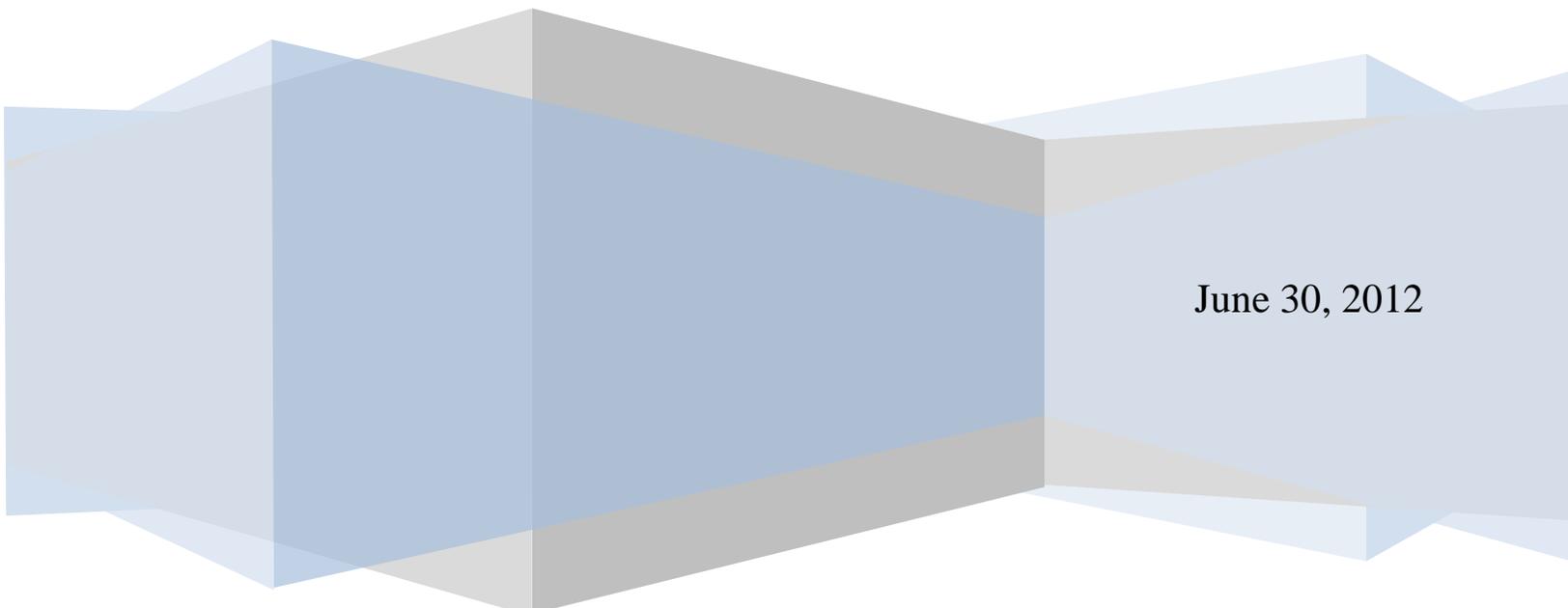


State of Utah
Department of Human Services
Division of Child and Family Services

**Annual Progress and
Services Report**



June 30, 2012

Gary R. Herbert-Governor
Palmer DePaulis-Executive Director Department of Human Services
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INTRODUCTION [45 CFR PART 1357.15]

OVERVIEW

This document presents the year three update of the five-year 2010-2014 Child and Family Services Plan (CFSP). In it, the Division of Child and Family Services (DCFS) identifies programmatic achievements that support the State's efforts to attain the desired outcomes of safety, permanency, and wellbeing for children and families in Utah. It also outlines future initiatives that will aid in operating a more comprehensive, coordinated, and effective child and family services delivery system. It details accomplishments and future activities that relate to directives outlined in the following federal laws and regulations:

- Stephanie Tubbs Jones Child Welfare Services-Title IV-B Part 1.
- Promoting Safe and Stable Families (PSSF)-Title IV-B Part 2, including Monthly Caseworker Visits.
- Chafee Foster Care Independence Program (CFCIP).
- Education and Training Voucher Program (ETV).
- Child Abuse Prevention and Treatment Act (CAPTA) as amended by the CAPTA Reauthorization Act of 2010.

This document also relates results of activities that pertain to the following statutes:

- The Indian Child Welfare Act (ICWA).
- The Indian Self-Determination and Education Assistance Act.
- The Multi-Ethnic Placement Act (MEPA)/Inter-Ethnic Placement Act (IEPA).
- The Interstate Compact on Adoptions and Medical Assistance (ICAMA).
- The Interstate Compact on the Placement of Children (ICPC).
- The Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Title IV-E Federal Payments for Foster Care and Adoption Assistance.
- The Patient Protection and Affordable Care Act.
- The Child and Family Services Improvement and Innovation Act.

DISTRIBUTION [45 CFR 1357.15 (V)]

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

- Executive Director-Department of Human Services.
- Regional Program Manager-Administration on Children and Families.
- Child and Family Program Specialist for Utah-Administration on Children and Families.
- Native American tribes located within the State of Utah.

It will also be placed online at http://www.dcfh.utah.gov/reports_forms.htm and will be available to other interested parties at their request.



INVOLVEMENT OF AGENCIES, ORGANIZATIONS, AND INDIVIDUALS IN PLANNING [45 CFR 1357.15 (A) (4) AND 1357.16 (A)]

More than eighty participants attended the 6th Annual Quality Improvement Summit held December 14, 2011 at the Embassy Suites in Salt Lake City, Utah. This year's summit not only meets the division's yearly goal to bring all Quality Improvement Committee (QIC) members together as a group, but since federal and community partners attended, serves as the Joint Planning Meeting as required by federal regulation 45 CFR Part 1375.15 (6).

During the meeting, representatives from DCFS, the Children's Research Center, Office of the Guardian ad Litem's Court Appointed Special Advocates (CASA), Utah Foster Care Foundation, Juvenile Justice Courts, Safe and Healthy Families Program, Utah Office of Education (USOE), Utah Pride Center, Office of the Attorney General, Department of Workforce Services (DWS), foster parents, as well as medical, mental health, and substance abuse providers received an update on current activities that address goals and objectives listed in the division's Program Improvement Plan (PIP) and current version of the Child and Family Services Plan (CFSP). In addition, attendees participated in a breakout session where they identified issues affecting the organization or its clients, and listed possible solutions to issues identified.

DESCRIPTION OF AGENCY [45 CRF PART 1357.15 (E)]

AUTHORITY

The State of Utah Department of Human Services (DHS) is responsible for the administration of programs and services provided using funding authorized by Titles IV-B, IV-E, and XX of the Social Security Act. The department has designated the Division of Child and Family Services (DCFS) as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs as well as child abuse prevention and domestic violence services delivered to Utah's children and families. As such, DCFS administers federal IV-B 1, PSSF (including Monthly Caseworker Visit), Adoption Assistance, CAPTA, Chafee Foster Care, and ETV funding.

The division, the lead child welfare agency for the State of Utah, provides services throughout the state. The division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, as well as overall management of child and family welfare programs and services.

The division acts as the agency responsible for establishing standards for all direct or contract program and service providers, and while DHS is responsible for yearly audits of contracts, DCFS is responsible for monitoring contracts to ensure that all program standards and contract stipulations are met.



MANAGEMENT

Brent Platt the Director of the State of Utah Division of Child and Family Services is the administrative head of the division. His office is physically located in the state administrative headquarters in Salt Lake City, Utah.

Three administrative teams coordinate activities and make policy decisions that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the Director, two Deputy Directors, the Finance Director, the Information Systems, Evaluation, and Research Manager, Program and Practice Improvement Manager, Professional Development Manager, Federal Revenue Manager, and the Constituent Services Manager. It is the body that has primary responsibility for overseeing state office operations including planning, budgeting, and communications.

The State Office Mid-Management Team, comprised of the Administrative Team, Contracting and Auditing Managers, as well as the SAFE Manager, meet every other week to review accomplishments and coordinate activities.

The State Leadership Team (SLT), consisting of DCFS Administrative Team and the five Regional Directors, meets twice monthly and is responsible for oversight of statewide operations.

DCFS Regions and Counties They Serve	
Eastern Region	Carbon, Daggett, Duchesne, Emery, Grand, San Juan, Uintah Counties
Northern Region	Box Elder, Cache, Davis, Morgan, Rich, Weber Counties
Salt Lake Valley Region	Salt Lake, Tooele Counties
Southwest Region	Beaver, Garfield, Iron, Kane, Piute, Sanpete, Sevier, Washington, Wayne Counties
Western Region	Juab, Millard, Summit, Utah, Wasatch Counties

The Region Directors, located in five geographically defined regions, lead their regional administrative teams and are responsible for the region’s budget, personnel, inter-agency partnerships, and service delivery. Staff members in those regions deliver services statewide to children and families. Additional services provided in accordance with requirements of federal law are delivered by contract private or non-profit providers.

DCFS is involved in the collection of data and operates and maintains the SAFE Management Information System (its SACWIS database) that tracks client identifying information as well as services delivered to children and families. DCFS uses this data to provide state or federal legislators with information they need to formulate laws that support programs and services. Information is also provided to federal, state, or private funding sources that use data to appropriate funding for child and family services delivered by the division.



VISION, MISSION, AND PRACTICE MODEL PRINCIPLES [45 CFR PART 1357.15 (G)]

Vision

Safe Children, Strengthened Families

Mission Statement

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

PRACTICE MODEL

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

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

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

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

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

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

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

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

PRACTICE SKILLS

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



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

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

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

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

- Helps children or families make decisions about what programs, services, or resources they want to use to meet their needs.
- Helps children and families evaluate the effectiveness of their decisions.
- Helps children and their families rework or revise their service delivery plan.
- Helps children and families celebrate successes when they occur.
- Helps children and families face consequences that result when their plan fails to achieve the desired results.

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

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

PRACTICE STANDARDS

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

A. Service Delivery Standards.

1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.
 - (a) Prevention services help resolve family conflicts and behavioral or emotional concerns before there is a need for the family to become deeply involved in the child welfare system.
 - (b) In a family where abuse has already occurred, interventions will be developed with the goal of preventing any future incidents of abuse.
2. Services provided to children and families will respect their cultural, ethnic, and religious heritage.
3. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child or family's needs.
 - (a) Services will be provided in the least restrictive, most normalized setting appropriate.
4. Meaningful child and family participation in decision-making is vitally important. All children and family members shall have a voice (as developmentally appropriate) in influencing decisions made about their lives, to the level of their abilities, even when specialized communication services are required.
 - (a) Children and families will be actively involved in identifying their strengths and needs, and in matching services to identified needs.
5. In whatever placement is deemed appropriate siblings should be placed together. When this is not possible or appropriate, siblings should have frequent opportunities to visit each other.
6. When an out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.
7. When children are placed in an environment outside of their parent's home they must be provided with educational opportunities and, where developmentally appropriate, vocational opportunities with the goal of becoming self-sufficient adults.
8. Children receiving services shall receive adequate, timely medical and mental health care that is responsive to their needs.

B. Standards Relating to Child and Family Teams.

1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.
2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency, will be made by a team to include the child and his or her family, the family's informal helping systems, out-of-home caregivers, and formal supports.
3. Child and Family Teams should meet face-to-face periodically to evaluate assessments, case planning, and services delivered. They also meet to track the child or family's progress. When there are domestic violence issues, separate Child and Family Team Meetings may be held (refer to Domestic Violence Practice Guidelines [Section 600](#).)

C. Standards Relating to Assessments.

1. Strengths-based assessments should be produced with attention to:
 - (a) The family's underlying needs and conditions.

(b) Engaging the family in developing interventions that address the threats of harm, the protective capacities of the family, and the child's vulnerability.

D. Standards Relating to Planning.

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

- (a) Incorporates input from the family, as well as the family's formal, and informal supports.
- (b) Identifies family strengths.
- (c) Utilizes available assessments.
- (d) Identifies services that address the family's needs and includes specific steps and services that assist the family in achieving safety, permanency, and the child's wellbeing.
- (e) Anticipates transitions.
- (f) Addresses safety for both child and adult victims.
- (g) Identifies permanency goals, including a concurrent permanency goal and plan.

PROGRAM SERVICE DESCRIPTIONS [45 CFR PART 1357.15 (N)]

IDENTIFICATION OF AT-RISK POPULATIONS AND SERVICES DELIVERED TO THOSE POPULATIONS

DCFS does not use one specific tool or process to identify populations at-risk of maltreatment but uses existing federal and state statute, rules and guidelines, qualitative review processes, data sources (including the division's SAFE database), and information gleaned from committees or collaborations to pinpoint groups that may be underserved.

First, The Statewide Assessment, an evaluation of organization and community needs that DCFS prepares for the Child and Family Services Review (CFSR), is used to formulate programmatic goals and objectives. Furthermore, goals and objectives outlined in the Program Improvement Plan (PIP) are used to develop new programs and services needed by the community or create initiatives that will enhance existing services.

Second, the Office of the Utah State Auditor conducts periodic audits of programs and services. Findings from those audits are also used to identify underserved populations and develop new or enhance existing programs and services delivered to those populations.

Third, QICs play a large role in helping DCFS identify at-risk populations currently not receiving the level of services required. QICs act as Citizen Review Panels (CRPs), required entities mandated by the Child Abuse Prevention and Treatment Act (CAPTA). They examine policies, procedures, and practices proposed, developed, or implemented by DCFS. QICs also have the ability to review specific Child Protective Service (CPS) cases and evaluate the extent to which the CPS system is successfully discharging protection responsibilities.

Fourth, results obtained from Case Process Reviews (CPR) and Qualitative Case Reviews (QCR), conducted jointly with the DHS Office of Services Review (OSR), are used to identify



at-risk and underserved populations. The CPR provides a snapshot of how well the division documents case management, looks for evidence that the worker has performed required activities within prescribed timeframes, and measures a worker's compliance with the Practice Model. The QCR on the other hand is the method of evaluation used to assess the status of children and families served by the division and the performance of the child welfare system. The QCR, conducted annually in each region, is similar to the federal CFSR in that it measures outcomes related to child safety, permanency, and wellbeing.

Finally, other organizations and service providers conduct their own community specific assessments and support advisory groups that help those organizations identify at-risk or underserved populations. Just to name a few, the Utah Foster Care Foundation measures the need for culturally specific foster homes in each of the communities it serves and devises training and support services to meet the needs of those homes. The Utah Association of Family Support Centers assesses the need for cultural and age specific respite care in communities served by a Family Support Center and adjusts their services accordingly. Lastly, the Child Abuse and Neglect Council and its partners conduct an assessment of community needs, which is used by the Council to advocate on behalf of at-risk clients and assist agencies in the development of new programs and services.

At-risk populations routinely identified by all of these sources include:

- Children that witness domestic violence.
- Families that may not be aware of available services due to ethnic, racial, cultural, gender, and/or language barriers; specifically the Hispanic or Latino population.
- Families isolated from programs and services due to their geographic isolation.
- Individuals involved in plural marriage.
- Individuals or families that are economically disadvantaged or homeless.
- Individuals that are substance abusers.

ADOPTION PROGRAM

Denise Leffingwell-LCSW, with the Adoption Exchange in Colorado, provided five one-day Adopt Care workshops throughout Utah. More than two-hundred community mental health providers and DCFS clinical staff received information about early brain development, the effect that abuse and neglect has on a child's developing brain, and the need for adoptive families and children that seek mental health treatment to receive culturally sensitive trauma-informed care.

SERVICES PROVIDED

The Adoption Program strives to provide an adoptive home for every legally free child in DCFS custody as well as for children in DCFS custody where adoption has been determined to be the most appropriate permanency goal. The Adoption Program also provides support and adoption

assistance to an adoptive family of a child with special needs. As they work with children and adoptive families caseworkers:

- Assess children’s needs.
- Conduct adoption studies.
- Coordinate the placement of children in-homes of adoptive parents.
- Supervise adoption placements until the adoption is finalized by the court.
- Help adoptive parents access community resources including respite care services, educational support, and adoption specific mental health treatment.
- Help families apply for adoption assistance when requested.
- Provide post-adoptive placement services to stabilize a possible disruptive placement.
- Prepare adoption reports required by courts.

The Adoption Program contracts with The Adoption Exchange to recruit adoptive families through its website, through the Heart Gallery, or through special public affairs or media events. In cooperation with DCFS, the Utah Foster Care Foundation (UFCF) conducts promotion and recruitment activities and provides training to all licensed resource families including potential adoptive parents.

The Adoption Program promotes the annual Adoption Conference where adoptive families are offered educational opportunities that address issues relevant to raising children that have special needs, including those that have experienced abuse or neglect, have been exposed to drugs, or are grieving due to the loss of their biological family or other caretakers. Finally, the Adoption Program:

- Maintains a website that links to current community resources.
- Publishes a quarterly newsletter sent to all adoptive families.
- Maintains a lending library that provides resources to adoptive families, including resources that pertain to adopting children with special needs.

	Number of Finalized Adoptions from Foster Care and Home Based Services		Average Number of Months Adoption Cases are Open	
	Total	In-Home	Foster Care	
FFY 2007	542	14	18	
FFY 2008	611	16	17	
FFY 2009	578	15	18	
FFY 2010	629	15	17	
FFY 2011	594	13	14	

ACCOMPLISHMENTS

The Adoption Program:

- Facilitated 594 adoptions, 532 of which involved children in foster care.
- Conducted Casey Family Service Round Table Training in three DCFS regions.



- Identified, as part of the Round Table Training, 100 children in the state's custody that had not yet obtained permanency and required intensive support before becoming eligible for adoption or before being placed with an appropriate adoptive family.
- Initiated the process to write new requests for proposals that, during FFY 2012, will lead to new contracts with providers that will deliver adoption services.
- Provided presentations to 250 adoptive parents and professionals at the Utah Adoption Council Annual Adoption Conference. The presentation focused on early brain development and identified how trauma, abuse, and drug exposure affects normal brain development.
- Provided a presentation to 250 parents and professionals at the Utah Adoption Council Annual Adoption Conference on the needs of older children and children with special needs.
- Provided training to 200 mental health professionals from Utah that focused on trauma-informed mental health treatment for adoptive families.
- Provided a presentation at the Defense Attorney's Conference on adoption disruptions and teens who age out of foster care.
- Provided a presentation during the U.S. Senate Finance Committee staff meeting that highlighted Utah's use of PSSF Adoption Support funding to promote and support the adoption of children from Utah's foster care system.
- Supported eleven agencies that provided in-home respite care services for adoptive families.
- Coordinated mental health and residential treatment services delivered to children in state custody or adopted from state custody. These services, provided in cooperation with regional Adoption Program staff, the Bureau of Contract Management, the Department of Health's (DOH) Division of Medicaid, and the Division of Juvenile Justice Services (DJJS) were targeted for delivery to disabled children in DCFS custody or to children adopted from DCFS custody that were receiving residential services.
- Worked with The Heart Gallery to promote adoption for more than 50 children waiting for an adoptive family.
- Developed Practice Guidelines that helped clarify the adoption subsidy process, helped clarify the process used to facilitate kinship and child specific adoptions, and helped clarify the ICPC adoption process.
- Worked with out-of-home and clinical staff to establish reliable tools that will help caseworkers make better placement decisions when children are removed from their parents.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

The same services listed above are expected to be available in FFY 2013. However, because of statewide funding cuts, options for out-of-home mental health treatment for adopted youth have been greatly diminished.

During FFY 2013 the Adoption Program also expects to:

- Implement pre- and post-adoption specific training for adoptive parents.
- Provide training to mental health providers that will focus on adoption specific trauma-informed treatment and differential diagnoses for FASD, Autism, and Asperger's Syndrome.
- Provide training to adoptive parents related to provision of trauma-informed care.
- Support at least 590 adoptions, the division's five-year average.



IN-HOME PROGRAM

A mother verbally and physically abused one of her children after she discovered that her kids had eaten toast, which she reported "spoiled their dinner." During the ensuing argument she threw a shoe and hit child in the head with it. She threatened to put child in foster care with a "rapist." The child's stepfather intervened and pulled the mother off of the child after they ended up on the floor with the mother punching and kicking the child. Although the incident was quite horrendous, the In-Home Caseworker determined that services through the in-home program were most appropriate since the family had no other contact with the child welfare system and were receptive. The mother worked for a county agency and provided the bulk of the family's income. She could have lost her job if referred to the court system. Within days of her outburst, and with the help of the worker, she enrolled in parenting classes and family therapy. Her communications with the children drastically improved as she diligently used the parenting skills she learned. The worker stated the mother expressed her gratitude for the chance to choose voluntary services rather than court intervention and noted there have been no further issues with the family.

SERVICES PROVIDED

The purpose of the In-Home Program is to provide services that allow at-risk children to remain safely in their own home and provide services to facilitate the return home of children who have been placed in the DCFS custody.

In-home services are appropriate when any of the following conditions exist:

- A child has experienced abuse or neglect but can remain safely in the home.
- A child is returned home from out-of-home care.
- An adoptive placement may disrupt or dissolve and intensive services are needed to maintain the family in the adoptive home.
- Reunification is likely within 14 days and intensive support is needed to prepare for and facilitate the reunification.

Services provided fall under one of five categories:

- Voluntary services (i.e. protective services counseling).
- Court-ordered services (i.e. protective services supervision).
- Intensive short-term services (i.e. protective family preservation) provided to children who are at immediate risk of an out-of-home placement.
- Reunification.
- Post-adoption services.

The following services are either directly provided by regional DCFS In-Home Program staff or through contracts with participating partners:

- Clinical counseling
- Community-based family support services
- Family preservation services
- Homemaker services
- Individual and family counseling
- Parent advocacy
- Parenting skills training and education
- Peer-parenting
- Post adoption services
- Protective day care
- Protective services counseling or supervision
- Sexual abuse treatment
- Youth advocacy

*Not all services are available statewide.

ACCOMPLISHMENTS

Total Individuals and Families Served through the In-Home Program			
	Number of Families	Number of Adults	Number of Children
FFY 2007	4,833	6,851	7,534
FFY 2008	4,502	6,605	7,357
FFY 2009	4,280	6,168	6,937
FFY 2010	4,170	5,836	6,368
FFY 2011	3,723	5,446	5,926

- The statewide In-Home Services Workgroup continued to meet regularly to oversee the development and implementation of the enhanced In-Home Program.
- An assessment process has been developed that enhanced the collaboration between CPS and in-home caseworkers engaged in the transfer of a case from CPS to the In-Home Program.
- Several offices in regions have made organizational changes to better accommodate the enhanced In-Home Program Model. Changes include hiring In-Home Supervisors, creating teams that specialize in providing in-home services, and placing a family preservation worker on a services team.
- The statewide Peer-Parent Coordinator Workgroup identified an evidence-based program that will serve as the core of the peer-parent curriculum.
- To support ongoing information sharing with other states, the In-Home Program and Foster Care Program Administrators delivered a presentation on Utah’s assessment tools and process during a national webinar hosted by the National Resource Center for In-Home Services.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

The same services listed above are expected to be available in FFY 2013. In addition, Utah will continue to refine the new In-Home Services Model, which will continue to operate within the broader structure of the Practice Model. Specific components and support services to be



provided as part of the In-Home Services Model are also being assessed. We expect that there may be some modification to the services listed above as this work progresses during FFY 2012.

During FFY 2013 the In-Home Program also expects to:

- Expand and implement statewide the SDM in-home framework.
- Enhance the statewide Peer-Parenting Program by adding the evidence-based Systematic Training for Effective Parenting (STEP) curriculum to the current curriculum. STEP publishers will provide individualized training for Utah's peer-parents and coordinators who will be responsible for implementing the model.
- Update Practice Guidelines so they support new In-Home Program tools and processes.
- Provide ongoing education to community and legal partners on the new tools and processes adopted by the In-Home Program.
- Continue development of community resources and services that support the In-Home Program.
- Ensure that there is ongoing collaboration with community partners, standing committees, and councils.
- Provide in-home services to approximately 6,180 adults and 6,825 children in 4,300 families, the program's five-year average.

KINSHIP PROGRAM

The Kinship Program established a pathway between DCFS and the Department of Workforce Services (DWS) that enables Kinship Program caseworkers to communicate directly with specified DWS staff regarding the financial, medical, dental, and mental health needs of a child placed with a relative family. Together DCFS and DWS workers ensure relative families receive timely assistance if they need help applying for and obtaining financial assistance in the form of a specified relative grant and/or Medicaid for a child in a preliminary placement.

SERVICES PROVIDED

Kinship services are provided to a non-custodial parent, relative, or friend of a parent or guardian authorized to care for a child in DCFS custody. DCFS caseworkers help kin families evaluate their capacity to provide care for a relative's child, help kinship families complete the appropriate background screening, and conduct reference checks needed before a child can be placed in the relative's home. Caseworkers also teach kin caregivers about physical and emotional issues they may face as they care for a relative's child. Caseworkers identify resources available to help the relative provide a stable placement for the child, explain the process to become a licensed foster care provider, and guide the family through the legal and court systems, including orienting relatives to the process they need to follow should they want to obtain temporary custody or guardianship of the child.

Support provided to relative families by other state agencies include:



- Financial support including:

- Child support.

When a child is ordered into DCFS custody, the court orders the parent from whom the child is removed to contact the Office of Recovery Services (ORS) which will ensure that the parent reimburses the state for the cost of care.

- Public assistance.

A non-custodial parent may apply for financial assistance, food stamps, a specified relative grant, or childcare through DWS. Income and assets of all members of the household will be considered when determining eligibility.

- Unearned income payments.

A non-custodial parent may apply for Social Security or Supplemental Security Income for a child.

- Foster care payments.

A friend or relative licensed as a foster parent that has a child placed in their home by DCFS or the courts may receive a foster care payment, which is based on the child's level of need and the provider's level of training.

- Special needs payments.

A special needs payment may be provided if other resources are not available to meet the needs of a child in a preliminary placement with a kin family.

- Health care resources including:

- Medicaid and the Children's Health Insurance Program (CHIP).

A non-custodial parent, a friend, or a relative may submit an application to DWS for Medicaid or CHIP, which may help pay for medical, dental, or mental health services needed by a child.

- Private medical insurance.

When allowed by the insurance provider, the non-custodial parent or relative may be able to provide for a child's health care needs by adding the child to their own private medical insurance.

- State medical services program.

If the Medicaid eligibility for a child in state custody has not been approved or the child is not eligible for Medicaid, an eligibility worker or nurse may generate an MI 706, which is used by DCFS to authorize medical care paid for by the DOH using state funds. In all cases, before an MI 706 is issued DCFS will request that the non-custodial parent or relative apply for Medicaid, and will ask the non-custodial parent to request that Medicaid approve retroactive coverage.

ACCOMPLISHMENTS

Number of Children Placed with Relatives													
	Aunt/ Uncle		Grand- parent		Non- Custodial Parent		Sibling		Step Parent /Step Sibling		Other		Total
FFY 2007	295	31%	368	38%	133	14%	18	2%	1	0%	214	22%	966
FFY 2008	398	33%	484	40%	109	9%	20	2%	1	0%	264	22%	1,212
FFY 2009	541	39%	578	41%	77	6%	25	2%	11	1%	274	20%	1,397
FFY 2010	564	35%	719	45%	107	7%	20	1%	12	1%	347	21%	1,615
FFY 2011	548	35%	776	50%	97	6%	31	2%	7	0%	204	13%	1,566

*Since percentages are rounded to the nearest full percentage point, sums of the percentages in a row may total more than 100%

In addition to serving more than 1,550 relative families, the Kinship Program initiated an online search engine (CLEAR) that helps workers locate kin for children entering foster care.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

The same services listed above are expected to be available in FY 2013. In addition, during FFY 2013 the Kinship Program expects to:

- Implement a SAFE Kinship module that will allow workers to add and track information regarding kinship placements, identify relative’s contact information, and record all contacts caseworkers have with kin caregivers.
- As required by the Utah State Legislature, implement a “Pay for Performance” pilot project that will standardize the process CPS workers will use to decrease the amount of time it takes for relative families to apply and qualify for Medicaid. Instead of initiating a MI 706 and committing state funds for payment of medical, dental, or mental health services, CPS workers will immediately report the case to a Kinship worker who will, within 30 days, help the family apply for Medicaid.
- Provide training and develop Practice Guidelines that will help workers effectively use the CLEAR search engine, a tool that helps workers obtain information about a child’s relatives or other important individuals in a child’s life that may agree to care for that child.
- Provide services to more than 1,500 children in the care of relatives.

FOSTER CARE PROGRAM

A caseworker conducted a home study for a case involving a child from Somalia who was living in a licensed Somali foster home. Several child and family team members expressed concern regarding the placement because of the cultural problems the child might face, especially if reunification with the mother was determined not to be an option. The caseworker met with the Somali community and the foster family to address these concerns, specifically the inaccurate assumptions regarding the cultural differences, and obtained the most accurate cultural information possible. In the end the caseworker and team agreed that the Somali foster home provided the best chance for the child to remain connected to its culture, religion, and native language, and would also be the best adoptive placement should the child not be able to return to its mother.

SERVICES PROVIDED

Foster care services are provided to:

- Children (and the child's parent or caretaker), when the child is placed in DCFS custody by a court order which stipulates that reunification is the primary permanency goal.
- Children, and the child's parent or caretaker, when the child is placed in the custody of the Department of Human Services by a court order (which stipulates reunification as the primary permanency goal) and DCFS is given primary responsibility for case management or is required to pay for the child's placement.
- Children, and the child's parent or caretaker, voluntarily placed into DCFS custody by the child's parent or caretaker.

Foster care services consist of:

- Protection, placement, supervision, and care of a child in DCFS custody.
- Services to a parent or caretaker when a goal of reunification is mandated by the court.
- Services to a parent or caretaker of a child that facilitates the return of the child to their home once a voluntary placement has been completed.
- Services that facilitate another permanent living arrangement for a child receiving out-of-home services if a court determines that reunification with a parent or caretaker is not required or is not in the child's best interest.

Specific services include:

- Room, board, and supervision of children in the following types of placements:
 - Foster care.
 - Voluntary foster care.
 - Residential/group care.

- Provision of medical, dental, mental health care, education, disability, and other services for children in DCFS custody.
- Subsidized guardianship.
- Peer-parenting and parenting education.
- Time-limited reunification services.

ACCOMPLISHMENTS

Number of Children in Foster Care		
	Federal Fiscal Year	Point in Time
FFY 2007	4,224	2,675
FFY 2008	4,498	2,664
FFY 2009	4,487	2,694
FFY 2010	4,688	2,815
FFY 2011	4,643	2,626

Race of Children in Foster Care						
	Number FFY 2009	Percentage of Total	Number FFY 2010	Percentage of Total	Number FFY 2011	Percentage of Total
African American	297	6%	300	6%	275	6%
Native American/Alaska Native	275	6%	242	5%	252	5%
Asian	32	1%	39	1%	33	1%
Pacific Islander	42	1%	59	1%	60	1%
Caucasian	3,939	86%	4,164	89%	4,147	89%
Cannot determine	20	0%	27	0%	23	2%
Multiracial-other race not known	1	0%	15	0%	14	0%
Total	4,606*	100%	4,689*	100%	4,643	100%
Hispanic or Latino Origin	1,072	23%	1,157	25%	1,112	24%

*Since individuals may indicate that they are of more than one race, these totals are higher than reported in the Number of Children in Foster Care chart.

Reasons Children Exited Foster Care (Percentage)							
	Reunification	Guardianship to relatives	Adoption	Age of Majority	Transfer to Juvenile Justice	Other	Referred to Outside Organization
FFY 2007	40%	17%	21%	12%	4%	5%	1%
FFY 2008	42%	14%	26%	11%	4%	3%	1%
FFY 2009	44%	15%	25%	10%	2%	3%	1%
FFY 2010	39%	15%	28%	10%	2%	4%	1%
FFY 2011	42%	15%	26%	10%	2%	3%	1%

During FFY 2011, the Foster Care Program:

- Provided assistance to DCFS regions in order to increase the number of foster homes that accept children requiring Level III care (children that require intensive supervision and services).
- Participated in the implementation of Permanency Round Tables throughout the state.



- Provided technical assistance to regions as they implemented and delivered services using the DCFS levels of care model, including the administration of the CANS assessment, which is used to place children in appropriate placements.
- Identified an evidence-based parenting curriculum that will be used to train parents involved in the Peer-Parent Program.
- Developed a Scope of Work used in the revised Request for Grant Application (RGA) that solicited applications from providers wishing to provide Level IV, V, and VI foster care.
- Worked with the Utah Coordinating Council for Youth in Custody to provide increased educational services to children in foster care.
- Developed and delivered educational outcome training to caseworkers, training that is designed to improve educational outcomes for children in foster care.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

The same services listed above are expected to be available in FFY 2013. In addition, DCFS is in the process of implementing a number of processes or completing activities that will strengthen the out-of-home care system. First, the Foster Care Program Administrator is involved in the implementation of a process that will enable Court Appointed Special Advocate (CASA) volunteers to serve as educational advocates, facilitate improved educational outcomes, and act as role models for children, age 10-17, residing in foster care in Utah. Funded by a grant provided by the Administration on Children Youth and Families, this program will support CASA volunteers as they liaise with schools, courts, and the child welfare system. These liaisons will increase the state's ability to meet the educational needs of youth in foster care.

Second, DCFS recently appointed a Residential Treatment Program Administrator to collaborate with residential treatment providers and oversee services they deliver. This new position will allow the division to focus more attention on each placement type, all in an effort to reduce the number of children placed in foster care or decrease the time children are in an out-of-home placement.

Third, the Foster Care Program Administrator has been intimately involved in the development and implementation of the new In-Home Program Model and will continue to assist in the roll-out of Utah's Structured Decision-Making Model.

Finally, the Foster Care Program Administrator will continue to be involved in the development, implementation, and coordination of Permanency Round Tables, expert led panels that review cases involving children that have been in foster care for a long period of time.

During FFY 2013 the Foster Care Program will also:

- Finalize development of, publish, and implement the Utah Foster Child Bill of Rights.
- Work with the Utah Foster Adoptive Family Association (UFABA) to finalize proposed language to be included in the Foster Parent Support Act.
- Develop an incident reporting procedure that will assure that significant events involving children in foster care are reported.

- Revise and implement a new Foster Parent Agreement, a contract between DCFS and foster parents relating to the care of foster children.
- Develop training to be delivered to foster parents relating to new licensing procedures.
- Develop and deliver training that is designed to help caseworkers improve educational outcomes for children in foster care.
- Develop and implement Child and Family (CANS) training, to include a section on assessing trauma-based needs, and provide the course to caseworkers before they recertify.
- Follow-up and monitor Permanency Round Tables conducted in regions.
- Continue to evaluate the SDM model and its applicability to children in foster care.
- Provide and monitor services delivered to approximately 2,700 children and youth in foster care at any point in time.

PROMOTING SAFE AND STABLE FAMILIES [45 CFR PART 1357.15 (O)]

FAMILY PRESERVATION SERVICES

In an effort to help stabilize families and support families with children that have returned home from foster care, Family Preservation Services funding has been used to support family preservation worker positions and provide flexible funding, which is used to meet a variety of needs of children and families. Examples of uses include:

- Wrap-around services that address specific needs such as mental health therapy and educational needs.
- Repairing, registering, or paying one to two months of insurance for vehicles needed to transport family members to school, work, or medical appointments.
- Assisting families with limited costs of housing including deposits or rent payments.
- Essential home furnishings and supplies such as beds for children.

Approval for use of Family Preservation Services flexible funding is managed at the regional level. In all five regions, caseworkers work with their supervisors to develop specific requests for services, which are then submitted for approval to a designated financial manager who oversees the utilization of this flexible funding.

Family Preservation funding is also being used to fund an In-Home Program Administrator who provides leadership to providers delivering statewide in-home services. During FFY 2013, as DCFS implements the new In-Home Services Model, we will reevaluate how Family Preservation funds are used and may elect to develop a Request for Grant Applications (RGA) that will solicit applications from providers interested in delivering intensive family preservation and/or other evidence-based, evidence-informed, or promising services that will help keep children at risk of abuse or neglect safely in their homes.

FAMILY SUPPORT SERVICES

Number Served in FFY 2011 Utilizing PSSF Family Support Funding							
	Children	Children with Disability	Adults	Adults with Disability	Families Served	Total Clients	Total Clients with Disability
Promoting Safe and Stable Families (Includes individuals receiving education and direct services)	7,521	425	1,244	62	1,583	8,765	487

All contracts funded using Family Support Service funding expired on June 30, 2011. Programs funded up to that time provided the following services:

- Home visiting and parent education services.
- Clinical outpatient mental health services.
- Parent advocacy services.
- Parenting classes.
- Outreach and public affairs activities.

A new Request for Grant Applications (RGA) soliciting applications from agencies seeking funding to provide family support services was published in February 2011. Applications were reviewed and new contracts were awarded on or before July 1, 2011. After that date most Family Support funding was used to support intensive in-home intervention programs designed to teach parenting skills or effect changes to behaviors of troubled children.

Regardless of whether a program was funded before or after July 1st, funded programs received most of their referrals from schools or other community-based organizations. Each program defined its own catchment area and, while eligibility requirements vary by program, no program required families to meet an income test in order to receive services.

TIME-LIMITED REUNIFICATION SERVICES

Time-limited reunification services are provided, for up to 15 months from removal, to children in foster care who have a goal of reunification or to their parents or caretakers with whom the child will reunify. These funds are primarily used for:

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

As allowable under new federal legislation, DCFS will determine if we can extend this funding to support peer-parenting during the next year.

Time-Limited Reunification funds are allocated from the state office to regions based on the proportion of children that have been in foster care less than 15 months and have a goal of reunification. The approval process for use of Time-Limited Reunification funds is the same as that used to approve use of Family Preservation Services flexible funds.

During FFY 2013, DCFS will reevaluate how Time-Limited Reunification funding is used. To support implementation of the new In-Home Program, DCFS may elect to use Time-Limited Reunification funding to contract for aftercare services that will support children who return safely home from foster care within 15 months of initial removal.

ADOPTION PROMOTION AND SUPPORT SERVICES

Adoption Promotion services were identified in the [Adoption Program](#) section located in the Description of Services.

ACCOMPLISHMENTS

During FFY 2011 the Adoption Program used Adoption Promotion and Adoption Incentive funds to:

- Personalize the PATH curriculum (an adoptive parent training program that includes an overview of Utah laws and practices) developed by Spaulding for Children and purchase handbooks that adoptive parents will receive when attending training.
- Pay for registration, materials, and in some cases travel for approximately 70 adoptive parents and DCFS staff that attended the annual Adoption Conference. During this conference participants learned about the many special needs of children who are adopted from foster care.
- Help pay for special services delivered to adoptive children and their families including:
 - A child and his family who were referred by a children's hospital in Utah to medical specialists in Florida because the child had a rare bone growth disorder that he developed as a result of the severe abuse he suffered prior to his adoption.
 - A family that is using ABA to treat their child's autism disorder. Utah Medicaid will not currently pay for this evidenced-based, home-based treatment.
 - A teenaged girl diagnosed with Fetal Alcohol Spectrum Disorder who receives services from a skilled respite provider three days a week, the same provider that is mentoring the mother as she strives to learn behaviors and skills that will help her deal more effectively with her daughter.

GOALS AND OBJECTIVES

In FFY 2010, the State Office Administrative and State Leadership Teams amended and reprioritized strategic goals listed in the FFY 2009-2014 CFSP. Achievements realized in FFY 2011 are highlighted as are additional objectives developed.

Priority Area	Safety/Permanency/Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/Group(s) Responsible	Achievements
Strategic Goal #1. Strengthen and maintain focus of services on child safety								
Safety		Casey Family Foundation, National Resource Center, Court Improvement Project, Former Safety Model Planning Committee	I.A. Implement Structured Decision-Making tools throughout all division programs and services in an effort to enhance child safety and improve key outcomes for families.	(1)FY07 7.7% FY08 6.2% FY09 to date 8.2% Note #2 & 3 are a year behind in order to allow for 12 months of tracking. (2) FY06 10.82% FY07 11.21% FY08 to date 11.33% (3) FY06 6.4% FY07 6.3% FY '08 to date 5.8%	Structured Decision-Making tools results in improved safety related outcomes for children as measured by a reduction in: -The percentage of CPS substantiated victims with a subsequent supported finding within six months. -The percent of home-based child clients who experience a subsequent supported CPS finding within 12 months of case closure. -The percent of foster children who experience a subsequent supported CPS finding within 12 months of case closure.	October 31, 2012	Katy Larsen Linda Wininger	
			I. Identify, convene, and support an Implementation Team responsible for implementing Structured Decision-Making throughout all agency programs and services.					Completed FFY 2009. This workgroup is comprised of Child and Family Services staff, Directors of the Attorney General's Child Protection Division, Guardian ad Litem's office, as well as a public defender.
			II. Review and revise the plan to be used to implement the model.					Completed FFY-2010. DCFS contracted with the Children's Research Center, which will collaborate with the workgroup and develop a Structured Decision-Making model and decision-making assessment tools.

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		III. Develop and disseminate Practice Guidelines that will guide workers' use of the Structured Decision-Making Model.					FFY 2012. Practice Guidelines relating to the implementation of SDM by the CPS Program area were released in May 2012. In-home practice guidelines will be completed in the next fiscal year.
		IV. Identify and suggest modifications to State rules and statutes that will ensure maximum benefit from use of the Structured Decision-Making Model.					Completed FFY 2012. State Statute was modified during the 2012 legislative session to promote the use of in-home services.
		V. Develop or enhance data collection tools that will enable workers to utilize the Structured Decision-Making Model on client outcomes.					Completed FFY 2012. The SDM tools for CPS and the In-Home Program were programmed into the Utah SACWIS system and released March 2012. Reports to support supervisors are being developed during the 2013 fiscal year.
		VI. Package, distribute, and communicate to agency partners and service providers the value of, and ways to utilize the Structured Decision-Making Model.					FFY 2012. Judges received a presentation on SDM from the Children's Research Center. The AAG's received an SDM presentation at their spring conference on May 30, 2012. The Court Improvement Project Summit will include 2 hours of training on the SDM and how to present information obtained from the SDM in court proceedings.
		VII. Integrate the application and use of the Structured Decision-Making Model into existing training and/or develop new training that will enable workers to effectively use Structured Decision-Making tools.					FFY 2012. Caseworker training has been developed that focuses on the three assessments currently being implemented. This training is being provided in each region at a limited number of initial implementation sites. The training includes a series of feedback sessions held following implementation.

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Safety		1B. (formerly Goal 2) Implement, evaluate, and monitor a CPS Central Intake system, which is expected to maximize agency efficiencies and provide better outcomes for children that are the subject of an allegation of child abuse or neglect			December 30, 2012		
		I. Hold a focus group to include intake supervisors and their manager, regional directors, associate regional directors, and pertinent community partners to address further concerns, potential solutions, and next steps.					Completed FFY 2010
		II. Initiate and support a workgroup that will identify goals, objectives, and activities necessary to achieve this goal.					Completed FFY 2010
		III Identify a physical location to house the Centralized Intake Unit and install phone and data systems that will support the unit.					Completed FFY 2011. The office will be located in Magna, UT, a suburb of Salt Lake City.
		IV. Hire supervisory and caseworker staff					Completed FFY 2011. A full complement of staff is in place.
		V. Implement a system to transfer referrals from Regions to the Centralized Intake Unit.					Completed FFY 2011. The Centralized Intake Unit became fully operational on July 1, 2011 and is now accepting referrals statewide.

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		VI. Monitor and evaluate the effectiveness of the Centralized Intake Unit.			Ongoing		FFY 2011-The Centralized Intake Program Administrator meets quarterly with representatives from regions to obtain feedback regarding the effectiveness of Centralized Intake. The data unit also produces quarterly reports regarding the number of calls received, the amount of time callers wait to speak to an Intake Worker, and the number of accepted vs. unaccepted referrals. Intake pulls a report monthly of all unaccepted cases by region. These reports are sent to each region so that the region can review all unaccepted referrals to determine if they agree with Intake's decision to unaccept the case. If they find a case that they believe should have been accepted, the case is staffed again and reopened if Intake agrees with the region that the information in the referral meets the statute definition of abuse or neglect.

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		1C. Clearly define agency core services to provide for more effective focus on the agency's critical mission and guide allocation of limited resources.	TBD		June 30, 2013	Cosette Mills	FFY 2011. In conjunction with region administration the state office conducted an in-depth review of agency services. The purpose of this review was to obtain opinions on which services should be designated as core agency services.

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		1D. Develop wrap services that support the safety of children while enabling the preservation of families in conjunction with implementation of the in-home services model (Objectives to be developed.)	TBD				This goal has been incorporated into Goal 2 A.

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Strategic Goal #2. Reduce disruptions and improve permanency solutions for children receiving services.							
Permanency, Safety	Casey Family Foundation, Children's Research Center, QICs, Faith-Based and community agencies that provide "non-traditional" support, Agency Partners, Service Providers	2A. (Formerly Goal 3) Develop new and enhance existing in-home services and community partnerships that will decrease threats of harm, decrease child vulnerability, increase protective capacity, and ultimately facilitate child safety.	34.9% of all DCFS cases in 2009 were in-home cases. (see attached chart)	The enhanced In-Home Program Model and enhanced community partnerships result in better safety and permanency related outcomes for children while allowing them to remain in their home as measured by the change in the trend of the ratio of in-home cases vs. foster care cases.	December 31, 2012	Kevin Jackson	FFY 2010-Kevin Jackson, In-Home Program Manager will take over as lead staff member responsible for supporting this goal
		I. Better define the population eligible to receive in-home services from DCFS.					Completed FFY 2010
		II. Select an In-Home Services model that will enable varied levels of intervention based on family strengths and needs as well as provide better coordination of services and resources offered to clients using existing funding.			December 31, 2011		Completed FFY 2009. DCFS held a "Compression Planning" day where a process for selection and implementation of the new In-Home Services Model was identified. Formed seven "sub-workgroups" that were responsible for research of existing models, stakeholder buy-in, quality assurance, and other activities. Developed the framework of a useful model and identified components that need to be included in any successful In-Home Program Model. Completed FFY 2011-Utah's In-Home Program Model consists of five key elements and provides for varied levels of intensity of intervention based on the assessed risk level. Key elements include: 1) Family centered practice, 2) A foundation of the division's Practice Model, 3) The overarching Safety Model, 4) The framework of Structured Decision-Making (SDM), 5) A grid of wrap-around resources, interventions, and caseworker activities.

		III. Choose one assessment tool from three being reviewed (CANS, SDM in-home assessment, and NCFAS) and determine when and how it will be used and, using existing funding, how it will be implemented across the state.			September 30, 2012		
Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		VI. Develop and implement wrap-services that support the safety of children while enabling the preservation of families; to be accomplished in conjunction with implementation of the In-Home Program Model. (This objective was formerly Goal 1D)			September 30, 2013		FFY 2011. DCFS initiated contracts for wrap services. Family Support funds were used to fund contracts for intensive in-home services, including Families First and parent education provided by family support centers in the Southwest Region.
		V. Update Practice Guidelines so that they will support new In-Home Program tools and processes.			September 30, 2013		
		VI. Develop and provide education to community and legal partners relating to the new tools and processes adopted by the In-Home Program.			Ongoing		
		VII. Support community resources and services that support the In-Home Program.			Ongoing		

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Permanency	Casey Family Foundation, QICs, Faith-Based and community agencies that provide "non-traditional" support, Agency Partners, Service Providers	2B. Identify, develop, and implement programs and services that promote Permanency.				Jeff Harrop	
		I. Assess existing permanency models (including Permanency Round Tables or Permanency Round Tables), or devise a new permanency model, that will support programs and services that will promote nurturing and stable families.		Tracking Permanency Round Table Permanency Status and Permanency Outcomes.			Completed FFY 2011-DCFS consulted on a peer-to-peer basis with the State of Georgia to identify the success that Georgia has had in implementing Permanency Round Tables. Staff attended a Permanency Round Table Convening sponsored by Casey Family Programs to discuss implementation of Permanency Round Tables in 13 states. DCFS determined

							Permanency Round Tables to be effective and decided to implement Permanency Round Tables in Utah.
		II. Pilot test Permanency Round Table on 10 Utah cases.		Tracking Permanency Round Table Perm Status and Permanency Outcomes.	December, 2010		Completed FFY 2011-Piloted Permanency Round Tables in Salt Lake County.
Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		III. Deploy Permanency Round Tables during statewide training and Action Planning.		Permanency Status and Permanency Outcomes.			Completed Mar 2012-Initial training and roll-out planning was conducted in all 5 DCFS regions.
		IV. Begin 2 nd round of Permanency Round Tables starting in Salt Lake and spreading to other 4 regions.		Training	July 31, 2012		FFY 2012-All regions have completed the first round of Permanency Round Tables.
		V. Write Permanency Round Table Practice Guidelines.		Practice Guidelines finalized.	July 31, 2012		
		VI. Develop Permanency Round Table Training of Trainers including values and skills training.		Training Curriculum.	Aug 31, 2012		
		VII. Identify and train Permanency Round Table facilitators and external permanency consultants.		List of core group of Permanency Round Table specialists that are trained on facilitation and permanency consultation.	Oct. 31, 2012	Jeff Harrop/Mike Scholl	

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
Strategic Goal #3. Strengthen organizational competency in business operations and management, oversight, accountability, and continuous quality improvement.							
		3A. Analyze core administrative functions and services to guide resource allocation.			June 30, 2013	Cosette Mills	FFY 2011-DCFS administration conducted a review of the regional administrative structure the purpose of which was to establish a consistent regional administrative capacity that can be adequately funded.

Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		3B. Improve competence and satisfaction of workforce.			Sept. 30, 2014	Lee Fairbourn	
		I. Obtain relevant knowledge regarding skills and abilities that supervisors and front-line workers should possess and develop a plan to increase the competency of each.					FFY 2012-DCFS sent a team to the LAMM (Leadership Academy for Middle Managers) training. From that conference supervisors were able to develop a list of recommendations for

							the development of DCFS supervisors.
		II. Offer support in the form of training, skill building, and feedback that will enable the division to increase the competency of supervisors					FFY 2012. Supervisors attended the Supervisor's Conference in October. Several supervisors also attended Bormaster Supervision for Success training
Priority Area Safety/ Permanency/ Wellbeing	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
		3C. Maintain or improve current levels of performance and resources and improve consistency of service delivery throughout the state.			Sept. 30, 2014	Brent Platt and Jeff Harrop	FFY 2012-DCFS formed a PIP supervisor workgroup to oversee the implementation of goals and objectives identified in the PIP. A Supervisor Advisory Workgroup was also formed and has an objective to review issues related to the consistency of practice. This group meets on a monthly basis with the Division Director.
		I. Assist the Professional Development Team in planning the Child Welfare Institute and Supervisor Conference. Provide input on the events, presenters, topics, and materials to be presented at the conference.					
		II. Develop and implement supervisory supports such including an inter-regional supervisor network, a supervisor newsletter, and a supervisor chat room.					
		III Develop a supervisor Performance Dashboard (QA/CQI).					
		IV. Identify supervisor workload related issues and reduce or eliminate redundancies in order give supervisors more time to mentor and coach staff.					

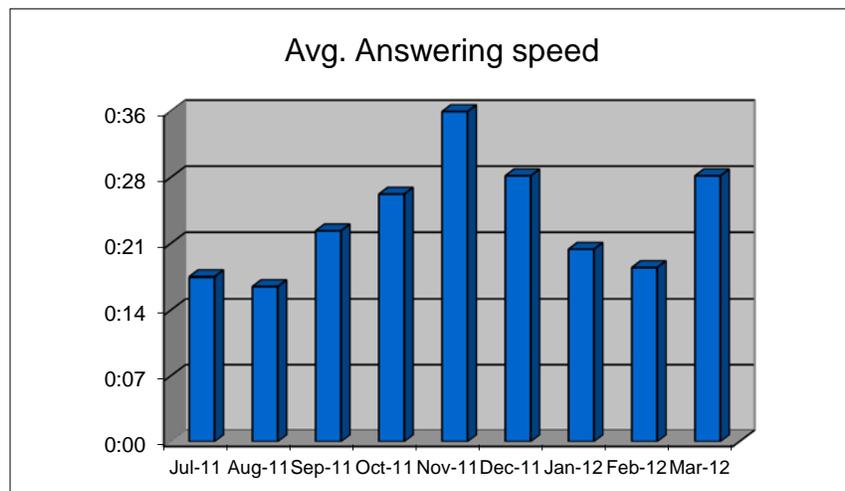
ACCOMPLISHMENTS RELATED TO GOAL 1 A-STRUCTURED DECISION-MAKING MODEL

The Children's Research Center (CRC) continues to provide training and technical assistance to DCFS and Court Improvement Project (CIP) staff on the SDM planning team. In September 2011, three members of the CRC were on-site to facilitate a Train the Trainers course, which provided region and state trainers, members of the Program and Practice Improvement Team (PPIT), and region representatives with an orientation to SDM, the assessment tools included in SDM, as well as training materials to be used when training caseworkers and supervisors.

The CRC also helped the SDM Development Team identify Practice Guidelines to be written, which will guide caseworkers as they use the SDM model. The CRC also helped the development team list new SAFE modules that need to be developed so that caseworkers can record and track SDM related case information. The SDM Safety Assessment, Risk Assessment and Risk Reassessment were programmed into SAFE and were released in March 2012. Those tools will be implemented in each DCFS office during FFY 2012 and 2013.

Finally, the SDM Development Team and the Professional Development Team are working together to provide regional training that will introduce and orient caseworkers to the three SDM tools to be implemented throughout the state by the end of the calendar year. In addition, the SDM Development Team and the Professional Development Team will strive to incorporate SDM training into the New Employee CORE Practice Model Foundations Curriculum. The development team is also working with the Professional Development Team on an SDM presentation to be made at the Supervisor Conference scheduled for December 2011, a presentation to the Assistant Attorneys General in May 2012, and a presentation at the Court Improvement Project Summit in August 2012.

ACCOMPLISHMENTS RELATED TO GOAL 1 B-CENTRALIZED INTAKE TRANSITION PLAN



Centralized Intake has been up and running since June 30, 2011. Transfer of the intake system from regions to Centralized Intake was phased-in, with each region's referral system being transferred at different times during the month of June 2011. The process of transferring each region's CPS referral system to Centralized Intake involved a community education process with critical referents advised of the change well beforehand. As of this report Centralized Intake is processing approximately 5,000 calls and 1,000 police reports each month. The average wait time for a caller to contact an Intake worker has decreased significantly from almost 3 minutes per call to an average of 24 seconds per call.

Data used to monitor the effectiveness of Centralized Intake indicate that there is more consistency statewide in decisions made to accept or not accept referrals. One year ago, before Centralized Intake was implemented, there was a 20% range in the rate of acceptance of referrals for investigation with Western Region accepting 74% of all referrals and Northern Region accepting 54% of referrals. Currently, the gap between regions is 8% and that gap is continuing to decrease.

Centralized Intake has been successful at processing police reports in a timely fashion. About 25% of all CPS referrals originate from police reports that are faxed to intake. Currently, Centralized Intake is processing the majority of police reports within 3 days despite the large volume of 900-1000 reports per month. This is a significant improvement.

While most communities have adjusted to calling the new intake number, in an effort to assure that smaller communities are aware of the new telephone number and that Centralized Intake is open 24 hours 7 days a week, DCFS will conduct an advertising campaign in those communities that will focus on the process.

ACCOMPLISHMENTS RELATED TO GOAL 1 C-MORE CLEARLY DEFINE AGENCY CORE SERVICES TO PROVIDE FOR MORE EFFECTIVE FOCUS ON THE AGENCY'S CRITICAL MISSION AND TO GUIDE ALLOCATION OF LIMITED RESOURCES.

In conjunction with region administration, administrators at the state office conducted an in-depth review of agency services. The purpose of this review was to decide which agency services are core services. DCFS will analyze recommendations provided by participants of these reviews and, in an effort to formalize the core services structure, will implement a funding distribution method that will enable services to be equally available across the state.

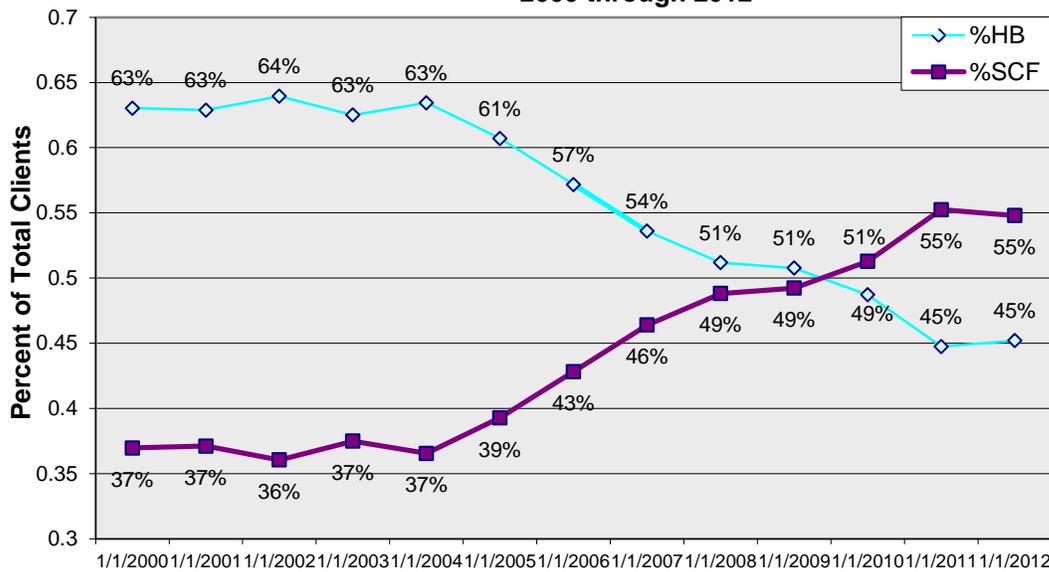
ACCOMPLISHMENTS RELATED TO GOAL 2 A-IMPLEMENTATION OF A NEW IN-HOME SERVICES MODEL

The In-Home Program Workgroup met during the year to define a framework to be used to provide services through the In-Home Program. The workgroup recognized early on that no one existing model would be sufficient in meeting program needs and that Utah would have to develop their own framework under which services will be provided.

In FFY 2011, the workgroup recommended a program that consists of five key elements, and based on the assessed risk level, provides for varied levels of intervention intensity. Those five elements are:

- 1) Family centered practice.
- 2) A foundation of the division’s Practice Model.
- 3) The overarching safety model.
- 4) The framework of Structured Decision-Making (SDM).
- 5) A grid of wrap-around resources, interventions, and caseworker activities.

**Proportion of Home-Based and Foster Care Clients
 2000 through 2012**



Since services provided through the In-Home Program do not function independently of services provided through other DCFS programs and are directly linked with services provided through Intake, CPS, and the Foster Care Program, the workgroup recognized the necessity of using the DCFS Practice Model as a foundation for the new In-Home Program. SDM tools developed for use on CPS cases help workers determine the safety of children and help workers decide whether or not in-home services will be sufficient to keep children safely at home. Finally, based on the SDM Risk Assessment, a risk level is determined, which sets the intensity level of the services to be provided. The workgroup is currently developing a list of services that correspond to risk levels on the grid below.



Ongoing Worker Minimum Contact Guidelines for In-Home Services		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face contact per month with the caregiver and child.	Must be in the caregiver's residence.
Moderate	Two face-to-face contacts per month with the caregiver and child.	One must be in the caregiver's residence.
High	Three face-to-face contacts per month with the caregiver and child.	One must be in the caregiver's residence.
Very High	Four face-to-face contacts per month with the caregiver and child.	Two must be in the caregiver's residence.
Additional Considerations		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month each caregiver and each child in the household shall be contacted at least once.	
Designated Contacts	The ongoing worker/supervisor/service team may delegate fact-to-face contacts to providers with a professional relationship to the agency and/or other agency staff, such as social work aides. However, the ongoing worker must always maintain at least one face-to-face contact per month with the caregiver and child, as well as monthly contact with the service provider designated to replace the ongoing worker's face-to-face contacts.	

To support the delivery of additional in-home services, DCFS made additional funding available and used these funds to initiate contracts for additional wrap services. A statewide RGA was opened and a number of contracts were initiated with providers that will deliver outpatient mental health services, including day treatment, for non-foster clients. In addition, PSSF Family Support funds were awarded for contracts for intensive in-home services, including Families First and parent education provided by Family Support Centers in the Southwest Region.

Future activities will be phased-in in three phases. The development team will:

Phase I

1. Identify and select an oversight group, composed of content experts, which will oversee the in-home grid development.
2. Work on the level of intensity of service grid headers and review all CPS contributing factors and allegation types to ensure each can be addressed in one distinct column header.
3. Incorporate the Region In-Home Program Specialists into the grid header development.

Phase II

1. Complete the grid headers for services and interventions.
2. Use small groups of content experts to identify what services will be appropriate for each risk level and for each specific need or intervention column.
3. Identify specific resources currently available in each region that coincide with resources identified on the grid.
4. Propose changes to the SAFE database that will enable the system to collect required data and information.
5. Develop a caseworker guide outlining how system tools are to be used when caseworkers conduct home visits.

Phase III

1. Update Practice Guidelines to ensure guidelines are consistent with practice.
2. Develop training that will orient caseworkers and supervisors to model principles and tools.

ACCOMPLISHMENTS RELATED TO GOAL 2 B-PERMANENCY ROUND TABLES

DCFS continues to work with the Casey Family Programs on the implementation of Permanency Round Tables. During the past year DCFS attended a Casey Family Programs convening on Permanency Round Tables and consulted on a peer-to-peer basis with the State of Georgia to determine the level of success Georgia has had in implementing Permanency Round Tables. From those meetings, DCFS determined that Permanency Round Tables are effective and elected to implement Permanency Round Tables in Utah.

Fifty children and youth have been targeted for intensive permanency work and Permanency Round Tables have been held in all five regions.

In FFY 2013 DCFS will:

- Conduct the second round of Permanency Round Tables in the Salt Lake Valley Region, and hold follow up sessions in each region.
- Determine how to fit Permanency Round Table goals and processes into the existing framework of the Practice Model and how to use the Child and Family Team process to guide plans that will help youth achieve permanency.
- Write Permanency Round Table Practice Guidelines.
- Develop Permanency Round Table Training of Trainers guide to include a section on values and skills.
- Identify and train Permanency Round Table facilitators and External Permanency Consultants.

ACCOMPLISHMENTS RELATED TO GOAL 3 A- ANALYZE AND DEFINE CORE ADMINISTRATIVE FUNCTIONS AND SERVICES TO PROVIDE FOR MORE EFFECTIVE FOCUS ON THE AGENCY'S CRITICAL MISSION AND TO GUIDE ALLOCATION OF LIMITED RESOURCES.

DCFS administration has conducted an in-depth review of the regional administrative structure, for the purpose of establishing a consistent regional administrative capacity that can be adequately funded. In FFY 2013, DCFS will analyze recommendations of review panels and, in an effort to formalize the regional administrative structure, implement a funding distribution method.

ACCOMPLISHMENTS RELATED TO GOAL 3B-IMPROVE COMPETENCE AND SATISFACTION OF WORKFORCE

DCFS recently re-implemented employee incentives, a mechanism that promotes employee satisfaction. These incentives have not been available since the beginning of the financial crisis. DCFS also identified funds that will enable caseworkers to participate in additional training opportunities outside of DCFS.

A varied group of DCFS supervisors attended the Bormaster Supervision for Success training at the Supervisor's Conference as well as LAMM (Leadership Academy for Middle Managers) training. From those conferences, supervisors were able to develop a list of recommendations that will aid in the development of supervisors skills.

ACCOMPLISHMENTS RELATED TO GOAL 3C-MAINTAIN OR IMPROVE CURRENT LEVELS OF PERFORMANCE AND RESOURCES AND IMPROVE CONSISTENCY OF SERVICE DELIVERY THROUGHOUT THE STATE.

DCFS recently formed a PIP supervisor workgroup to oversee the implementation of goals and objectives identified in the PIP. A Supervisor Advisory Workgroup was also formed. This group addressed issues related to the consistency of practice and created four goals that will help as it works on these issues during FFY 2013. Those goals are:

- Consult with the Professional Development Team to develop the Child Welfare Institute and Supervisor Conference. Provide input on events, presenters, and topics to be included.
- Develop an inter-regional supervisor network, publish a supervisor newsletter, and implement an online supervisor chat room.
- Develop a supervisor Performance Dashboard (QA/CQI).
- Evaluate current supervisor workload issues and reduce or eliminate redundancies in order give supervisors more time to mentor and coach their staff.

PROGRAM AND SERVICE DELIVERY COLLABORATIONS (45 CFR 1357.15 (I))

In the past year, DCFS collaborated with a number of local and state government, non-profit, and private organizations in the past year in an effort to improve the scope and quality of services delivered to clients. Specifically DCFS:

- Worked with the DJJS and the Division of Services for People with Disabilities (DSPD) to develop and implement residential treatment contracts that eliminate duplicative efforts and increase coordinated treatment.
- Worked with private adoption agencies to plan and provide an adoption conference provided to both adoptive parents and adoption professionals from throughout the state.
- Organized individual collaborative meetings with Southwest Behavioral Health Care and Four Corners Community Behavioral Health to improve services delivered to shared clients.



- Initiated regular meetings with the Utah State Hospital to improve coordination of services delivered by DCFS and the Division of Substance Abuse and Mental Health (DSAMH).
- Held individual meetings with DSAMH, DSPD, and Local Mental Health Authorities that focused on improving communication, coordination of services, and delivery of quality services to clients of agencies involved.
- Organized joint staffing meetings with DJJS and providers that serve both agencies in an effort to improve service coordination and delivery.
- Cooperated with the Utah Pride Center to develop and provide training to staff of agencies throughout Utah. This training identified activities and processes that can help ensure the safety of LGBTQ youth.
- Worked with the Utah Pride Center to co-sponsor a state-wide summit where more than 125 individuals representing a number of state and local agencies received training that also focused on ensuring safety for the LGBTQ population.
- Worked with DHS Adult and Aging Services to help children living with relatives obtain respite care services through the LifeSpan Respite Initiative.
- Teamed with DWS to develop a pathway where relative families can quickly obtain Medicaid and Special Relative Grants to help the child of a relative in their care.

In the past year, DCFS collaborated with several federal government, national non-profit, and private organizations to implement new programs and services that support national initiatives designed to achieve permanency and improve the wellbeing of children. Specifically DCFS:

- Worked closely with the Casey Family Programs to implement Permanency Round Tables, which are designed to help “mine” kinship placements and relationship connections that aid in achieving permanency for children that have been in foster care for a long period of time. Through this collaboration key staff received training on the role and benefit of Permanency Round Tables, which enabled DCFS to conduct more than 50 Permanency Round Tables.
- Collaborated with the Children’s Research Center (CRC), which played a major role in bringing the Structured Decision-Making system to Utah. The CRC provided on-site development of SDM tools and helped adapt those tools to Utah’s needs. In addition, three representatives from the CRC provided an on-site three-day *Train the Trainer* course that provided DCFS trainers with an overview of SDM.
- Collaborated with the ACF Children’s Bureau on the development and implementation of Utah’s Program Improvement Plan (PIP). DCFS now works with the National Resource Center for Permanency and Family Connections, the NRC for Legal and Judicial Issues, and Utah’s Court Improvement Project on goals and objectives that involve legal issues.
- Has a staff member that sits on the Board of Directors of the National Association of Adoption Program Managers supported by the National Resource Center for Adoption and the Children’s Bureau.
- Teamed with the National Resource Center (NRC) for In-Home Services to identify and select an assessment to be used when working with families that have an open in-home case.
- In cooperation with the NRC the DCFS In-Home and Foster Care Program Administrators provided a presentation on Utah’s assessment selection efforts during a national webinar that included discussion on different types of strength-based tools and strategies that states and tribes are using to conduct in-home assessments.

In the future DCFS plans to collaborate with the following local and state government, non-profit, and private organizations. Specifically DCFS will:

- Work with private adoption agencies to plan and provide an adoption conference for both adoptive parents and adoption professionals living throughout the state.
- Hold collaborative meetings with local mental health authorities, particularly with mental health providers in rural areas.
- Continue to participate in the DHS collaboration that includes DCFS, DSAMH, DJJS and DSPD, which meet to coordinate and improve services delivered to clients that use services provided by two or more agencies.
- Collaborate with the Utah Pride Center on the development of Practice Guidelines that will guide services provided to LGBTQ youth or youth of color.

In the future DCFS plans to collaborate with the following federal government, national non-profit, and national private organizations. Specifically DCFS will:

- Increase its communication and collaboration with national mental health organizations, which will enable DCFS to effectively serve clients struggling with mental health issues.
- Continue its collaboration with Casey Family Programs to ensure the success of Permanency Round Tables and facilitate the implementation of the new In-Home Program Model.
- Continue its work with the CRC, which will enable DCFS to fully implement the SDM as well as provide SDM training to agency staff, providers, and legal partners.

COLLABORATION WITH COURTS [SECTION 422(B)(13)]

A mother with three children owned her home and rented the basement to her brother and his one child. The mother and brother smoked pot in the home while the children were present and sold pot in large quantities out of the home. Although the kids were clean and bathed, there was no food in the home and the children were neglected while the adults were using drugs. The mother and brother were charged in District Court with neglect. The court recommended drug treatment and parenting classes and put the pair on the drug testing call tree. The parents completed all the services and tested clean for the duration of the case. They started holding regular family meetings about how to improve the family's functioning and the children reported significant improvement in how they were being treated. The parents were grateful for the worker's involvement which seemed to jolt the parents enough to convince them to get their act together. Ultimately, services the parents completed helped their District Court case and they were not sentenced to additional jail time.

DCFS continues to work collaboratively with the Court Improvement Project (CIP) to improve timeframes to permanency and improve the overall court process for children and families involved with child welfare. DCFS and the CIP are joint partners in the implementation of the Utah Safety Decision-Making Model, a process caseworkers follow as they assess a child's

safety and potential risk of harm. Court improvement funds have supported the purchase of evidence-based assessment tools that will be used by caseworkers to implement the model. In May 2011, DCFS made a presentation to Juvenile Court judges and informed judges about the process to be used to implement the model, practices that caseworkers will follow as they use SDM, and the value of the model to the children we both serve.

DCFS continues to support the Initiative for Utah's Children in Foster Care (IOU). A Deputy Director has been involved with the IOU/CIP workgroup that has been comparing the differences in treatment of youth that receive traditional DCFS services while in foster care with children that are "dual adjudicated" and, due to delinquency or minor offenses, are transferred to facilities operated by DJJS. DCFS, the Utah Office of Guardian ad Litem, the Utah Juvenile Court, and Salt Lake County Youth Services collaborated on a project that resulted in the creation of a toolkit to help workers address needs of and provide services to dually adjudicated youth who are involved with the juvenile court for delinquency offenses while in DCFS custody. This quick reference guide provides a detailed explanation of the roles and responsibilities of each agency, describes resources available through those agencies, and helps workers navigate both the child welfare and delinquency sides of the juvenile court system. It also outlines how information should be shared and establishes best practices for managing dually involved cases while avoiding duplication of services by agencies involved. Copies of the toolkit are available online at <http://www.utcourts.gov/courts/juv/toolkit/>.

In addition:

- DCFS participated in efforts spearheaded by CIP to develop a CIP summit to be held in August 2012. It is expected that more than 300 judges, Guardian ad Litem, Assistant Attorneys General, Parental Defense, and DCFS staff and administrators will attend. DCFS will present information at the summit regarding development and implementation of SDM assessment tools.
- An Assistant Attorney General from the Utah State Office of the Attorney General and a Guardian ad Litem from the Office of the Guardian ad Litem were members of the In-Home Risk and Intensity Grid Development Committee and helped shape the creation of the In-Home Program Grid.
- A research analyst from the Juvenile Court and a parent defense attorney were members of the In-Home Assessment Selection Subcommittee, both of which provided valuable research, assessment, and legal expertise to the subcommittee.
- The Kinship Program Administrator is working with the IOU to increase services available to children living with kin.
- DCFS collaborated with Juvenile Court Administrators and the Utah Department of Public Safety to develop and provide e-warrant training throughout the state.
- DCFS worked with the Juvenile Court, the Office of the Attorney General, the Office of the Guardian ad Litem, and county public defenders on mock trial training provided in August 2011.

PROGRAM SUPPORT

CURRENT AND PLANNED TRAINING ACTIVITIES

During FFY 2011, the DCFS Professional Development Team incorporated the *Child Interviewing*, *Worker Safety*, *CANS Assessment*, and *Audio-Import* courses into the New Employee CORE Practice Model Foundations training. That team finalized development of and implemented new Ethics training, a required course for all licensed social workers. In addition, that team implemented e-warrant training, which trains workers on how to use the e-warrant system.

Also during FFY 2011, DHS administration mandated that each division develop and implement training that provides insight into the needs of individuals in poverty as well as training that addresses the need to provide culturally responsive services to our clients. In response, the Professional Development Team is in the process of developing the *Bridges Out Of Poverty* and *Cultural Responsiveness* courses. The Professional Development Team also began development of the *Trauma-Informed Care* course and the *Child and Family Assessment Plan (SDM)* training, which will address national initiatives relating to permanency and child trauma.

Following is the DCFS training plan. Changes to the plan have been highlighted.

DIVISION OF CHILD AND FAMILY SERVICES IV-E ELIGIBLE TRAINING

INITIAL TRAINING PROGRAM FOR NEW OR REASSIGNED EMPLOYEES

These training activities are conducted internally by trainers from the Utah Division of Child and Family Services and have been developed by the division's training staff, acquired through purchase or agreement with an outside entity, or created through a contract for development.

Training staff located in the five regions of the state system will deliver these training activities.¹

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
New Employee CORE Practice Model Foundations	Participants will learn about the foundations of Child Welfare including Practice Model Principles and Skills. They will receive the Orientation to DCFS and Agency Mission, and complete the Child Abuse and Neglect, Safety Model, Worker Safety, Child Interviewing, Secondary Traumatic Stress, Trauma and Attachment, Effects of Trauma on Child Development, CANS Assessment, Audio Import, SAFE basics training segments.	State Office or Regional Classroom	State Office or Regional Training Staff	80 Hours	New Caseworkers	2-4 times per year in each region/ Short-Term	Development of a case plan, Case review, Case management
New Employee CORE Practice Model Applied	Participants will apply what they learned in CORE Practice Model Foundations to work assignments including Intake, CPS, In-Home and Out-of-Home casework.	State Office or Regional Classroom	State Office or Regional Training Staff	100 Hours	New Caseworkers	2-4 times per year in each region/ Short-Term	Development of a case plan, Case review, Case management.
Legal-4th & 14th Amendments Web	Participants will study the legal history, including the 4th and 14th Amendments that builds the legal foundation for today's child welfare system. Located at http://hsemployees.utah.gov/dcfs/4thand14thAmendments.htm	DCFS Web site	Self-Taught	2 hours	All Staff	As requested/ Short-term	Preparation for and participation in judicial determinations
Child Interviewing	Workers will learn how children share autobiographical information and the effects and implications of sharing that information on the interviewing process. Workers will review audio recordings and will use various child interviewing examples to complete practice scenarios. This training is now included in the New Employee CORE Practice Model Foundation Training	State Office or Regional Classroom	State Office or Regional Training Staff	6 hours	All new caseworkers	2-4 times per year in each region	Referral to Services, Preparation and participation in judicial determination, Placement of children, Development of a case plan, Case review, Case management and supervision
Worker Safety	Participants will learn about risks to employees that may present themselves in their working environment. The course will give participant's tools and skills they can use to react to those situations in a professional and safe manner. This training is now included in the New Employee CORE Practice Model Foundation Training	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	All Workers	2-4 times per year in each region	None
Parent Provider Practice Model Training	Participants will learn about DCFS Practice Model Principles and Skills and how they can utilize those skills as they provide services to clients.	DCFS Offices or Provider Offices	State Office or Regional Training Staff	12 hours	Current contracted provider agencies	Quarterly/ Short-term	Referral to Services, Development of a case plan, Case review, Case management and supervision

¹ New training modules as well as changes made to existing modules are highlighted.

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Estimated Total Cost of This Training Type	\$1,455,527.00						
Cost Allocation Methodology	Training activities for personnel employed by the State, including SACWIS training, are allocated according to Random Moment Sample strikes and are eligible for Federal matching at 75%. Training costs allocated according to the RMS are in activity PTR.A. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.)						

ONGOING IN-SERVICE TRAINING

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Developmental Screening	Participants will review the NDDS screening tool and learn how to implement it in their work with families. Participants will also learn about early intervention programs in their area. *Will be integrated into the revised New Employee training including Practice Model principles.	State Office or Regional classroom	State Office or Regional Training Staff	4 hours	CPS Staff. In the future will be applicable to all New Workers	1-4 times per year in each region/ Short-term	Referral to Services, Placement of children, Development of a case plan, Case review, Case management and supervision
Domestic Violence Basic	Participants will identify state and federal law that pertain to domestic violence, will learn the definitions and characteristics of domestic violence, will study the cycle of abuse, and will learn skills used to intervene when serving victims, abusers, and their children. Participants will also receive information on community resources that serve or provide treatment to victims, abusers, and/or their children.	State Office or Regional classroom	Utah Domestic Violence Council	24 hours	All staff	1-4 times per year in each region/ Short-term	Referral to Services
Substance Abuse Training Web-Based Training	Participants will explore their attitudes and beliefs about families with substance abuse problems and will receive information about the continuum of use, abuse, and addiction. They will learn how to identify signs of substance use disorders among families, the importance of screening for substance abuse with all child welfare clients, discuss the needs and experiences of people who become addicted, identify substance abuse treatment options and identify the stages of behavior change. Participants will learn means to explore the process of recovery, identify the role of lapse and relapse for clients who have been addicted, discuss children's needs and experiences related to having a substance abusing parent, talk about ways to enhance case planning, learn the benefit of teaming with substance abuse treatment providers, and identify Internet resources from which they can obtain information.	Self-Taught	Self-Taught	6 hours	All Staff	As requested/Short-term	Referral to Service
TAL ACLSA	Participants will be introduced to the Ansell-Casey Life Skills Assessment (ACLSA) and will learn how to use that assessment as they form case plans with the youth they serve.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	All Permanency Workers	Quarterly in each region/ Short-term	Development of a case plan



Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Legal Aspects of Child Protection (Legal Core)	Participants will learn about the Juvenile Court process and what the caseworker's role is in this process. Participants will also learn the legal definitions for abuse, neglect, and dependency.	State Office or Regional classroom	Attorney General's	3+hours	New Caseworkers	2-4 times per year in each region/ Short-term	Preparation and participation in judicial determinations, Case review, Case management and supervision
Mentor Training	Participants will learn how to become mentors to new employees.	State Office or Regional classroom	State Office or Regional Training Staff	7 hours	All Supervisors. By Invitation to Experienced Caseworkers	Statewide Quarterly/ Short-term	Referral to Services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision
Advanced Intensive Sex Abuse Interview Skills	Participants build skills that will help them effectively interview children alleged to be victims of child abuse or neglect. They will develop skills that will enable them to conduct interviews in a manner that will decrease the traumatic effect of the interview on the child.	State Office or Regional classroom	Children's Justice Center	2-4 days	CPS staff, Law Enforcement	1-2 times per year/ Short-term	Case management, Case review
CANS Assessment (Levels of Care)	Participants will learn about assessing the needs of children. This will help the worker identify a child and family's treatment needs and will help the worker determine the most appropriate placement for a child when a child in the family is being followed by the child welfare system. This training is now included in the New Employee CORE Practice Model Foundation Training	State Office or Regional Classroom	State Office or Regional Training Staff	6 hours	Direct Service Staff, Supervisors and Administrators	To be determined	Referral to Services, Placement of children, Development of a case plan, Case review, Case management and supervision
Audio-Import	Participants will review laws that require workers to keep audio records confidential. They will also learn how to import audio recordings of case information into the SAFE data collection system. This training is now included in the New Employee CORE Practice Model Foundation Training	Under development as web-based	Under development as web-based	1 hour	CPS Staff	As needed	Preparation and participation in judicial determinations, Development of a case plan, Case review, Case management and supervision

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
ICWA Training Web-Based Training	Participants will review the main components of the Indian Child Welfare Act including its definitions and the rationale for complying with this legislation through the Diverse Utah Website. Participants will also learn how cultural frameworks impact interactions with people of other cultures as well as how those cultural frameworks impact the worker's decision-making. To direct the learning, participants will complete a worksheet.	DCFS Web-site	Self-Taught	1 hour	All staff	As needed/ Short-term	Placement of Children
Youth Safety 101	Participants will learn how to create a safe environment for LGBTQ youth currently in foster care.	State Office or Regional Classroom	Pride Center (regional trainers will be able to teach this course in the future)	3 hours	All Staff, Foster Parents	Annually in each region/ Short-Term	None
Youth Safety 201	Advanced training for LGBTQ youth identity development and interventions to ensure youth safety and healthy development	State Office or Regional Classroom	Pride Center (regional trainers will be able to teach this course in the future)	3 hours	All Staff, Foster Parents	Annually in each region/ Short-Term	None
Motivational Interviewing	Participants will learn how to interview clients to influence positive change.	State Office or Regional Classroom	Available from state or regional training staff	16 hours	Existing Caseworkers, Supervisors, and Administrators	Annually in each region/ Short-Term	None
Medicaid Changes Web-Training	Participants will learn about recent changes to Medicaid that will impact the way Medicaid and non-Medicaid services are coded, scheduled for payment, and reimbursed. This was one-time training and has been completed.	Self-Taught	Self-Taught	2 hours	Direct Service Staff, Supervisors, Administrators	One-time training	Case management, Case review
Train the Trainer	Participants learn and practice skills that will allow them to provide more effective training to workers, contacted providers and others receiving agency training. Training may include mentoring of new trainers teaching regularly scheduled courses.	State Office or Regional classroom	Experienced Trainers	6 hours	New trainers and experienced trainers teaching new subject material.	As needed/ Short-term	Referral to Services, Development of a case plan, Case review, Case management and supervision
Legislative Update Web-Based Training	Participants will learn about changes to legislation recently passed by the Utah State Legislature. This course only reviews legislation that impacts either the workers employment or benefit status or that affects programs and services offered by the division.	DCFS Web-site	Self-Taught	1 hour	All Staff	Annually/ Short-Term	Case management
Ethics: It Is More Complex Than You Think	This didactic presentation focuses on the challenges associated with ensuring compliance to a professional code of ethics. Students will review the NASW basic code of ethics and will review case studies that will allow participants to examine and discuss how specific code of ethics pertain to those cases.	State Office or Regional Classroom	Del Bircher	1.5 hours	Caseworkers and Supervisors, Clinical Staff	None/ Short-Term	None
E-Warrant Web-Based Training	Participants will learn how to get a warrant through the e-warrant system	DCFS Website	Self-Taught	1 hour	CPS Workers	None/ Short-Term	Development of a case plan

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Secondary Trauma	Participants will learn the definition of STS and compare that definition with similar terms (especially "Burnout"). They will learn that STS is a normal human response and will identify the impact that STS has on individuals, groups, and organizations. Participants will learn how to recognize and manage STS in themselves and in others.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours for caseworkers, 5 hours for Casework Supervisors	All Caseworkers and Supervisors	Annually each region/ Short-Term	All Caseworkers and Supervisors
Foundations for Youth: Supporting Foster Parents web training	Participants will receive the latest research relating to adolescent development. They will learn about the impact of abuse and neglect, including trauma issues, on children. They will study adolescent behavior, both normal and trauma-related. They will learn how to engage, provide appropriate interventions, and conduct planning with youth. They will study the ACLSA and will learn about supporting youth through the transition to adulthood as well as and how to support foster parents that provide care to youth.	Self-Taught	Self-Taught	Approximately 1 hour	Caseworkers that work with youth, supervisors that supervise those caseworkers	To be determined/ Short-term	Referral to Services, Development of a case plan, Case review, Case management and supervision
Newborn Exposure Cases	Participants will learn about issues related to newborn exposure to substances, including illicit and prescription drugs as well as alcohol. They will learn that safety planning and case planning is individualized to each case, particularly when removal from the mother is being considered.	Web-based under development	Web-based under development	2 hours	Direct service staff, supervisors and administrators	1-2 times per year/ Short-Term	Case management, Case review
Car Seat	Staff are provided information about the proper installation and use of car seats.	Varies by region	Health Dept. Law Enforcement, CBH	30 minutes	All staff that transport children	Variable/ Short-Term	
Practice Model Training Provided to Therapists/ Administrators of Contract Providers	Participants will learn about DCFS Practice Model Principles and Skills and how they can utilize those skills as they provide services to clients served by their agency.	Offices of contract providers	State Office or Regional Training Staff	6 hours	Therapists and Administrators of Contract Providers	As needed/ Short-Term	
Estimated Total Cost of This Training Type	\$405,000.00						
Cost Allocation Methodology	Training activities for personnel employed by the State, including SACWIS training, are allocated according to RMS strikes and are eligible for Federal matching at 75%. Training costs allocated according to the RMS are in activity PTR.A. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.)						

SAFE (SACWIS) TRAINING

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
SAFE Training for New Employees	Participants will receive an introduction to the SAFE database management system. Participants will learn how to access and log into SAFE, will learn about components in SAFE including tabs, screens, reports, and be introduced to the various database modules.	State Office or Regional classroom	SAFE Trainer	12 hours	All Staff	Monthly in each region/ Short-term	Case management, Data entry and collection
SAFE Training for Special Groups	Participants will receive an introduction to the SAFE database management system. Participants will learn how to access and log into SAFE, will learn about components in SAFE including tabs, screens, reports, and be introduced to the various database modules.	State Office or Regional classroom	SAFE Trainer	12 hours	All Staff	Monthly in each region/ Short-term	Case management, Data entry and collection
SAFE New Release Training	Participants will receive updates and learn how to use new SAFE database modules.	State Office or Regional classroom	SAFE Trainer	Variable	All Staff	As needed/ Short-term	Case Management, Data entry and collection
SAFE Train the Trainer	Participants learn and practice skills that will allow them to provide more effective SAFE training to workers, contacted providers and others receiving agency training. Training may include mentoring of new trainers teaching regularly scheduled courses.	State Office or Regional classroom	Experienced SAFE Trainers	6 hours	New trainers and experienced trainers providing training on new SAFE modules.	As needed/Short-term	Data Entry, Referral to Services, Development of a case plan, Case review, Case management and supervision
Estimated Total Cost This Training Type	\$90,000						
Cost Allocation Methodology	Training costs for the SACWIS system are allocated according to the RMS percentage, with Title IV-E federal matching for allowable costs at 75%, except that all strikes for the Adoption and Out-of-home categories allocated to Title IV-E without applying the penetration rate. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.)						

CONFERENCES AND SUMMITS

Title	Course Description	Setting/ Venue	Proposed Provider	Approx. Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Child Welfare Institute	Participants will attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters also speak on special matters relating to the work environment, employee motivation, or recruitment and retention.	Outside conference center.	Internal and guest speakers	2 days	All Staff	Annually/ Short-Term	Case Management, Data entry and collection
Support Staff Conference	Participants will attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters also speak on special matters relating to the work environment, employee motivation, or recruitment and retention	State Office or Regional classroom, Outside facilities if needed.	Internal and guest speakers	1 day	State and Regional Support Staff	Annually/ Short-Term	Case Management, Data entry and collection
Supervisor Summit	Participants will attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters also speak on special matters relating to the work environment, employee motivation, or recruitment and retention	State Office or Regional classroom, Outside facilities if needed.	Internal and guest speakers	1 day	State and Regional supervisors	Annually/ Short-Term	Case Management, Data entry and collection
Regional Summit	Participants will attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters also speak on special matters relating to the work environment, employee motivation, or recruitment and retention	State Office or Regional classroom, Outside facilities if needed.	Internal and guest speakers	1 day	Regional staff	Annually/ Short-Term	Case Management, Data entry and collection
Program Summit	Participants will attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters also speak on special matters relating to the work environment, employee motivation, or recruitment and retention	State Office or Regional classroom, Outside facilities if needed.	Internal and guest speakers	1 day	Program related staff	Annually/ Short-Term	Case Management, Data entry and collection
QIC Summit	This daylong conference is designed to motivate, inform, and facilitate the exchange of information between members of statewide Quality Improvement Committees. Participants will have an opportunity to ask questions and provide feedback to DCFS Division and DHS Directors. Participants will also receive updates on new federal and state legislation, new practice requirements, and other system changes or developments.	State Office or Regional classroom, Outside facilities if needed.	Internal and guest speakers	1 day	State Quality Improvement Committee members	Annually/ Short-Term	
Estimated Total Cost of This Training Type	\$60,000.00						
Cost Allocation Methodology	Training activities for personnel employed by the State, including SACWIS training, are allocated according to RMS strikes and are eligible for Federal matching at 75%. Training costs allocated according to the RMS are in activity PTR.A. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.)						

IV-E TRAINING FOR SUPPORT STAFF

Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Practice Model Support Staff 1 - Overview and Engaging	Participants will learn about the phases family’s go through as they journey through the child welfare system. Participants will be introduced to the 5 PM skills and also learn about their roles as they relate to families in the system, and will learn new skills including active listening, reflecting, and attending behaviors.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	New Support Staff	Each region yearly/ Short-term	
Practice Model Support Staff 2 – Teaming and Assessing	Participants will identify what makes teams work well together and will discuss the benefit of the long-term view in the teaming process. Participants will learn how caseworkers gather information about family events that precipitate the need for child welfare services. Participants will also learn how to identify underlying causes that contribute to those problems or issues.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	New Support Staff	Each region yearly/ Short-term	
Practice Model Support Staff 3 – Planning and Intervening	Participants will review skills caseworkers use to tailor the planning process to each child and family team including the process used to design incremental steps that help move children and families to a better level of functioning. Participants will learn skills caseworkers use to enable them to intercede and redirect a child or family's actions or behaviors to one's that are more constructive, decrease risk, provide for safety, promote permanence, and establish wellbeing.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	New Support Staff	Each region yearly/ Short-term	
IV-E Eligibility New Eligibility Worker Training	New Eligibility workers will be introduced to Title IV-E legislation, rules, regulations, policies and procedures that they will use to determine if a child in out-of-home care is qualified for Title IV-E benefits or individual IV-E entitlements for a qualified child in out-of-home care. Workers will demonstrate the ability to determine if a child meets Initial Title IV-E Eligibility and Title IV-E Reimbursability requirements.	DHS Administrative Office	IV-E/Medicaid Specialist	7 hours	New IV-E Eligibility workers	6-10 days each year/short-term	Title IV-E Eligibility Determination
IV-E Eligibility Ongoing eligibility worker in-service training	Experienced IV-E eligibility workers will receive information about new or updated legislation, policy, and procedures that will help them determine if a child in out-of-home care is qualified for Title IV-E benefits.	DHS Administrative Office	IV-E/Medicaid Specialist	7 hours	All DHS Eligibility Staff	6-10 days each year/short-term	Title IV-E Eligibility Determination
Est. Total Cost of This Training Type	\$6,000.00						
Cost Allocation Methodology	Training activities for Title IV-E eligibility for foster care or adoption are eligible for 75% Title IV-E matching with no penetration rate being applied. Title IV-E eligibility training costs are in activity PT4E. These costs will be proportionally split between foster care and adoption based upon total number of clients in the two programs. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.)						

TRAINING CONDUCTED BY OUTSIDE EXPERTS FOR EMPLOYEES OF THE DIVISION OF CHILD AND FAMILY SERVICES

Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Child Welfare Institute	Participants will attend a variety of workshops that will discuss current child welfare issues, identify new practice guidelines, principles or skills, and address new treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters may also speak on special matters relating to the work environment, employee motivation, or recruitment and retention.	Outside conference center	Internal and guest speakers	2 days	All staff	Annually/Short-Term	Data entry and collection, Referral to Services, Development of a case plan, Case management and supervision
Special Workshops	Participants will attend a variety of workshops that will discuss current child welfare issues, identify new practice guidelines, principles or skills, and address new treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters may also speak on special matters relating to the work environment, employee motivation, or recruitment and retention.	Outside conference center	Internal and guest speakers	1 day	All staff	Annually/Short-Term	Data entry and collection, Referral to Services, Development of a case plan, Case review, Case management and supervision
Contract or Special Arrangement	Participants will attend a variety of workshops that will discuss current child welfare issues, identify new practice guidelines, principles or skills, and address new treatment or service delivery programs, services or models that may help workers address needs of their clients. Outside presenters may also speak on special matters relating to the work environment, employee motivation, or recruitment and retention	Outside conference center	Internal and guest speakers	1 day	All staff	Annually/Short-Term	Data entry and collection, Referral to Services, Development of a case plan, Case review, Case management and supervision
Home Study Training	Participants will learn about this home study methodology designed to evaluate families for adoption, foster care licensure, concurrent planning, and relative placement. The methodology is built upon solid social work practice values that stress the importance of respectfully engaging families in a strength-based, mutual evaluation process.	State Office classroom	Consortium for Children	2 days Additional ½ day for supervisors	DCFS, OL, ICPC and partner agency staff that conduct home studies for potential licensed foster or foster-to-adopt families	Bi-annually/Short-Term	Placement of Children
Estimated Total Cost of This Training Type	\$212, 500.00						
Cost Allocation Methodology	Training activities for personnel employed by the State, including SACWIS training, are allocated according to Random Moment Sample (RMS) strikes and are eligible for Federal matching at 75%. Training costs allocated according to the RMS are in activity PTR. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.)						

LONG TERM TRAINING FOR PERSONS EMPLOYED BY OR PREPARING FOR EMPLOYMENT

The Division contracts with both the University of Utah in Salt Lake City and Utah State University in Logan, Utah to conduct training programs for persons employed by or preparing for employment with the Division of Child and Family Services or Division of Youth Corrections (agencies that participate in Title IV-E programs under the umbrella IV-E agency of the Department of Human Services). This training includes a Bachelor of Social Work and a Master of Social Work program. The Bachelor of Social Work program participants are seniors in the program and prospective employees who complete an internship with the Utah Division of Child and Family Services. The Master of Social Work program participants are employees of the Utah Division of Child and Family Services Training provided by both Universities are oriented to preparation for work in public agencies and in child welfare in particular. These programs will be considered to be in place for the scope of the five-year plan.

Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Bachelor of Social Work: Senior Year Program	Bachelor's level Social Work curriculum includes courses on Social Work as a Profession, Social Work Practice, Human Behavior, Communication Skills, Professional Ethics, Diversity and Cultural Understanding, and Social Welfare Policy and Services. The curriculum also includes a field practicum where knowledge and skills are applied.	University of Utah, College of Social Work Utah State University, College of Social Work	BSW Program Faculty	Two semesters of full time work. The first semester is course work (12 semester hours) and the second is the practicum (480 hours).	Students accepted to the BSW program for their senior year who commit to employment with DCFS.	Annually/ Long-Term	Referral to Services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision
Master of Social Work: Year One General Area and Year Two Public Domain Area-Distance Learning and Day Program	Master's level Social Work curriculum includes courses on Social Work Practice, Human Behavior, Communication Skills, Professional Ethics, Diversity and Cultural Understanding, Social Welfare Policy and Services, Social Welfare Research, Clinical Counseling and Treatment Programs Services and Skills, and includes a field practicum where knowledge and skills are applied.	University of Utah, College of Social Work Utah State University, College of Social Work	MSW Program Faculty	Four to Five semesters	Students that work for DCFS or DJJS.	Annually/ Long-Term	Referral to Services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision
Estimated Total Cost of This Training Type	\$1,919,451.00						
Cost Allocation Methodology	P4UU includes costs for a contract with the University of Utah for training of employees and individuals preparing for employment, including a graduate degree program. The University bills the Division for the Title IV-E eligible portion of the cost less state match. For training activities, the federal matching rate of 75% is utilized in accordance with 45 CFR 1356.60. DCFS claims 100% Title IV-E reimbursement for the portion of costs billed. The University has the non-eligible and state match general fund costs in its accounting records and DCFS maintains the Title IV-E costs in the Division's accounting records. The Division collects Title IV-E reimbursement and passes the revenue through to the University. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.) The university determines the proportion of costs attributable to Title IV-E by proportionally reducing the allowable cost pool according to the following factors: (1) proportion of curriculum that addresses IV-E allowable activities; (2) proportion of students receiving IV-E stipends to total students; (3) proportion of school costs attributable to each of the programs serving persons employed by or preparing for employment with DCFS; and (4) Title IV-E foster and adoptive combined penetration rate.						

Foster and Adoptive Parent Training

This training is conducted through a contract with the Utah Foster Care Foundation, which conducts training required for licensure of potential adoptive and foster parents. UFCF also provides 12 hours of in-service training each year. Foster parents are required to attend this training in order to retain their licensure.

Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Foster and Adoptive Parent Training	Participants will receive training that will qualify them to become licensed foster parents. Training includes an orientation to foster parenting; licensing and medical policy; child abuse and neglect; the impact of abuse on development; attachment, grief, and loss; discipline and stress management, adoption and permanency; as well as cultural issues relating to the primary family.	UFCF offices, Community sites throughout the state	Utah Foster Care Foundation	32 hours	Current and potential foster, foster to adopt, and adoptive parents	Monthly/ Short-Term	Recruitment and licensing of foster homes and institutions
Foster and Adoptive Parent In-Service	Participants receive the hours of annual training required to retain their foster care license. A myriad of courses are offered including those on Emotionally Healthy Parenting, Skills Development, Allegation Prevention and Response, Drug Recognition, Economic Health, and Legal Issues relating to foster care.	UFCF offices, Community sites throughout the state	Utah Foster Care Foundation	12 hours annually	Current foster, foster to adopt, and adoptive parents	Monthly/ Short-Term	Recruitment and licensing of foster homes and institutions
Foster and Adoptive Parent Levels of Care	Foster parents will receive Foundations for Youth Training (FFY) when working with children older than 14 years. They will also receive Level III training when working with youth with behaviors or conditions needing a higher level of care. Participants will learn how to build relationships with youth or children with special needs and develop skills to better serve youth or children with special needs in foster care.	UFCF offices, State Office or Regional classroom	UCFC, Northern Region	FFY-16 hrs. Level III training-16 hrs.	Foster Parents that want to become level III parents or that want to provide foster care to children 14 and older.	Bi-annually/Short term	Recruitment and licensing of foster homes and institutions
Estimated Total Cost of This Training Type	\$826,875.00						
Cost Allocation Methodology	Combined training activities for foster and adoptive parents are eligible for 75% Title IV-E matching funds after a combined penetration rate (defined in Section XIII) has been applied to determine the portion benefiting Title IV-E. Training costs for combined foster/adoptive training are in activity PBTA. (See Utah Department of Human Services Cost Allocation Plan, Section VIII.)						

Short-Term Training of Relative Guardians

This training currently exists or new training provided by partner agencies providing short-term training to relative guardians as recently authorized under P.L. 110-331.

Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Utah State Guardian ad Litem Relative Guardian Training	Participants will identify and discuss new legislation, regulations, policies, procedures, and programs and services that relate to the needs of relative guardians.	GAL Offices, Other state government and partner agency classrooms	GAL staff	Variable	Guardian ad Litem Staff, Affiliated Groups and Organizations, Partners, Services Providers	Variable/short-term	Relative Guardianship
Utah State Attorney Generals-Child Welfare Division Relative Guardian Training	Participants will identify and discuss new legislation, regulations, policies, procedures, and programs and services that relate to the needs of relative guardians.	Offices of the Attorney General, Other state government and partner agency classrooms	Staff of the Office of the Attorney General	Variable	Staff of the Attorney General's Office, Affiliated Groups and Organizations, Partners, Services Providers	Variable/short-term	Relative Guardianship
Court Relative Guardian Training	Participants will identify and discuss new legislation, regulations, policies, procedures, and programs and services that relate to the needs of relative guardians.	Court Offices, Other state government and partner agency classrooms	Court staff	Variable	Guardian ad Litem Staff, Affiliated Groups and Organizations, Partners and Services Providers	Variable/short-term	Relative Guardianship
Estimated Total Cost of This Training Type	\$250,000.00						
Cost Allocation Methodology	ACYF-CB-PI-09-06 sets the FY 2010 Title IV-E matching funds FFP rate of Federal reimbursement at 60% for this training type.						

TRAINING UNDER DEVELOPMENT

In addition to training being currently offered, The Professional Development Team has identified the following courses as priorities and will be developed, tested and implemented during the period covered in this five-year plan. DCFS will include allowable training costs in future submissions of its training plan.

Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ duration	Title IV-E Administrative Functions
Traumatic Brain Injury	Participants will learn about potential causes of and the effects that brain trauma has on children or adults they may serve. Participants will also gain skills that will enable them to more effectively serve clients with traumatic brain injuries.	State Office or Regional Classroom	State Office or Regional Training Staff	To be determined	Experienced Caseworkers	To be determined/ Short-Term	Case review, Case management and supervision
Removal Of Children -	This training will heighten a worker's awareness of a child's anxiety, fear and trauma when facing removal from the home of their parents or caretaker. It will provide staff tangible suggestions about how to make the process less traumatic for children.	State Office or Regional Classroom	State Office or Regional Training Staff	To be determined	Direct Service Staff, Supervisors and Administrators	To be determined/ Short-Term	Referral to Services, Development of a case plan, Case review, Case management and supervision
Kinship Web-Based Training - still under development	Participants will review federal regulations that require notification of all known relatives when a child enters care.	State Office or Regional Classroom	State Office or Regional Training Staff	1 hour	All Kinship Workers	As requested/ Short-Term	Referral to Services, Placement of children, Development of a case plan, Case review, Case management and supervision
Education Web-Based Training	Participants will learn how to partner with schools and educators that also work with a worker's clients. In addition, participants will learn about educational procedures to be followed when children enter state custody.	Self-Taught	Self -Taught	To be determined	All staff	One-time training/ Short-Term	
Supervisor Training	Supervisors will learn how to use the UPM and Performance Management, Supervisor Finishing Touches, SAFE Notifications and Data Reports, Workload Management, and Supervision for Success (Jeff Bormaster), as they support staff they supervise.	State Office or Regional Classroom	State Office or Regional Training Staff	40 Hours	All Supervisors and/or Administrators or by Invitation to Experienced Caseworkers	1-4 times per year in each region/ Short-term	Referral to Services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision
Motivational Interviewing Refresher	Participants will address difficult cases in and practice motivational interviewing skills and techniques that can be used when providing support to individuals involved in difficult cases.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	TBD	TBD/ Short-Term	TBD
Bridges Out of Poverty	Participants identify mental models of economic status and how those in poverty can be better served.	State Office or Regional Classroom	State Office or Regional Training Staff	1 day	All Employees	Yearly statewide/ Short-Term	TBD

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Cultural Responsiveness	A standard curriculum within DHS that will address the ability of workers to respond to the various cultures we serve.	State Office or Regional Classroom	State Office or Regional Training Staff	Unknown	All Employees	Yearly statewide/ Short-Term	TBD
Trauma-informed Care	A standardized curriculum developed by DJJS, DSAMH, and DCFS to be used by staff and provider staff to minimize trauma for those we serve.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	Caseworkers and Supervisors	Yearly in each region/ Short-Term	Referral to Services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision
Child and Family Assessment Plan (formerly SDM)	Workers will learn how to use the SDM Safety Assessment, Risk Assessment, and Risk Reassessment tools.	State Office or Regional Classroom	State Office or Regional Training Staff	4 hours	Caseworkers and Supervisors	Yearly in each region/ Short-Term	Referral to Services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision

DIVISION OF JUVENILE JUSTICE SERVICES IV-E ELIGIBLE TRAINING

INITIAL TRAINING PROGRAM FOR NEW OR REASSIGNED DJJS EMPLOYEES						
Course Title	Course Description	Setting	Provider	Number of hours	Audience	Frequency
JJS Basic Orientation Academy	Mandatory training for all new counselor series staff. The purpose is to ensure that all new employees receive orientation training that will prepare staff to work in Juvenile Justice Services, establish standards and expectations, and promote professionalism	State JJS Training Facility.	JJS Trainers	64 hours	New counselors	Quarterly
JJS History	History of Juvenile Justice Services. Provide an understanding of the philosophy, goals and mission of Juvenile Justice Services.	JJS Training Center	Guest speaker	4 hours	New staff	During Academies- 2-4 per year
Juvenile Court	Overview of the juvenile court. Includes history of Juvenile Courts, and significant Supreme Court decisions that have impacted the current juvenile court. Information about the juvenile court and its role in the juvenile justice system.	JJS Training Center	Juvenile Court	2 hours	New staff	During Academies- 2-4 per year
What Works	Evidence based practice programs and measurable outcomes. Principles of Risk, Need, Responsivity, and Program Integrity. Case planning process. Cognitive Behavioral programs and effective interventions.	JJS Training Center	JJS staff	8 hours	New staff	During Academies- 2-4 per year Review as needed
Cultural Competency	Provides an inter-active process through which one acquires awareness, skills and the competence for working in cross-cultural communities.	JJS Training Center	Guest speaker	4 hours	New staff	Review as needed
Delinquent Personality	Identify characteristic behaviors of the delinquent adolescent; identify needs and therapeutic aspects of counselor/resident interactions; strategies for treatment in the context of adolescent development and effective institutional programming.	JJS Training Center	Guest speaker	4 hours	New staff	During Academies- 2-4 per year
Special Needs Clients	Review the unique and special types of clients of the Juvenile Justice Services. Familiarize the participants with characteristics of these clients and suggest methods of care and treatment.	JJS Training Center	Guest speaker	4 hours	New staff	During Academies- 2-4 per year
Teen Dating Violence	Definitions, cycle of violence, warning signs, effects of dating violence, protective orders and stalking injunctions, prevention and resources.	JJS Training Center		2 hours	New staff	During Academies- 2-4 per year
Domestic Violence	Definitions and characteristics of domestic violence, the cycle of abuse, community resources.	JJS Training Center	Utah Domestic Violence Council	2 hours	New staff	Review as needed
Legal Issues	Reviews civil and correctional law as well as latest case law in the field. Identify employee liability as it applies to correctional work in Juvenile Justice Services.	JJS Training Center	Attorney General's Office	4 hours	New staff	Review as needed
Working with Girls	Enable participants to gain a better understanding of this population of young women who come to the attention of the juvenile justice system.	JJS Training Center	JJS staff	4 hours	New staff	Review as needed
Working with Sex Offenders	Increase personal, professional and agency awareness around juvenile sexual offender interventions.	JJS Training Center	JJS staff	4 hours	New staff	Review as needed

Incident Reports	Standardize the way staff completes incident report writing. Use of the "Utah Criminal Code and Quick Reference Guide. "Incident Report Reference Guide". Directions for Completing Incident Reports. Incident Report Classification System, Investigation Matrix, and forms identification.	JJS Training Center	JJS Investigations Team	2 hours	New staff	Every 2 years
Security Policies	Provide information on how to safely and securely transport residents to and from events outside the facility; how to conduct personal, room, facility and State vehicle searches; use of isolation; use of restraints; use of force; evidence; and supervision and monitoring.	JJS Training Center	JJS Investigations Team	2 hours	New staff	Annual review
Communication	Key elements and components of communication. Types of non-verbal communication. Barriers to effective communication. Practice active listening techniques. Impact of experiences, values, and perception on the communication process.	JJS Training Center	Guest speaker	2 hours	New staff	During Academies- 2-4 per year
Youth Safety - LGBTQ Youth	Understand the safety needs and create a safe environment for youth in care. Understand the unique issues facing lesbian, gay, bisexual, transgender and questioning youth. Identify resources locally and nationally.	JJS Training Center	Utah Pride Center	3 hours	New staff	As needed
Drug Recognition	Recognition of physiological and behavioral indicators of intoxication by each of the seven major drug categories. Various drug types and their effects on physiology and subjective perceptions of the user. How to recognize the various forms of the drugs if found as contraband.	JJS Training Center	Dept. of Public Safety, Police Officer Standards and Training. D.A.R.T.	8 hours	New staff	During Academies- 2-4 per year
Mental Illness	Types and characteristics of mental illness commonly found in adolescents.	JJS Training Center	Guest speaker	2 hours	New staff	During Academies- 2-4 per year
Juvenile Gangs	Focuses on exposure to gangs and recent trends. Information on gang types, their identities, their structure, and their criminal activity.	JJS Training Center	Police Gang Unit	2 hours	New staff	During Academies- 2-4 per year

OTHER INITIAL TRAINING FOR NEW DJJS EMPLOYEES

Course Title	Course Description	Setting	Provider	Number of hours	Audience	Frequency
Protective & Risk Assessment (CP1)	Training on The Division's Risk Assessment Tool. Focuses on determination of level or risk for juvenile to re-offend, identify targets for intervention and to develop a case plan focused on intervention.	JJS Training Center	JJS and Juvenile Court Staff	10 hours	New case managers and O&A staff	Review as needed
Case Planning (CPII)	Mapping (Pre-Orientation, Orientation, Assessments, and conceptualization).	JJS Training Center	JJS and Juvenile Court Staff	12 hours	New case managers and O&A staff	Review as needed
Case Planning (CPIII)	CPIII is Finding the Hook (Feedback, Prioritize, and Focus). It is based on Motivational Interviewing skills.	JJS Training Center	JJS and Juvenile Court Staff	12 hours	New case managers and O&A staff	Review as needed
CPR/First Aid	American Red Cross curriculum for CPR and First Aid.	Local facility or program	JJS staff	4 hours	New staff	Review every 2 years

Suicide Awareness	Statistics; risk factors of youth suicide; signs and symptoms of depression and suicide in adolescents, suicide intervention and assessment; policies and procedures.	Local facility or program	JJS staff	2 hours	New staff	Review every 3 years
Preventing Disease Transmission	Focuses on how blood borne pathogens are spread; preventing exposure incidents by following work practice controls.	Local facility or program	American Red Cross – JJS staff	2 hours	New staff	Annual review
Crisis Intervention	Supervising youth; verbal de-escalation skills; personal safety and escape techniques; security management; defensive tactics; control tactics.	JJS Training Center		40 hours	New staff	Annual review
JJS Policies and Procedures	Review of JJS Policies and Procedures.	Facility/program	Self- study or supervisor	8 hours	New staff	Annual review
Operations Manual	Review of facility/program operations manual.	Facility/program	Self- study or supervisor	2 hours	New staff	Annual review

ONGOING DJJS IN-SERVICE TRAINING

Course Title	Course Description	Setting	Provider	Number of hours	Audience	Frequency
Crisis Intervention Review	Review of supervising youth; verbal de-escalation skills; personal safety and escape techniques; security management; defensive tactics; control tactics.	JJS Training Center	JJS staff	16 hours	Direct care staff	Annual
Working with Sex Offenders	Be familiar with sexual offending and the juveniles who perpetrate it; know the importance of assessing the juvenile sex offender; recognize indicators of risk, progress, treatment issues and goals; know the comprehensive continuum of services.	JJS Training Center	Guest speaker	8 hours	Counselors	As needed.
Working with Youth with Mental Illness	Have an understanding of client mental illness/disability; common mental illnesses/disabilities staff will encounter in their clients; recognize common signs and symptoms; know the levels of risk and control associated; common medication types used.	JJS Training Center	Guest speaker	8 hours	Counselors	As needed
Female Offenders	Various topics on working with juvenile female offenders.	JJS Training Center	Guest speakers	8 hours	Counselors	Quarterly
LGBTQ Youth Safety Issues 102 (Advanced)	Understand the safety needs and create a safe environment for youth in care. Understand the unique issues facing lesbian, gay, bisexual, transgender and questioning youth. Identify resources locally and nationally.	JJS Training Center	Utah Pride Center	3 hours	Counselors	As needed
Safety Issues with Transgender Youth (under development)	Understand the safety needs and create a safe environment for transgender youth in care. Understand the unique issues facing transgender youth. Identify resources locally and nationally.	JJS Training Center	Utah Pride Center	3 hours	Counselors	As needed
Crisis Intervention Training of Trainers	Teaches staff to train Division employees on the Crisis Intervention training program used by JJS. Supervising youth; verbal de-escalation skills; personal safety and escape techniques; security management; defensive tactics; control tactics.	JJS Training Center	Contract	80 hours initial, 40 hours annually	New trainers	As needed
American Red Cross Training of Trainers	American Red Cross curriculum for CPR and First Aid. Teaches staff to train Division employees.	American Red Cross	American Red Cross	16 hours	New trainers	As needed

Suicide Prevention Training of Trainers	Teaches staff to train Division employees on Statistics; risk factors of youth suicide; signs and symptoms of depression and suicide in adolescents, suicide intervention and assessment; policies and procedures.	JJS Training Center	Guest speaker	4 hours	New and current JJS trainers	Annual
Domestic Violence - Web based	Definitions and characteristics of domestic violence, the cycle of abuse, community resources.	Self- taught	UT Domestic Violence Council	4 hours	Counselor series staff	Review as needed
JJS Statewide Conferences	Participants will attend a variety of workshops that will discuss current issues on working with juvenile offenders.	Salt Lake	Guest speakers	12 hours	Counselor series staff	Annual – 2 per year.
Court and Agencies Record Exchange (CARE)	Centralized database that tracks interactions with delinquent youth. Also includes Risk Assessment information. Creates a useful case management system and enhances communication between agencies responsible for juvenile justice and child welfare.	Statewide	Supervisor	Variable	Counselor series staff	
Logs, Court and Court Orders	Case management logs become the record of what DJJS did or did not do in a case; testifying in court; lawyers will scrutinize logs and look for weaknesses. Logs should include a thorough recitation of the FACTS that form the backbone of conclusions and recommendations. Gut feelings, opinions with no foundation, and value judgments are NOT facts.	JJS Training Center	Attorney General's Office	2 hours	Case managers	As needed

IV-E TRAINING FOR DJJS SUPPORT STAFF

Course Title	Course Description	Setting	Provider	Number of hours	Audience	Frequency
IV-E Eligibility New Eligibility Worker	Introduction to title IV-E legislation, rules regulations, policies and procedures to determine if a youth in out-of-home care is qualified for Title IV-E benefits	DHS Administrative Office	IV-E Medicaid specialist	7 hours	New Eligibility workers	6-10 days each year
IV-E Eligibility worker in-service training	New or updated legislation, policy, and procedure to determine if a youth in out-of-home placement is qualified for Title IV-E benefits.	DHS Administrative Office	IV-E Medicaid specialist	7 hours	Experienced eligibility workers	6-10 days each year

DJJS CONFERENCES CONDUCTED BY OUTSIDE EXPERTS

Title	Course Description	Setting	Provider	Number of hours	Audience	Frequency
N.O.J.O.S. Sex offender Case Management Conference	Participants will attend a variety of workshops that will discuss current issues on working with juvenile sex offenders.	Salt Lake	Network on Juveniles Offending Sexually	Approx. 14 hours	JJS counselors	Annual
N.O.J.O.S. Clinical Intensive Conference	Participants will attend an advanced workshop that will discuss current issues on working with juvenile sex offenders.	Snowbird	Network on Juveniles Offending Sexually	4-8 hours	JJS counselors	Annual
N.O.J.O.S. Advanced Academy	Participants will attend advanced workshops that will discuss current issues on working with juvenile sex offenders	Cedar City	Network on Juveniles Offending Sexually	Approx. 14 hours	JJS counselors	Annual

Domestic Violence Conference	Participants will attend a variety of workshops that will discuss current issues on working with victims of domestic violence.	Salt Lake	Guest speakers	Approx. 14 hours	JJS counselors	Annual
Drug Endangered Children Conf.	Participants will attend a variety of workshops that will discuss current issues on drugs.	Salt Lake	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Utah Correctional Association	Participants will attend a variety of workshops that will discuss current correctional issues.	Varied	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Northern Utah Gang Conference	Participants will attend a variety of workshops that will discuss current gang trends.	Ogden	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Substance Abuse Conference	Participants will attend a variety of workshops that will discuss current substance abuse issues.	Salt Lake	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Critical Issues Conference	Participants will attend a variety of workshops that will address critical issues in working with adolescents.	Salt Lake	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Crime Victims Conference	Participants will attend a variety of workshops that will discuss current issues in working with crime victims.	Salt Lake	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Salt Lake Area Gang Conference	Participants will attend a variety of workshops that will discuss current gang trends.	Salt Lake	Guest speakers	Approx. 15 hours	JJS counselors	Annual
Troubled Youth Conference	Participants will attend a variety of workshops that will discuss current issues in working with at risk youth.	Snowbird	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Suicide Conference	Participants will attend a variety of workshops that will discuss suicide awareness and prevention.	Provo	Guest speakers	Approx. 12 hours	JJS counselors	Annual
Cost Allocation Methodology	DJJS allocates funding for training activities using the Random Moment Sample process. Total training budget was \$269,857.55 for FY 2010. Of that amount, \$22,381.48 was estimated to be IV-E eligible using (per RMS strikes) the percentage of Case Managers time spent on IV-E eligible activities and further reducing it using a IV-E penetration rate.					

TECHNICAL ASSISTANCE PROVIDED TO OTHERS

DCFS State Office staff not only provided internal technical support to DCFS regions implementing initiatives that increase the effectiveness of programs and services delivered to clients but provided training and other technical assistance to other local, county, state, and federal government, non-profit, and private organizations addressing the needs of children. For instance:

- The Adoption Program Administrator provided a presentation on early brain development to adoptive parents and professionals at the Utah Adoption Council Annual Adoption Conference. This presentation helped participants identify how trauma, abuse, and drug exposure affect normal brain development
- The Adoption Program Administrator also provided a presentation at the Utah Adoption Council Annual Adoption Conference that addressed the needs of older children and children with special needs.
- The Adoption Program Administrator provided training to 200 Utah mental health professionals that concentrated on trauma-informed mental health treatment for adoptive families.
- The Adoption Program Administrator provided a presentation to the Defense Attorney's Conference on adoption disruptions and teens who age out of foster care.
- The Adoption Program Administrator made a presentation at the U.S. Senate Finance Committee Staff Meeting about the use of PSSF Adoption Support funding to promote and support adoption of children from Utah's foster care system.
- The In-Home and Foster Care Program Administrators delivered a presentation on Utah's assessment tools and assessment processes during a national webinar hosted by the National Resource Center for In-Home Services.
- The Foster Care Program Administrator provided technical assistance to DCFS regions as they implemented and delivered services using the DCFS levels of care model, including the administration of the CANS assessment, which is used to identify appropriate out-of-home placements for children.
- In cooperation with the Casey Family Programs, the Program and Practice Improvement Team provided technical assistance to APHSA, the states of Oklahoma and Florida, as well as the county of Los Angeles, CA, which are assessing Utah's QCR/QSR system and its applicability to their state or cities.
- The Program and Practice Improvement Team also presented an overview of Utah's QCR/QSR system during webinars sponsored by National Resource Centers addressing teaming and quality assurance.
- The Indian Child Welfare Program Administrator provided ICWA related training and technical assistance to many Juvenile Courts.
- The Information Systems, Evaluation, and Research Team provided a myriad of data and information to researchers, legislators, and other government organizations that use data to assess children's needs or provide funding to programs or services that help meet those needs.

TECHNICAL ASSISTANCE RECEIVED

During FFY 2011, the National Resource Center for Adoption presented research that supported the supposition that adoption assistance helps maintain adoptions. Similarly, the National Resource Center for Permanency and Family Connections gathered research relating to Kinship Adoptions, research needed by the division to adequately respond to a court case involving an adoption in Salt Lake County.

DCFS has been working with the Children's Research Center in Wisconsin and the National Resource Center for Youth Development at the University of Oklahoma on the development of a Safety Decision-Making Model. The NRC for Youth Development continues to provide assistance to the Professional Development Team as it develops new Safety Model, Secondary Traumatic Stress, Permanency, Visiting with Children in Care, and Substance Abuse training to be delivered to DCFS staff and partner agencies.

The Casey Family Programs continues to support DCFS as it implements Permanency Round Tables, the Structured Decision-Making Model, and develop its new In-Home Program model.

Finally, DCFS continues to work hand in hand with the ACF Children's Bureau to implement goals and objectives outlined in the PIP.

TECHNICAL ASSISTANCE REQUESTED

DCFS will continue to seek technical assistance from the NRC for Legal and Judicial Issues, NRC for Permanency and Family Connections, NRC for Youth Development, and NRC for In-Home Services as DCFS implements its safety focused, family-centered, and community-based approach to meet the needs of children, youth and families.

DCFS will continue to seek technical assistance from the Casey Family Programs as it implements Permanency Round Tables and other system improvements that will promote permanency and wellbeing of children receiving services and will continue to work closely with the ACF Children's Bureau as the division works to achieve goals and objectives listed in the agency's PIP.

DCFS will also be working with Dr. John Lyons, who developed the CANS assessment tool, to develop additional procedures that will aid in the beneficial use of CANS in trauma-based practice. Dr. Lyons will guide DCFS as we develop and deliver caseworker re-certification training. Dr. Lyons will also work with DCFS as we strive to educate legal and community partners about the benefit CANS.

RESEARCH ACTIVITIES

Each year, the Information Systems, Evaluation, and Research Team responds to hundreds of requests from community partners, researchers, students, quality improvement committees, division and department administration, and employees that ask for service and outcome related data. Following is a synopsis of research activities currently supported by the division.

Research-Title	Principle-Investigator	Research-Description
Attachment Experiences of Grandparent Kinship and Non-Kinship Foster Parents with their Preschool-aged	Nancy Coyne	This is a qualitative study that addresses the attachment experiences of grandparent, kinship, and non-kinship foster parents with their preschool aged foster children.
Educational Outcomes for Children in the Custody of the Dept. of Human Services and its divisions	Derrick R. Tollefson PhD	This study will gather data regarding educational outcomes for youth in custody being served through the Youth in Custody Program or other educational programs.
The Narrative Identity of Foster Youth as a Component of Readiness for Independence	Jini Roby	This is a comparison study of identity development between foster youth approaching emancipation from foster care and their non-foster youth counterparts.
Health and Developmental Outcomes of Methamphetamine-exposed Children in Utah: A Descriptive Study	Julie S Steele, MN, FNP	This study will use de-identified data obtained from DCFS SAFE data base to study the effects of methamphetamine exposure on Utah's children
An Evaluation of the Mind-Body Bridging Approach to Domestic Violence Offender Treatment	Derrick Tollefson, PhD	This Study will utilize de-identified archival data housed in DCFS databases to evaluation to efficacy of the Mind-Body Bridging Approach to Domestic Violence Offender Treatment.
Foster Children's Involvement in the Juvenile Justice System	Derrick Tollefson PhD	This study will utilize de-identified archival data housed in DCFS and JJS databases to explore foster children's involvement in the juvenile justice system before, during, and after their time in the state's custody.
The Experience of Mind-Body Bridging as a Treatment for Offenders of Domestic Violence	Elisa Audo	This study will attempt to increase understanding of how ex-perpetrators of domestic violence unlearned violence through a Mind-Body Bridging practice.
Students in Care Evaluation	Susan Cutler Egbert, PhD	This study involves evaluation of focus group data collected from students, teachers, caseworkers, and care providers.
Breaking the cycle of violence: Adopting a successful therapeutic model of positive parenting for families exposed to intimate partner violence	Lenora Olson, PhD	The proposed study is an adaptation of Parent-Child Interaction Therapy (PCIT) for women and children living in the Young Families Extended Shelter (YFES) at the YWCA in downtown Salt Lake City.

Physical and Mental Health Problems and Access to Care Among Female Victims of Intimate Partner Violence	Akiko Kamimura, PhD, MSW, MA	This is a survey of female victims of intimate partner violence using community services at the Family Justice Center.
Evaluation of Progressive Adulthood: Skills, Support, Advocacy, Growth, Empowerment = Success (PASSAGES)	Derrick Tollefson PhD	This study will primarily utilize archival data to evaluate PASSAGES. Where original data will be collected, it will be done through questionnaires designed to measure knowledge gained through participation in educational experiences.
Mandated Democracy: Information, Participation, and the Prospects for Public Empowerment	Neal Buckwalter	The purpose of the research is to better understand the impacts of citizen participation in public policy settings, including the relationships that emerge between citizen-participants and government agency personnel.
What happened then? Experiences and attitudes of caregivers after a CPS finding of child...	Kristine Campbell	This study is a follow-up of a pilot study that collects necessary data to support a larger, six-year longitudinal study.
Healthcare Utilization Associated with Child Maltreatment	Kristine Campbell	This retrospective case-control study will compare the healthcare utilization of a Utah Medicaid population based on a household-level exposure to a first-time finding of child maltreatment by the Utah Division of Child and Family Services (DCFS).
Handful of Hope: Increasing Resilience in Foster Children through Cultivating Positive Emotions	Cinda Morgan, LCSW	The purpose of this pilot study is to assess the efficacy of a new resiliency program, Handful of Hope. This program is designed to increase positive emotions in foster children.
Child Welfare and Housing Impact and Cost Study	Mary Cunningham	This study will examine the impact of Family Unification Program Vouchers on several outcomes including family preservation, reunification, housing stability, and cost offsets or savings to the child welfare system.

ACCOMPLISHMENTS

The Information Systems, Evaluation, and Research Team:

- Continued to support report libraries in the SAFE data management system that allow supervisors and administrators to monitor the quality of case process and outcomes.
- Supported report libraries used by the courts, Utah Foster Care Foundation, OSR, Division of Aging and Adult Services, and Office of Recovery Services.
- Closed out the AFCARS Improvement Plan.
- Finalized reports on employee satisfaction and youth outcomes.
- Completed programming and training relating to the National Youth in Transition Database (NYTD).

MANAGEMENT INFORMATION [1357.16 (A) (5)]

ACCOMPLISHMENTS

During FFY 2011 the SAFE Team:

- Released two scheduled and two maintenance releases. These releases included approximately 100 change requests.
- Refactored a significant amount of code to fix various Graphical User Interface (GUI) issues.
- Made modifications to the Medicaid Service Authorizations database (stored procedures, triggers, table structure) to bring that database in line with business rules.
- Made changes to the purchased service module, payment disparity notifications, and subsidy agreements to accommodate the CAPS project, a revision of the department's provider payment system.
- Replaced all GRAMA forms to meet requirements from the Attorney General's office.
- Made enhancements to the provider licensing module.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

During FFY 2013, the SAFE Team will:

- Implement a web-based trust account module, the first module to be implemented as part of the SAFE modernization effort.
- Complete the statewide implementation of new Structured Decision-Making Tools (SDM), which will affect the Child Protective Services, Foster Care, and In-Home practice areas.
- Rewrite the intake referral module.
- Convert the SAFE database from a Sybase platform to Microsoft SQL Server.
- Convert SAFE reports from Infomaker to SQL Server Reporting Services.
- Move a significant amount of the SAFE business logic to a middle-tiered environment.
- Add web functionality to the file import module.
- Add a provider contract module to SAFE.
- Create additional interfaces between SAFE and the Juvenile Courts database.

CONSULTATION AND COORDINATION WITH TRIBES

The Northern Region developed the American Indian Cultural Library, which is open for use by kinship, foster care, and birth families that want to help Indian children they care for maintain contact with their cultural roots. American Indian Culture Kits contain a collection of children's books that present traditional tales specific to tribes located in Utah. Kits also contain a cookbook that offers recipes that use only traditional ingredients used by Native Americans. American Indian music is provided on CD and the kit includes a DVD of traditional stories for children told by an American Indian storyteller who encourages children and caregivers to explore nature and be kind to mother earth.

PROCESS USED TO CONSULT WITH TRIBES

There are seven federally recognized Native American Tribes in Utah including the Navajo Nation, Confederated Tribes of the Goshute Reservation, Skull Valley Indian Community (Goshute), Uintah and Ouray Tribe (Northern Ute Tribe, White River Band, Uncompahgre Band), Ute Mountain Tribe in White Mesa, Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band) and Northwestern Band of the Shoshone Nation. Utah has negotiated Memorandums of Understanding or Intergovernmental Agreements (IGA) with six of these tribes (the exception is the Ute Mountain Tribe). Those agreements may be accessed at <http://hsemployees.utah.gov/dcfs/tribe-agreements.htm>.

The IGA with the Navajo Nation indicates that they will provide all child welfare services for their members living on the reservation. DCFS will provide all child welfare services for Navajo members living off of the reservation.

MOUs with the Northern Ute and Paiute Tribes indicate they will conduct their own Child Protective Services (CPS) investigations and deliver their own in-home services. DCFS has agreed to provide foster care services. The Ute Tribe has its own Tribal Court that hears child welfare cases.

The Confederated Tribes of the Goshute Reservation provide all child welfare services on their reservation but have an agreement with DCFS to provide services to tribal members living off of the reservation. They use their own courts (or coordinate with the Bureau of Indian Affairs) to adjudicate child welfare cases.

The Northwestern Band of the Shoshone Nation, and Skull Valley Goshutes rely on DCFS for the provision of child welfare services to their tribal members. They also use the Utah Juvenile Court and its attorneys to adjudicate child welfare cases. DCFS informs and involves each of these tribes in case planning and all court proceedings.

The DCFS ICWA Program Administrator coordinates DCFS activities with tribes at the monthly Utah Tribal Leaders Meeting. During this meeting [tribal representatives](#) receive updates on the status of agreements, discuss tribal issues, connect with state ICWA specialists, discuss national policy and statutes, and collaborate to implement ICWA.

A Consultation Agreement has been executed between federally recognized Indian tribes in Utah and DHS. This agreement provides a framework for the government-to-government relationship and outlines implementation procedures that help assure the process is executed as planned. In support of this agreement, The ICWA Program Administrator sits as a member of DHS Tribal and Indian Issues Committee and sits on other community coalitions that reinforce collaborative efforts between tribes, other ethnic minority communities, and DCFS casework teams.

In addition, tribal organizations have been a part of the Transition to Adult Living Action Council, and cooperating with mental health and other community partners, develops plans for youth involvement in leadership activities.

EXCHANGE OF DOCUMENTS

The ICWA Program Administrator is the individual responsible for providing tribes with a copy of the CFSP, APSR, and other documents that benefit both the state and tribes. Tribes can also access plans and reports on the DCFS website.

LEVEL OF COMPLIANCE AND PROGRESS MADE TO IMPROVE COMPLIANCE WITH ICWA

Children Receiving Services From DCFS That Are Native American		
	Number	Percent of Total
FFY 2007	1,439	4%
FFY 2008	1,292	3%
FFY 2009	1,215	3%
FFY 2010	1,186	3%
FFY 2011	1,511	3%

The Indian Child Welfare Program Administrator has the primary responsibility to monitor the agency's compliance with ICWA as well as to identify ICWA related goals and objectives.

ACCOMPLISHMENTS

During FFY 2011 the ICWA Program Administrator:

- Met with tribes to review and amend their respective Intergovernmental Agreements.
- Attended Tribal Leaders meetings held in Wendover and Salt Lake City.
- Coordinated meetings between the State of Utah Department of Corrections and Tribal leaders.



- Attended QCR debriefings to identify ICWA related issues.
- Attended a tri-state Navajo/State Child Welfare Services meeting that included representatives from New Mexico, Utah, and Arizona.
- Provided ICWA training to DCFS staff and tribal members.
- Provided information to schools and youth treatment centers regarding Native American customs and traditions as well as requirements outlined in ICWA.
- Participated in the coordination of the Indian Caucus Gathering held at the Utah State Capitol in Salt Lake City and participated as a member of the Utah Indian Summit Planning Committee.
- Participated in activities honoring Native Elders.
- Participated in traditional Native American activities including the Indian gathering for the celebration of the harvest, the winter stories night, and the Round Dance for healing held at the Indian Walk-In Center.
- Participated as a member of the workgroup that created the Tribe Collaboration and Court Improvement Committee.
- Provided training and technical assistance to many Juvenile Courts.

No new laws, policies, or procedures designed to increase compliance with ICWA were adopted this fiscal year.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

The ICWA Program Administrator will continue to hold conversations with tribal leaders at tribal meetings and will use these meetings to update or refine agreements dealing with the care and custody of Indian children. In addition, the ICWA Program Administrator will collaborate with the Ute Mountain Tribe to negotiate a Memorandum of Understanding that will outline responsibilities of each organization for the provision of child welfare services to children of the Ute Mountain Tribe

With Tribal and Native American community input the ICWA Program Administrator will host the second annual Utah ICWA Conference to be held in April 2013.²

The ICWA Program Administrator will continue to provide ICWA training to new workers, partner agencies, and tribal leaders and will stress the need to understand the values and culture of various tribes, identify the relationship between DCFS and tribes, and outline requirements for the timely assessment of Indian heritage. The Program Administrator will give priority to training provided to ICWA specialists, courts, and other legal representatives, and plans to provide that training on reservations so that participants observe “first-hand” child welfare issues facing tribes.

² The first was held March 16, 2012 at the Urban Indian Center in Salt Lake City. Representatives from each of the federally recognized tribes attended and participated.

TRIBAL CONSULTATION RELATING TO THE PROGRAMS AND SERVICES USING CHAFEE FUNDING

CONSULTATION RELATING TO CFCIP PROGRAMS AND EFFORTS TO COORDINATE PROGRAMS

The ICWA Program Administrator is the liaison to Utah tribes and this year engaged tribal leaders in conversations about resources available to youth who are in tribal custody and in foster care. There are currently no formal agreements relating to the use of Chafee funds for youth that are members of any tribe. The option to coordinate Chafee programs and services is available anytime a tribe desires.

ENSURING BENEFITS AND SERVICES ARE MADE AVAILABLE TO INDIAN CHILDREN

The ICWA Program Administrator consults with national agencies providing technical assistance that address needs of Native American/Alaska Native youth. Tribal organizations have been a part of the Transition to Adult Living Action Council and, along with mental health and other community partners, have developed multi-agency summits and activities for Native American/Alaska Native youth.

DCFS Practice Guideline 705.10 *Active Efforts Required To Prevent Family Breakup* ensures benefits are available to Indian children. It states, “Child and Family Services shall undertake active efforts to provide remedial services to the Indian family subsequent to an investigation and before a decision is made to place the child out of the home.” It also states, “the rehabilitative effort should take into account the prevailing social and cultural conditions and the way of life of the child’s tribe. These requirements are meant to assure that both evaluation of the problem and development of the treatment plan are culturally appropriate and not tainted by cultural bias.”

BENEFITS AND SERVICES AVAILABLE

All programs and services available to any child in DCFS custody are also available to an Indian Child in DCFS custody. In fact, Practice Guideline 705.11 *Active Efforts Versus Reasonable Efforts* states, “The Child and Family Services worker shall extend to American Indian/Alaska Native families an intense level of services to be sure to satisfy ICWA.”

NEGOTIATION IN GOOD FAITH WITH TRIBES THAT REQUEST TO DEVELOP AN AGREEMENT TO ADMINISTER CFCIP

No tribe has requested to develop an agreement with DCFS to administer or supervise the CFCIP or ETV program. The state has certified that it will negotiate in good faith with those tribes that do make such a request.

HEALTH CARE SERVICES

TRAUMA-INFORMED SERVICES

Currently DCFS uses the CANS assessment tool to determine if a child in care has been a victim of trauma. A question in the CANS Behavioral/Emotional Needs assessment asks if the child has experienced trauma, and if checked refers the caseworker to a trauma module that further evaluates the extent of the trauma and the impact of trauma on the child. If the assessment shows that the child exhibits trauma-related emotional issues, caseworkers will typically make a referral on behalf of a child in care to a local mental health center, the providers of choice for trauma-related care.

In the future, DCFS will evaluate the use of the CANS trauma assessment for children in a family receiving in-home services. DCFS will also evaluate the ability of CANS to assess the impact of trauma inflicted or experienced by the parent or caregiver identified as the perpetrator. The goal of this assessment is to evaluate whether trauma-informed services are needed by the perpetrator and to link the perpetrator with appropriate treatment.

To support the collection of information regarding the extent and impact of trauma on children and families the SAFE database will be upgraded. Data generated will then be reviewed in an attempt to identify additional resources that will aid in preventing further trauma to children and/or families. In addition, in an effort to teach DCFS and providers about the impact of trauma on children, as well as orient caseworkers to the CANS trauma assessment tool, the Professional Development Team will develop and implement the *Trauma-Informed Care* course and revise the CANS assessment training provided in the New Employee CORE Practice Model Foundations training.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING TRAUMA-INFORMED SERVICES

DHS conducted an [assessment](#) of its policies, procedures, and service delivery systems in order to identify the current status of its trauma-informed services. DHS formed a workgroup comprised of representatives from the DSAMH, DJJS, and DCFS, which is using the assessment to develop a plan that will guide the department's trauma-informed system of care.

The workgroup identified guiding principles they will use to steer discussions as they develop the plan. Guiding principles mandate that services, policies, procedures, and guidelines be:

1. Youth-guided.
2. Family-centered.
3. Culturally and linguistically competent.
4. Resiliency- and recovery-oriented.

In addition, the workgroup developed guiding principles (that are consistent with the DCFS Practice Model), which serve to define the relationship between the child and the professional working with the child on the child’s trauma-related issues. The workgroup indicated that in providing trauma-informed care the child should:

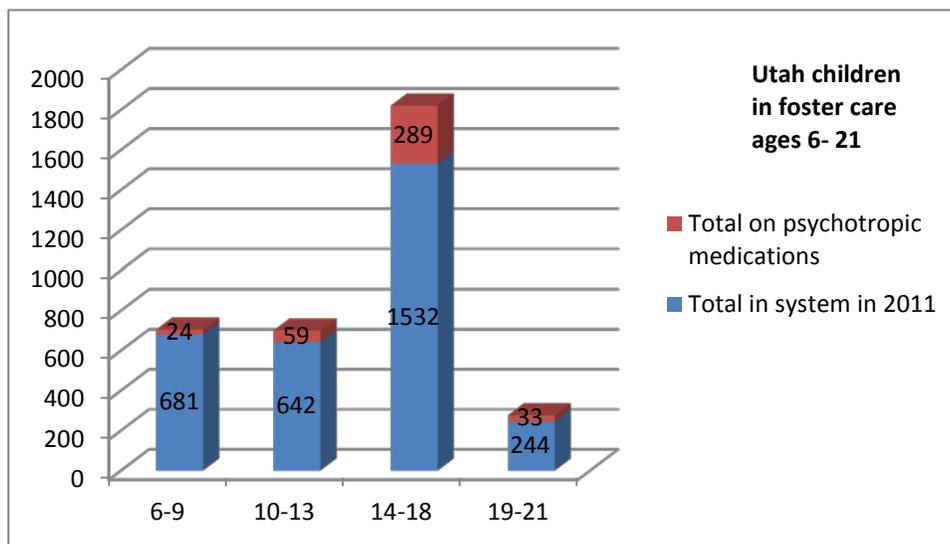
1. Feel safe in the relationship with the worker (Safety).
2. Trust the worker and other professionals that provide care (Trustworthiness).
3. Have a choice in the types of services received as well as participate in choosing the consequences of various behaviors (Choice).
4. Be part of collaborative teams that oversee case plans and evaluate the effectiveness of services (Collaboration).
5. Be empowered by the worker and others to seek solutions that will best meet their needs (Empowerment).

In FFY 2013 the workgroup will:

Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Due Date	Person(s)/ Group(s) Responsible	Achievements
1. Develop a Department-wide Trauma-Informed System of Care Model Statutes, Rules, Practice Guidelines, Training, Programs and Services						
	A. Perform a literature review to ensure that the trauma-informed care model is evidence based.			June 30, 2012	Trauma-Informed Care Workgroup	
	B. Perform an assessment to identify the status of trauma-informed services throughout the department.			June 30, 2012	Trauma-Informed Care Workgroup	Completed
	C. Identify Guiding Principles that will be used to develop the new model.			June 30, 2012	Trauma-Informed Care Workgroup	Completed
	D. Identify Rules, Practice Guidelines, Training, Programs and Services that support trauma-informed services.			September 30, 2012	Trauma-Informed Care Workgroup	
	1. Identify Rules, Practice Guidelines, Training, Programs and Services needed to support trauma-informed services				Trauma-Informed Care Workgroup	
	E. Publish and disseminate the trauma-informed care model throughout the division			December 30, 2012	Trauma-Informed Care Workgroup	
	F. Develop a training module that will be used to orient department staff and providers on the new model and philosophy.			March 30, 2013	Trauma-Informed Care Workgroup	
	G. Develop a method to ensure that trauma- informed language is included in upcoming contracts.			March 30, 2013	Trauma-Informed Care Workgroup	
	H. Create a DHS youth and family office/ liaison/coordinator.			March 30, 2013	Trauma-Informed Care Workgroup	

	I. Support an advisory committee that will guide the department on the development and implementation of the model.			June 30, 2013	Trauma-Informed Care Workgroup	
	1. Clarify law on the establishing advisory group and develop an advisory group.				Trauma-Informed Care Workgroup	
	2. Identify graduates of the system to become active members on QIC committees.				DCFS: SLT (Strategic Leadership Team)	
	3. Create/develop system for youth/family representation.				JJS	
	4. Develop a stipend policy for youth/family representation.				Trauma-Informed Care Workgroup	
	5. Develop a succession plan for youth/family representation.				Trauma-Informed Care Workgroup	
	6. Expand the committee to include community partners				Trauma-Informed Care Workgroup	

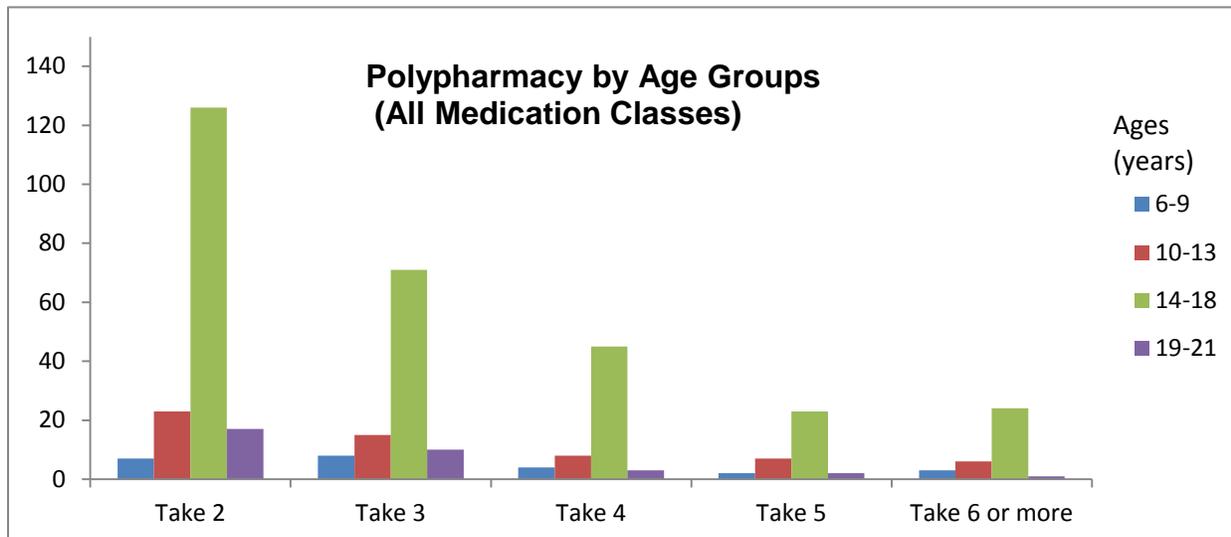
PROTOCOLS FOR THE APPROPRIATE USE AND MONITORING OF PSYCHOTROPIC MEDICATIONS



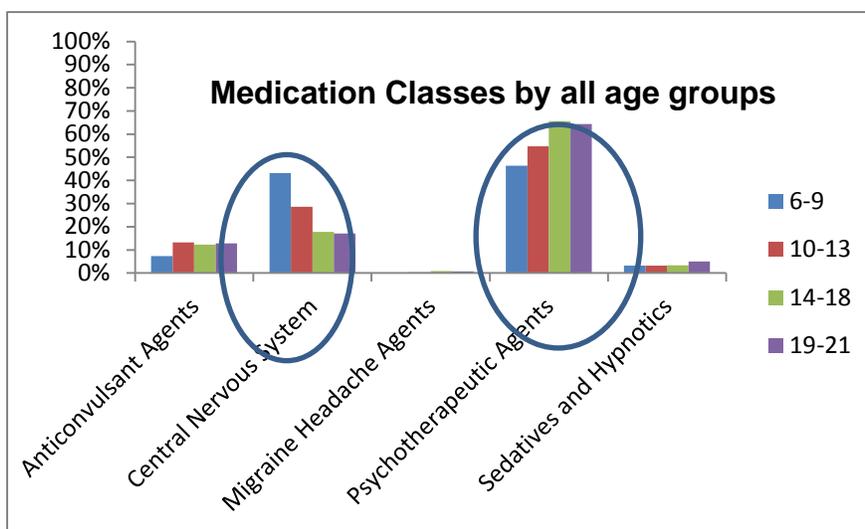
DCFS collaborates with the Department of Health’s (DOH) Fostering Healthy Children (FHC) Program to meet the health needs of children in DCFS care. All medications prescribed for use by a child in custody, including all psychotropic medications, are tracked in the child’s SAFE medical history, which FHC nurses monitor to assure that medications are properly prescribed and used. The SAFE system also allows medical providers to retrieve a complete history of current medications taken by the child as well as medications discontinued for any reason.

To assure that psychotropics are properly prescribed, FHC nurses track black box warnings and contact the prescribing physician whenever a black box certified medication has been prescribed.

FHC and DCFS have the capability to provide updated information to the medical home or primary care provider whenever changes are made. In addition, when the Federal Drug Administration issues a caution for any medication whether psychotropic or not, FHC notifies the prescribing physician if a child is on the medication and asks the provider to review the case.



An example of this occurred when concerns were raised about the use of Paxil and Effexor for children and adolescents under the age of 18. A list of all children in care receiving the medication was extracted from SAFE and a letter sent to the provider. In that letter the provider was asked to provide a response indicating that they had reviewed the use of the medication of concern.



This system has proven effective in reducing over-prescription of psychotropic medications by providers serving children in Utah's child welfare system. Results show that when compared to

the national average Utah has a lower rate of children in foster care on psychotropic medications with only 13% (405/3099 of 6-21 year olds) of children involved in the child welfare service system receiving two or more psychotropic medications in 2011. Nevertheless, while the rate of use is lower, there is concern that medications that affect the central nervous system and psychotherapeutic drugs are being over-prescribed or are not being used in accordance with established guidelines and are thus being targeted for further review.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES DESIGNED TO MONITOR THE APPROPRIATE USE OF PSYCHOTROPIC MEDICATIONS

DOH initiated the Six Sigma Project in October 2011 to review the wellbeing of foster children and youth using psychotropic medications. A steering committee of committed stakeholders has reviewed baseline data and has identified strategies to improve and address issues related to the use of psychotropic medications by children in care. In the future, the steering committee will provide insight and direction as DOH and participating agencies strive to improve adherence to guidelines developed by the American Academy of Adolescent Psychiatry, published in 2009. The overall goal is to decrease inappropriate polypharmacy and use of psychotropic medications in children and to establish an ongoing process to ensure continued improvement.

CHANGES TO THE HEALTH CARE OVERSIGHT AND COORDINATION SERVICES PLAN

There were no other changes made to the Health Care Oversight and Coordination Services Plan in FFY 2011.

ACCOMPLISHMENTS IN MEETING THE HEALTH CARE NEEDS OF CHILDREN IN FOSTER CARE

Percentage of Children that Received Their Initial Well Child Check	
Federal Fiscal Year	Percentage
2007	100%
2008	100%
2009	99.9%
2010	100.00%
2011	100.00%

DISASTER PLAN

The DCFS [Emergency Response and Recovery Plan](#), presents a single coordinated DCFS emergency response system that integrates and is consistent with the DHS Emergency Management and Business Continuity Plan and the State of Utah, Division of Emergency Management's Emergency Operations Plan.



During FFY 2011, Regions received an orientation to the plan and the management structure. DCFS participated in the FEMA sponsored National Earthquake Exercise held in Utah on April 16th, 17th, and 18th, 2012. DCFS used the plan to guide our response to scenarios presented during that exercise. In FFY 2013, several regions will conduct tabletop and full-scale exercises that will further test the plan. From the results of those exercises, DCFS will revise the plan and correct deficiencies identified.

FOSTER AND ADOPTIVE PARENT RECRUITMENT

UFCF held its 9th annual Chalk Art Festival June 17-18 on Father's Day weekend, at The Gateway, a downtown mall. The Chalk Art Festival is now a well-established community event, which reflects positively on the UFCF as a trusted nonprofit organization. The weekend drew an estimated 22,000 people, more attendees than ever. Once again, five outstanding Foster/Adoptive Dads from all parts of the state were honored for their service and for the difference they've made in the lives of children.

RECRUITMENT OF ADOPTIVE AND FOSTER CARE FAMILIES

The Utah Foster Care Foundation (UFCF), through a contract with DCFS, recruits foster and adoptive “resource” families, conducts pre-service/pre-licensure and in-service/post-licensure training, assists in the retention of resource families by coordinating cluster support groups, and advocates on behalf of kinship, foster, and adoptive families.

Region recruitment plans outline methods to be used to recruit potential resource families including families from Hispanic, Native American, and Black communities and helped UFCF to:

- Recruit resource families willing to care for children age 12 and older.
- Produce Spanish language recruitment materials, ads, interviews, and stories to be distributed to targeted populations as well as radio and newspaper outlets.
- Produce Native American recruitment materials and participate in Native American cultural activities.
- Partner with the Indian Walk-in Center and the Adopt a Native Elder programs.
- Build long-term relationships beneficial to both Native American tribes and the UFCF through meetings with tribal leaders.
- Identify local leaders of the Black community, including religious and business leaders, and meet with them to assess the needs of their constituents.
- Utilize currently licensed resource families, including Hispanic, Native American, and Black resource parents, as Foster Parent Ambassadors who will participate in recruitment activities.

ACCOMPLISHMENTS

After the resource family is licensed, UFCF provides support and in-service training through regional “Cluster Groups.” Cluster groups, supported by UFCF and facilitated by resource parents, are available in every area of the state and include a Spanish language cluster on the Wasatch Front. In-service training includes the provision of the *Foundations for Youth* course as well as other courses that are deemed important by DCFS and foster parents. In FY2011, UFCF hosted 320 cluster groups throughout the state. In all, 5,564 individuals attended those meetings.

Resource Family Inquiries and Number Graduated Training					
Month	Inquiries	Foster/Adopt Graduated Statewide Total		Kinship Specific Graduated Statewide Total	
		Goal	Actual	Goal	Actual
October '10	232	37.5	57	N/A	16
November '10	271	37.5	47	N/A	28
December '10	151	37.5	34	N/A	8
January '11	305	37.5	54	N/A	14
February '11	305	37.5	36	N/A	14
March '11	243	37.5	51	N/A	12
April '11	237	37.5	51	N/A	15
May '11	253	37.5	41	N/A	16
June '11	280	37.5	27	N/A	18
July '11	261	37.5	38	N/A	16
August '11	360	37.5	33	N/A	16
September '11	316	37.5	35	N/A	9
Total	3214	450.00	504	N/A	182

UFCF conducts annual surveys of licensed resource families. On alternating years, the survey addresses either the reasons resource families exit the foster care system or their overall satisfaction with their foster parenting experiences. The survey also measures resource parents satisfaction with support received from DCFS. Reports relating the outcomes of these surveys are produced annually and are distributed to DCFS and partner agencies. A report regarding reasons foster parents exit the foster care system was completed in March 2011. Results indicated that resource family expectations were consistently met and that there was high satisfaction with support provided.

Finally, UFCF offered other valued programs that benefit children in care and the resource families caring for them. UFCF added \$30,712.74 to its Wishing Well Fund, which is used to provide non-contract services to children. In addition, UFCF sponsored the annual Foster Family Camp held at Aspen Grove in September as well as the Annual Symposium on Trauma and Attachment in April, which are non-contract programs funded by generous donors, community partners, and businesses.

MONTHLY CASEWORKER VISITS

Caseworker visits are completed by the primary worker assigned to the case. If the child is placed several hours drive away and the case is not transferred for court jurisdiction purposes then visits may be completed by a courtesy worker. If the monthly visit requirement on a case cannot be met due to a worker's illness or leave, the visit may be completed by the worker's supervisor or another worker.

Documentation of caseworker visits with foster children is completed in the SAFE SACWIS system. Utah policy requires the visit to be in the home of the child. Consequently, the percentage of reported visits done in the home of the child will always equal 100%.

Starting in FFY 2011, DJJS, which receives some pass through IV-E funding, began reporting its caseworker visitation information in SAFE. Those numbers are included below.

Federal Fiscal Year	Children in Custody 17 and younger at least one month	Children visited every month	Percent visited every month	Visit months	Percent of Visits in-home
FFY 2007	3700	3494	94.43%	22080	100%
FFY 2008	3883	3744	96.42%	23293	100%
FFY 2009	3891	3736	96.02%	24117	100%
FFY 2010	4055	3819	94.18%	23859	100%
FFY 2011 – DCFS data	4023	3749	93.19%	23084	100%
FFY 2011 – DJJS data	146	123	84.25%	887 (729 in-home)	82.19%
FFY 2011 combined data*	4161	3864	92.86%	23971	99.34%

* In FFY '11 there were 8 children that had custody episodes with DJJS and DCFS. The combined data shows the merging of those records.

As part of our annual Case Process Review (CPR), reviewers from the Office of Services Review (OSR) analyze documentation to ensure there is consistency between text in the log and policy. During the annual Qualitative Case Review (QCR), reviewers also interview children, foster parents, parents, and caseworkers. Reviews completed to date indicate that workers are accurately documenting their visits with children and that the quality of visits is benefiting the child and family.

To improve practice and documentation regarding monthly visitation of parents for any case where the parental rights have not been terminated DCFS requires monthly visits with the foster parents and provides purposeful visitation training for caseworkers.

CASEWORKER VISITATION FUNDING

PSSF funding for Caseworker Visitation has been used to enhance caseworker capacity to maintain at least 90% monthly visitation with children in foster care. These funds have been used to provide caseworker training that introduces caseworkers to tools that aid in the decision-making process. Funds were also used to support activities that support the retention of caseworkers, technology that supports decision-making activities, and to implement measures that relieve the burden of administrative tasks performed by caseworkers, freeing up more time for face-to-face visits with clients. Future funding will be used to provide training to caseworkers and supervisors, including but not limited to training that will focus on the decision-making process. They will also be used to orient caseworkers to tools that caseworkers will use during home visits to help evaluate the risk to a child's safety. Finally funds will be used to support efforts that will help DCFS retain a quality workforce.

ADOPTION INCENTIVE PAYMENTS

Adoption Incentive funds will be used for costs that are Title IV-E and IV-B allowable. Priority will be given to enhancing capacity to plan and implement statewide program improvement initiatives. Resources will be directed to activities and efforts that will:

- Strengthen in-home services.
- Aid in the development and implementation of strategies to better address child wellbeing and trauma.
- Support post-adoption services and activities, specifically those that will help adoptive families deal with the high cost of services for a child with special needs.
- Allow DCFS to obtain technical assistance from researchers and clinicians that are experts in areas related to child welfare, such as differential diagnosis for autism, FASD, trauma, and Asperger's Syndrome Disorder.
- Enable DCFS to purchase curriculum resources and/or training for workers, supervisors, administrators, and service providers. Training to be purchased includes a peer-parent curriculum and *Adopt Care* training, which will be provided to mental health providers.
- Help develop caseworker supports.
- Provide training for child welfare caseworkers, supervisors, administrators, and support staff.
- Enhance technology resources for staff.
- Aid in the modernization of SAFE (our SACWIS system).

CHILD WELFARE WAIVER DEMONSTRATION PROJECT

The Division of Child and Family Services has not received approval or funding for a Child Welfare Demonstration Project.



QUALITY ASSURANCE SYSTEM

EVALUATION TOOLS AND PROCESS

The Program and Practice Improvement Team evaluates and reviews results obtained from CPRs and QCRs conducted jointly with OSR. The CPR provides a snapshot of how well the division documents case management, looks for evidence that the worker has performed required activities within prescribed timeframes, and measures a worker's compliance with policy and statute. The CPR results in quantitative data regarding the completion of a required task.

The QCR, conducted annually in each region, evaluates the status of children and families served by the division. This review also assesses the performance of the child welfare system. The QCR is similar to the federal Child and Family Services Review (CFSR) in that it measures outcomes related to child safety, permanency, and wellbeing. During the QCR, the review team interviews stakeholders including the child, parents, service providers, legal partners, and other community partners to help caseworkers and supervisors understand how to achieve better outcomes for the families they serve and help region administrators identify and address systemic barriers. Scores are generated that relate to child and family status and system performance. Results are presented at a debriefing where reviewers share their findings and discuss cases with other reviewers, supervisors, and region administration. A case story is then written explaining how each score was calculated.

Finally, the Trend Analysis Committee analyzes results from both the CPR and QCR. Region quality improvement staff and state program administrators that sit on this committee review and interpret data, then use this data to develop recommendations regarding changes they believe will improve practice, Practice Guidelines, or policies and procedures that deal with programs or services delivered to clients. This committee presents their recommendations to the Administrative Team and presents results of reviews to State and Regional Quality Improvement Committees (QICs), which review results and provide additional recommendations to the Administrative Team.

ACCOMPLISHMENTS

Agencies That Assist in Conducting Qualitative Case Reviews (QCR) and Case Process Reviews (CPR)				
Alpine School District	Boy Scouts of America	Cedar City Safety Solutions Coalition	Christmas Box House International	DOH-Fostering Healthy Children Program
DHS-Bureau of Internal Review and Audit	DHS Executive Directors Office	DHS-Division of Juvenile Justice Services	DHS-Division of Child and Family Services	DHS-Office of Licensing
DHS-Office of Services Review	DHS-Division of Substance Abuse and Mental Health	DCFS Quality Improvement Committee	Florida Division of Family Services, Florida	Los Angeles County, Division of Child and Family Services, California
Los Angeles County, Division of Mental Health, California	Navajo Tribe	Northern Ute Tribe	Ogden-Weber Head Start Program	Oklahoma Division of Human Services, Oklahoma
Salt Lake County Unified Police Department	Salt Lake Valley Early Intervention Program	Unaffiliated Community Volunteers and Partners	United Methodist Church	University of Utah
Utah Adoption Exchange	Utah Foster Care Foundation	Utah State Courts	Utah State University	Utah Youth Village
Valley Mental Health	Washington County School District	Weber County Housing Authority		

One or more individuals from the agencies listed above served as reviewers or shadow reviewers on QCRs. Without the participation of these traditional and non-traditional partners the agency would not be able to collect the quality or depth of information it currently obtains. Two reviewers from California participated in Utah’s reviewer certification process. This process required each reviewer to lead a case, lead in the scoring process, and write a case story.

In addition, during FFY 2011, DCFS and OSR piloted a new template that not only includes measures that are designed to satisfy goals outlined in the PIP but reduces the overall number of indicators reviewed. Statewide, 168 cases were reviewed, 24 each in the Southwest, Eastern, Western, and Northern Regions, and 72 in the Salt Lake Valley Region. The Program and Practice Improvement Team also:

- Completed the development of the PIP, which was approved by the ACF.
- Implemented new QCR protocols including the Performance Measurement Advisory Group measurements.
- Revised practice improvement requirements for regions falling below the standard on any indicator on the QCR.
- Participated in meetings in Milwaukee, Wisconsin, sponsored by the Annie E. Casey Foundation, during which national partners discussed issues related to Quality Services and Qualitative Case Reviews.
- Participated in a site visit to Wisconsin during which a DCFS team observed the Wisconsin QSR for Child Protective Services and identified protocols that Utah may be able to use as it develops a CPS QCR.

STEPS TO EXPAND AND STRENGTHEN EXISTING QUALITY IMPROVEMENT PROCESSES

In FFY 2013, the Program and Practice Improvement Team will:

- Work on activities outlined in the PIP, which is scheduled for completion in October 2013.
- Conduct a feasibility study to determine if it is beneficial to introduce a qualitative review of CPS outcomes.
- Assess the need for further adjustments to new QCR protocols, which may correct unforeseen issues that were identified in the previous year.

SERVICES TO CHILDREN UNDER THE AGE OF FIVE

Utah defines a “child without a permanent family” as a child in DCFS custody whose parent’s rights have been terminated by court order. A child in any out-of-home placement who has a permanency goal of reunification is not considered a child “without a permanent family.”

There are currently sixty-six children under age the age of 6 whose parent’s rights have been terminated. Twenty-eight are male and thirty-eight are female. Fifty six are Caucasian, six are American Indian or Alaska Native, and four children are black. It is projected that this same number of children will be “without a permanent home” in the FFY 2012 and 2013.

In Utah, the average length of time between the point when a child becomes eligible for adoption and the point where the child is adopted is 7.4 months, the shortest in the nation.

One factor that has a significant bearing on the time it takes for a child to be adopted from DCFS custody is a Utah law that encourages permanency for children.

Utah Code 78A-6-312- *Dispositional hearing - Reunification services - Exceptions* mandates that:

The permanency hearing shall be held no later than 12 months after the original removal of the minor.

With regard to a minor who is 36 months of age or younger at the time the minor is initially removed from the home, the court shall:

- (a) hold a permanency hearing eight months after the date of the initial removal, pursuant to Section [78A-6-314](#); and
- (b) order the discontinuance of those services after eight months from the initial removal of the minor from the home if the parent or parents have not made substantial efforts to comply with the child and family plan.

In addition, DCFS tracks data on children that have been in care more than 24 months and develops specialized permanency efforts for these children. While data tracked relates to all children in care, younger children are prioritized for extreme family recruitment efforts.

To assess a child's safety, SDM safety and risk assessments are conducted during the CPS investigation. If the child is removed and enters an out-of-home placement the child's caseworker conducts a safety assessment during each monthly home visit. This assessment is completed by interviewing both the child and foster family in the home setting.

In order to gain permanency for a child under five whose parent's rights have been terminated, a Permanency Worker (or the placement committee) will:

1. Ask the child's caretakers at its current placement if they want to adopt the child.
2. Seek kin that may want to pursue a kinship adoption.
3. Survey licensed foster-to-adopt families for their interest in adopting the child.
4. List the child on The Adoption Exchange website.
5. Place information about the child on the AdoptUSKids website.

To ensure that potential adoptive families have the requisite skills needed to care for a child, the Utah Foster Care Foundation conducts or monitors training provided to licensed foster-to-adopt families who must attend 32 hours of pre-service training before they are able to provide foster care or adopt. In addition, all foster care or foster-to-adopt families must take 12 hours of additional yearly training in order to remain licensed.

DCFS Permanency Caseworkers must complete the 80- hour New Employee CORE Practice Model Foundations training. In addition, a new worker will shadow an experienced worker who mentors the new worker as they receive hands on experience. To retain their license social workers must also complete 40 hours of yearly in-service training.

CHILD MALTREATMENT DEATHS

The Department of Human Services (DHS) uses Deceased Client Reports, reports issued by the Office of the State Medical Examiner, newspaper obituaries, and other documents to identify and verify child maltreatment deaths. In addition, the Department of Health (DOH) provides the DHS Fatality Review Coordinator with Certificates of Death for every child in the State of Utah who dies between the ages of birth and 21 years. These certificates are compared to existing cases within the SAFE child welfare database to determine if the child or his family has received DCFS services within twelve months of the death.

If services were provided within that period, the Fatality Review Coordinator requests and reviews the family's case file, makes a written summary of the family's history of involvement with DCFS, and analyzes case practice to determine if the agency has any culpability.

If a child is in the custody of the State of Utah, but is residing in a placement outside of Utah, it is expected that either the caregiver will inform DCFS of the death or that the ICPC or courtesy

worker in the other state will notify Utah DCFS of the death. When notified, the caseworker or ICPC Administrator completes a Deceased Client Report and submits it to the Fatality Review Coordinator for their review.

A report regarding fatalities of children in DCFS custody is published yearly. The [Fatality Review Report](#) found that in the majority of the 53 fatalities reported by DCFS, the work conducted during Child Protective Services investigations, and in providing on-going services to families, conformed to DCFS Practice Guidelines. In the majority of cases reviewed workers saw the child within priority timeframes, conducted appropriate interviews, collaborated with law enforcement when necessary, worked with service providers to meet the needs of their clients, and if removal was necessary, aggressively sought appropriate kinship or foster placements.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

A caller making a referral to Centralized Intake alleged that a child with a serious blood disorder needed to get to the hospital right away. Since the caller was not sure how to locate the child the referral would normally have been simply documented and filed as unaccepted. However, the Intake Worker noticed the seriousness of the situation and went out of his way to quickly make phone calls in an attempt to locate the child. Because of his persistence, he was able to locate the child and contacted a CPS worker who provided an immediate response. The CPS supervisor later contacted the Centralized Intake supervisor to commend the Intake Worker, mentioning that the child did have a serious medical emergency and that the Intake Worker might have saved the child's life by his decision to pursue the case further than was necessary.

CHANGES TO STATE LAW OR REGULATIONS

During the 2012 Utah General Legislative Session the Utah State Legislature passed [H.B. 237](#) that:

- Mandates that health care providers notify child protective services of newborns diagnosed with “fetal alcohol spectrum disorder (FASD)”, which is a new and broader term than language currently in state statute that pertains to “fetal alcohol syndrome.”
- Specifies that the state shall not require reunification of a surviving child with a parent who has sexually abused any of their other children, or with a parent who is required to register as a sex offender.
- Requires criminal background checks for adult relatives and non-relatives residing in the household of prospective foster or adoptive parents, which while currently is addressed in an administrative rule, has not been addressed directly by State Statute.

This legislation completes mandated activities outlined in the 2011 CAPTA Program Improvement Plan (PIP). The completed PIP follows.

Statement of Need

Several statutes in Utah Code must be revised so that they comply with federal directives recently amended by the CAPTA Reauthorization Act of 2010. In order for the state to make these revisions, legislation outlining these changes must be presented and passed by the Utah State Legislature during the General Legislative Session to be held January 23, 2012 through March 8, 2012. Specifically, federal provisions that require that legislative action be taken in order to change State statute include:

- The mandate that health care providers notify child protective services of newborns diagnosed with “fetal alcohol spectrum disorder (FASD)”, which is a new and broader term than language currently in state statute that pertains to “fetal alcohol syndrome.”
- The provision that specifies that the state shall not require reunification of a surviving child with a parent who has sexually abused any of their other children, or with a parent who is required to register as a sex offender.
- The provision requiring criminal background checks for adult relatives and non-relatives residing in the household of prospective foster or adoptive parents, which while currently is addressed in an administrative rule, has not been addressed directly by State Statute.

Goals and Activities

Goal:

Develop and present proposed legislation to the Utah State Legislature that mandates that:

- Health care providers notify child protective services of newborns diagnosed with Fetal Alcohol Spectrum Disorder (FASD), a new and broader term than the "fetal alcohol syndrome" term used in current statutes
- The state shall not require reunification of a surviving child with a parent who has sexually abused any of their other children, or with a parent who is required to register as a sex offender
- Criminal background checks for adult relatives and non-relatives residing in the household of prospective foster or adoptive parents are required.

Geographic Areas Affected by New Legislation and Technical Assistance Resources Needed to Support Program Improvements

Once legislation is enacted, it will become applicable statewide. While DCFS anticipates that no additional technical assistance will be needed in order to develop, submit, or implement changes made to State Statutes or Practice Guidelines, staff may need to contact the ACF Regional Office during the process for guidance or interpretation of federal guidelines.

Activity	Due Date	Individual Responsible	Progress Report
<i>Identify a Legislator to sponsor a bill and submit a bill that presents suggested changes.</i>	January 23, 2012	DCFS Director	1/16/12 Representative Wayne Harper has agreed to sponsor a bill addressing the new CAPTA language.
<i>Submit a bill request to the Office of Legislative Research and General Counsel, a nonpartisan legislative staff office.</i>	January 23, 2012	State Legislator	A bill request has been made for a bill currently entitled "Human Services Amendments."
<i>When a request is made, help the drafting attorney review existing law, research issues, draft a bill (in proper technical form) and obtain a Senate or House Bill number.</i>	January 23, 2012	Deputy Director Legislative Affairs	1/27/12 RuthAnne Frost, will be the drafting attorney. Cherri Brummer is working with Ms. Frost on language to be included in the bill. To date, no bill number has been assigned. 1/30/12 H.B. 237 was issued and the bill is now entitled "Child Welfare Amendments." http://le.utah.gov/~2012/htmdoc/hbillhtm/hb0237.htm
<i>Monitor the bill and help as necessary as the fiscal review is conducted, a "Fiscal Note" attached, and the bill is reviewed for statutory or constitutional concerns.</i>	January 23, 2012	Deputy Director Legislative Affairs	1/27/12 No fiscal note prepared or attached to date. 2/10/12 A fiscal note was attached to the bill.
<i>Monitor and provide assistance as requested as the bill is:</i> <ul style="list-style-type: none"> • <i>Introduced to the legislature</i> • <i>Referred to the Rules Committee</i> • <i>Transferred to and reviewed by the Standing Committee</i> • <i>Made available for public input.</i> 	January 23 through March 8, 2012.	Deputy Director Legislative Affairs	1/31/2012-House/ received bill from Legislative Research 2/3/2012 -House/ to standing committee 2/6/2012 House Committee - Substitute Recommendation 2/6/2012 House Committee - Amendment Recommendation 2/6/2012 House Committee - Favorable Recommendation 2/6/2012 Bill Substituted by Standing Committee 2/16/2012 House/ substituted and passed on the 3 rd reading 2/17/2012 Senate/ received from House 2/21/2012 Senate/ to standing committee 2/23/2012 Senate Committee - Amendment Recommendation 2/23/2012 Senate Committee - Favorable Recommendation 2/23/2012 Senate/ Committee Report/ amended 2/29/2012 Senate/ passed 2nd reading 2/29/2012 LFA/ fiscal note publicly available S3RD 3/2/2012 House/ received from Senate 3/5/2012 House/ concurs with Senate amendment 3/5/2012 Senate/ received from House 3/5/2012 Senate/ signed by President/ returned to House 3/5/2012 House/ received from Senate HSPKR 3/5/2012 House/ signed by Speaker/ sent for enrolling

<i>Monitor and provide assistance as the Standing Committee makes a determination to amend, hold, table, substitute, or make a favorable recommendation on the bill.</i>	January 23 through March 8, 2012	Deputy Director Legislative Affairs	3/22/2012-The bill was monitored throughout the legislative process
<i>Monitor and provide assistance as the bill is debated in open session and is amended; a substitution is made, or is held (circled).</i>	January 23 through March 8, 2012	Deputy Director Legislative Affairs	2/29/2012-DCFS staff monitored and provided assistance as the bill was debated.
<i>Work with legislators to encourage the passage of the bill in the House of Representatives, (which will require at least 38 votes) and the Senate (which will require at least 15votes), and once passed, monitor the legislation as it is processed for the signatures of both presiding officers (the Senate President and the Speaker of the House).</i>	January 23 through March 8, 2012	Deputy Director Legislative Affairs	DCFS staff worked with legislators on amended aspects of the bill.
<i>As requested, work with the Office of Legislative Research and General Counsel to prepare the bill to be enrolled in final form and prepared for the Governor's signature.</i>	March 8, 2012	Deputy Director Legislative Affairs	3/6/2012 Bill Received from House for Enrolling 3/7/2012 Draft of Enrolled Bill Prepared 3/16/2012 House received enrolled bill from Printing
<i>Track the bill as it is sent to the Governor who can sign the bill, veto it, or allow it become law without his signature.</i>	March 30, 2012	Deputy Director Legislative Affairs	3/16/2012 House/ to Governor 3/22/2012 Governor Signed
<i>Notify and provide copies of legislation to the ACF Regional Office once legislative changes have been enacted.</i>	March 30, 2012	Federal Revenue Team	A copy of the legislation can be found at H.B. 237 Second Substitute Bill Documents - 2012 General Session or is linked below
<i>Monitor the enrolled bill for 60 days, the waiting time (unless another date is specified in the bill) for the bill to become effective.</i>	May 8, 2012	Deputy Director Legislative Affairs	6/01/2012 The bill became effective.
<i>Review and amend current practice guidelines to incorporate language included in new state statute.</i>	July 1, 2012	Program and Practice Improvement Team	6/15/2012-Practice Guidelines have been updated and will be disseminated to workers in the August 2012 Mandatory Information Communication.
<i>Provide notification and training on updated legislation and its impact on practice to DCFS staff providers, and other stakeholders through a Mandatory Quarterly Mandatory Information Communication Release.</i>	July 1, 2012	Program and Practice Improvement Team Program Support Specialist	All DCFS employees completed Web-based <i>Mandatory Legislative Training</i> on June 1 st , 2012.

CHANGES TO 14 PROGRAM AREAS (CAPTA, SECTION 106)

Program Area 1-Intake, assessment, screening, and investigation of reports of abuse and neglect

In FFY 2010-2011 DCFS replaced its system of regional CPS referral units with a Centralized Intake Unit. The Centralized Intake Unit reports directly to the Centralized Intake Program Administrator in the State Office in Salt Lake City. In FFY 2011, a building was selected and all necessary data systems, telephones, and furnishings installed. Four intake supervisors were hired along with twenty-three Intake Workers. As of June 13, 2011 all regions had converted to the new system and the Centralized Intake Unit is now answering all calls.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
I-Intake, assessment, screening, and investigation of reports of abuse and neglect.	CPS Team Administration Agency Partners Information Systems, Research, and Evaluation Team	A. Monitor and evaluate the CPS Central Intake system, which is expected to maximize agency efficiencies and provide better outcomes for children that are the subject of an allegation of child abuse or neglect.	90% of Intake referrals are completed within the prescribed timeframe	90 % success as reported in the CPS Priority Timeframe Report located in the DCFS Quarterly Report. Predominantly positive comments from surveys and focus groups.	Ongoing	Program and Practice Improvement Team	
		I. Develop data management tools, and collect data, and disseminate reports that outline Centralized Intake's ability to meet requirements relating to their ability to meet timelines for delivery of allegations to region staff, completion of SAFE documentation, and other requirements that have a time restriction attached.					FFY 2011-Centralized Intake collects data and disseminates reports that outline their ability to meet requirements that have time restrictions attached. Centralized Intake timeline requirements include completing 90% of Priority 2 referrals within 60 minutes, 90% of Priority 3 referrals within 24 hours, and 90% of unaccepted referrals by midnight of the 5 th business day. Current reports indicate that Intake is meeting the timeframes on Priority 3 referrals (90.2%) and unaccepted referrals (90.8%) but is missing the goal of 90% on Priority 2 referrals (72.2%). The Intake Program Administrator is working with intake supervisors to assess the reasons for missing the goal on Priority 2 referrals and developing a plan for improvement in that area. -Intake pulls a report monthly of all unaccepted cases by region. These reports are sent to each region so that the region can review all unaccepted referrals to determine if they agree with Intake's decision to unaccept the case. If the region finds a case they believe should have been accepted, the case is staffed again and often reopened.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
		II. Develop and implement tools to survey administrators, supervisors and workers regarding their opinions regarding the efficacy of services provided through Centralized Intake					FFY 2011-Centralized Intake supervisors contact region CPS supervisors on a regular basis (at least twice monthly) to get feedback on Centralized Intake and discuss any problems they have noticed with specific cases assigned to their team.
		III. Hold focus groups to include Intake Workers, CPS Supervisor, other regional staff, and community partners to address further concerns, solutions, and next steps.					FFY 2011-The Centralized Intake Program Administrator has been meeting with region staff and community partners on a regular basis to obtain feedback regarding Intake. In addition, the Program Administrator attends regional meetings with CPS supervisors and administration. Meetings with law enforcement, QIC committees, hospital administrators and CJC staff have also taken place.

Program Area 2-Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including- procedures for appeals of substantiated reports of abuse and neglect; and provision for the appointment of an individual appointed to represent a child in judicial proceedings. DCFS works with state legislators to develop legislation that results in new statutes, or revises exiting statutes that guide child welfare services in the State of Utah. In response to state or federal statutes and guidelines DCFS develops new, or revises existing, Administrative Rules, Practice Guidelines, and other policy and practice regulations that help the agency meet the changing needs of children and families.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
2-Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improve legal preparation and representation, to include procedures for appeals of substantiated reports of abuse; and provision for the appointment of an individual to represent a child in judicial proceedings	State Legislators ACYF Program and Practice Improvement Team Administration Region Administration Legal Partners	B. Develop new, revise current, and publish Statutes, Administrative Rules, Practice Guidelines, and other policy or guidelines that support CPS intake, investigation, court proceedings, or other activities that ensure the protection and wellbeing of children involved in the child welfare system.		Statutes, Administrative Rules, and Practice Guidelines are current and meet the needs of the children and families served.	Ongoing	DCFS Administrative Team	
		I. Revise the child abuse and neglect definitions in state statute so they are consistent with findings of supported allegations of abuse or neglect.	Current definitions		June 30, 2012		FFY 2011-Child abuse and neglect definitions have been revised and are regularly reviewed.
		II. Develop or revise Practice Guidelines as needed that support Centralized Intake.	Current Practice Guidelines		Ongoing		FFY 2011-Practice Guidelines related to Centralized Intake were revised prior to full implementation of Centralized Intake.
		III. Develop or revise Practice Guidelines or Administrative Rules to ensure that seamless services are provided from the time a child or family enters the system through CPS to the time the child and family exits the system.	Current Practice Guidelines		Ongoing		FFY 2011-Regular meetings are held with DCFS administration and the Attorney General's Office to continue this review.

Program Area 4-Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols

DCFS uses best practices and evidence-based program models to provide services to children and families. In FFY 2009, a workgroup (comprised of Child and Family Services staff, Directors of the Attorney General's Child Protection Division and the Guardian ad Litem's office, as well as a public defender) was formed to oversee the development and implementation of a Structured Decision-Making Model. In FFY-2010 DCFS signed a contact with the Children's Research Center (CRC) that requires the CRC to collaborate with the workgroup in their effort to modify the CRC model so that practices and tools are consistent with Utah statute and CPS Practice Guidelines.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 4- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols		C. To assure that DCFS continues to provide the best quality services to children and families entering the system through CPS, DCFS will continue to utilize best practices and evidence-based models as it develops, revises, and implements those services.			Ongoing	DCFS Administrative Team	
	Casey Family Foundation, National Resource Center, Court Improvement Project, Decision-Making Model Workgroup	<p>I. Implement Structured Decision-Making tools and use them when serving CPS and In-Home cases. The tools will be used in an effort to enhance child safety and improve key outcomes for families including reducing</p> <ul style="list-style-type: none"> • The percentage of CPS substantiated victims with a subsequent supported CPS finding within 12-months • The percentage of CPS substantiated victims with a subsequent supported finding • The percentage of CPS substantiated victims with a subsequent supported finding 	<p>-The percentage of CPS substantiated victims with a subsequent CPS supported finding within 12- months is 12.4%</p> <p>- The percentage of CPS substantiated victims with a subsequent supported finding is 10.78%</p> <p>- The percentage of CPS substantiated victims with a subsequent supported finding of case closure is 6.0%</p>	<p>Structured Decision-Making tools results in improved safety related outcomes for children as measured by a reduction in:</p> <p>The percentage of CPS substantiated victims with a subsequent supported finding within 12 months.</p> <p>The percent of home-based child clients who experience a subsequent supported CPS finding within 12 months of case closure.</p> <p>The percent of foster children who experience a subsequent supported CPS finding within 12 months of case closure.</p>	December 31, 2012	Katy Larsen Linda Wininger	FFY 2011-Linda Wininger assumed responsibility for this goal.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
		a. Review and revise the plan to be used to implement the model.					
		b. Develop and disseminate Practice Guidelines that will guide workers' use of Structured Decision-Making.					FFY 2012- Practice Guidelines relating to the implementation of SDM by the CPS Program were released in May 2012.
		c. Identify and suggest modifications to State rules and statutes that will ensure maximum benefit from use of Structured Decision-Making.					Completed FFY 2012- State Statute was modified during the 2012 legislative session.
		d. Develop or enhance data collection tools that will enable workers to utilize SDM on client outcomes.					Completed FFY 2012-SDM tools for CPS and the In-Home Program were programmed into the Utah SACWIS system and released March 2012. Reports to support supervisors will be developed during the 2013 fiscal year.
		e. Package, distribute and communicate to agency partners and service providers the value of, and ways to utilize Structured Decision-Making.					
		f. Integrate the application and use of Structured Decision-Making into existing training and/or develop new training that will enable workers to effectively use Structured Decision-Making tools.					FFY 2012- Judges received a presentation on SDM from the Children's Research Center. AAG's received an SDM presentation at their spring conference on May 30, 2012. A 2-hour training on the SDM and use of the SDM by AAGs in court will be conducted at the Court Improvement Project Summit. FFY 2012. Caseworker training has been developed that pertains to the three assessments currently being implemented. This training is being provided in each region at a limited number of initial implementation sites. A series of feedback sessions will be held following implementation.

Program Area 5-Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange

DCFS operates and maintains the SAFE Management Information System (its SACWIS database), which tracks client identifying information as well as services delivered to children and families. The SAFE Team develops new and revises existing modules within SAFE to accommodate changing policies, procedures, practices, as well as the need for data to substantiate the quantity and quality of services delivered to clients. For instance, in FFY 2010, to allow workers to determine if a case had an interview completed through the Children’s Justice System, and to alert the worker that the interview may not be released in accordance with a 2010 state statute, the SAFE Team inserted an “interview location” into SAFE, which provides a notice when a worker tries to import or export the interview.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 5- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange		D. Develop new and revise existing modules within SAFE to accommodate changing policies, procedures, practices, as well as the need for data to substantiate the quantity and quality of services delivered to clients.	SAFE currently has approximately 25 modules The SAFE team typically publishes 4 or 5 SAFE releases a year, approximately 2 per year that affect CPS.	Modules in SAFE meet the needs of caseworkers, supervisors, administrators, data staff, and others that require verification of services delivered as well as data that supports the quantity of services delivered.	Ongoing	Information Systems, Research, and Evaluation Team	
	Program and Practice Improvement Team Safety Assessment Workgroup	I. Include recording and data modules that accommodate the new risk-assessment and safety assessment.			June 30, 2013	SAFE Team	

Program Area 6-Developing, Strengthening, and facilitating training including training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers, training in early childhood, child, and adolescent development

Training developed by the division’s training staff, acquired through purchase or agreement with an outside entity, or created through a contract for development is provided to CPS workers by DCFS trainers located in the state office or in each of the five DCFS regions.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 6-Developing, Strengthening, and facilitating training including training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers, training in early childhood, child, and adolescent development		E. Continue to develop new training that presents new policies, procedures, practices and guidelines to CPS workers and community partners required to report child abuse and neglect.	CORE Training		Ongoing	Professional Development Team	
	Program and Practice Improvement Team Safety Assessment Workgroup	I. Revise CORE training to include specific training for CPS workers on the risk and safety assessments, as well as the decision-making model.	Existing CORE training	CORE training is updated and CPS specific training implemented.	June 30, 2013	Professional Development Team	FFY 2012-The Professional Development Team finalized development and implemented new Ethics training, a required course for all licensed social workers. They also implemented e-warrant training, which trains CPS workers on how to use the e-warrant system.
	Program and Practice Improvement Team CWLA	II. Implement the CWLA “Supervision to Success” training.	None	Supervision to Success training is incorporated into the training system.	June 30, 2013	Professional Development Team	

Program Area 7-Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvement in the recruitment and retention of caseworkers

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 7-Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvement in the recruitment and retention of caseworkers.	Division of Human Resource Management and DCFS Administrative Team	F. Incorporate new tools to aid in the effective recruitment and hiring of staff; specifically providing information that will increase an applicant's understanding of the nature of child welfare services, thereby assuring that the agency interviews applicants that are committed to providing quality programs and services to children and families.					
		I. Develop and disseminate a video that will help potential applicants for child welfare positions understand the nature of child welfare work as well as inform them of their responsibilities should they be employed by DCFS.	None	University and college candidates as well as other applying for DCFS casework positions are aware of current programs and services offered and report they have watched the video before being interviewed for a position.	June 30, 2014	DCFS Administrative Team	

Program Area 13-Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems

To meet the needs of children and families CPS works in partnership with a variety of community-based education governmental, non-profit, faith-based, tribal, and other organizations that provide advocacy services for children, youth, families, and parents; after-school programs; crisis respite care; child abuse prevention education and advocacy; family resource and support services, parenting skills and training; protective day care; and work on community development initiatives.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 13- Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems		H. To meet the needs of children and families, DCFS and its CPS Program will continue to cooperate and collaborate with a variety of internal and external agencies and organizations that address or provide services that meet the needs of children that are the subject of a child abuse and neglect investigation and their families.					
	Utah Courts Decision-Making Workgroup Program and Practice Improvement Team Casey Family Foundation, National Resource Center	I. Continue to collaborate with the Court Improvement Project on the development, implementation, and evaluation of the Decision-Making Model.	None	DCFS and CIP report effective collaboration exists Decision-Making Model is implemented and evaluated.	Ongoing	DCFS Administrative Team	FFY 2012-DCFS and the CIP are joint partners in the implementation of the Utah Safety Decision-Making Model. Court improvement funds have supported the purchase of evidence-based assessment tools that will be used by caseworkers to implement the model. In May 2011, DCFS made a presentation to Juvenile Court judges and informed them about the process to be followed as the model is implemented. Judges also learned about practices caseworkers follow when they use the tools, as well the value of the model to children we both serve.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
	DJJS Program and Practice Improvement Team	II. Collaborate with DJJS to address issues related to children who are both abused and delinquent and who are dually adjudicated through DCFS and DJJS.	None	DCFS and DJJS report effective collaboration exists A Diversion Program is developed, implemented and regularly evaluated.	TBD	DCFS Administrative Team	FFY 2012-A Deputy Director is a member of the IOU/CIP workgroup comparing the differences in treatment of youth that receive traditional DCFS services while in foster care with children that are “dual adjudicated”, and, due to delinquency or minor offenses, are transferred to facilities operated by the Division of Juvenile Justice (DJJS). The Utah Division of Child and Family Services, the Utah Office of Guardian ad Litem, the Utah Juvenile Court, and Salt Lake County Youth Services collaborated on a project that resulted in the creation of a toolkit to help workers address needs of and provide services to dually involved youth who are involved with the juvenile court for delinquency offenses while in DCFS custody. This quick reference guide provides a detailed explanation of the role and responsibilities of each agency, describes resources available through those agencies, and helps workers navigate both the child welfare and delinquency sides of the juvenile court system. It also outlines how information should be shared and establishes best practices for managing dually involved cases while avoiding duplication of services by agencies involved. Copies of the toolkit are available online at: http://www.utcourts.gov/courts/juv/toolkit/ .
		a. Develop, implement, and evaluate a “Diversion Program” for dually adjudicated youth that have, or may in the future, commit offenses.	None				

USE OF CAPTA GRANT FUNDS

CAPTA grant funds were used to improve and support the child protective services system statewide. Funds from the grant were used for program administrative staff training, for contracts supporting child protective programs in Utah, and for program improvement projects such as implementing Centralized Intake and activities related to the development and implementation of Structured Decision-Making. The CPS program responded to and investigated 18,820 allegations of child abuse and neglect in FFY 2011, 6,990 of which were supported.

Results of CPS Case Investigations							
	Number of Cases	Number of Supported Cases	Number of Unsupported Cases	Without Merit	False Report	Unable to Complete Investigation	Unable to Locate
FFY 2007	20,254	8,460	10,628	302	10	425	429
FFY 2008	19,902	8,171	10,604	284	29	421	393
FFY 2009	20,538	8,473	11,060	241	10	356	398
FFY 2010	20,046	8,341	10,715	267	20	350	353
FFY 2011	18,820	6,990	10,766	314	15	396	339

CITIZEN REVIEW PANELS

Utah Quality Improvement Committees (QICs) act as Citizen Review Panels (CRPs), required entities mandated by CAPTA. In accordance with provisions specified in 107.c of that act, QICs examine policies, procedures, and practices proposed, developed, or implemented by DCFS.

QICs also have the ability to review specific CPS cases and evaluate the extent to which the CPS system is successfully discharging protection responsibilities. Members have a stake in the outcome of services provided to children and families and are considered “informed evaluators” who give DCFS the best, most objective analysis of issues that face the state’s child welfare system. They have the knowledge and ability to identify organizational obstacles, have the ability to recognize system strengths, and have the authority to communicate those strengths to the community.

QICs meet monthly to advocate for unique solutions to community needs. During QIC meetings members discuss systemic problems that affect children and families, and are responsible for being informed evaluators who ask hard questions and make recommendations designed to improve agency processes and client outcomes.

The DCFS state office maintains and supports the State QIC that responds to all recommendations, questions, and concerns delivered to it. The State QIC serves as the conduit for information and ideas presented by region QICs. In addition, they develop, operate, update, and maintain the QIC website which provides convenient access to information and data relevant to QICs.

Each of the five DCFS regions maintain and support at least one QIC responsible for reviewing and supporting activities expected of CRPs. Each committee is coordinated by a citizen chair and is composed of citizen and community partners living or practicing within a region's jurisdiction.

To help QICs communicate their suggestions, DCFS developed a [Recommendation Process](#) that defines how to prepare a recommendation as well as identifies to whom those proposals should be sent. The Recommendation Process states that DCFS region or state office administrators have 30-days to respond in writing to a suggestion and that once a response is made, both the recommendation and the response are to be posted on the QIC website.

The [Quality Improvement Committee Annual Report](#) is attached.

STATE CAPTA COORDINATOR

Marnie Maxwell is the State CAPTA Coordinator and may be contacted regarding questions that relate to services provided using CAPTA funding.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

In August, 2012, look for the new and improved "Just for Utah Youth" website that links youth across the state with services and resources they may need as they enter adulthood. Youth involved in the development of the website said they wanted to see "real" youth on the website, not models, or youth that hadn't experienced life in foster care. Therefore, DCFS recruited 12 youth, age 18 or older who have aged out of foster care, and is using their images and stories to highlight available services and resources. Youth on the development team are excited about the new format and feel that the website will help any youth that uses the website. Prior to the launch, check out the photos on the state's Facebook page <http://www.facebook.com/paljblarson/favorites#!/Just4UtahYouth>

SERVICES PROVIDED

The Transition to Adult Living Program (TAL) helps ensure that all youth, age 14 and older, prior to exiting State's custody, have access to services that help youth establish skills and obtain the knowledge necessary for the transition to self-sufficiency. For youth who have exited state custody, the Young Adult Resource Network (YARN) is able to provide time-limited financial support to youth who meet eligibility requirements and need temporary assistance.

	Number of Youth Receiving YARN Time-limited Financial Support	Number of Youth Emancipating
FFY 2007	550	201
FFY 2008	633	213
FFY 2009	614	190
FFY 2010	760	200
FFY 2011	797	207

To complement their own efforts to achieve self-sufficiency and to assure that participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood, up to \$2,000 in assistance can be provided to eligible youth through YARN. These funds are designed to help youth pay for housing, counseling, employment, education, and other appropriate services.

Race/Gender of Youth Receiving TAL Services							
		FFY 2009 Number	FFY 2009 Percent of Total	FFY 2010 Number	FFY 2010 Percent of Total	FFY 2011 Number	FFY 2011 Percent of Total
Race	American Indian/Alaska Native	106	6%	109	6%	111	6%
	Asian	15	1%	17	1%	17	1%
	Black	127	7%	129	7%	133	7%
	Pacific Islander	17	1%	23	1%	23	1%
	White	1548	85%	1575	87%	1555	87%
	Total	1813	100%	1811		1789	
Gender	Hispanic or Latino Origin	378	21%	423	23%	396	22%
	Male	923	52%	931	51%	869	48%
	Female	866	48%	880	49%	946	52%
	Total	1789		1811		1789	

Percent of Youth 14 and Older Exiting Custody to Permanent Placements				
	Closure Reason			
	Adoption	Custody/Guardianship to Relative	Custody/Guardianship to foster parent/other non-related	Reunified with parent/ primary caretaker
FFY 2007	4%	9%	2%	28%
FFY 2008	2%	10%	2%	34%
FFY 2009	3%	11%	3%	40%
FFY 2010	5%	12%	3%	32%
FFY 2011	4%	10%	1%	36%

ACCOMPLISHMENTS ACHIEVED IN THE SEVEN PROGRAM AREAS

Purpose Area 1- Assist youth to transition to self-sufficiency.

“Don’t Stop Believing” was the theme of the Annual Youth Summit held August 1-2, 2011 at the University of Utah. 123 youth and 50 adult staff listened intently to the keynote address given by Sam Bracken a Utah native and author of *My Orange Duffel Bag: A Journey to Radical Change*. Sam, who grew up in Las Vegas, Nevada, was abused and neglected, and at 15 became homeless. Sam loved football and through caring and committed friends, Sam graduated high school and received a football scholarship to Georgia Tech.

During his address Sam introduced his seven rules of the road (Desire, Awareness, Meaning, Choice, Love, Change, and Gratitude) and guided youth, meeting in regional breakout sessions, as they applied the rules to their individual situations. Group members received a copy of Sam’s book and used one of the rules to set personal goals, identify the path they will follow as they strive to meet those goals, and identify people they trust who can guide them along that path.

Youth that have aged out of foster care continue to speak on panels during conferences held throughout the state. In 2011, a number of youth detailed the needs of youth in care to a group of community partners and legislators attending the Annual Youth Summit.

Purpose Area 2- Help youth receive the education, training, and services necessary to obtain employment.

Beginning at the age of sixteen, youth are referred to the DWS Workforce Incentive Act Program (WIA Youth). Though an Interdepartmental Agreement between DCFS and the WIA Youth program, the program helps youth currently or formerly in foster care access Chafee Education and Training Vouchers. The WIA Youth program also makes it possible for enrolled youth to participate in paid internships and obtain financial support as they search for a job or take steps to build their career.

Youth between the ages of 14 and 16 that are more than one grade level behind may also be referred to the WIA Youth program for academic support that can help them improve their performance in school, help them graduate high school on time, or help them achieve the skills they need to enter a school of higher education.

In addition, the Olene S. Walker Transition to Adult Living Scholarship, sponsored by the Utah Education Savings Plan, accepts applications from young adults up to 26 years of age, and provides higher education scholarships to qualified applicants. One of the major benefits of this scholarship is that it is available to youth during the entire time they are pursuing their education. In fact, a youth can start their educational career at 25, and as long as they meet scholarship requirements, can receive the scholarship until their education is completed.

Purpose Area 3-Help youth prepare for and enter post-secondary training and educational institutions.

The Department of Human Services (DHS) and Utah State Office of Education (USOE) formed a partnership to promote success in education for youth in the custody of the State of Utah. DHS supports an Education Specialist who works closely with the USOE, Juvenile Courts, DCFS, and the Division of Juvenile Justice Services (DJJS) to ensure that youth in care receive quality educational services. In FFY 2011, the DHS Education Specialist traveled to each DCFS region, creating a forum that brings DCFS caseworkers, USOE Youth in Custody (YIC) teachers, school district representatives, and DJJS caseworkers together to focus on how to better support the educational needs of youth in custody.

An educational resource pamphlet has been developed by the Education Subcommittee of the Initiative on Utah's Children in Foster Care (IOU). This pamphlet is used to provide cross-agency training on education needs of youth. In addition, post-secondary education resources available to youth (ETV, scholarships, Pell grants, etc.) are promoted through the YIC program, which serves more than two-thirds of youth in foster care.

Youth participating in Basic Life Skills training continue to receive information and coaching from youth alumni and mentors that can help youth gain access to ETV funds. The Utah Futures Program, or youth mentors also help youth complete the Free Application for Federal Student Aid (FAFSA) as well as documents needed by youth to apply for college or university scholarships.

Purpose Area 4-Provide personal and emotional support to youth aging out of foster care.

The Utah Mentor Project seeks mentors for youth living throughout the Wasatch Front. Similarly, Utah's Second District Court received a grant to recruit volunteers from Morgan, Weber, and Davis counties to mentor youth sixteen and older. Both programs have been successful in helping matching youth with a caring adult.

In cooperation with the Casey Family Foundation, Utah implemented Permanency Round Tables, a process that attempts to improve permanency outcomes for youth that have been in foster care for an extended length of time. A group of internal experts that sit on Permanency Round Tables review and address the permanency needs of each youth. During the first set of permanency Round Tables Utah youth in care experienced some positive outcomes and several have been placed in the home of relatives or other significant people in their lives. The process has also been beneficial for DCFS caseworkers who have experienced the positive impact that having a caring adult in their lives has on youth. Because of this caseworkers are now beginning to seek out positive connections before the youth they serve are referred to a Permanency Round Table.

Purpose Area 5-Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

Youth that have been in foster care and exited after the age of 18 are able to receive aftercare services by contacting DCFS TAL Coordinators. Youth between the age of 18 and 21 years of age can reconnect at any time with a TAL Coordinator who will help the youth develop an action plan that identifies what their current needs are and what goals they have for the immediate future. The TAL coordinator will also help the youth find and access community resources that fit their needs. If financial support is needed to access a service or for emergency needs, Chafee aftercare funds can be utilized. Since Utah is a reciprocal state, a youth in foster care in another state who qualifies for Chafee aftercare or ETV can access those resources in Utah. TAL Coordinators can help youth contact Independent Living Program (ILP) Coordinators in other states if they need to obtain documentation from those other states to verify eligibility for any program. Once eligibility is verified the youth can access funds from wherever they are living. Youth that are also enrolled in the WIA Youth program receive additional funding to help with expenses used to promote their education and career.

Family Unification Vouchers offered through the Salt Lake City Housing Authority are used to prevent homelessness for youth who are exiting foster care. Through a partnership with the Homeless Youth Center, volunteers provide case management services that help youth in transitional housing stabilize their housing situation. These services also encourage youth to make greater efforts to achieve more permanent housing.

Purpose Area 6-Make available vouchers for education and training, including postsecondary education to youth who have aged out of foster care.

In an effort to increase the number of youth accessing available ETV funds, DCFS hired two former foster youth to act as ETV Navigators. These staff will help youth currently or formerly in care access ETV funding and will mentor youth as they traverse life as a college student.

During the last year, Navigators not only learned critical job skills but built positive relationships with service providers. Since Navigators have been successful at building positive relationships with youth, and helped many obtain ETVs, they have been able to focus more of their attention on helping youth break barriers that prevent youth from completing their education.

Purpose Area 7-Provide services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship, or adoption.

Youth that are adopted after the age of 16 or who achieve permanent custody and guardianship with a caregiver continue to be eligible for both ETVs and the Olene S. Walker Scholarship. They are also eligible for aftercare funding up to the age of 21. Physical, emotional, or financial services youth need are identified in a transition to permanency plan developed in a team meeting attended by the youth, his or her caregiver, the TAL coordinator, and other significant people in the youth's life. At that meeting, the youth, caregiver, and others receive information about those services including how to access services. Caregivers also receive updated information regarding existing programs and services through foster parent or other training they receive while youth receive new or updated information through their involvement in the TAL Program and the various youth groups that the TAL Program sponsors or supports.

COORDINATION OF SERVICES WITH OTHER FEDERAL AND STATE PROGRAMS FOR YOUTH

The private sector continues to provide innovative programs and services delivered to youth in foster care. Operation Kids and Christmas Box International continue to supply Lifestart Kits, filled with personal and household items needed by youth setting up a new home.

The Utah Educational Savings Plan continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youth transitioning out of foster care complete a post-secondary education program (degree or certificate) at one of the Utah System of Higher Education institutions or Applied Technical Centers.

The Salt Lake City Housing Authority Family Unification Program (FUP) continues to work with the DHS Discharge Planning Committee and local DCFS Transition to Adult Living Coordinators to ensure that youth exiting foster care receive a portion of available transitional Section 8 housing. DCFS provides case management and YARN funding to youth who receive these housing vouchers. DHS has also been working with the Salt Lake County Housing Authority and the Ogden City Housing Authority to try to increase the number of FUP vouchers available in those areas.

The Utah Youth Mentor Project (UYMP) matches mentors with youth aging out of foster care. Mentors agree to meet at least once monthly and may also have contact with a youth via phone, email, or text message. Youth and mentor relationships are based on a strength-based approach to youth development, an approach that stresses the development of a genuine friendship rather than the formation of a relationship that centers on finding solutions to a youth's problems.

The Utah Pride Center continues to receive financial support through the Tide Foundation, which is used to provide training to DCFS caseworkers and community partners. This training prepares participants to serve the unique needs of Lesbian, Gay, Bisexual, Transgender, and Questioning youth in foster care and is intended to increase caseworkers' ability to provide a safe environment for youth.

Other agencies with which DCFS collaborates include:

- DWS, which manages services provided through the ETV program and coordinates food stamps and additional employment training.
- DOH, which coordinates Medicaid services delivered to youth.
- DSAMH, which refers youth to services that help youth resolve mental health issues.
- The Department of Public Safety Driver's License Division, which provides assistance in obtaining a driver's license.
- DJJS, which works with DCFS to identify crossover youth that have been in both systems but who may qualify for Chafee funded supports or that may need services provided by DWS, Vocational Rehabilitation, Mental Health, and various housing authorities.

TRAINING

The Utah Foster Care Foundation (UFCF) continues to provide *Foundations for Youth: Supporting Foster Parents* training to foster parents. Any foster parent who cares for a youth 14 or older in their home is required to take this training. It is also recommended for foster parents caring for children eight years and older. This 16-hour training presents the latest research relating to adolescent development as well as information about the impact of trauma on children. Foster parents are introduced to the Casey Life Skills Assessment and available resources.

In FFY 2011, The UFCF provided *Foundations for Youth* training to 72 foster parents.

DELIVERY OF SERVICES UTILIZING THE STATES CHILDREN’S TRUST FUND

Utah’s Children’s Trust Fund is supported by funds legislatively directed to DCFS from revenues received from the issuance of birth certificates. While not specifically designated for services to youth receiving independent living services or transition assistance, Children’s Trust Funds do support several programs and services directed toward youth.

Individuals Served Through The Children’s Trust Fund							
	Children	Children with Disability	Adults	Adults with Disability	Families Served	Total Clients	Total Clients with Disability
Children’s Trust Fund (Includes individuals receiving education and direct services)	45,429	993	6,646	66	15,673	52,075	1,059

INVOLVEMENT OF YOUTH

In FFY 2011, youth helped plan two youth summits. One summit was held in the Northern Region and involved over 80 youth from that area. In addition, youth on the State Youth Summit Planning Committee helped plan activities and identified topics to be presented during each of the seven breakout sessions held during the Statewide Youth Summit.

Several youth attended the annual National Youth in Transition Database (NYTD) summit during which they expressed their opinions about the effectiveness of the NYTD process and suggested changes that they believe will make NYTD more effective.

In December 2010, a youth panel was held in conjunction with the annual Supervisor’s Conference. Members of the youth panel described their foster care experience and answered questions about the impact of those experiences.

OPTION TO EXPAND MEDICAID TO YOUTH AGES 18 TO 21

Eligible youth who exit foster care after their 18th birthday continue to qualify for Medicaid coverage. The expanded Medicaid policy allows eligible youth to receive services to the age of 21. DCFS continued to train eligibility staff and caseworkers on the process, which enables staff to provide support to youth transitioning out of foster care needing help maintaining Medicaid coverage.

COORDINATION WITH TRIBES

As mentioned in a [previous section](#), all programs and services available to any child in DCFS custody are also available to an Indian Child in DCFS custody. In fact, Practice Guideline 705.11 *Active Efforts Versus Reasonable Efforts* states, “The Child and Family Services worker shall extend to the American Indian/Alaska Native families an intense level of services to be sure to satisfy ICWA.”

The ICWA Program Administrator is the liaison to Utah tribes and this year engaged tribal leaders in conversations where they talked about resources available to youth who are in tribal custody and in foster care. There are currently no formal agreements relating to the use of Chafee funds for youth that are members of any tribe. No tribe has requested to develop an agreement with DCFS to administer or supervise the CFCIP or ETV program.

Tribal organizations have been a part of the Transition to Adult Living Action Council, and along with mental health and other community partners have developed multi-agency summits and activities for Native American/Alaska Native youth.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

The same services listed above are expected to be available in FFY 2013. It is anticipated that TAL services will be provided to more than 1800 youth this year, approximately 200 of whom will exit foster care after emancipation.

EDUCATION AND TRAINING VOUCHERS

SERVICES PROVIDED

To be eligible for the Education and Training Voucher (ETV) Program, an individual must meet the following requirements:



- Be an individual in foster care who has not yet reached 21 years of age, or
- Be an individual no longer in foster care, but who received 12 months of Transition to Adult Living services after the age of 14 while in foster care and the court terminated reunification, or
- Be an individual no longer in foster care who reached 18 years of age while in foster care and who has not yet reached 21 years of age, or
- Be an individual adopted from foster care after reaching 16 years of age and who has not yet attained 21 years of age.

And:

- Have an individual educational assessment and individual education plan completed by the division or their designee.
- Submit a completed application for the Education and Training Voucher Program.
- Be accepted to a qualified college, university, or vocational program.
- Apply for and accept available financial aid from other sources before obtaining funding from the Education and Training Voucher Program.
- Enroll as a full-time or part-time student in the college, university or vocational program.
- Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

Eligible youth may receive vouchers up to a maximum of \$5,000 per year through the Education and Training Voucher Program. Amounts are determined by the cost of tuition at specific educational institutions and the youth's enrollment status.

ADMINISTRATION OF ETV AND SERVICES PROVIDED

The Department of Workforce Services (DWS) manages the ETV program through a contract with DCFS. ETV funds are allocated to youth through an application and screening process. Individual Education Assessments and Individual Education Plans, coordinated by DWS, are produced for each eligible applicant. Applicants receive written notice of approval or denial of their application. If denied, a written reason for denial is provided and includes instructions about how to appeal the decision.

ACCOMPLISHMENTS

Number of Youth Receiving ETV Awards								
	FFY 2004	FFY 2005*	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Number of Youth	2	24	59	103	111	65	93	89
Average Cost per Youth	1,136.30	2,622.71	2,960.95	2,823.51	2,497.77	1,569.99	\$1,576.66	\$1,658.66



EFFORTS TO ESTABLISH, EXPAND OR STRENGTHEN THE STATE'S POSTSECONDARY EDUCATIONAL ASSISTANCE PROGRAM

DCFS and DWS reviewed their Interagency Contract and made revisions that clarify requirements that youth must meet in order to access ETV funds. Two former foster youth have been hired to guide other youth through the application process. Those individuals will act as a liaison between youth, DCFS, and DWS. With the ultimate goal of maintaining the relationship between the youth and these agencies, these individuals will provide encouragement and will help youth that experience a crisis or delay in services.

DCFS will continue to support efforts to retain the Karsten Scholarship at the University of Utah, which targets youth that have been in foster care. To date, this scholarship has enabled 2 youth to successfully complete their 4-year college degrees. The scholarship will be available again in Fall 2012. Potential scholarship candidates have been recruited and have been asked to submit applications for the scholarship.

DCFS will continue to support the Utah Education Savings Plan that launched the Olene S. Walker Transition to Adult Living Scholarship in August 2008. This scholarship is available to older youth who have been in foster care. As part of the application for this scholarship, the TAL liaison conducts a pre-application interview with all scholarship applicants. The liaison also helps youth identify other needs as well as develop personal attributes that will enable the youth to be successful while in school.

Finally, in an effort to promote the advantages of a higher education, DCFS will continue to distribute the *Guidebook to Higher Education* to youth attending Basic Life Skills training.

STATISTICAL, FINANCIAL AND SUPPORTING INFORMATION

2013 APSR ANNUAL REPORTING OF STATE EDUCATION AND TRAINING VOUCHERS AWARDED

ATTACHMENT E

Name of State: Utah

	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> 2010-2011 School Year (July 1, 2010 to June 30, 2011)	89	44
2011-2012 School Year* (July 1, 2011 to June 30, 2012)	100	59

Comments: No comments

INTER-COUNTRY ADOPTIONS

Following is a report on children adopted from another country whose placements were disrupted and that were subsequently taken into state custody.

Child Number (names not required)	Placement Agency	Country of Origin	Reason for Disruption/ Dissolution	Status/ Plan for the Child
1		Russia	Behavioral Problems/Mental Health Issues	Adoption
2	Institute of Social Welfare Research	Haiti	Behavioral Problems/Mental Health Issues	Adoption
3		Ukraine	Behavioral Problems/Sexual Acting out	Reunification
4	Wasatch International Adoptions	Haiti	Behavioral Problems/Mental Health Issues	Reunification

INFORMATION ON THE CHILD WELFARE WORKFORCE

Child Welfare Workforce		
Sex	Number	Percentage of Total
Male	807	76%
Female	251	24%
Unknown	1	0%
Race		0%
American Indian/Alaska Native	6	1%
Asian	18	2%
Black	5	0%
Unknown/Decline to Disclose	3	0%
Hispanic/Latino	52	5%
Native Hawaiian or other Pacific Islander	3	0%
White	972	92%

The average DCFC employee is 42 years of age and has worked for the agency an average of 113 months. All caseworkers have at least a Bachelor's Degree in Social Work, Psychology, Sociology, or closely related field of study and must obtain at least a Social Service Worker (SSW) license within a year of being employed.

DCFS has not set a standard regarding average caseload for workers although the generally accepted standard indicates the maximum number of cases any worker should have open at any point in time is 16. The caseloads of caseworkers across all program areas vary according to region. Northern Region caseworkers carry the highest caseload at 15.8 cases per worker while the Salt Lake Valley Region carries the lowest at 13.6 cases per worker. The average caseload of caseworkers statewide is 14.5 cases per worker.

JUVENILE JUSTICE TRANSFERS

Juvenile Justice Transfers		
	Number of Cases	Percent of all youth exiting custody
FFY 2007	61	3.7%
FFY 2008	52	2.7%
FFY 2009	33	1.8%
FFY 2010	46	2.2%
FFY 2011	48	2.3%

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)/ INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

ACCOMPLISHMENTS

ICAMA Medical Adoption Data (10/01/09 -9/30/10)			
	Incoming	Outgoing	Total
Referrals	188	92	280
Closures (of all referrals that opened during the year, the number that closed)	39	8	47
Closures (all closures that occurred during the year)	76	13	89

ICPC Data – (10/01/09 –9/30/10)			
	Incoming	Outgoing	Total
All Adoptions	234	305	539
Foster Care	115	47	162
Parent	87	73	160
Kinship	110	118	228
All Residential	2293	26	2319
Closures (of all 100As received during the year, the number with closure dates)	295	325	620
Closures (the number of closures that occurred during the year)	2312	630	2942

Timely Home Studies				
Study Type FFY-2010 (10/1/09-9/30/10)	Completed within 60 days	Completed between 60 and 75 days	Completed over 75 days	TOTAL ICPC Cases
ICPC Adoption Home Study	16	3	19	38
ICPC Foster Home Study	14	4	50	68
ICPC Parent Home Study	46	8	20	74
ICPC Relative Home Study	33	7	30	70
TOTAL	109	22	119	250

Timely Home Studies				
Study Type FFY-2010 (10/1/09-9/30/10)	Completed within 60 days	Completed between 60 and 75 days	Completed over 75 days	TOTAL ICPC Cases
ICPC Adoption Home Study	16	3	19	38
ICPC Foster Home Study	14	4	50	68
ICPC Parent Home Study	46	8	20	74
ICPC Relative Home Study	33	7	30	70
TOTAL	109	22	119	250

In FFY 2011, the ICPC/ICAMA Team:

- Developed ICPC web-based training to be implemented by the Professional Development Team in FFY 2012.
- Successfully maintained a database in SAFE used to produce quarterly data and reports that are used when conducting training and are shared with staff during regional meetings.
- Provided live ICPC and ICAMA training to three of the five regions.
- Reviewed new ICPC regulations developed by APHSA and incorporated these changes into ICPC Practice Guidelines and training.
- Maintained and updated the ICPC website.

STEPS TO EXPAND AND STRENGTHEN THE RANGE OF EXISTING SERVICES

In FFY 2013, the ICPC/ICAMA Team will:

- Improve compliance with ICPC standards through development of a non-punitive, educational procedure that notifies supervisors, directors, and the AAG when DCFS workers violate the ICPC.
- Expedite eligibility of Medicaid for foster children placed through the ICPC by producing a document that provides the sending ICPC state, at the time ICPC placement is approved, with a clear and concise explanation of Utah’s IV-E Medicaid eligibility requirements.
- Work with region ICPC coordinators to improve the ICPC process and identify ICPC processing procedures that work best for each region.

