning**

Planning is not a stand-alone process: it is closely linked with assessment and informs the long-term view. If efforts to strengthen assessment are successful, the improvement in understanding underlying needs and conditions should contribute to the creation of more individualized plans and more frequent matching of services to need.

- It is recommended that in the review of assessments in home-based cases, the review include attention to the translation of the assessment to the child and family plans, with particular attention to the quality of needs statements.

3. **Long-Term View**

As has been mentioned often in other regional review reports, the functionality of the long-term view is closely linked to the quality of assessment, which is why strengthening the assessment is so important. Case stories continue to reveal the region's difficulty in conceptualizing and acting on the major steps toward independence while concurrently responding to emergent needs. To improve performance in this area, several elements of practice need attention. Assessment must be strengthened, all team members must attend to the long-term view from the case's inception and the question, "Where do we want this

case to be a year from now and how do we get there?”, should be foremost in all team deliberations.

The continuing problem with development of an effective long-term view raises the troubling question of whether supervisors possess a clear understanding of the concept. As a part of the routine supervisory oversight of individual cases, it would seem to be a relatively simple supervisory task to routinely ask caseworkers what the team’s long-term view is. This practice would provide a natural opportunity to coach staff that are unclear about the practice.

- It is recommended that the region use in-service training to insure that supervisors are sufficiently grounded in the concept and to direct them to include a focus on the long-term view in their routine supervisory case reviews.

4. *Relationship with Legal Partners*

The relationship between the region and some of its legal partners is better than a number of years ago, when an adversarial relationship existed with the attorney general’s staff. However, there are still tensions with the AG staff and some GAL’s over the best approach to assuring child safety. Some legal partners believe that the Division is using more voluntary agreements with parents that are the subject of abuse and neglect allegations to avoid court oversight. Some legal partners also worry that families served in this manner have elevated risks that are not well-managed. The Division believes that it has become more skilled in strengthening families without removing their children to protect them and sees this difference of opinion as more of a philosophical disagreement than one based on facts. The regional director does maintain a regular dialogue with AG staff and wishes to improve their working relationship.

- It is recommended that the Division, preferably with the participation of AG and GAL staff examine trends related to cases under court jurisdiction, rates of removal and other indicators to determine if there is a different pattern of practice than in the past. The recent Special Study may provide some statewide reassurance about Utah’s performance in some areas of child protection compared with national data that is available. It would be useful to break out Salt Lake region data from other regions for this purpose. The best first step is to look at the evidence, not anecdotes.
- If the trends do reflect a reduced use of court ordered supervision, individual case analysis that explains the reasons for decision making should be conducted as a second step.

5. *Quality Improvement Committee*

The Division has undertaken an initiative to strengthen the work of QI committees by clarifying their role and providing greater technical support from the State level. This effort should certainly be continued. There is a high percentage of governmental employees on this Committee. It would be useful for the region to examine the diversity of the membership with an eye to adding foster parent and consumer representation. The Child Welfare Group will assess the Committee’s functioning during stakeholder interviews in December 2006.

- It is recommended that the Division assess the functioning of its QI committees itself, preparing a series of interview questions to be raised with each regional committee about:
 - Clarity of role
 - Adequacy of State level guidance and supports
 - Additional technical assistance needs
 - Receptivity of the Division to QI committee concerns and recommendations
 - Perceptions of QI committee members of the sustainability of their QI role
- The Division should prepare a brief report about the current functional status of each committee, based on its appraisal.

Appendix – Milestone Trend Indicators

1. Number and percent of Home-Based child clients who came into Out-of-Home care within 12 months of Home-Based case closure. (Data is pulled one year prior in order to look 12 months forward)

	2nd QT 2003		3rd QT 2003		4th QT 2003		1st QT 2004		2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005	
	Number	Percent																
Northern	10	3%	7	2%	14	4%	21	6%	21	6%	14	3%	14	4%	12	4%	15	5%
Salt Lake	15	4%	29	6%	14	2%	33	6%	32	6%	26	5%	29	5%	36	6%	32	6%
Western	12	8%	13	8%	2	1%	3	2%	3	2%	11	6%	1	1%	10	5%	9	6%
Eastern	8	9%	6	6%	7	6%	4	4%	3	3%	7	5%	8	5%	5	5%	4	4%
Southwest	5	7%	2	2%	9	10%	3	4%	2	1%	1	1%	0	0%	9	9%	5	6%
State	50	5%	57	5%	46	4%	64	5%	59	5%	59	4%	52	4%	72	6%	65	6%

2. Number and percent of children in Out-of-Home care who were victims of substantiated allegations of abuse and neglect by out-of-home parents, out-of-home care siblings, or residential staff. Please note that reported abuse may have occurred years prior to the disclosure

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Northern	3	0.56%	5	0.91%	1	0.12%	3	0.62%	5	0.84%	2	0.31%	5	0.77%	0	n/a	1	0.15%
Salt Lake	1	0.08%	5	0.44%	3	0.19%	5	0.44%	2	0.17%	2	0.16%	0	n/a	0	n/a	1	0.09%
Western	0	n/a	3	0.95%	1	0.16%	1	0.30%	3	0.89%	3	0.81%	1	0.61%	3	0.46%	0	n/a
Eastern	0	n/a	0	n/a	1	0.58%	1	0.33%	2	0.72%	0	n/a	0	n/a	1	0.34%	1	0.34%
Southwest	0	n/a	1	0.59%	1	0.38%	1	0.44%	0	n/a	0	n/a	1	0.26%	0	n/a	0	n/a
State	4	0.16%	14	0.56%	7	0.20%	11	0.43%	12	0.48%	7	0.26%	7	0.26%	4	0.15%	3	0.11%

3. Number and percent of substantiated child victims with a prior Home-Based or Out-of-Home care case within the last 12 months.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Northern	33	5%	44	5%	52	6%	51	7%	65	8%	27	4%	47	6%	33	4%	55	6%
Salt Lake	76	5%	80	3%	89	6%	74	4%	72	5%	62	4%	75	6%	90	7%	60	5%
Western	33	6%	13	3%	15	2%	14	3%	14	3%	27	5%	29	5%	46	8%	44	8%
Eastern	18	7%	15	9%	17	10%	14	6%	10	7%	13	9%	7	4%	17	9%	24	12%
Southwest	4	2%	7	3%	15	6%	10	3%	14	6%	13	4%	20	6%	18	5%	14	5%
State	162	5%	152	5%	188	5%	163	5%	175	5%	141	5%	178	5%	204	6%	197	6%

4. Number and percent of substantiated child victims with a prior CPS substantiated allegation within the last 12 months.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Northern	112	15%	99	13%	98	12%	119	16%	109	13%	74	10%	95	12%	109	13%	137	16%
Salt Lake	177	12%	196	12%	234	16%	199	12%	214	14%	200	14%	224	16%	164	12%	146	12%
Western	80	14%	74	14%	82	13%	59	11%	82	15%	73	14%	87	15%	85	15%	90	16%
Eastern	32	13%	28	17%	27	16%	49	22%	20	13%	18	12%	23	12%	23	12%	27	13%
Southwest	33	13%	39	16%	24	9%	46	16%	24	10%	43	13%	64	19%	39	11%	45	15%
State	435	13%	436	13%	465	13%	472	14%	449	14%	408	13%	493	15%	419	13%	445	14%

5. Number and percent of children in care for at least one year that attained permanency through case closure prior to 24 months of custody. (Data is pulled two years prior in order to look 24 months forward)

	2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003		3rd QT 2003		4th QT 2003		1st QT 2004		2nd QT 2004	
	Number	Percent																
Northern	13	54%	15	56%	18	69%	24	56%	7	39%	19	58%	27	71%	23	56%	14	56%

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Salt Lake	41	55%	46	60%	43	56%	39	56%	23	50%	29	44%	54	59%	68	76%	37	58%
Western	12	57%	18	78%	16	57%	9	38%	13	54%	23	92%	12	46%	3	33%	7	30%
Eastern	3	20%	10	50%	10	56%	12	80%	4	19%	6	29%	3	18%	11	58%	12	52%
Southwest	8	67%	4	80%	4	100%	2	50%	4	80%	6	67%	7	70%	9	75%	8	80%
State	77	53%	93	61%	91	59%	86	55%	51	45%	83	54%	103	57%	114	67%	78	54%

6. Number and percent of children who entered Out-of-Home care who attained permanency through custody termination within one year. (Data is pulled one year prior in order to look 12 months forward)

	2nd QT 2003		3rd QT 2003		4th QT 2003		1st QT 2004		2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005	
	Number	Percent																
Northern	90	83%	107	76%	91	71%	96	70%	77	76%	88	62%	111	69%	87	69%	74	66%
Salt Lake	70	60%	105	61%	150	62%	95	51%	105	62%	132	61%	130	62%	100	62%	140	63%
Western	39	62%	49	65%	17	40%	35	80%	26	53%	30	44%	29	58%	28	50%	34	57%
Eastern	36	63%	37	64%	35	67%	46	69%	51	69%	22	69%	21	62%	29	67%	18	69%
Southwest	17	77%	23	72%	14	58%	22	65%	28	74%	34	81%	27	73%	20	71%	18	75%
State	252	69%	321	67%	307	63%	294	63%	287	67%	306	62%	318	65%	264	63%	284	64%

7. Number and Percent of children with prior custody episodes within 6, 12, and 18 months.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Northern	7	7%	13	9%	20	13%	12	9%	16	14%	8	7%	18	12%	6	5%	10	8%
	11	11%	15	11%	30	19%	15	12%	17	15%	15	13%	20	14%	11	8%	18	15%
	15	15%	15	11%	30	19%	17	13%	17	15%	18	15%	22	15%	13	10%	20	16%
Salt Lake	6	4%	13	7%	16	8%	7	4%	13	6%	11	5%	20	10%	10	5%	12	6%
	12	7%	20	10%	17	9%	8	5%	22	11%	17	8%	26	13%	20	10%	18	10%
	19	11%	20	10%	17	9%	3	6%	24	12%	20	9%	30	16%	22	11%	21	11%
Western	0	0%	0	n/a	4	8%	3	5%	4	7%	4	5%	1	2%	0	n/a	4	5%
	1	2%	3	5%	5	10%	4	7%	6	10%	6	8%	3	6%	2	2%	9	12%
	3	6%	5	8%	5	10%	7	13%	6	10%	7	9%	4	8%	2	2%	9	12%
Eastern	8	11%	2	6%	1	3%	5	12%	2	8%	4	8%	2	4%	5	12%	1	2%
	9	12%	5	15%	3	9%	9	22%	6	25%	5	10%	4	8%	10	24%	2	5%
	13	6%	5	15%	3	9%	9	22%	6	25%	5	10%	5	10%	10	24%	5	12%
Southwest	0	0%	2	5%	2	5%	1	4%	0	n/a	0	n/a	2	7%	0	n/a	3	5%
	0	0%	2	5%	2	5%	2	1%	1	4%	1	2%	3	11%	0	n/a	3	5%
	0	0%	2	5%	2	5%	2	1%	1	4%	1	2%	3	11%	4	9%	4	7%
State	21	5%	30	6%	43	9%	28	7%	35	8%	27	5%	43	9%	21	4%	30	6%
	33	8%	45	9%	57	12%	38	9%	52	12%	44	8%	56	12%	43	8%	50	10%
	50	12%	47	10%	57	12%	43	11%	54	13%	51	10%	64	14%	51	10%	59	12%

8. Average months in care of cohorts of children in out-of-home care by goal, ethnicity and sex. Workers have 45 days to establish a goal and enter it in SAFE. Cases that were closed prior to a goal being established are not reported under this trend.

Average length of stay of children in custody by goal.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Avg Mo																
Adoption																		
Northern	20	20	16	19	13	21	15	13	11	17	15	16	23	14	20	19	32	21
Salt Lake	55	20	25	21	31	24	23	21	41	24	44	16	48	23	31	20	51	15
Western	11	19	8	12	9	10	4	10	6	21	3	41	5	15	20	21	8	23

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Eastern	6	25	7	18	6	10	4	20	7	12	0	n/a	9	16	6	21	3	13
Southwest	3	19	8	15	11	9	2	4	4	13	16	19	2	10	7	10	11	11
State	95	20	64	18	70	18	48	17	69	21	78	18	87	19	84	19	105	17
Guardianship																		
Northern	3	8	1	4	1	6	0	n/a	1	6	0	n/a						
Salt Lake	12	19	4	25	12	13	6	24	10	38	0	n/a						
Western	4	17	1	1	6	19	3	11	2	21	0	n/a						
Eastern	1	12	2	28	1	13	3	34	2	8	0	n/a						
Southwest	2	15	2	8	0	n/a	3	3	0	n/a	0	n/a						
State	22	16	10	18	20	15	15	19	15	29	0	n/a						
Guardianship with Relative																		
Northern											0	n/a	1	17	1	8	11	8
Salt Lake											7	8	10	11	4	10	10	7
Western											2	7	2	11	3	11	1	16
Eastern											2	8	2	11	2	13	1	23
Southwest											0	n/a	0	n/a	3	1	0	n/a
State											11	7	15	11	13	9	23	9
Guardianship Non-Relative																		
Northern											0	n/a	2	19	0	n/a	0	n/a
Salt Lake											0	n/a	2	41	2	17	5	28
Western											0	n/a	0	n/a	0	n/a	1	11
Eastern											0	n/a	1	2	0	n/a	0	n/a
Southwest											0	n/a	0	n/a	0	n/a	0	n/a
State											0	n/a	5	24	2	17	6	25
Independent Living																		
Northern	8	34	6	42	7	18	7	42	2	34	2	83						
Salt Lake	15	31	11	34	20	31	9	40	4	30	2	45						
Western	6	16	2	25	5	24	8	26	1	18	0	n/a						
Eastern	3	59	6	47	12	35	6	16	3	57	0	n/a						
Southwest	2	37	2	72	3	25	1	15	0	n/a	0	n/a						
State	34	32	27	41	47	29	31	31	10	38	4	64						
Individualized Permanency Plan																		
Northern	3	5	2	12	10	32	4	41	8	51	12	33	17	43	13	44	15	50
Salt Lake	6	37	5	31	7	23	29	43	25	42	29	26	31	50	26	49	23	32
Western	5	35	1	80	1	7	5	42	9	40	6	31	9	27	8	36	10	35
Eastern	6	61	5	50	8	46	1	6	3	16	5	30	9	42	17	48	2	39
Southwest	2	12	0	n/a	2	40	5	23	6	30	7	26	6	36	1	7	4	38
State	22	36	13	39	28	33	44	40	51	40	59	28	72	44	65	45	54	38
Reunification with Parents/Primary Caregivers (Previously Return Home)																		
Northern	51	7	35	8	45	6	50	9	29	8	56	10	40	7	46	9	32	8
Salt Lake	78	10	77	7	81	8	102	10	87	9	80	8	89	8	88	9	67	7
Western	20	7	28	10	29	8	25	8	14	7	20	10	22	7	43	9	20	8
Eastern	21	5	18	6	13	6	33	7	24	9	6	13	27	7	14	8	20	9
Southwest	11	7	8	15	12	8	30	8	7	4	14	9	11	7	17	7	19	8
State	181	8	166	8	181	7	240	9	161	8	176	9	189	7	208	8	158	8
Average length of stay of children in custody by ethnicity. Data is average number of months.																		
	2nd QT-04	3rd QT-04	4th QT-04	1st QT-05	2nd QT-05	3rd QT-05	4th QT-05	1st QT-06	2nd QT-06									

*Obsolete

*The Goal "Guardianship" has been obsolete and replaced with two more descriptive goals of "Guardianship with Relative" and "Guardianship with Non-Relative" in order to define case plans and identify working with relatives.

*Obsolete

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	Number	Avg Mo																
African American																		
Northern	13	5	3	7	3	12	8	10	5	5	4	26	13	7	11	7	9	20
Salt Lake	3	10	8	5	14	5	9	21	8	22	11	12	18	14	15	15	10	8
Western	2	13	1	7	1	22	3	11	0	n/a	2	23	5	10	0	n/a	0	n/a
Eastern	0	n/a	1	100	1	6	3	7	0	n/a	0	n/a	2	1	1	94	0	n/a
Southwest	0	n/a	0	n/a	1	35	0	n/a	1	2	2	46	0	n/a	0	n/a	0	n/a
State	18	7	13	13	20	8	23	14	14	20	19	19	38	11	27	15	19	14
American Indian/Alaska Native																		
Northern	7	5	2	10	5	3	5	9	1	8	12	13	11	4	5	10	1	14
Salt Lake	8	23	7	5	7	7	12	16	8	7	11	20	2	12	7	8	8	6
Western	3	25	3	13	2	8	5	12	0	n/a	1	8	2	12	3	36	2	19
Eastern	8	48	6	40	7	44	6	8	6	33	1	0	9	22	5	14	3	26
Southwest	4	6	2	12	4	18	1	0	2	11	7	20	3	2	0	n/a	3	13
State	30	23	20	18	25	18	29	12	17	17	32	16	27	11	20	14	17	13
Asian																		
Northern	3	2	0	n/a	0	n/a	0	n/a	1	1	1	1	2	4	1	10	2	13
Salt Lake	1	44	2	21	7	11	3	9	1	6	0	n/a	5	15	0	n/a	3	34
Western	0	n/a	0	n/a	0	n/a	1	47	0	n/a								
Eastern	0	n/a	1	6	0	n/a	1	9										
Southwest	0	n/a	1	4	0	n/a	0	n/a	1	2	0	n/a	0	n/a	0	n/a	0	n/a
State	4	13	4	13	7	11	4	19	3	3	1	1	7	12	1	10	6	23
Caucasian																		
Northern	99	9	90	9	123	8	108	9	78	11	112	11	99	14	91	14	101	17
Salt Lake	173	15	140	11	155	14	164	17	170	18	181	12	182	17	172	15	148	13
Western	41	14	40	11	53	9	39	15	35	18	34	15	33	14	70	14	45	15
Eastern	35	12	35	14	35	18	42	11	40	9	20	14	44	12	36	25	29	8
Southwest	18	13	26	13	26	8	46	9	17	14	35	13	16	18	32	6	35	11
State	366	13	331	11	392	11	399	13	340	15	382	12	372	15	401	15	358	14
Hispanic																		
Northern	32	5	27	5	44	3	32	5	27	5	37	8	41	13	39	10	36	16
Salt Lake	63	10	53	13	48	12	63	10	53	13	62	10	65	10	61	9	53	10
Western	7	10	2	1	12	9	7	10	2	1	5	8	6	16	24	12	9	13
Eastern	6	9	8	6	4	20	6	9	8	6	8	21	13	10	7	36	4	7
Southwest	17	8	1	9	7	8	17	8	1	9	1	15	0	n/a	2	4	4	11
State	125	8	91	10	115	8	125	8	91	10	113	10	125	12	133	11	106	12
Cannot Determine																		
Northern	4	19	0	n/a	1	2												
Salt Lake	1	10	0	n/a	0	n/a	1	1	0	n/a	0	n/a	0	n/a	0	n/a	1	6
Western	0	n/a	1	2														
Eastern	0	n/a																
Southwest	0	n/a	0	n/a	2	3	0	n/a										
State	5	17	0	n/a	2	3	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a	3	3
Pacific Islander																		
Northern	2	<1	0	n/a	0	n/a	0	n/a	1	38	2	13	2	9	3	4	0	n/a
Salt Lake	4	11	1	13	2	16	2	22	5	5	0	n/a	7	5	1	6	0	n/a
Western	1	2	4	14	2	22	1	16	0	n/a	0	n/a	1	8	4	11	1	4
Eastern	0	n/a	1	3	0	n/a	0	n/a										
Southwest	0	n/a	0	n/a	1	9	0	n/a	0	n/a	1	14	4	4	1	1	0	n/a

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State	7	7	5	14	5	12	3	20	6	11	3	13	15	5	9	7	1	4
Average number of months children in custody by sex																		
	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Male	Female																
Northern	10	8	10	8	7	8	11	8	10	12	12	11	11	13	14	10	16	18
Salt Lake	16	14	12	9	15	13	17	18	21	15	12	12	15	17	12	17	14	12
Western	17	12	12	10	9	10	10	21	20	16	20	10	11	14	10	19	17	11
Eastern	20	17	11	24	26	16	13	8	15	9	11	14	17	12	17	33	9	10
Southwest	15	7	7	17	13	8	9	9	11	15	12	17	9	18	7	5	12	9
State	15	11	11	12	13	11	13	13	17	14	13	12	14	15	14	15	14	13

9. Percent of CPS investigations initiated within the time period mandated by state or local statute, regulation, or policy.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Total Number	Percent on Time																
Northern																		
Priority 1	3	100%	2	100%	1	0%	n/a*	n/a*	2	100%	n/a*	n/a*	n/a*	n/a*	n/a*	n/a*	n/a*	n/a*
Priority 2	249	94%	296	93%	302	91%	254	93%	307	94%	269	94%	345	97%	269	97%	269	95%
Priority 3	779	77%	774	78%	912	74%	817	75%	875	81%	855	82%	938	81%	972	81%	944	85%
Priority 4	168	83%	188	88%	224	81%	172	84%	171	87%	143	87%	53	89%	1	100%		
Salt Lake																		
Priority 1	22	82%	23	87%	19	89%	20	85%	20	95%	29	93%	17	100%	27	93%	16	94%
Priority 2	375	92%	375	91%	422	92%	333	91%	380	89%	330	95%	422	91%	294	92%	389	94%
Priority 3	1600	70%	1611	74%	1820	73%	1780	70%	1794	72%	1628	74%	1951	76%	2000	75%	1837	79%
Priority 4	406	75%	378	76%	363	83%	390	81%	331	84%	335	83%	115	81%	2	0%		
Western																		
Priority 1	15	93%	20	80%	24	92%	21	95%	14	93%	16	94%	16	94%	13	100%	9	100%
Priority 2	82	82%	96	91%	108	85%	57	86%	104	94%	103	92%	110	90%	63	97%	97	90%
Priority 3	489	70%	490	57%	546	78%	468	75%	501	74%	496	83%	640	83%	656	81%	609	87%
Priority 4	119	70%	5	60%	135	75%	146	80%	127	74%	132	81%	53	72%	5	80%		
Eastern																		
Priority 1	19	79%	10	90%	9	78%	5	100%	12	83%	4	75%	14	86%	8	89%	2	100%
Priority 2	43	86%	40	73%	46	83%	34	88%	32	94%	26	85%	37	92%	28	88%	24	88%
Priority 3	275	79%	248	81%	234	85%	250	80%	223	85%	236	83%	267	82%	204	83%	256	87%
Priority 4	18	61%	12	92%	8	63%	12	75%	7	86%	8	88%	2	100%	0	n/a*		
Southwest																		
Priority 1	16	75%	16	88%	23	91%	13	77%	13	92%	16	81%	18	89%	7	100%	15	100%
Priority 2	31	84%	49	90%	47	91%	47	94%	53	91%	43	98%	35	91%	32	97%	37	100%
Priority 3	300	84%	290	87%	308	85%	345	80%	295	84%	317	90%	399	85%	389	86%	363	89%
Priority 4	91	90%	73	90%	80	94%	85	80%	84	86%	39	79%	17	94%	0	n/a*		
State																		
Priority 1	75	83%	68	88%	76	88%	59	88%	61	92%	65	89%	65	92%	56	95%	41	98%
Priority 2	785	91%	865	91%	929	90%	726	91%	879	92%	772	94%	952	93%	691	94%	766	94%
Priority 3	3447	73%	3385	77%	3826	76%	3669	74%	3691	76%	3532	79%	4203	80%	4267	79%	3339	83%
Priority 4	803	77%	758	81%	812	82%	806	81%	722	83%	657	83%	242	82%	8	63%		

*n/a indicates no priority 1 referrals. Priority 4 was discontinued.

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10. Percent of children experiencing fewer than three placement changes within an Out-of-Home Care service episode.																		
	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Northern	81	64%	70	74%	92	71%	82	70%	60	71%	77	64%	82	69%	79	68%	67	62%
Salt Lake	79	42%	95	62%	101	57%	82	43%	86	46%	103	53%	120	57%	105	52%	101	59%
Western	31	66%	33	72%	39	70%	27	59%	20	57%	23	62%	19	49%	50	65%	30	61%
Eastern	25	57%	28	65%	24	56%	31	63%	26	58%	12	57%	40	77%	26	59%	25	78%
Southwest	10	45%	19	68%	23	68%	36	77%	14	70%	29	67%	18	78%	36	70%	31	79%
State	226	53%	245	67%	279	63%	258	57%	206	56%	244	67%	279	63%	286	62%	255	64%
11. Number and percent of children in placement by order of restrictiveness. Point-in-time: last day of the report period.																		
	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Residential Treatment																		
Northern	44	11%	47	10%	73	12%	86	14%	86	14%	78	15%	68	13%	77	14%	70	13%
Salt Lake	128	14%	131	14%	252	22%	237	21%	231	20%	130	13%	120	13%	112	12%	107	11%
Western	24	10%	33	12%	50	15%	57	18%	47	14%	38	11%	35	10%	42	12%	43	12%
Eastern	25	9%	27	10%	42	13%	39	13%	36	13%	25	10%	23	9%	19	8%	25	10%
Southwest	8	6%	9	6%	16	10%	16	10%	14	10%	11	25%	10	7%	16	10%	19	11%
State	229	11%	247	12%	433	17%	435	17%	414	17%	282	13%	256	11%	266	12%	264	11%
Group Home																		
Northern	5	1%	7	2%	23	4%	18	3%	15	3%	9	2%	13	2%	10	2%	11	2%
Salt Lake	66	7%	72	7%	134	12%	121	11%	97	8%	49	5%	56	6%	43	5%	47	5%
Western	4	2%	3	1%	4	1%	8	2%	6	2%	5	2%	6	2%	6	2%	8	2%
Eastern	8	3%	10	4%	11	4%	5	2%	4	1%	7	3%	10	4%	10	4%	8	3%
Southwest	5	4%	2	1%	9	5%	7	4%	7	5%	2	2%	1	1%	2	1%	0	0%
State	88	4%	94	4%	181	7%	159	6%	129	5%	72	3%	86	4%	71	3%	74	3%
Therapeutic/Treatment Foster Homes																		
Northern	146	36%	166	37%	198	33%	200	33%	197	33%	143	28%	151	28%	150	27%	156	28%
Salt Lake	224	24%	226	23%	297	26%	270	24%	265	23%	254	26%	248	26%	257	27%	254	26%
Western	95	38%	104	39%	131	40%	129	40%	123	37%	109	33%	106	31%	113	33%	107	29%
Eastern	103	36%	101	36%	128	41%	118	39%	104	38%	92	35%	88	34%	87	34%	100	38%
Southwest	31	25%	41	29%	50	30%	50	31%	42	31%	33	25%	35	25%	31	20%	28	17%
State	599	30%	638	30%	804	31%	768	30%	731	29%	631	28%	628	28%	638	28%	645	28%
Family Foster Home																		
Northern	182	45%	206	46%	352	59%	349	58%	332	56%	236	46%	260	48%	259	47%	258	47%
Salt Lake	421	45%	451	47%	621	54%	602	53%	611	53%	463	47%	438	46%	439	46%	453	47%
Western	116	46%	119	44%	167	52%	161	50%	178	53%	165	50%	154	45%	165	48%	176	48%
Eastern	143	50%	139	20%	172	55%	162	54%	142	51%	131	50%	129	50%	132	52%	124	48%
Southwest	77	62%	79	56%	103	62%	94	59%	82	61%	75	57%	85	60%	90	58%	109	65%
State	939	47%	994	47%	1415	55%	1368	54%	1345	54%	1070	48%	1066	48%	1085	48%	1120	49%
Other																		
Northern	20	5%	14	3%	38	6%	60	10%	72	12%	50	10%	49	9%	53	10%	53	10%
Salt Lake	79	8%	78	8%	159	14%	167	15%	192	17%	89	9%	94	10%	99	11%	98	10%
Western	12	5%	10	4%	31	10%	42	13%	41	12%	14	4%	38	11%	16	5%	30	8%
Eastern	7	2%	0	0%	12	4%	18	6%	13	5%	5	2%	6	2%	5	2%	3	1%
Southwest	4	3%	8	6%	16	10%	30	19%	23	17%	11	8%	11	8%	15	10%	12	7%

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State	122	6%	110	5%	256	10%	317	13%	341	14%	169	8%	198	9%	188	8%	196	9%
12. Number and percent of all children younger than five years at entry who exit custody in year and who did not attain permanency within six months by closure reason.																		
	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Adoption final																		
Northern	12	60%	11	58%	10	71%	15	71%	7	47%	13	62%	13	62%	18	62%	22	71%
Salt Lake	40	78%	18	51%	22	79%	10	33%	27	69%	32	84%	28	64%	19	53%	30	86%
Western	3	75%	9	69%	8	80%	4	50%	3	33%	0	0%	4	40%	12	50%	6	67%
Eastern	2	25%	2	67%	2	29%	3	33%	2	20%	0	0%	6	55%	3	50%	1	20%
Southwest	2	67%	7	100%	6	67%	0	0%	4	80%	9	64%	1	100%	2	67%	7	70%
State	59	69%	47	61%	48	70%	32	43%	43	55%	54	65%	52	60%	54	55%	66	73%
Reunification																		
Northern	2	10%	5	26%	3	21%	5	24%	6	40%	6	29%	7	33%	8	28%	9	29%
Salt Lake	4	8%	15	43%	5	18%	15	50%	8	21%	5	13%	9	20%	14	39%	4	12%
Western	0	0%	4	31%	1	10%	3	38%	5	56%	4	50%	6	60%	12	50%	2	22%
Eastern	3	38%	0	0%	5	71%	5	56%	8	80%	1	50%	4	36%	2	33%	3	60%
Southwest	1	33%	0	0%	2	22%	5	83%	1	20%	5	36%	0	0%	1	33%	3	30%
State	10	12%	24	31%	16	24%	33	45%	28	36%	21	25%	26	30%	37	38%	21	23%
Custody Returned to Relative/Guardian																		
Northern	6	30%	3	16%	1	7%	1	5%	2	13%	2	10%	1	5%	2	7%	0	0%
Salt Lake	5	10%	2	6%	1	4%	4	13%	3	8%	0	0%	4	9%	1	3%	0	0%
Western	1	25%	0	0%	0	0%	1	13%	1	11%	4	50%	0	0%	0	0%	1	11%
Eastern	1	13%	1	33%	0	0%	0	0%	0	0%	1	50%	0	0%	1	17%	1	20%
Southwest	0	0%	0	0%	1	11%	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%
State	13	15%	6	8%	3	4%	7	9%	6	8%	7	8%	5	6%	4	41%	2	2%
Custody to Foster Parent																		
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%
Salt Lake	2	4%	0	0%	0	0%	0	0%	0	0%	1	3%	2	5%	0	0%	1	3%
Western	0	0%	0	0%	1	10%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	1	13%	0	0%	0	0%	1	11%	0	0%	0	0%	1	9%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	3	3%	0	0%	1	1%	1	1%	0	0%	1	1%	3	3%	1	1%	0	0%
Death																		
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	1	3%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	1	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	1	1%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	1	1%	0	0%
Age of Majority																		
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	1	3%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	1	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	1	1%	0	0%

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13. Number and percent of all children exiting custody in year who did not attain permanency within six months by closure reason.																		
	2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		1st QT 2006		2nd QT 2006	
	Number	Percent																
Adoption final																		
Northern	22	42%	18	41%	13	29%	17	31%	12	31%	18	27%	23	36%	25	40%	30	44%
Salt Lake	55	43%	23	27%	33	32%	22	20%	43	37%	45	42%	41	34%	30	27%	45	43%
Western	10	30%	10	33%	10	29%	6	17%	6	21%	2	8%	5	18%	19	33%	10	33%
Eastern	4	19%	7	29%	4	13%	4	11%	2	7%	0	0%	7	23%	6	17%	3	13%
Southwest	4	27%	7	54%	7	35%	1	4%	4	36%	17	47%	2	18%	4	33%	11	44%
State	95	38%	65	33%	67	29%	50	19%	67	30%	82	33%	78	31%	84	30%	99	39%
Emancipation																		
Northern	1	2%	7	16%	9	20%	7	13%	6	15%	10	15%	8	13%	8	13%	8	12%
Salt Lake	9	7%	10	12%	15	15%	30	27%	20	17%	23	22%	26	22%	15	13%	10	10%
Western	5	15%	3	10%	5	14%	10	28%	7	25%	2	8%	9	32%	5	9%	7	23%
Eastern	3	14%	3	13%	11	35%	7	19%	4	14%	3	23%	6	20%	16	46%	1	4%
Southwest	3	20%	2	15%	4	20%	1	4%	2	18%	5	14%	2	27%	1	8%	3	12%
State	21	8%	25	13%	44	19%	55	21%	39	17%	43	17%	51	21%	45	16%	29	12%
Reunification with Parent(s)/Primary Caregiver(s)																		
Northern	16	31%	14	32%	14	31%	20	37%	12	31%	28	42%	19	30%	19	31%	20	29%
Salt Lake	33	26%	41	49%	35	34%	44	39%	28	24%	18	17%	30	25%	44	39%	20	19%
Western	11	33%	16	53%	11	31%	10	28%	12	43%	12	50%	12	43%	30	52%	7	23%
Eastern	5	24%	5	21%	10	32%	20	56%	20	71%	3	23%	12	40%	7	20%	17	74%
Southwest	6	40%	1	8%	8	40%	19	83%	3	27%	11	31%	4	36%	7	58%	9	36%
State	71	28%	77	39%	78	33%	113	43%	75	34%	72	29%	77	31%	107	38%	73	29%
Custody to relative/guardian																		
Northern	9	17%	4	9%	3	7%	6	11%	7	18%	8	12%	2	3%	3	5%	3	4%
Salt Lake	19	15%	4	5%	7	7%	8	7%	7	6%	7	7%	10	8%	9	8%	11	10%
Western	5	15%	0	0%	4	11%	6	17%	2	7%	6	25%	1	4%	2	3%	3	10%
Eastern	2	10%	3	13%	4	13%	1	3%	0	0%	3	23%	0	0%	5	14%	2	9%
Southwest	1	7%	2	15%	1	5%	2	9%	1	9%	3	8%	0	0%	0	0%	2	8%
State	36	14%	13	7%	19	8%	23	9%	17	8%	27	11%	13	5%	19	7%	21	8%
Custody to youth corrections																		
Northern	0	0%	0	0%	5	11%	3	6%	1	3%	0	0%	8	13%	4	6%	0	0%
Salt Lake	5	4%	4	5%	5	5%	6	5%	7	6%	6	6%	5	4%	8	7%	0	0%
Western	0	0%	0	0%	2	6%	1	3%	1	4%	0	0%	0	0%	1	2%	0	0%
Eastern	1	4%	3	13%	2	7%	0	0%	1	4%	3	23%	1	3%	1	3%	0	0%
Southwest	0	0%	1	8%	0	0%	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%
State	6	3%	8	4%	14	6%	11	4%	10	4%	9	4%	14	6%	14	5%	0	0%
Custody to foster parent																		
Northern	1	2%	0	0%	0	0%	0	0%	0	0%	2	3%	0	0%	2	3%	2	3%
Salt Lake	3	2%	1	1%	3	3%	1	1%	3	3%	2	2%	3	3%	5	4%	8	8%
Western	2	6%	0	0%	2	6%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%
Eastern	3	14%	0	0%	0	0%	3	8%	1	4%	0	0%	3	10%	0	0%	0	0%
Southwest	1	7%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
State	10	4%	1	1%	5	2%	4	2%	5	2%	4	2%	6	2%	7	3%	11	4%
Death																		
Northern	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

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Salt Lake	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	1	1%	0	0%
Western	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	1	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	2	1%	0	0%	1	<1%	1	<1%	0	0%	0	0%	0	0%	1	1%	0	0%
Non-petitional release																		
Northern	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Child Ran Away																		
Northern	0	0%	0	0%	1	2%	1	2%	1	3%	1	1%	4	6%	0	0%	3	4%
Salt Lake	5	4%	1	1%	5	5%	0	0%	8	7%	6	6%	4	3%	1	1%	6	6%
Western	0	0%	1	3%	0	0%	2	6%	0	0%	1	4%	1	4%	1	2%	0	0%
Eastern	0	0%	2	8%	0	0%	1	3%	0	0%	1	8%	1	3%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%
State	0	0%	4	2%	6	3%	4	2%	9	4%	9	4%	11	4%	2	1%	9	4%
Voluntary custody terminated																		
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
Salt Lake	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	1	3%	0	0%	1	4%	0	0%	0	0%	0	0%
Eastern	0	0%	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%
State	0	0%	1	1%	0	0%	1	>1%	1	<1%	1	<1%	1	<1%	0	0%	1	1%

14. Number and percent of children age 18 or older, exiting care by education level.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st Qt 2005		2nd Qt 2005		3rd Qt 2005		4th Qt 2005		1st Qt 2006		2nd Qt 2006	
	Number	Percent																
Attending School																		
Northern	0	0%	3	38%	2	20%	1	13%	0	0%	2	17%	3	23%	1	13%	2	18%
Salt Lake	8	62%	3	27%	1	6%	2	6%	0	0%	3	13%	3	13%	6	38%	2	12%
Western	2	33%	2	50%	0	0%	1	10%	0	0%	1	33%	0	0%	3	60%	1	13%
Eastern	0	0%	1	17%	5	42%	0	0%	3	43%	1	33%	2	33%	7	41%	0	0%
Southwest	1	50%	1	50%	1	25%	1	33%	0	33%	1	20%	3	75%	1	100%	2	50%
State	11	42%	10	32%	9	19%	5	9%	3	9%	8	17%	11	19%	18	38%	7	18%
Graduated																		
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	9%
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	1	10%	1	14%	0	0%	0	0%	0	0%	2	25%
Eastern	0	0%	1	17%	0	0%	3	50%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	1	3%	0	0%	4	7%	1	2%	0	0%	0	0%	0	0%	3	8%
Not in School*																		
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

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Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Data Not Entered in System																		
Northern	2	100%	5	63%	8	80%	7	88%	6	100%	10	83%	10	77%	7	88%	8	73%
Salt Lake	6	46%	8	73%	16	94%	29	94%	20	100%	21	88%	21	88%	10	63%	15	88%
Western	4	67%	2	50%	5	100%	8	80%	6	86%	2	67%	10	100%	2	40%	5	63%
Eastern	3	100%	4	67%	7	58%	3	50%	4	57%	2	67%	4	67%	10	59%	0	0%
Southwest	1	50%	1	50%	3	75%	2	67%	2	67%	4	80%	1	25%	0	0%	2	50%
State	16	62%	20	65%	9	81%	49	84%	38	88%	39	83%	46	81%	29	62%	30	75%

*Not in school means dropped out, suspended or expelled.

15. Number of children in custody who are legally freed for adoption and the percent who are placed in an adoptive home within six months.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st Qt 2005		2nd Qt 2005		3rd Qt 2005		4th Qt 2005		1st Qt 2006		2nd Qt 2006	
	Number	Percent																
Northern	18	22%	16	19%	2	14%	14	14%	14	7%	18	11%	17	29%	22	41%	23	52%
Salt Lake	40	20%	33	12%	4	15%	23	30%	15	13%	24	25%	29	21%	22	14%	24	13%
Western	1	0%	1	0%	0	0%	1	0%	1	0%	1	0%	7	57%	5	40%	4	0%
Eastern	8	13%	3	0%	1	17%	4	25%	3	0%	3	0%	5	0%	3	33%	3	33%
Southwest	5	20%	3	33%	1	50%	2	50%	3	33%	1	0%	1	0%	2	0%	2	0%
State	72	19%	56	14%	8	16%	44	25%	39	11%	47	17%	59	25%	54	28%	56	29%

16. Number and Percent of adoption placements that disrupt before finalization.

	2nd QT 2004		3rd QT 2004		4th QT 2004		1st Qt 2005		2nd Qt 2005		3rd Qt 2005		4th Qt 2005		1st Qt 2006		2nd Qt 2006	
	Number	Percent																
Northern	0	0%	0	0%	0	0%	1	4%	0	0%	0	0%	5	11%	0	0%	0	0%
Salt Lake	1	1%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	1	1%	1	1%	0	0%	1	1%	0	0%	0	0%	5	4%	0	0%	0	0%